Finance Committee

Prevention

A joint Submission from CCPS (Coalition of Care and support Providers in Scotland), CJVSF (Criminal Justice Voluntary Sector Forum) and the HSEU (Housing Support Enabling Unit)

Introduction

1. We welcome the opportunity to respond to this call for evidence and trust that our response will be of use and interest to the Finance Committee. Our response has been developed through discussions with our members. A brief description of the range of organisations that make up our respective memberships is provided below:

- **CCPS** is the Coalition of Care and support Providers in Scotland. Its membership comprises more than 70 of the most substantial providers of care and support in Scotland’s voluntary sector, supporting approximately 350,000 people and their families, employing around 43,000 staff and managing a combined total income of over £1.3bn, of which an average of 78% per member organisation relates to service provision that is commissioned, purchased or otherwise funded by the public purse. CCPS members provide services right across the spectrum of care and support, including services for older people; children, young people and families; adults with physical and learning disabilities, sensory impairment, dementia, acquired brain or spinal injury; and people facing a range of challenges in their lives, including mental health problems, addictions and involvement in the criminal justice system.

- **The Criminal Justice Voluntary Sector Forum (CJVSF)** is a collaboration of voluntary sector organisations working with individuals, families and communities involved with and affected by the criminal justice system¹. CJVSF is hosted by the Coalition of Care and Support Providers in Scotland (CCPS) and receives financial support from The Robertson Trust and The Monument Trust.

- **The Housing Support Enabling Unit (HSEU)** is jointly hosted with the Scottish Federation of Housing Associations and CCPS. It works with

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¹ A list of our current members can be found at: [http://www.ccpscotland.org/cjvsf/cjvsf/cjvsf-members/](http://www.ccpscotland.org/cjvsf/cjvsf/cjvsf-members/)
providers of housing support services in Scotland across registered social landlords, voluntary and private sector providers.

Summary of main points

2. In relation to the progress being made in reforming Scotland’s public services and delivering the decisive shift towards prevention, we would wish to highlight the following points:
   - Current barriers to prevention can include: commissioning approaches, funding structures and systems, eligibility criteria for services, arrangements for demonstrating outcomes, public perceptions and political willingness and a lack of an overall strategy for prevention
   - Opportunities for increasing the progress made towards a decisive shift to prevention include:
     - Strengthening commissioning arrangements, to support stronger involvement of people using and providing services and to promote the sharing of resources between partners
     - Taking a longer term approach to funding decisions, and ensuring that funding structures and systems are designed to support a move towards a more preventative approach
     - Making greater use of and further developing the evidence base around what works in relation to prevention
     - Supporting and encouraging public debate about different approaches to tackling social issues
     - Developing an overall strategic approach to prevention, which is based around a whole system approach
     - Supporting and developing the statutory and independent workforce, to encourage a shift towards more preventative approaches.

3. More detailed responses to the specific questions asked by the Finance Committee can be found below.

Responses to individual questions

Q1. Why has the progress of reform proposed by the Christie Commission been so slow?

4. Our members have identified the following factors that have contributed to slow progress:
   - **A lack of clarity over what counts as ‘prevention’**: In developing and implementing reforms, it is important that we are clear about what it is we are trying to prevent. There therefore needs to be a clearer definition of what prevention encompasses.
   - **Lack of engagement with the Third Sector as partners with expertise and experience to contribute to transforming services and communities**
   - **Resources are not shifting to support preventative approaches**: Despite a clear policy intention for a shift towards more preventative approaches, we are not seeing this consistently reflected in resourcing decisions. Similarly, there is not a consistent use of rigorous evaluation of what works and use of the evidence base to inform dis-investment decisions. Audit Scotland (2014,
p31) also found that “The evidence base on good preventative services is underdeveloped, as is the level of understanding across the public sector about how to:

- Transfer good practice from one organisation or place to another
- Convert innovation from small-scale pilots to large-scale changes in services.”

- Lack of a strategic, joined-up approach to prevention: A more rounded, ‘whole system’ approach needs to be taken to prevention, building links across different policy areas and initiatives.

Q2. What are the main barriers to change and how do we address them in order to accelerate the rate of progress?

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<th>Main barriers to change</th>
<th>How do we address these in order to accelerate the rate of progress?</th>
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| Challenges around commissioning and how resources should be split between acute services and prevention: for both the individual, and for the next generation. | Audit Scotland (2014, p30) found that “Prevention activity among community planning partners is often prompted by national funding or initiatives such as the Change Fund or the Early Years Collaborative”. We acknowledge the increasing pressure on public services and the difficulties many face in balancing ongoing funding for acute services with the continued or increasing funding of preventative services. Whilst there may be longer term advantages to a shift towards preventative activities, Audit Scotland (2014, p31) noted that, “shifting resources in this way will become increasingly challenging as pressures on resources continue to tighten, as initially organisations will need to continue to deliver existing services while investing in prevention initiatives”.

In some instances, providers have also observed reductions in the funding of existing ‘low level’ preventative services, such as sheltered housing, making it more difficult for some older people to obtain smaller amounts of support which helps them to remain independent and active for longer.

It would be helpful if there could be a shift to more joint commissioning, with partners sharing their resources across policy areas in order to develop and deliver more preventative services which cut across individual policy streams.

Better involvement of service users and Third Sector |

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providers in strategic commissioning activities could also help to increase understanding of local needs and perhaps encourage a better balance between spending on acute and preventative services / activities.

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<th>Funding structures and systems</th>
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<td>Shifting funding to evidence based preventive services while maintaining existing services where demand remains high remains a challenge. Statutory support is often split in to funding segments and policy topic workstreams, which can prevent a comprehensive approach to prevention being taken. Clearly separating out preventative activities in financial commitments, may be one option for monitoring any shifts in resources and could help to reduce the risk that money shifts away from, rather than towards preventative activities. Public Social Partnership (PSP) type approaches can also help to support cross-policy/ cross-sector working by bringing together a range of agencies with different areas of expertise.</td>
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<th>Short term funding</th>
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<td>Outcomes from preventative services can sometimes take years rather than months to demonstrate. This makes it more difficult to fully evaluate what does and does not work on a short term basis. Longer term funding decisions made in the context of a long term strategy which acknowledges the contribution of all delivery partners and the existing evidence base would therefore be helpful.</td>
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<th>Eligibility criteria for services</th>
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<td>In some instances, tight eligibility criteria may result in people not being able to access services that could effectively meet their needs. Improving the flexibility of services to be able to appropriately address individual’s needs could help to prevent people falling through the gaps that are currently created by rigid eligibility criteria and ensure that they receive support at an earlier stage before issues escalate in to crisis.</td>
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<th>Demonstrating outcomes</th>
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<td>In its 2014 report, Audit Scotland (p25)\(^3) recommended that the Scottish Government should “ensure that its review of national performance measurement arrangements streamlines approaches and creates a stronger prevention and outcome focus”. We support this view. Attribution of proving ‘what if’ can be very difficult. How can you prove that negative outcomes did not occur? The experience of individuals and their perception of what</td>
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would have happened if they had not been able to access services they feel made a difference to their situation can play an important role here, with information from those using services being gathered and considered in conjunction with national data about relevant policy issues, such as homelessness, criminal justice and health.

Savings to society are a public good. However, there is a risk of organisations cherry picking who they will work with, if there are commercial incentives to do so. In addition, pursuing service types which are linked with the greatest savings to the public purse could mean that funding decisions become skewed towards investing in activities which lead to the greatest cost savings, rather than activities that offer the best value for money in terms of delivering positive outcomes for individuals, families and communities.

| A lack of overall strategy for prevention | Audit Scotland (2014, p5)\(^4\) noted “CPPs do not yet know what a strategic approach to prevention will look like, and in many areas the evidence base for this is underdeveloped”. Policy changes in one area (e.g. increasing the age range of support for children in care to 25 years) will create pressure points elsewhere in the system. We therefore need a more strategic approach to prevention in order to prevent and release the blockages.

Timescales also need to be considered in any prevention strategy. For example, Sapouna et al (2015, p5)\(^5\) found that “imprisonment on remand can prevent some individuals from reoffending in the short-term through incapacitation; however remand can also be associated with negative effects that may hinder longer-term desistance.” |

| Public perceptions and political willingness to take a more preventative approach | Whilst there is likely to be agreement for the general principle of ‘prevention is better than cure’, some preventative activities can be seen to be politically unpopular. There is a need to raise public awareness and understanding of the evidence base about what works, and to support and encourage public debate about different approaches to tackling social issues. |

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Q3. How do we ensure that the necessary culture change and greater levels of integration takes place?
5. To ensure that the necessary culture change and greater levels of integration take place, we need to put people at the heart of service planning and provision. This includes:
   - Improving engagement with people using and providing services
   - Supporting and developing the workforce (both statutory and independent) – developing leadership and highly qualified staff
   - Promoting a whole system approach, so that support is focused around the individual
   - Developing funding models that support greater integration, partnership working and culture change
   - Sharing and promoting the evidence base about ‘what works’
   - Raising awareness and understanding of what different people and organisations contribute to the prevention agenda

Q4. How do we create a culture of innovation?
6. We need to:
   - **Improving risk taking** – A Partnership approach to risk taking is needed, which supports ambitious and creative approaches
   - **Improve engagement with people affected by the current systems** – Listening to and working with the people affected by the various social, economic and environmental issues that public services seek to address and who are affected by the quality of service provision would help agencies to better understand where improvements could be made and may provide insights and ideas that lead to new innovations.

Q5. What opportunities does digital technology provide in reforming the delivery of public services towards prevention?
7. Digital technology needs to complement, not replace, face-to-face and relationship-based support. Specific opportunities for using digital technology to support a move towards prevention include:
   - **Information provision about services** – Digital technology can be used to improve access to information about available services and enable people to find out for themselves about support that is available in their area (e.g. the Search for Support website and other searchable service directories)
   - **Improving information sharing between agencies** – To develop a clearer picture of an individual’s or a family’s circumstances and their specific needs.
   - **Improving well-being** - Using digital technology to support services to deliver positive impacts on a personal sense of wellbeing (e.g. improving choice, control and degree of independence) as well as reducing costs.

Q6. How should community planning be developed to support service integration and the focus on prevention?
8. A whole system approach should be taken to community planning, so that support is focused around the individual.
9. Voluntary Action Scotland, in collaboration with What Works Scotland, has developed a discussion paper entitled ‘Reimagining Community Planning in Scotland: A Vision from the Third Sector’, which identifies a number of barriers that currently prevent collaboration between community planning partners and sets out a series of vision statements and actions for strengthening community planning. We suggest that these would provide a good starting point for strengthening community planning to support service integration and the focus on prevention. They are focused on the following themes:

- Developing a new role for community planning in local democracy
- Turning community planning into a space for collaborative decision-making
- Improving how community planning works
- Developing a new role for the Third Sector in community planning.

10. Clearer links also need to be established between Community Planning Partnerships (CPPs) and Integration Joint Boards to support service integration and the focus on prevention.

11. The Guidance for CPPs on Single Outcome Agreements (SOAs) requires all new SOAs to include a specific plan for prevention. The current level of detail contained in these is not consistent and there is an opportunity for these to be further developed, to bring together policy strands about preventative activities. For these plans to make a positive contribution to the prevention agenda, there needs to be strong evidence that they are integrated into budget decision making about resource reallocation.

Q7. What lessons can we learn from other countries in delivering a preventative approach?

12. Identified examples include:

- **Lessons from Australia relating to youth justice** – A review of effective practice in juvenile justice in Australia found that, “There is a growing trend towards hybrid juvenile justice systems incorporating elements of both justice and welfare models. This can be attributed to a growing realisation that diverting young offenders, and utilising community based programs when they do enter the juvenile justice system, is the most effective way to reduce juvenile crime. It is generally acknowledged that traditional ‘get tough’ and penal responses are ineffective in most cases, but the challenge in

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implementation is balancing public safety outcomes, public perceptions, and the needs of young offenders.”

- **Lessons from England relating to community development** – The [Community Links Initiative]⁹ convened the Early Action Taskforce, which set out to answer the question: “How do we build a society that prevents problems from occurring rather than one that, as now, copes with the consequences?”. They have published several reports and briefings relating to prevention and early intervention, which are available to download from their website.

- **Lessons relating to preventing drug use** – Mentor International, in collaboration with the Society for Prevention Research and the European Society for Prevention Research, runs the [Prevention Hub]¹⁰, which is an online resource for sharing research, policy and effective practice about helping people avoid drug use.

13. There are also lessons from Scotland we can draw on in delivering a preventative approach. These include:

- **Lessons from the Edinburgh Study of Youth Transitions and Crime**¹¹ – This is a programme of research that aims to address a range of fundamental questions about the causes of criminal and risky behaviours in young people. To-date, the research has found that young people involved in persistent and serious offending are amongst the most vulnerable group of people in our society. The researchers argue that justice for children and young people cannot be delivered unless their broader needs are addressed in ways that are not stigmatising and criminalising.

- **Lessons learned from the Early Years Collaborative**¹².

- **Lessons from the Scottish Government’s Change Funds**:
  - [Reducing Reoffending Change Fund]¹³
  - [Early Years Change Fund]¹⁴,¹⁵
  - [Reshaping Care for Older People’s Change Fund]¹⁶ - The Audit Scotland report into Reshaping Care for Older People¹⁸ found that,

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¹¹ [http://www.esytc.ed.ac.uk/](http://www.esytc.ed.ac.uk/)
¹² Scottish Government webpage on the learning sessions from the Early Years Collaborative, Available at [http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative/learning-sessions](http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative/learning-sessions)
¹⁵ Scottish Government (2013) *Early Years Change Fund, Returns from Community Planning Partnerships*, Available at: [http://www.gov.scot/Topics/People/Young-People/early-years/leadership/communityplanningpartnerships](http://www.gov.scot/Topics/People/Young-People/early-years/leadership/communityplanningpartnerships)
¹⁷ [http://www.scottish.parliament.uk/S4_PublicAuditCommittee/Reports/pauR-14-06w.pdf](http://www.scottish.parliament.uk/S4_PublicAuditCommittee/Reports/pauR-14-06w.pdf)
“overall progress to date has been slow.” (Audit Scotland, 2014, p6). In relation to the Change Fund, Audit Scotland reported that “Initiatives are not always evidence-based or monitored on an ongoing basis and it is not clear how successful projects will be sustained and expanded. The Change Fund has been successful in bringing together NHS boards, councils and the third and private sectors to develop and agree joint plans to improve care for older people in their local area.” They set out a number of recommendations for improvement, including improving data and working with local practitioners to help use information to benchmark activity and costs, identify areas for improvement and identify good practice.

- **Lessons from Evidence2Success:** Dartington Social Research Unit (DSRU) has been working with Perth and Kinross Council and the Joseph Rowntree Foundation to adapt and implement the Evidence2Success19 approach in Scotland. The approach seeks to increase investment in evidence-based prevention and early intervention activities and an evaluation of the programme is due to be published in winter 2015.

**Q8. What are the implications for the provision of public services if the decisive shift to prevention does not take place?**

14. The Early Action Taskforce20 highlights the triple dividend associated with prevention: thriving lives, costing less, contributing more. If a decisive shift to prevention does not take place, this triple dividend will not be achieved. If people do not receive appropriate support and services at the relevant time, the issues that they face are likely to escalate, eventually reaching the crisis stage. As well as the personal and social costs associated with this escalation, there will also be financial costs for public services provision.

15. In addition, for many social issues, the evidence also shows that there is often an inter-generational aspect. There will therefore be further costs for future generations if the issues are not effectively addressed.

16. The lack of sustainability of high quality services and the knock on effect on the Third Sector work force is a growing issue for public services provision relating to prevention. We are seeing an increasing number of examples where Third Sector providers are either withdrawing from service provision or refusing to engage in procurement exercises due to unsustainable funding models (For example, in instances where low hourly rates make it impossible to pay the living wage or support a well-resourced and engaged workforce). Third Sector providers regularly obtain higher Care Inspectorate grades than their public or private sector counterparts and the nature of many of their services is preventative. The risk of a gradual withdrawal of the Third Sector from service provision is therefore a matter of

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concern which will have a negative impact on the quality of public services and further reduce the chances of a decisive shift to more preventative approaches being made.