

The Highland Council
ADULT & CHILDREN SERVICES COMMITTEE

21 August 2013

Agenda Item	7.
Report No	ACS/67/13

Preventative Spend Update

Report by Director of Health & Social Care

Summary

The report provides an update on the Council's commitment for preventative spend to improve outcomes for young children and older people, and to address deprivation, including a new proposal for a Family Support Public Social Partnership.

1 Background

- 1.1 The Programme for the Highland Council includes the commitment to allocate £3million for preventative spend to improve the quality of life for children in the early years, for older people, and for those struggling with deprivation.
- 1.2 Proposals for preventative services for older people were agreed by the Council on 25 October. Proposals to address deprivation and enhance services for very young children, were agreed by the Council on 13 December 2012.

2 Criteria for Preventative Spend

- 2.1 For various reasons, many public services have been developed to react to social problems, rather than to proactively prevent problems from developing at an early opportunity. Although for over a decade, public expenditure has been increasing, as a result of these negative social outcomes, the demand for services has also been rising. This increase in public expenditure has failed to tackle negative social outcomes which, if not addressed, will continue to sustain this increasing demand.
- 2.2 Accordingly, and as the Christie Commission and the Scottish Government have made clear, transformational change in service delivery towards a preventative approach is required to improve outcomes for people, tackle inequalities and maintain financial sustainability in the face of continuing challenges. Preventative approaches, supported by preventative spend, are actions which prevent problems arising and ease future demand on services by intervening early, thereby delivering better outcomes and value for money.
- 2.3 The arguments for prevention are particularly associated with children and young people, especially under-fives. There is also a case for preventative measures through the life course and for older people.

- 2.4 For these various reasons, the Council has set out that any preventative spend proposals should:
- not be about funding existing commitments, but involve new developments or achieve new additionality;
 - involve greater or earlier intervention to prevent negative health and social outcomes, and generate positive health and social outcomes;
 - be evidence-based;
 - be likely to reduce future public expenditure;
 - involve measures of improved outcomes that are tangible.

3 Preventative Spend to address deprivation

- 3.1 The Council agreed the following measures to address deprivation, both for identified groups, and for identified communities with greater need.

	£M
Community Health Co-ordinators	0.24
Healthy Weight	0.20
Looked after Children Services	0.07
Preventing Violence against Women	0.09
Support for Carers	0.10
Community Employment Action and IT	0.14
Work Skills for Young People	0.12
Employment of Looked after Children	0.04
	1.00

- 3.2 These initiatives are progressing, as summarised below:

TACKLING DEPRIVATION	PROPOSAL	PROGRESS
4 Community Health Co-ordinator posts – based in Easter Ross, Fort William and Kinlochleven, Merkinch, Inverness and Wick.	To address the wider determinants of health, encouraging community engagement and social connectedness, the participation of local people in the development and delivery of services & support other local health promotion activities. To ensure a joined up approach to health promotion. A co-ordinated and more targeted approach, where health and social care professionals enable access to exercise, mental health	Posts graded and about to be advertised. Line management and professional support agreed; discussions on going with communities in relation to fit with other community development type posts and community priorities. Draft induction pack and training needs analysis produced using NHS personal development planning tool. Individual development needs will be confirmed when posts filled. Meetings to be arranged with

TACKLING DEPRIVATION	PROPOSAL	PROGRESS
	and socialising activities.	members regarding local detail.
<p>Healthy weight – 3 number Community Dieticians to develop and deliver HAES groups in 3 areas (Merkinch and other parts of Inverness; Easter Ross; Caithness) Phase 2 - Facilitators recruited, trained and mentored.</p>	<p>Community Dieticians to work with community organisations to enhance access to affordable good food, physical activity opportunities and other weight management interventions.</p> <p>Phase 2 - to support enhanced capacity to deliver group sessions to the wider community. To include High Life Highland, voluntary and social organisations, volunteers, health, social and education professionals, community coordinators.</p>	<p>Posts graded under Agenda for Change; line management, professional support and project coordination agreed. Recruitment process to begin next month. Draft induction pack and training needs assessment produced. Re-organisation of weight management services and enhancing capacity within NHSH to support these posts is underway.</p>
<p>Services to support looked after children in Highland. Develop capacity in Highland for LAC with particular needs.</p>	<p>Enhanced care and educational facilities to reduce the number and cost of out of authority placements.</p>	<p>Seconded postholder now in place. Further information provided in a separate report to this meeting of the Committee.</p>
<p>Preventing Violence against women and support for their families</p>	<p>Rolling out new joint working arrangements piloted in Inverness and Dingwall to the rest of Highland.</p>	<p>Multi-Agency Risk Assessment Case Conferences are now operating across Highland. These meetings involving Police, NHS, Health and Social Care, Housing, Education, Womens Aid and Victim Support discuss and agree safety plans for high risk incidents. The 4 Womens Aid Groups in Highland are offering additional support to women discussed at MARAC meetings and follow up others where the risk indicates single agency support.</p>
<p>Enhanced support for carers and young carers</p>	<p>Roll out of connecting carers programme via schools to enable better take up of the course for young carers and to raise awareness among school staff. Develop a Young Carers Forum. Preparing to Care in Highland Toolkit for adult carers to plan and manage their caring role.</p>	<p>Connecting Carers are working with NHS Highland on the Connecting Carers are working on enhancing the toolkit for adult carers.</p> <p>They are about to recruit the Young Carer Development Worker – whose remit will include</p>

TACKLING DEPRIVATION	PROPOSAL	PROGRESS
		<p>rolling out training throughout schools, health and social work teams (primarily awareness raising for staff, professionals and pupils). They will establish the young carer forum and a young carer website, including other forms of social media to make contact with young carers and provide them with information and support. They will organise consultation events and activities with young carers and link in with other organisations providing support for young carers</p>
<p>Community Employment, Action and Access to IT. Part-time IT trainers in 10 locations plus hardware.</p>	<p>Developing the 11 work clubs further across the Highlands to promote digital inclusion for job searching and benefit claims, providing mentoring, IT skills, and help with transport costs for those attending interviews.</p>	<p>Sites under development and are operational with more resource in Ormlie, Lairg, Milton, Balintore and Nairn.</p> <p>Inter-agency planning scheduled for August 2013 to ensure connections with family support teams and other developments.</p>
<p>Work skills for young people – providing mentors for young people facing barriers when leaving school</p>	<p>Mentoring support during the year before leaving school for those identified through the Activity Agreement process to benefit from extra support.</p>	<p>The Council will employ a Co-ordinator to support mentoring with a budget of £40k, and Family Firm with a budget of £20k.</p> <p>In the current year, Day1 have been supported to maintain their mentoring programme.</p>
<p>Employment of looked after children, care leavers and children in the criminal justice system – enhanced support for the Family Firm scheme</p>	<p>To provide greater support for looked after children, enabling them to make best use of and sustain Family Firm placements.</p>	<p>The Big Lottery Fund Scotland and The Highland Council are jointly funding Springboard and Barnardo's to run a project called 'Face2face' aimed at helping disadvantaged and vulnerable young people across the Highlands to reach their potential and into employment.</p> <p>The aim is to support 80 vulnerable young people, each year, and this will include enhanced support for the Family Firm scheme (see also Workskills for Young People).</p>

4 Preventative spend to support older people to live at home and in the community

4.1 The Council agreed the following measures to support older people to live at home and in the community.

	£m
Integrated early intervention posts	0.240
Falls prevention	0.085
Community wellbeing	0.150
Reablement care at home	0.400
Leisure and Learning	0.125
	1.000

4.2 These initiatives are progressing, as summarised below:

OLDER PEOPLE	PROPOSAL	PROGRESS
8 fieldwork posts for integrated early intervention.	Speed up assessments; focus on early intervention, aligned to community development activities and community groups.	4 recruited. Info on timescales for remaining awaited (team of 9 in total). Initial 4 will be part of a pilot approach. As at end July –development of this approach is enabling health in-reach to social care to engender the preventative, anticipatory approach. Also enabling allocation of SWs to GP practices providing closer working, speeding up access to services.
Preventing falls.	Dedicated falls prevention work to high risk known service users receiving care at home or in care homes. Aids, materials, other measures and awareness raising.	Integrated into the overall preventing falls budget so difficult to isolate the activities and impact from the additional funding. Improvement committee report stressed continuing priority of this activity, including preventative element. As at end July- building close working with voluntary sector on delivering this agenda. Consistent training delivered across teams, community hospitals and care

OLDER PEOPLE	PROPOSAL	PROGRESS
		homes.
<p>4 Community Development Officers for community wellbeing services.</p>	<p>To stimulate further local developments from those identified by former 3 temporary posts.</p>	<p>9 to be appointed overall, 1 for each District. NHHSH funding the 5 other posts. As at end July – recruitment on-going. Posts integral to building community resilience and working with communities and what they can contribute to keeping well and anticipatory planning.</p>
<p>Reablement care at home services</p>	<p>Skills for daily living to enable people to live more independently and reduce their need for on-going homecare support. Complementing the work of intermediate care services. Minimising the whole life cost of care. Support to recover from illness or hospital admission.</p>	<p>NHHSH added a further £500k for third sector provision. This is Change Fund money so not yet mainstream. £400k focused on in-house service. Report going to adult services scrutiny and development sub-committee.</p> <p>As at end July- Transforming Care at Home group established to address Care Inspectorate findings and prepare service for devolution to Operational Units. Vital move to allow community services to be inclusive and as flexible as possible and to ensure the service develops alongside integrated community teams. Management structure redesigned to ensure registration and service improvement given high profile and to enable the service to grow in a reablement context and maximise flexibility of this resource.</p>
<p>Leisure and learning for older people</p>	<p>Likely to include tailored: sports, exercise programmes, postural stability classes, aerobics and dance, outdoor activities, adult learning classes, genealogy and local history sessions. Build into current infrastructure of libraries, leisure centres and community groups. Officers enter into commissioning discussions with organisations and groups, and bring proposals to the Adult & Children's Services Committee, about the detail for delivery across the authority.</p>	<p>Report to A&CS Committee in March 2013 and spend proposals were approved. Funding being coordinated by ECS Client Manager and through HighLife Highland.</p> <p>Programme to be offered at 10 centres from September. Training needs assessment of staff who will carry out the programme has been completed and a series of training opportunities will take place during August. A marketing plan is being developed. The one</p>

OLDER PEOPLE	PROPOSAL	PROGRESS
		off £50k contribution will fund the training and marketing both of which will be co-ordinated by HLH. Payment for delivering the programme will be paid in two instalments – September 13 and March 14.

5 Preventative Spend for children and families in the Early Years

- 5.1 In November 2011, the Scottish Government established the Early Years Taskforce, alongside the Early Years Change Fund, to take forward a significant change programme to prioritise the early years of children's lives and early intervention, as set out in the Early Years Framework.
- 5.2 At the December Council, members supported proposals for investment of around £1m in early years services, and that the deployment of these services should be through new integrated Teams in each District. This model would enable the greatest amount of additional resource to be deployed locally.
- 5.3 It was agreed that this should involve the following enhanced services, and indicative amounts were allocated against each.

	<i>£M</i>
Parenting Support	0.20
Community Midwives/Public Health Nurses/Health Visitors	0.35
Additional Support Needs	0.25
Family Support	0.20
	1.00

- 5.4 As has been reported to the Committee, consultation has since taken place across the Service, to confirm the detail of these proposals.
- 5.5 The consultation confirmed the following key aspects of the new integrated teams:
1. Unified group of professionals across maximum range of activities
 2. Engage with parents early and through universal services
 3. Enhanced preventative approach in early years, promoting attachment
 4. Workforce is competent and confident, with clarity of roles
 5. Strong and effective single management
 6. Reconfiguration of Family Support
 7. Best linkage with colleagues from other critical services/systems

5.6 The consultation resulted in the preferred model being a single integrated team based on one or a combination of Associated School Group, largely reflecting each District geography, with specialisms in three particular areas of activity, as detailed and illustrated below:

- Universal Services and Early Intervention in Early Years
- Universal Services and Early Intervention in School Age Children
- Care and Protection



5.7 Most staff would be managed locally, by the Team Manager.

5.8 Given their functions and numbers, some other staff would be aligned with Teams, but managed Area-wide with strategic professional leadership, for example: Allied Health Professionals, Primary Mental Health Workers, Educational Psychologists, Child Protection Advisers and Pre-school Home Visiting Teachers.

5.9 While this model provides a standard framework across the authority, there are some Districts where further analysis and consideration is required, because of local circumstances:

- Skye, Lochalsh, Wester Ross and Assynt, due to scale;
- Inverness West, due to the diversity of ASGs;
- Nairn, Badenoch & Strathspey, due to linkage across the boundaries with Inverness East and Inverness West.

5.10 Further work is also taking place to confirm staff numbers and skills mix in each of the new Teams. This will take account of standard metrics, relating to

population size, geography and levels of need, and will include the enhancement of Early Years services. Detailed proposals will be reported to Committee as soon as this work is complete. Based on the advice of the Council Administration, these proposals will take account of the preventative spending that is available in 2013/14 and 2014/15.

- 5.11 It is intended that the proposals should include a focus on health promotion and health improvement. A short term secondment has brought a new impetus to this activity over the past year, and it is recommended that the Service should create the posts of Health Improvement Manager and Health Improvement Officer. This would maintain this momentum on public health outcome targets, and provide pan-Highland leadership for the development, delivery and monitoring of health, wellbeing and equalities policy and practice across Integrated Children's Services. This will ensure that national and local priorities, legislation and strategies are taken forward. It will involve liaising with, and supporting managers and staff in early years, schools, and those working with looked after children and work with a range of partners including the NHS, High Life Highland and a range of third sector partners.
- 5.12 Committee will also receive detailed proposals as a consequence of the review of Family Support services, to be implemented alongside the new teams.
- 5.13 In relation to Family Support services, the Scottish Government has recently indicated availability of further monies as part of the Change Fund. This is for Public Social Partnerships to build on existing provision in local areas by developing new services which test out innovative methods of reaching families in need of (but not necessarily seeking) support, enabling them to make better use of mainstream services.
- 5.14 Expressions of interest had to be submitted in July, for proposals worth up to £0.25m in this and next year. Highland Council submitted a proposal in a partnership with the Care & Learning Alliance and Action for Children. This proposed an early intervention service to address accessibility and isolation that can contribute to low service take-up among families in remote and rural communities. The service would employ assertive outreach methods and home-based delivery to engage and empower families to find their own solutions and increase access to local services to improve family wellbeing and children's outcomes. It is intended that this would prevent problems escalating – negating the need for more costly, invasive and intensive interventions later. Full details are included in **Appendix 1**.
- 5.15 However, the final bid, which is due by the end of the month, requires the commitment from the Community Planning Partnership to mainstream funding for the initiative from 2015/16. Accordingly, the Committee is asked for its views about this submission, and it is proposed that any final submission (by the end of August) should follow further discussion with partners and be subject to consultation with the Director of Finance and Chair of the Adult & Children's Services Committee.

6 Implications

- 6.1 This report sets out the progress being made to deploy resources that have been determined by the Council. The further proposal for a Public Services Partnership for Family Support will only be submitted if it is deemed feasible and viable, as well as affordable in terms of the Council's overall commitment to preventative spend.
- 6.2 The recommended posts of Health Improvement Manager and Health Improvement Officer will cost around £0.08m, of the funding identified for preventative spend.
- 6.3 These proposals for preventative spend seek to redress inequalities in society, and to improve outcomes for disadvantaged groups and communities.
- 6.4 As well as ensuring that these measures are implemented effectively in the short and medium term, it is important to ensure an ongoing focus on benefit realisation including future cost reduction, including with community planning partners.
- 6.5 There are no legal or climate change implications.

Recommendations

Members are asked to comment on this update on preventative spend proposals, and particularly regarding the proposal for a Family Support Public Social Partnership, and for the establishment of two Health Improvement posts which would require to be recommended to the Finance, Housing & Resources Committee.

Bill Alexander
Director of Health & Social Care

Date: 9 August 2013

Appendix 1: Template for expressions of interest – Family Support PSP

<p>Names of the organisations interested in working together to develop a family support PSP. Please include contact details for the desired contact point within each organisation, and indicate the lead third sector partner and the lead public sector partner:</p> <ul style="list-style-type: none">▪ Action for Children (AfC) (voluntary sector lead), Carol Iddon, Director of Children’s Services for UK North, carol.iddon@actionforchildren.org.uk▪ Care and Learning Alliance (CALA), (voluntary sector partner) - Valerie Gale, Chief Executive Officer, valerie.gale@btconnect.com▪ Highland Council (public sector lead), Katrina Beaton, Project Manager (Family Teams), katrina.beaton@highland.gsx.gov.uk
<p>Amount of funding sought (2013-14, 2014-15 and total)</p> <p>■ 2013-14 funding of £94,466 ■ 2014- 15 funding of £272,311 ■ Total funding of £366,777 up to March 2015</p>
<p>Please provide a brief overview of how funding would be used to deliver assertive outreach between now and March 2015, including the target group(s) or area(s), evidence of need for these groups/areas, and the approximate number of families you expect to reach.</p> <p>Overview: The PSP will provide an early intervention service to address rural/remote issues of accessibility and isolation which contributes to low service take-up among target families. The service will reach and support ‘just coping’ families not accessing local provision. We will extend reach, build capacity, increase community linkages and create resilient networks amongst hard to reach families. We will use assertive outreach methods and home-based delivery to engage and empower families to find their own solutions and increase access to local services to improve family wellbeing and children’s outcomes. This will prevent problems escalating – negating the need for more costly, invasive and intensive interventions later.</p> <p>Target Group/Numbers: We will reach approx 40 remote/rural families. This is realistic given the challenges associated with rural delivery e.g. travel for home-based support. We will prioritise families affected by parental substance misuse, imprisonment, domestic abuse and/or mental ill-health – with a specific focus on improving outcomes among young children aged 0-8 years. We will target Lochaber, Skye and Lochalsh (West Highlands), and Badenoch and Strathspey where services are sparse and families have unmet needs.</p> <p>Assertive Outreach: We will take the service direct to families through integrated area-based teams of AfC Family Support Workers, and CALA Project Staff and volunteers. We will use the network of 32 CALA centres and outreach sites to integrate within local communities – building links between families and local services. AfC will deliver home-based support through one-to-one relationships with families. CALA will provide nursery/crèche places, transport solutions and coordinated volunteer support. The key service elements are:</p> <ul style="list-style-type: none">▪ Identification, Assessment and Planning – Using the GIRFEC staged approach to identification and assessment, linking with named persons to identify at-risk families by contributing to multi-agency meetings and Child’s Plans. We will enhance existing assessments using our Neglect Tool to assess each family/child against key areas of physical care, safety and emotional relationships. This builds a profile of each family’s priorities/risk, informing support. We enable families to co-design their personal Support Plan, building on existing strengths to increase capacity and reduce risk.▪ Engagement – proactive engagement reflects the needs of rural, isolated hard to reach families.

Workers skilled in assertive outreach will directly engage families on their terms in their own communities/homes. We will use creative methods to incentivise engagement and widen our reach e.g. using sports and recreation as a 'hook' to attract fathers/male carers. We will refine AfC's **Parents On the Ball programme** using physical exercise and recreation to build emotional capacity and improve relationships amongst fathers/male carers and children – particularly where fathers were previously absent or detached. The programme is a powerful engagement tool, enabling connections to be made with hard to reach families.

- **Flexible home-based support** - families will receive dedicated support from an **AfC Family Support Worker** throughout provision. Workers will conduct a **home visit** within 10 working days of referral. They consider the whole-family, deploying flexible needs-led support including out-of-hours e.g. help with bedtime/early morning routines. Tenacious workers will use strengths based methods to support and challenge families. Type, intensity and frequency of support will reflect individual needs e.g.:
 - **Practical & Emotional Support** – working with families (not 'to' or 'for') on priority issues e.g. nutrition, boundaries, communication, routines, home safety, child development, attachment, school readiness, healthcare and reading/play strategies. Workers will model techniques, set homework tasks and provide 'hands-on' support to develop parental capacity e.g. help with meal preparation or cleaning.
 - **Evidence Based Programmes** – trained staff will instruct parents on the **Solihull Approach**, and deliver relevant and proven assertive outreach and parenting programmes e.g. **Webster Stratton/Incredible Years**. Programmes will be selected to enhance local provision and are proven to improve parental skills, child's behaviour and parent-child relationships. 1:1 home-based delivery will embed learning.
 - **Crisis Support** – AfC will operate a 24/7 on-call system to respond to any family crisis.
 - **Peer Support Networks** – CALA will establish groups for families to self-support e.g. father's groups.
- **Targeted Interventions** – solutions will reflect prevalent issues/needs e.g. **Domestic Violence** - using the CAADA DASH Checklist to assess risk and agree Safety Plans; **Addiction & Mental Health** – we will establish working arrangements with specialist support services e.g. AfC's Gael Og drug advice service.
- **Brokerage** – once families are stabilised and ready, we will provide brokered access to local services. Volunteers will increase access to services by arranging and attending appointments, providing advocacy.
- **Wrap-around support** – tackling rural/remote issues via nursery/crèche places and transport from CALA.
- **Six Week Reviews** – reviews will assess family progress, update plans and adapt support if needed.
- **Planned Exit** – workers will plan exits to maintain momentum through access to local/mainstream services. CALA volunteers will link families into local services and provide any ongoing support required.

Unmet Need: Our service will contribute significantly to addressing the need for equality of opportunity and outcomes for hard to reach rural/remote families. Highland Council's Working Together for the Highlands Plan 2012-17 recognises the need for targeted intervention to address rural/remote issues. Highland requires additional support to enhance existing GIRFEC approaches to promote children's safety. This reflects increased reporting/concerns over the last decade in Highlands in line with the rest of Scotland. In 2012 there were 116 per 1,000 population aged 0-15 of children on the child protection register compared to 69 in 2009. The most common concerns were

emotional abuse (38%), neglect (37%) and parental substance misuse (34%). Highland has seen an increase in its national share of most deprived areas where concerns are most prevalent. Evidence of need is illustrated within Highland Council's Single Outcome Agreement and the integrated Children's Services Plan 'For Highlands Children'. Both advocate early intervention– highlighting domestic abuse, substance misuse and mental health as high risk factors and local priorities.

Please demonstrate how your proposal is a new service tackling a new challenge
Proposals align with strategic aims in For Highlands Children 4, integrating with the Highland Practice Model(GIRFEC). Highland Council recognises that providing early intervention with hard to reach 'just coping' families is a significant challenge within sparsely populated areas with vast geographic spread. Rural/remote families require a timely service when issues emerge to avoid escalation of difficulty and crisis. A new approach is therefore required. Families have asked for easier access to support at an earlier stage, one-to-one contact with a worker that they can build a relationship with and help with parenting skills. Our new service will meet families' needs using an assertive outreach and strengths based methodology, linking into leisure/sporting facilities and existing services. The new service will enhance local provision by supporting those with additional needs to prevent them reaching thresholds for statutory intervention via:

- **Extending opportunity** – ensuring that rural/remote families have equal access to support to improve outcomes. Home based delivery will overcome barriers to access and participation. We will focus on rural geographies which do not currently enjoy the same levels of provision to the more populated areas.
- **Greater reach** – we will target hard to reach families not accessing available services who are at risk of getting 'left behind'. Voluntary partners have a track record of building trust with hard to reach families. Our Parents On the Ball programme will engage fathers/male carers who are often reluctant to engage.
- **Early engagement** –operating at an early stage, we will identify and engage families as soon as issues emerge to prevent escalation and reduce pressure on hard-pressed statutory services. Existing family support services are more targeted and aimed at those already in crisis.
- **Better links with local services** – linking families into the right local services at the right time to maximise participation and benefits. Once families are stable, CALA volunteers will broker access to local services.
- **Distinct support** – avoiding duplication and adding value. We will offer assertive outreach, in-depth support and out of hours home-based delivery – solutions which are not currently available locally.
- **New partnership** – combining the complementary strengths of voluntary and public sector partners.

How would the proposed expansion or enhancement of your family support service integrate with/complement existing service provision?

The PSP will complement existing provision and align with strategic aims to join-up local provision. To achieve this we will work within the **Highland Practice Model** and existing multi-agency partnership structures to ensure children are safe, healthy, active, nurtured, achieving, respected, responsible and included. The service will reach rural/remote families who do not meet thresholds for statutory intervention but have additional needs above and beyond the scope of universal provision. Our service will fill this existing gap – ensuring **equality of opportunity and outcomes among rural/remote families**. Highland Council's Working Together for the Highlands Plan 2012-17

recognises the need for targeted intervention to address the impact of rural, isolation and accessibility issues on its aims to 'Get it Right for Every Child' and tackle inequalities. Service co-design with Highland Council ensures we will: integrate with Highland Practice Model Model/For Highlands Children 4; complement local provision; and support existing priorities/targets. In particular, the PSP will align with the Highland Practice Model staged approach to identification/assessment which includes a **named person** responsible for promoting development and wellbeing for every child. We will link with named persons within healthcare, early years, children's services and education to identify at-risk families requiring additional support. Strong links with named persons will ensure that a joined up approach is embedded within the service. We will update professionals on progress and report back to multi-agency groups. Each family's exit strategy includes brokered access to local services to sustain progress, supported by a CALA volunteer. Delivery will be co-located within existing sites in local communities, bringing together public and voluntary organisations to provide a cohesive approach to family work and early intervention.

Impact on outcomes

Which of the outcomes (set out on p6 of the guidance) will the proposed new service prioritise? How would expanding or enhancing your family support services in this way contribute to outcomes?

- **Earlier identification of families in need of support and swifter intervention** – aligning with the GIRFEC pathway to identify at-risk families at an early stage. We will collaborate with named persons and attending multi-agency meetings. By building on existing assessment in Child's Plans we will act swiftly to bring in the right early support, conducting home visits within 10 working days.
- **Greater and more effective engagement with 'hard to reach' families** – assertive outreach will adopt best practice from AfC Intensive Family Support Services e.g. unannounced visits to families who fail to engage. Creative methods will widen our reach e.g. Parents On the Ball to attract fathers/male carers.
- **Supporting families who are 'just coping' to minimise risk of crises** – assessment will pinpoint priorities for each family crucial to reduce risk and prevent problems from escalating. Personal Support Plans detail goals/milestones and steps to address risk and stabilise families, building on existing strengths/assets.
- **Reducing the need for statutory interventions for families at risk** – we will link with named persons to identify at-risk families. We will provide **step-up support** to reduce risk and prevent families reaching thresholds for statutory intervention. Families with particularly complex needs will be referred to AfC's Gael Og Intensive Family Support. This will be coordinated through a Child's Plan where appropriate.
- **Supporting vulnerable families to make effective/appropriate use of mainstream and community facilities** – we will increase parental knowledge, confidence and skills. Once families are stable, CALA volunteers will broker family access to local services e.g. arranging and attending appointments.
- **Greater accessibility and sensitivity of mainstream services to diverse family needs** –we will build the capacity of local services to identify and respond to family needs through training and support e.g. training sessions to increase awareness of risk factors, attending staff meetings and sharing best practice.
- **More responsive and flexible services, working together to meet the needs of families** – we will work alongside local partners to bring in the right support at the right time. Workers will navigate families through support and coordinate the delivery of services to maintain a clear

focus on the needs of families.

What success measures will you use, to demonstrate you are making progress and contributing to the outcomes you have prioritised? Please indicate whether baseline data already exists.

The PSP is adopting a **logic model** based on the starting point of outcomes to reduce risk and increase children's safety. From this we have identified evidence-informed activities and inputs linked to desired outcomes. We will refine AfC's existing outcomes-based framework to evaluate progress and capture outcomes – at both individual family and whole service levels. Measures will link with GIRFEC/My World Triangle and **SHANNARI outcomes** – reflecting aims and targets in Highland's SOA and Integrated Children's Services Plan to reduce numbers of on the child protection register based on existing baseline data. We will also support the **Early Years Collaborative** 'stretch targets' as part of the overall work in Highland improve children's outcomes. Each family will be assessed against the below success measures at the start of provision, using the **Outcomes Star** to create a clear baseline against which improvements can be measured. Re-assessment at provision mid-point and exit will enable us to evaluate progression and 'distance travelled'. The Outcomes Star measures and supports progress for families towards stability and set goals, promoting positive change. AfC's case management database, e-Aspire, will capture all data and outcomes. We will use the **Success Measures** below, linked to the SHANNARI outcomes framework:

- Improvement in parenting skills
- Reduced parental substance misuse
- Child meets developmental milestones and is ready to learn (reflecting Early Years Collaborative aims)
- Reduction in numbers on the child protection register and/or becoming looked after or accommodated
- Children live safely at home with their parents/carers (safety plans in place for domestic violence).

Local Authority baseline data exists for all of the above measures.

How will the proposed PSP governance structure ensure the development and delivery of the PSP?

The PSP will be governed via a steering group with senior level representation from each of the partners –based on joint management, clear terms of reference and shared responsibilities. The membership of the group will extend to include Health, Education and Integrated Children's Services. This will assist in integration by building on existing partnership arrangements e.g. GIRFEC Implementation Group.

Development: The steering group will be responsible for governing the PSP in line with Scottish Govt best practice – identifying the most appropriate partners to deliver PSP aims, sharing information, involving service users in design, providing strategic direction and evaluating performance against success measures.

Delivery: Local joint management arrangements will be in place to ensure local delivery, with AfC taking the lead in operational management and day to day delivery, overseeing the Operational Management Group. This group will involve an existing experienced group of managers drawn from early years and family support.

Please explain the proposed activities in terms of the PSP stages outlined in this document.

Identify: Partners have identified a direct requirement for support in rural areas based on high levels of need, deprivation indexes and localised statistics. The agreed approach is to develop a service

which complements existing provision, but adds a new service and dimension to existing mainstream and voluntary services.

Create: The PSP is in place, pre-planning undertaken, and joint partnership goals, governance structures and working arrangements agreed - to be formalised in a Memorandum of Understanding signed by all partners.

Design and Pilot: We will gain input from key stakeholders/partners including families themselves, ensuring that the service meets their diverse needs. On-going partnership work through the noted governance arrangements will provide a working together platform, with input from partners to implement interventions and use test of change approaches to monitor impact. Robust evaluation of outcomes and family feedback will be used to inform future planning including service refinements and continuous improvement.

Mainstreaming of Service: The PSP partners, including Highland Council, are committed to evaluating the outcomes of this pilot with a view to providing sustainable funding. Sustainable approach is addressed in detail in the sustainability question, and includes a combined approach to ensure continual service delivery.

Proposals with a strong commitment to providing ongoing funding will be prioritised for funding. How would you propose to continue to provide the additional service once funding ends in March 2015?

Partners are committed to sustaining funding beyond the PSP delivery period – including Highland Council.

The Proposal links to future priorities and investment plans detailed in Highland Council's Early Years Framework, SOA and Integrated Children's Services Plans. Highland Council each year commits to spend preventatively to improve the quality of life for children and families in the early years. A Council report on 25th October 2012 made clear that preventative spend should: not be about funding existing commitments, but involve new developments which achieve an improved service. The report concluded that greater focus should be on earlier intervention, be evidence-based; be able to reduce future public expenditure; and involve measures of improved outcomes that are tangible. The PSP model and approach clearly meets this objective through its targeting of families who are 'just coping' with long-term fluctuating needs including descent into chaos/crisis. We will establish a **Sustainability Action Plan**, to maximise access to future funding opportunities through a variety of mechanisms – fully involving Highland Council to ensure fit with its investment plans. To support this, the PSP will conduct a **full evaluation to quantify the cost benefits and realisable cost savings** associated with our early intervention service. The PSP partners have a strong track record of maximising a wide range of funding sources to maximise investment including: social finance, voluntary fundraising, tendering/contracting and Lottery/trust fund applications.