



Children 1st response to the Finance Committee's Call for Evidence on Prevention

November 2015

Children 1st is Scotland's National Children's Charity. We help Scotland's families to put children first, with practical advice and support in difficult times. And when the worst happens, we support survivors of abuse, neglect, and other traumatic events in childhood, to recover. We help Scotland's communities to play their part in looking out for and protecting children. We listen to Scotland's children and families and when government or society fails to hear them or fails to respect their rights, we speak out.

Our family support services work with hundreds of families every year, many of whom are living on low incomes, experiencing financial difficulties and have multiple complex vulnerabilities and adversities. We strongly support the aims of prevention and early intervention to ensure that children and families are offered the support that they need before reaching the point of crisis. We know first-hand the impact that effective early support can have on the families that we work with. Prioritising investment in the earliest years, or as early as possible, in our experience secures better outcomes, especially when interventions are focused on family support and community involvement and is tailored to the individual experiences of children and families.

We therefore share the Finance Committee's frustration relating to the lack of evidence of large-scale shift towards prevention and are pleased to have the opportunity to respond to this call for evidence and to start a serious discussion about the lack of progress in this key area. At a time when budgets are tight across the sector it has never been more important to start moving beyond the rhetoric and investing in high-quality and effective preventative services that offer crucial support to children and families. We recognise that this support requires significant initial investment but we believe that it pays dividends in terms of avoiding expensive interventions (such as residential care placements) in the future and is in the best interests of children and families.

We begin our evidence by highlighting the work that Children 1st do to support the aims of the Christie Commission to deliver early intervention and preventative services, and then move to discuss the challenges and barriers that, in our experience, are hindering progress. We believe that the third sector is leading the way in terms of the prevention agenda. Both in the ethos that we embed in our approaches and in our willingness to work in partnership in order to support families and offer communities the opportunity to meaningfully engage in and inform service design and delivery. By necessity we are adapting to the changing environment and financial context and developing more innovative practice—but we are not sure that statutory services and decision-makers are following our lead.

Children 1st early intervention and prevention services¹

¹ This has been adapted from a recent review of these services. More information can be found by reading: Burgess, C., Rigby, P., Daniel, B., *Children 1st - Public Social Partnership Early Years Intervention*, July 2015.

In five areas across Scotland Children 1st is the lead third sector agency in joint funding arrangements delivering early intervention services to vulnerable children and families as part of the early years public social partnerships (PSPs), which were established to meet the commitments and recommendations of the Christie Commission. These partnerships were designed to identify and work with those families who are just coping and/ or beginning not to cope, or where there are clear factors in their lives associated with neglect or harm, supporting them to avoid the need for statutory interventions. They are based on a family support model, where the focus of the work is supporting families' and the provision of a flexible, outreach approach. Findings from our recent review suggest that the approach in these five areas has contributed to bringing together various partners efficiently and effectively and that there was a positive direction of travel in terms of meeting service user needs and assessed outcomes. The five areas are:

1. **Aberdeenshire Family Solutions**, which is targeted at parents with children up to the age of 5 years who are not engaging with universal provision; families whose first language is not English and families in remote and rural areas, including areas of high deprivation. The aim is to improve and safeguard the wellbeing of children who are not engaging in or accessing universal provision and to increase family capacity and resilience. The service works with families to enable them to access a range of support designed to meet their individual and complex needs. Intensive early interventions and support are provided by the team, to enhance existing partnerships and deliver universal and targeted provision. Interventions build on the wider family networks and strengths with the aim of increasing resilience and ability to care for and support children.
2. **Argyll and Bute Getting It Right From The Start** works to ensure that children and families have consistent coordinated support when and where they need it, through an assertiveness outreach programme of negotiated family support.
3. **Dundee Wee DEIT** specifically targets those families who are 'just coping', where there are early signs of concerns. This includes parents whose health (physical, mental, stress, diet, drugs, alcohol) or other circumstances (financial, relationship, housing) may adversely affect their child's development; and those parents who need (identified by self or professionals) assistance and guidance in nurturing, practical care giving and parenting support. The support also includes that for children presenting difficulties affecting social development, health, attainment and achievement, behaviours, diet, relationships, disabilities and health needs.
4. **East Lothian Supporting Children and Families Service**, which uses a staged assessment and intervention GIRFEC referral pathway to identify families. Staff then visit every family referred within one week to enable them to access a range of supports designed to meet their needs. An early plan of action is agreed with the family with a focus on actions to enable parents and families to meet children's needs, reduce risks and engage the wider family network to support sustained improvements in the family situation. There is a strong focus on the Family Support Workers using creative engagement techniques for a time limited intervention to offer practical and emotional support. Family Support Workers provide an intensive service, visiting families for several hours per week, often daily. Support is supplemented by wider multi agency involvement, with a focus on the whole system.
5. **Glasgow Supporting Children and Families Service**, where a staged intervention involving engagement and assessment; intensive home outreach support; family play work; and access to Triple P Group Parenting Programme. As outcomes are met

plans are made for less intensive support, helping families to access community facilities and exit from the service. Referrals are made via early years staff, health visitors and social workers. The service is delivered flexible at times when families need our support, including weekends and evenings. Additionally, our national helpline, Parentline Scotland, provide a contact helpline to ensure that families can receive immediate counselling help and support at times when the team may not be available.

Children 1st also have a number of services in local authorities that specialise in family support, parenting and early intervention as well as delivering two national services which support the aims of early intervention and prevention. Parentline and the National Kinship Care Service offer over-the-phone, webchat and email support to families seeking advice, information and support. We also offer Family Group Conferencing in many local authority areas, which ensure that children and families are involved in the decisions that affect them. Alongside this we believe in working with communities to increase community capacity and ownership to keep children safe and encourage culture change within society to better understand the benefits of putting children's needs first..

Why has the progress of reform proposed by the Christie Commission been so slow? What are the main barriers to change and how do we address them in order to accelerate the rate of progress?

In 2010 the Christie Commission stated that, “a cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised.” Although we are aware of some pockets of good practice across Scotland we are not convinced that much has changed. Despite investment in services like the PSPs referred to above, we know from our experience delivering these types of services that funding for early intervention and prevention is not always prioritised or guaranteed and demand and waiting lists are often high. We are concerned, for example, that at the end of the current financial year many of these services—and others delivered by our partner organisations and colleagues—will not receive funding to continue. The level of uncertainty relating to service provision undermines our ability to forward plan and to engage with partners. In practical terms it means that we cannot work with or refer children and families to services beyond a particular point in the financial year as we are not sure if the service will continue and it means that key staff and support workers begin to look for alternative work leaving the service in a state of flux. Scarce funds are spent training and upskilling staff who subsequently move on when services close or funding is insecure, leaving us to recruit and train staff as and when we receive further funds. We are not suggesting that services should be funded indefinitely, but rather that there is a strategic approach taken to ensure that those that are improving outcomes and meeting early intervention aims successfully are sustained.

Additionally, we are not clear if there is an understanding of the number of services across Scotland able to deliver preventative and early intervention services. Children 1st are of the view that there are not enough high-quality, sustainable services in Scotland at present to deliver on aims of the Christie Commission—and this must be urgently addressed.

In our response to the informal consultation on the Order for Part 12 of the Children and Young People (Scotland) Act 2014, which aims to put supports in place for children and young people at risk of becoming looked after, we spoke about our concern that there

are not enough services available to deliver on these ambitious aims. There must be a clear directive from the Government that there is an expectation on local authorities to fund services that will deliver on the aims of this part of the Act to avoid a 'postcode lottery' of services where funding is always on a 'knife edge' and quality is compromised in order to keep up with demand. Given the intention of the Children and Young People (Scotland) Act 2014 was to drive consistency across Scotland it is vital to ensure that those local authorities that are not able to meet demand are identified and creative solutions are sought to address this.

We know that there are difficult choices to be made in terms of funding for front-line and child protection services, but we are concerned that local authority spending is not always being focused in the right direction and that there is a lack of foresight as to the future cost- saving of preventative measures.

We also wish to emphasise that a review of progress should not be focused solely on discussions relating to funding. Within Children 1st there are growing concerns that local authorities have not always demonstrated a clear focus on what early intervention is—and the aims and outcomes that preventative services can deliver for children and families. We are of the view that there needs to be further consideration of the range of services—and service providers—that can deliver these outcomes for families that may not necessarily be regarded as 'traditional' early intervention services. It may be that families require support to help become more mobile in the community or that interventions are required to build aspirations and confidence, for example. We would encourage local authorities to think creatively about the ways in which early intervention services that may not seem as a priority initially can impact on the daily lives of families to help to prevent them from reaching the point of crisis.

We also believe that we need to be more challenging relating to our attitudes towards early intervention and prevention and the reason that these services exist. Universal and targeted services exist in order to deliver support to children and families. In line with the aims of the Children and Young People (Scotland) Act 2014, which embeds GIRFEC into statute, our preventative services must be relationship- based, person-centred and tailored to the children and families with whom we work. This means working in a more flexible way than previously, especially with regard to outreach and out-of-hours work and reexamining why some services are hard to reach. It also means working to change attitudes and culture to ensure that community engagement is prioritised and relationship-based practice is seen as essential as opposed to too expensive. In our experience offering families the same worker may be resource-intensive initially but outcomes are much improved as families build trust and relationships with the same key worker.

We would also welcome strategic leadership from the Scottish Government and Parliament, who have the opportunity to facilitate the culture change through making bold moves that put prevention and early intervention at the centre of their agenda. Policies and guidelines should reiterate the aims of the Christie Commission and legislative opportunities should be taken to ensure that those aims are replicated in law. For example, the Scottish Government should take the opportunity to close the legal loophole which currently allows a child to be physically assaulted at home by repealing Section 51 of the Criminal Justice (Scotland) Act 2003. Given the clear links between physical punishment and child maltreatment and domestic abuse this would send a clear message that rhetoric is matching action in terms of prevention—in this case to prevent violence from escalating in the home.

How do we ensure that the necessary culture change and greater levels of integration takes place? How do we create a culture of innovation?

We believe that in order to change culture and practice and to cultivate innovation we need to think differently about service delivery. We think that interventions should be child and family- centred and rights-based—although we are clear that children’s wellbeing comes first and foremost and for some families it is safer for children to be removed from families. We think that provision should be tailored around times when families and children report they most need help and support should be provided to the whole family, where appropriate. Our service managers and project workers have told us that in their view, there are some over-arching principles, which guide their work:

- Try, where possible, to fit around the needs of families. Ask ‘what time do you need us?’ rather than ‘I can fit you in for an hour on Thursday’. Try to be responsive, accessible and offer as much time as families require.
- Treat families with respect and use non-judgmental and non-jargonised language when talking with them.
- Build on strengths and try to recognise what parents are doing well, rather than adopting a deficit approach. Empower parents for better and more sustainable outcomes for children.

We think that the third sector have some key examples of innovative practice, and we would welcome further engagement with local authorities to share some of this, and to work more collaboratively to improve outcomes for children and families. Innovative practice like Video Interactive Guidance and community peer volunteers may mean an initial investment but there are significant benefits for children and families.

We would also welcome further thought about how frontline services and professionals can be more trauma-informed so that those children and families who have experienced trauma are better supported. We know through our services that many of the children and families that we work with have experienced trauma at some point in their lives, and their experiences often shape their ability to cope later in life. Earlier intervention and provision of trauma recovery services would increase family capacity, while better recognition of the impact of trauma would ensure that services are able to adapt their practice and better tailor support to families.

How should community planning be developed to support service integration and the focus on prevention?

Children 1st is concerned by the anecdotal information that we have received relating to the attitudes towards communities who wish to be better involved in community planning. We are worried that, although some local authorities are engaging well with children and families, others are only doing so in a tokenistic fashion and are not taking the opportunity to utilise the expertise of community leaders and members who know their area best. We heard, for example, of security staff being placed at the door of CPPs, which leaves families feeling on edge, and conveys a lack of genuine desire to have communities represented in planning.

Our view would be that there is a rich resource available to community planners in terms of the human capital within communities and that expertise should be more fully tapped into.

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

We are already seeing the impact of our lack of investment in preventative services across Scotland. Social workers tell us about “fire fighting” and health visitors tell us that much of their job is often about social work. Families are reaching crisis point and expensive interventions are required at a later point instead of being offered support at the point where problems were identified. If we were able to work with those families and children who are ‘just coping’ to help increase their ability to cope we believe that fewer families would reach the point of crisis.

There is a significant level of research and information about the benefits of intervening at the earliest point possible—children and families across Scotland are being let down by the inaction of decision-makers to change practice in order to implement what we know. We would like to be in a position where prioritising prevention means that families are engaged and feel able to reach their full potential, where communities are fully informed and their expertise is harnessed and services deliver flexible, innovative and child and family-centred services.

Children 1st would be happy to discuss their evidence further. In the first instance please contact Chloe Riddell, Policy Manager, at chloe.riddell@children1st.org.uk.