

Action Point 4

Co-ordinate Needs Assessment

The majority of children can have their needs met by their families and the universal services – health and education.

Those leading children's services should now move beyond the implicit arrangements that lead, in practice, to the NHS taking the co-ordinating role for children before they enter formal education services, and education fulfilling that role once children are at school. These responsibilities should now be made explicit. These arrangements should be clearly set out within children's services plans and associated public information.

At every stage, every child should have a **named individual** who can function as the main point of information/reference for the child, and who can co-ordinate arrangements for considering whether other, more specialist, services are required for the small proportion of children who will need these. These arrangements should be seen less as a new burden than as a formalisation of what already takes place today through guidance teachers in secondary schools, the class teachers/head teacher in primary schools, key workers in the pre-school/nursery sector and, historically, by health visitors for younger children. For the vast majority of children, with a supportive family, the role of the named individual will be minimal and should involve only screening for potential requirement for other services and facilitating transitions e.g. home from maternity unit, into pre-school provision, to primary school, to secondary school, through school leaving.

In each children's service planning area, arrangements will be required to manage the transition from health led co-ordination to education led co-ordination.

Assessment

Both service users and agencies consulted by the Action Team deplored the still increasing proliferation of assessment methodologies. This results in:

- Duplication of information-giving by children and families.
- Inability to co-operate within a single multi-agency assessment format.
- Inability to compare data across agencies.

Many of those consulted urged the production of a single, modular assessment format which could be utilised by all agencies, sharing basic identifying data and sharing other information as agreed and required. Many consultees felt that it was particularly wasteful and time-consuming to develop different formats in local areas and within individual professions and agencies, when there was an opportunity to develop a multi-professional, multi-agency format for all Scottish children's services. Children, young people and parents are usually comfortable with information being shared if this is done with care, respect and consent.

- In Glasgow a common assessment format has been developed which is being implemented for use by all agencies.
- Lothian Cross Trust Group has developed a shared assessment format used by health, education and social work agencies to assist decisions related to children with high dependency needs.
- The research team at the big step SIP has developed an interagency protocol which, now it has been agreed, enables data sharing on individual young people for research purposes, overcoming previous difficulties associated with confidentiality issues.

Staged/Tiered Intervention

In some areas there has been considerable effort to develop the methodology of providing services from within mainstream resources and making more appropriate use of more specialist resources. This is commonly termed staged intervention or tiered intervention.

- Agreed protocols for determining the appropriate involvement of different agencies in interventions can be very helpful in co-ordinating multi-disciplinary support. Staged intervention was first widely promoted through the HMI's Effective Provision for Special Educational Needs, and tiers of intervention are developing in mental health services.

- Angus Council has set out the arrangements between social work and housing to work with families presenting difficult issues to both services, to determine a council position rather than two departmental views. The same council has procedures for education and social work services to meet children's needs jointly in the case of:
 - Children in need
 - Child protection
 - Special educational needs
 - Nominated social work contact
 - Looked after children
 - Exclusion from school
 - Residential educational placements.

The procedures contain 5 levels of joint approach including first level support e.g. from a teacher through networking and case conference to a high level Resource Management Team and finally Joint Directorate. Similar approaches have been developed between education and social work services in other areas such as Stirling and Falkirk.

In some instances, these arrangements extend to the consideration of measures to resolve disputes. In what is not yet a wholly integrated service but is nevertheless a good example of such an approach, within Angus Council, the Chief Executive established arrangements to ensure binding resolution of disputes between service departments, i.e. education/social work; housing/social work, through the solicitor to the council. While it may seem negative in the context of better-integrated services to consider unresolvable issues between departments and agencies, it is clearly helpful to have such resolution arrangements in place in advance, rather than attempt to initiate mechanisms at the point of crisis.

Each children's service planning area should establish a model for staged intervention (tiered intervention) which sets out the responsibilities of universal and specialist/targeted services; identifies characteristics which indicate the potential requirement for higher stage service; and establishes information-sharing and assessment arrangements. A standard element of such a model is a single assessment format which should be established within each children's service planning area and agreed for use by all agencies. Each staged intervention model should also incorporate a mechanism for the resolution of disputes. All of these elements are already in place in different parts of Scotland.

Action Point 5

Co-ordinate Intervention

A variety of circumstances may lead to something more than a named individual being required, including:

- An identified need for a consistent long-term contact with the child/family
- The intensity of intervention required with the child/family
- The complexity of the range of services required by the child/family
- The high cost of services required by the child/family.

In such circumstances and within a staged/tiered intervention model in place, a care co-ordinator should be identified. In some circumstances this may continue to be the **named individual** (particularly if the objective is to provide consistency of contact) resourced for the task and with the consent of their agency. More often, for the small proportion of children requiring such a service, a worker from another setting will function as the care co-ordinator, e.g.:

- Social worker
- Guidance teacher
- Educational psychologist
- Child and adolescent psychiatrist
- Paediatrician
- Other professional.

Leaders of children's services may wish to identify the characteristics in training, experience and skills required of a **care co-ordinator** for children.

A consultee representing ADES took the view that such a role was a valid component of the Head Teacher's remit:

"Where multi-disciplinary services are required, the head teacher can convene and chair discussions, and co-ordinate services."

Those leading children's services may also wish to establish an **administrator** working with all relevant agencies to identify all children requiring a care co-ordinator, identify the care co-ordinator for each child, arrange for service reviews and ensure the proper distribution of information.

Arrangements should in future avoid the accident of the entry point to services determining the service provided. The development of a multi-disciplinary, multi-agency model of staged/ tiered intervention will enable more rational consideration of the optimum response to the child/family from within the service network. It will be important for all agencies to have a good understanding of the remits, responsibilities and services provided by other agencies within the service network, including the identification of service thresholds outlining the characteristics of children eligible for such specialist provision.

- **East Renfrewshire Council and Argyll and Clyde Health Board are working together to develop a model of care co-ordination for children with health needs in primary schools. The model will include:**
 - a) **Avoidance of duplication for families**
 - b) **Covering all legislative requirements, addressing health, education and care needs, in one annual meeting**
 - c) **Identification of a keyworker for each child, from the most appropriate agency according to the child and family's needs, who will convene the multi-agency meeting**
 - d) **Delegation of resource decisions to the meeting**
 - e) **Ultimately, shared assessment and pooled resources.**
- **Lothian Health and its four local authority partners have developed a joint approach to meeting the needs of children with or affected by disabilities and their main carers. This involves health, education and social work staff.**

Action Point 6

Target Services

Each children's services plan should set out how two main aims will be achieved:

- Providing excellent universal services for all
- Targeting additional services to meet need and reduce inequalities.

Within each children's services planning area there may be localities identified as areas of deprivation that require additional support. Some will be within Social Inclusion Partnership areas (SIPs) but some, particularly small areas, may not currently be included in SIPs. Similarly, in more rural communities, the full range of services may not be available. Children's services plans should demonstrate how targeted services will be provided in these areas.

It would clearly be helpful if all agencies had a common understanding of the characteristics of Children in Need. Many approaches to this simply generate a list of characteristics of children with no concept of how these characteristics are to be identified and no consideration of at what point on the spectrum of variability within each characteristic the child can be identified as requiring a service. The Action Team found that, in some parts of Scotland, an actual incident of harm to the child was required before specialist services were considered. On the basis of their visits and interviews, and largely developed from good practice around Scotland, the Action Team has developed a simple framework for considering the characteristics of Children in Need to help better target services:

- I. Children sought out by agencies
- II. Children coming to the attention of agencies
- III. Emerging issues
- IV. Predictability.

For children in all of these categories consideration should be given to managing the transition out of children's services as well as the arrangements for accessing services. For disabled children, for example, this will require operational arrangements set out in both the Children's Services Plan and the Community Care Plan.

I. Children Sought Out by Agencies

Some individual children may have illness, disability or impairment (including transitory presentations), which requires additional support. Staged intervention arrangements should set out how such children are to be identified, what services will be provided, how provided, and how co-ordinated. Similar arrangements should be in place to identify and provide services to children who are carers.

- **East Ayrshire Carers Centre works with schools, hospitals and GPs to raise professional awareness and to seek out the names of families where an adult is disabled or chronically ill and where a child may be affected.**

II. Children Coming to the Attention of Agencies

Agencies often give least critical attention to this category of children. Some are, however, reviewing historical assumptions and re-considering eligibility criteria and service thresholds. Such exercises need to take place in a multi-agency context. Some agencies distinguish between two reasons why the service would have such children referred.

- Because of things done *by* them
- Because of things done *to* them

Children tend to come to the attention of agencies in the first of these categories through behaviour and conduct seen as unacceptable. This might be seen in the home, school or community. The spectrum ranges from inappropriate behaviour/indiscipline through bullying to offending.

The second category of children includes the victims of bullying and those abused or neglected by their parents. There seem at present to be few arrangements to support children who are the victims of crime where the parents are not the perpetrators. Each children's service area should identify the criteria for accessing services, including arrangements to ensure the optimum service response.

- **Glasgow Child Protection Committee identified a growing concern with children at risk from prostitution for whom usual child protection procedures were not appropriate. The committee worked to establish its Vulnerable Children's Guidelines for this group and for other young people whose behaviour was placing them at risk, but who might not perceive themselves as in need of protection.**

III. Emerging Issues

Other children may, like young carers, be difficult to identify, but may be in need of assistance, including children using drugs/alcohol and children whose parents have characteristics that cause difficulty for the child- parental drug/alcohol use, parental illness (including mental illness), a parent in prison, etc. Arrangements should be made, probably through their named individual, to identify such children to determine whether their informal support networks are sufficient to meet their needs.

Three “emerging issues” have been identified:

- Drugs
- Psychiatric diagnosis
- High dependency.

Drugs

The Action Team found little evidence that children were presenting to agencies with difficulties relating to drug use. Such drug use was, however, frequently found among those children coming to attention of agencies for other reasons. Professionals working with children have little doubt that, for many children, problems associated with drug use were gestating and, for a proportion of children, would lead to serious problems in adult life.

A more striking and currently more serious issue identified by the Action Team is the number of children being cared for by drug using parents. All of those consulted who work in child protection expressed concern at the circumstances of those children, particularly very young children, in families where the parents were drug-users. Consultees from a range of settings spoke of the unpredictability, irresponsibility and incapacity of these parents.

While considerable effort is being made in preventative services, particularly innovative programmes within schools and youth services, the Action Team found serious gaps in drug services:

- There are no widespread drug services targeted on/available to adolescents.
- Services for drug abusing adults are generally blind to the circumstances of the children of those adults.

The Action Team did, however, find that the Year 1 funding within the Changing Children’s Services Fund, was promoting new attention to both the above areas of concern.

The leaders of the children's service planning process should liaise closely with the local Drug Action Team (DAT) to ensure that drug services are sensitive to adolescents requiring services and to the children of adult drug-users.

Psychiatric Diagnosis

Some years ago the main emphasis within psychiatric approaches to children seemed to be in relation to good mental health and emotional well-being. There was little doubt among those consulted that the main issue now is the increase in psychiatric diagnosis including earlier diagnosis of "adult" mental illness; diagnosis of autism in its various forms; and, particularly, the diagnosis of attention deficit hyperactivity disorder (ADHD) and its variants.

The Action Team found there to be a general consensus among mental health professionals consulted that the increased diagnosis of ADHD was as a consequence of improved sensitivity to the condition. However, a few dissenting voices among the specialists were more in tune with the more sceptical attitude found more generally. Many of those working with children expressed concern that what had previously been identified as a behaviour/conduct problem, sometimes in the context of problematic family relationships, was now being labelled in a different way which made approaches other than medication unavailable, and which removed children from the potential assistance available within a multi-disciplinary approach. This latter concern was also shared by the mental health professionals consulted, who wished to maintain appropriate multi-professional service to such children and families. This was the only area of children's service considered by the Action Team where comment was made regarding the potential negative impact of the benefits system: children diagnosed as having ADHD who are on medication are eligible for disability benefits. This was seen by some consultees as a financial disincentive for the child to improve.

This is a difficult and sensitive area, and one where the Scottish Executive will wish to consider the best available evidence, including international experience, in providing guidance to medical practitioners and others. In the meantime, the Action Team believes that no medical/psychiatric diagnosis should remove a child from the potential assistance available within the range of multi-disciplinary children's services.

High Dependency

Improvements in antenatal and neonatal care, particularly through the development of new technologies, have led to a greater number of children with profound medical difficulties surviving than was previously the case.

To ensure the optimum quality of life for such children often involves further use of new technologies and often highly intensive personal care. This can present major challenges to agencies, but the Action Team heard of examples of good multi-disciplinary practice directed to meeting the needs of such children.

- **Lothian Universities NHS Trust, working with the NHS Board and local authority partners in four council areas, set up the Cross Trust Group to address the needs of a growing number of young children with high dependency needs including the need for technological supports. To ensure that the children can live in as normal circumstances as possible, for example living at home and attending a local school, innovative arrangements are made to put in place packages of care for each child. These generally involve the training of identified carers by the health services. Agreement is reached by the Cross Trust Group for the funding of each child's package of supports: this is based on a shared assessment in which parents participate and which enables decisions to be taken regarding the extent to which each child's needs are judged to be health, educational or social in nature.**

The expertise and resources required to operate such a service may not be available within every NHS Board area. In such circumstances NHS Boards should, on behalf of children's services planning partners, ensure access to such resources from regional centres, i.e. generally, specialist paediatric hospitals.

These are issues which are increasing in volume and which require better co-ordinated responses from agencies. Each requires early attention within each children's services planning area.

IV. Predictability

Those leading children's services should consider those children who, because of characteristics in the family, are not receiving the positive start which all children deserve. Many services have identified that they can "predict" those children who will require services in the future. This knowledge should be translated from passive waiting to active preventative work. Services should aim to provide responses to such families, which prevent the children experiencing difficulties and potentially presenting problems later.

The Action Team found the concept of predictability to be the most contentious issue of their findings. It was perceived by many to be stigmatising and labelling, contaminated by inappropriate value judgements. Some consultees asked for the use of less deterministic terms such as vulnerability or risk. The Action Team believes, however, that what was described by many consultees goes beyond any reasonable application of these terms and justifies the use of the term predictability. What alarmed the Action Team was that no action by agencies followed on from this widespread agreement in identifying the most vulnerable and at risk children.

Some consultees expressed the view that the requirements of the minimum intervention/no order principles of the Children (Scotland) Act 1995 prevented targeted preventative work. This does, however, seem to have influenced practice away from prevention and early intervention in recent years. The majority of those consulted, though, regarded this as a misreading of the Act.

The Action Team believes that it is the responsibility of agencies to apply their shared knowledge of the predictability of children who will require services, to offer an intervention rather than, as at present, await the development of problems.

Informal Services

Many informal services have had considerable success in reaching families, children and teenagers who have been difficult to engage in mainstream services. In many areas, these informal services need to be brought in from the sidelines and properly valued for the particular contribution they can make to the service network. Sometimes these services were linked to statutory provision, e.g. breakfast clubs, after-school care. Sometimes they were community-based services supporting new parents. A growth in the provision of services through drop-in arrangements makes services available at more convenient times and through more accessible approaches.

As well as providing formal services, leaders of children's services should identify the informal services provided within the area and ensure that sufficient open-access services are provided to meet local requirements. Voluntary organisations can be key partners in such services (as well as in highly specialist provision). Informal services might include:

- Breakfast clubs
- After school activities
- Parent support
- Services for teenagers.

- Inverness New Community School's "Any Health Concerns" encourages informal access to health advice and information.
- Breakfast clubs initiated as part of New Community School programmes, such as those at Merkinch Community Centre, Inverness, and at Methilhill Primary School, Fife, are providing opportunities for children, parents, teachers and others working with children such as school nurses, to come together in informal and enjoyable settings. This enhances access to supports and also promotes attendance at school, positive attitudes to school, and healthy eating.
- Buckhaven High School, another New Community School, initiated lunchtime drop-in and information sessions for young people with occasional visiting speakers. The success of this venture in supporting vulnerable young people led to the establishment of a lunchtime Youth Club for these pupils.
- Services for young people are provided in Stirling town centre through two collaborating projects now located in the same premises. Drop-in services including youth information, leisure activities, music and access to new technology in Off the Record are linked to sexual health services provided by a health team, including a GP, in SOS (Sorted on Sex).

Sometimes, they reached out to teenagers who might find it difficult to accept formal services.

- South Lanarkshire Council redesigned its services for young people by topslicing all council budgets and realigning youth work services into integrated youth facilities designed by and for young people. The new Youth Learning Service is delivered principally through the Universal Connections facilities which provide a one-door approach to the services of the council and all its partners, with young people involved in the planning and delivery of services.

Sometimes, they provided highly specialised responses to particularly vulnerable or stigmatised groups:

- 'Access Point' is located in Edinburgh. Three types of service are available to homeless people – health, social work and housing in one location. Developing a service with a specific group in mind has meant doing things differently, for example the average time available for service users for an appointment with a GP in the Homeless Practice is fifteen minutes – twice the time a GP might normally give a patient and more reflective of the complex needs which individuals present to the doctor.

The project is linked up to databases of information in the local authority housing department and the NHS Board although social work systems currently do not allow this. It is funded from the Rough Sleepers Initiative, Lothian Primary Care Trust and the City of Edinburgh Social Work and Housing departments. It emerged from a multi-agency group, the Homeless Planning Group (HPG). The project's clients are not necessarily rough sleepers, but they are all homeless. The project estimates that about 25% of their users are under the age of 21. Mostly they come as a result of word of mouth recommendation.

One academic consultee seen by the Action Team urged the promotion of more informal services, perhaps providing "safe havens" for children experiencing difficulty in their home and local community. The Action Team found that in many areas new approaches were being taken to provide easily accessed services through community organisations and voluntary organisations. In some instances, such approaches had been explicitly supported by Social Inclusion Partnerships.

- Cumnock SIP has established a range of projects which interact together to provide a network of local services. For example, the Community Learning Opportunities Project works with Yipworld.com, a project for young people with a health visitor and a midwife, to introduce its Virtual Baby Programme. This enables young teenagers to experience over a weekend the demands of meeting the emotional and physical needs of a baby, as part of a series of workshop seminars. The long-term outcome is intended to be a reduction in the high number of teenage pregnancies in the area.

Clear information for service users is a key element in improving access to services for children and families. Information is being developed through a range of formats – leaflets, directories, CDs and websites.

- East Ayrshire Carers Centre is addressing the issue of identifying young carers through producing a range of information which is attractive to young people. This is supported by further ranges of materials directly targeted to different groups of professionals to assist their understanding of the challenges young carers face, and the services they need.

- South Lanarkshire Council has published, in conjunction with children's services planning partners, a guide to services for children with a disability. This includes information about health, education, social work, community and leisure, housing and benefits services together with information on voluntary organisations and support groups. Other published leaflets provide information on a range of subjects of interest to parents, such as dyslexia, children's behaviour, school refusal and bereavement. Some of these issues are also addressed in complementary leaflets for young people. An information pack on children's rights, including a CD "A young person's guide to the Children (Scotland) Act" and information on how to make a complaint was produced by the Children's Rights Service following a request from young people.

The identification of the need for, and availability of, informal services within an area in the context of the Children's Services Plan (see Action Point II), will provide a renewed focus on these services and their role within the service network.



9

chapter

implementing, sustaining and monitoring change

Introduction

The Action Plan constitutes an imperative to change.

That is why this report has detailed the chaotic condition of current services which, at least in relation to the most vulnerable, are close to crisis, as well as making recommendations for the future.

The Action Team has taken the view that those involved in planning and delivering children's services, as well as those responsible for policy, will wish to take the necessary steps now to improve services, rather than have to report similar or worse difficulties in 5, 10, or 25 years.

A simple injunction to change, however, is unlikely of itself to produce a positive response. (One of the Action Team's practitioner/manager group suggested that the action plan constituted "high standard conscience-driven ideals that look like a lot of extra work.") The remainder of this section is concerned with recommending a framework within which the necessary changes can take place.

Positive Context

One significant element is undoubtedly the macro-economic environment. It is generally agreed that the national economy is now in a healthier and more stable condition than has been the case for a considerable time. Tax and benefit policies are widely regarded as having moved toward being child and family friendly. Child-care is more available than at any previous time. In addition, there is a new emphasis on children's rights which locates much of the discussion of children's services in a new context.

All of the above contributes to a positive context which creates real opportunities for change.

Integration in the Scottish Executive

The Action Team has heard considerable criticism of the Scottish Executive in relation to the perceived absence of a fully integrated approach to policy. There was a common perception that policy was "departmental"; that while the Scottish Executive usually referred to the need for integration, that task was left to local agencies; that predicated and short-term funding was diverting attention from improving mainstream services, and that an excessive reporting burden was placed on agencies.

The Action Team learned of the considerable activity taking place within the Scottish Executive to improve the approach to "joined-up" policy, and of the work being undertaken to provide greater freedom to public agencies in financial matters to facilitate joint developments, pooled budgets, etc., within an acceptable financial accountability framework.

The Scottish Executive has committed itself to “child-proof” legislation, policy and initiatives to ensure that they have the most positive possible impact on children and families. In practice, those consulted by the Action Team could see little evidence that this process was taking place. What those consulted are seeking is an integrated policy framework from the Executive.

Recommendation 1

- The Scottish Executive should reaffirm its commitment to consider the impact of all legislation, policy, and initiatives on children (and their families) through the publication of a child impact statement in relation to each measure.

Resources

The Action Team noted with considerable concern that some of the best services being provided in Scotland, through Social Inclusion Partnerships, were dependent on short-term funding sources.

Recommendation 2

- The future of the range of essential children’s services funded through short-term measures requires to be consolidated.

Action Point II of the Action Plan discusses ways of making effective use of the total budget for children’s services and sharing knowledge of the budgets for all relevant services is shared by all the planning partners. These financial arrangements should not be seen as operating merely at the margins in relation to joint project developments etc., but should be utilised to make significant improvements to mainstream services.

Recommendation 3

- The Scottish Executive should issue guidance to local authorities and NHS Boards which encourages shared financial approaches within an acceptable accountability framework.

The Action Team has described a range of issues relating to staff resources and how these are deployed. During the Action Team’s consultations, it became clear that there is much concern about these issues and that various solutions have been suggested or attempted.

The Action Team's preference would be to see all these issues in relation to the workforce for children's services to be recognised as being interdependent, and for them to be brought together within a single workforce planning effort which sets out arrangements for the recruitment, induction, training, and professional development of the entire children's service workforce in Scotland.

Recommendation 4

- The Scottish Executive should establish, in conjunction with professional associations and training establishments, a workforce planning group to take forward plans for children's services workforce in Scotland. This should include consideration of the training for staff to work with families. It should take into account the link between development of service planning and workforce planning.

Co-Terminosity

In most parts of Scotland there is, at the macro planning level, co-terminosity between local authorities and NHS Boards (or groups of one with the other). There are, however, serious problems of fit in the West of Scotland in relation to Greater Glasgow Health Board and its six local-authority planning partners and Argyll and Clyde Health Board and its local authority partners. Two of the smaller local authorities, West Dunbartonshire and East Renfrewshire, have to relate to more than one NHS Board.

Recommendation 5

- The Scottish Executive should consider options to resolve these boundary issues at the macro planning level.

The Role of Voluntary Organisations

The Action Team noted that although voluntary organisations provide many of the best children's services in Scotland, a range of issues exists relating to their involvement in the development of these services. In particular, tendering exercises were absorbing staff and financial resources that could be better directed towards service provision.

Recommendation 6

- To ensure that voluntary organisations are key partners in children's service planning, the Scottish Executive should issue guidance to local authorities and others in relation to the most effective, best value methods for identifying long-term service partner relationships which are not in conflict with procurement regulations.

The Role of Universal Services

The importance of identifying all children and maintaining contact with universal services has been emphasised. Exclusions from school were seen by many of those consulted by the Action Team as a key issue, which can potentially lead to children becoming invisible to services.

The Action Team welcomes the attention being paid to this issue by the Scottish Executive through the promotion of alternatives to exclusion and the considerations and recommendations of the Discipline Task Group. At present, though, the Action Team has heard of excluded children denied any educational provision, sometimes for long periods.

Recommendation 7

- The Scottish Executive should reinforce the requirement that each educational authority have in place arrangements to ensure that education services continue to be provided to those excluded from school and that NHS Boards should ensure that health services should be continuously available to all.

Needs Assessments

The difficulties arising from the proliferation of assessment methodologies in different areas and by different agencies have been described. An opportunity has been identified to develop a multi-professional, multi-agency format for all Scottish children's services.

Recommendation 8

- The Scottish Executive should commission the development of a modular information and assessment format for use by all agencies working with children in Scotland (this could build on the work already underway in relation to individual services and electronic formats).

Children's Commissioner

There has been considerable interest internationally in the role of a Children's Commissioner in developing the children's services network. Such a role has now been established within the UK by the Welsh Assembly following the recommendations of the Waterhouse Inquiry.

The Waterhouse Report into the widespread abuse of children within the care system in Wales has an irresistible force in its recommendation for an independent Commissioner to hear from children and investigate issues raised.

Within Scotland, a Commissioner could, additionally, provide an annual report to the Scottish Parliament on children's services in Scotland, and provide informed comment on plans and developments in policy and services. The Education, Culture and Sport Committee is currently considering, at the Scottish Executive's request, the case for a Children's Commissioner in Scotland, and what his/her role and remit might be. Almost all we spoke to would strongly support such a development.

Change Support Agency

The Action Team heard from many consultees who urged the availability of specific skills, experience and expertise in assisting with the change process towards fully integrated services.

Recommendation 9

- The Scottish Executive should establish a change support agency to facilitate progress toward better integrated children's services.

If a Children's Commissioner is appointed, the Action Team believes that the change support agency would be ideally located within his/her remit.

Good Practice/Dissemination

Everyone consulted was interested in hearing of good practice in other areas. Services are also increasingly using research to inform their practice. However, there was no existing mechanism to identify good practice and no programme/opportunity to share such information.

There are clearly major benefits in the identification of what works well in order that agencies can consider the potential application of such models within their own area.

Recommendation 10

- The Scottish Executive should establish arrangements to identify good practice and ensure the dissemination of such information.

The Action Team believes that this role may be best fulfilled by the Change Support Agency.

Changing Children's Services Fund

The positive impact of the Changing Children's Services Fund has already been noted.

The Action Team believes that the fund will be most effective if, rather than being used to establish yet more small-scale projects which have minimal impact on mainstream services and which present significant problems when their short-term funding expires, the fund is explicitly seen as a source of finance to fund a transition from services as they currently are to an integrated service system.

Recommendation 11

- The Changing Children's Services Fund should be made available on the basis of a commitment by local agencies within the agreed children's services planning area to implement the Action Plan.

Monitoring Services/Measuring Progress

The scale of measurement and scrutiny was a matter raised with concern by many of those consulted by the Action Team. Many felt that information gathered was not effectively used locally as a management tool and there was little feedback to service providers on the analysis of national trends and local variances.

There is a wide range of agencies and organisations collecting such data across children's services, including:

- Scottish Executive departments
- Scottish Executive Inspectorates
- Clinical Standards Board for Scotland
- Audit (Scotland)
- Scottish Commission for the Regulation of Care (once fully operational).

The majority of material, including the extended range of resource, process and outcome that will be gathered in relation to best value, remains departmental in origin and reporting. Many viewed this as a failure to grasp the significance and relevance of the integrated service agenda in children's services (and other services).

There is a great need for accurate identification of the current status of services for children, and longitudinal appraisal of the more significant measures of services. This should not involve the development of new measures, but does require improved utilisation of existing data.

Performance measures should be set against national standards in respect of the responsiveness and quality of services, and outcomes should be clearly related to the characteristics of each area. The aim should be to ensure that children have equal opportunity in every part of Scotland.

Recommendation 12

- **The Scottish Executive should establish robust and universal arrangements for the collection, analysis and reporting of information in relation to children's services.**

The Action Team believes that this role would be best carried out by Audit (Scotland) which is already responsible for performance information in respect of councils, and is Auditor for both councils and NHS Boards, and for best value appraisals. Such reports would provide a major information source for a Commissioner for Children in considering the state of children's services in Scotland.

appendices

appendix 1

membership

Action Team Membership

Douglas Bulloch (Team Leader)	formerly Director of Social Work, East Ayrshire Council
Andrea Batchelor	Head of Integrated Lifelong Learning, South Lanarkshire Council
Dawn Corbett	Head of Corporate Policy, Glasgow City Council (was employed by Fife Council while seconded to Action Team)
Jean Herbison	Consultant Paediatrician, Yorkhill Hospital, Glasgow
Colin Morrison	The TASC Agency, Edinburgh (partner)

Reference Group Membership

Gill Stewart, ED (Chair)	Children & Young People's Group
Mark Batho, DD	Social Justice Group
Riona Bell, FCS	Education, Enterprise & Lifelong Learning finance
Jackie Brock, HD	Directorate of Policy – Primary Care Unit
Wilma Dickson, HD	Directorate of Policy – Primary Care Unit
Mike Ewart, ED	Schools Group
Gita Jackson, ED	Children & Families Division
Alastair Merrill, ED	Information, Analysis & Communications Division
Stella Perrott, ED	Social Work Services Inspectorate
Neil Rennick, FCS	Local Government Finance & Performance Division
Sarah Smith, ED	Children & Families Division
Peter Willman, ED	Children & Families Division

In attendance:

Douglas Bulloch	Action Team
Andrea Batchelor	Action Team
Jean Herbison	Action Team

Practitioner/Manager Group

Colin Morrison	Action Team (Co-ordinator)
Isabel Steel	SONAS, Benbecula
Susan McIvor	James Gillespie's High School, Edinburgh
Caroline Davis	PHAB Scotland
Margot Clark	NCH Action for Children, Edinburgh
Dr Catriona Smith	Consultant Public Health, Argyle & Clyde
Isobel Lawson	Stepping Stones for Families
Muriel Laing	Bishoploch PS, Glasgow
Sue Gutteridge	Play and Out of School Childcare, Stirling
Dorothy Neoh	San Jai Project
Vijay Patel	BAFF
Rob Stone	Fair Isle Nursery, Kirkcaldy
Gwen Barker	East Ayrshire Council (social inclusion)
Dr Nick Child	Child and Family Clinics
Margaret Roeve	Carer
Pat Hughes	Homeless Families Initiative, Glasgow
Sister Mary Ross	Notre Dame Centre, Glasgow
Bill Alexander	Highland Council
Dr Christine Young	Viewpark Health Centre
Gail McCoo	Strathclyde Police
John Hammond	Scottish Children's Reporters Administration

In attendance:

Douglas Bulloch	Action Team
Andrea Bachelor	Action Team
Dawn Corbett	Action Team
Jean Herbison	Action Team

appendix 2

resources

Finance

Figures for overall expenditure by the Scottish Executive, including central government support for local authorities, updated following the new budget allocations announced by the Minister for Finance on 28 June 2001, are in the annex to this section. In some cases – particularly expenditure on education and children’s social services – expenditure can readily be identified as related to children. In other cases such as health, although much funding is spent on children, it is less easy fully to identify this separately.

One particular issue sometimes raised is the disparity between notional allocations from the Scottish Executive to local government for children’s social work services and actual expenditure. The table below sets out provisional out-turn in such expenditure for 2000-01, and the best estimate of expected out-turn and notional allocation (GAE = grant aided expenditure) for 2001-02. This shows expected out-turn at 52% above the notional allocation. It should be stressed that the Scotland-wide percentage masks variations at the level of local authority and that the GAE figures are only intended as a way of calculating grant: there is no obligation or expectation for local authorities to follow them in expenditure decisions.

	PO 2000-01 £000	BE 2001-02 £000	GAE 2001-02 £000
A Children			
1 Children’s Panels			
Residual Costs (I – IV)			
i Panel Member Training	342	349	
ii Panel Member Expenses	504	582	
iii Travel Expenses For Families Attending Hearings	61	61	
iv Fees For Safeguarders	289	336	
2 Community and Residential Care	188,657	193,743	114,770
3 Day Care	46,775	53,415	31,931
4 Children’s Services Development Fund	12,114	16,069	15,000
5 Administration & Casework	72,112	74,669	61,559
	320,853	339,223	223,259

There have been some developments recently on best use of resources, particularly in the context of enabling better integrated services:

- The Changing Children’s Services Fund, which started with £4 million for drugs related projects only in 2000-01 and which will get fully underway in the following two years with funding of £33 million and £44.5 million respectively, draws on Scottish Executive resources from education, health and social justice. It is intended to encourage
 - The expansion of good practice in delivery of well integrated services;
 - Modernisation to reshape existing services to achieve better integrated support; and
 - New and innovative approaches to integrated service delivery.

A particular challenge here will be to escape from the syndrome of time-limited projects with uncertain funding and instead achieve a genuine reconfiguration of services.

- A study has been undertaken into funding crosscutting working.
- Work is underway in developing pilot local outcome agreements, including in children’s services, between the Scottish Executive and a number of local authorities.

Staff

Resources for children’s services should not be seen purely in terms of finance. Staffing, in particular, is vital. Even where financial resources are available it is not always possible to find staff to fill vacant positions. This problem, among others, in the teaching profession prompted the Committee of inquiry into professional conditions of service for teachers (the “McCrone Committee”) although developments since its report seem to have improved the situation. Similar difficulties have been experienced in recruiting social workers in children and family services.

Nor should staffing be seen simply in terms of numbers. Levels of qualification at entry level, and professional development thereafter, are important in ensuring that the best use is made of staff resources.

The remainder of this section sets out some outline data on staff numbers and entry qualification levels.

- Staffing

Education (All Fte)

Teachers – Total:	47,098	Source: Summary Results of the September 1999 School Census
Primary Teachers:	22,643	Source: as above
Headteacher grades:	3,844	
Secondary Teachers:	24,455	Source: as above
Headteacher grades:	1,854	
Educational Psychologists	361	Source: SEED: Pupil Support Division
	(actual)	

Social Work Staff in Children's Services (All Fte)

Total:	4,549	Source: Scottish Executive Statistical Bulletin No SWKS/1999/21
Managerial grades:	761	Source: as above
Social Workers:	1,178	Source: as above
Care Staff:	1,726	Source: as above
Other specialist:	252	Source: as above
Other:	631	Source: as above

Health (All Fte)**Doctors:**

General Practitioners	3,877.9	Source: Scottish Health Statistics 2000
Paediatric:	395.5	Source: as above
Consultants:	92.3	Source: as above
Child & Adolescent Psychiatrists:	75.6	Source: as above
Consultants:	43.9	Source: as above
Paediatric Surgeons:	35.6	Source: as above
Consultants:	11.6	Source: as above

Nurses:

Hospital Paediatric Nurses:	2,073	Source: as above
Health Visitors:	1,464	Source: as above
Clinic/School Nurses:	488	Source: as above

Dentists:

Primary Care:	2,016	Source: as above
Other:	463	Source: as above

Childcare (Actual Numbers) Source: Estimates from Early Education and Childcare Workforce Survey (MVA Consultancy)

Total:	32,000	
Pre-school centres:	22,000	(10,000 full-time, 12,000 part-time)
Out of school clubs:	2,600	(450 full-time, 2,150 part-time)
Childminders:	7,500	

Workforce Regulation

There are a variety of regulatory bodies for staff in children's services:

Teachers	General Teaching Council
Classroom Assistants	None
Social Workers	Scottish Social Services Council
Other Social Work Staff	Scottish Social Services Council
Doctors and Surgeons	General Medical Council
Nurses and Health Visitors	None
Childminders	Scottish Social Services Council
Nursery and Other Child Care Staff	Scottish Social Services Council

It should be noted, however, that the Scottish Social Services Council's regulatory coverage will be extended gradually. Initially it will concentrate on qualified social workers and managers of care establishments.

Voluntary Sector and Volunteers

Human resources in children's services come not only in the form of paid, professional staff. The role of volunteers is enormously important. The Scottish Executive is committed to promoting the voluntary sector. Its commitment is set out in **The Scottish Compact: the principles underpinning the relationship between Government and the voluntary sector** (originally produced under the then Scottish Office but subsequently re-endorsed by the Executive).

The Executive endorses the importance of volunteering, not least for young people. As the Scottish Compact said 'voluntary activity must be seen as a part of citizenship for young people'. A number of Ministers underlined their commitment in February and March 2001 by shadowing volunteers, as part of the International Year of Volunteering.

That said, some of the Executive's recent or planned initiatives might have the effect of discouraging volunteering. Greater access to criminal record checks and, in due course, to the index of adults unsuitable to work with children, may discourage volunteers with criminal records even where this is for trivial offences. Although there are safeguards to ensure that such information is handled with appropriate confidentiality, prospective volunteers may be unwilling to trust this.

Annex A

Department Expenditure Limits (DEL)

CASH £m	2001-02	2002-03	2003-04
Central Government support for Local Authorities	4,980.2	5,412.6	5,799.7
Children and Central Government Education	311.9	345.2	421.4
Community Care	5.8	8.5	9.0
Crown Office	55.6	60.1	61.6
Enterprise and Lifelong Learning	2,051.8	2,088.1	2,155.1
Environment	380.3	382.3	383.3
EU Structural Funds	172.0	198.5	138.5
Food Standards agency	4.8	5.1	5.3
Forestry	32.4	34.0	34.1
Health	5,914.2	6,400.9	6,845.0
Justice	592.0	625.4	647.1
Modernising Government Fund	14.3	16.1	1.0
Rural Affairs	221.6	228.6	233.7
Scottish Executive Administration	197.7	202.9	207.4
Scottish Executive Associated Departments	23.6	17.9	15.2
Scottish Public Pensions Agency	5.1	5.1	5.1
Social Justice	707.1	740.1	825.1
Sport and Culture	143.0	148.4	151.2
Transport	457.7	479.7	557.7
Scottish Parliament & Audit Scotland	90.0	97.3	63.4
DEL RESERVE	18.0	53.0	53.0
Total	16,377.6	17,547.6	18,610.7

appendix 3

selected statistics: children's services

The information in the Appendix has been drawn together from a variety of published sources by SEED: IACD

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Population

Figure 1

Mid-year population estimates; Scotland and its council areas by age group: 2000

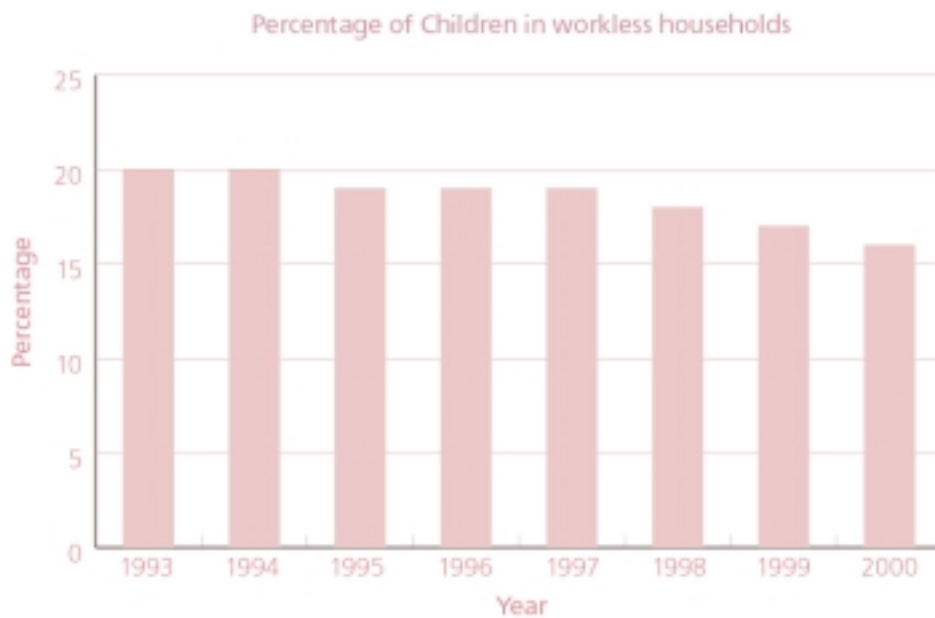
	Age Group							
	All ages	0	0-4	5-11	12-15	%0-15 ⁽¹⁾	16	17
Scotland	5,114,600	54,028	288,310	450,140	262,098	19.6	62,066	63,235
Aberdeen City	211,250	2,178	11,219	17,502	9,818	18.2	2,250	2,431
Aberdeenshire	227,200	2,447	13,232	21,531	12,664	20.9	2,948	2,913
Angus	109,180	1,067	5,984	9,752	5,681	19.6	1,397	1,309
Argyll & Bute	88,790	784	4,296	6,990	4,421	17.7	1,106	1,178
Clackmannanshire	48,460	535	2,858	4,541	2,696	20.8	628	623
Dumfries & Galloway	145,800	1,375	7,702	12,642	7,583	19.2	1,739	1,771
Dundee City	142,700	1,501	7,956	12,090	7,170	19.1	1,691	1,728
East Ayrshire	120,630	1,261	6,807	11,164	6,358	20.2	1,518	1,487
East Dunbartonshire	110,760	985	5,748	9,241	5,508	18.5	1,346	1,392
East Lothian	91,280	1,019	5,362	8,247	4,538	19.9	1,025	983
East Renfrewshire	89,790	958	5,163	8,175	4,599	20.0	1,114	1,157
Edinburgh, City of	453,430	4,654	23,941	34,891	19,233	17.2	4,418	4,572
Eilean Siar	27,180	251	1,401	2,421	1,518	19.6	348	376
Falkirk	144,320	1,555	8,349	12,913	7,116	19.7	1,699	1,835
Fife	350,400	3,559	19,392	31,348	18,704	19.8	4,432	4,472
Glasgow City	609,370	6,644	34,684	52,415	30,214	19.3	6,843	7,260
Highland	208,600	2,157	11,958	19,100	11,285	20.3	2,741	2,676
Inverclyde	84,600	896	4,851	7,715	4,639	20.3	1,083	1,082
Midlothian	82,200	968	4,818	7,291	4,214	19.9	981	1,022
Moray	84,950	957	5,132	7,998	4,615	20.9	1,080	1,125
North Ayrshire	138,850	1,395	7,681	12,693	7,801	20.3	1,826	1,886
North Lanarkshire	327,620	3,790	20,064	29,763	17,571	20.6	4,328	4,373
Orkney Islands	19,480	164	1,025	1,836	1,088	20.3	258	276
Perth & Kinross	133,620	1,327	7,090	11,315	6,941	19.0	1,871	1,777
Renfrewshire	176,970	1,981	10,547	16,164	9,420	20.4	2,104	2,172
Scottish Borders	106,900	1,107	5,802	9,198	5,169	18.9	1,220	1,255
Shetland Islands	22,440	290	1,377	2,348	1,318	22.5	297	308
South Ayrshire	113,920	1,051	5,814	9,590	5,795	18.6	1,455	1,377
South Lanarkshire	307,400	3,328	17,525	28,204	16,319	20.2	4,033	3,961
Stirling	85,220	878	4,796	7,200	4,291	19.1	1,042	1,134
West Dunbartonshire	94,600	1,039	5,624	9,021	5,361	21.1	1,283	1,344
West Lothian	156,690	1,927	10,112	14,841	8,450	21.3	1,962	1,980

Notes: ⁽¹⁾ All those aged 0-15 as a percentage of the whole population.

Source: Calculated from figures from the General Register for Scotland
(available at: <http://www.gro-scotland.gov.uk/grosweb/grosweb.nsf/pages/mpesya00>)

Poverty & Deprivation

Figure 2



Definitions: The indicator is defined as the proportion of dependent children aged under 19 in Scotland who are in households where no one is in work.

Notes: When interpreting these figures it is important to note that they are subject to sampling errors and therefore year-on-year changes should be considered with caution. The conclusion that can be drawn from the data is that between 1993 and 2000 the percentage of children in workless households has reduced slightly.

Source: Social Justice... a Scotland where everyone matters, Annual Report 2000, Indicators of progress. (available at <http://www.scotland.gov.uk/library3/social/sjip-02.asp>) Initially these data were derived from the spring quarter of the Labour Force Survey which is run by the Office for National Statistics.

Figure 3

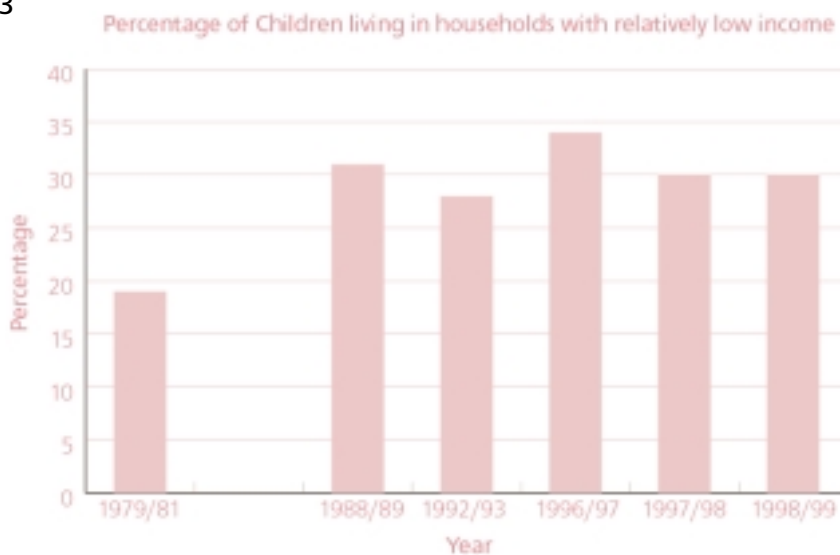
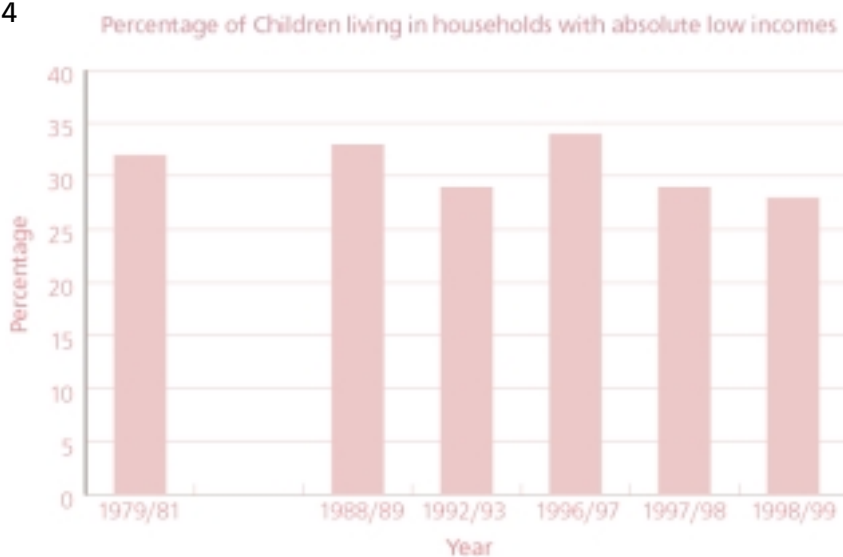


Figure 4



Definitions: The definition of low income is given as households whose equivalised net income is below 60% of the median Great British household equivalised net income after housing costs have been accounted for. Figure 4 shows income in relative terms, i.e. comparisons are made independently year on year. Figure 5 shows income in absolute terms, that is comparisons are made against the 1996/7 income levels in real terms. For further definitions go to source.

Notes: The time periods covered in the charts are not regular.
For more detailed commentary go to source.

Source: Social Justice... a Scotland where everyone matters, Annual Report 2000, Indicators of progress. (available at <http://www.scotland.gov.uk/library3/social/sjip-00.asp>)
Initially information was taken from the Households Below Average Income dataset held by the Department of Social Security.

Figure 5

Number and percentage of pupils recorded as entitled to free meals by education authority and sector (education authority schools only), 1999-00 (provisional)

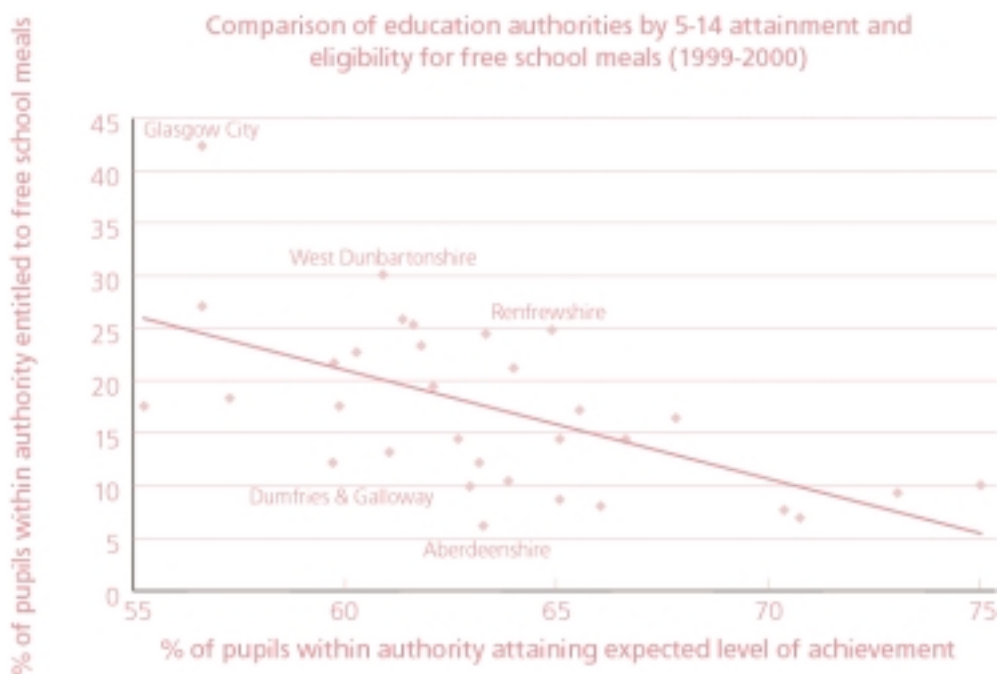
Education authority	All sectors ⁽¹⁾		Primary		Secondary	
	Number of pupils on the register	Percentage recorded as entitled to free meals	Number of pupils on the register	Percentage recorded as entitled to free meals	Number of pupils on the register	Percentage recorded as entitled to free meals
Scotland	745,268	20.3	430,655	21.7	306,159	17.2
Aberdeen City	26,275	13.5	15,366	15.6	10,543	9.2
Aberdeenshire	36,700	6.4	21,333	7.4	15,052	4.5
Angus	16,383	10.1	9,337	12.2	7,046	7.3
Argyll & Bute	13,188	14.0	7,720	14.0	5,405	13.3
Clackmannanshire	7,366	21.3	4,462	22.9	2,839	18.5
Dumfries & Galloway	22,106	11.5	12,692	13.4	9,376	8.7
Dundee City	20,435	27.0	11,710	30.5	8,561	21.9
East Ayrshire	18,841	21.9	10,923	23.5	7,743	18.4
East Dunbartonshire	19,146	9.5	10,518	9.2	8,475	9.2
East Lothian	13,042	14.6	8,131	15.8	4,911	12.6
East Renfrewshire	15,748	10.1	8,779	10.0	6,969	10.3
Edinburgh, City of	49,071	22.9	29,634	25.2	18,654	17.7
Eilean Siar	4,117	11.8	2,203	13.5	1,909	9.8
Falkirk	21,306	19.2	12,420	20.8	8,525	14.1
Fife	52,855	17.6	30,499	19.2	22,096	14.6
Glasgow City	78,654	42.3	46,563	43.3	29,817	39.9
Highland	33,396	14.6	18,700	16.8	14,353	11.7
Inverclyde	13,165	24.6	7,451	25.4	5,542	22.2
Midlothian	12,763	18.3	7,393	19.7	5,193	14.6
Moray	13,519	10.2	8,035	12.3	5,484	7.2
North Ayrshire	21,316	25.7	12,401	27.1	8,718	22.8
North Lanarkshire	51,863	25.4	29,326	26.5	21,769	22.8
Orkney Islands	3,144	8.2	1,754	8.3	1,371	6.9
Perth & Kinross	18,314	8.0	10,839	9.0	7,413	6.3
Renfrewshire	27,052	24.9	15,312	25.8	11,421	21.6
Scottish Borders	15,473	8.6	8,973	10.2	6,465	6.3
Shetland Islands	3,819	7.2	2,223	7.8	1,588	6.2
South Ayrshire	16,855	16.5	9,264	17.6	7,501	14.1
South Lanarkshire	46,845	21.1	26,645	21.8	19,637	18.8
Stirling	12,475	17.0	6,767	17.6	5,547	14.9
West Dunbartonshire	15,228	29.9	8,368	31.1	6,488	28.4
West Lothian	24,808	17.3	14,914	19.3	9,748	14.1

Notes: ⁽¹⁾ Includes pupils attending Special schools and pupils attending schools not providing meals.

Source: School Meals in Education Authority Schools 1999-00

(available at <http://www.scotland.gov.uk/stats/bulletins/00004-00.asp>)

Figure 6



- Notes: Based upon 1999-2000 5-14 results across all classes from P2 to S2.
 The percentage attaining expected level of achievement is calculated by averaging the percentage of the P2 roll attaining at least level A, with the percentage of the P3 roll attaining at least level A, etc., to the percentage of the S2 roll attaining level E.
- Source: Scottish Executive – values from ‘School Meals in Education Authority Schools 1999-00’ (available at <http://www.scotland.gov.uk/stats/bulletins/00004-00.asp>) and ‘5-14 Attainment in Publicly Funded Schools 1998/99 and 1999/00’ (available at <http://www.scotland.gov.uk/stats/bulletins/00093-00.asp>)

Education

Figure 7

Standard Grade and Higher qualifications by gender for S4 and S5 pupils:
1996-97 to 1999-00

Numbers and percentage of school role⁽¹⁾

		Stage S4						Stage S5	
		5 or more Standard Grades						3 or more Higher Grades ⁽²⁾	
		Numbers			Percentage of S4 roll			Numbers	Percentage of S4 roll ⁽¹⁾
		@1-2	@1-4	@1-6	@1-2	@1-4	@1-6	@A-C	@ A-C
1996-97	Male	8,538	22,696	29,054	26	69	88	6,203	–
	Female	11,634	24,960	29,134	36	78	91	8,188	–
1997-98	Male	8,721	22,072	27,899	28	70	88	6,172	19
	Female	11,530	24,101	27,862	38	79	91	8,265	26
1998-99	Male	8,880	22,539	28,254	28	72	90	6,182	20
	Female	11,896	24,108	27,912	39	80	92	8,019	26
1999-00 ⁽²⁾	Male	9,017	22,700	27,512	29	73	88	6,695	21
	Female	12,324	24,647	28,202	40	79	91	8,813	29

Notes: (1) For Higher Grades, the percentage is that of the S4 school roll in the previous year
(2) 1999-00 Higher figures are the combined results for National Qualification Highers and SCE Higher Grades.

Source: Taken from 'School Attainment in Scotland: 1999-00'
Available at <http://www.scotland.gov.uk/stats/bulletins/00097-00.asp>

Unauthorised absence from primary and secondary schools 1994-95 to 1999-00

Figure 8

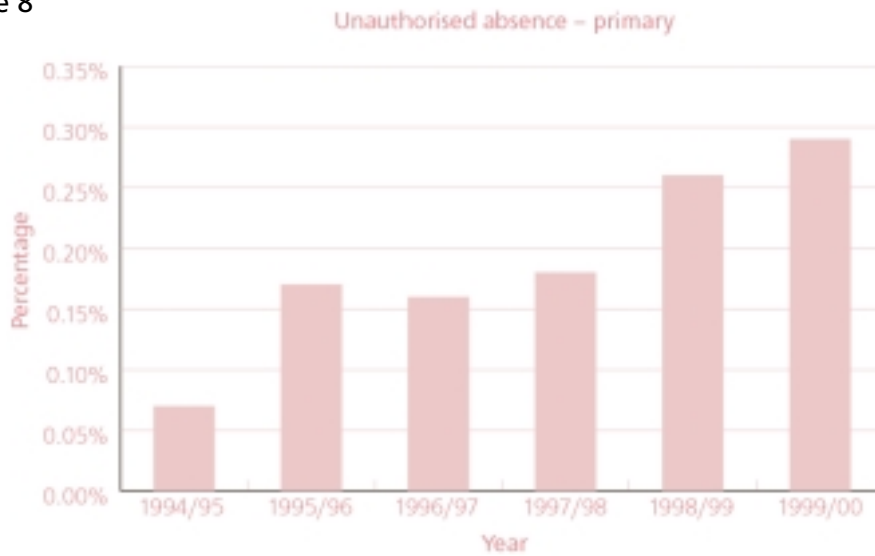
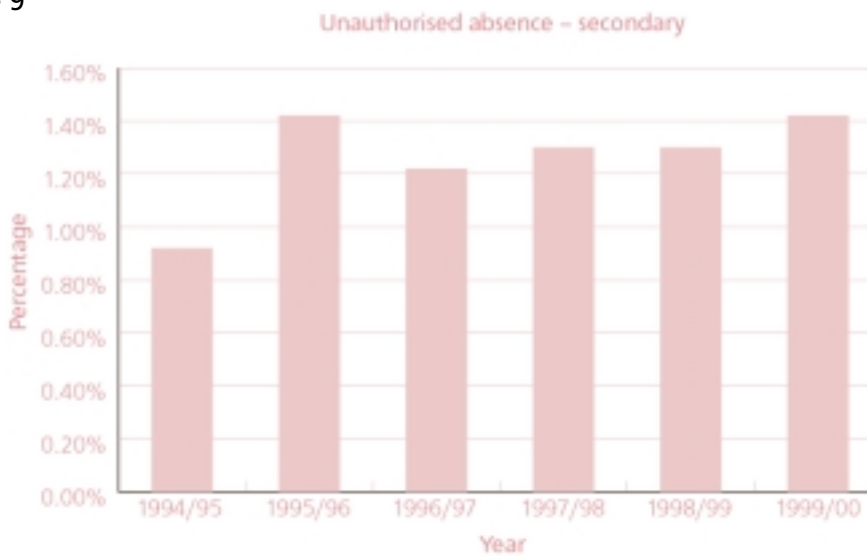


Figure 9



Definitions: Unauthorised absence includes truancy, temporary exclusions and other unauthorised absence.

Source: Latest figures taken from 'Attendance and Absence in Scottish Schools 1997/98 to 1999/2000 (available at <http://www.scotland.gov.uk/library3/education/aass-00.asp>)

Exclusions from Local Authority primary, secondary and special schools, 1999/2000

Figure 10

Exclusions by sector and gender

Sector	Gender	Number of Exclusions	Percentage of all Exclusions
All Pupils		38,769	100.0
Primary	Male	4,117	10.6
	Female	378	1.0
Secondary	Male	26,319	67.9
	Female	6,878	17.7
Special School	Male	934	2.4
	Female	143	0.4

Figure 11

Exclusions by specific circumstances

	Number of Exclusions	Percentage of all Exclusions	This Group as Percentage of All Pupils	Number of Temporary Exclusions	Number of Removals from Register
All Pupils	38,769	100.0	100.0	38,409	360
Pupils entitled to Free School Meals	18,351	47.3	20.3	18,105	246
Pupils with a Record of Needs	1,547	4.0	2.0	1,406	141
Pupils looked after by the Local Authority ⁽¹⁾	3,141	8.1	1.1	3,073	68

Notes: ⁽¹⁾ Under the Children (Scotland) Act 1995. Children aged 5-16 used as a proxy for all pupils in school.

Source: Exclusions from Schools, 1999/2000 News Release
(available at <http://www.scotland.gov.uk/stats/bulletins/00055-00.asp>)

Health

Figure 12



Definitions: Infant mortality is defined as the number of deaths of infants below the age of one per thousand live births.

Source: Scottish Social Statistics 2001
(available at <http://www.scotland.gov.uk/stats/sss>)
Initial information was provided by the General Register Office for Scotland

Figure 13

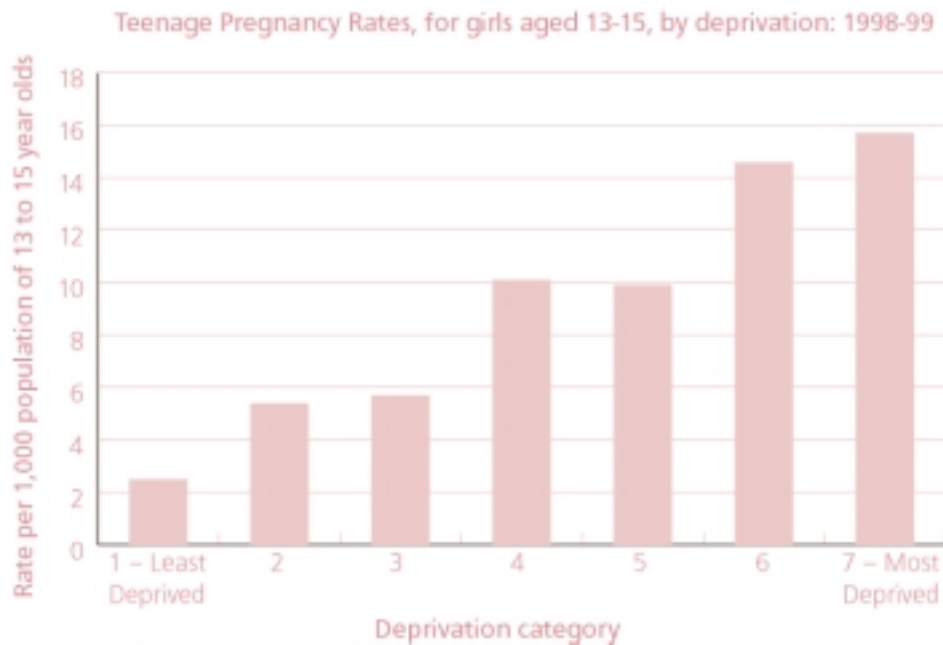
Death rates, by age, 1989 to 1999

Year	Under 1	1-4	5-9	10-14	15-24
1989	8.6	0.5	0.1	0.2	0.7
1990	8.0	0.4	0.1	0.3	0.6
1991	7.2	0.4	0.2	0.2	0.7
1992	6.7	0.4	0.2	0.2	0.7
1993	6.4	0.4	0.2	0.2	0.6
1994	6.1	0.3	0.1	0.2	0.7
1995	6.2	0.2	0.1	0.2	0.7
1996	6.2	0.3	0.2	0.2	0.7
1997	5.3	0.2	0.2	0.1	0.7
1998	5.5	0.3	0.2	0.2	0.7
1999	4.9	0.2	0.1	0.2	0.7

Definitions: Persons – rates per 1,000.

Source: From the General Register Office for Scotland
(available at <http://www.gro-scotland.gov.uk/grosweb/grosweb.nsf/pages/99sect5>)

Figure 14



Notes: The rate in the most deprived area is over six times higher than in the least deprived area. Also of interest is the relationship between the outcome of pregnancies for girls aged between 13 and 15 and deprivation, with 4 out of 5 conceptions being aborted in the least deprived area, compared to under a third in the most deprived area.

Source: Scottish Social Statistics 2001
 (available at <http://www.scotland.gov.uk/stats/sss>)
 Initial source was ISD Scotland

Social Work

Figure 15

Number of Children looked after as at 31 March 2000, by local authority and age group and number of children on child protection registers as at 31 March 1999, by local authority

Local authority area	Children looked after ⁽¹⁾ as at 31 March 2000						Child protection registers as at 31 March 1999		
	Age Group					Total looked after	Number looked after per 1,000 population aged 0-17 years ⁽³⁾	Number on Register	Number on register per 1,000 population aged 0-15 years ⁽³⁾
	Under 1	1-4	5-11	12-15	16-17				
Scotland⁽²⁾	235	1,684	3,569	4,487	1,334	11,309	10.0	2,361	2.3
Aberdeen City	16	90	211	195	81	593	13.6	201	5.2
Aberdeenshire	2	45	121	147	54	369	6.8	86	1.8
Angus	2	25	43	77	17	164	6.7	59	2.7
Argyll & Bute	1	20	53	67	22	163	8.8	41	2.5
Clackmannanshire	2	9	31	33	14	89	7.8	16	1.6
Dumfries & Galloway	6	64	88	118	31	307	9.8	70	2.5
Dundee City	9	67	111	187	36	410	13.2	44	1.6
East Ayrshire	3	31	70	116	29	249	9.0	11	0.4
East Dunbartonshire	2	18	40	38	27	125	5.3	11	0.5
East Lothian	0	20	42	53	38	153	7.6	72	4.0
East Renfrewshire	1	11	30	29	10	81	4.0	21	1.2
Edinburgh, City of	26	159	337	422	100	1,044	12.0	360	4.6
Eilean Siar	0	5	16	18	10	49	7.9	19	3.5
Falkirk	7	33	63	111	27	241	7.5	80	2.8
Fife	8	69	128	186	37	428	5.4	85	1.2
Glasgow City	83	411	804	925	300	2,523	19.0	380	3.2
Highland	8	56	116	169	42	391	8.1	216	5.1
Inverclyde ⁽²⁾	2	37	79	88	46	252	12.8	11	0.6
Midlothian	0	35	74	78	35	222	12.1	47	2.9
Moray	7	30	57	37	11	142	7.0	50	2.8
North Ayrshire	3	64	165	214	33	479	14.7	31	1.1
North Lanarkshire	6	94	192	203	117	612	8.0	54	0.8
Orkney Isles	1	5	7	11	3	27	5.9	1	0.2
Perth & Kinross	3	17	61	81	16	178	6.	45	1.7
Renfrewshire	7	56	138	181	42	424	10.5	65	1.8
Scottish Borders	7	24	38	65	25	159	7.0	2	1.0
Shetland	0	4	16	9	8	371	8.4	23	4.5
South Ayrshire	2	17	41	45	10	115	4.7	4	0.2
South Lanarkshire ⁽²⁾	16	66	112	201	15	411	5.8	50	0.8
Stirling	2	21	61	70	14	168	9.1	42	2.6
West Dunbartonshire	1	31	92	142	23	289	12.6	42	2.1
West Lothian	2	50	132	171	60	415	11.1	103	3.1

Notes: (1) Excludes children who are on a planned series of short-term placements.

(2) Breakdowns for Inverclyde and South Lanarkshire (and therefore Scotland) have been estimated due to the age group not being provided for some children in these areas. Some of the totals in this table may not therefore exactly equal the sum of their component parts due to the effects of rounding.

(3) Population figures used are as at 30 June 1999.

Source: Taken from 'Children Looked After in the Year to 31 March 2000' (available at <http://www.scotland.gov.uk/stats/bulletins/00072-00.asp>) and from 'Child Protection Statistics for the Year Ended 31 March 1999' (available at <http://www.scotland.gov.uk/stats/bulletins/00031-00.asp>)

Figure 16

Number of Children looked after as at 31 March 2000:
breakdown by type of accommodation^(1,2)

Type of accommodation	Number in each category	Percentage in each category
Total children looked after	11,309	100
In the community:		
At home with parents	5,270	47
With friends/relatives	1,096	10
With foster carers	3,058	27
With prospective adopters	123	1
In other community	176	2
Total	9,724	86
In residential accommodation:		
In local authority home	669	6
In voluntary sector home	54	0
In residential school	629	6
In secure accommodation	90	1
In other residential accommodation	143	1
Total	1,585	14

Notes: (1) Table excludes children who are on a planned series of short term placements.

(2) Table includes estimates for local authorities not able to provide information.

Therefore, some of the totals in this table may not exactly equal the sum of their component parts due to the effects of rounding.

Source: Taken from 'Children Looked After in the Year to 31 March 2000'
(available at <http://www.scotland.gov.uk/stats/bulletins/00072-00.asp>)

Justice

Figure 17

Number of persons proceeded against where main offence was child abuse

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Non-sexual	486	397	420	325	234	237	215	236	252	229
Sexual	345	311	272	263	317	267	273	297	262	269
Total	831	708	692	588	551	504	488	533	514	498

Notes: This count only includes cases where the crime itself indicates that the victim was a child – for example, defilement of a girl aged under 15. Figures for other crimes committed against children are not included here.

Source: Criminal Proceedings in Scottish Courts, 1999
(available at <http://www.scotland.gov.uk/stats/bulletins/00041-00.asp>)

Figure 18

Number of under-16s dealt with by courts

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Proceeded against	223	249	191	192	246	243	203	189	179	105
Charge proved	184	207	147	144	179	197	161	148	140	81

Notes: Only the most serious child offenders are dealt with by the courts; most being dealt with by the children's hearing system.

Children dealt with through the children's hearing system are included in the section on SCRA.

Source: Criminal Proceedings in Scottish Courts, 1999
(available at <http://www.scotland.gov.uk/stats/bulletins/00041-00.asp>)

Figure 19

Scottish Children's Reporter Administration
Initial Referrals to Reporters

Year	Number of Referrals disposed of	Children to whom the referrals related	
		Number	Rate per 1,000 Population (Children under 16 years)
1989	37,545	22,460	21.6
1990	37,252	24,331	21.8
1991	40,099	24,941	23.6
1992	41,560	24,906	24.1
1993	41,171	24,304	24.3
1994	40,503	25,232	23.2
1995	42,924	26,788	24.0
1996/97	46,497	26,862	26.1
1997/98	47,509	27,784	27.2
1998/99	51,851	30,164	29.7
1999/00	63,857	33,837	33.1

Notes: Full notes on referrals and disposals are available in the statistical bulletin which is available from SCRA, Ochil House, Springkerse Business Park, Stirling FK7 7XE, Tel: 01786 459500.

Source: Scottish Children's Reporter Administration Statistical Bulletin no. 24

Figure 20

Alleged grounds for referral Offence/Non-Offence Categories 1999/00

Alleged Grounds	Numbers		Percentages	
	Boys	Girls	Boys	Girls
Offences	24,844	5,789	56	23
Non Offences ⁽¹⁾	19,681	18,859	44	77
Total	44,525	24,648	100	100

Notes: ⁽¹⁾ Non offences include: 'lack of parental care', 'beyond control', 'non-attendance at school', etc.

Full notes on referrals and disposals are available in the statistical bulletin which is available from SCRA, Ochil House, Springkerse Business Park, Stirling FK7 7XE, Tel: 01786 459500.

Source: Scottish Children's Reporter Administration Statistical Bulletin no. 24.

Housing

Figure 21

Households and Households with Dependent Children⁽¹⁾ in Temporary Accommodation: end of December 2000

Local authority	All households in temporary accommodation		Households with dependent children in temporary accommodation	
	Number	Percentage ^(2, 3)	Number	Percentage ^(2, 4)
Scotland	3,895	0.18	1,410	0.24
Aberdeen City	24	0.02	5	0.02
Aberdeenshire	84	0.09	61	0.23
Angus	32	0.07	11	0.09
Argyll & Bute	24	0.06	6	0.06
Clackmannanshire	36	0.17	17	0.29
Dumfries & Galloway	84	0.13	40	0.25
Dundee City	110	0.17	51	0.32
East Ayrshire	22	0.04	7	0.05
East Dunbartonshire	72	0.17	57	0.42
East Lothian	43	0.11	33	0.34
East Renfrewshire	16	0.05	10	0.10
Edinburgh, City of	233	0.11	99	0.22
Eilean Siar	0	0	0	0
Falkirk	53	0.09	28	0.17
Fife	229	0.15	159	0.39
Glasgow City	1,637	0.59	318	0.44
Highland	86	0.10	56	0.23
Inverclyde	15	0.04	7	0.06
Midlothian	27	0.08	17	0.19
Moray	26	0.07	9	0.09
North Ayrshire	3	0.16	28	0.16
North Lanarkshire	211	0.16	60	0.14
Orkney	35	0.42	17	0.77
Perth & Kinross	29	0.05	12	0.09
Renfrewshire	114	0.15	57	0.26
Scottish Borders	28	0.06	6	0.06
Shetland	60	0.66	20	0.71
South Ayrshire	106	0.22	41	0.31
South Lanarkshire	171	0.14	89	0.25
Stirling	68	0.20	25	0.26
West Dunbartonshire	18	0.04	7	0.06
West Lothian	109	0.17	57	0.30

Notes: The table gives numbers of households in temporary accommodation at the end of the quarter who have been placed in such accommodation by a local authority under the homeless persons legislation. This will include those for whom the local authority has yet to complete an assessment, those waiting to be secured permanent accommodation or alternative temporary accommodation, and those for whom the authority has provided temporary accommodation under the legislation.

(1) Dependent children are those aged under 16 who are in full time education or those aged 18 or less who are either receiving or about to begin full time education or training or are for some other reason unable to support themselves.

(2) Percentages are calculated using the 1998 based household projections for 2000 as the base.

(3) As a percentage of all households

(4) As a percentage of all households with dependent children

Source: Housing Trends in Scotland: Quarter ending 31 December 2000
(available at <http://www.scotland.gov.uk/stats/bulletins/00087-00.asp>)

appendix 4

the elements of effective integrated work

Working Together in Children's Services – A Developmental Tool

The Action Team has worked to bring together what might be identified as the different elements of effective integrated work and in order to promote discussion, learning and change has produced a developmental tool to support both the Executive and agencies in the field to work toward more integrated services. This tool is offered in the context of the recommendations made in the full Action Team report, in itself it is not the checklist or standard by which integrated practice should be measured, the emphasis is on it being something which can be used to support agencies work better together. Better integrated services, and the resultant better outcomes for children and families, will not happen overnight. The development of such services will only come as a result of positive responses to the Action Team's full set of recommendations and as a consequence of successfully working through a change process which might be guided or supported by the tool presented here.

Attempting to work together better is not a new concern. Indeed in some places the Action Team heard that ground has been lost. It has also become clear during the Action Team enquiry that the development of better integrated approaches is not just of relevance in relation to services for children and families – the work of the Audit Commission and by Audit Scotland in relation to community safety has been usefully examined, the work of the Scottish Office Development Department on partnership working has been sourced, as has the work of the University of Strathclyde Graduate Business School in relation to the management of partnership working.

From colleagues in health account has been taken of related developments, particularly in relation to the tools produced to support clinical best practice being developed by the Child Health Support Group (the Health Minister's Advisory Group on children with whom the Action Team conducted some joint visits). The Action Team is also aware of recent discussion in Scotland in terms of the NHS Performance Assessment Framework and work around the perceptions and expectations of primary care in Glasgow. There is clearly much being written about and discussed within the health sector which emphasises the importance of combined and integrated services. There are common themes running through all our work.

The tool, which is offered here, is concerned with six key elements:

- Policy and strategy
- Planning children's services
- Resourcing children's services
- Accessing children's services
- Processes – that is the experience of children and families and of service providers, and finally with
- Outcomes

It is the intention of the Action Team that this developmental tool is of real help in the drive towards better integrated children's services.

In terms of *POLICY AND STRATEGY* effective integrated work requires:

- A shared vision, a common purpose amongst partners which is understood and adhered to.
- Public statements, frequently revisited, about the purpose and ethos of the service.
- Clarity amongst partners about their role and responsibilities.
- A shared understanding amongst partner agencies about what is meant by 'children in need'.
- A commitment to improve operational practices or develop different forms of service delivery in the context of Best Value.
- A range of shared policy statements on key areas of concern to the service – for example around equal opportunities or access to information or a partnership agreement between participating agencies.
- An understanding of why the integrated approach to service delivery makes a difference.

In terms of *PLANNING CHILDREN'S SERVICES* effective integrated work requires:

- That all relevant stakeholders are involved from the outset, including children and families and potential partners in the voluntary sector.
- Due consideration by partner agencies that an integrated approach is required.
- A clear understanding of who is involved in planning children's services with clarity about where responsibility and leadership for the process lies.
- Clarity about the role and authority of representatives involved in the planning process, including the degree to which they are empowered to take decisions or commit resources on behalf of their agency, and a requirement on representatives to attend planning meetings.
- A commitment to planning at the local level that is linked systematically with the Community Plan.
- Clarity amongst partners about their specific responsibilities for service delivery.
- Planning processes which address both universal and targeted services and the access pathways between them.
- Harmonisation of the geographical boundaries within which agencies work.
- Monitoring and evaluation systems which address and assess the individual role of contributing agencies and the continued effectiveness and relevance of the integrated approach.
- Open and transparent financial management systems and an assessment of the costs of integrated approaches to service delivery.
- Clear links with other partnerships operating in the area, other cross cutting issues and current planning frameworks.
- An understanding of how the integrated approach impacts on planning processes.

In terms of *PROCESSES* (the experience of service users and service providers) effective integrated work requires:

- Effective networking.
- Policy and effective practice in relation to information sharing and related issues such as client confidentiality.
- Decisions that are taken collectively and implemented effectively.
- Clear and effective links between practitioners and those responsible for planning/policy in relation to the service.
- An ongoing, integrated approach to monitoring and evaluation which is linked to the service's 'plan'.
- The ability of partner agencies to recognise and responded appropriately and transparently to conflict which arises.
- Trust and positive working between partner agencies.
- Clarity about the changing role of any partner agencies, including reasons for exiting work within the integrated service.
- That staff are able to talk in an informed and confident way about how service users move through or experience the service.
- The availability of opportunities for service users to talk about the service and to have these views taken on board via appropriate structures, including the participation of children and families in the monitoring and evaluation of the service.
- An ongoing evaluation of how an integrated approach impacts on users' experience of the service.
- An understanding of how the integrated approach impacts on service partners experience of service delivery and in terms of interagency relations.

In terms of *RESOURCING CHILDREN'S SERVICES* effective integrated work requires:

- Partner agencies to contribute resources to support services which meet common objectives.
- Communication about funding cycles and financial planning.
- Clarity about where the integrated approach has brought extra funding into the area/ service, whether it has led to adjustments or better co-ordination of mainstream funding or whether integrated working has meant additional demands in terms of resources.
- An identification of shortfalls in resourcing, any barriers to joint resourcing, and clarity about how these are/have been addressed.
- A commitment to staff training which addressed the benefits and challenges of integrated practice.
- An understanding of how the integrated approach has impacted on resource requirements or use of resources.

In terms of *ACCESSING CHILDREN'S SERVICES* effective integrated work requires:

- Clarity about how children and families access services.
- Opportunities for single multi-agency assessments, support and information sharing.
- 'One door' entry to multidisciplinary or multi-agency services.
- The availability of clear information about services which is disseminated appropriately to other agencies and potential users.
- The availability of information in an appropriate range of languages and formats and in child friendly versions.
- The regular updating of information across partners/providers.
- That services are located within reach and within child and family friendly environments.
- Partners to utilise alternative means of communication, participation and service delivery, such as those provided by information/communication technology, to overcome barriers to access to services.
- A commitment to equal opportunities at a strategic and operational level.
- An understanding of how the integrated approach impacts on access to children's services.

In terms of *OUTCOMES* effective integrated work requires:

- A focus on outcomes which are child centred.
- Clarity about the focus of services, with evidence that the balance or focus of any service in relation to preventative/reactive work has been discussed and agreed between partner agencies.
- That partner agencies, where appropriate, utilise research and pilot studies to create an evidence base for service developments.
- Outcomes which are linked to those of partner agencies or to national targets where appropriate.
- Clarity amongst partner agencies in relation to their responsibility for shared outcomes.
- Child and family participation in monitoring and evaluation systems.
- An understanding of how services impact on the lives of children or families.
- A system of monitoring and review of the continued relevance/appropriateness of the service with an exit or continuation strategy in place where appropriate.
- An understanding of how the integrated approach impacts on the identification or fulfilment of service/organisational outcomes and outcomes for participating children or families.

appendix 5

issues in current services –
the experience of young people

A Report on Meetings with Young People, facilitated by the Action Team on Better Integrated Children's Services on behalf of the Scottish Executive during May 2001

About the Meetings

In addition to meeting with young people using specific services during the series of field visits conducted by the Action Team the Team also wanted to meet with young people in mixed groups and outwith particular project/service locations. With this in mind meetings with young people took place in Forfar (Angus), in Falkirk and in Alexandria (West Dunbartonshire). A total of 33 young people attended.

The purpose of involving young people in our work was to find out young people's views on the services available to them, how they work together and how we might improve how they work together. We asked young people to talk in a group about some of the services they have used. We wanted young people to think about what services have been good from their point of view and what could be better. The comments reported here are from across the three meetings held. The source of the comments is not identified because young people were assured that their views would be confidential.

At the meetings young people discussed the following things:

- 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.

All the people who took part in the meetings received a copy of a report about the meetings. The young people were also keen that their views should be shared directly, as one young person said, "with someone important that will listen to what we have to say." With this in mind the young people's comments have influenced the findings of the Action Team but they have also been shared directly and independently with the Scottish Executive via Gill Stewart, Head of the Children and Young People's Group within the Scottish Executive Education Department.

How Adults View Children and Young People in Scotland Today

Young people were asked to consider the question 'How do you think adults view children and young people in Scotland today?' The discussion focused around the following key points:

- As troublemakers, especially the police, social workers and the older generation.
- In light of their family reputation – if they've been in trouble you'll be trouble.
- As trouble in school or trouble in shops, you get followed by security guards
- As violent – they always think that we're going to beat them up. Adults will cross the road if they see a group of young people hanging about or coming towards them.
- As just a series of referrals.
- It can depend where you come from, if you come from a certain neighbourhood they'll think certain negative things about you.
- If a young person has been in care or has run away they get treated differently. Other people's parents think you're trouble.
- If they are in foster care people think they're bother or they're violent. People in care are seen as a burden.
- Adults can't be bothered with young people
- When we have mental health problems they don't understand
- Benefits staff don't inform you of your rights.
- Some teachers see us as stereotypes.

What Young People Need from Adults

The young people were asked to consider what they need from adults. The following comments were given:

- Proper support + somewhere to go if they are school non-attenders – they don't have something
- Better playparks
- Basketball and skateparks
- Centres and places to meet that we can afford
- To change things
- More things to do – that are free
- A reaction – listen to us
- More youth clubs and sports facilities
- To be able to be elected – not part of separate youth councils

What Services Young People have used or Come into Contact With

The groups then began to discuss their experiences of services – provided by statutory sector, voluntary sector and private sectors. The young people who attended the young people's sessions identified that they had used or come into contact with the following services:

Health

- Doctors/GP's
- Dentist
- Family Planning
- District Nurses
- Hospital
- Physiotherapists
- Health visitor
- Chiropodist
- Speech Therapy
- Young People's Unit/Royal Edinburgh Hospital
- Hospital Accident and Emergency
- Psychiatrist

Schools

- Nursery, primary and secondary school and the teachers that work in them
- Learning support
- Behaviour support
- After school activities or classes we have been involved in, Cricket, Netball, Badminton, Recorder, Brass Instruments
- Psychologist

Other Council Services

- Social work
- Secure accommodation
- Foster care
- Respite care
- Home helps
- Emergency duty team
- Resource workers
- Children's rights services
- Community education
- Housing departments/homeless section

Leisure

- Parks
- Sports courts
- Clubs e.g. Youth Groups
- Discos/Parties
- Sports facilities

Support/Counselling Services

- Tayside Council on Alcohol
- School & Family Support Service

Voluntary Sector/Community Based Services

- Young Carers Project
- Rachael House
- Barnardo's projects including Cluaran (Falkirk) and 16+ (Edinburgh)
- Children 1st children's rights project
- Project 20/20
- ChildLine
- Samaritans
- Venture Scotland
- Centre Point (London)
- Who Cares?
- No. 21 Counselling service
- Community Mediation
- Women's Aid
- Riding for the Disabled Association

Other Services

- Public transport
- Lawyers/criminal justice
- DSS/Benefits
- Job Centre
- Police
- Church
- College
- Shops
- Banks
- Public toilets

Which Services Young People Would Recommend

Young people were asked 'are there any services you would recommend to other young people and why?' Across the groups they identified the following:

Service	Why Would You Recommend It?
Young Carers project	The project gives you support, advice and they listen to you.
Cluaran Project:	It helps with respite care and support.
Healthcare/Hospitals:	Sometimes, but not when they make you wait. Sometimes they can be efficient and get things done quickly.
Fairbridge:	It gets you motivated, builds your confidence and gives support. You also get to meet new people and learn new skills.
Project 20/20:	Helps with employment & further education. It also gives you someone to talk to and gives good advice.
Children 1st	The children's rights worker gives good advice and support services for young people in and out of care.
Welfare Rights	Helps sort out benefits entitlements.
Criminal Justice:	A Lawyer can fight your case, listens to what you have to say and gives good advice.
Community Mediation:	Gives advice and support. It also sorts out conflicts with neighbours without police involvement.
No. 21	A counselling service that gives excellent counselling to young people which is confidential and very helpful.

Things We Would Change About Services

Young people were asked to identify what they would change about current services. They identified the need for change in relation to:

- Social work
- Health services
- Schools
- Leisure and recreation
- Police
- Housing
- DSS and benefits

Social Work

Things We Would Change About Social Work:

- Make sure that everyone that needs to be is informed about cases, so you don't repeat yourself.
- Having to constantly write things down again and again.
- Have more outings.
- Make more effort to keep people at home.
- Social work has a positive impact but it has a lot of faults.
- Social work is supposed to look after children, but it doesn't. Children are at the bottom of the list.

Things We Would Change About Social Workers:

- Social workers need to be better at listening, they just don't listen.
- Return phone calls sooner rather than later so we don't have to keep chasing things up.
- Make sure that if they promise you something that they give you it, or give you feedback.
- Make them more kind and understanding.
- They don't always keep things confidential.
- And they can be really moody sometimes.
- They go into meetings and say things you don't want them to say.

Things We Would Change About EDT (Emergency Duty Team):

- More understanding/open minded.
- Be less judgmental towards young people in care (especially if young person has run away).
- Provide financial assistance when needed, i.e. when being discharged from hospital and are stranded and need to get home.

Things We Would Change About Respite Care:

- Agencies take too long to respond and give the help people need.
- You should be able to challenge the decisions that providers make without feeling that they will take it personally.

Health Services

Things We Would Change About Doctors:

- When you go to them with a problem they don't always give you antibiotics.
- They just tell you that things will be better soon.

Things We Would Change About Support and Counselling Services:

- It is important that you can trust the person you are speaking to, so it is important that you know that what you say will stay in their confidence.
- Many counsellors have to report some unnecessary things sometimes.
- Everyone needs emotional help once in a while.
- Waiting times for young people are too long, it can take six months or longer to see who you need to see.

Schools

Things We Would Change About Education:

- There is too much pressure from Head of Schools to sit 5 Highers instead of 2 Highers. Don't put as much pressure on people. Encourage their decisions. Not push them just because of school reputation.
- There should be less focus on qualifications and more on education.
- There should be a better understanding of people's issues, especially young carers. You need to listen to what they say.

Things We Would Change About Teachers:

- Attitudes from teachers and staff. It feels like we're never good enough.
- Whatever mood a teacher wakes up in reflects on us.
- Teachers don't explain things properly. They just expect you to know what to do.
- High School teachers should be more friendly and take in the fact that some teenagers have problems.
- They should make classes shorter to keep the attention of pupils.
- Primary School teachers can be OK but some are unhelpful and unfriendly.
- They need to know more about mental health problems that young people can have.

Things We Would Change About School:

- Have activities during lunch and break.
- Make class sizes smaller and that gives more people attention.
- Teachers have to be nicer, more easy going.
- Playground assistants they need to treat people the same.
- I think a swipecard should get used outside school. I would use it for cafes that are not inside. I think it would be easier to use.
- More choices for lunch.
- More teachers.

Things We Would Change About Learning Support In School:

- If they had more equipment such as computers, because there are not enough computers.
- Sometimes people get bullied and I don't like it.

Things We Would Change About Guidance In School:

- If you're in foster care, your guidance teachers treat you as if you're a bad influence on the others.
- Some guidance teachers don't listen to you.
- Guidance teachers should have more understanding of young people.
- Guidance teachers should treat you like a normal person.
- They should listen.
- If teachers learned from their pupils this may prevent any misunderstanding.

Housing

Things We Would Change About Homeless Section:

- They need to treat you more with an open mind when explaining your situation.
- More access to appropriate emergency accommodation in East Lothian.
- Respect for young people using the service.
- Young people should get a house without having to have a baby.

Leisure and Recreation

Things We Would Change About Play Parks:

- I would like my child to go to a safe park, no concrete involved, a number of options of things to play with and on, up to date equipment.
- More of the green belt around towns for children and adults, which would attract more tourists as well, and we wouldn't have to go so far to enjoy our countryside.
- Security around parks and the green belt to ensure no damage is done, and the safety is highly approved.
- The park near us has swings and roundabout removed and we would like them back especially the swings. Each thing has been taken away without reason that we know of.
- The park in our town has a floor that has been destroyed.
- There is nowhere for young people to go to at night in our town.

Things We Would Change About Youth Clubs:

- There are no places for young people to go to especially for a certain age group that we can go to in our town.

Police

Things We Would Change About Police:

- The police seem to judge us by how we speak and on how we dress.
- They treat you calling them out as if the call is unimportant and take too long to respond to calls.
- They also seem to be quite violent to us people who cut about in the town.
- We deserve to be treated with more respect.
- They need to be better at believing what young people say.
- More plain clothed police officers.
- Tougher penalties.
- Everything.
- Some police are better than others, just like social services.

DSS and Benefits

Things We Would Change About DSS/Benefits:

- Have more information, readily available about entitlements for 16-18 year olds.
- There should be designated worker for 16-18 year olds.
- There should be easier access to the DSS Officers for rural communities.
- Why does it have to be such a long wait and so tedious? This is a big problem if we have disabled siblings with us who get fed up and disturb other people who then stare at us.
- Better places to wait if you have to wait.

A Children's Champion

Throughout sessions young people had identified positive aspects of services and of adults involved in delivering them or providing support, as well as things they wanted to change. To end the sessions young people were asked to consider 'the characteristics of an adult who young people might call their "champion" or someone they felt was on their side.' This person could be built around aspects of adults they already knew as well as what they would like to see in the adults that cared for and cared about them.

Working as a group they talked and drew life-size figures with the characteristics of their 'champion' described. They saw the need for someone who...

- Knows how to deal with problems
- Understands all problems
- Is smart
- They spoil you
- Never angry
- Knows about what young people think and do
- Helps you with everything
- Kind
- Somebody not boring
- Funny
- Nice looking
- They do everything for me
- Good listener and good at solving problems
- Up to date
- Fun-loving
- Lenient
- Sensitive
- Caring
- Brilliant cook
- No shouting
- Being kind

- No swearing
- Someone who knows about fashion
- Strict
- Good sense of humour
- Good nature
- Laughs a lot
- Keeps promises
- Strong personality
- Happy nature
- Easy to talk to
- Willing
- Friendly

- Laid back
- Doesn't give punishments
- Has experience of the problems we go through
- Non-judgemental and open minded
- Gets to know us
- Responsible
- Musical
- Honest
- Gives good hugs

appendix 6

evidence

A. Structured Discussions

02 March	Meeting with Voluntary Organisations
08 March	Meeting with Member Organisations of Scottish Parenting Forum
09 March	Meeting with Staff Responsible for Social Inclusion
16 March	Meeting with ADSW
23 March	Meeting with ADES
06 April	Meeting with Primary Care Trusts Meeting on Youth Crime & Children in the Criminal Justice System
23 April	Meeting with LHCCs
26 April	Performance Measurement Meeting
27 April	Meeting on Mental Health Issues
04 May	Meeting with SIPs
11 May	Meeting with Organisations representing Black & Ethnic Minority Organisations
01 June	Meeting on Drugs Issues
15 June	Meeting on Research Issues
22 June	Meeting with Child Health Support Group
29 June	Meeting with Reporters

B. Visits

16 February	Glasgow: Child Protection Committee
16 March	Glasgow City Council Social Work Department
13 June	Glasgow Joint Strategy Group
20 February	Homeless Young People (Open Door Trust, Glasgow)
09 March	Lochend SS
13/14 March	Highland Health Board area (visit with CHSG)
21 March	Apna Project, Glasgow
24 March	Ministerial Visit to Stirling
28 March	Girvan Family Connections
28 March	East Ayrshire Carer's Centre, Kilmarnock
24 April	Quarriers Family Resource Project, Glasgow
24 April	Homeless Families Healthcare Service, Glasgow
24 April	Pre5 Homeless Project, Glasgow
01/02 May	Forth Valley Health Board area (visit with CHSG)
03 May	Cumnock SIP
08/09 May	Western Isles Council
09 May	Falkirk Children's Commission
16 May	Fife Council
06 June	the big step SIP
14 June	Tayside Health Board area (visit with CHSG)
14 June	Access Point, Edinburgh
20 June	East Dunbartonshire Council

C. Meetings with Young People

07 May	Meeting with Alexandria Young People
15 May	Meeting with Falkirk Young People
22 May	Meeting with Forfar Young People

D. Reference Group

29 March	Meeting of Reference Group
21 May	Meeting of Reference Group

E. Practitioner/Manager Group

23 February	Meeting of Practitioner/Manager Group
30 March	Meeting of Practitioner/Manager Group
18 May	Meeting of Practitioner/Manager Group

F. Written Submissions:

Comments Following June Seminar

1. Neil McKechnie	West Dunbartonshire
2. Maggie Mellon	NCH
3. W B Robertson	Angus
4. Bob Stead	Scottish Executive

Practitioner Managers Feedback

1. Bill Alexander
2. Nick Child
3. Isobel Lawson

Good Practice/Issues

1. Advance Comments Parenting Organisations March 2001
2. Bill Alexander Highland Council
3. Sally Amor Highland Health Board
4. Tim Armstrong Angus Council
5. Roderick Beasley Highland Primary Care NHS Trust
6. William Clark West Dunbartonshire Council
7. Ros D'Ambrosio Scottish Youth Work Partnership
8. Paul Davidson Effective Interventions Unit, Scottish Executive
9. Harriet Dempster ADSW
10. Brenda Doyle South Lanarkshire Council
11. Ian Fraser East Renfrewshire Council
12. Glasgow Joint Children's Services Sub-Committee
13. Alice Ruthven Hughes Young Carers Partnership
14. Gordon Jeyes ADES
15. Colin MacAuley Inverness New Community School
16. Neil McKechnie West Dunbartonshire Council
17. New Community Schools, South East Edinburgh
18. Catherine Montgomery Enable
19. Brian Paterson Perth & Kinross Council
20. Fraser Sanderson Dumfries and Galloway Council
21. Veronica Steele Dumfries and Galloway Council
22. Mary Turnbull Forth Valley Primary Care NHS Trust

Other Submissions of Information

- | | |
|--------------|--|
| Graham Bryce | Scottish Needs Assessment Programme |
| John Bissett | Draft Note of Meeting of National SEN
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| Iain Ross | Meeting of the Child Health Support Group 22 June 2001 |

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Getting our Priorities Right

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- Macaskill and Petrie **"I Didn't Come Here for Fun"** Save the Children, Nov 2000
- McCulloch and Morrison **"Teenagers with a Family Member in Prison"** The Scottish Forum on Prisons and Families, 2001
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Seminar 20 March 2001

1. Programme
2. Jack McConnell's Speech
3. Gill Stewart's Presentation
4. Edinburgh Family Support Team's Presentation
5. Dr Patricia Jackson and Team's Presentation
6. Glasgow Child Protection Committee's Presentation
7. PHAB discussion
8. East Ayrshire Young Carers Project discussion
9. Seminar Participants
10. Workshop 1 and 2 Summary
11. Flipchart Summary
12. Seminar Evaluations Summary

Seminar 18 June 2001

1. Programme
2. Action Team's Presentation
3. Highland's Presentation
4. Homeless Families Healthcare Services' Presentation
5. Education Liaison Officer's Presentation
6. Universal Connections' Presentation
7. Quarriers' Presentation
8. Seminar Participants
9. Workshop 1 Responses
10. Workshop 2 Responses
11. Seminar Evaluations

I. Contacts

Dec (onwards)

Scottish Executive Education Department (including Gill Stewart, Jane Morgan, Roma Menlowe, Gerald McHugh, Joan Fraser, Sarah Smith, Peter Willman, Gita Jackson)

May/June	Academics
16 May	ADES Pre-5 Network
21 March	ADES Pre-5 Network
14 May	Mike Brown, Scottish Executive
11 December	Linda de Caestecher, Greater Glasgow Health Board Brian Callaghan, Scottish Executive
27 February	Children and Families Division Awayday
01/02 April	Children and Young People Group Awayday
07 December	Ann Croll, Scottish Executive
11 December	Wilma Dickson, Scottish Executive
21 February	Margaret Dobie, Glasgow City Council
16 February	Glasgow Child Protection Committee
26 March	Susan Greene, "Contact A Family"
April	Phil Hanlon, Public Health Institute of Scotland HEBS Research Staff
May	Rita Keyte, Fife Council HEBS Research Staff
February	Neil Langhorn, Scottish Executive
08 May	Boyd McAdam, Scottish Executive
26 March	Danny McCafferty, COSLA Hamish McPhee, Fife Council
06 March	Jackie McRae, Lloyds TSB
11 December	Janet McVea, Scottish Executive
04 December	Janet McVea, Scottish Executive
June	Alastair Merrill, Scottish Executive
14 May	David Millar, Scottish Executive

April	Helen Munro, Stirling Council
8 March	Sylvia Murray, COSLA
20 February	Moira Oliphant, Scottish Executive
1 November	Partners Council of the Public Health Initiative of Scotland
10 May	Cynthia Peden, Scottish Executive
12 December	Michael Proctor, Scottish Executive
February	SEN Advisory Forum
01 December	Ray Shostak, Hertfordshire
19 April	Angus Skinner, Scottish Executive
06 February	Rachel Sunderland, Scottish Executive
11 December	Jean Swaffield, Scottish Executive
11 December	Ken Thomson, Scottish Executive
01 December	A J Torrance and M Mulholland, BT
26 May	Tim Warren, Scottish Executive

J. Drafts and Issues Papers

1. Child Protection Issues Paper (AB)
2. Draft – Child with Disabilities October 2000 (EH)
3. What is the Scottish Executive Doing to Help Families with Disabled Children?
September 2000 (EH)
4. Results of the Consultation Exercise Concerning Support for Children with Disabilities
September 2000 (EH)
5. Drugs as a Crosscutting Issue 2001 (DC)
6. Development of Joint Working in Education May 2001 (AB)
7. Community Care Paper (DB)
8. Born to Fail/Unequal Britain Paper (CM)
9. Health Presentation (JH)
10. Outcome Agreements March 2001 (DB)
11. Children's Services (DB)

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