

INVESTMENT IN
CHILDREN'S SERVICES

THE RENFREWSHIRE FUND MAP

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**“THE MOST
RELIABLE
INDICATOR OF
SYSTEM REFORM
IS CHANGE IN
THE FLOW OF
PUBLIC MONEY”**

SUMMARY

In the context of significant financial cuts coupled with rising levels of need, there have been calls for public services to prioritise spend on prevention and early intervention.¹

This report provides an overview of the results from a financial mapping exercise. It sought to understand investment across children's services in Renfrewshire. It forms part of the Early Action System Change Initiative, which seeks to redirect public expenditure towards co-designed activities with children and young people aimed at (i) promoting emotional well-being amongst young people and; (ii) tackling coercive control within adolescent relationships.

Insights:

- Investment in children and young people by partners in 2017-18 totalled £206.6 million.
- This is equivalent to about £5,800 for every child aged 0-18 years.
- 3% is invested in **prevention and early intervention activities** giving Renfrewshire a pinched investment profile, with the remaining 75% spent on universal provision and 22% spent on high-need provision.
- The investment in prevention and early intervention was lower than senior managers predicted. It highlights a mismatch between stated priorities of prevention and early intervention and actual spend.
- Partners advised of some additional targeted prevention and early intervention work embedded within universal activities. Information systems are not set up to quantify these. Where possible partners working within universal services estimated the proportion of spend in prevention and early action activities and this has been captured within the analysis.
- The 3,000 strong workforce is employed primarily in services focused on providing universal outcomes or supporting those in high need.
- Senior managers pointed to the importance of prevention within the universal setting, but questioned whether staff were equipped with up to date skills to hold risk effectively.
- A 5% increase in prevention and early intervention investment could be achieved by spending £300,000 more.
- A relatively small decrease in demand for high need support could equate to a significant increase in resource for prevention.

¹ Christie Commission on the future delivery of public services (2011).

INTRODUCTION

Early Action System Change in Renfrewshire is a 3-year system change initiative to:

- Promote young people's emotional well-being
- Address emotional coercive control in adolescent relationships.

It is part funded by the National Lottery Community Fund (formally, the Big Lottery Fund) *Early Action System Change Fund* tackling the root causes of inequality.

The starting point for the initiative is to understand the system, identify leverage points for change and opportunities for re-investment. The Fund Map aims to inform the re-investment discussion by revealing new insights about collective partnership resource in prevention and early intervention activities.

This report uses the following definitions of investment, based on the level of need of the child.

Universal

1. Promoting good outcomes for the whole population
2. Preventing poor outcomes for the whole population

Prevention or early intervention

3. Preventative interventions targeting at risk groups
4. Preventative interventions targeting at risk individuals

High needs

5. Treatment interventions targeting individuals with identified high needs
6. Maintenance interventions for individuals with chronic/long-term needs

Early Action System Change in Renfrewshire aims to identify between 1-5% for re-investment towards prevention. This will fund innovative activity co-designed with young people and families.

FINDINGS

Investment profile

In total, partner teams were able to estimate how more than £200 million of the total spend was invested.² Estimates were largely based on professional judgement about how staff spent their time and the children they worked with, as data is not currently collected in this way to understand investment in children’s services

Key insights:

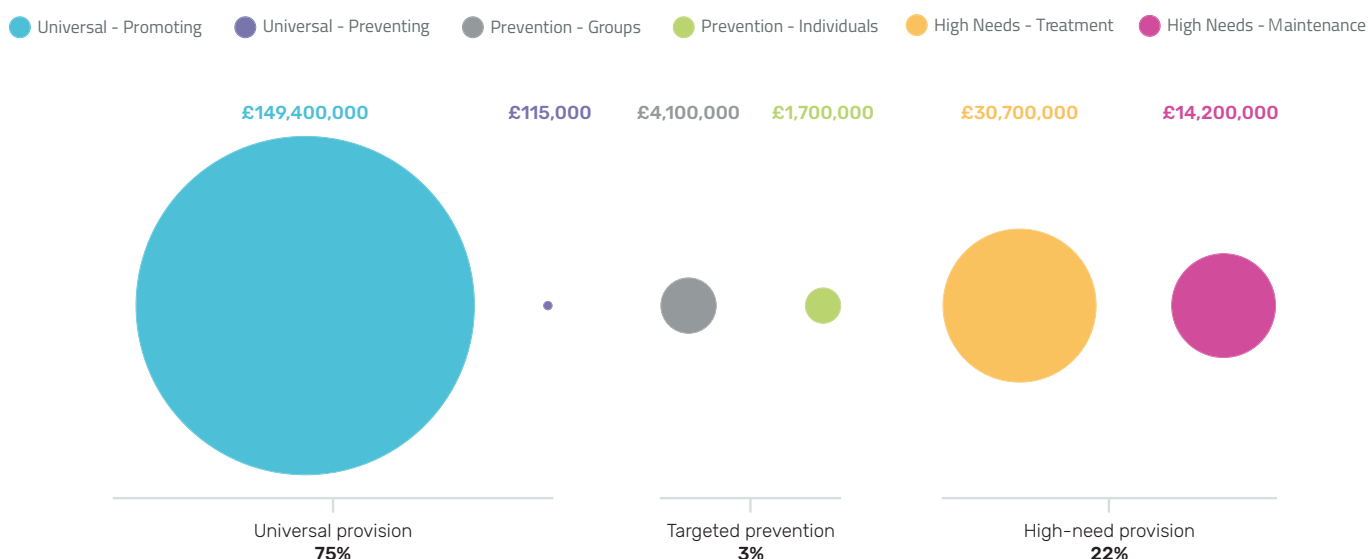
- Dedicated prevention was lower than senior managers predicted and teams had initially estimated (on further reflection it became clear much ‘prevention’ was intended to stop already high needs escalating).
- Partners cited examples of preventative and early intervention work embedded within universal activities, but information systems are not set up to robustly quantify these.
- Support for children with disabilities within ‘mainstream’ settings means investment is higher than teams could quantify, and is therefore masked elsewhere within the data.

Investment in children and young people by partners in 2017-18 totalled £206.6 million.

3% is invested in preventative work, intended to prevent high needs arising. This gives Renfrewshire a pinched investment profile.

A 5% increase in prevention investment could be achieved by spending £300,000 more.

Figure 1: Renfrewshire’s investment by level of intervention



² Departmental spend on overheads was not apportioned.

Investment profile

Key insights:

- Within education, dedicated prevention is estimated at 2.5%. This includes early years *Families First*, work supported by the *Pupil Equity Fund* and some school-based education psychology activities.
- Within social care 6.6% is estimated to be invested in prevention. This includes Locality Team interventions, and *throughcare* and *continuing care* support aimed at preventing high needs arising during the transition to adulthood.
- For health, dedicated prevention is estimated at 3.6%. This comprises aspects of school, nursing and health improvement. It was not possible to quantify the differentiated support provided by health visitors for families considered at higher risk.
- Although it has the smallest percentage, the sheer scale of the budget means education invests the greatest amount in prevention at around £4.2 million compared to £1.4 million in social care and just over £200,000 in health.

86% of Renfrewshire investment in children and young people is in education.

Each of these functions has a very different investment profile. Education is largely preventative and social care is predominantly high-needs.

Figure 2: Comparative investments

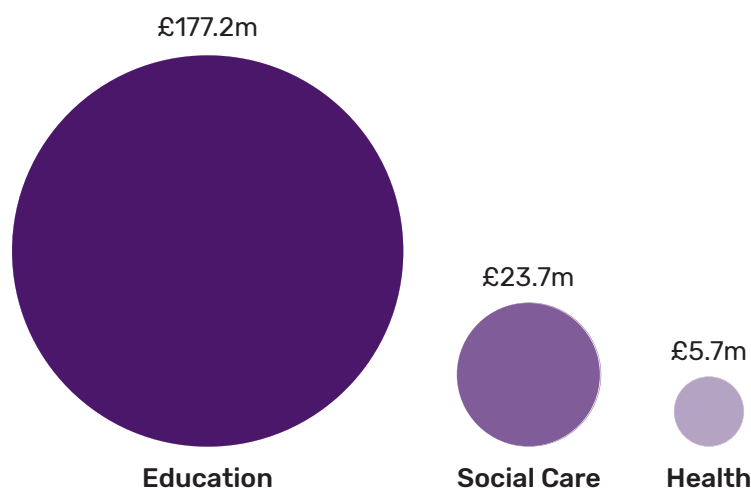
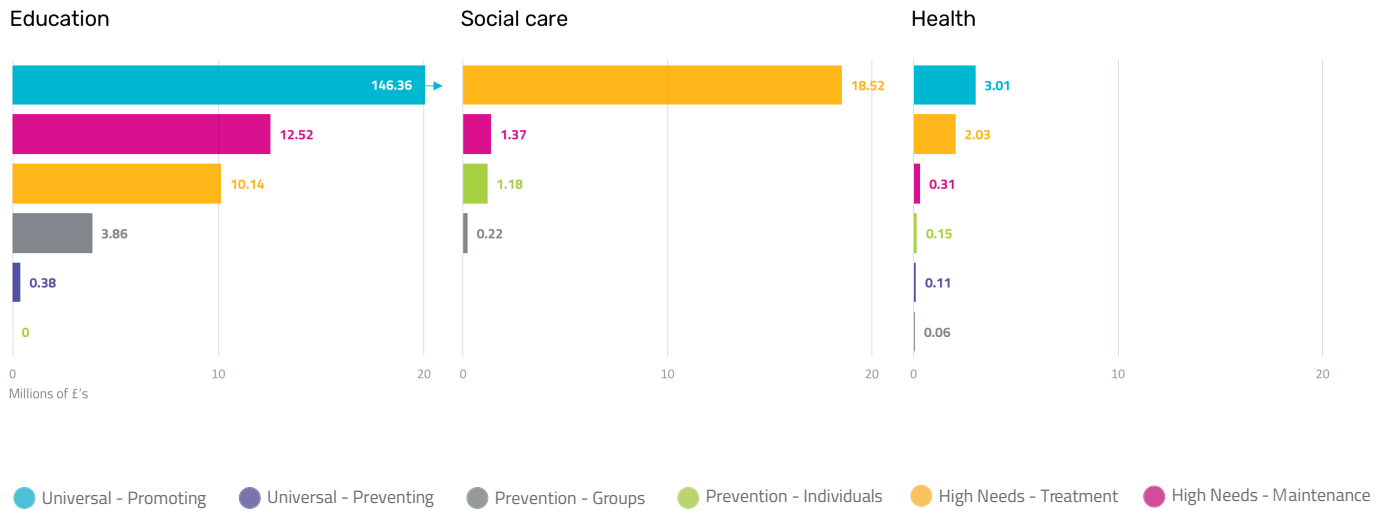


Figure 3: Intervention profiles



Please note: Health investment includes spend in Tier 4 CAMHS, Speech and Language Therapy, Health Visiting and School Nursing. It does not include other Health activities within Board-wide funding such as Family Nurse Partnership or Tier 5 CAMHS.

THE WORKFORCE

We estimate the workforce to be at least 3,000, allowing for the multiple ways teams record staff numbers. The chart below shows the size of different service workforces, coloured to represent the dominant investment.

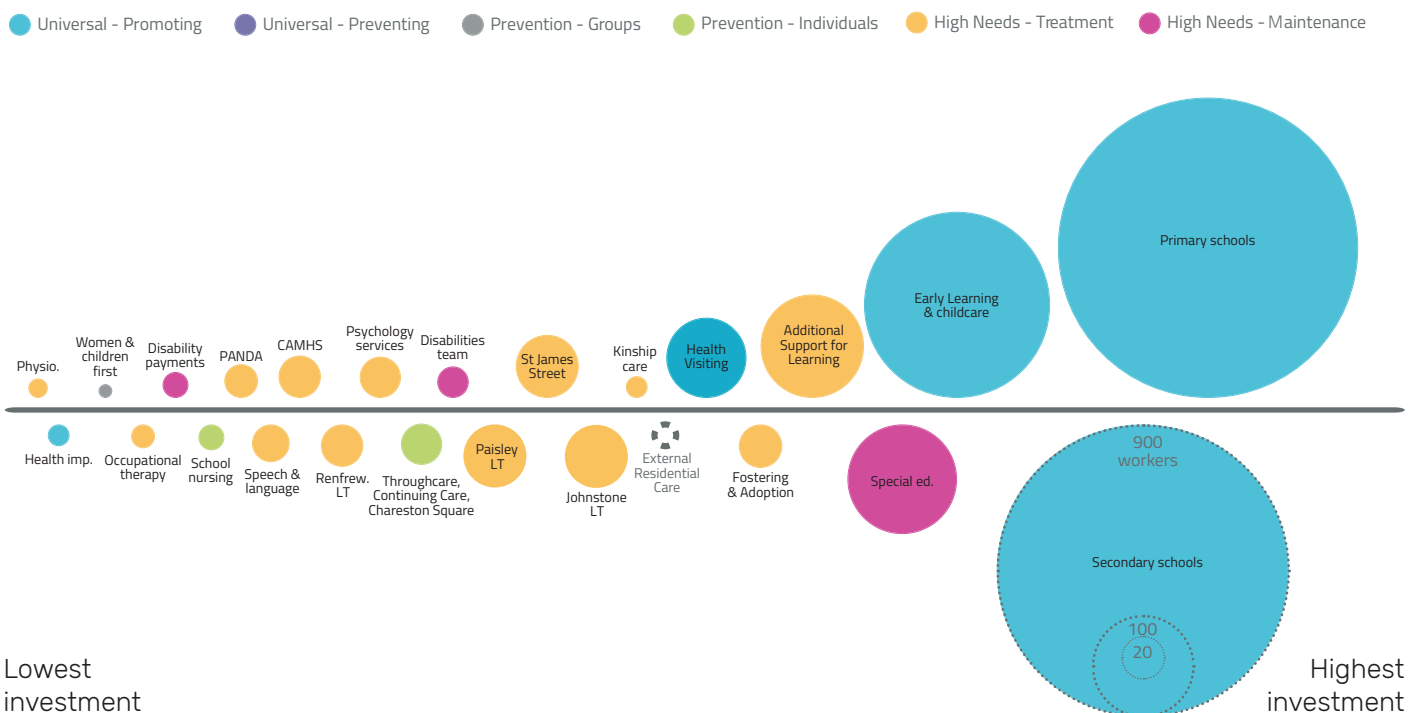
Key insights:

- The majority of staff are employed in services focused on promoting good universal outcomes, with around 2/3 working in primary and secondary education.
- Some senior staff were concerned that a lack of prevention services made universal staff less tolerant of risk. As such, this would risk leading to a larger volume of inappropriate referrals to high-need service provision due to the lack available targeted prevention provision before young people and families reached crisis point.

The 3,000 strong workforce is employed primarily in services focused on providing universal outcomes or supporting those in high need.

- Senior managers pointed to the importance of preventative work taking place in the universal settings, but questioned whether staff skills were up to date enough to hold risk effectively.
- Partnership with the community sector brings the potential to harness the resource of volunteers as well as staff. Volunteer potential emerged through dissemination of the fund map data with those across the sector, and is not currently captured within the workforce diagram.

Figure 4: Workforce resource and service activity



Investments per child

Estimates of children supported were used to calculate average investments. The analysis does not seek to identify 'cashable' savings, but instead seeks to illustrate the potential for re-investment if high need can be safely managed down.

Renfrewshire invests about £5,800 for every child aged 0-18 years.

Figure 5 below shows the 10 highest investing services, when viewed on a per child basis.

Key insights:

- Of the seven services making an above average investment per child, six are for children with high needs.
- External residential services made by far the highest investment per child, at 9 times the rate of the second greatest (fostering and adoption).

Figure 5: Services with the highest investment per child

Rank	Services with high investment	Per child
1	External Residential Schools	£258,900
2	Fostering and Adoption	£29,400
3	Special Education	£28,500
4	Children with Disabilities Team	£12,800
5	Kinship	£7,900
6	St James Street (D&A)	£7,000
7	Secondary	£6,600
8	Primary	£5,300
9	Self-Directed Support	£5,000
10	Throughcare / Continuing Care	£4,800

Investment choices

The next step is for the current paper to be brought to the Corporate Management Team, to discuss and agree redirection of funds towards the delivery of co-designed Early Action System Change activities.

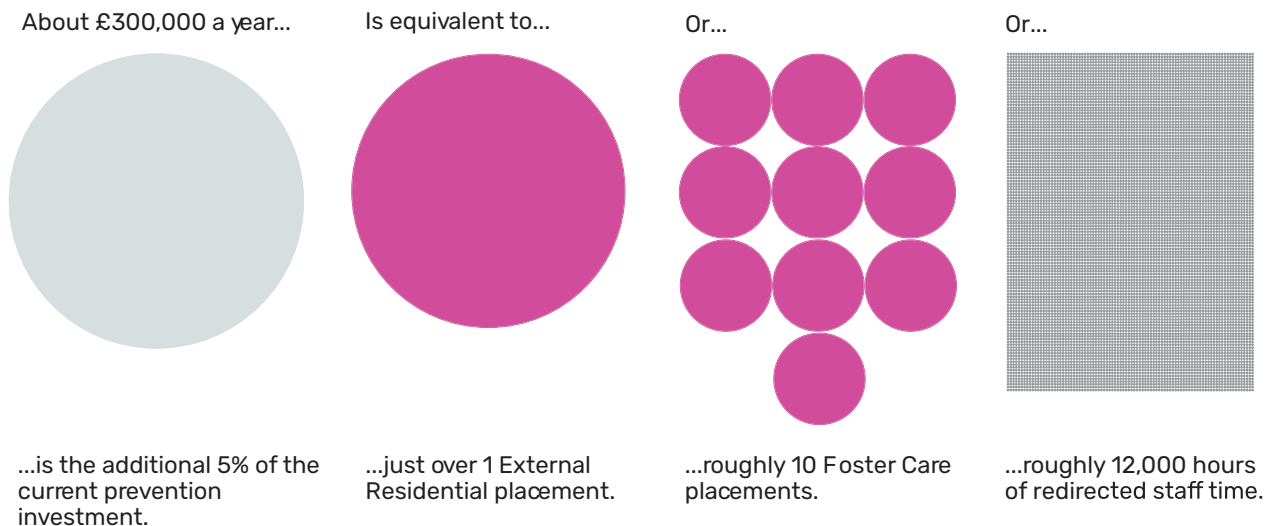
Key insights:

- Partners felt it was also important to think about investment in terms of staff time as well as funding.
- Workforce development emerged as an important strategic consideration, and the project would benefit from including HR representation.
- However, a focus entirely on staff time and activity alone will not meet the immediate aim to fund new projects.

The project could meet its aim of spending 5% more on prevention by spending £300,000 more. Figure 6, below, illustrates what this is equivalent to.

Figure 6: £300,000 expressed as alternative investments

£300,000 does not equate to a large amount of high-need services



A relatively small decrease in demand for high need support could equate to a significant increase in resource for prevention.

The key questions posed are the following:

1. Is enough being invested in prevention and early intervention?
2. Are changes needed to management or financial information systems to maintain and build on this picture of investment in prevention and early intervention?
3. How can existing investment be re-directed towards funding the delivery of Early Action System Change activities that have been co-designed by children and young people?

TECHNICAL NOTE

A core set of financial, staffing and service information was collected for the exercise; and the Lab then worked with the partners to produce the following analysis:

- Total investment by partners in children's services.
- Investment at different levels of intervention: Universal, Prevention and High Needs.
- Investment across different service categories: Education, Health, Social Work.
- The scale of the children's workforce, and the nature of the service it delivers.
- The varying level of investment per child by services.

Education and social care data was provided by Renfrewshire Council. It therefore excludes privately funded activity, e.g. in the independent early years sector, and information on workforce was not available for contracted services.

Health data came largely from the Renfrewshire Health and Social Care Partnership comprising community activities such as health visiting and a selection of specialist services including Tier 4 CAMHS. It was not possible to obtain financial data disaggregated to Renfrewshire geography for activities funded by NHS Greater Glasgow and Clyde Board, e.g. Tier 5 CAMHS and Family Nurse Partnership.

Financial data is not systematically coded into universal, targeted prevention or high need provision. As such, staff had to estimate the proportion of time spent on these different types of activities.

A decision was taken to exclude voluntary and community sector investment. The strengths of the sector in prevention are acknowledged, but the data was considered too volatile, a high level would be contracted (and so recorded) by statutory agencies and there were concerns about the commercial sensitivity of data.

Data was not sought from agencies outside of the core partnership, for example the welfare and justice sectors. All figures are for 2017-18 and are rounded.

The description of expenditure as 'investment' is deliberate, to emphasise the future benefits to supporting children and that partners have some choice in how they do this.

A detailed methodology note is available on request.