Preventative Spend
Inquiry: Scottish Parliament Health and Sport Committee

Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

Preventative services that support children to thrive safely have the potential to make the greatest positive impact for individuals, communities and across society. A child’s experiences and environment set the course for their health, wellbeing and ability to fulfil their potential throughout their entire lifespan. While interventions at a later stage, for example through acute child and adolescent mental health services (CAMHs), accommodating children in care and youth justice responses can make a difference, the difficulties that lead children and young people to require these services, could often be prevented at a much earlier stage. The Early Intervention Foundation (EIF): *The Cost of Late Intervention: EIF analysis 2016* estimates that in England and Wales the state spends £17 billion, or around £287 per person per year on late intervention for children and young people. The EIF analysis only looks at spend on acute services during childhood. Add to that the significant costs of additional acute support for adults relating to issues rooted in their childhood and the urgent need to increase preventative support for children, young people and their families is clear.

As Scotland’s National Children’s Charity, Children 1st support children and families at risk of, or who are experiencing abuse and trauma. The two key factors that impact on the lives of the children and families we work with, today are: the impact of material and relational poverty and unresolved trauma.

Many of the parents we support are experiencing the long term effects of unresolved childhood trauma, in the shape of mental ill-health, alcohol and substance misuse, involvement in abusive adult relationships, poverty, isolation or very often a combination of these. At Children 1st we know first-hand that prioritising investment in preventative services and interventions at the earliest stage, secures better outcomes for everybody, especially when focused on family support and community involvement tailored to the individual needs of children and families.

Six years on, the Commission on the Future Delivery of Public Services’ (also known as the Christie Commission) vision of prioritising public services which prevent negative outcomes arising has not been achieved in Scotland. In some areas there has been disinvestment, for example in public social partnerships (PSPs) which were established to meet the recommendations of the Christie Commission. This is in spite of evidence that PSPs contributed to bringing partners together more efficiently and effectively and in achieving positive outcomes for the children and families they were designed to support. We would therefore encourage this timely inquiry into preventative spend to focus on support for children and young people, with a particular emphasis on:

- Practical & emotional family support to enable children to thrive safely within their families;
- Building children & young people’s emotional wellbeing & resilience;
- Support for children at risk of being looked after.

*Family Support* – For families experiencing multiple and complex adversity, life can seem overwhelming. Too often however, by focusing on a family’s problems, the response of statutory services can be to put families through processes, systems and services that make them feel helpless, dependent, shamed and blamed rather than fully engaging them to contribute to finding the solutions to the problems they face. There is increasing evidence that investment in universally applied programmes that aim to ‘fix’ a person’s problems and do not fully take account of family circumstances and local community resources, can create further dependencies on
services and increase long term need. By contrast relational, restorative practice grounded in respect, which involves listening to people's lived experiences, building on their strengths and working with them to identify and implement the changes they want to make in their own lives, results in better long term outcomes for children, families and communities. Children 1st provides this type of holistic restorative practice, which recognises the strengths and capacity in all of us to repair, recover and heal to families in local authorities across Scotland. Many families we work with say that it is easier and less stigmatising to access services provided by the voluntary sector. In our experience relational restorative practice can support families to make long term positive changes, which enable them to care for their children more safely. Of the 7,913 children, young people and parents or carers who were helped directly and indirectly by Children 1st in 2015/16 — 82% said we had helped them to improve their parenting skills and 79% of children we supported said that they were living in a safer environment.

Building emotional wellbeing – Mental wellbeing, mental health and mental illness are all part of the same spectrum. But, within a climate of increasingly tight budgets, preventative services that support the strengthening of family relationships, resilience and children’s wellbeing are in decline, often leaving Child and Adolescent Medical Health Services (CAMHS) as the only available source of support. The potential consequence is an increasingly medicalised approach to all concerns about a child or young person’s mental wellbeing, regardless of severity, with increased pressure on waiting times. If Scotland is to achieve its ambition to be the best place in the world to grow up, greater focus and investment is needed in preventative approaches that seek to build emotional wellbeing and literacy from an early age. This could include approaches, such as the Kitbag – a tool that Children 1st use in schools alongside our partners International Futures Forum and in our family support work to develop children’s emotional literacy. Using Kitbag supports children and families to talk about and understand each other’s feelings, to recognise each other’s strengths and promotes compassion, kindness and self-confidence.

Support for children at risk of being looked after – Looked after children are much more likely to have negative experiences as adults, such as homelessness, being in prison or having mental health problems. Many do not achieve the same educational standards as other children and do not go on to further education, training or employment when they leave school. In many circumstances relational, restorative support can help parents or wider family members to provide safe and loving care for a child who would otherwise become looked after. Family group conferencing is a well-evidenced approach which Children 1st has been leading in Scotland for over 20 years. By involving the wider family group in decision-making about what would be in the best interests of a child, FGC embodies the principles of Getting it Right for Every Child (GIRFEC), children’s rights and the Christie Commission principle of delivering services in partnership with families. Evidence shows that family group conferencing results in better outcomes for children and leads to considerable cost savings for local authorities. However, the use of family group conferencing across Scotland has considerably shrunk in recent years, due to constraints on public sector budgets. Given the positive impact that FGC can have for children’s long term wellbeing, Children 1st believe no life changing decision should be made for any child or young person without the opportunity to involve the wider family in planning and decision-making.

Thousands of children in Scotland have been prevented from becoming looked after by their kinship care families. Kinship carers, often grandparents, Aunts or Uncles, take on the vital role of bringing up and caring for children and young people whose parents are no longer able to do so, often at difficult and challenging times. With the right support kinship carers enable children to maintain a family connection and recover from loss and trauma, all of which can have a lasting positive impact on children’s lives. While there are provisions in the Children and Young People (Scotland) Act 2014 to support formal kinship carers, through our work to support kinship carers through the National Kinship Care line and a number of local kinship care support hubs across Scotland we know that many kinship carers take on the role at a moment of crisis, without a full assessment of either their needs as carers or the needs of the children they are looking after. If kinship care is to deliver better outcomes by preventing children from being taken into other care settings, all kinship care families need an assessment of and access to holistic and individualised
support services to meet their needs including: family group conferencing, access to financial support, trauma recovery support and family support.

**How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?**

Children 1st would like to draw the Committee’s attention to three areas of activity which could fundamentally support a shift towards preventative spend:

- Strategic leadership to change culture and attitudes, including a focus on services that empower individuals to change their lives;
- Scrutiny of health board and integrative authorities’ approaches and in particular the connection between outcomes and ambitions of strategic plans to decisions about investment in services;
- Ensuring that professionals providing universal services are attachment and trauma informed.

**Strategic Leadership to change culture and attitudes** - The Scottish Government and Parliament have already begun to facilitate cultural change through the development of policies and guidelines that reiterate the aims of the Christie Commission. These include:

- GIRFEC, which puts the principle of the right help at the right time at the heart of policy;
- The Children and Young People (Scotland) Act 2014 which includes the introduction of a duty on health bodies and local authorities to work together to develop a Children’s Services Plan in Part 3, section 9 and the provisions in Part 12 for local authorities to provide services to parents and others in relation to children at risk of becoming looked after;
- The Community Empowerment (Scotland) Act 2015.

Together the two Acts mentioned above provide a framework for the development of partnership working, integrated strategic commissioning and real engagement with children, young people, families and service providers in designing, reviewing and quality assuring services. Continued development of a policy framework to drive preventative approaches needs to be accompanied by an increased understanding of the growing body of evidence about the effectiveness of relational, restorative based approaches in empowering people to take charge of their own lives. There is increasing evidence that investment in universally applied programmes that aim to ‘fix’ a person’s problems without fully taking account of family circumstances and local community resources, can create further dependencies on services and increase long term need. By contrast relational, restorative practice grounded in respect, which give individuals efficacy and focuses on their strengths generate more positive long term outcomes.

**Scrutiny of approaches including the connection between plans and spending decisions** – Health boards and local authorities are due to submit their Children’s Services Plans to the Scottish Government by April 2017. Under the Act, these plans must provide children’s services in a local area which are preventative, integrated, constitute the best use of available resources and are dedicated to safeguarding, supporting and promoting children’s wellbeing. We would encourage the Committee to consider what role it could play in ensuring effective scrutiny of how far Children’s Services Plans meet these aims. It will be particularly important to consider how the aims and ambitions of plans connect to decisions about spending on services.

**Embedding attachment and trauma informed approaches across universal services** – As highlighted above, the impact of unresolved childhood trauma can have far reaching negative impacts across adulthood. In turn this can prevent parents from providing the loving, nurturing support that their own children need to thrive safely and happily. Our experience shows that while families may become visible to universal services because of the complex issues that they are struggling with – for example alcohol and substance abuse or involvement in abusive
relationships – the childhood trauma which leads to the problematic or harmful behaviours may remain unidentified and unconnected. Ensuring professionals providing universal services to children and families (including teachers, social workers and health care professionals) are trauma informed will help embed a preventative culture, that supports families to recognise the impact of their own childhood experiences, build on their strengths and capacity to provide the care and support their own children need.

How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

The disinvestment in Public Social Partnerships by local authorities illustrates the considerable challenges that political and financial pressures pose to developing a preventative approach across public services in Scotland. Children 1st believe that approaches which separate out spend, the nature of interventions and culture change make it more difficult to achieve the systemic shift that Scotland’s children, young people and communities so urgently need. Because preventative services achieve more positive long term outcomes, applying a whole systems approach which recognises the holistic impact that primary prevention can achieve across society would be more effective.

A better understanding of how funding in the public and third sector is split between late, acute provision and prevention could help commissioners, funders and delivery partners plot a more strategic shift towards early action. Leadership, organisational culture and language are key, as is a much clearer classification of where existing funding fits. When it comes to prevention we need to take a broader view, this means not testing “interventions” but rather applying the evidence and knowledge we have about the benefits of co-produced, community led approaches and tracking and measuring the outcomes achieved over time. Where spend is determined by public authorities alone, priority will always be given to pressure points. Charitable funders, such as the Big Lottery are increasingly making decisions to direct their investments to preventative and early intervention support. The data and evidence such funders are gathering through their work can provide key learning for statutory services as they plan services and set budgets.

How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

Speeding up and incentivising a shift to primary and preventative services is becoming even more of an imperative in the context of increasing financial constraints on the public sector. Children 1st recognise that this support requires significant initial investment. Shifting the focus of discussions from the benefits of early intervention to the costs of late intervention would help prompt the greater clarity and honesty about which services to disinvest in, that the Coalition of Care and Support Providers Scotland (CCPS), which Children 1st is a member of, highlight in their response to this inquiry. The Health and Sport Committee may wish to consider the merit of increasingly focusing on the costs of late intervention, along the lines of the Early Intervention Foundation analysis in England and Wales, as its inquiry develops.

The third sector has a crucial role to play in supporting the shift to prevention, through the ethos we embed in our approaches and the additional financial resources that we bring. At Children 1st our services, in essence, reflect the Christie Commission principles of working with individuals to understand their needs, support their self-reliance and build resilience. Greater involvement of the third sector and children, young people and their families in the design, development and the delivery of rights-based child and family-centred services is key to achieving a preventative approach which enables all children in Scotland to thrive.

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\(^{1}\) http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/
\(^{3}\) Children 1st Impact Report 2015-2016.