

report

For Scotland's

# children



SCOTTISH EXECUTIVE

Working together for Scotland's children

**report**

For Scotland's

# children

Better integrated children's services

# foreword



Our children are our future. That is why we have committed ourselves to creating a Scotland in which *every child matters*, where every child, regardless of their family background, has the best possible start in life.

Much has already been done over the past few years to develop the services we offer our children. We believe, however, that more can and must be done. Particularly for the most disadvantaged children it is essential for all agencies to work together to achieve the best outcomes. That is a task for everyone in universal services such as health and education: it is not only about social work services.

That is why we drew together an Action Team of experts from local government, the NHS and the voluntary sector to look at how better to integrate children's services. Their Action Plan contains a range of ways in which local authorities, the NHS and the voluntary sector can work together to create a single children's services system, backed up by a number of good practice examples. We look to the statutory and voluntary sectors to use this as a focus for developing better integrated children's services.

Equally these agencies will look to us to practise what we preach. The Action Team has also produced a range of recommendations for Scottish Ministers. We are establishing a Ministerial Working Group to drive forward work to achieve more effective and integrated services for children. Its first task will be to consider the findings and recommendations in this report, especially for those that require action from the Scottish Executive. We are also issuing guidance on the production of integrated children's services plans and on the implementation of the Changing Children's Services Fund, which will provide the resources to act as a catalyst for change.

Delivering high quality services to all children in need is key to combating child poverty in Scotland, and to ensuring all children have the necessary support to widen their opportunities for the future. Services must be driven by the needs of children and above all, we all need to listen to children and their families as we take forward this challenging agenda.



**Jack McConnell, MSP**  
Minister for Education,  
Europe and External Affairs



**Susan Deacon, MSP**  
Minister for Health  
and Community Care



**Jackie Baillie, MSP**  
Minister for Social Justice



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# 1

chapter

children in Scotland –

# a snapshot

## **A Scotland in which Every Child Matters**

The Government is committed to 'A Scotland in which every child matters, where every child regardless of their family background, has the best possible start in life.'



The starting point for such a commitment has to be the reality of children's lives here in Scotland. And if we look at what we know we see that:

- There are approximately 1 million children under the age of 16 living in Scotland and a further 326,000 16 to 21-year-olds.
- The birth rate in Scotland is falling with around 55,000 live births in any one year. The number of births to unmarried parents continues to rise, with around 40% of all births in such families.
- Scotland has some of the highest rates of relative child poverty in the developed world. One third of Scotland's households are in or on the margins of poverty. One in five children is entitled to free school meals, a benefit only available to those children whose carers receive Income Support or Income Based Job Seekers Allowance. 1 in every 10 babies born to families living in poverty has low birth weight; these babies are up to 12 times more likely to die in their first year of life. 52 of the 90 most deprived postcode areas in Scotland are in Glasgow.
- In Scotland 80 children under the age of 16 become homeless every day. In any one year approximately 11,500 young people aged 16 to 24 years old apply to their local authority for housing support as homeless – 1 in 4 of all homeless applications. There are currently 4,000 households in Scotland living in temporary accommodation and around 360,000 children in Scotland living in accommodation affected by dampness or condensation.
- In any one year approximately 8,000 children under the age of 16 live in families where parents are divorcing. Figures for relationship breakdown amongst the 1 in 5 adults who cohabit, but remain unmarried, are not available and so it is likely that many more children also live through family dislocation every year. 1 in 4 marriages in Scotland is now a re-marriage and 1 in 8 children will grow up in a stepfamily. There are 162,000 one-parent families in Scotland which together contain more than 280,000 children. 1 in 5 households are headed by a lone parent and 93% of the lone parents are women.
- Almost 40,000 exclusions are made in Scotland's schools every year. More boys than girls are excluded.
- Fatal child pedestrian accident rates for 10 to 14 year olds in Scotland are amongst the highest in Europe. The poorest children are four times more likely to be killed in a road accident than the wealthiest. At home the poorest children are 9 times more likely to die in a fire.

- Little is known about children's experiences as victims of crime although in 1 year ChildLine reports 2,600 calls from children reporting experiences of violence including being hit, punched, bitten and hit with implements such as belts and electric cables. 1 in 4 primary school pupils and 1 in 10 secondary pupils report having been victimised by bullies. Research conducted by ChildLine reports that Black/minority ethnic children "...endure unrelentingly openly racist harassment and bullying on a daily basis."
- Around 100,000 children in Scotland live with domestic violence.
- The numbers of children reporting abuse is increasing. Approximately 6000 children are referred annually to social work departments in relation to child protection issues. In cases where a category of abuse is recorded around 70% of suspected perpetrators are either birth parents or parent substitutes. At March 1999 2,361 Scottish children were on the Child Protection Register.
- In Scotland around 9000 children run away every year, within this figure 1,600 children under the age of 11 years run away for the first time. 1 in 7 children who run away will be physically or sexually assaulted while away from home.
- There is a widely shared view that children with disabilities are not receiving the care, education or training opportunities they require. For many, education outwith the mainstream and their community can lead to isolation and exclusion.
- There is a high incidence of mental health problems amongst children and young people and access to appropriate services is variable, with particular concerns for the mental health needs of looked after children.
- The rate of teenage conception in Scotland is the highest in Europe.
- Around half of all 13 to 16 year olds undertake some kind of paid work. It is estimated that around 1 in 5 of these children will have an accident at work.
- Accurate figures for the numbers of children and young people who are refugees or asylum seekers in the UK are not known. Families are registered only in terms of the 'principal applicant' or head of family. At present there are about 5,000 asylum seekers in Glasgow of up to 40 nationalities including Afghan, Iraqi, Turkish and Albanian. In August this year, there were 1103 asylum seeker children in Glasgow schools. The experience of violence and harassment experienced by families has received much attention recently.

- In terms of 16 and 17 year olds almost 1 in 4 is unemployed, with no automatic entitlement to benefits. In recent years two thirds of applications for Severe Hardship Payments have been repeat and continuous claims, indicating a core of extremely poor and vulnerable young people.
- In 1999/2000 63,857 referrals were made to the Children's Hearing System. The majority of referrals are in connection with crimes or offences committed by children. Referrals in relation to care and protection issues are on the rise. While the Children's Hearing system has the authority to retain 16 to 18 year olds who commit crimes within the system many of these young people become involved with the adult criminal justice system.
- Just over 11,000 children are looked after. Almost half are currently living at home. The greatest number of looked after children are aged 12 to 16 years. Recent reports have explored the continuing failure of many local authorities as 'corporate parents' to provide these young people with the care and education they are entitled to by law. Up to 75% of looked after children leave school with no formal qualifications. Less than 1% go to university. It is estimated that between 20% and 50% of young homeless people have been in the care of a local authority.

If every child does matter, there is much to do and both the targeted and universal services that children and their families come into contact with must address better the picture presented here.

Sources: 'All Children, All Ages' (2000) A report on implementation of the UN Convention on the Rights of the Child in Scotland published by the Scottish Alliance for Children's Rights and 'Fact File 2000: Facts and Figures about Scotland's Children' by NCH Scotland, and Appendix 3 of this Report.





# 2

chapter

# introduction/ background

Each of the 1 million children in Scotland is engaged on a journey from birth to adulthood. By its end the child should have realised his/her potential in terms of emotional and social maturity, be in good health, and have attained a level of academic achievement and other skills.

But every child in Scotland does not have the same starting point. It is suggested that fully one third of Scottish children begin in poverty, that 1 in 10 households is "multiply deprived" and 1 in 100 "seriously deprived". Of course, these circumstances are not evenly spread throughout Scotland: we refer to areas of deprivation or pockets of deprivation. We could say that the child from a background of poverty and deprivation has to emerge from a deep valley right at the start of the journey.

But a child is not on their own. The family is the principal guide to the child through the journey. Here again, there are major inequalities to take into account. The parents may have made an unsuccessful journey themselves, and not possess the maturity and skills to provide the support and guidance the child needs. The child may be a valued presence to parents who have a positive relationship within an encouraging extended family or, alternatively, may be part of an unpredictable and disorganised changing cast of uncommitted relationships with no identifiable stability. Some children, then, are placed by their family on a broad straight road, while others have to claw their way out of a steep-sided valley, sometimes with those around them pulling them back down. We, who provide services, need to be very clear that we are not organising our services in ways that push such children back into the valley from which they are attempting to emerge.

The family is not the only guide, though. For all children there are two others: the health service and education, the universal services. Some children – no one seems to know how many – start with some kind of impairment or disability and often require significant input from the NHS to help them in their journey. More than 2 in 100 have some level of learning disability, and 1 in 100 has extensive or complex needs which leads to them requiring help with ordinary daily living.

The health service is a guide not just to these children but to all children. This is clear in the early stages where developmental milestones are checked and progress noted. The precise nature of the responsibilities of different parts of the NHS – the GP, the health visitor, the community paediatrician – is sometimes less clear.

For most children, the health service is replaced by education as the main non-family guide. It is clear that the NHS and education services do not always perceive themselves as having this key role with the child, since there is no handover of responsibility for the co-ordination of services from the NHS to education as a child enters formal education services. For some, this loss of continuity is critical. For all, there is the frustration of repeating information that has already been provided: a recurring theme on the journey.

For many teachers the term “education” comprises all of the elements of the child’s task: achieving emotional and social maturity, good health and other skills, as well as academic achievement. This is also the ethos of New Community Schools and there are clearly steps being taken to win the hearts and minds, and thereby the commitment, of those staff who take a narrower view. We cannot yet claim that this holistic approach is working when 3 in 100 children are excluded from school. Again, there is not an even spread across Scotland and we can have no doubt that the clusters of exclusions are the same places as our pockets or areas of poverty and deprivation.

Some children lose their way on their journey. This may be because the child is a victim, or the child may have drawn attention to him or herself in some way. He/she may be struggling because of disability or illness (including, increasingly, psychiatric illness) or being a carer, or because the parents are unable to meet their responsibilities: increasingly commonly because they are drug-users.

They would not express it this way, but these children probably know that they have lost their way. But how do WE know and what do we DO about it? We should perhaps expect one of the two guides: health or education (the universal services) to identify such children and co-ordinate the further help they need. This does not always happen!

Instead, the child waits – sometimes escalating the problematic behaviour if that is their manifestation of “something wrong” – until there is some attention.

If it gets picked up at school there is a range of options: guidance, educational psychologist, social work, Reporter.

If in the community, another range, perhaps involving the police.

If in the family, yet another, perhaps including the GP and specialist medical services such as child and adolescent psychiatry.

The point is that the service the child ends up in is largely due to the accident of the point of entry to specialist services, rather than to any comprehensive appraisal of the optimum response to the assessed needs of the child.

How many children are we talking about? We have already noted 3 in 100 children excluded from school. More than 3 in 100 are referred to the Reporter and 1 in 100 becomes looked after by the local authority.

In Scotland today many children are losing their way. Are we properly organised to help guide them back and adequately support them on their journey?

We will describe later the long waiting lists, the unallocated cases, the disputes between agencies, the many changes of worker – even for the most disadvantaged children who have been accepted as having the greatest need. Some children start receiving the extra help of a special guide but then seem to be abandoned in the wilderness.

So is it a resource issue? Do we have sufficient guides, sufficient maps?



There are serious resource issues in some parts of our landscape of services, but since no one is able to say that we are using all resources as well as they could possibly be used within an integrated framework, we cannot conclude that there is an absolute shortfall.

The underlying principle in the work of the Action Team has been SOCIAL JUSTICE – how can we arrange children’s services to reduce inequalities? Our task is to map the routes for all our children to successfully complete their journey.

The team examined children’s services in Scotland by visiting a wide range of settings from South Uist in the North to Girvan in the South, to identify issues in current practice. Two, more extended, visits were joint exercises with the Child Health Support Group, charged with advising the health minister in relation to improving health services to children. The major element of the full range of visits conducted by the team was the emphasis on hearing the experience and views of service users i.e. children/families; and identifying examples of services working well which might be applied elsewhere. As well as visiting services, the team heard from a wide variety of organisations including the NHS (sessions with health boards, health trusts and local health care co-operatives), the Association of Directors of Social Work (ADSW), the Scottish Children’s Reporters Administration, the Association of Directors of Education in Scotland (ADES) and the voluntary sector. The team also brought together contributors from a variety of settings for more thematic discussions e.g. social inclusion, drugs, criminal justice, mental health. In addition, specific events were arranged to hear directly from young people and from organisations representing parents. The team also received written submissions which often highlighted good practice.

The Scottish Executive arranged two national seminars in relation to the work of the team, at the first of which the Minister for Education, Jack McConnell, provided the key note address. In addition to this extensive range of direct activity, the team also had access to the full range of statistics in relation to children’s services.

## Why Now?

### Previous Initiatives

The Scottish Executive has already put in place initiatives that promote a more integrated approach to providing services to children:

- Sure Start Scotland
- New Community Schools
- Social Inclusion Partnerships.

The experience of these initiatives plus a range of other, local projects, has confirmed that there is much to be gained from bringing services together to meet the needs of individual children and families.

### Community Care

The Scottish Executive has recognised the need for more integrated approaches in a range of public services. Many of the agencies involved in providing children's services are already engaged in new measures to promote better-integrated services in the field of community care, particularly through the work of the Joint Futures Group. There is much that can be applied from community care to children's services, but it is recognised that there is also much that is different. There is a greater range of agencies and settings involved in children's services – particularly within the education sector, which does not have a central role in community care services.

### Organisational Change

All of the main statutory agencies involved in children's services have been involved in major organisational change over the past 10 years.

Following local government reorganisation in 1996, financial pressures have led to further, internal, restructurings in many Scottish local authorities. Many of which have had an impact on housing, social work and education services.

The NHS moved to purchaser/provider split, had a major reconfiguration to NHS trusts and then a further reconfiguration of those trusts. It is now moving back to a more unified approach within the structure of unified health boards.

Despite the pace and volume of this change, some authorities have re-examined their structures from an ideological and service improvement perspective (rather than simply for reasons of financial expediency). They have promoted new children's services departments which have tended to bring together education and social work children and families services within one departmental organisation. Stirling and Perth & Kinross have taken this approach.

One council, Highland, has gone further and has fully engaged with its Highland Health Board partner to establish a joint service for children across the two public agencies. This has, however, been a change achieved through a joint "political" approach rather than through structural changes within the partner agencies.

The development of these innovative organisational arrangements has created more fertile ground for the consideration of more integrated approaches.

### **Best Value**

The requirement to achieve best value in services is now applied to all public agencies. The Scottish Local Authority Management (SLAM) Centre at the University of Strathclyde has criticised any approach to best value that does not recognise the interdependence of agencies:

***"Whether necessary or not, a function of fragmented organisational structures is often competition and protectionism in the allocation and use of resources, that contradicts concerns with best value. A head teacher's unwillingness to invest £40 per week in classroom assistance leads the social work department in the same council to spend £400 per week on an excluded child. Equally, it does not occur to social work managers to allocate £40 per week from their budgets to the head teacher.***

***Best value also has a longitudinal dimension: controlling costs now that result in far higher unnecessary expenditure later is equally not best value. The Head Teacher's £40 saving becomes thousands of pounds expenditure in the criminal-justice system as the impact of exclusion, labelling, and alienation kick-in. Put simply, "best-value" is an holistic concept incompatible with agency specific and time specific budget management interests."***

– Colin Mair, Director, SLAM Centre

## **Rights of the Child**

Children have always had a strong sense of what is right, of justice and of their frustration at not being heard. Where children and young people are offered opportunities to learn about their rights or to experience meaningful participation they are keen to engage. When children define what their rights should be they are often both a claim of right and an understanding of the social responsibilities we all share. For adults and adult-led agencies, however, a recognition of the rights of the child, an important cultural shift, can be challenging. Increasingly the child is being viewed as an active agent in his or her world. The right of the child to participate in decisions which are made which impact on their lives is being increasingly recognised and where decisions are made on behalf of children their best interests are being seen as paramount. The UK's commitment to implementation of the United Nations Convention on the Rights of Child should mean that a view of the child as a citizen with rights is being actively promoted and implemented by Government and by service providers across sectors. These issues will be returned to throughout the report on the Action Team process, and reflected in our findings and recommendations.

## **Service Improvement**

While there is no doubt that a general consensus exists that better integrated children's services will be better children's services (i.e. more responsive services with better outcomes for children and families), the findings of the Action Team have demonstrated that current arrangements are failing some of our most disadvantaged children. The one option that is **not** available is to do nothing.



# 3

chapter

issues in current services –

*the experience of*

# service users

The case studies and comments that follow demonstrate some of the recurring themes frequently raised by service users. (N.B. Some details have been altered to protect confidentiality.)

Some of these reflect an absence among staff of the most basic human courtesies – missed appointments, non-punctuality, poor communication. Some suggest disdain for the service user – perceptions of arrogance, aloofness, hostility. Others encompass more structural circumstances – the exclusion of so many, through de-registration, school exclusion and eviction, at a time when social inclusion is so prominent a feature in the social policy agenda, and service thresholds set so high that the most needy are not receiving specialist services, including child protection.

Service users have themselves highlighted some of the major problems in the current service network:

- The need to repeat the same information to each agency.
- The absence of mutual awareness among service providers.
- Services pulling in different directions.

Service users themselves often suggest that it would be helpful to have one point of entry to services. Their main wishes, though, were for services to be responsive to their needs, for service users themselves to be fully involved in discussions, and for responses to be made quickly.

### Early Information Sharing and Communication

“They need to make sure that everyone that needs to be is informed about cases, so you don’t repeat yourself.”

- The five-year-old child of drug-using parents did not attend school for almost one year. The education department knew nothing of the child’s existence since child health surveillance records and other information from the NHS were not passed to education.

The child’s existence was picked up by education services by accident, by which stage this five-year-old child had lost out on one full year of education at a critical developmental stage. During that time she had been living in extremely difficult circumstances and the negative emotional and physical situation of the child was probably exacerbated by her “invisibility” to services.

- A young mother seeking asylum from an African country accessed a voluntary service in her local community by self referral.

She had received a series of letters from various agencies, spelling her name in different ways, to which she had not responded.

The voluntary worker asked her name and she said “we have 2 names in my country and this is very important to us. No-one has ever asked me what name to use or how to spell it before. My name is the only thing I have left”.

The young woman went on to say that she had lost everything and that in her culture the 2 names were a signal of her individual identity and existence. To dismiss them was to dismiss her and everything she was. She found it was difficult to access services when she felt treated as a non-person and where nobody cared enough to ask to find out the relevant information which was so important to her.

## Access

“We were told by practice staff that, ‘no explanation requires to be given prior to de-registration’”

- A young family had recently been permanently housed from temporary accommodation. Both parents were on a methadone programme and had been drug-users for many years. There had been a history of violence and several family break-ups. Their children were aged 1, 4, 7, 11, and 12 years.

The four-year-old had speech problems and was not attending nursery. No speech and language therapy was being provided. The seven-year-old was rarely attending school. The 11 year-old was occasionally attending school but was being bullied when there because of her hair and dirty clothes. The 12 year-old had presented serious behavioural problems from an early age but had no contact with specialist services. He had recently witnessed the death of his best friend when the pair were setting fires on derelict land. The friend was burned to death. Since that time he had no access to any help other than from within the family.

The parents originally had separate GPs. The father eventually managed to register with the local GP but the mother wished to remain with her previous GP as she felt that he was understanding and non-judgmental regarding her difficulties.

The local practice in the new area refused to register the children unless the mother chose to register with them. She was eventually persuaded to register with the local practice but when she attended to do so she was told that the methadone patient list was now closed. As she was then unable to register, that practice still refused to register their children.

Because local health visitors were practice attached, the children had no health visitor support. The children received no immunisation, no child health surveillance, and no access to universal service provision or specialist assistance.

- “The child’s not injured yet.”
- “It’s not bad enough yet.”
- A child of 5 attending a Special Needs School had attended over recent months with multiple unexplained injuries including burns. On one occasion the father was found drunk in charge of the child. On another, a taxi driver delivered the young boy home from school but no-one was there. Case Discussions took place. Despite cumulative concern that the family were vulnerable it was felt that Child Protection procedures should not be embarked upon.

Then a more serious injury occurred, a life threatening one.



A further Case Discussion and yet again no Child Protection procedures were instigated. A report was made to the Reporter to the Children's Panel by the GP urging immediate action as the child was at extreme risk. No further action was taken apart from a minor level of family support.

Some months later, after a referral was made to the police, the child made an allegation of severe sexual abuse over many years, associated with extreme physical abuse and chronic emotional abuse. The child has now been referred for counselling but the considered views of the professionals involved is that he is so emotionally disturbed it is unlikely he will make a full recovery. The threshold for being considered 'at risk' and having services provided seems to have been set too high to meet the needs of this child.

"A Child Psychiatrist only visits here every 6 months."

"The waiting time for a child and family psychiatry appointment is up to 16 months."

- A 6-year-old girl made allegations of child sexual abuse. No further action was taken as the allegations could not be substantiated. The suspect was no longer in the family and no assessment was made of the total family circumstances. A few years later, further allegations were made, this time including sexual penetration. At this time it came to light that mother has stayed with a series of high-risk perpetrators. One sibling lived with a grandmother and another 4 siblings shared the home with the child and mother. A full medical examination identified eating problems, weight loss, body image problems and deep emotional issues. The child was already embarking on drinking binges and becoming more aggressive with people. She was also sitting up all night watching videos unable to sleep. At the medical it was also identified that a few months prior, this child had discovered her younger brother hanging, having attempted suicide.

A psychiatric assessment was made of the brother but again no assessment was made of the family needs. A review appointment was given which was not attended. A letter was written to say it was assumed the problems had been resolved as they had not attended and if they didn't hear from the family in due course they would "close the case". On reviewing the records, the boy at the time of contact was difficult to interview, had stated he "didn't want to live," was hyperactive and disorganised and being bullied at school.

On further analysis of records the mother had previously been in care herself. Father had threatened to commit suicide and “to take the children with him” approximately 5 years earlier. There was bruising on another child 5 years earlier. The family had constantly moved addresses due to harassment from the natural father who had left the home. The family lived in an area of extreme poverty and social deprivation.

Social work notes revealed 8 years of known previous violent relationship and one child scapegoated in particular. The mother had terrible memories of violence against herself as a child. The oldest boy at times “hides his face and does not want to talk.” “The younger boy has not been able to talk to anyone about what he is feeling.”

Despite the history of problems and obvious risk, the family was receiving no specialist help.

### Reliability/Continuity

“They failed to deliver on promises.”

- A teenager described waiting 18 months for a wheelchair on which he was totally dependent. He criticised the inaccuracy of the information he received and the failure to “deliver on promises.” When the wheelchair did arrive, one part was faulty and required replacement. He described his frustration that it took a further several months for the small part to be delivered.

“He had 22 social workers within a three-year period.”

- A mother from an ethnic minority family told of services being discontinued after the death of one of her twins, both of whom had severe disability. She had already fought for services for a long time for both children, but on the death of one all services were withdrawn.

### Inter-Agency/Professional Rivalries and Disagreements

By the age of 13 this child had been given 4 labels regarding behaviour problems which had existed for some years. These were:

- Attention deficit hyperactivity disorder (ADHD)
- Conduct disorder
- Clinical depression
- “Problems with parenting”

Despite these diagnostic labels there had never been a multi-disciplinary assessment of needs. The expertise of the professionals with whom the child had been in contact appeared directed towards diagnosis rather than intervention and there had been little or no direct work with the child or family over the years.

The girl's father approached the local social work department for assistance and they agreed to call an inter-agency meeting to review what services might be provided. This was scheduled for some weeks in advance. In the intervening time the child attempted suicide and was transferred for specialist opinion from a psychiatrist. During this journey a further crisis arose and the child was made subject to an order for compulsory detention within the terms of the Mental Health Act.

She was admitted to a psychiatric unit. There were no adolescent psychiatric in-patient beds available and so she was admitted to an adult psychiatric ward. Further evaluations were made by two different psychiatrists over the next few weeks. The first diagnosed an acute psychiatric problem while the second considered that there was no mental illness but extreme behaviour which required secure accommodation. This was sought but no secure places were available in Scotland.

At this stage of contact with services there had still been no multi-disciplinary consideration of the child's needs.

## Poverty/Deprivation

"They have a limited menu for life."

- A teenager from a large urban population visited a counsellor for help with drugs. Despite living in the city all of her life she said that she had never had the opportunity to visit the city centre.

"I came from Possil, what hope did I have?"

- At age 18 months a child displays extreme sexualised behaviour in nursery. There is already known marked violence at home and the father has now left the home and the mother has a new partner. Mother has her own history of considerable abuse in her childhood. A paediatric assessment of the child after concerns raised by the nursery reveals developmental delay. The child subsequently alleges abuse by the new partner. The mother at that time confides to services about being depressed and having a drug problem and also reports mental health problems including flashbacks relating back to her own childhood experiences. There is a Case Discussion, some recommendations made but little intervention. Two years

later mother presents as homeless. Her mental health problems have worsened. The child has marked emotional consequences believed to be due to the circumstances throughout the intervening period. The partner has had continued access and sexualised behaviour continues. Due to homelessness GP registration is difficult at a time when mother is in crisis with major mental health difficulties.

- A teenage mother goes to social work department for financial assistance. A small amount of money is given. No assessment is made of her circumstances. She later is picked up by a voluntary organisation working in a local community rather than by statutory agencies. There have been no health visitor visits for sometime due to non-allocation of a worker. The mother is found living alone in a furnished flat. There is absolutely no family support. Mother has learning difficulties. There are 3 children at home. The children are attending school intermittently. The head teacher and class teacher have concerns that children are attending school, lice infested, hungry and poorly clad. Professionals in the school were never confident about confronting mother as she was quite antagonistic to any conversation and the threshold for instigating Child Protection procedures was never reached. When visited by local community voluntary agency staff there was no gas in the house, no cooker, no fridge and smashed windows.

“The professionals who spoke to me made me feel ashamed.”

“They didn’t listen to me or ever let me finish my sentences.”

- A young woman who had engaged with a local community voluntary organisation told of how she felt judged and therefore could not engage and share her problems with professionals who were charged with responsibility to identify need and deliver services. She therefore remained isolated, as did her children. Every day she worried about losing her children.

## Drug Related Issues

“Drug services are reluctant to lift the stone on the circumstances of children in addict households...because what would be done if they explored the experience of these children?”

- An infant death occurs due to overlaying on the sofa. It transpires both parents were under the influence of drugs and were therefore unable to care for the infant.
- An infant is admitted to intensive care with an overdose of Methadone due to the chaotic nature of the household and the lack of supervision. The young child remained in a life-threatening situation for many days in hospital.

- A 3-year-old child presents with a needle stick injury and requires to be tested for HIV infection, Hepatitis B and Hepatitis C. The child had been left with unknown visitors to the home, all of whom were drug addicts. It appears the child was stabbed with a needle during the course of a party and it was uncertain whose needle this was and whether they were infected with HIV or hepatitis.
- A young child of 4 living at home with her single parent mother who is a heroin user finds her mother on the floor collapsed. The young 4 year old manages to reach a telephone and somehow gain help. The child lives with the consequences of the fear of losing her mother and the fear of doing something wrong at aged 4. Her mother goes into rehabilitation but comes home for only a short period and again starts heroin usage. The child is not presented for her necessary outpatient appointments.

The child again has no stability.

“Reaching the children is very difficult. The children who say least are of most concern.”

### **Being Young in Scotland Today – Young People’s Perceptions**

The Action Team sought to meet with children and young people on all field visits conducted and also facilitated three sessions with young people which focused on gathering views on services and perceptions of how adults and service providers viewed children and young people today.

At the meetings young people discussed:

- How adults view children and young people in Scotland today
- What young people need from adults
- What services young people use or come into contact with
- Which services young people would recommend and why
- Things young people would change about current services
- The characteristics of an adult who young people might call their ‘champion’ or someone they felt was ‘on their side’.

The meetings were designed to be both participative and safe for young people, many of whom were currently engaged with a range of services and in relation to a number of issues. The young people were aged between 11 and 17 years old.

A full report of the meetings is presented in Appendix 5 but to summarise:

- Young people were of the view that adults' perceptions of young people were predominantly negative. They felt that adults often "can't be bothered with young people" and that adult fears over the public presence of young people meant that "they always think that you're going to beat them up, adults will cross the road if they see a group of young people hanging about or coming toward them". Those who had used mental health services felt stigmatised by their involvement in these services and felt that adults saw them negatively, as one young woman said "other people's parents think you're trouble."
- Young people said what they needed from adults was increased service provision in terms of social activities, leisure and recreation. They also wanted adults "to change things" and "to give us a reaction, to listen to us."
- The participating young people were able to identify a broad range of services with whom they were or had been in contact. Those services which they identified they would recommend to other young people were predominantly those provided by the voluntary sector and in particular those which provided good advice and support services for young people, those which helped sort out problems with statutory sector agencies around issues such as benefits and those which, as one young person said, "gets you motivated and builds your confidence."
- Young people used the sessions to identify many things they would like to change about social work services, health services, schools, leisure and recreation, the police, housing agencies and the DSS/benefits agency. The predominant themes were about being treated with more respect, about agencies being better at communicating with young people and with each other, about agencies being less judgemental and more understanding, about trust and honesty, about getting services when needed and not after long waiting times, about the negative views of children who are looked after, about the need for agencies to see the whole child and to try to understand what might be going on in their lives.
- When asked for the characteristics of the kind of adult young people might perceive to be understanding, to be on their side, young people identified many aspects. The predominant theme was about the need for adults who listened and did not judge, who cared, who provided protection from harm, who could be funny, who provided safeguards and boundaries, who were never angry and who loved them.

See Appendix 5: Issues in Current Services – **The Experience of Young People.**



# 4

chapter

## issues in current services – *the experience of* service providers

### Introduction

The Action Team organised structured discussions with a variety of interest groups and visited many different types of provision. This section of the report describes the main issues that were raised in relation to integrated children's services. The agencies identified problems that fall broadly into four categories.

- Policy – the problems associated with how policy is developed and how it is translated into plans and strategies.
- Defining Need – the lack of appropriate information at the disposal of agencies to help them to define need.
- Resources – the lack of financial and staff resources.
- Fragmentation – how services are fragmented as a result of things that happen to them but also because of their relationships with other services.



## Policy

There was a feeling on the part of agencies that the policy agenda was being set by the Scottish Executive and was driven by separate funding streams which came with separate planning and reporting arrangements. There was a feeling that agencies were beset by too many initiatives, plans and reporting arrangements and that too much energy was being diverted to explaining how relatively small amounts of money for children's services were being used.

There was a feeling that these initiatives came from separate departments of the Executive. Although the Executive was good at identifying what needed to be joined up, by and large it was left to agencies working on the ground to make the connections.

## Joint Incomes

Agencies felt that joint outcomes which were shared by local authority services, health services and the voluntary sector were key to integrating services. However, there was very little evidence of this in practice. Agencies were struggling to identify agreed outcomes and targets.

## Positive Developments in the Policy Field

Agencies were optimistic about a number of initiatives by the Executive:

- The action that had been taken to develop a strategic framework for children's services and rationalise planning arrangements under the Children's Services Plan – bringing early education and childcare and Sure Start Plans under the CSP umbrella and removing the need for a separate review of day care services for under-8s.
- The move to pilot local outcome agreements on children's services which could, if successful, introduce different ways of ensuring that the shared objectives of local authorities and the Scottish Executive are achieved and allow local authorities greater flexibility in the use of funding streams.

The Action Team also heard from people involved in social inclusion within local authorities about the opportunities arising from the power of community initiative to create more flexible and relevant partnerships within the context of community planning.

## Defining Need

The Action Team was told a number of times about the lack of accurate available information to help agencies plan and target services. That message came from a variety of sources including the agencies themselves, Drug Action Teams, SIPs, and workers working with black and minority ethnic children and families.

## Children in Need

There is a general problem in that, although local authorities have a statutory responsibility in relation to Children in Need, no one has defined exactly which groups fall within the category of "Children in Need". There is certainly no common understanding of which groups we are actually talking about. So from the outset there is disagreement on definition.

## The Reliability of Information

There was a feeling that there was a lot of information gathered. But was it the right information? People questioned the systems; the training and skills of people involved in data input and as a result the reliability of that information. There was a desire on the part of agencies to obtain robust information that could inform effective service delivery.

## Shared Assessment

The Action Team did come across examples of agencies attempting to develop mechanisms for sharing assessment material although those examples were few and far between. Agencies were struggling with the demand to produce something that was of value to all agencies, reduced the requirement on the service user to undergo several assessments but also produced something that was not unwieldy, bureaucratic and problematic in relation to confidentiality. The issue of confidentiality was a recurrent theme.

***"Confidentiality remains a big issue...Someone has to bite the bullet on this to address the issues arising from human rights and data protection legislation."***

## Staged/Tiered Intervention

The Action Team also saw some attempts by agencies to develop a hierarchy of responses – staged or tiered intervention – identifying at what stage it would be appropriate to involve which agency. In doing so agencies were attempting to ensure that there was a measured and appropriate multi-agency response to need – to the circumstances of individual service users. Again, those examples were few and far between.

The consequence of these findings is that agencies do not have good information about need. That has a knock on effect in terms of their capacity for effective planning and shaping services to meet the needs of users.

## Resources

Agencies complained about shortages of resources generally – both financial and staff resources. Many examples were given but work carried out by ADSW is illustrative of the point. ADSW had undertaken an analysis of the funds available for children and families through GAE. They found that they had reduced since 1993 by £35 million in real terms. ADSW estimated that local authorities were now spending over £100 million in excess of their GAE on children's services. It might be expected that a shortage of resources would lead agencies to share their resources in order to make the most of what they had. In fact, the opposite is true. A shortage of resources was seen to have had a detrimental impact on the objective of integrated children's services. A member of the Action Team's practitioner/manager group described it in the following way,

***“Services are stretched and therefore they hold on to what they have and what they do rather than sharing resources with other services and working collectively.”***

## Hypothecated Funding Streams

There were also problems around hypothecated funding – both actual and notional. In the context of the general shortage of resources for children's services, hypothecated funding streams to develop very specific areas of children's services were seen as problematic rather than an opportunity. This was particularly so since hypothecated funding is time limited, often arrives at short notice with little time to plan an effective way to invest those funds and to do it in the context of partnership and in the context of linking those funds to other short term funds. Hypothecated funding streams tend to lead to a project based response – developments at the margins of activity rather than driving real shifts in resources or real change.

## Staff Resources

Staff resources were also a problem. One authority reported that they were short of 44 social workers and that they were restructuring to reallocate some of the tasks carried out by social workers to unqualified staff. At various meetings we heard about shortages of social workers, health visitors, psychologists, child and adolescent psychiatrists and, of course, teachers in certain subjects.

In some cases the problem was not a shortage of available staff but the problems associated with turn over and the haemorrhaging of good workers away from operational work to management. Good social workers were said to be promoted into management and taken away from direct work with children. Psychiatrists and Psychologists were said to be moving away from direct work with children and acting more as consultants to other professionals. It was also said a number of times that social workers were moving out from local authority to voluntary sector settings.

***“Workers in the voluntary sector are asked to do creative, preventative work. This freedom isn’t available to social workers within the statutory sector. They are locked into crisis intervention. Social workers who want to be creative leave social work services.”***

– Representative Of A Large Voluntary Sector Organisation

The Action Team also found that the family, rather than only the child, was seen as the locus for intervention in many circumstances, including the most entrenched situations, but that no staff are currently perceived to be specifically trained to accomplish positive change with such families. Many of those consulted believed that social workers should become the skilled family workers within an integrated family system. Others, particularly from within social work, saw some difficulties in this, believing that there are serious issues of recruitment, training, retention, reward and professional development in social work which seem to require detailed consideration (similar to the consideration applied to teaching by the McCrone committee).

In other cases there were problems with the way that staff resources were reallocated. An example that was raised a number of times related to health visitors. Health visitors were previously attached to communities, covering a defined geographical area and visiting families at home. This changed when health visitors became attached to GPs. This was seen by some as a detrimental change. The development of Local Health Care Co-operatives and a renewed focus on community approaches to practice will help to rebalance this.

A key issue arising from these difficulties was brought to the Action Team’s attention. Not only was there a lack of continuity of service to individual children and families, but often intervention was stopped the moment that a positive outcome was identified. Agencies consulted stressed the need to sustain positive outcomes, for example by maintaining a minimal level of contact.

## Service Developments

Even service developments which were positively welcomed by most service providers created difficulties for some. The first tranche of new community schools, for example, had the broad support of most of those consulted, and it was generally felt that participating schools and their partner agencies were deriving significant benefits from the changes in the way of working which the pilot programme had stimulated. Some, though, were concerned that there had been a lack of engagement by some agencies, and felt that resource issues had to be more carefully considered in the roll-out of the New Community School model.

Some raised concerns about whether developments could be sustained in a wide range of schools without benefit of the new funding associated with the pilot programme. Others, particularly social work staff, were concerned about the leakage of experienced staff to attractive posts in community schools, leading to shortfalls in mainstream settings. Others expressed concern that new community schools were identifying new (or previously unmet) needs and that resources were thereby being spread more thinly. Some spoke of children so alienated from school that any service provided from within the school would be unlikely to be accepted by them. Social work staff asked how the 1,178 children and families social workers in Scotland could be expected to be involved in the new community schools approach in the 3,024 schools in Scotland, and continue to provide services to pre-5's (including child protection services).

These comments emphasise the inter-related nature of the service system and the finite resource base of qualified staff – issues which will need to be addressed in the roll-out of the new community schools approach across Scotland, and in other service developments.

## Fragmentation

Agencies experienced “fragmentation” as a result of factors that were not within their control. Perpetual reorganisation was a common complaint, not just local government reorganisation or the health service moving to a purchaser/provider split and then to unified boards, but also restructuring within those agencies themselves. They complained of constant upheaval and the fact that restructuring inevitably took their eye off the ball. They also complained about fragmentation which arose from having to juggle separate funding streams.

The voluntary sector raised concerns about the contract culture which was becoming very much a part of children's service delivery. The central concern was that local authorities unilaterally decided on policy and strategy and then put out a restrictive tender so that the voluntary sector felt there was little scope for partnership working or integrated working. Moreover, there was little attempt to allow the voluntary sector input into the nature of the service that was needed.

Issues were also raised about fragmentation between services and between agencies. So far, this section of the report has concentrated on the context in which agencies are working: the difficulties, the constraints, and the problems. But there was also criticism of agencies about their failure to communicate, co-operate or work in partnership. The following quotes are typical of the comments that were made:

***"I have a better relationship with the health board than I have with services in my own local authority."***

– Social Work

***"Voluntary organisations sometimes get caught in the crossfire when social work, education and health are at loggerheads."***

– Voluntary Sector organisation

These quotations do not reflect a vision of integrated children's services. Unfortunately, they do reflect the reality of the current situation. There is no service that is a consistent culprit – the situation is different in every part of the country. The Action Team heard good examples of integrated children's services. However, the Action Team also frequently heard examples of services that would not collaborate.

The Action Team also saw many examples of good partnership working but also encountered a degree of cynicism. A large voluntary sector organisation described how they had found out that they were cited as a partner on a funding application which they knew nothing about. A member of the practitioner/manager group summed it up in the following way:

***"The word partnership is sometimes simply a front for getting money in a quite Machiavellian way."***

So, services are fragmented because of the context that they are working in but they also have – or are seen to have – poor relationships with other agencies. Although that is a "challenging" picture in terms of integrated children's services, there are also many good examples of integrated working in the field of children's services which are described later in this report.



# 5

chapter

# the child

in society

This chapter of the Action Team report seeks to establish part of the framework for the debate, discussion and change we hope to encourage. At the beginning of the report a 'snapshot' of some of the complex issues affecting many children and young people was provided. In later chapters a more comprehensive look at the policy and planning frameworks for children's services will be presented. This chapter considers the quality of children's lives, how adults and adult agencies view children and young people and begins to look at some of the important debates which underpin and influence our responses to children and young people today, including how current structures within the Scottish Executive have sought to inform the way in which the development and delivery of policy is achieved.



## Children Born to Fail

The overarching issues which have struck the Action Team have been the levels of poverty and the long associated problems of alcohol and drug abuse which plague Scottish society. The outcomes for many children living in poverty or living with drug or alcohol abusing parents are more often than not negative.

But is this new? Is it only this generation of children who have been born to fail?

In 1973 the National Children's Bureau published **Born to Fail** by Peter Wedge and Hilary Prosser, which reported 'on striking differences in the lives of British children'. The following year Frank Field authored **Unequal Britain: A Report on the Cycle of Inequality** which brought together the findings of all major research reports concerned with the economic and social circumstances of British families published between 1945 and the early 1970's. **Unequal Britain** is particularly concerned with what had happened to the families of semi-skilled and unskilled manual workers and to explore the differences between social classes. In health, housing, education and income the report concluded, much like **Born to Fail**, that a "cycle of inequality" was well established in the UK by the early 70's.

Between the war and the 1970's life for many children in British society was characterised by poor housing, low family income, the negative effect of large families on the individual's life chances and growing numbers of families headed by lone parents. In this period 1 in 3 UK children had at least one of these family characteristics with 1 in every 16 children in the UK multiply disadvantaged.

When the experience of Scottish children during this period is drawn out by these reports we find that while 11% of the UK's children lived in Scotland 19% of the disadvantaged children were to be found here.

How might one describe the quality of these children's lives? In the 1970's many disadvantaged children lived in housing with poor levels of sanitation and overcrowding. Disadvantaged families had significantly lower levels of educational attainment, parents read less, and four times as many fathers in these families were chronically ill or disabled. Physically, children in disadvantaged families were smaller in height and many never accessed child health services. Illness and absence from school was more common for the poor child. The disadvantaged child was 10 times more likely to experience some time in care. They suffered more accidents, incidence of hearing impairment and speech difficulties. One in every 14 of the poorest children required 'special education treatment', 1 in every 4 of these children were viewed as 'maladjusted' and almost all children labelled as 'educationally subnormal' came from the poorest of families.

What of service provision in the context of the 70's as described by **Born to Fail** and **Unequal Britain**? Education is viewed somewhat pessimistically and the view is expressed that 'Education as a social distributor of life chances often compounds rather than eases the difficulties of disadvantaged children' and that 'changing this is likely to take a very long time.' For its part social work is only viewed as having a chance to impact positively on the lives of families if the material circumstances of the poorest are alleviated, so allowing 'social workers and others in the helping professions...to concentrate on the much smaller remaining group whose problems are not strongly associated with their material circumstances.'

Much of the focus of the studies is on the material resources that families require. While there is a recognition that some parents lack the skills they require for effective parenting the point is made that there '...is much to be said for tackling more earnestly the poor housing and low incomes our study has revealed... on humanitarian grounds alone large numbers of children need a better chance to grow, develop, learn and live than they currently receive.'

**Born to Fail** ends with a plea worth repeating in the context of this Action Team report:

***"As a society do we really care sufficiently about our children to reduce drastically the hardships of their families? Do we care that so many are born to fail?"***

Looking back to the descriptions of the lives of the poorest of the UK's children thirty years ago has been more than an interesting academic exercise. It has done more than provide the Action Team with a fascinating historical perspective, for it is crucial to remember as the challenges facing Scotland today are described that the 'socially disadvantaged' children described in **Born to Fail** will now be in their late 30's and early 40's. Some may well be the service users the Action Team has met as parents and grandparents. For many families the cycle of poverty and disadvantage has not been broken. It could be argued that even after a thirty-year period in which we have understood the impact of poverty on families, many of our children are still born to fail.

## Changing Outcomes

But past failures need to be turned into creative and effective new approaches. The Executive commitment to **a Scotland in which every child matters** is much needed and to be commended. Delivering on such an objective will require more than the development of new models of integrated working as proposed in this report. This is only part of the picture. Service providers need adequate resources. They may need to re-orientate long established and restrictive professional practices. The people who deliver services need adequate training and support and children, young people and families need a view of their world which is no longer pessimistic and limited.

In the best of recent research and in the good professional practice identified in this report there is a developing view of the child as an active agent in their world and a commitment to empowerment as a key in any change or recovery process. A view is emerging across policy and practice that every child is an individual, that their best interests demand that we view their lives holistically and that in doing so we articulate and accord them a set of intrinsic human rights as well as rights as service users.

This rights based approach has also broadened the scope of policy and the service responses which have developed for children and young people. In practice this means that in addition to the identified needs of the most disadvantaged children whose lives are profoundly affected by poverty, the needs and rights of other children have become more clearly identified. In this light the work of the Action Team has sought to be inclusive of, for example, children and young people affected by disability, those with caring responsibilities, those who have experiences of being looked after. The Action Team has sought to engage with the network of service responses (both in the voluntary and statutory sector) to the needs of these children and others.

It is important to trace the development of this broadening and more inclusive view of the child. Within policy and practice it is however only relatively recently that discussion of the rights of the child has become more commonplace.

The concept that we all have intrinsic human rights became a key concern in Europe after World War II, and the notion that children might need special protection to ensure recognition of their vulnerability has led internationally to the acceptance of the need for an international treaty which has sought to encourage a global view on the rights of the child.

The framework which has emerged, The United Nations Convention on the Rights of the Child (UNCRC), is an international agreement in which all the rights which every child should have from birth to the age of 18 years are laid down. The 54 articles of the Convention are comprehensive and holistic in their view of children's lives covering as they do civil, political, social, economic and cultural rights. The articles can be grouped into four categories – the **participation** rights of the child, the **protection** of children against discrimination, neglect and exploitation, the **prevention** of harm to children and the **provision of services** and assistance for an adequate standard of living.

Importantly the Convention does not view children as dependent or weak but fosters the view of children as being of equal worth to adults with the capacity to play an active part in decisions made about them and in society generally. This view is shared by the Action Team and is fundamental to the view of children's and young people's services that has been adopted.

The United Kingdom ratified the UNCRC in 1991. Within the Convention there is a concern for how signatories effectively monitor and implement the articles contained within it and the UK Government is committed to submission of a report to the UN Committee on the Rights of the Child every five years. The last UK Government report (submitted in September 1999) made efforts to reflect on the newly devolved structures about to emerge in the UK, and accordingly a separate 'Scottish chapter' was included.

Other significant pieces of legislation have also shaped our understanding of, and relationship with, Scotland's children. Together, the Children (Scotland) Act 1995, the Scotland Act 1998 and the Human Rights Act 1998 now mean that all citizens, including children, have rights enshrined in law.

The Children (Scotland) Act 1995 is of particular interest and importance when looking at children's services in Scotland. The Act brings together the main public and private child care law provisions into a single piece of integrated legislation. The principles of the UNCRC also influence the Act within which there are provisions which state that every child in Scotland has a right to be treated as an individual and has the right to express their views, if he or she wishes, on matters which affect them. The Act also states that parents should normally be responsible for the upbringing of their child and that both fathers and mothers should share that responsibility.

The Children (Scotland) Act 1995 also required all local authorities to prepare, consult upon and publish a plan for children's services in their area. The purpose of the Children's Services Plans is to identify and meet the needs of children, encouraging co-operation between local authorities and other providers of services. The first plans were required to be in place by April 1998, the second wave of plans is currently being considered across Scotland.

Working within this legislative framework the Scottish Executive has also sought to shape the way in which children and young people are considered and the way in which policy is shaped within government itself. Prior to devolution the Scottish Office established a Children's Issues Unit in 1997. Alongside this development a Minister for Children's Issues was appointed. Following the establishment of devolved structures in 1999 Sam Galbraith was appointed as Minister for Children and Education and within the new Scottish Executive Education Department a Children and Young People's Group has been formed, the emphasis of which is on joint working and better integration of policy across the Executive. The Action Team's work on Better Integrated Children's Services was commissioned by this Children and Young People's Group.

In 1999, just prior to devolution, a Child Strategy Statement was also introduced with the aim of ensuring that the interests of children are taken account of throughout the Scottish Executive whenever policy is being changed or developed. Since early 2001 Ministerial responsibility for children's issues lies within the remit of the Minister and Deputy Minister for Education, Europe and External Affairs.

The importance of the welfare and rights of children and young people is therefore well reflected in the policies and structures which have emerged in recent years. Together the developments outlined here have tried to shift our view of the child from vulnerable and needy, a passive recipient of services, to an individual with rights including the right to services which work in the best interest of the child and operate at the highest of standards.

## **The Environment**

Life for many children and their families in Scotland today is clearly difficult and complex. The Action Team has heard from young people, parents, practitioners, managers, policy makers and others about the best of practice and about the areas of service provision which struggle to cope with the multiple needs of some families.

While it is possible to trace a shift in how children are perceived by government there are still areas for debate which this report must acknowledge if proposals for the better integration of services are to be meaningful. So within an environment which is professionally demanding, within a context that challenges us to see children as partners in any process of change or recovery, what are these sometimes tense and difficult areas, which inform the way we perceive children in Scotland and help define the services they receive?

Perhaps a good starting point for dialogue might be to ask **why does the public presence of children and young people induce fear?** The introduction of the Child Safety Initiative in Hamilton in 1999 brought to a head the debate about young people's use of public space and the breakdown in relationships between the adult and child in the neighbourhoods in which they both live. Agencies providing services to both young people and adults will readily give further, but perhaps less publicised examples, of the apparently deteriorating state of adult/child relationships. For the Action Team this is a key concern and leads us to ask what needs to be done to address such negative perceptions?

The concern of the Action Team has been primarily for the child and their experience of service provision, but it would be a failing if we did not also ask **where is the family in all of this?** Voluntary sector agencies concerned with parenting have been stressing the need for some time for an effective parenting strategy. There is an increasing number of community based initiatives which promote good parenting through a range of approaches but it is also clear to the Action Team that much remains to be done to shift service providers from 'fire fighting' to positive and effective early interventions in the lives of whole families where help is clearly needed.

It has also struck the Action Team throughout the many meetings held that practitioners and managers within the statutory and voluntary sector talk about the **predictability** of many of the difficulties in the lives of families known to them. For many young people it is times of transition – from primary to secondary, from school to work or training, from family life or life in the care of the local authority to independent living – which become points of crisis and disengagement. For other children and young people crisis or transitions are less predictable, perhaps it is the behaviour of parents or the lack of appropriate care which clearly point to the need for intervention. So why, for so many children, does early intervention not happen, why are service providers picking up the pieces of broken lives and not acting to support and prevent the predictable?

Finally, in terms of legislative and policy frameworks this chapter has already flagged up the importance of both the Children (Scotland) Act and the UNCRC. However some key criticisms of how both are effectively and regularly monitored have been raised in our work, primarily by the voluntary sector. Unlike the Children Act (1989) for England and Wales no provision has been made in Scotland for an appropriate monitoring mechanism for the Scottish Act, including there being no requirement to report to the Scottish Parliament on its operation.

Concern over implementation and monitoring of the UNCRC is also expressed by the voluntary sector and there is now recognition within the Executive and across the political spectrum that we need to be better at highlighting and framing our commitment to children with a strong commitment to them at Ministerial level, the effective 'child proofing' of policy across the Executive and local government and through a full examination of the need for an independent statutory office of Children's Commissioner. The Action Team has sought to discuss and foster further debate about these key questions – just how broadly is the concept of 'children's rights' shared and understood? How good are we at monitoring and implementing the key policy frameworks for children and young people which we have adopted?







# 6

chapter

# the policy framework

## Introduction

The Scottish Executive's programme for government Making it Work Together stated that:

*'Our children are the future of Scotland. We need to give them the best possible start in life so that they have the opportunity to play their full part in Scotland's future. Getting it right in the early years lays the foundation for the whole life of a child.'*

The Scottish Executive's responsibilities are wide ranging. The more obvious areas of responsibility that directly affect children are education, health and social work services. But the Executive also has responsibility for policy related to subjects and services that may not, at first glance, seem as obviously important such as those related to the environment and housing, transport matters (although some are reserved), civil law and criminal justice. There are a number of policy areas affecting children that are reserved to Whitehall Departments, for example matters related to the tax and benefits system.

There are currently seven main Departments within the Executive:

- The Education Department
- The Environment and Rural Affairs Department
- The Development Department
- The Enterprise and Lifelong Learning Department
- The Finance and Central Services Department
- The Health Department
- The Justice Department.

Following devolution a number of priority crosscutting issues were identified, to be driven forward by designated lead Ministers. Integrated services for children and young people is one such priority. Within the Education Department, a new Children and Young People's Group was established, now incorporating four Divisions: Early Education and Childcare, Children and Families, Young People and Looked After Children and Information, Analysis and Communication. The Deputy Minister for Education, Europe and External Affairs, Nicol Stephen, has particular responsibility for children's issues and these are represented at Cabinet level by the Minister for Education, Europe and External Affairs, Jack McConnell.

More generally, a particular focus of recent consideration has been the move towards encouraging 'joined up government' both in policy and implementation. The Scottish Executive Policy Unit published a report **Making a Difference: Effective Implementation of Cross-Cutting Policy** in June 2000. A key message that came out of the report was the desirability of involving those who would be implementing a policy, for example in local authorities or the voluntary sector, at an early stage in its formulation.

The Executive is committed to considering the needs of children when developing new policy. In 1997 Scottish Office Ministers announced the introduction of a 'child-proofing statement' – the Child Strategy Statement – designed to ensure that all parts of the Scottish Office took account of the effects on children when developing policy. The Child Strategy Statement was issued in revised form in September 2000 by the Scottish Executive. It describes the legislative and policy context (including the United Nations Convention on the Rights of the Child) and key issues that should be borne in mind when developing policy affecting children either directly or indirectly.

The Child Strategy Statement emphasises that departments taking forward policy in areas affecting children should consider whether it is appropriate to invite the views of relevant statutory and non-statutory organisations involved with children during the policy development stage. It also urges that consideration be given to taking the views of children themselves, either directly or through a representative organisation such as "Who Cares? Scotland" or local Youth Forums.

In the past the consultation process has been undertaken through formal consultation documents. However other less formal methods are increasingly being explored such as focus groups and on-line discussion rooms. Progress is being made in this area. Children's views were sought directly in the consultation process prior to implementation of the **Standards in Scotland's Schools etc. Act 2000**, and amendments were made. Children must now be consulted in their school planning process. On 19 June 2000, the Executive hosted the first Youth Summit in Motherwell where more than twelve hundred young people from across Scotland told Government Ministers their views on issues including homelessness, drugs, health and leisure. Two hundred youngsters, aged between 11 – 18, attended the main summit in Motherwell and a thousand more attended gatherings at 8 satellite sites in Glasgow, Edinburgh, Fort William, Inverclyde, Dundee, Angus, Campbeltown and East Renfrewshire.

The Executive has recently published a consultation toolkit giving advice and examples of best practice on consultation with young people and children.

In addition, following an invitation from the Scottish Executive, the Education, Culture and Sport Committee of the Scottish Parliament is conducting an inquiry into the need for a Children's Commissioner in Scotland. Scottish Ministers have indicated that the Executive is sympathetic to the idea of a Children's Commissioner but want to be clear about the functions that such a Commissioner should have and the added value that would be provided.

The remainder of this section highlights a number of Executive policies that are relevant in the context of integrated children's services.

## Childcare and Pre-School Initiatives

Sure Start Scotland is an initiative to address the specific needs of families with children aged 0-3 years, targeting communities in more deprived areas. The initiative emphasises the importance of joint working and guidance was issued from the education, social work and health departments of the then Scottish Office on 18 December 1998. Local authorities, voluntary agencies, health services and existing child support networks are encouraged to work together to provide a more cohesive service for parent and child. The initiative covers the whole of Scotland. An evaluation programme has recently got underway.

One of the Executive's main commitments is to **"deliver high quality, affordable, accessible childcare"**.

Ministers are committed to developing a Childcare Strategy for Scotland which delivers in each neighbourhood, quality childcare services which are accessible and affordable. The strategy covers services for children aged 0 – 14. Local strategies are being taken forward in each local authority area by childcare partnerships. These partnerships are cross-sectoral and are tasked with developing provision in their local area.

A new information service has been established to support the Executive's Childcare Strategy. The new service comprises a free-phone information line – Childcarelink – covering Scotland and England, providing general advice and information on childcare issues and the childcare link national website ([www.childcarelink.gov.uk](http://www.childcarelink.gov.uk)), which holds details of local providers and information on general childcare issues.

The Executive is pledged to provide a quality part-time pre-school Education place for each eligible 3 and 4-year-old by the end of 2002.

## School Education

The Executive is committed to promoting “social inclusion particularly through early years intervention”.

New Community Schools are fundamental to the Executive’s aims to raise educational attainment and promote social justice. Central to the approach is the integrated provision of school education, family support and health services. Sixty two pilot projects have been approved ranging from single schools to clusters of varying sizes comprising different mixes of secondary and primary schools, special schools and pre-school and community facilities. Over 400 schools are involved in the pilot stage. Most projects, but not all, are run by Integration Managers funded under the programme and reporting to head teachers or steering groups. The nature and levels of partner involvement, the structures which support the projects and the activities on which they are focused vary according to local needs and the availability of local resources.

The bulk of service provision in New Community Schools is resourced from the mainstream budgets and other funding sources (including the Core Programme of the Excellence Fund) available to education authorities and their partner agencies. The integration of services which is fundamental to the New Community School approach, and the provision of additional support staff and services, has been supported primarily by pilot programme funding.

The national evaluation of the pilot programme is currently underway with an interim report due to be completed in April 2002. In the meantime, multidisciplinary pilot inspections of 6 New Community Schools have been completed and local evaluation material has been assessed. Jack McConnell announced in June 2001 that the New Community Schools approach is going to be rolled out across Scotland.

A specific part of the New Community Schools initiative is personal learning plans (PLPs). PLPs provide an individualised programme of development for each pupil agreed with their parents and teachers. The object of PLPs is to encourage self-evaluation by pupils of their own needs and participation in negotiating personal learning targets to empower the learner and help encourage independent learning habits; to support transition; to encourage all of those involved in the education of an individual child in partnership to know their effective learning; to improve attainment; to allow teachers to focus their training on the prior learning of pupils and to take account of any broader needs which are shown in PLPs; and to inform decisions about resource allocations. The Executive’s commitment is that by 2003 every school age child in Scotland will have a PLP to map out a pathway to achievement.

The Early Intervention Programme was launched in June 1997 and aims to assist children in Primary 1 and 2 master the key skills of reading, writing and numeracy. The Programme is worth in excess of £60 million over the five years from 1997/98 – 2001/02. The Scottish Executive is allocating £56 million with the remainder being provided by education authorities. Education authorities were invited to submit proposals for the implementation of the programme in their area taking account of local circumstances and building on any work already being undertaken. A range of projects are taking place under the Early Intervention Programme including the recruitment of additional school staff to assist pupils with literacy and numeracy and the development of home to school links to enable parents to help their children cultivate literacy and numerical skills.

As part of the Excellence Fund – a programme to raise standards in Scotland's schools – the Executive is investing £10 million over a year to help authorities develop strategies to support pupils at risk of exclusion from school and those who have already been excluded and to provide full time education to those excluded for more than 3 weeks. This initiative builds upon the pilot project work already undertaken under the much smaller Alternatives to Exclusion Grant Scheme which began in 1997 and is due to finish this year. The variety of projects is supported under the scheme and most involve multi-agency work, including education, social work and voluntary organisations.

The Executive's study support programme provides £10 million a year in addition to funding from the New Opportunities Fund. Together, the funding aims to ensure that out-of-school hours learning activities are available in all secondary schools, one quarter of primary schools and half of special schools. The study support may be defined as voluntary activity which young people participate in outside normal school hours. It may take the form of any activities that aim to improve self-esteem and help to develop young people's capacity to be more effective learners. The range of schemes is wide. There are homework clubs, study support schemes, breakfast, lunch and evening clubs. Breakfast clubs are often found in areas of deprivation and are based on the thought that breakfast can act as an incentive to turn up. Sports and arts activities are also common. Not all schemes are based on school premises – of the school actually attended by pupils – which is often valued by pupils.

## Family Support

Parenting support projects are currently delivered through a variety of sources and provide help in a wide range of areas. In Spring 1998 a research project was undertaken by Reid-Howie Associates for The Scottish Office that identified and mapped the provision of parenting support services across Scotland. The study, **Supporting Parenting in Scotland: A Mapping Exercise** identified a wide range of provision across Scotland but highlighted a number of gaps in service provision. The current level of provision is concentrated in urban areas and there is limited support which is available to parents of older children, fathers, and which addresses the needs of ethnic minority families or parents with disabilities. The report concluded that there was a lack of an overall strategic approach to developing support to parenting and no identifiable set of common “core” services covering a wide range of needs. It identified a need for a strategic approach in all areas, supported by a national policy.

The Executive is investing £15 million over 3 years (1999/00-2001/02) into a supporting parents programme. The objective of the parent support programme is to help parents support their child in education. Typically expenditure is on such activities as the family literacy scheme and the provision of homelink teachers. The Executive has committed itself to involving parents as partners in their children’s education. It believes that the role parents play is important throughout the school years but is critically so in the early years where parents can complement the learning process that happens in schools. In some cases, however, parents need support and guidance to ensure that they have the necessary skills and confidence to play their role. Authorities have been encouraged to put forward proposals for schemes that actively help parents who do not normally engage, or have difficulty in engaging, with their children’s learning.

Under Section 10 of the Social Work (Scotland) Act 1968 the Executive provides core funding for a range of voluntary organisations dealing with children and families.



## Children's Hearing

The Children's Panel is a body of lay people appointed by Scottish Ministers on the recommendation of a local Advisory Committee. A Children's Hearing will involve 3 panel members. Children come to Hearings because they are in need, have offended or have been offended against. The Hearings System recognises that the need of both groups of children are often the same. Hearings work with children and young people who:

- Have offended
- Have truanted
- Have misused drugs or alcohol
- Have been physically, emotionally or sexually abused
- Are in moral danger
- Need care and protection
- Are out of control.

## Social Justice and Child Poverty

The Social Justice strategy included a long-term target to defeat child poverty in Scotland within this generation.

Child poverty in Scotland is affected not only, of course, by Executive policies but also by those of the UK Government. The tax and benefit system is of particular note here. The UK Government also has an emphasis on tackling child poverty – with an overarching commitment to eradicate child poverty in the next 20 years and to half it within 10. The Executive is working in close partnership with Whitehall Departments to drive forward the changes necessary to meet these exacting targets. The proportion of children in income poverty in Scotland is beginning to fall. The UK Government's budget announcements on children and families will lift 100,000 Scottish children out of poverty. Progress is being made – since 1997 the proportion of children in low-income households is down from 34% to 30% while the proportion of children living in workless households has fallen from 19% to 16%.

## Social Inclusion Partnership

The Social Inclusion Partnership programme funds a network of 54 Social Inclusion Partnership (SIPs) tackling social exclusion across urban and rural Scotland. Six are multi-agency partnerships, comprising all relevant local partners including representatives of the voluntary and private sectors, with the local community at the heart of the process.

Based on the principles of co-ordination, prevention and innovation to tackle social exclusion, SIPs focus on the most needy members of society; they co-ordinate and fill gaps between existing programmes to promote inclusion; and they seek to prevent people becoming socially excluded. The partnerships are supported with funding of £69 million over the 3 years to March 2003 but they are also expected to target existing spending programmes more effectively on tackling social exclusion at a local level.

The 34 area based SIPs all have activities that focus on, or benefit, children and young people, as their aim is to tackle the multiple problems associated with social exclusion in the most disadvantaged communities, e.g.:

- Providing play and recreational/sport facilities
- Childcare services
- Cyber cafes
- After-school clubs.

The remaining 14 SIPs are thematic, targeting a specific socially excluded group and many of these are particularly aimed at young people. These include:

- Big Step – Pathways to Independence: improving opportunities and addressing inequalities faced by young people looked after in Glasgow.
- Dundee Young Carers: identifying and helping young carers in Dundee.
- Edinburgh Youth: developing an accurate picture of the extent of youth exclusions in Edinburgh, working with young people to develop and test solutions for inclusion through action research, and promoting their lasting implementation in Good Practice and Policy development.
- Generating Opportunities – Perth and Kinross: preventing young people previously looked after by the council from being socially excluded and improving access to enhanced life opportunities.
- Highland and Islands SIP: tackling disadvantage experienced by young people aged 14-25 years.

- Moray Youthstart: ensuring all young people in Moray have genuine opportunities to become full and active citizens and to contribute to and benefit from living in a healthy community.
- Scottish Borders (Young People 12-25): creating viable opportunities for economic and social inclusion and personal success while staying in the Borders.
- Tranent: developing a holistic strategy to promote social inclusion for pre-school and school age children and young people.
- West Lothian: securing the social inclusion of those children and young people in West Lothian most at risk of being excluded from the social and economic mainstream, and encouraging them to achieve their full human potential.
- Xplore: addressing the problems of socially excluded young people in Dundee.

## Roads and Transport

The number of child injuries and fatalities through accidents is a source of concern. Road traffic accidents are the largest cause of child fatalities through accidents. The Executive is working towards a 50% reduction in fatal and serious road injuries among children by 2010. A research study on **Road Accidents and Children Living in Disadvantaged Areas** was published in June 2000, which indicated a link between high levels of deprivation and high numbers of road accidents for children.

## Health

There is widespread recognition that the health of children from the earliest age offers the prospect of improvements in health throughout life. There have been a number of developments in recent years.

The Public Health White Paper, **Towards a Healthier Scotland**, whilst concerned with the population as a whole, placed particular emphasis on the health of children and young people. It identified child health as a priority health topic and gave a commitment to drive forward improvements in child and maternal health through a range of action, including:

- The production of evidence based guidance to support the planning and delivery of interventions that promote the health of children.
- Two Health Demonstration Projects.
- "Starting Well", to develop and disseminate best practice in the promotion of children's health from preconception through to starting school.

- “Healthy Respect” focusing on encouraging sexual health and well being among Scotland’s young people and the avoidance of unwanted teenage pregnancy and sexually transmitted disease.
- The promotion of the fluoridation of the public water supply to protect against dental decay.
- The development of a dental health “prevention from birth” programme.
- Funding to the sexual health voluntary body “Positive Steps” to enable it to offer its services to a greater number of schools, addressing sexual health, drugs and alcohol misuse and related issues, including teenage pregnancy.
- Action to improve accident data collection and local inter-agency accident prevention work, the provision of a website database of best practice and home safety for use by local authorities and other agencies involved in the well-being of children and their families.
- The funding of two public health professionals to work with CoSLA to help local authorities develop, to their maximum potential, their health promoting policies and actions, much of which impacts on the health of children and families.
- Enhanced lifestyle Education by the Health Education Board for Scotland (HEBS), focusing on children and their parents, through the Board’s existing programmes and campaigns and, more specifically, the planned introduction of a specific children’s programme.
- The establishment of a specialist Health Promoting Schools Unit jointly by HEBS/CoSLA and Learning and Teaching Scotland to support schools develop the holistic health promoting schools ethos.
- The development of a National Physical Activity Strategy to cover *inter alia* the needs of children both within and outwith the school setting.
- A Review led by the Chief Nursing Officer of the contribution made by nurses to improving the population’s health, focusing *inter alia*, on the role of health visitors and school nurses who are in a prime position to support children and families. This was subsequently published as **Nursing for Health**, which made a number of recommendations in relation to young children and their families, and school aged children and their families.
- The establishment of Healthy Living Centres, resourced by the New Opportunities Fund, many of which will benefit the health of children and their parents.
- The identification of health targets covering, *inter alia*, smoking by women during pregnancy and among 12-15 year olds, teenage pregnancies, the dental health of 5 year olds, alcohol misuse by both adults and young people, diet and physical activity.

The priority for children was re-emphasised in **Our National Health: a plan for action, a plan for change**, which made children's health a new clinical priority for the NHS in Scotland. This commitment built on the work of the Child Health Support Group established in June 2000.

The Child Health Support Group has a number of specific tasks:

- Identifying the main issues which children and their parents regard as important in the provision of child health care.
- Identifying areas for improvement or where there is no current provision.
- Supporting health boards and NHS trusts in the preparation of their Improvement Programmes, Trust Implementation Plans and contribute to Children's Services Plans in relation to health services for children, aiming to achieve consistency and ensuring inter-agency working.
- Assisting in the identification of innovation and improvements in services nationally and locally, and providing advice on the evaluation of these services.
- Supporting boards and trusts in identifying best practice across the whole range of children's services and acting as a catalyst for the dissemination and implementation of that best practice.

In June 2001 it published a template for child health services in NHS Board areas, which provides a framework against which local providers can benchmark the services they provide. It lays particular stress on the importance of close working with partners, of keeping children well, of informing and empowering parents to take healthy choices in the care of their families, and of targetting services for the most vulnerable.

## The Planning and Priorities Guidance 1999/2002

The guidance supported tackling inequalities in health by improving the health of children and young people. It stated that the NHS should develop a co-ordinated, child centred and effective programme of action including:

- Maternal health
- Childhood nutrition
- Reducing childhood accidents
- Screening, surveillance and immunisation
- Teenage pregnancy
- The health of socially excluded young people
- Identification of risk factors for behavioural and educational problems
- Post natal depression
- Health service response to domestic violence.

The guidance also stated that the NHS should take account of the UN Convention of the Rights of the Child and in particular children's health and rights of access to health care.

All NHS Boards now have a lead commissioner of children's services working closely with other agencies to address the health needs of children including the development of Children's Services Plans, child protection, New Community Schools and social inclusion partnerships. They ensure that Health Improvement Programmes and Trust Implementation Plans have clear targets and outcomes setting out proposals aimed at improving health and tackling inequalities in relation to children.

At more local levels, Local Health Care Co-operatives, groups of primary care professionals working together to develop services and offer consistent and fair provision of care to patients in a local area have been established across Scotland.



# 7

chapter

# the planning framework

The Scottish Executive requires local authorities, health services and their partners to develop, monitor and review a number of plans relating to children's services. In some cases the requirement is enshrined in statute. There are plans which relate directly to children's services, plans of a more general nature with implications for children and an agency's own internal planning arrangements. This section of the report identifies the range of plans covering children's services, the overlaps and duplication between plans and the action which is currently being taken to rationalise planning arrangements in relation to children.



## Plans with Direct Implications for Children's Services

Local authorities are required by statute to produce two plans that directly impact upon children's services. Local authorities have to produce a Children's Services Plan, required under Section 19 of the Children (Scotland) Act 1995, and the Scottish Executive, in addition, requires local authorities to produce an Early Education and Childcare Plan which demonstrates how the Government's green paper, **Meeting the Childcare Challenge – A Childcare Strategy for Scotland** is being taken forward at a local level and how childcare strategy funds are being used.

The Executive also require local authorities to produce outline proposals on how they intend to use Sure Start resources, a funding stream within GAE which aims to promote the personal growth and development of 0-3 year olds and provide support for families with very young children.

Children's Services Plans, Early Education and Childcare Plans and the allocation of Sure Start funding are likely to involve a number of agencies. These include relevant local authority services, local health services, the voluntary sector and local community groups, and in the case of the Early Education and Childcare Plan the Local Enterprise Company and the private sector.

The Standards in Scotland's Schools etc Act 2000 places a responsibility upon local authorities to publish plans showing improvement objectives for their areas against national priorities. The Act also requires local authorities to produce a plan for each school for which they are responsible, taking account of local improvement objectives.

## Planning Requirements with Implications for Children's Services

A number of planning arrangements exist which do not directly address children's services but will have implications for those services or require an input from those services. Local authority led plans include:

- The Community Plan
- Community Care Plan
- Community Learning Plans
- Community Safety Plan
- Criminal Justice Plan
- Youth Crime Plan
- Housing Plan
- Road Safety Plan.

Health led plans include:

- Local NHS Plans
- Health and Homelessness Action Plan.

Whilst plans may be led by either the local authority, health boards or trusts, it is likely that plans will be produced on a partnership basis with health services playing an active role in the development of many local authority led plans. Other partners which will play a key role in the development, monitoring and review of the range of plans are the police, the Reporter, the local and national voluntary sector, colleges of further education, local enterprise companies, careers services and other public bodies such as Scottish Homes.

### Internal Planning Arrangements

The Best Value regime expects local authorities to put in place a performance management and planning framework which sets out the various planning arrangements at each level of the council, how performance against plans will be monitored and reviewed and reported to stakeholders. The requirement to provide Best Value in the delivery of services will become a statutory requirement placed on all public bodies.

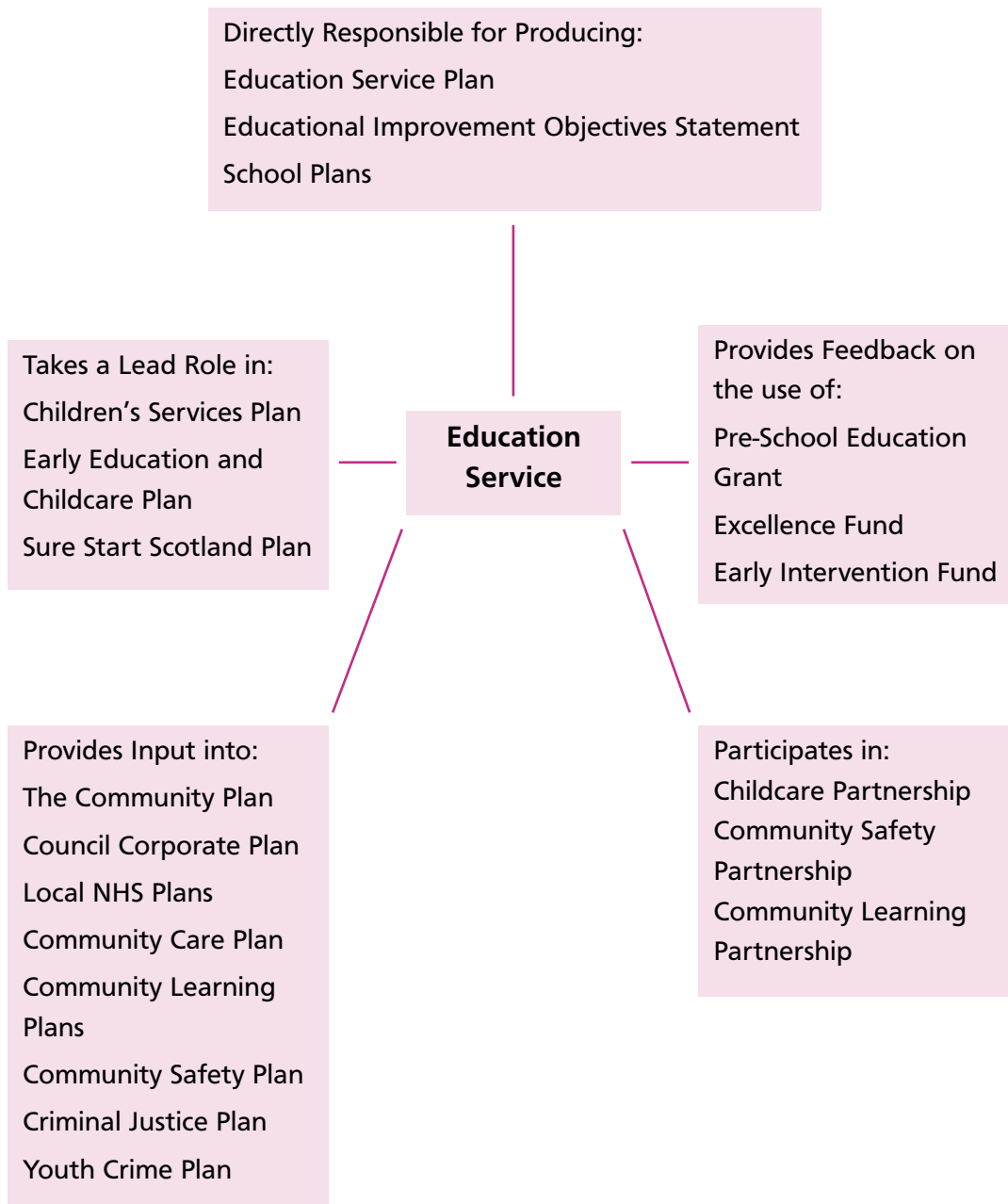
Local authorities and other public bodies therefore have their own internal planning arrangements. A local authority could have:

- A Corporate Plan linked to community planning objectives which sets out the council's corporate priorities,
- Service or departmental plans which translate corporate priorities into actions within the department and
- Sectional or team plans which break down service/departmental plans into relevant work plans.

### The Rationalisation of Planning Requirements

The sheer number of statutory, cross cutting and internal plans have created a complex web of linked and indeed overlapping plans which will inevitably lead to duplication in terms of both the content of plans, the agencies required to produce those plans and the consultation with appropriate stakeholders. The picture is further complicated by requirements to report on the use of ring fenced funding streams, and the need to be involved in partnership arrangements linked to plans and strategies. A local authority education service could play a role in all of the plans described above. To illustrate the complexity of the current arrangements, their input into the various planning arrangements, their requirement to report back on funding streams and their involvement in partnerships is set out in diagrammatic form overleaf.

## Education Service as an Example of Planning Complexity



The increasing planning obligations being placed upon local authorities and partner agencies have been acknowledged by the Executive. The Scottish Executive Policy Unit Review, *Making a Difference – Effective Implementation of Cross-Cutting Policy*, concluded,

***“There is a good case for a fresh look at the range of plans required by the Executive, with a view to rationalising the total number. Agencies report overlap and duplication: that outmoded plans continue to be requested; and that too much effort is diverted from delivering services to producing documents for which there is little real benefit.”***

The Scottish Executive is currently consulting on the power of community initiative, community planning and political restrictions on council employees. The consultation document acknowledges the considerable burden imposed by planning requirements:

***“There has been a marked increase in the number of partnerships and strategies affecting communities. A number of these have issued from central government in a relatively uncoordinated fashion and may overlap with each other. In a number of areas the resource required to service the burgeoning number of strategies has become a considerable burden on local agencies and, in particular, the community/voluntary sector, and there would appear to be considerable scope for rationalisation and streamlining of these strategies and partnerships.”***

The paper goes on to ask:

***“Would there be merit in making arrangements to help streamline and rationalise the number of new strategies, plans and/or partnerships which impact on communities?”***

There is clearly recognition that the number of overlapping planning arrangements is becoming onerous. As a result, some steps have been taken in relation to rationalising the planning arrangements around children’s services. In correspondence to local authorities and other bodies, Gillian Stewart’s letter of 31st August 2000 included a report for consultation which stated that

***“There is a general feeling both within the Executive and local government that planning requirements in relation to children’s services could be simplified.”***

Some action has been taken to reduce the duplication around children's services planning.

- Early Education and Childcare Plans, and information relating to Sure Start have now been integrated into Children's Services Plans. The Executive is working with CoSLA, ADSW, ADES and the voluntary sector to develop a strategic framework for children's services that will incorporate strategic objectives and performance measures in relation to children's services and link directly to related education and health plans.
- Local Authorities have been given the option of rolling forward their children's services plans by one year or producing a full three-year plan. The option to roll forward the children's services plan will place authorities in a better position to accommodate the strategic framework.
- The requirement for Section 19 reviews of day-care services has been repealed in the light of the requirements on local authorities and their partners in relation to the childcare strategy.
- The Executive has recently written to local authorities asking for volunteers to pilot local outcome agreements in relation to children's services and educational services. Local outcome agreements would allow local authorities greater flexibility in the use of funding streams and would reduce the requirement for planning and reporting on the use of funds. Instead the Executive and the local authority would agree relevant outcomes to be achieved. This would go some way to reducing the planning and reporting requirements placed on local authorities.

## Discussion

In discussions with various agencies, the issue of the multitude of planning arrangements has been raised a number of times. The comments made can be summarised, as follows:

- There are too many obligations on local authorities and their partners to plan and report back on action taken. These obligations are felt particularly, where LECs, health boards and local authorities do not have co-terminous boundaries. We met one LEC representative who was on three childcare partnerships.
- The Early Education and Childcare Plans and the Sure Start Plans were highlighted. Our consultees felt that the funding provided through the Childcare Strategy and Sure Start Scotland were relatively small amounts of money, compared to the overall resources spent on children's services, to merit a specific plan detailing how the money was spent.
- The current obligations place too much emphasis on process and not enough on outcome and take agencies away from the task of service delivery.
- The overlap and duplication around children's services result in the same agencies (and sometimes the same people from those agencies) meeting more than once to discuss the same issues for a slightly different purpose.

In terms of resolving some of these matters, there are a number of points which should be made. Community Planning demands that a local authority should identify local needs with partners and plan to meet those needs. Under Best Value a local authority should question both why and how it is delivering services. Both of these roles are at odds with the arrangements that the Executive has adopted in relation to ring fenced funding which is prescriptive and directive. If the Executive legislates to allow local authorities a power of community initiative, then the array of statutory planning requirements will appear further at odds with the greater flexibility accorded to local government. Those that we consulted felt that there were great opportunities, with the advent of community planning, to free local agencies from statutory planning responsibilities and allow them to develop their own planning arrangements and local partnerships to reflect local needs and local approaches. Those we consulted also welcomed the opportunity afforded by local outcome agreements and felt that they were, irrespective of this initiative, becoming more outcome focused; developing, for example, agreed outcomes between local authorities and health services rather than joint plans.



# 8

chapter

# action plan

This Action Plan identifies the steps that can be taken now by local agencies to improve services and avoid the difficulties that were identified by the Action Team, namely:

- Some children are “Born to Fail.”
- There are children who are invisible to services.
- Co-ordination of services is not widespread.
- The most vulnerable children can be excluded by services: GP de-registration, school exclusion, eviction.
- No consistent “helper” is available for each child requiring special assistance.
- There are difficulties in information sharing between agencies.
- There is a shortage of skills in working with families.



Other key findings by the Action Team, such as:

- Scottish Executive policy is perceived to be insufficiently integrated, and
- Predicated/hypothecated funding is seen as directing finance and attention into marginal project development rather than improving mainstream services and encouraging an integrated approach,

are set out with recommendations to the Scottish Executive in Chapter 9.

The main aim of this Action Plan is to ensure that agencies work together effectively to provide services to children. All of those consulted by the team agreed that children's services that were better integrated would be better services, and have better outcomes for children and families.

In those areas that have moved toward more integrated services, the team found a number of shared characteristics:

- A clear vision of children's services working together
- A shared commitment to improve services
- Clarity about the roles and responsibilities of agencies/departments/professions
- Transparency in sharing information between agencies, particularly in relation to resources, including financial resources.

These have a high positive impact in two main ways:

- A positive perception of services by service users
- High morale within an energised and positive workforce.

Better integrated working is about making better use of existing resources. The **Changing Children's Services Fund** will support this way of working. There is a substantial workforce in children's services in Scotland. Some are wholly engaged within services to children while others, such as GPs, have a wider range of responsibilities. Overall, though, there are around 100,000 staff and the total annual budget for children's services in Scotland is, at a very conservative estimate, more than £3 billion. We have, therefore approximately one member of staff for every 10 children and a budget of around £3,000 per child. We must move beyond our current service boundaries and concerns, to make best use of all the resources available in the best interests of Scotland's children. This will require a change in the way all children's services are provided. This Action Plan provides the framework for that change.

## Action Points

- I. Consider children's services as a single service system
- II. Establish a joint children's service plan
- III. Ensure inclusive access to universal services
- IV. Co-ordinate needs assessment
- V. Co-ordinate Intervention
- VI. Target Services

## Action Point 1

### Consider Children's Services as a Single Service System

In many parts of Scotland services are not pulling together. Children and families experience services as having different objectives which are sometimes in conflict. From a more organisational perspective, changes are made in one agency which significantly impact on other agencies, but these changes and their effects are not shared with these other agencies. These are all manifestations of workers believing themselves to be part of a profession/a department/an agency operating autonomously in relative isolation.

The Action Team did consider whether there was an organisational solution to these difficulties through restructuring existing agencies towards an integrated children's services agency. This remains the preferred option of some of those consulted. The Action Team does not, however, recommend such organisational change for the following reasons:

- There has already been considerable organisational change within both local authorities and the NHS over the past five years.
- It is difficult to envisage a reconstituted children's service which brings together all agencies which work with children, particularly those whose remit is wider (for example GPs and police).
- Any centrally imposed organisational structure is unlikely to be sufficiently sensitive to the evolving approaches to integrated work in local areas.
- A centrally imposed organisational structure is unlikely to meet the particular requirements of all localities in relation to specific issues of significance, e.g. deprivation, poverty, rurality.

The Action Team has noted with considerable interest the different organisational structures which have developed in Scotland since local government reorganisation in 1996:

- Joint social work/housing departments
- Joint education/social work department
- Multi-departmental strategic departments
- Children's services departments
- Joint political structures (without departmental restructuring).

The Action Team's reluctance to prescribe a single organisational solution should not be interpreted as a signal to agencies that they should remain content with the *status quo*. The Action Team has been particularly impressed by the vision of service improvement that has motivated changes in Stirling and Highland. Other authorities should similarly be considering the optimum arrangements for their own locality.

The Action Team does, however, wish to see a national approach which facilitates a new way of working across the existing agencies and organisational structures.

We need a much more robust approach to putting children and families at the centre of the service network. That will be facilitated by treating all services for children as part of a Children's Services System and by all staff perceiving themselves as operating within that single system.

This is the fundamental change required of agencies upon which all of the other **Action Points** depend. It will require cultural change in many areas of children's services.

Treating services as a single system should provide:

- Access by potential service users at any point in the service network.
- Multi-agency and multi-disciplinary consideration of optimum responses to need.
- Financial and resource planning across all of the boundaries which currently divide services.
- The ability to make best use of the expertise of the full range of staffing in children's services so service users experience seamless services.

To effect this change will require clear and powerful leadership. From the NHS side, **Our National Health** confirms that joined up children's services is a new priority for the NHS, to be addressed at all levels from strategy set at Board level to locality based service delivery. NHS Boards – with their strong local authority representation – must from their inception prioritise full integration with their partners of services and activities which benefit children's health and care. The Executive needs to ensure that the high profile of this issue is maintained over time through its NHS Performance Assessment Framework. Local authorities similarly need to give children's services the highest priority, as stressed in guidance issued on planning for children's services. Therefore within each children's services planning area, services should be jointly led by a senior member of the Council (Chair of Children's Services or equivalent) and a senior figure from the NHS.

There have already been moves towards such an approach in Scotland, particularly in Highland.

- In Highland, a series of “Looking Ahead” dinners established a consensus, through bringing together a cross-section of the community, that a focus on young people was needed, so that young people would be proud of living in Highland, would be well-educated and would stay there as adults to live and work. The Well Being Alliance was established between the partner agencies and this led to the Joint Committee on Children and Young People. This joint committee has been chaired by the Chair of the Education Committee with the Chair of the NHS Board acting as Vice-Chair. After the first year of operation these two positions have been exchanged. Having senior representation from the NHS Board and the primary care trust, together with directors and leading managers from a range of agencies, has enabled the Joint Committee to undertake a radical programme of change to realise the Highland vision. Two jointly funded management posts report to health, education and social work. A framework for a strategy for children’s services, linked to developing the Children’s Services Plan, has been drawn up. Locality planning is being established. A review of family support services is underway and a programme of “Healthy Promises” has been published. Planning for the future is founded on consultations which focus on the long-term, such as discussions with 16 and 17 year olds about the sexual health provision they would like to see for their own children. These initiatives ensure that the vision is translated through a sense of common purpose into actions which impact on practice.

## Action Point 2

### Establish a Joint Children's Services Plan

The contents of children's services plans have been looked at by a small working group involving the Scottish Executive, the Convention of Scottish Local Authorities, the Association of Directors of Social Work, the Association of Directors of Education in Scotland and voluntary organisations. Guidance on planning services, in the light of this exercise, is being issued. This takes full account of the Action Team's findings and particularly stresses the need for children's services plans to be seen as a joint task for local authorities and other partners, especially NHS Boards.

The Children (Scotland) Act 1995 emphasises the importance of the local authority working in close consultation with NHS Boards and others in preparing the plan. It is now right to move beyond this towards a position where NHS Boards and local authorities see these as joint productions, while still involving the voluntary sector, the children's reporter and other interested parties.

Local authorities and NHS Boards should now agree the children's services planning area for each locality. This may continue to be the local authority area or may now be the NHS Board area including a number of local authorities. The Scottish Executive will need to give further consideration to those areas where there are problems of coterminosity between local authorities and NHS Board boundaries.

The major tasks for the children's services planning process are:

- Engage all relevant interests
- Assess need
- Develop a local vision
- Agree funding
- Deliver services
- Develop services
- Monitor and Evaluate.

Those leading the children's services planning process must ensure that arrangements are **inclusive** and that, in particular, children, parents and relevant voluntary organisations are involved as full participants.

- The Children's Commission in Falkirk has brought together all children's services, establishing its membership and terms of reference with careful account taken of the need to ensure clarity of decision-making. The Joint Strategy Group in Glasgow, and the Children's Services Group in Dumfries and Galloway have undertaken reviews of their planning processes to ensure a clearer vision for the future which can be translated into priorities for action. Working Groups are being rationalised so that priorities can be fed into more than one planning process: an accommodation working group in Glasgow and a working group on looked after children both feed into planning processes for community care as well as for children's services.
- The Glasgow Joint Sub-committee on Children's Services and the Glasgow Joint Strategy Group have all the main agencies in the city involved, with links with the Glasgow Alliance which is responsible for the SIPs across the city. At a local level, the Area Children's Services Forums in Highland are being established to include local managers and practitioners from agencies working in each locality. An LHCC in Renfrewshire has established a Children's Network to share information and practice between services for children in the LHCC area. The Strategic Policy Group for Child Health in Forth Valley Health Board area draws together representatives from the health board, the primary care and acute trusts and three local authorities to identify priorities and plan actions to address these. Childcare partnerships across Scotland were evaluated by the University of Glasgow's Faculty of Education in October 2000: These partnerships have brought together representatives of local authorities, health services, private and voluntary sector providers and other partners to address a wide range of complex issues, making significant progress in meeting national targets for high quality, affordable and accessible childcare.

## Resources

At a local level, children's service plans should consider the full range of resources available, including staffing, and state clear plans for future resource use, including a multi-disciplinary approach to **workforce planning**.

## Finance

The joint nature of future plans will make it even more necessary for there to be **financial transparency** between agencies with cost sharing and pooled budgets being developed. The Action Team heard of time-consuming and administratively costly arrangements to cross charge between departments and agencies. These arrangements were, of themselves, often sources of considerable tension between agencies and departments.

For example, many of the most difficult issues related to costs associated with transport. Transport costs should be minimised and use of transport resources maximised through a shared transport strategy between agencies. Within each children's service planning area, cross charging arrangements should be reduced or, better, removed and replaced by cost sharing.

The Action Team heard of many positive examples of new approaches to cost sharing including pooled budgets:

- Often as a result of seeking to retain children in or close to their own communities, multi-disciplinary placement groups are being established. This involves education and social work colleagues, sometimes with support from health services, agreeing to pool funding for placements, especially for those in residential schools or receiving other "high-tariff" packages of support. Highland, Stirling and Moray are examples of such arrangements.
- Quarriers Family Resource Project in Ruchazie, Glasgow, was initiated during the last year following negotiations to agree a capital funding package between Quarriers, Greater Glasgow Health Board, Glasgow City Council Education and Social Work Departments, Greater Easterhouse SIP, the big step SIP and Scottish Homes. The project operated in temporary premises during its first months but its new £1 million purpose built premises opened in summer 2001. The building provides family support services, including support for young parents who were previously looked after, a Sure Start nursery for under-threes, the Starting Well health demonstration project and community facilities.
- Falkirk Council and Forth Valley Health Board are working to establish a new Young People's Drug and Alcohol Offending Service to provide both preventative services and direct services to young people already experiencing difficulties. The initiative is being funded through a creative combination of sources: the Health Innovation Fund, the Rough Sleepers Initiative, funding from the Scottish Executive following the review of youth crime and funding from the council. Staff will be seconded from the primary care trust, the community education service and social work, and will be based in housing services.



These financial arrangements should not be seen as operating merely at the margins in relation to joint projects, but should be used to make significant improvements to mainstream services. Three year budgeting will assist in this.

## Staffing

All of those consulted saw the present mix of professions and other staff in children's services as something that had developed accidentally, sometimes opportunistically, and not something that would be designed by anyone developing a coherent children's service system. Most of those consulted felt, though, that this was the current reality that had to be worked with.

There was, however, a significant minority view that a "new profession" was required. Some argued for this in the emerging area of pre-5 services where staff have a range of backgrounds including nursing, social care and education, but many are unqualified and some untrained.

A separate area where some wish to see the replacement of existing professions with a new profession was that covered by social workers/guidance teachers/health visitors. The Action Team regards this as an effort to provide a form of service that is widely seen to be missing from the current service network – workers able to work with families to effect positive change in the lives of children. The Action Team also found that the family, rather than only the child, was seen as the locus for intervention in many circumstances, including the most entrenched cases, but that no staff are currently specifically trained to work with families. This was seen to have resulted in unproductive activity – vaguely supportive in intent but failing to achieve real improvements – in the lives of vulnerable children. A much more robust and change-orientated approach to working with families is generally seen to be required.

The displacement of those with professional expertise and experience into consultancy or management is outlined in the full report from the Action Team.

Each children's service should ensure that a range of staff is available who are skilled and experienced in working with families (perhaps over an extended timescale). Local services should take early steps to ensure that staff able to provide this key service are identified, resourced and supported.

The Action Team has recommended to the Scottish Executive the establishment of a single workforce planning exercise which sets out arrangements for the recruitment, training, and professional development of the entire children's service workforce in Scotland (see chapter 9).

The remit of a workforce planning group should extend to joint training and staff induction. There is, however, no need for local children's services planning partners to wait for detailed national guidance to establish joint post qualifying training events and staff induction to the local children's service network before introduction to the employing agency/setting. Joint training was widely recognised as the most effective local mechanism to improve collaborative working.

- The value of joint in-service training is well recognised and there are good examples particularly in child protection training overseen by Child Protection Committees, and more recently in New Community Schools. Stirling Council's programme of multi-agency training, which has emphasised work-shadowing, was positively evaluated by a team of researchers from the Universities of Sheffield and Stirling: the commitment to staff development was recognised to be linked to a commitment to community-led change. In the same area, the child and adolescent mental health service had utilised a Health Innovation Fund allocation to set up the Triple P parenting programme which included intensive training for 40 local professionals from all local services working with children. Practitioners in Highland identified a need for groupwork skills across a number of agencies and have undertaken a joint programme of training to address this.

## Infrastructure

Local agencies can go a considerable way to improving communication, reducing costs, and enhancing integrated work, through a shared approach to elements of infrastructure. The potential for an integrated transport strategy has already been mentioned. The Action Team also believes that local agencies should consider options for co-location and examine opportunities to develop joint information technology arrangements.

## Informal Services

Informal services provide a very significant element within the network of children's services. Pre and after-school activities and attractive, accessible services for teenagers have become important components of the service network (often provided by voluntary organisations or through social inclusion partnerships). All of the existing informal services should be identified within each children's services planning area, and arrangements established to support the level of such services identified as being required within the area.

## Minority Groups

Within each children's service planning area there should be continuing consultation with ethnic and other minority groups, with feedback provided on how service adjustments have been made to ensure that services are sensitive to and acceptable to minority groups in the area. These arrangements should apply to travelling families and, where relevant, asylum-seekers/refugees as well as to more settled groups.

## Locality

Agencies frequently define geographical areas in different ways. And there is often no link between these areas and the "natural communities" identified by local people. Moving towards **co-terminosity** in service boundaries, and linking these to perceived natural communities should be another key theme within each children's service planning area.

## Planning Structure

The significance of drugs issues requires that children's service plans be effectively linked to the work of Drug Action Teams (DATs). Similarly, children's service plans will require to link to the COMMUNITY CARE PLAN in relation to children with illness/disability and carers.

It is expected that, given the significance of economic, environmental and other service issues to children and families, children's service planning will be set within a more general planning framework, usually the **Community Plan**. Progress has been made in some areas towards this kind of developed planning framework.

- **North Lanarkshire Council has established arrangements to set all relevant planning activities within a structured approach, within the context of the community plan, with the commitment of its planning partners.**

Those leading children's service planning will make use of quantitative and qualitative data in relation to children's services. They should ensure that robust mechanisms are in place to provide accurate data to inform service improvement and the achievement of best value. They will also wish to be informed directly about services by **listening at the grassroots** – to children, parents and frontline staff.

- The big step in Glasgow has a development worker to support the involvement of young care leavers in its planning and decision-making processes. A range of support mechanisms is in place to ensure young people's participation in, for example, its Board meetings.
- South Coatbridge SIP has been working with LHCCs, setting up focus groups involving young people from homeless units, the streets and some involved in drugs research to take soundings on what services should be provided. Working with Inverclyde they are also considering pregnancy and pre-pregnancy issues, looking at support services for young mothers with focus groups on developing services in family settings immediately after birth.

The Children's Services Plan should also include the detailed arrangements for access, assessment and service co-ordination as set out in the remainder of this Action Plan.

## Action Point 3

### Ensure Inclusive Access to Universal Services

Those leading children's services must ensure that all children have access to the universal services of health and education. In most areas this will simply require effective mechanisms for information sharing between agencies. In some areas though, predominantly the cities, with more transient populations, careful consideration should be given to active methods of identifying and maintaining contact with all families. This should particularly include those who have a disorganised lifestyle or who are without a regular domicile. Health services and, where appropriate, education services must be maintained to the children of such families.

Within each children's services planning area, arrangements should be established to ensure that all children are identified and that contact is maintained with them.

Those leading children's services must also ensure that, at critical points of potential service discontinuity, arrangements are in place to ensure ongoing service to children (and their families). The issues that will require closest attention are:

- Eviction

The most common reason for children being lost to services appears to be through homelessness.

- GP de-registration

A significant difficulty experienced by the children of parents who themselves present difficulties to agencies (through disruptive behaviour, drug use etc.) was being de-registered by a GP and being refused registration by other GPs in the area.

- School exclusion

In 1999-2000 there were 38,769 exclusions from local authority schools in Scotland, involving 21,229 pupils, i.e. 51 exclusions per 1,000 pupils.

## Housing

All local authorities should put in place arrangements to consider the needs of the children of families potentially facing eviction, with a view to avoiding physical eviction. Local authorities should also seek to make complementary arrangements, with the same purpose, with all housing associations within the area.

- Angus Council has a protocol requiring joint consideration in these circumstances by its housing and social work departments.
- The social work and housing services in Falkirk are now part of the same department of the council. Colleagues recognised that they shared concerns about a particular group of young people: housing had been concerned about the high turnover of 16-18 year olds in their tenancies, and social work were concerned about young people taking on tenancies with no family or other support, for example care leavers. If these young people failed in their first tenancies, this might hinder future approaches for services. A partnership with the Link Housing Association was established to focus on 16-18 year olds formerly in care especially in areas where the highest turnover occurred. It was decided not to make this a direct council service because of young people's perceptions arising from previous experiences. The eight team workers in the Tenancy Support and Aftercare Team are from multi-disciplinary backgrounds – community education, mental health and housing management – working to provide more supported environments for young people with the most complex needs.

## Primary Care

There are already existing mechanisms to ensure that children should have access to GP services and thereby to primary care team supports. NHS Boards should ensure that they work with their partners in the local authority and voluntary sector to ensure that all children can receive comprehensive continuing health support.

- The Homeless Families Healthcare Service in Glasgow is a team of health visitors, a staff nurse, and recently a GP, who provide health visiting services, based in the council's housing department, for up to 2000 families with children in homeless accommodation each year. These families are not able to access services in their former home neighbourhoods and would otherwise be without primary healthcare during very stressful periods in their lives, when their vulnerability to a range of difficulties is high. The team also works with other agencies such as other primary care services, social work, voluntary organisations, schools and the Pre-5 Homeless Support Service to link families with services they would otherwise not access from temporary accommodation. Families with a history of several addresses can also have recent links with a different part of a service across the city – for example, contact with several social work area teams. The Healthcare Service helps to minimise risk to children by re-establishing contacts which are needed. The service also continues as families are resettled, with the health visitors liaising with services in each family's new neighbourhood to ensure needs are met immediately, at a time when families particularly need a range of supports.

## Education

Each Education Authority should have in place arrangements to ensure that full education service continues to be provided to those excluded from a school.

The Standards in Scotland's Schools etc Act 2000 placed a new requirement on Education Authorities to provide education to those excluded from school. Every Education Authority should ensure that it has appropriate arrangements in place to secure this.

## Universal Services

Whenever possible, children's needs should be met from within universal services unless multi-disciplinary inclusive assessment of needs indicates otherwise.

There may be instances where children are inappropriately presented to more specialist services, who could have their needs met within universal provision. Particularly helpful in this regard are:

- The supportive involvement of pre-school, nursery school staff.
- The developed role of guidance staff in schools.
- The role of the health visitor in working with families.

The Action Team found examples of highly effective work taking place in relation to these:

- As a result of collaboration between Fair Isle Nursery in Kirkcaldy and their colleagues in health and social work services, together with the Cottage Family Centre, informal case conferences are arranged to agree packages of local support to meet the needs of children in the nursery, and their parents where appropriate. Nursery nurses act as keyworkers with their groups of children and play a key role in multi-agency case conferences, providing detailed information which would not otherwise be available.
- At Inchyra Nursery in Grangemouth a Mellow Parenting programme provides groupwork for parents focused on parenting skills, and Reach Groups introduce professionals to meetings arranged to discuss issues identified by parents.
- Lochend Secondary School has used its integration team as the foundation for a broader grouping which brings together key members of teaching staff, especially guidance teams, and other local agencies such as Psychological Services and the attendance officers. The team involved is working on a range of initiatives such as supporting young people with records of frequent exclusion from school, and establishing joint assessment records.
- The demonstration project Starting Well in Glasgow is founded on the practice of frequent visits to new mothers in disadvantaged areas, starting in the antenatal period and providing intensive support in the first years.



The Action Team was struck with the generally positive perception that existed in relation to the majority of pre-5 services. It appeared that these services, particularly Sure Start Scotland, tended to operate as a service to the family, rather than only to the child, something that was perceived to alter when the child began primary school, and the family often felt no longer supported (or even felt excluded).

- **Services for parents are increasingly seen as important, with the development of family support services often located in the same premises as services for children. Quarriers Family Resource Project in Ruchazie providing a Sure Start nursery and incorporating the Starting Well health visiting team is an example of this approach.**

Each pre-5 service should have as an objective the support of the family. The transition from pre-school to primary school provision should be carefully managed by agencies, including consideration of continuing support to parents. The current piloting of transition materials across Scotland will assist in this process.

## Co-Location

### Single Entry Points

Some authorities have developed single entry points to local services (sometimes known as One Stop Shops). Many local authorities have ensured that all council services can be accessed through one local office. Some have gone further and developed approaches in conjunction with the NHS.

- **Services are taking opportunities to bring developments into the same premises, siting staff together to enable closer and more effective working and more convenient access to a range of services for families.**
- **Sure Start Scotland programmes have prompted successful models of co-location of local services, for example locating nurseries and family support services in New Community Schools. In Girvan, there is an example of this where Girvan Family Connections is located in Girvan Primary School.**
- **Reconsideration of the siting of service headquarters also provides opportunities for closer collaboration: in Dumfries and Galloway the NHS Board and social work services are now located in the same premises.**
- **Falkirk Council has established two posts which are now placed in the Authority Reporter's Office in Falkirk. These two posts of education liaison officer and social work liaison officer are jointly managed by council services and the Reporter. This improves services to children, for example in supporting a child's educational placement to preclude compulsory measures of supervision; it also has a positive impact on people's awareness of other services and on working practices across the services.**

### **New Community Schools**

New Community Schools provide a further important opportunity for inclusive access to universal services. Integrated provision of school education, family support and health services is central to the New Community School approach. The ethos of new community schools is to bring services together on the school campus. Some local authorities have made commitments to universalise community schools in their area. Within some new community schools, though, primary care health services are absent. Earlier consideration of this issue has suggested that the key is to emphasise the role of school nurses, and for them to be fully integrated into the local health care co-operatives (LHCCs). National evaluation of the pilot programme is currently underway and due to produce an interim report in April 2002. It is intended in extending the New Community School approach across Scotland to build on best practice so that experiences gained during the pilot programme will be reflected in future development.

### **Health Centres/Healthy Living Centres**

Some attempts have been made to consolidate services within health centres, particularly where these have developed a broader range of services including healthy living centres. Education services are generally absent from such arrangements and social work services within health settings tend to be related more to community care.

None of the co-location arrangements being developed brings together all of the major elements of services to children. Unless schools and health centres were co-located (an option about which there are many reservations) it will remain impossible to have a single entry to every service provided from a single site. Each of the current arrangements does, however, have positive aspects and it will be helpful to consider the evaluations of each in informing future service developments.