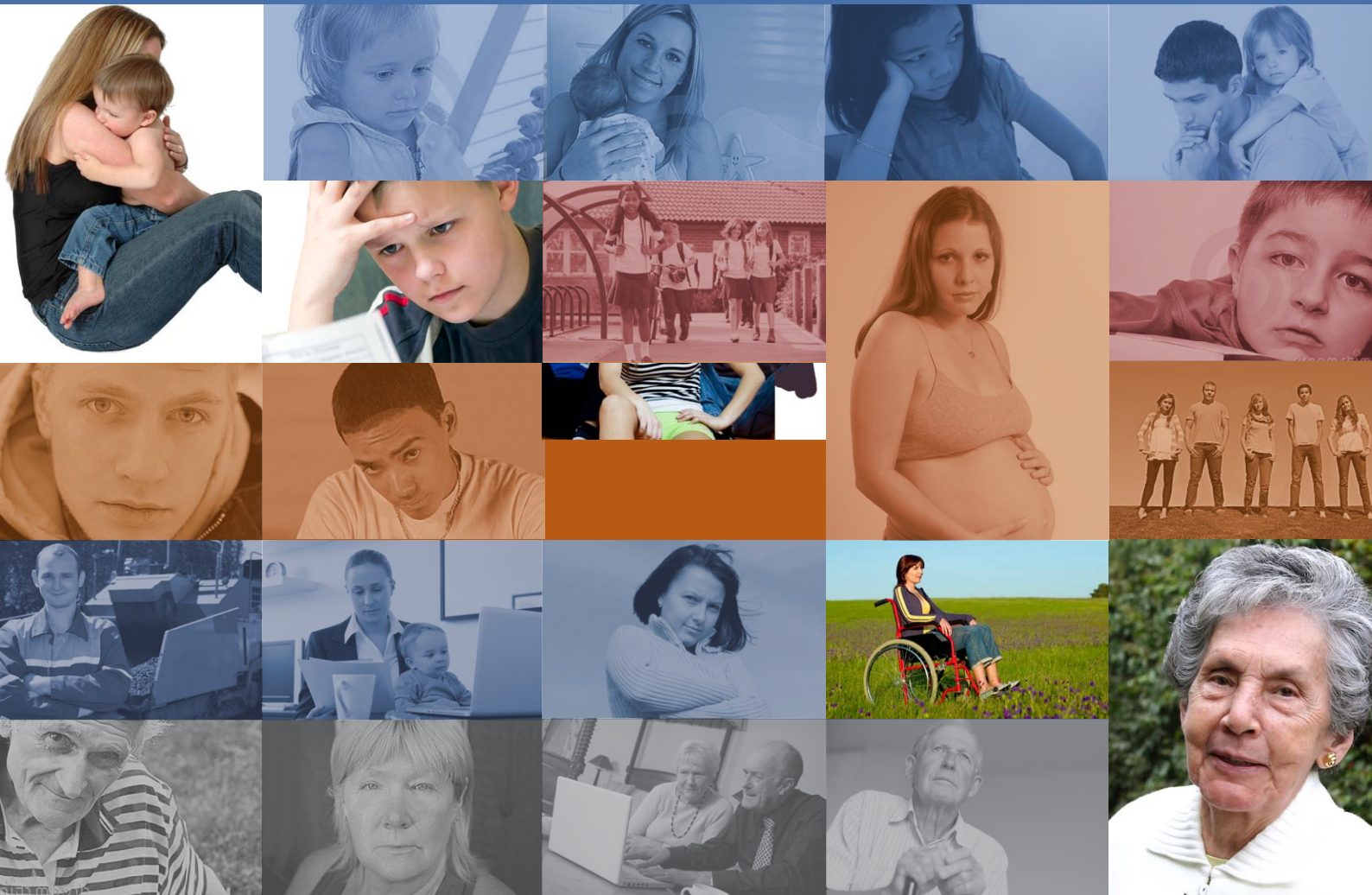


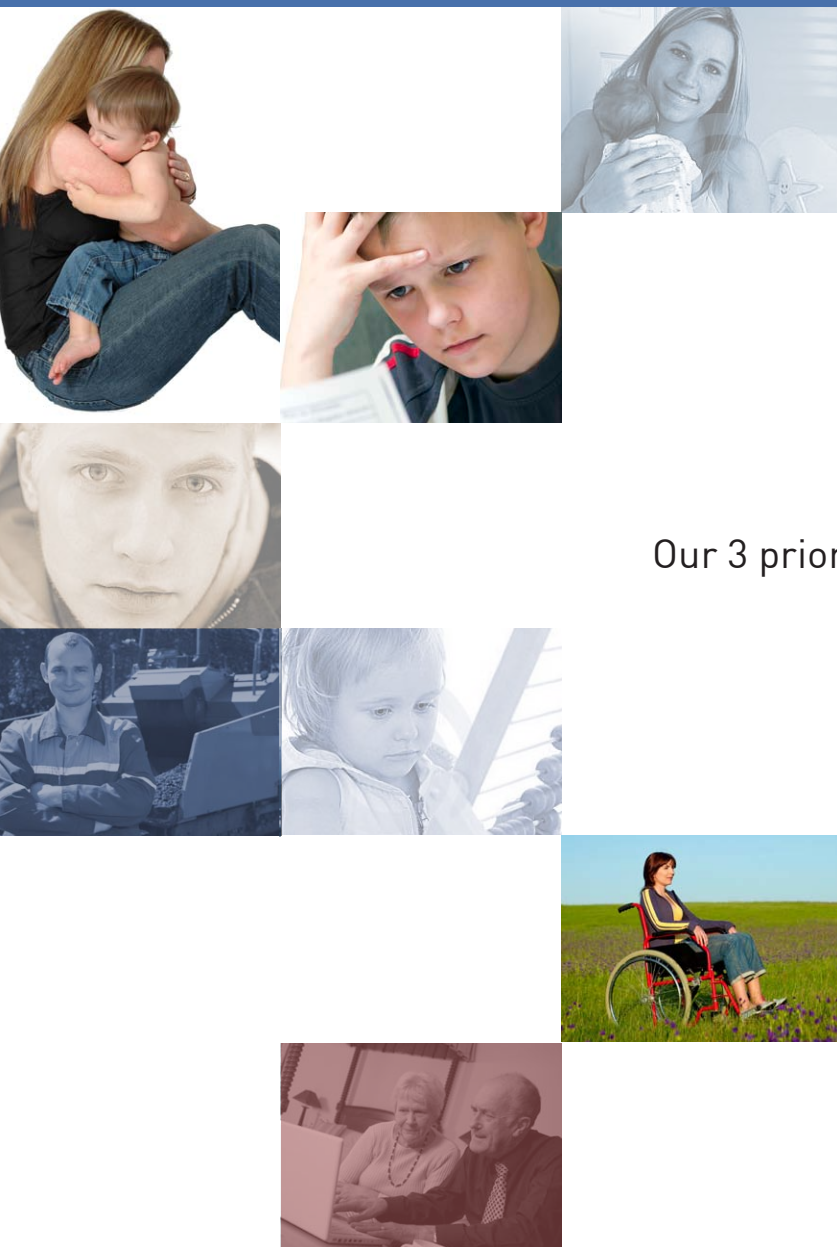
# life stages

support guide

## making change happen



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*Implementing the Life Stage  
programme will enable us to make a  
significant, positive change to the lives  
of individuals, families and communities  
in most need in West Lothian.*

**Graham Hope**  
Chief Executive West Lothian Council

# introduction

The Life Stages Outcome Planning Programme is a substantial, strategic programme of change led by West Lothian Council working across the Community Planning Partnership (CPP). The overall aim of the programme is to enable the CPP to plan and deliver more effective interventions to tackle social inequalities and build successful communities across West Lothian using a Life Stage approach targeting deprived geographical areas. The Programme recognises that those who are most at risk (and generate the greatest expense in terms of demands on services) often lead complex lives, and hence focuses on redesigning services around the needs of the target group using a partnership approach.

The Life Stages outcomes planning programme will enable a significant positive change to happen for those individuals, families and communities in most need in West Lothian.

Life Stages is about being clear **when** people most need our support, **why** they most need our support, **which** people have the greatest need for our support, and **what** support they most need from us.

This is a new way of working for us all and so implementing Life Stages means [makingchange happen](#).

**This support guide is an introduction to the Life Stages Programme.**

**This [makingchange happen](#) support guide will:**

- Explain what the Life Stages programme aims to do
- Increase understanding of the outcomes approach and why it is important
- Provide information on how we are starting to make change happen
- Outline what [makingchange happen](#) will mean for our organisations and roles
- Provide a reference document for taking forward changes
- Provide a support guide to participation in [makingchange happen](#) training.

# What are outcomes... and why do they matter?

[makingchange happen](#) is about achieving better outcomes for the people of West Lothian. An outcome is the impact for the citizen or community of the activities of organisations or services over a number of years. Outcomes are the **result** of what we do, or what we enable citizens and communities to do for themselves. They are not descriptions of the activities or services that we provide. Outcomes are about 'the difference made' to people.

Outcomes focus on improvements needed in the quality of life and opportunities for citizens and communities, and improvements in their social, economic and environmental conditions.

So, for example, if we want people to be safer then we should work toward a long term outcome such as "we live our lives free from crime, disorder and danger". The long term outcome reminds us of what we are trying to achieve. If we only focused our efforts on a plan, such as "we will develop a community safety strategy", or an activity, such as "investing in better street lighting", then there is a risk that we would lose sight of the outcome.

Plans and activities make important contributions to long term outcomes though. The links can be seen (and worked toward) when we identify the

short term and medium term outcomes we want for communities. Unlike long term outcomes, these intermediate outcomes can usually be measured.

So, if we want people to live their lives free from crime, disorder and danger then we should identify intermediate outcomes that will have to be achieved before the long term outcome is achieved. These intermediate outcomes should be based on the evidence we have about safety and about the specific safety challenges faced by people in West Lothian, such as "fewer people are killed in road accidents" or "more people feel safe walking after dark".

Because the intermediate outcomes are measurable they let us make plans to achieve them, they identify which organisations and services can help achieve them, and they allow us to measure whether they are being achieved in the short and medium term.

The outcomes we want for the people of West Lothian are set out in our **Single Outcome Agreement**. This is an agreement between the Scottish Government and the West Lothian Community Planning Partnership, which is led by the Council and includes NHS Lothian, Lothian and Borders Police, Lothian and Borders Fire and Rescue Service, and our voluntary sector.



# What are life stages... and why do they matter?

The outcomes approach is about being client centred – focusing on the needs of the individual or the community **in most need**, rather than what might best suit service delivery organisations. The Life Stages outcomes planning programme recognises that people want different outcomes – and therefore need different services – at different times in their lives.

Our five life stages are the early years, school age, young people in transition (from school to adult life), adults of working age, and older people. For each life stage we have identified the outcomes that everyone would want for themselves at that stage in life.



**The Early Years Life Stage** long term outcomes are that *children are ready to start nursery and school – and parents and carers are responsive to their children’s developmental needs.*

**The School Age Life Stage** long term outcome is that *everyone’s life chances are maximised (by improving their educational attainment) to become successful learners, confident individuals, responsible citizens and effective contributors.*

**The Young People in Transition Life Stage** long term outcome is that *our young people are successful learners, confident individuals, effective citizens and have a positive sustainable destination.*

**The Adults of Working Age Life Stage** long term outcome is that *every adult has the confidence, skills and ability to secure and sustain employment.*

**The Older People’s Life Stage** long term outcome is that *older people live longer, healthier, more independent and fulfilling lives within a safe and supportive community and continue to learn and develop.*

Although there are five distinct Life Stages they are not separate “silos” which partners and services can deal with in isolation. Many of the families in most need in West Lothian will feature in a number of the Life Stages- for example a child in the “School Age” life stage and the child’s mother in the “Adults of working age” life stage. There will in effect be family links across the different life stages. To achieve the outcomes set out in the Life Stages programme, partners and services will need to not only work in partnership as they currently do but work in an intergenerational way to ensure the most effective package of interventions for those families in most need.

# What is the Life Stages outcome planning programme?

Each long term outcome for each Life Stage is underpinned by a number of measurable intermediate outcomes, based on the best available local evidence. The Life Stages outcome planning uses 'logic modelling' to identify the steps that need to be taken to ensure someone gets a better outcome. We do this by working **back** from the outcome that people need, not forward from the services that we currently provide. This working back is a key part of [makingchange happen](#).

For example, if children and young people are going to achieve their long term School Age Life Stage outcome they will all need to be **healthy**. If they are **all** going to be healthy then there has to be an intermediate outcome, that the gap between the most and least healthy is reduced, and we have said that this should happen within 4 or 5 years.

If the gap between the most and least healthy children and young people is going to be reduced, then they will have to have healthy diets and lifestyles and regular physical activity. So we have set a number of outcomes for that to start to happen within 3 or 4 years.

If children and young people are going to make healthy food choices, be active and know how to keep themselves healthy, then we have to make sure first that they are **able** to do that. So we have set ourselves outcomes that within 1 or 2 years they will be aware of a healthy diet and lifestyle and will have opportunities for regular physical activity.

Obviously a child's health will also be affected by other factors, including their home and neighbourhood circumstances. These other factors will in turn affect the other intermediate outcomes we want for the child, such as having a safe life. So as well as supporting children, we have to support their parents and families so that they too can help their children achieve better outcomes in life.

You can see how all these factors fit together – and the intermediate outcomes that will have to be achieved – in the [Life Stages Outcomes chart](#).

## Our 3 priorities and why they are important

**Life Stages will drive service redesign in West Lothian, through these three priorities:**

- Targeting services to reduce inequalities.
- Shifting resources upstream to deliver preventative services.
- Ensuring that we obtain the maximum impact for our expenditure.

By implementing these priorities we will ensure that that we deliver the best service interventions at the right time to those people in most need and, crucially, we use the resources we have to their maximum effect.

# Our target groups

People sometimes need extra help at key points in their lives, and it's important that we get the right help to them at the right time. The Community Planning partners have shared their knowledge and experience of working with communities across West Lothian and have identified the target groups who are most in need of support to achieve better outcomes and avoid worsening inequalities. We have been working together to improve our support for the people in these target groups in 5 pilot areas for the 5 Life Stages, and these are:

## ■ Early Years

Children aged 0-5 living in families misusing drugs or alcohol - in Armadale and Blackridge.

## ■ School Age

Children and young people at risk of failing to achieve their potential owing to serious adverse circumstances (including low income, dysfunctional families, and poor housing) - in Broxburn, Uphall and Winchburgh.

## ■ Young People in Transition

Teenage mothers, children who have opted out of school, school leavers at risk of unemployment and 20-25 year olds in the criminal justice system without employment - in North Livingston.

## ■ Working Age

Adults aged 25-40 on health related benefits and women wanting to return to the job market - in Fauldhouse and the Breich Valley.

## ■ Older People

People most at risk of poor health outcomes and low quality of life - in Bathgate.

The learning we have gained from these 5 pilots will help shape how we now roll the Life Stages programme out across West Lothian through [makingchange happen](#).

**Although piloted in these areas, the Life Stages programme is being implemented and applies across the whole of West Lothian.**

Target population	Early years		Long term outcome
	Children under 5 (in particular 0-3) identified as living in households where parents are misusing substances	Parents/carers are responsive to their children's developmental needs. Children are ready to start school.	
	School age		
	Children and young people at risk of failing to achieve their potential owing to serious adverse circumstances.	Everyone's life chances are maximised (by improving their educational attainment) to become successful learners, confident individuals, responsible citizens and effective contributors	
	Young people in transition		
	Young people between the ages of 14 to 25 in need of additional support to achieve positive transitions	Our young people are successful learners, confident individuals, effective contributors and responsible citizens and have a positive destination.	
	Adults of working age		
	Adults over the age of 25 on a health related benefit. Women returning to the job market	Every adult has the skills and ability to secure and sustain employment	
Older people			
Older people experiencing life changing transitions who are at risk of poor physical and emotional health outcomes and who lack motivation to maintain their health	Older people live longer, healthier, more independent and fulfilling lives within a supportive community and continue to learn and develop		

# Our preventative approach

The outcomes approach emphasises the importance of early intervention and prevention, tackling problems early or before they appear, in order to avoid deeper and more complex problems developing later. This requires a longer-term focus, based on tackling root causes rather than simply dealing with symptoms.

Research shows that the work that is undertaken with very small children, aged 0-3, will have a major impact on the rest of their lives. Educationalists will tell you that they can predict the long term outcomes for children when they begin Primary School, and in some instances Nursery.

If we can predict at this early age, which of these children are 'born to fail', then we can start to deliver services to that child, and its family, that will make their long term outcomes more positive. Prevention is better than cure, and in the long run this is more cost effective, as well as better for the health and wellbeing of the individuals involved.

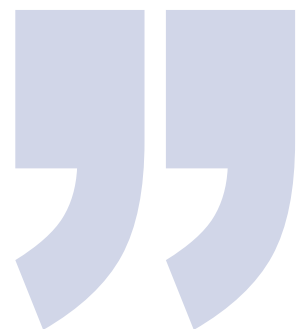
So we are focusing our work on the first three Life Stages – on children, young people and their families - because we know that if we can improve the effectiveness of services for these groups then we can start to address the cycles of behaviour, poverty and deprivation that drain our society and devastate lives.

The Scottish Government increasingly understands the need for early intervention and for prevention. The recent Finance Committee report on Preventative Spending makes clear the Committee's strong support for the concept of preventative spending and its intention to maintain its scrutiny of this area over the longer term. The Finance Committee report can be accessed [here](#).



*all the problems in this society are **adult** problems and the **solution** is with children.*

Prof. Colwyn Trevarthen,  
Professor of Child Psychology & Psychobiology  
at the University of Edinburgh





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## Maximising our impact

The need to obtain maximum impact from our expenditure is greater now than ever. With significant reductions in budgets across all our Community Planning partners we will need to 'deliver more with less'. Focusing on target groups and on preventative spending will be a key part of that.

Through the Life Stages approach the Community Planning partners in West Lothian will respond to the budget reductions by using logic modelling and accurate targeting to provide services for highest impact. At the same time, the universal services that we provide to everyone must continue to improve and deliver better outcomes in order to minimise the need for more intensive targeted support.

## Measuring our impact

Our 3 priorities - targeting services to reduce inequalities, shifting resources upstream to deliver preventative services, and ensuring that we obtain the maximum impact for our expenditure - all mean that we must be able to measure current conditions and the impact of what we are doing.

Key to delivering on our Life Stages programme is the need to collect appropriate information that will give us baseline detail on the life circumstances and choices of our most vulnerable people. Then we need to be able to share that information amongst partners involved in ensuring that services are working together to prevent problems from occurring and achieve effective outcomes. And then we should be able to measure the impacts we have made.

Measuring our impacts means that we need indicators and targets which will tell us how we are doing.

An indicator is a measure of current conditions or of an organisation's performance. It shows what we are trying to change. For example, one of our key indicators for the Young People in Transition Life

Stage outcome is the percentage of school leavers who had found a positive destination (in education, employment or training) each October and who were still there in the following March. In 2007-08 that was 67.8%.

Indicators on their own don't drive improvement for us - they simply measure conditions or performance. So we set targets, to challenge ourselves to perform better and to make improvements. A target is a commitment to the achievement of a better quality or level of outcome or intermediate outcome over a specified period. So our target for school leavers still being in positive destinations in the following March is 70% by the end of 2010-11. Both this indicator and target are flagged up in our Single Outcome Agreement as key measures of the impact we intend to make.

The Life Stages approach allows us to be clear what needs to be done, and by which service or organisation, so that setting targets is both easier and more likely to result in the improvements we want in people's lives.

# How our strategies and services affect people's outcomes

The outcomes approach is about services and partners being joined-up - rather than individual organisations and teams working in isolation. This often means streamlining service delivery around the needs of communities or individuals and improving the co-ordination and integration of public services in order to achieve shared outcomes. This joining-up is needed because no single service or activity can achieve a better long term outcome for people.



*Good client outcomes depend upon agencies collaborating effectively and sharing information when they need to. Too often at the moment, agencies deliver fragments of what the client sees as one service and too often, as a result, clients are bombarded with services which are anything but joined up.*

*There are examples of disadvantaged households receiving 'support' often very similar in nature from 6 or 7 agencies who are working in isolation with staff unaware that colleagues from another agency are working with the same family and failing to exchange knowledge and data effectively. This is often not a problem of resources but of effective coordination...*

**Sir Michael Richard,**  
**Executive Director, Institute for Government.**



In West Lothian we already have examples of better joining-up to achieve better outcomes for people. We have achieved a real reduction in the numbers of young people who move into negative destinations when they leave school. Over the last 5 years West Lothian has consistently been in the top 5 local authority areas in Scotland with the highest proportion of young people who leave school without a positive destination. In 2008/09 this was 18% of our school leavers. Despite resources being targeted at this group, and new approaches being adopted to target work with individuals, we were making little impact on these numbers.

Early indications show us that our new approach - to ultimately move these individuals from being consumers of a wide range of services and resources - is having a significant effect. Through more focused and co-ordinated multi-agency provisions we are trying to ensure that they can become confident individuals with the capacity and opportunity to lead fulfilling lives and contribute to their communities. Recent figures confirm that the percentage of young people going into a negative destination on leaving school is now down to 15.6%.

This is because we have put our learning into action and now have 16+ Learning Choices Co-ordinators in every school including our special schools.

They have responsibility for identifying, tracking and monitoring all young people in transition from school. Skills Development Scotland careers advisers and More Choices More Chances key workers work with the co-ordinators to provide additional support at transition. Additional provision has also been created, with the Council providing a quality vocational experience of up to 26 weeks. Placements include working in parks and countryside, working with children in wraparound facilities and catering. Young people then have the skills and experience to compete in a demanding job market.

This turnaround gives us the confidence that prioritising our most vulnerable people and putting in place appropriate services can have long term and lasting results.

There are a number of examples of how the Life Stages programme is changing how we improve outcomes for individuals and families. Some case studies are linked below.

- **School Age case study - Ann**
- **School Age case study - David**
- **Housing impact case study.**

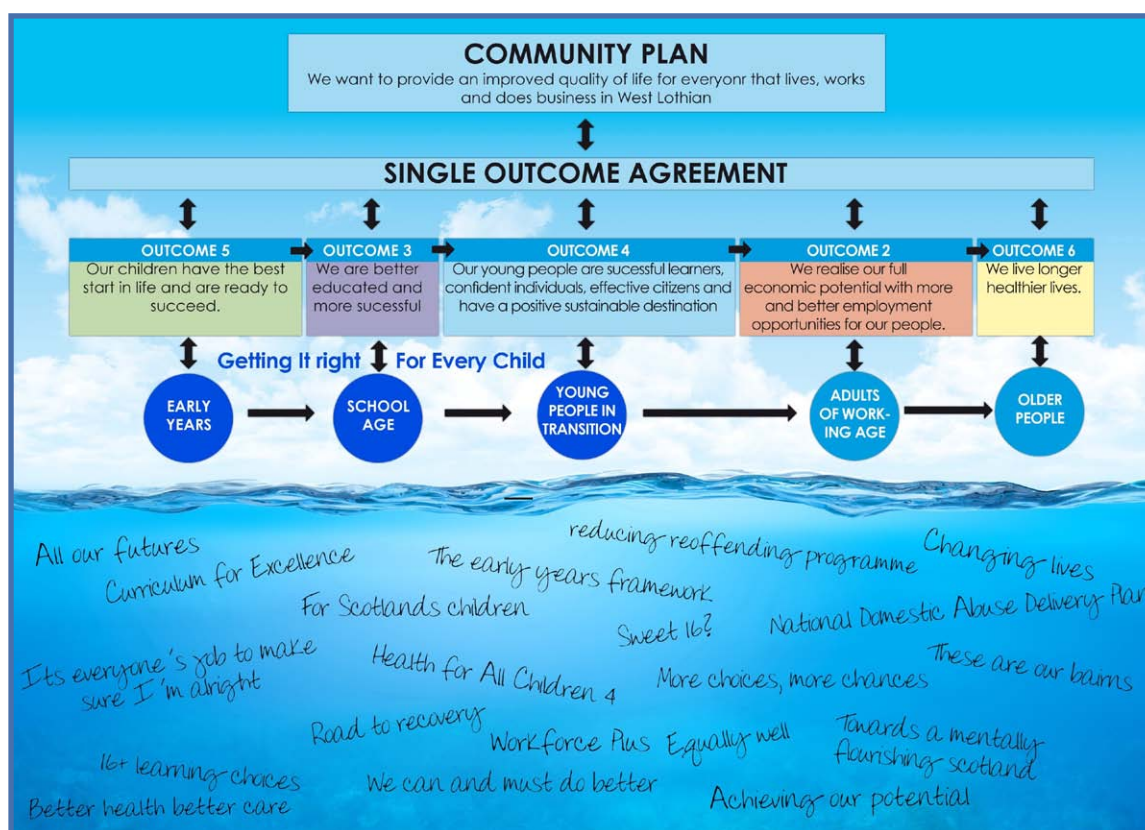
# What does this mean for us?

All our services, and the strategies and plans which guide them, have to work together to help achieve better outcomes for people. And in the same way that each long term outcome is supported by a number of strategies, so does each strategy support a number of outcomes.

The Life Stages outcomes are a major part of our Single Outcome Agreement, ensuring that the West Lothian Community Planning Partnership is prioritising prevention and targeting services for

maximum impact to the entire community of West Lothian.

This diagram shows how it fits together. Our Community Plan sets out our vision for West Lothian. Our Single Outcome Agreement sets out the outcomes we want for West Lothian. Our Life Stages programme identifies the outcomes that people should have at each life stage. And all this is supported by the strategies and plans which lie 'below the waterline' of the Single Outcome Agreement.



When we successfully implement Life Stages we will have achieved a clear line of sight between our SOA and your team and service plans via these below the waterline strategies that we are all working very hard for. The GIRFEC (Getting it Right For Every Child) approach will be the implementation mechanism for the first three Life Stages. Capturing the key elements of that 'line of sight' to ensure better outcomes will

give us real focus on the target populations that are most in need and will make life better for our most vulnerable and marginalised groups across West Lothian.

The learning we have gained from the 5 pilots will influence how each of the Community Planning partners now **makes change happen**.

# What does this mean for me?

**makingchangehappen** is about changing the ways we work. This is especially challenging when there is less money available. But at the same time it is these budget challenges which are forcing our organisations to think hard about what really matters. Our experience in developing the Life Stages programme already puts us in a good position to **make change happen**. We know what outcomes the people of West Lothian need. We know which target groups most need support from our organisations and services. We have our experience of working in the 5 pilot areas and we are clearer about how best to provide support for people. And our Community Planning partners are committed to Life Stages and to **makingchangehappen**.

**makingchangehappen** will need confident, capable and inspirational leaders who can:

- Challenge current practice and thinking, by asking "Why do we do it this way?"
- Think out of the box and take intelligent risks e.g. "if I could change one thing it would be..."
- Be truly outcomes-focused on what will really make a difference to service users' lives.

**makingchangehappen** will mean everyone thinking about how their work can contribute to each of the Life Stages outcomes. The next stage of **makingchangehappen** will be a series of training seminars which will give team leaders more information and an understanding of how **makingchangehappen** will be implemented in their organisations and services.

There are a number of examples of how the Life Stages programme is changing how we have changed our services to achieve improved outcomes.

- **Young People case study - Substance use**
- **Adult case study - Door knocking**
- **Housing and Building Services**
- **Older People case study - Capacity building**
- **Older people case study - Food train.**







# School Age Life Stage Case Study

## Case Study GIRFEC Good Practice

### Related Outcome

Children/young people who present challenging behaviour are identified early and supported positively: particularly during transitions; children/young people are given opportunities to participate positively in their community.

### Progress Update

David resides with his maternal grandmother on a Supervision Order, due to his challenging behaviour in the home and refusal to stay with his mother. Whilst residing with his mother, David and his 3 siblings had been the subject of child protection assessments due to parental neglect and allegations of physical harm. A Family Support Worker was allocated to work with the family and this continued for a period of 3 years. David's mother has been involved in a number of parenting support groups, and has shown her ability to contribute effectively to these groups.

Since starting Primary School, David has demonstrated challenging behaviour and required additional support within school. His behaviour has resulted in him being excluded from school on a number of occasions despite additional support from his Head Teacher and other school staff. David was referred by his Head Teacher to the Cluster Resource Group and additional support strategies were put in place including support from an Outreach LAC Teacher. David was seen to be able to manage within the classroom and was described as a very able pupil, however his behaviour with his peers and within the playground continued to be challenging. Following a number of exclusions for his disruptive behaviour, a hosting was arranged for a 6 week period at an alternative primary school. Unfortunately following a very positive 3 weeks, this placement broke down and David is due to re-attend his original primary school. He continues to receive support from his LAC Teacher and the supports available in school.

David's behaviour continued to be challenging in his grandmother's care. He can be verbally aggressive and work is currently being undertaken by the Family Support Worker and Social Worker in relation to supporting both David and his grandmother to engage with parenting strategies to promote their relationship. David's grandmother has acknowledged that she struggles to put in place firm guidelines and boundaries for David, and is working with professionals in relation to this. His behaviour in the local community had been of considerable concern and he was made subject to an Anti-Social Behaviour contract. This is monitored by the Safer Neighbourhoods Team who see him on a weekly basis and help him to understand the risks of his behaviour both to himself and others in the community. David also currently attends a "Having Your Say" group to allow him to express his views in a safe environment. He has also been involved with the Youth Action Project in activities over the summer holiday period.



## School Age Life Stage Case Study

There continues to be ongoing concerns with regards to David's mother's parenting ability and David's siblings are currently allocated to Social Work. Social Work has spoken with David frequently regarding his views for his future and he has stated that he wants to reside on a long term basis with his grandmother. David's views have been taken in account when making plans for his future, in addition to the evidence from his behaviour since he has been residing with his grandmother. It has been agreed by all professionals and family members that David will continue to reside with his grandmother on a long term basis and there is no longer a rehabilitation plan for him to return to his mother's care.

Regular care plan meetings are held by Social Work, Education, Family Support Services and the family to review David's progress and to ensure that the services are best meeting the needs of David.

### Related Impact on Individuals / Communities

- David's views have been taken into account when making plans for his future.
- David now resides where he wishes to be.
- Regular care plan meetings ensure that services are best meeting David's needs.
- David's behaviour within the local community has significantly improved following the monitoring of the Safer Neighbourhoods Team, and he has not breached his Anti-Social Behaviour contract.
- David is able to express his views in a safe forum.

### Partners / Agencies involved

LAC Outreach teacher, Social Work, Education, Family Support Services, Safer Neighbourhoods Team, Youth Action Project.



# School Age Life Stage Case Study

## Case Study

Multi Agency Support: Ann

## Related Outcome

Children/young people and their families receive appropriate multi agency support; Children/young people who present challenging behaviour are identified early and supported positively.

## Progress Update

Ann is 16 and resides in a privately let four bedroom house in Bathgate with her mother, two brothers and nephew. Her father was convicted for a schedule one offence in 1998 and so lives elsewhere and does not have unsupervised contact with the children.

Following a successful transition into Secondary, with Level E achievements in reading, writing and mathematics, she coped well in First Year. By Term Two of Second Year, teaching staff alerted her Head of House with concerns about her attention seeking behaviour and reluctance to work in classes except music and art. Her attendance also deteriorated significantly, although her mother always informed the school it was for medical reasons. At a meeting held in the school attended by Ann and Mum, her mother shared her concerns about her behaviour at home and in the community. This coincided with contact from Youth Justice regarding incidents of Breach of the Peace, under the influence of alcohol and failure to return home.

A Children's Hearing was called and Ann was placed on a Compulsory Supervision Order, residing at home. Following an Integrated Assessment Meeting, where a Social Policy colleague became the Lead Professional and Ann's Head of House her Named Person, concerns, desired interventions and appropriate support agencies were identified.

Ann had support from the LAC Nurse working with the school mental health worker around issues of alcohol abuse, the LAC Outreach Teacher within her school setting and a project worker from Barnardo's Health and Psychiatry. The school's Educational Psychologist was used in a consultancy role. Mum and Ann were actively involved in the initial meeting and all subsequent reviews.

Although she engaged well with all support agencies, her school attendance continued to drop further and her behaviour within mainstream classes became increasingly more challenging. Peer relationships in school also deteriorated further at this time. Following a further Integrated Assessment Review, a referral was made by the lead Professional to the Senior Officer Review Group. The outcome was an offer of a block of music therapy and a place in an alternative educational provision within a Community Centre.



# School Age Life Stage Case Study

## Related Impact on Individuals / Communities

- Ann has progressed from receiving a universal service to planned and intensive multi agency interventions.
- Despite periods of volatility and emotional difficulty, Ann and her family have been involved and engaged in the full process. In particular, Ann has been able to contribute well and realistically in meetings and Ann and her family have embraced the supports that have been agreed at these meetings.
- Ann has excellent attendance and engagement across the range of additional supports that have been put in place, has remained focused on academic achievement and is on course to be presented with five Standard Grades (English, Maths, Modern Studies, Science and History).
- Ann is enthusiastic about her impending programme of work with RUTs and continues her interest in music and art.
- The most recent Review agreed that the LAC Outreach teacher and school mental health worker would plan a phased withdrawal.
- Ann has also maintained a close relationship with her mother, despite her volatile behaviour at times. She is much more open and able to talk about her feelings and turn to her mother for help during times of stress.
- Despite challenges, Ann has sustained positive relationships, has remained on board with the professionals supporting her and has sustained her schooling.
- We are optimistic that Ann will go on to achieve as she deserves to do so.

## Partners / Agencies involved

Barnardos, LAC Nurse, school mental health worker, schools' Educational Psychologist, Social Worker, Youth Justice worker, LAC Outreach teacher, alternative educational provision.



# Young People Life Stage Case Study

## Case Study

Screening for domestic abuse and substance use problems

### Related Outcome

More young people are screened for domestic abuse and substance misuse problems.

### Progress Update

All Social Enquiry Reports are now routinely screened for domestic abuse and substance misuse. Data is collected to help identify where early intervention is possible.

C-location with Criminal Justice Social Work Service, Youth Justice and Domestic Services will ensure that West Lothian Council response to domestic abuse can become more preventative and responsive.

Substance use have been identified as an issue for the Community Safety Partnership and a joined up response to drug and alcohol related offending is planned for the Integrated reducing Reoffending Plan 2011-14.

### Related Impact on Individuals / Communities

- Domestic abuse and substance misuse problems can be identified and action can be taken.
- Fewer young people experience substance misuse related harm.
- Fewer young people are exposed to violence and abuse.

### Partners / Agencies involved

Criminal Justice Social Work Service, Youth Justice, Domestic Services.





# Adults Life Stage Case Study

## Case Study

### Door Knocking Campaign

## Related Outcome

More adults have the skills and information they need to maximise their income.

## Progress Update

To tackle the entrenched employability issues in the locality a partnership group comprising of key employability and financial inclusion services decided to embark on a series of door knocking campaigns. The campaign aimed to offer targeted employability advice and support to residents in Fauldhouse and the Breich Valley. Building on the experience of previous campaigns, it was agreed that door knocking would take place in an area repeatedly over a series of months. This enabled services to build up a profile in the community and ensured that targeted localised support is offered to residents. Additionally, static stalls would be set up to provide employability advice and support to the whole village, whilst simultaneously targeting identified streets and areas. The project began in October 2008.

Through the development of the adults of working age life stage model and the experiences / lessons learnt from the first six months of the project a need for additional follow up work was identified. Agencies increasingly found that individuals were presenting with multiple issues that they were struggling to deal with. Often they were finding it challenging to manage all their issues and relevant agencies supporting them.

The role of the key workers is to help identify and support the client to case manage their individuals' issues and resolutions. Additionally, the key workers are also responsible for engaging with residents not engaged with by the various campaigns. They assist in identifying individual needs and referring to relevant agencies, where appropriate, for action. If required they support agencies to engage with residents that have been identified as requiring support. Since the key worker element of the project has been introduced to the Knock Knock project in July 2009, 243 referrals to partner organisations have been made including 97 to the Advice Shop, 73 to Access 2 Employment, 28 to Skills Development Scotland and 16 to Business Gateway.



# Adults Life Stage Case Study

## Related Impact on Individuals / Communities

- There have been 93 results from the above referrals and a number of clients continue to work with the key workers and partner agencies to address some of their individual challenges.
- Clients are able to manage their individual issues and resolutions, as well as the relevant agencies supporting them.
- Residents not previously engaged with such employability campaigns have the opportunity to become involved and get referred to relevant agencies.

## Partners / Agencies involved

Advice Shop, Access 2 Employment, Skills Development Scotland, Business Gateway, Employability and Financial Inclusion services.



# Older People Life Stage Case Study

## Case Study Food Train

### Related Outcome

Older People not in receipt of care are better able to look after themselves.

### Progress Update

The Food Train was officially launched in West Lothian on the 21st of June 2010, and commenced operating from an office in Bathgate during September of this year.

After only three months since it first opened its office the Food Train has already recruited and inducted 43 volunteers who are now providing a shopping service to 55 older people living in West Lothian who due to illness, frailty or disability are unable to shop for themselves.

The recruitment of volunteers will continue and linked with it will be the capacity of the Food Train to further expand in terms of the volume of older people who can benefit from this provision. In addition it is also anticipated that in the future the related network of volunteers may also undertake low level household tasks.

### Related Impact on Individuals / Communities

- Older people are able to access a choice of healthy affordable food produce regardless of where they live in West Lothian.
- Older peoples are supported to remain living within their own home for as long as possible.
- By having regular visits from local volunteer supporting the Food Train the risk of loneliness and social isolation experienced by older people is much reduced.
- Volunteering is known to bring about health benefits for those concerned.
- Food Train promotes community capacity building.

### Partners / Agencies involved

West Lothian CHCP, Food Train, Volunteer Gateway, local Food Outlets, Food Cooperatives.



# Older People Life Stage Case Study

## Case Study

### Capacity Building Project

## Related Outcome

Older People increase their confidence to make effective choices and plan their care.

## Progress Update

This small scale project ran over a six month period, its purpose being to trial an approach which would enable day care users with low levels of need to be successfully reintegrated within their own community.

The Project itself had three distinct stages.

**Stage one** included creating a community integration tool which could capture information on an individuals interests and personal outcome goals, so these could be cross referenced with opportunities available within the local community. Simultaneously a community profiling exercise was completed as was an assessment of a number of individuals in receipt of day care to identify those with low levels of need.

**Stage Two** which was completed saw the profiling of a number of day care users with opportunities available within their local communities.

**Stage Three** was the final stage and brought the project to a successful conclusion. During this end stage the work which had been undertaken previously in stage one and two was tried and tested and found to be fit for purpose. As a consequence two individuals who had participated in the project through to the end stage were successfully supported enabling them to be reintegrated within the community, thus resulting in a reduced reliance on day care.

## Related Impact on Individuals / Communities

- Older people with low levels of need are supported to building up their confidence, exercising choice and access appropriate opportunities within their local community based on the specific outcome goals they are seeking.
- The individual's independence is maximised as is their associated quality of life.
- Older people contribute to and remain engaged with their local community.
- The local community benefits from all generations remaining actively engaged and contributing citizens.

## Partners / Agencies involved

West Lothian CHCP, Braid House Day Care Centre.



# Housing and Building Services Life Stage Case Study

## Case Study

### Housing and Building Services

## Related Outcome

Children and their families engage with services as a preventative approach to tackling disadvantage and abuse; Children/parents & carers/young people receive appropriate and timely health & wellbeing interventions; Children/young people and their families receive appropriate multi agency support.

## Progress Update

Being securely housed is fundamental to wellbeing and to enabling positive outcomes. Housing professionals understand that they have a lot they can bring to the outcomes-focused, preventative agenda of Life Stages. Housing officers are front line staff who visit people in their houses and so are in a position to identify the early signs of vulnerable families in need of support. They understand where it would be valuable to join up with other services when they identify possible future issues within a household.

Housing already have some positive examples of preventative, outcomes-focused thinking and have displayed the use of better joined up working. To take forward the good work that has already begun further discussions need to be held with other services around how to ensure that housing professionals are included in preventative discussion and how they can use the early insights they have on a joined up basis.

## Related Impact on Individuals / Communities

- Individuals will receive a holistic package of support.
- Individuals will be more comfortable with the support they receive, as opposed to having to deal with numerous agencies, each unaware of what support the other is providing.
- Early intervention can enhance the wellbeing of vulnerable families.
- Individuals who are not receiving the support they require can be identified and referred to appropriate services.

## Partners / Agencies involved

Housing professionals and any other relevant services that work with vulnerable families.





# Housing and Building Services

## Life Stage Case Study

### Case Study

Housing (impact on individuals)

### Related Outcome

Children and their families engage with services as a preventative approach to tackling disadvantage and abuse; Children/parents & carers/young people receive appropriate and timely health & wellbeing interventions; Children/young people and their families receive appropriate multi agency support.

### Progress Update

Housing has already shown some positive examples of preventative, outcomes-focused thinking and has displayed the use of better joined up working.

1. There was a case involving a family comprising mother, son (15 years) and daughter in a two bedroom flat (brother and sister shared one room). The brother was subjected to cyber bullying at school. The Headmaster became aware of the situation and took it to a joint multi tasking meeting at the time. The Mother also contacted housing. Joined up working between Education and Housing resulted in the school providing evidence to allow housing to prioritise the family (outwith normal allocation policy) for larger accommodation.
2. Councillor's enquiry to Housing regarding concerns relating to a couple in Linlithgow thought to be subject to abuse from another family from Livingston. The couple had poor social skills and medical issues. The Livingston family had moved in, taking over the vulnerable tenants home via behaviours and extreme hoarding of furniture. Housing contacted social work, mental health team. The two services worked together to assist the vulnerable couple to remove all excess furniture, provided support to the couple with gate keeping and ensured they were not at risk from families return, or others.

### Related Impact on Individuals / Communities

1.
  - A larger property was identified allowing family to remain in same area to support son's education at crucial exam time
  - School could deal with the Cyber bullying
  - Less stress on son to concentrate on his education
  - Increased quality of life for all in family

Hopefully, as the situation was dealt with promptly, swiftly and jointly, there was far less impact on mother and son and no need for any longer term involvement with Council services.



# Housing and Building Services

## Life Stage Case Study

2.
  - Couple re-established comfort and control in their own home
  - Free from fear
  - Support in place to assist with any tenancy related issue
  - House cleared of clutter and unwanted furniture creating space and reducing fire hazard
  - Livingston Area Housing Office aware of family and their own tenancy

The Livingston family also identified and moved on to another vulnerable single young male in Linlithgow. Housing Officer immediately identified issues, managed case via support and assistance before the problem became too extreme. Assisted tenant to clear bedroom of hoarded unwanted furniture and supported gate keeping.

Unfortunately while there have been 2 very successful outcomes with these cases the problem still presents in how do we manage and prevent the Livingston family targeting and exploiting further vulnerable tenants. Although this case is not fully resolved work is ongoing between internal and external services in a joint approach.

### Partners / Agencies involved

Housing, Education, Social Work Mental Health Team.

# Responsibility for the Life Stages Programme

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The Life Stages Programme is lead and directed by the Community Planning Partnership Board. The Board is made up of senior representatives from a range of Community Planning Partners and elected members from across West Lothian and is chaired by the Leader of West Lothian Council. Responsibility for delivering on the first three Life Stages lies with the Children and Families management group which has responsibility for implementing GIRFEC.

## Where you can get more information:

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