

## **Health and Sport Committee Preventative Agenda Inquiry**

### **Background to Includem**

Includem is a specialist Scottish charity which provides intensive, personalised support for vulnerable young people and their families. We believe that no young person is beyond help and that with a responsive, consistent service at the time of most need we can rebuild relationships and deliver positive, sustainable outcomes.

Our work is focused on prevention – prevention of offending or reoffending, prevention of unnecessary accommodation away from home and prevention of exclusion from school. In all cases our framework of support consists of professional one to one relationships with focused work to deal with the underlying needs and challenges in order to develop hope, aspiration, resilience and improved family relationships.

An increasing focus of our work is on earlier intervention through direct referrals from schools. We support young people and their families who are at risk of exclusion and who have poor engagement with school.

### **Initial questions from the Committee**

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

We deliver a number of services which are designed to prevent poor health and wellbeing outcomes for young people and support them to move towards positive adult lives.

We work on the multiple 'edges of care' – as much as possible to prevent young people from becoming looked after but also to prevent them moving into residential or secure care and to return them where appropriate to their community. This practice experience gives us some understanding of the complex range of risk factors and needs which young people and their families have and which more effective preventative spend could help avoid.

From this experience we would suggest that the key areas which the Committee could investigate are:

- Mental health – moving away from thinking of this as always an acute, medical condition that requires medical intervention and considering the preventative work that could be carried out at an earlier stage around emotional literacy, self-esteem and support at school and into adolescence which prevents the need for CAHMS services;
- Providing intensive support to whole families to work through issues around misuse of alcohol and drugs which often leads to poorer outcomes for children and young people;
- Recognising the role that poverty and inequality plays in future outcomes and the impact that universal health services could have in alleviating this;

- Taking a holistic view to improving health outcomes through prevention – considering issues such as housing and homelessness, education, employment, and interaction with the criminal justice system.

As this is an initial scoping exercise we have simply listed bullet points here but we would be happy to expand on any of these points if the Committee would find that helpful.

**How can health boards and integrative integration 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?**

We recognise this is a challenge – to continue meeting acute need for services whilst simultaneously investing in preventative spend to reduce that need in the medium or longer term. However we have demonstrated in our work that it is possible.

One example (from an education/social work perspective rather than a health perspective, but we think is instructive for the Committee) is our work on returning young people from high cost out of authority placements. We have included a full report as an appendix to this submission.

The project was designed to return a number of young people from high cost, out of authority placements to enable the local authority to save immediate spend on the high cost placement and to improve the outcomes for young people. The project cost £70,058 to deliver for six months and out of 10 young people identified, 7 were returned to their home and families, 1 returned to a foster care placement within the local authority, 1 was re-accommodated in another out of authority placement and 1 young person did not return from their initial placement. This resulted in a cost avoidance figure of £824,192. The 8 young people returned to the local authority area were still living in the area 6 months after the intervention.

This example from practice shows that with the right intervention, targeted to address individual needs, preventative spend can, in a relatively short period of time, achieve positive outcomes and cost savings which can then be reinvested in early intervention services.

We would be happy to provide much more information on this example and our approach.

**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'?**

This is a particularly challenging question because in so many cases the 'cost savings' are not cashable and are shared between multiple organisations/agencies who do not record each intervention and the costs separately.

In 2014 we commenced a piece of research with Dartington Social Research Unit looking in detail at the outcomes achieved by our IMPACT project which works with young people in Glasgow to reduce prolific, violent offending.

Working alongside statisticians and economists from the Scottish Government they were able to build up a picture of the cost savings from the intervention delivered. This piece of work gives some insight into the complexity of attributing cost savings from preventative spend, and focused on three areas:

- The anticipation of crime – i.e. the costs of defensive responses to crime by (potential) victims such as household alarms, home insurance premiums etc
- The consequences of crime – e.g. the value of stolen/damaged goods/property, lost output from time off work, victim support costs
- The response to crime – e.g. police, health service, prosecution, court, legal aid, criminal justice social work, prison service costs etc.

Through a sophisticated data sharing agreement we were able to anonymously track a cohort of young people through various services, including the health service – and noted that the lifetime hospital admissions for one group of young people ranged from 3 to 84, with an average of 13. The IMPACT programme was able to monitor the reductions in these admissions, in particular around the use of A&E.

This model demonstrates the total social and economic cost of crime avoidance, and that could be applied to other situations – for example untreated mental health problems, delayed discharge from hospital etc. What it does not easily allow however is for cost savings to be tracked back to individual organisations and for those savings to be released to other services – that requires a more strategic willingness to recognise the shared costs and the benefits of intervention at an earlier stage.

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

There is a clear role for the third sector as a provider of support in the community at an early stage. Our work alongside pupil support teams in schools is an innovation on our model designed to intervene earlier to recognise the needs of children outside school. It is an example of a service we can deliver because of our flexible model of intervention - being there when young people need us most.

There are many other examples of effective early intervention practice in the third sector, but the challenge is often around effective planning by statutory services working collaboratively to achieve a shared outcome. The critical success factor of our work reducing offending or improving attainment has been the breaking down of silos in the statutory sector – creating an open and collaborative approach to partnership working that is genuinely based on positive outcomes and that recognises the key role each organisation plays as part of the ‘team’ around the young person. That model is difficult to implement – inevitably organisations have a reticence to release funding or redeploy resources – but it is necessary to genuinely move towards the Christie principles.

**We would be pleased to provide further information on any of the points contained in this briefing. Please contact our Policy Manager, Michael Shanks on 0141 427 0523 or email [michael.shanks@includem.co.uk](mailto:michael.shanks@includem.co.uk).**

## Appendix – detailed example of preventative spend in action

# Strategy to support young people at home and avoid high costs associated with out of authority placements

This paper summarises the work of a project to minimise the use of out of authority placements. The conclusion is a cost avoidance figure for one local authority of £824,192 for approximately seven months of service delivery.

## Introduction

A partnership between a Scottish local authority and Includem provided additional capacity to Includem's existing service level agreement to return a number of young people home to the area from high cost, out of authority placements. The time scale for this work was for approximately six months.

There were two key objectives:

1. To enable the local authority to save money from the current spend on high cost placements by supporting young people back into their local authority and discontinue the spend on they were incurring through use of out of authority placements;
2. To improve the outcomes for 10 young people that can be achieved by supporting young people within their families and communities.

This review reports on 10 young people who were identified and referred by the local authority with the service objective being to return these young people to their home area from out of authority placements.

## Referrals

Includem received 10 referrals within this reporting period

- Gender            6 young men and 4 young women
- Age                The age range was 13 years to 16 years with an average age of 14.8 years

## Cost Savings

This has been calculated using an approximate cost of £3,650 per week for an out of authority residential care placement provided by the local authority. The cost of a placement can vary significantly depending on the resource required, which often depends on the needs of the child, e.g. more staff intensive resources are more expensive. Includem has not been able to get the accurate cost per week for each of the individual care placements as this was commercially sensitive information.

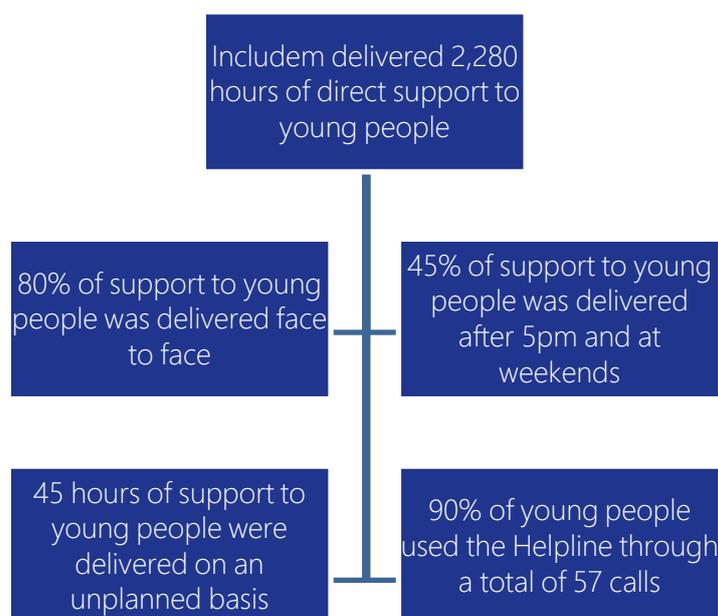
For the purpose of this report Includem have used the approximate cost provided of £3,650 per week and have based the cost savings on a cost avoidance principle of the number of weeks each young person remained at home until the end of December 2015. Whilst it is recognised

these are not cashable savings it does provide a conservative estimate of costs that have been avoided by the local authority for these 10 young people through investing in additional capacity for Includem services.

Young person	Number of weeks sustained at home until <b>31.03.16</b>	Approximate cost avoidance for local authority
1	33 weeks	£120,450
2	40 weeks	£146,000
3	34 weeks	£124,100
4	35 weeks	£127,750
5	36 weeks	£131,400
6	25 weeks	£91,250
7	13 weeks	£47,450
<b>8 (re-accommodated into out of authority care placement)</b>	15 weeks	£54,750
9 (no plan to return YP was developed)	0	0
<b>10 (accommodated in authority foster care)</b>	14	£51,100
<b>Total Cost Avoided</b>		<b>£894,250</b>

The local authority invested £70,058 in the additional capacity provided by Includem which equates to a **cost avoidance figure for the local authority of £824,192 for approximately 7 months of service delivery.**

### Pattern of support provided



## Quality and focussed intervention

Young people have an individualised support plan detailing for them the support that will be delivered by the service to meet the assessed needs and risks, and how this fits with other partners involved in the young person's care plan. This process reflects GIRFEC, is framed around SHANARRI wellbeing indicators and complies with the Regulation of Care (Scotland) Act 2001 and the National Care Standards.

All young people and families are supported and encouraged to take ownership of their individual plans and are involved in the setting of objectives/ targets. Through this process they can make individual choices about what areas of their life they are prepared to work on as well as what targets may be achievable for them. They also have the opportunity to evaluate their progress using Wellbeing Web as an integrated part of work completed through 'A Better Life'.

'A Better Life' is a dynamic series of practitioner modules to use with young people, each containing practice guidance, processes and exercises to complement and reinforce Includem's relationship based approach.

Techniques for staff when working with families are embedded throughout 'A Better Life'. There is also a specific module focusing on issues relating to working with families. If needed, contacts can be split between young people contacts and parent contacts to focus on the specific needs. Joint contacts can be planned for mediation, to help strengthen relationship and allow young person and parent/carer to practice different strategies.

<b>Topic of A Better Life Work Undertaken</b>	<b>Number of young people who engaged in this topic of focussed work</b>
This is My Life (assessment)	10
Offending and Risk Taking	4
Understanding others	5
Managing Emotions	4
Sexually Harmful Behaviour	1
People In My Life	7
Beating Boredom	2
Health & Wellbeing	4
Independent Living	1
Education/Training/Employment	6
Family Work	10
This Is My Future	7

To Includem's knowledge, Includem has been the only service involved with these 10 young people with a primary focus on them being returned from out of authority placements alongside the case holding social worker. There are additional services involved in many of these cases but at point of writing they had a different focus to that of the Includem intervention.

In all of the 10 cases Includem's support has been provided on the basis of focussed intervention with the young person and dedicated time each week to work with the parent or carer to increase their capacity to manage the presenting behaviours of the young people. This has typically resulted in a weekly pattern of support consisting of 3 contacts with the young person and 1 contact with the parent/carer. Some young people have received higher levels of support as agreed with social work and in line with the assessment of the individual needs of each young person.

## Outcomes for young people

7 out of the 10 young people were successfully returned from out of authority placements and maintained at home

- 7 young people were successfully reintegrated into their families at the point of exit
- 1 young person was returned home from an out of authority placement but was unable to sustain the placement. She was re-accommodated to foster care within the local authority
- 1 young person was re-accommodated in an out of authority placement
- For 1 young person no plan to reintegrate him was ever developed

This represents a success rate of 80% for returning young people from out of authority placements back to their local area and 70% successfully reintegrated back to their families

## Young people's stories

**John** returned home full time with intensive support from Includem. John had a history of offending, including cannabis use, assaults, shoplifting, vandalism and breach of the peace and was placing himself at significant risk in the community, by misusing alcohol and absconding. John's parents received support with parenting from MST prior to Includem becoming involved. Whilst being supported by Includem John returned home successfully, completed a college course and applied to join the army. The primary objective of supporting the young person to live safely in the community was fully met when John exited.

**Meggan** was referred to Includem when her mum had advised social work she was unable to keep her safe or manage her challenging behaviours, including absconding associating with older males and placing herself at risk in the local community. Social work advised 'It is extremely likely that without intensive support that the home situation may break down very quickly resulting in Meggan returning to care'. Meggan returned home to the full time care of her mum with 5 contacts per week for support. Includem also completed out-going calls to the family home via the helpline to support this transition period of returning home. Meggan and her family continue to engage at a high level with Includem support. At the date of writing it is expected Meggan will be sustained with her mum at home.