

Single Outcome Agreements 2009-10

An analysis by Community Care Providers Scotland, November 2009



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About CCPS

Community Care Providers Scotland (CCPS) is the national association of voluntary organisations providing care and support services across Scotland. Membership comprises 64 of Scotland's largest voluntary sector providers, who support approximately 220,000 people and their families across the country. CCPS members work in all 32 of Scotland's council areas, often under contract to local authorities: in 2008/09 CCPS members managed a total annual income of nearly £1.1 billion, of which an average of 70% per member organisation related to public funding. The interaction between local services and Single Outcome Agreements is therefore of considerable interest to CCPS and its members.

Introduction

In November 2008, Community Care Providers Scotland published its analysis of the 2008-09 Single Outcome Agreements (SOAs), looking in particular for references to the aspirations for social care as set out in *Changing Lives*, and for ways in which local authorities referenced the contribution of social care services to meeting the national outcomes. That analysis found that social care services did not receive the level of coverage in the SOAs that CCPS and its members might have hoped for, but that it was difficult to assess what this might mean for social care services until more was known about how Single Outcome Agreements are to work.

One year on, CCPS has analysed the coverage of social care in the 2009-10 tranche of Single Outcome Agreements, comparing this to the 2008-09 documents and considering what this might signify about the development of the SOA process.

Key findings

- It is difficult to draw overall conclusions about the coverage of social care in the SOAs, as different areas have approached the SOAs in different ways, and as different client groups receive different levels and types of coverage in the documents;
- As in 2008-09, people with learning disabilities, offenders/ex-offenders, carers and people with disabilities feature less frequently in this year's SOAs than older people, children young people and families, people with mental health problems and people with problematic drug and alcohol use;
- The number of SOAs referencing independent living has risen. However, the number of SOAs referring to mechanisms by which independent living might be brought about, such as self-directed support, has fallen;
- References to employability services have increased in this tranche of SOAs, but the number of documents referring specifically to helping social care client groups into employment has declined;
- It is not yet the case that SOAs are purely strategic documents; several SOAs continue to contain information on services. Few SOAs refer to other local plans where more information about social care services can be found;
- SOAs which are structured around local outcomes often give more coverage to social care issues than those structured around national outcomes;
- SOAs rely on indicators where data is already collected, such as HEAT targets and national indicators, with few using softer social care indicators such as user satisfaction;
- It is still not clear how SOAs are to be reported on and monitored. In the absence of national monitoring by government, several voluntary organisations are taking on this role;
- It is still not clear what the ramifications are of issues not being referenced in the SOAs – further research is needed into the link between SOAs and local budget setting;
- Reading the Single Outcome Agreements is not enough in itself to allow conclusions to be drawn about implications for social care services in local areas.

Methods

As in 2008-09, all 32 SOAs were read by a single member of CCPS staff to ensure consistency of analysis. A numerical content analysis of references to particular topics was undertaken, using 24 headings for coding¹ – this method does not allow for judgement on the quality of references, merely frequency, but repeating the methods used in the 2008 analysis allowed comparisons to be drawn between content of the 2008-09 and 2009-10 documents. Appendix 1 of this report provides a breakdown of the numerical content analysis of references to nine client groups that CCPS members work with, comparing this to the findings from the 2008-09 analysis.

The information collected was then used in considering two research questions:

- Is social care adequately covered in this year's SOAs?
- Is social care's contribution to meeting the national outcomes adequately covered in this year's SOAs?

The report ends with reflections on the unanswered questions about the SOA process and areas for further research, many of which echo those highlighted in the 2008-09 analysis.

¹ Social care; service delivery; commissioning/procurement; funding/efficiencies; workforce; voluntary sector; regulation; older people; children, young people and families; mental health; learning disability; physical disability; drug and alcohol; homelessness; domestic abuse; criminal justice; employability; housing support; child/adult protection; equalities; independent living; delayed discharge; benefits; carers

Is social care adequately covered in this year's SOAs?

One of the key questions in the CCPS analysis of the 2008-09 SOAs was whether the aspirations of *Changing Lives* were reflected in the documents. As that report concluded that the SOAs did not reflect the detail of these aspirations, it was decided this year to consider more generally how social care is reflected in the SOAs. This section looks at the way in which people who may use social care services are referenced in the documents, while the coverage of social care *services* is considered in the next part of the report.

As the 2008-09 documents were found to give reasonable coverage to independent living, in many cases through inclusion of an indicator which appeared in the 2008 Improvement Service (IS) menu of local indicators, but which was removed from the 2009 menu, this section also considers the coverage of the specific issue of independent living in the 2009-10 SOAs, and whether this has been affected by the disappearance of the indicator from the IS menu.

Do SOAs make reference to people who may need social care services, and their needs?

In considering the coverage of social care in the SOAs, it is important to note that different social care client groups receive very different levels and types of coverage in the documents, making it difficult to come to overall conclusions about the coverage of social care in general.

This year, for example, while all 32 SOAs made reference to older people, children young people and families, people with mental health problems and people with problematic alcohol and drug use, other client groups found themselves represented in fewer of the documents. People with disabilities feature in 28 SOAs, carers in 24, offenders and ex offenders in 23, and people with learning disabilities in 19. It is still not clear what impact there is on services for these different groups in terms of their level of inclusion in the documents, but if SOAs represent the priorities of the local area, then it would seem that some social care client groups are not considered a priority in some areas.

While a number of SOAs explain why some groups take priority over others (for example in areas with low problematic drug use but high rates of alcohol abuse, it is clear that tackling alcohol issues would take priority), in the case of learning disability in particular it is common for there to simply be no mention at all of the issue.

It appears in some cases that different client groups or issues are simply 'more popular' than others. For example, while local areas are obliged to have arrangements in place for both adult and child protection, 31 reference child protection in the SOA, and only eight reference adult protection.

There are also examples of SOAs which provide considerable statistical information about a particular client group, but do not go on to discuss what impact this might have, or how the issue is to be dealt with. One example was found during the analysis of an SOA which explained in considerable detail the results of survey of people with learning disabilities in that area, including information on how they would like services to look, but then gave no indication as to whether or how this information might be acted on.

The number of SOAs referring to the different client groups is broadly the same as it was in 2008-09, although the number referencing disability has gone down (from 32 to 28) and the number dealing with domestic abuse has increased (from 27 to 32).

Has the removal of the independent living indicator impacted on the coverage of social care in the SOAs?

When CCPS and others sought assurances in 2008 that people using care and support services would be well-served by the SOA process, the Minister for Public Health stated that community care would retain coverage in the SOAs through an indicator in the Improvement Service menu of local indicators. This indicator (increase the proportion of people needing care or support who are able to sustain an independent quality of life as part of the community, through effective joint working) did not appear in the May 2009 version of the menu of local indicators, prompting concerns that independent living may be less of a national priority than it was previously, and that it may receive less coverage in the 2009-10 SOAs.

In 2008-09, three SOAs used the independent living indicator as an indicator, three used it as an outcome, and an additional four had an outcome which was similar in intent but differently worded. In 2009-10, the number of local areas using this or a similar (but differently worded) outcome or indicator has actually risen: while only one uses it as an indicator and 3 as an outcome, nine contain a local outcome with similar intent.

The overall number containing outcomes or indicators which relate to independent living or to shifting the balance of care more generally has also risen, up from 14 last year to 21 this. However, the number of these where indicators relate only to older people (even though outcomes or text may refer more generally to the importance of shifting the balance of care in social care) has also gone up, from four in 2008-09 to nine in 2009-10. The number of SOAs referring to mechanisms by which independent living might be achieved has fallen: five reference telecare (six last year), three direct payments or self directed support (five last year) and one personalisation (two last year).

A key aspect of encouraging independent living for some people will be employability. This year, as in 2008-09, employability is an important issue for all local areas, with all 32 SOAs referencing employability and containing relevant local outcomes or indicators. In 2008-09, 22 SOAs made specific reference to employability in relation to one or more social care client groups; this year, only 12 have linked employability to mental health, disability, learning disability, addictions or homelessness. CCPS' analysis in 2008-09 expressed a concern that if these groups are not specifically referenced in relation to employability, priority might be given to those closer to the labour market; in difficult economic circumstances, it seems from the SOAs that local authorities have indeed prioritised helping those closest to the labour market back into work, at the expense of those who may be harder to help.

Is social care's contribution to meeting the national outcomes adequately covered in this year's SOAs?

In the 2008-09 analysis, two questions relating to the national outcomes were raised: whether SOAs articulated a role for social care services in meeting national outcomes and indicators, and whether social care was adequately covered in the national performance framework.

This year's analysis returns to these themes, considering first of all how social care services are treated in the SOAs and secondly how, in the absence of the indicator which previously referred to social care, under which outcomes and indicators references to social care appear within the SOAs.

Are social care services referenced in the SOAs?

The 2008-09 CCPS report found that social care services did not feature highly in the Single Outcome Agreements, and that there was a lack of narrative in the documents as to how services would contribute to meeting the national outcomes and indicators. Subsequent to

this report, the Improvement Service and others made it clear that operational and service issues should not feature in the SOAs but be found 'below the waterline', leaving SOAs to consider strategic priorities for the area. This year's analysis therefore considers both whether services are referenced in the SOAs and whether SOAs allude to relevant service plans which exist 'below the waterline'.

The 2009-10 documents reveal mixed feelings from community planning partnerships as to whether or not services should be referenced in the Single Outcome Agreements. 16 SOAs make reference to general community care services, while 16 do not.

References to services for particular social care client groups are found in the SOAs as shown in Table 1 below; the table shows the number of services referring to a particular client group or issue in any sense, and the number which reference services of this type.

Client group	No. of SOAs referencing the issue	No. of SOAs referencing services of this type
Addictions	32	18
Carers	24	10
Children, young people and families	32	31
Criminal justice	23	9
Disability	28	8
Domestic abuse	32	8
Learning disability	19	8
Mental health	32	13
Older people	32	26

Table 1. SOAs referencing care and support services by client group

These figures are similar to those found in the 2008-09 analysis and show that, while the priority for older people and children appears to be to get them access to services (with over 80% of SOAs that mention these client groups also containing information on services for them), the priorities for other groups are different. In mental health, for example, the focus within the SOAs is on reducing the number of people with mental health issues, with less than half of all SOAs referencing the support or rehabilitation services that might help people on their journey to recovery.

References to employability services have increased, with 15 of the 2009-10 SOAs mentioning this type of service, compared to the 13 who did so in 2008-09 (on both occasions all 32 SOAs contained some reference to employability). By contrast, a declining number of SOAs make reference to housing support services; in 2008-09, 13 SOAs made reference to housing support, with seven having a relevant outcome or indicator, while in 2009-10 only ten mentioned it and four had an outcome or indicator. It is impossible to tell whether this is simply as a result of the move to make Single Outcome Agreements more strategic, or related to the removal of the ring fence from Supporting People services.

While agencies such as the Improvement Service have been clear that SOAs should not go into detail on aspects of service delivery, they have also been clear that there should be a 'golden thread' running from the SOAs to the other operational plans which sit 'below the waterline' and contain more detail on service planning and delivery. In relation to most social care client groups, this golden thread is not evident, with few references being made to the local plans or strategies that might give further information on service provision. Table 2 (on page 6) shows the incidence of references to other plans in the SOAs.

Comparing these figures with those in Table 1 suggests that while those with an interest in children's services might find information relating to service within the SOA and be signposted to local plans containing further information, those interested in services for people with

Client group	No. of SOAs referencing the issue	No. of SOAs referencing relevant local plans
Addictions	32	17
Carers	24	10
Children, young people and families	32	27
Criminal justice	23	7
Disability	28	4
Domestic abuse	32	15
Learning disability	19	6
Mental health	32	16
Older people	32	9

Table 2. SOAs referencing relevant local plans by client group

disabilities or learning disabilities might find it difficult to trace, from the SOA, any link to service delivery. It should also be noted that 13 SOAs made reference to a general community care plan.

Where services are referenced within the SOAs, the following observations of relevance to social care services and voluntary sector providers can be made:

- *Service re-design* is a key issue for social care being pushed by the Changing Lives agenda. 11 SOAs refer to consideration being given to service redesign, seven of these with specific reference to social care;
- As part of the personalisation agenda, *involving people who use services and their carers* in service development is to be encouraged. Seven SOAs refer to involving stakeholders in service development (people who use services, providers, and/or the voluntary sector);
- *Commissioning and procurement* are increasingly hot topics in social care. The number of SOAs referencing service commissioning/procurement has fallen from 19 in 2008-09 to 14 in 2009-10. In 2008-09 four SOAs referenced commissioning of social care services specifically, and this has increased this year to five;
- Ten SOAs refer to *voluntary sector providers* of a social care service, children's service or employability service; this is up on last year when eight SOAs did so;
- The number of SOAs mentioning the training or development of the *social care workforce* has fallen from 16 in 2008-09 to 11 in 2009-10.

Overall, it would appear that the issue as to whether or not service delivery should form part of the SOA remains to be resolved, with some documents containing information on the shape of services to be delivered and who should deliver them, and others remaining largely strategic. Two local authorities have tackled this issue by developing more than one document, with a strategic SOA supported by a more detailed appendix (North Ayrshire) or alternative SOA containing more information on how the strategic priorities will be actioned (Scottish Borders). Without any information as to how strategic priorities are to be taken forward, it will be extremely difficult to hold community planning partnerships to account for progress against the SOAs.

How is social care services' contribution to the national outcomes reported?

In the absence of a national outcome or indicator specific to social care, this part of the report considers under which outcomes and indicators social care is referenced, and what this suggests about the ways in which social care is viewed.

Outcomes

The framework for reporting on local priorities in the Single Outcome Agreement encourages community planning partners to structure their thinking around the 15 national outcomes (see Appendix 2).

Social care issues across the piece are referenced most often in relation to national outcome 6: *we live longer, healthier lives*, which could be said to encourage social care to be thought of as a health issue, focussing for example in mental health more on reducing prescribing rates and hospital re-admissions than on supporting those who have mental health problems to live independently, and in relation to older people encouraging a focus on issues such as delayed discharge and hospital admissions.

In a small number of SOAs, local partners have reported on priorities in relation to groups of national outcomes, giving more prominence to the local outcomes they have developed, and in two SOAs in particular, this has led to an increased focus on social care and the opportunity to distinguish the social from the health aspects of care. In Dundee, three health/care outcomes were created: *our people will experience fewer health inequalities*; *our people will have improved physical and mental well-being*; and, most relevant to social care, *our people will receive effective care when they need it*. In Clackmannanshire also, three health/care outcomes were developed: *health is improving and health inequalities are reducing*; *substance misuse and its effects are reduced*; and *vulnerable people and families are supported*. In these cases, the reporting of priorities under an outcome relating to care/support led to more attention being given to the issues and more care/support focussed indicators being used.

Indicators

As noted above, the indicator from the Improvement Service's menu of local indicators which related to independent living for people requiring support, was categorised in 2008 as the overarching indicator by which community care would retain coverage in the SOAs. In making this statement, the Minister for Public Health went on to say that this indicator encompassed the Community Care Outcomes Framework, which the Scottish Government has subsequently indicated should be used 'below the waterline' to measure progress.

In reading the SOAs, however, several examples were found where measures from the outcomes framework are used as indicators. In fact, all 32 SOAs in this tranche contained at least one measure from the Framework. The most commonly used measures are *% of those over 65 receiving personal care at home* and *% of people 65+ with intensive needs receiving care at home*, which were collectively referenced in 21 of the SOAs. The next most common were the *number of people 65+ admitted as an emergency twice or more to acute specialities per 100,000* (11 SOAs contained this indicator), *number of emergency bed days in acute specialities for people 65+ per 100,000* (nine SOAs) and *number of patients waiting in short stay settings, or for more than six weeks elsewhere, for discharge to appropriate settings* (eight SOAs). These most commonly used indicators are either HEAT targets or national indicators, suggesting that local areas find it easiest to include indicators for things that they are already measuring. Softer indicators from the framework such as *% of users satisfied with opportunities for social interaction* or *% of carers who feel supported and capable to continue in their role as a carer* are used much less often (in one and two of this year's SOAs respectively).

The reliance on existing statutory indicators is particularly marked in relation to older people's issues. While 30 of the 32 SOAs contain at least one indicator from the Community Care Outcomes Framework or HEAT targets, only four contain an indicator relating to older people's quality of life, welfare etc.

While many SOAs rely on existing indicators, some areas have taken the opportunity to develop more meaningful local indicators. For example, Scottish Borders contains an indicator relating to the number of children supported using Direct Payments; East Dunbartonshire contains an indicator on the % of older people with positive perceptions on quality of life; and East Renfrewshire contains an indicator on the proportion of people with substance misuse problems offered a treatment appointment within 14 days of their care plan. It is hoped that other SOAs might contain more indicators in future which truly represent the priorities of the area, rather than representing figures which are readily available.

Unanswered questions and areas for future research

While CCPS' key interest is in the coverage of social care issues within the SOAs, both the 2008-09 analysis and this research have raised issues around the SOA process in general. The 2008-09 report concluded that it was difficult to know how important it is that social care received a low level of coverage in the 08-09 documents until it was better understood a) what level of detail SOAs are expected to contain and b) how Single Outcome Agreements will be monitored and local areas will be held accountable for progress against them. As noted above, there is still not consistency as to whether SOAs are purely strategic documents, or contain operational detail. The questions of how SOAs are to be monitored, and what it means not to be included remain largely unanswered.

How are SOAs being reported on and monitored?

Around September 2009, community planning partnerships started to report on the progress that has been made in their area on the priorities laid out in the 2008-09 Single Outcome Agreements. Little fanfare has been made about these documents, and finding them requires some searching on council websites. An initial examination of a range of these reports suggests that reporting is patchy, with some areas giving considerable detail as to what has been achieved, what remains to be done and what has impacted on this, and others simply stating that yes/no an indicator has/has not been achieved.

Leaving to one side the inconsistency of reporting, however, the key question remains what happens if an area fails to meet its targets? The official response that the electorate should hold areas to account continues to sound hollow, not only because many community planning partners are unaffected by the views of the electorate, but also because it seems unlikely that the majority of voters will be scouring websites to find these progress reports. There is still a need for a degree of national monitoring on a thematic basis, particularly where national policies (such as the Early Years Framework or the Alcohol Strategy) state that implementation will take place at a local level through Single Outcome Agreements. In the absence of this type of monitoring by government, it is being left to voluntary organisations to take on this role (see for example analyses of the Single Outcome Agreements by Scottish Women's Aid, national voluntary sector children's organisations and Ash Scotland); anecdotal evidence suggests that civil servants and MSPs very much value these analyses, but questions must be asked as to whose role this national monitoring should be. In times of increasing financial uncertainty, it would also seem ill-advised to rely on voluntary organisations to carry out this monitoring function.

What does it mean not to be included?

The 2008 CCPS analysis of the Single Outcome Agreements raised the issue of what it means not to be included in the Single Outcome Agreements, and government, both national and local, responded firmly that just because something is not included in the SOA does not mean it won't be provided. CCPS' concern remains, however, that if priorities as reflected in the SOAs influence budget setting in the local area, issues which do not feature in the SOAs will find themselves with budgets being cut.

Some basic research by CCPS suggests a potential link between areas where budgets are being cut and where SOAs do not reflect a particular issue as a priority. Of the seven councils identified by the Learning Disability Alliance (2009) as having announced cuts to learning disability budgets three did not mention learning disability at all in their SOAs, and of the four that did, only one contained a relevant outcome or indicator. This does not prove a definitive link, and during a time of cuts in public spending, this is a particularly difficult issue to research, but as discussed at the Scottish Parliament Local Government and Communities Committee (2009) there is a pressing need for research into the link between SOAs, budget setting and service planning.

The SOAs themselves have little to say about funding, with references to the costs of services even less prevalent this year than in the 2008-09 tranche. Only six SOAs refer to the cost of public services in any sense, and two to the costs of social care; this is a decrease since last year, when twelve SOAs referenced the cost of social care.

Conclusion

The uncertainty around the Single Outcome Agreement process which allowed analyses of the 2008-09 SOAs to conclude that "it's too early to tell" what impact they might have on social care (Gooday and Stewart, 2009) has yet to be resolved. This analysis shows that issues relevant to social care received broadly the same level of coverage in this tranche of SOAs as they did in the first, which is still not as high as those in social care might wish, and does not include much mention of key issues in social care such as personalisation and self-directed support. What is not clear is what impact it may have for these issues to be missing. While it is accepted that Single Outcome Agreements are still in their infancy, it is perhaps concerning that reading the SOAs is not enough in itself to allow conclusions to be drawn about the implications for social care services in local area

References

Ash Scotland (2009) *Single Outcome Agreements* Ash Scotland

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Community Care Provider Scotland (2008) *Single Outcome Agreements 2008-2009: An analysis by Community Care Providers Scotland* Community Care Providers Scotland, Edinburgh

Gooday, K. and Stewart, A. (2009) 'Community Care and the Single Outcome Agreement in Scotland: A Driver or a Barrier to Better Outcomes' *Journal of Integrated Care* 17:5, pp. 31-37

Improvement Service (2008) *Menu of Local Outcome Indicators v1* The Improvement Service

Improvement Service (2009) *Menu of Local Outcome Indicators v3.1* The Improvement Service

Learning Disability Alliance (2009), *Alliance News*, Issue 21 October 2009

Scottish Government and COSLA (2007) *Concordat between the Scottish Government and local government* Scottish Government

Scottish Parliament Local Government and Communities Committee (2009) *Official Report 20 May 2009* The Scottish Parliament

Appendix 1 – information summarised by client group

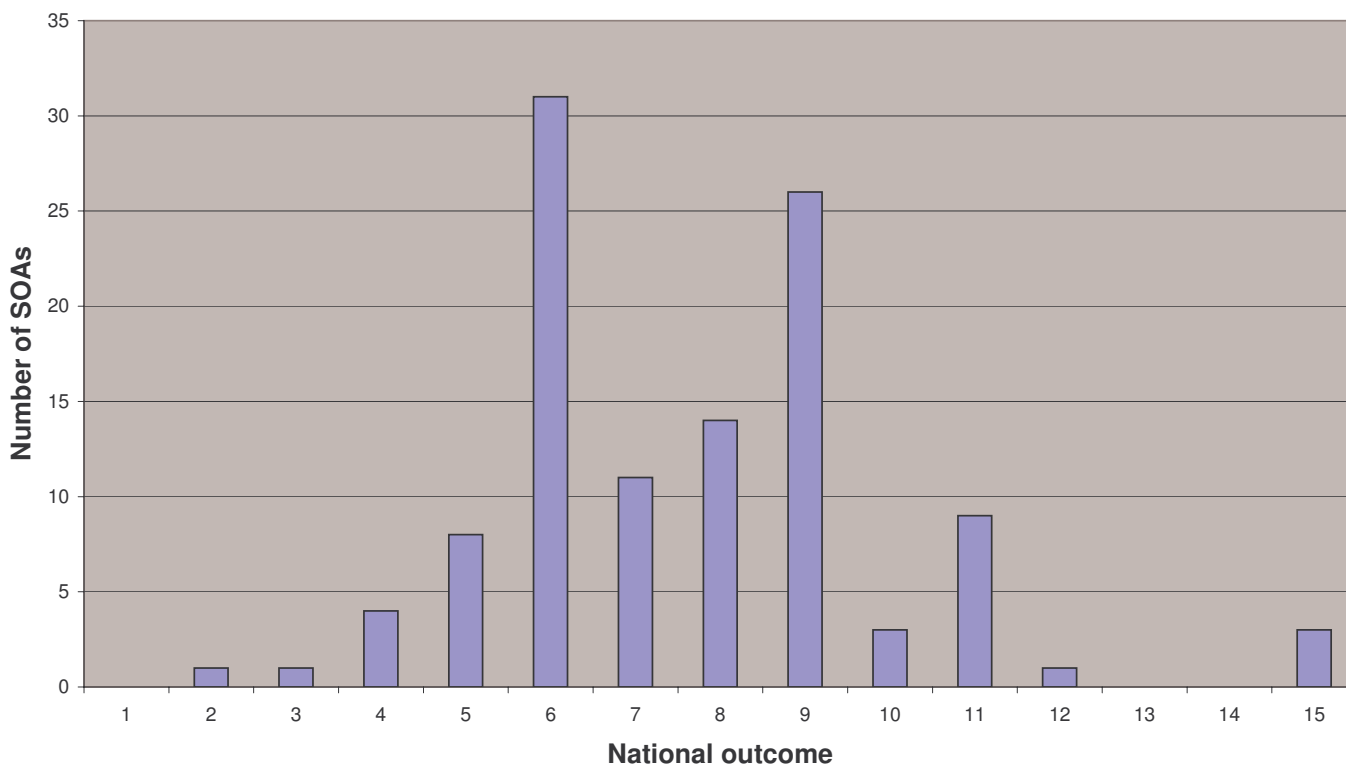
This section of the report contains the results of a numerical content analysis of the SOAs by client groups of relevance to CCPS members, and a short commentary on these results.

Addictions

All 32 Single Outcome Agreements contain references to people with drug and alcohol problems, and all have at least one outcome or indicator relating to this client group.

People with drug and alcohol problems are referenced most often under outcomes six (*we live longer, healthier lives*) and nine (*we live our lives safe from crime, disorder and danger*) but are mentioned in at least one SOA under almost all of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes, see Appendix 2):

Number of SOAs referencing addictions under each national outcome



Of the 32 Single Outcome Agreements that reference addictions:

- 18 refer to support services for people with drug/alcohol problems
- 17 refer to a plan or strategy that gives more detail on addictions work in that local area
- Eight refer to helping people who have drug or alcohol problems into employment or training
- 21 refer to children and young people with problematic drug/alcohol use or who are affected by parental substance misuse.

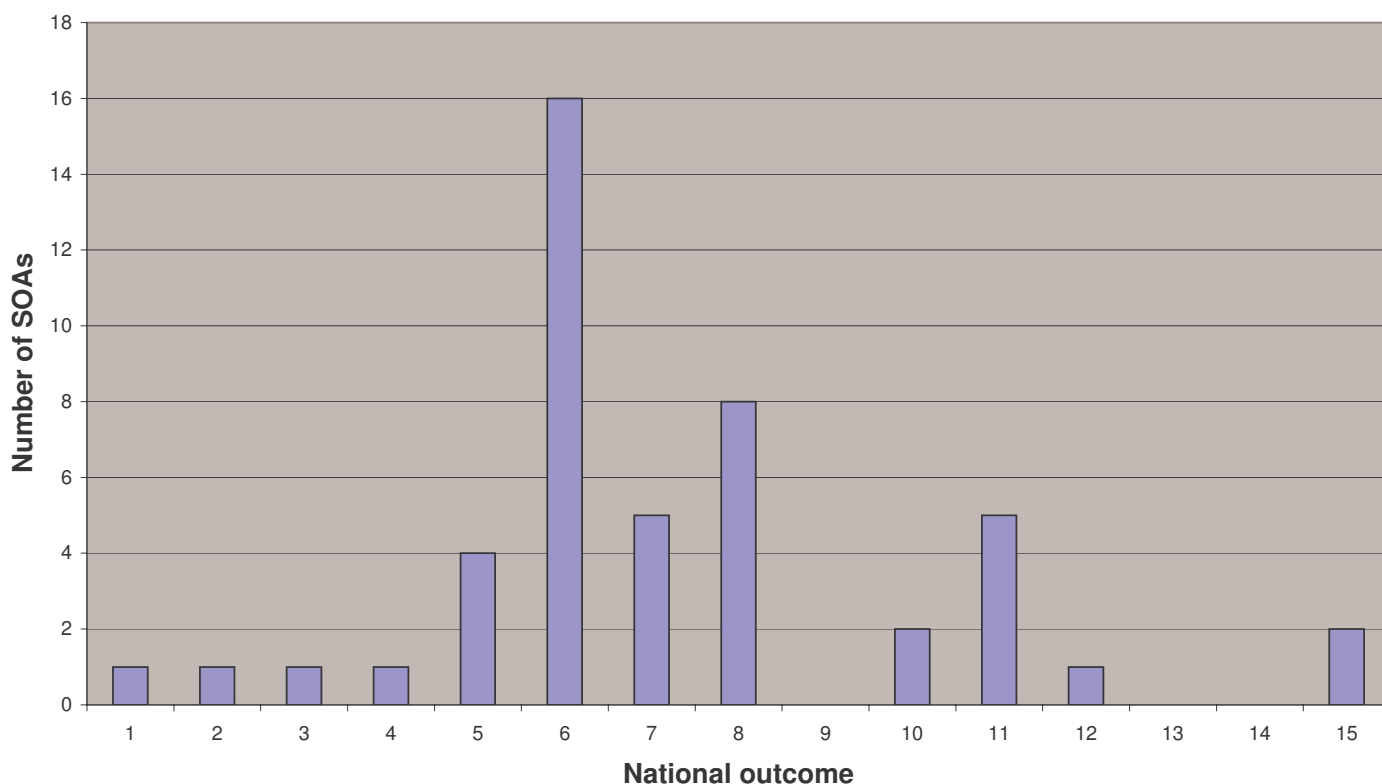
The representation of drug and alcohol issues in the SOAs is very similar to that found in the 2008-09 tranche, when 32 SOAs referred to the issues and 31 had a relevant outcome or indicator. The spread of references between national outcomes is unchanged, and the number making reference to care and support services also remains the same. The only slight difference is in the number relating drug and alcohol misuse to employability, which has risen from six in 2008-09 to eight in 2009-10.

Carers

24 Single Outcome Agreements contain references to carers, and 16 have at least one outcome or indicator relating to carers.

Carers are referenced most often under outcome six (*we live longer, healthier lives*) but are mentioned in at least one SOA under almost all of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes see Appendix 2):

Number of SOAs referencing carers under each national outcome



Of the 24 SOAs that reference carers:

- Ten refer to services for carers
- Seven mention carers' assessments
- Ten refer to other plans or strategies where information on work with carers in that local area can be found
- Ten refer to young carers
- One refers to older carers
- Three refer to involving carers in service planning or design
- Three refer to a growing need for informal care
- Four refer to the fact that there are or are likely to be fewer informal carers in future.

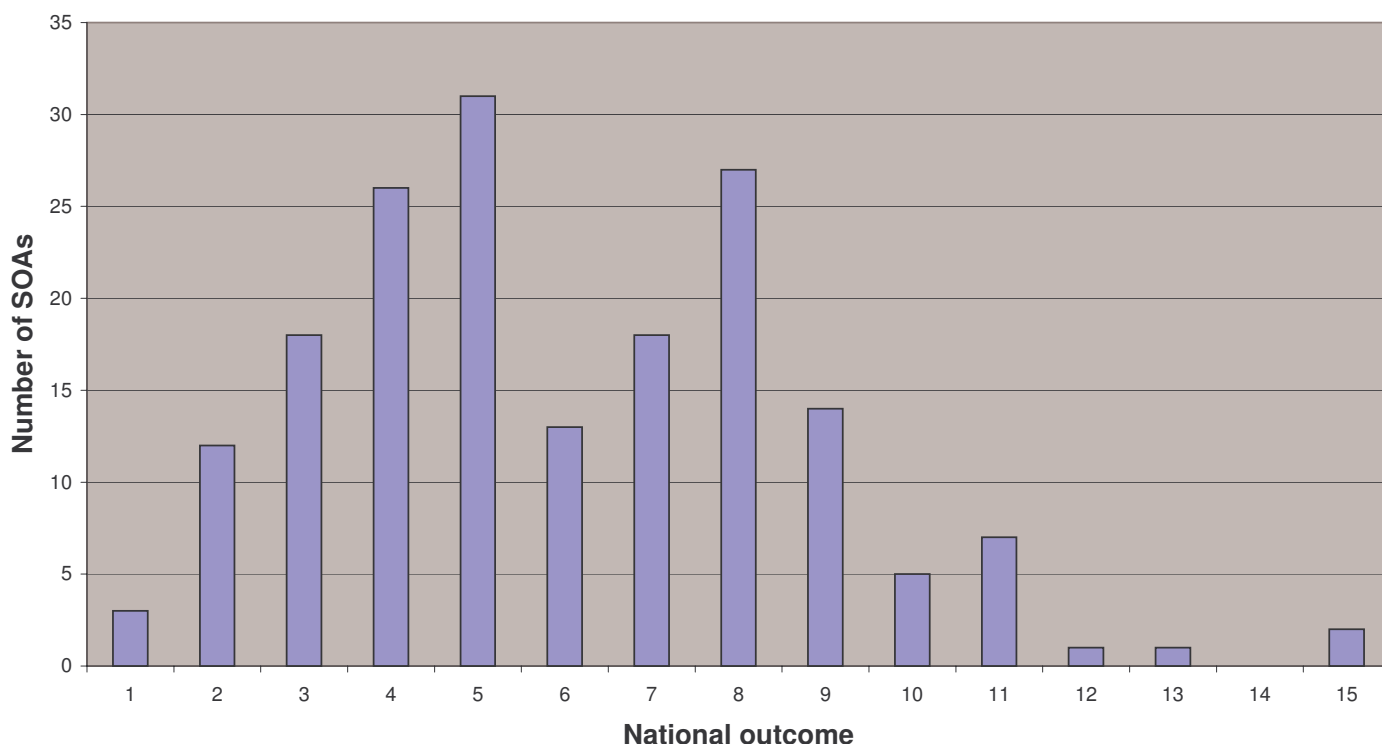
The number of SOAs referencing carers has gone down this year (from 25 last year) but the number of SOAs including an outcome or indicator relating to carers has gone up from 13 in 2008-09 to 16 this year. The spread of references between national outcomes remains broadly similar. As last year, the focus is on services for carers, with few SOAs referring to carers in other capacities. The main differences in treatment between 2008-09 and 2009-10 are references to young carers (which have increased from four in 2008-09 to ten in 2009-10) and references to the possible decline in numbers of informal carers, which were not noted in CCPS' analysis last year but appear in 1/6 SOAs mentioning carers in 2009-10.

Children, young people and families

All 32 Single Outcome Agreements contain references to children, young people and families, and all have at least one outcome or indicator relating to this client group.

Children, young people and families are referenced most often under national outcomes four (*our young people are successful learners, confident individuals, effective contributors and responsible citizens*), five (*our children have the best start in life and are ready to succeed*) and eight (*we have improved the life chances for children, young people and families at risk*), but are mentioned in at least one SOA under almost all of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes, see Appendix 2):

Number of SOAs referencing children, young people and families under each national outcome



Of the 32 SOAs that reference children, young people and families:

- 31 reference care and support services for these client groups
- 27 reference other plans or strategies that give further information on work with children and families in the local area
- 29 mention the need to help young people into employment, education or training
- Eight reference involving children, young people or families in service planning or other types of local decision making

In so far as CCPS has considered issues affecting children and young people, coverage in the SOAs remains the same as it was in 2008-09 in terms of numbers of references, numbers of outcomes/indicators and spread of references between national outcomes. References to care and support services for children and families and to helping young people into employment, education or training have each increased by 1 in this tranche of SOAs.

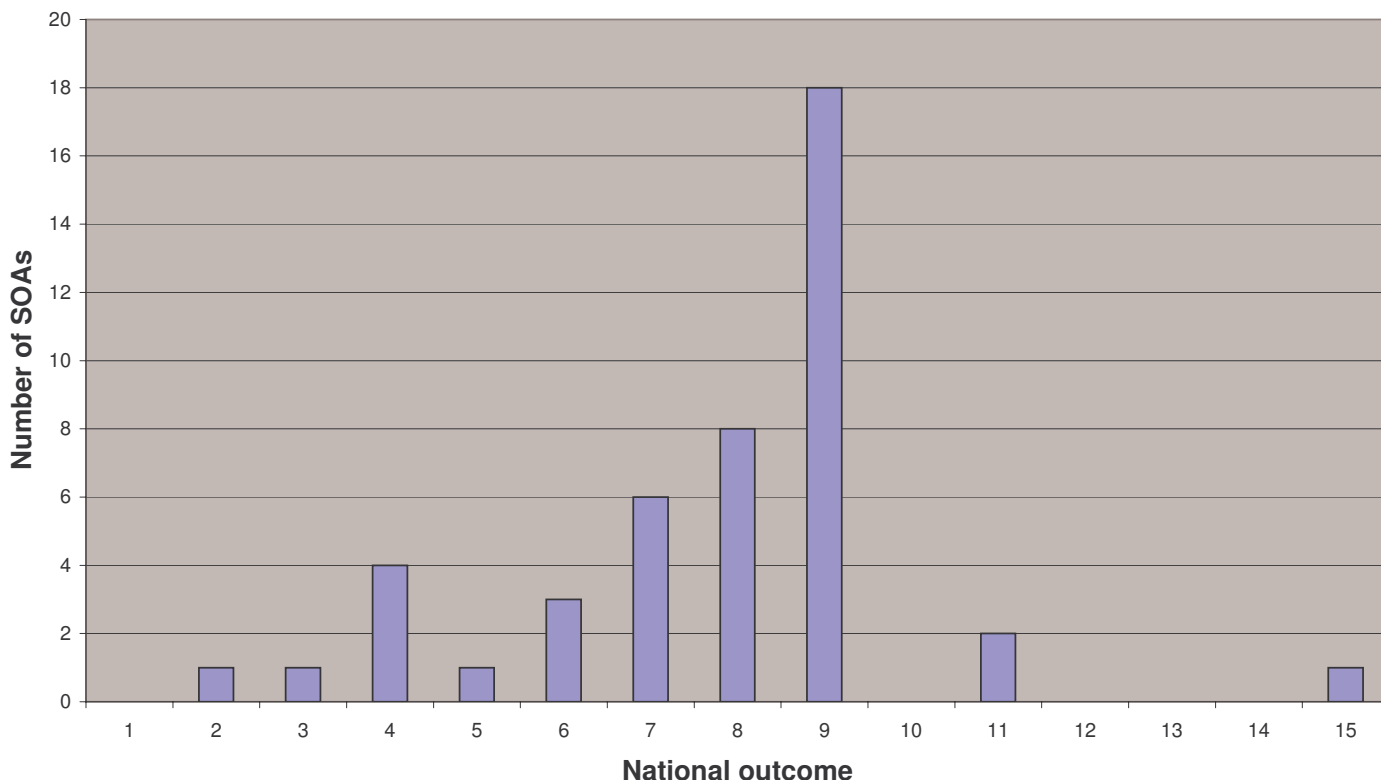
For a more detailed analysis of the SOAs as they relate to children and young people, see the forthcoming analysis by the children's services policy officers network.

Criminal justice

23 Single Outcome Agreements refer to offenders, ex offenders, young offenders or potential young offenders. 19 of these contain an outcome or indicator relating to these client groups.

Criminal justice issues are referred to most often under national outcome nine (*we live our lives safe from crime, disorder and danger*) but are also referenced in at least one SOA under almost all of the national outcomes, most notably outcome eight (*we have improved the life chances for children, young people and families at risk*) in relation to young offenders. The graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes, see Appendix 2):

Number of SOAs referencing criminal justice under each national outcome



Of the 23 SOAs that reference criminal justice:

- Nine reference services to support offenders, ex-offenders, young offenders or potential young offenders
- Seven refer to plans or strategies giving further information on work in this area
- Two refer to helping ex-offenders into work or training
- Two relate offending behaviour to alcohol or drug use
- 19 refer to young offenders or children affected by parents who offend

Of the 19 SOAs containing an outcome or indicator relating to criminal justice, seven only contain outcomes or indicators relating to young offenders.

This is the first year that the CCPS analysis has considered issues relating to criminal justice, so no comparison can be drawn with coverage in the 2008-09 documents.

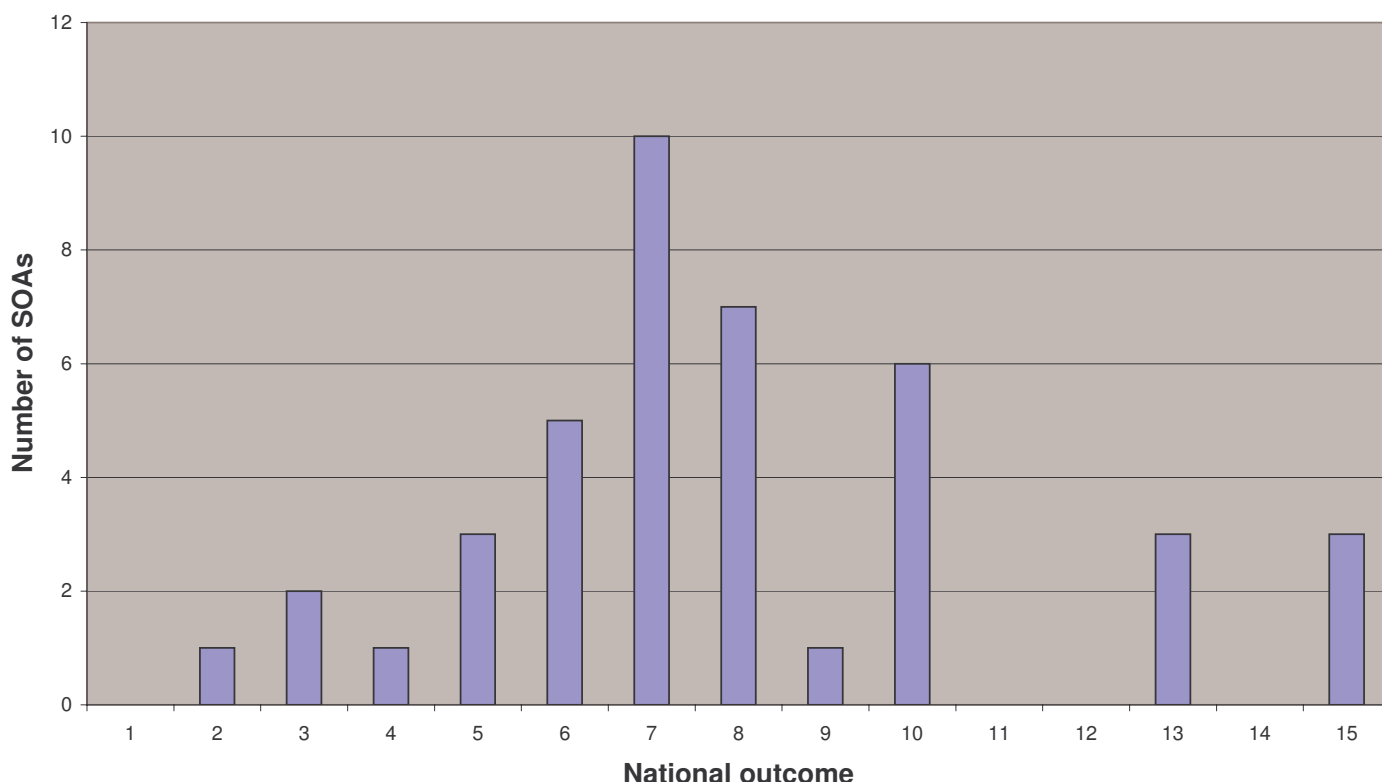
Disability

As in 2008-09, several SOAs refer to 'disability' without specifying what this encompasses (physical disability, learning disability, sensory impairment etc). A separate analysis of specific references to learning disability has been carried out, but it is possible that some references to disability are intended to cover learning disability also.

28 Single Outcome Agreements reference disability, and 16 of these contain an outcome or indicator relating to it.

Disability is referenced most often in relation to national outcome seven (*we have tackled the significant inequalities in Scottish society*) but is mentioned in at least one SOA under almost all of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes, see Appendix 2):

Number of SOAs referencing disability under each national outcome



Of the 28 SOAs referencing disability:

- Eight refer to care and support services for people with disabilities
- Four refer to other plans giving further information on work in this area
- Four refer to helping people with disabilities into work
- 12 refer to issues of access for people with disabilities
- Nine refer to children with disabilities
- Three refer to involving people with disabilities in service development or other local decision making

Of the 16 SOAs containing local outcomes or indicators relating to disability, six only contain outcomes or indicators around access to buildings or transport.

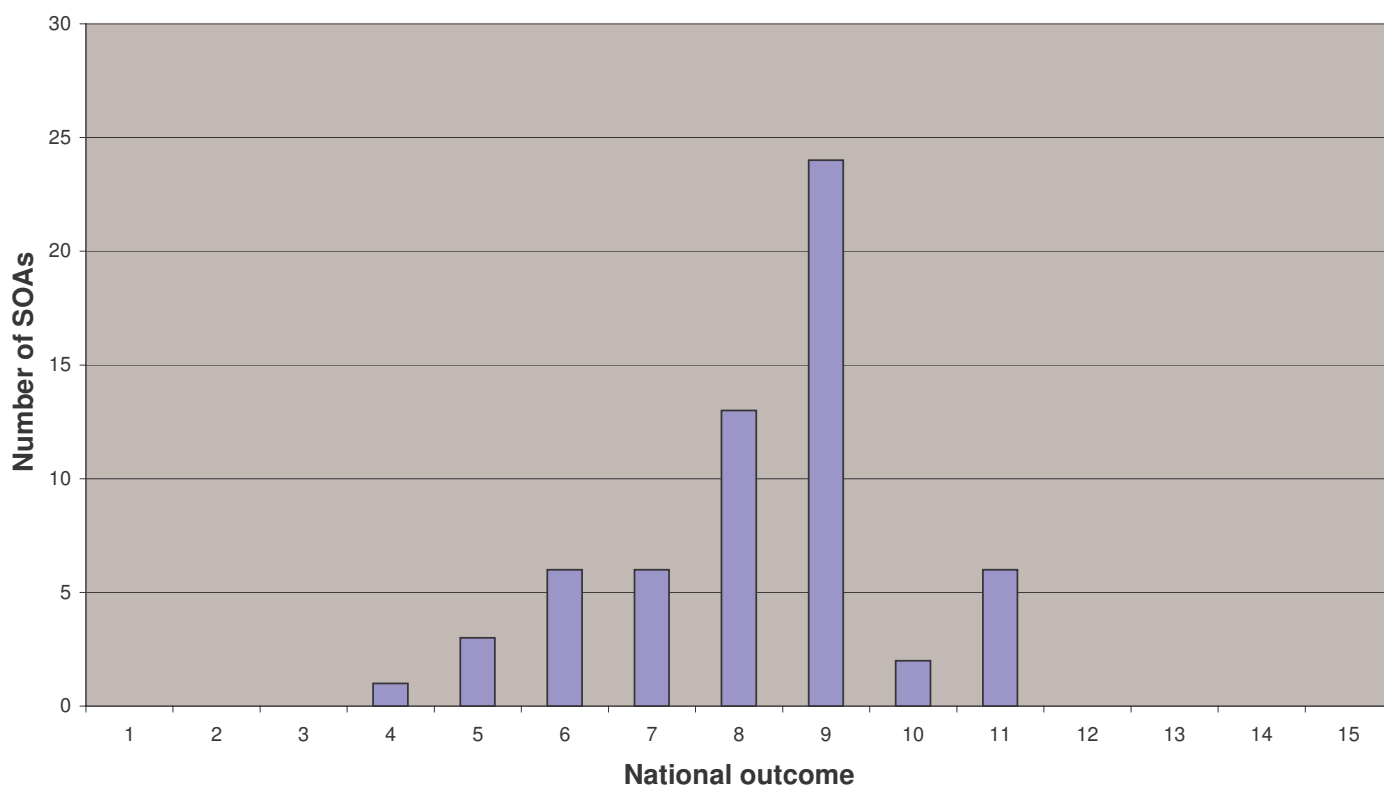
Fewer SOAs in the 2009-10 tranche refer to physical disability; in 2008-09 all 32 SOAs contained references to disability and 21 included relevant outcomes or indicators. The spread of references between national outcomes remains broadly similar. A similar % of SOAs that contain an outcome or indicator relating to disability do so only in relation to access issues. References to children with disabilities have risen from six in 2008-09 to nine in 2009-10.

Domestic abuse

All 32 Single Outcome Agreements reference domestic abuse, with 29 containing an outcome or indicator relating to it.

Domestic abuse is referenced most often under national outcome nine (*we live our lives safe from crime, disorder and danger*) but is mentioned in at least one SOA under half of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes, see Appendix 2):

Number of SOAs referencing domestic abuse under each national outcome



Of the 32 SOAs referencing domestic abuse:

- Eight refer to support services for victims of domestic abuse
- 15 refer to other plans or strategies containing more information on work in this area
- 12 relate domestic abuse to children and families
- Six relate domestic abuse to drug and alcohol misuse

Of the 29 SOAs containing an outcome or indicator relating to domestic abuse, 19 only have indicators relating to reporting rates for domestic abuse.

More SOAs this year mention domestic abuse than did so in 2008-09, when only 27 referenced the issue and only 20 contained a relevant outcome or indicator. As this year, the majority of references to domestic abuse last year were found under national outcome nine; references under national outcome eight have increased this year compared to 2008-09.

For a more detailed analysis of the SOAs as they relate to domestic abuse, see the forthcoming analysis by Scottish Women's Aid.

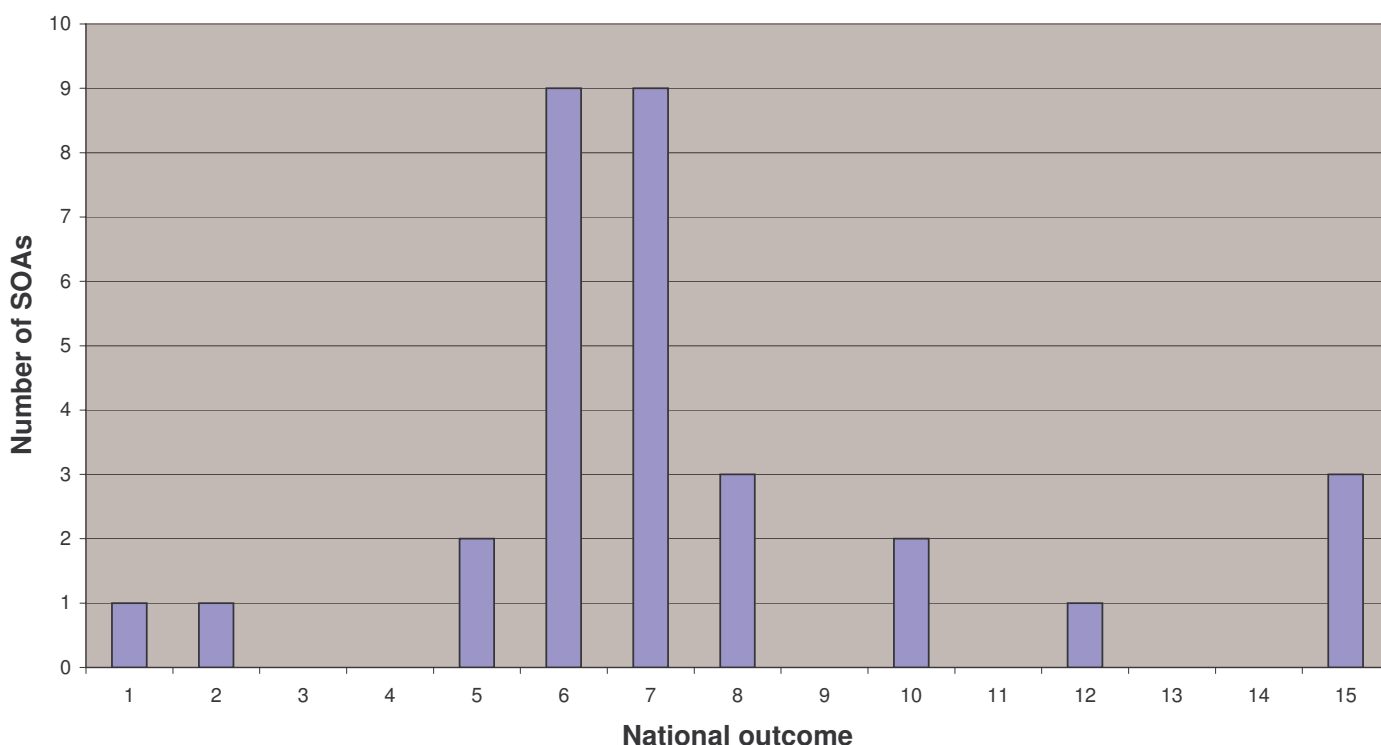
Learning disability

As noted under disability above, it is possible that some references to disability are intended to cover learning disability also.

19 Single Outcome Agreements refer specifically to learning disability, and eight of these contain an outcome or indicator relating to it.

References to learning disability are found most often in relation to national outcomes six (*we live longer, healthier lives*) and seven (*we have tackled the significant inequalities in Scottish society*) but are also found in at least one SOA in relation to nearly two thirds of the national outcomes. The graph below shows how many refer to learning disability under each national outcome (for a full list of national outcomes, see Appendix 2):

Number of SOAs referencing learning disability under each national outcome



Of the 19 SOAs referencing learning disability:

- Eight refer to care and support services for this client group
- Six reference other plans or strategies giving further information on work in this area
- Four refer to housing/accommodation needs for this client group
- Three refer to the need to help people with a learning disability into training or employment
- One refers to people with learning disabilities living more independently
- One refers to involving people with learning disabilities in local decision making
- One makes particular reference to children with learning disabilities
- One makes particular reference to older people with learning disabilities

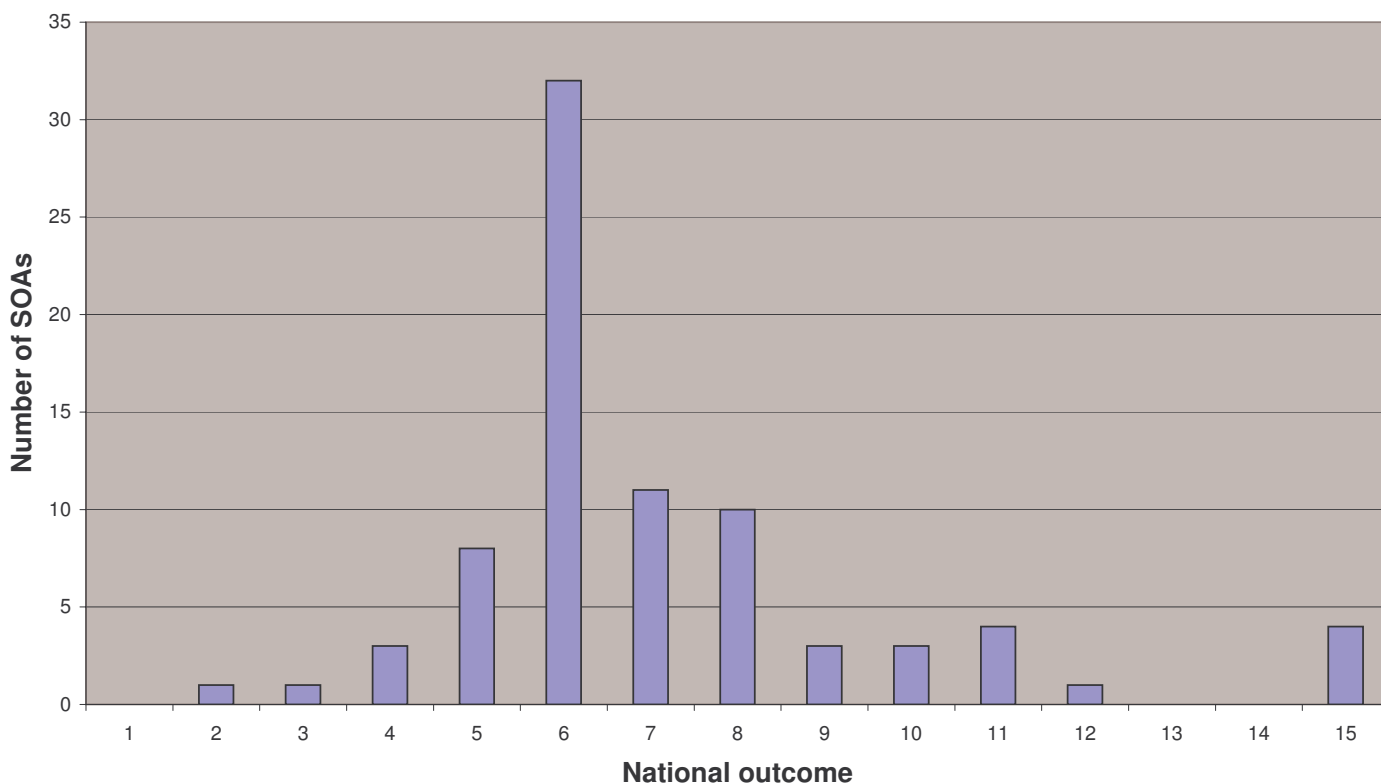
The number of SOAs referencing learning disability is the same in 2009-10 as it was in 2008-09, and one fewer contains an outcome or indicator on the issue. As in 2008-09, most of these references are found under national outcomes six and seven, although it is interesting to note that fewer SOAs this year reference learning disability under national outcome two (in 2008-09 four did, but this year only one did so). Last year only six SOAs referred to services for people with learning disabilities while eight do so this year, but the number of SOAs linking learning disability to independent living has fallen from four to one.

Mental health

All 32 Single Outcome Agreements refer to mental health, and all contain an outcome or indicator relating to it.

Mental health is referred to most often under national outcome six (*we live longer, healthier lives*) but is also referenced in at least one SOA under most of the national outcomes. The graph below shows how many SOAs refer to mental health under each national outcome (for a full list of national outcomes see Appendix 2):

Number of SOAs referencing mental health under each national outcome



Of the 32 SOAs referencing mental health:

- 13 refer to care, support or recovery services for people with mental health issues
- 16 refer to another plan or strategy providing more information on work in this area
- Three refer to helping people with mental health problems into employment or training
- One refers to helping people with mental health problems to live independently
- 11 refer to children and young people with mental health problems
- One refers to involving people with mental health problems in service development
- Nine refer to dementia

Of the 32 SOAs containing a mental health outcome or indicator:

- 21 contain indicators relating to suicide rates
- 16 contain indicators relating to prescribing rates
- 11 contain indicators relating to hospital (re)admission rates
- seven contain indicators relating to the measurement of wellbeing

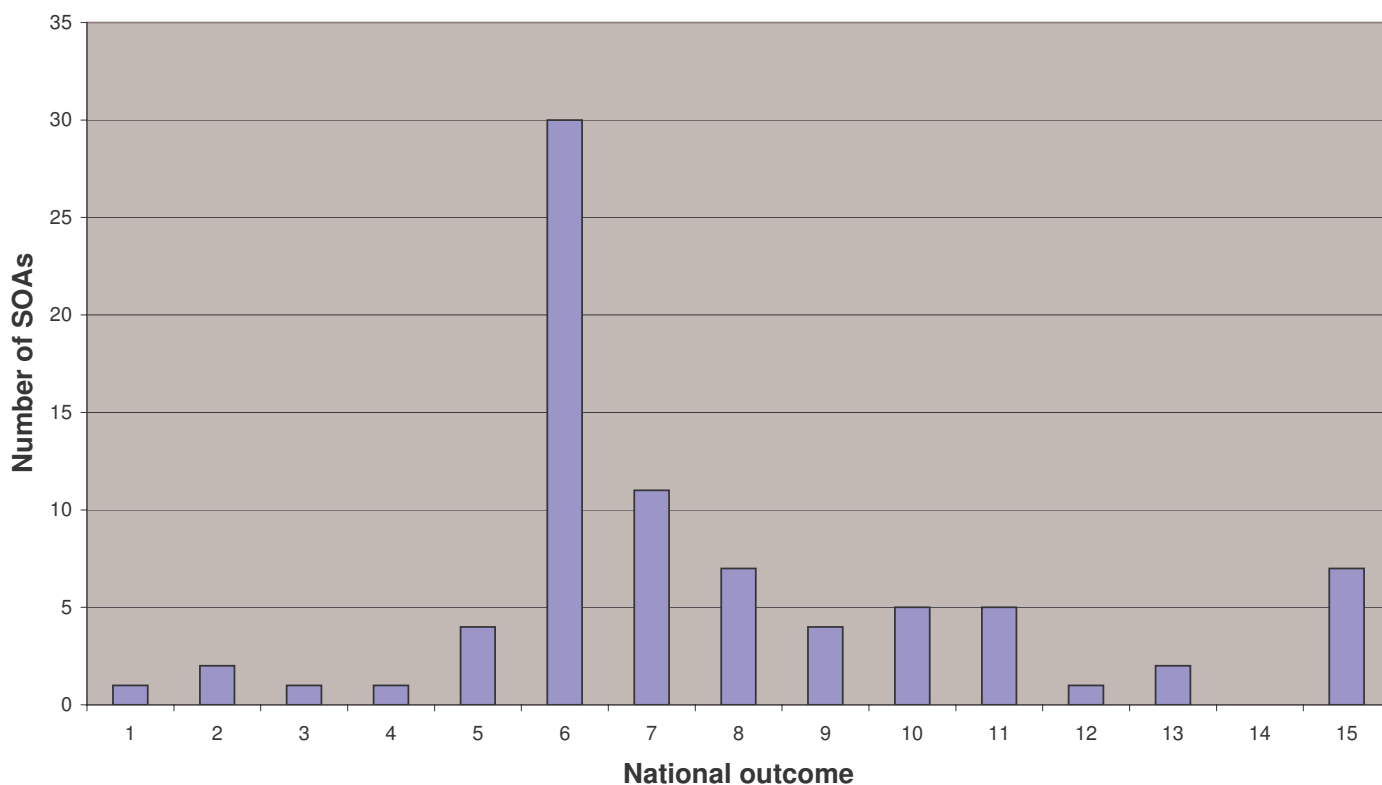
Coverage of mental health issues in this set of SOAs is broadly consistent with 2008-09, when 32 documents referred to the issue and 31 contained a relevant outcome or indicator. The majority of references to mental health were also found under national outcome six in 2008-09; it is interesting to note that the number of references under national outcome eight has fallen this year, even though one more SOA refers to the mental health of children and young people than last year. In keeping with last year, most outcomes and indicators relating to mental health concern suicide rates, prescribing rates, hospital admissions or measurement of wellbeing, although coverage of the latter has fallen. Coverage of dementia has increased from seven SOAs last year to nine in 2009-10.

Older people

All 32 Single Outcome Agreements refer to older people; 30 contain an outcome or indicator relating to this client group.

Older people are referenced most often under outcome six (*we live longer, healthier lives*) but are mentioned in at least one SOA under almost all of the national outcomes – the graph below shows how many SOAs contain references under each outcome (for a full list of the national outcomes see Appendix 2):

Number of SOAs referencing older people under each national outcome



Of the 32 SOAs referencing older people:

- 26 refer to care and support services for this client group
- 15 refer to the challenge of continuing to provide services to this group and/or the need to consider service redesign
- Nine reference other plans or strategies that provide further information on work in this area
- 12 refer to helping older people to live independently (references only to shifting the balance of care were not considered to relate to independent living)
- Seven refer to accommodation or housing for older people
- Three refer to the engagement of older people in local decision making
- One refers to the personalisation of services for older people

The high level of coverage of older people's issues is consistent with 2008-09, when all 32 SOAs referenced this topic and contained an outcome or indicator relating to it. While references are still found primarily under national outcome six, it is interesting to note that coverage under national outcomes ten and eleven has fallen while references under national outcome seven have increased. While the number of SOAs focussing on services for older people has dropped marginally from 28 to 26, the number considering wider older people's issues has also dropped (for example the number mentioning involvement of older people in local decision making has fallen from five to three).

Appendix 2 – National Outcomes

1. We live in a Scotland that is the most attractive place for doing business in Europe
2. We realise our full economic potential with more and better employment opportunities for our people
3. We are better educated, more skilled and more successful, renowned for our research and innovation
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens
5. Our children have the best start in life and are ready to succeed
6. We live longer, healthier lives
7. We have tackled the significant inequalities in Scottish society
8. We have improved the life chances for children, young people and families at risk
9. We live our lives safe from crime, disorder and danger
10. We live in well-designed, sustainable places where we are able to access the amenities and services we need
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
12. We value and enjoy our built and natural environment and protect it and enhance it for future generations
13. We take pride in a strong, fair and inclusive national identity
14. We reduce the local and global environmental impact of our consumption and production
15. Our public services are high quality, continually improving, efficient and responsive to local people's needs

This analysis was prepared on behalf of CCPS members: Aberlour Child Care Trust; Action for Children; The Action Group; Addaction Scotland; Alzheimer Scotland; Ark Housing Association Ltd; Barnardo's Scotland; Barony Housing Association; Bield Housing Association; Brothers of Charity Services (Scotland); Cairn Housing Association Ltd; Camphill Scotland; Capability Scotland; Carr-Gomm Scotland; Children 1st; Community Integrated Care; Cornerstone; Crossreach; Crossroads Caring Scotland; ELCAP; ENABLE Scotland; Glasgow Housing Association; Glasgow Simon Community; Gowrie Care Ltd; Hanover (Scotland) Housing Association; Hansel Foundation/Alliance; Health in Mind; Includem; Inspire; Key Housing Association; Kibble Education & Care Centre; Kingdom Housing Association; Lanarkshire Association for Mental Health; L'arche; Leonard Cheshire Disability; LinkLiving Ltd; Loretto Housing Association; Margaret Blackwood Housing Association; Momentum Care Services; Multiple Sclerosis Society Scotland; The Mungo Foundation; National Schizophrenia Fellowship; Options for Independence – BRCS; Penumbra; Places for People Scotland Care & Support; PSS Scotland; Quarriers; Queens Cross Housing Association; Renfrewshire Association for Mental Health; The Richmond Fellowship Scotland; SACRO; Scottish Association for Mental Health; Scottish Society for Autism; Scottish Women's Aid; Sense Scotland; SHARE Scotland; Stepping Stones for Families; Thistle Foundation; Trust Housing Association; Turning Point Scotland; Unity Enterprise Ltd; Visualise; VSA; YMCA Glasgow.

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