

Finance Committee

Prevention

Submission from Mentor Scotland

- 1.1 Mentor is Scotland's leading voice on protecting children and young people from the harms of alcohol and drug misuse. Since 2008, we have been developing and delivering prevention and early intervention projects in schools and communities, with kinship care families and young offenders, seeking to embed drug prevention in national provision. We believe that fixing things when they go wrong is not good enough: we work with young people to prevent substance misuse before problems arise, to promote health and wellbeing, and to ensure that children and young people from all backgrounds have the opportunities to thrive.
- 1.2 Mentor is grateful for the opportunity to contribute to the Finance Committee's Call for Evidence. Prevention is the core mission of our organisation, with a particular focus on children in kinship care, and drug prevention. We welcomed the Christie Commission's recommendations in 2011 to build prevention into the design and delivery of service provision; and, similarly, we are hopeful that this review will trigger the decisive shift towards prevention that Scottish services have been striving for over the last four years.

Why has the progress of reform proposed by the Christie Commission been so slow?

- 2.1 There have been a number of notable achievements since 2011, particularly in regard to early intervention for children and families facing multiple disadvantages. The GIRFEC framework and Children and Young People (Scotland) Act 2014 are beginning to direct both public and third sector services to focus on the best interests of the child.
- 2.2 The Scottish Government's ongoing commitment to supporting vulnerable families has been demonstrated by the Children, Young People and Families Early Intervention Fund. Mentor benefitted from the fund's predecessor, the Strategic Funding Partnerships, which enabled the organisation to expand its provision of information and training for kinship care families to a national level. We are optimistic that the Early Intervention Fund will continue this work, responding to the Christie Commission's recommendation to "focus support in the first years of life" and enabling organisations to "tackle intergenerational cycles of inequality".¹
- 2.3 However, support for kinship care families in Scotland remains patchy. Many local authorities lack the resources and expertise to deliver effective early interventions for kinship care. The recent allocation of £10 million for allowances will strengthen the hand

¹ The Scottish Government. 2011. *Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission*. Edinburgh.

of local authorities in providing for kinship care families;² yet there is a need for centralised guidance on best practice in order for prevention and early intervention to be embedded consistently in kinship care support – as well as support for all vulnerable children and families.

2.4 In relation to drug prevention, we recognise that the Scottish Government has funded a number of initiatives since the publication of the Christie Commission: Know the Score, Choices for Life, and Crew are all supported to provide credible information about drugs.

2.5 However, from our experience, universal drug prevention in schools is often of low quality; and targeted prevention initiatives are fragmented. In schools, drug education is restricted by low status in the curriculum and an array of misinformation, with little to suggest that the topic has overcome the problems highlighted by the Scottish Executive in 2005.³ With continuing adherence to techniques that have negative outcomes – such as fear-based approaches – there is an urgent need to provide teachers with clear, centralised guidance in order to ensure widespread evidence-based drug education.

2.6 The delivery of school-based prevention programmes is also sporadic. Through the Young STAND Awards, Mentor has supported a number of youth-led prevention initiatives. However, many young people do not access such programmes, nor do many schools deliver programmes with proven evidence of effectiveness, such as the Good Behaviour Game.

2.7 Through projects including Breaking Out and Bottle, Mentor has developed and evidenced peer-led prevention initiatives that target young people at most risk of substance misuse. However, targeted prevention programmes remain isolated, and there is no coherent strategy for delivering evidence-based prevention to vulnerable communities *throughout* Scotland.

2.8 Despite the intention to “unlock the resources currently invested in dealing with acute problems”, this has not materialised in drug policy. Spending remains largely concentrated in enforcement and treatment, and policy is dominated by environmental control, particularly regarding Minimum Unit Pricing and New Psychoactive Substances. While these are central components of an effective drug policy, it has limited efforts to enhance drug prevention among young people.

2.9 Delivering effective drug prevention to young people throughout Scotland will require a shift in priorities and resources, as well as the development of clear guidance for schools and other agencies. This will not only reduce the number of young people whose life chances are affected by substance misuse and a range of interrelated risks, but also reduce the burden on the tax payer – Public Health England estimates that every £1

² Scottish Government Newsroom. *More support for kinship carers*. Accessed online, 7/10/2015: <http://news.scotland.gov.uk/News/More-support-for-kinship-carers-1cda.aspx>.

³ M. Stead et al. 2005. *Evaluation of the Effectiveness of Drug Education in Scottish Schools*. Edinburgh: Scottish Executive & ISM Institute for Social Marketing.

spent on drug and alcohol interventions for young people brings a benefit of £5 - £8⁴: it is likely that Scotland would see similar benefits.

What are the main barriers to change and how do we address them in order to accelerate the rate of progress?

- 3.1 Regarding family support, resources constraints have prevented local authorities from providing holistic family-centred support, with a number of notable exceptions. This has led to a fragmented landscape, with kinship families consigned to a “postcode lottery” of support. To accelerate progress among this most vulnerable group, we need to enhance resources, to promote kinship care children to the same level of importance as all other looked after children or children in need, and to ensure that there is a consistent model of best practice for supporting kinship care families that is adhered to throughout Scotland.
- 3.2 As emphasised above, effective drug prevention is limited due to its low priority in schools, a lack of credible guidance, and a lack of resources. There is a need to elevate the importance of drug education in schools, and to equip teachers with the skills and knowledge to deliver quality, evidence-based drug education. Similarly, we should encourage and support schools to implement universal prevention programmes, such as the Good Behaviour Game, which have been proven to reduce substance misuse and a range of other risky behaviours.
- 3.3 For the most vulnerable young people – looked after children, young offenders, young people in communities with high levels of alcohol and drug misuse – we need to expand the provision of targeted interventions, so that young people of all backgrounds have the opportunity to thrive free from the harms of drug misuse. By building on the success of existing programmes and developing a platform to work in partnership, we can equip public and third sector agencies to deliver evidence-based drug prevention in areas with low service provision.
- 3.4 Currently, too much prevention in schools and communities is not based on the best available evidence; some initiatives adopt approaches that we know to be ineffective, or even to return negative outcomes. Drug prevention in Scotland requires a coherent national strategy that sets out a clear idea of what constitutes good practice, that equips teachers and other practitioners with the tools and information to deliver evidence-based prevention, and that prioritises continued research to strengthen our understanding of what works.

How do we create a culture of innovation?

- 4.1 The third sector has a vital role to play, with the freedom to develop creative approaches in a way that statutory services sometimes are not able. Mentor’s family support programme aims to develop and evidence a model of support for kinship care families that can be readily adopted by local authorities. By developing strong working

⁴ Public Health England. 2014. *Alcohol and drugs prevention, treatment and recovery: why invest?* Accessed online, 7/10/2015: <http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>.

relationships with key services, we are confident that the project can have a significant long-term impact on national kinship care provision. There are other examples of voluntary-statutory partnership benefitting both the quality and integration of local services. By fostering increased engagement between the third and public sector, we can achieve a much broader impact on the prevention landscape in Scotland.

What lessons can we learn from other countries in delivering a preventative approach?

- 5.1 Integrating prevention into public services does not, however, depend entirely on a “culture of innovation”. While innovation has led to the development of many effective prevention initiatives, there are lessons that can be learnt from abroad and adapted to the Scottish context – as always, we do not need to “reinvent the wheel”.
- 5.2 Various agencies have imported prevention programmes that have evidence of effectiveness overseas. Triple P, Incredible Years and Strengthening Families are all examples of successful programmes that are being delivered and trialled in Scotland; a host of others, such as the Good Behaviour Game and the Parental Effekt, might enhance the quality of prevention. There are also lessons to be learnt from policies relating to families – such as childcare provision, maternity/paternity leave, and midwifery practice – some of which have been incorporated into the Children and Young People Act. These programmes and approaches need to be adapted to the Scottish context and accompanied by support for ‘home-grown’ prevention initiatives.

How do we ensure that the necessary culture change and greater levels of integration take place?

- 6.1 Mentor believes that a culture change, just like a culture of innovation, relies on greater partnership work between sectors and authoritative, centralised guidance. Cross-sector collaboration will facilitate shared learning and up-skill respective workforces to deliver evidence-based prevention practice, as demonstrated by the partnership work detailed above. There is also a need to improve awareness and understanding of prevention and to provide a clear vision of how to incorporate best practice into public services.
- 6.2 For example, although many schools and teachers employ good prevention practice – in school policy, programmes and PSHE – this is not consistent at a national level. In order to achieve best practice nationwide, there is a need to provide authoritative direction and to offer clear guidelines for schools to incorporate prevention into statutory education in practice. Despite the rhetoric on prevention in the last four years, this lack of guidance has halted the shift towards prevention: this must be developed across public services to ensure greater integration.

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

- 7.1 Failure to integrate evidence-based prevention throughout the public sector will continue to burden our public services. There is a raft of evidence on the cost-effectiveness of prevention: addressing drug misuse and disadvantage before problems arise is always

more beneficial to the public purse.⁵ Investment in effective drug prevention leads to societal savings in crime, healthcare, and contribution to GDP, in particular. Supporting families that face multiple disadvantages will help to break the intergenerational cycle of poor outcomes, reducing the burden on social work, the care system, the benefits system and more.

7.2 It is pertinent to note that we are currently seeing the impact of the 1980s “Trainspotting generation”, with a significant rise in drug-related hospital admissions caused by long-term opioid addiction.⁶ In the context of contemporary drug-related challenges, in particular the rise in the use of new psychoactive substances, this lesson should be taken seriously: failure to integrate prevention into our public services will sustain the long-term cost of treatment for avoidable illnesses, as well as other costs to society.

7.3 Moreover, the ambition to make Scotland the best place in the world for children to grow up compels us to realise the shift to prevention. Currently, too many children are trapped in an intergenerational cycle of poor outcomes. By failing to provide family-centred support for kinship care families and other vulnerable families, and by continuing to neglect both universal and targeted drug prevention, we allow this cycle to endure. The vision of a Scotland that offers all children and young people the opportunity to thrive, no matter what their background, depends on the shift to prevention.

Concluding comments

8.1 Mentor is grateful for the opportunity to contribute to this important Call for Evidence. We urge the Scottish Government to strive anew to embed prevention in the country’s public services, which, if successful, will bring about lasting benefits for many of the most vulnerable children and young people, and for society at large. We look forward to further engagement with the Scottish Government as it reviews its strategy on prevention.

⁵ Public Health England. 2014. *Alcohol and drugs prevention, treatment and recovery: why invest?* Accessed online, 7/10/2015: <http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf>.

⁶ *Scotsman*. 26 Oct 2015. “‘Trainspotting generation’ blamed for rise in drug admissions.” Accessed online 26/10/2015: <http://www.scotsman.com/news/health/trainspotting-generation-blamed-for-rise-in-drug-admissions-1-3916238#axzz3pfsQGeXW>.