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CHILDREN'S SERVICES REFORM RESEARCH: Scotland's children's services landscape: The views and experiences of the children's services workforce

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CELCIS, the Centre for Excellence for Children's Care and Protection is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long lasting change in the services they need, and the practices used by people responsible for their care.

How to read this report

Thank you for reading this report. We recognise that you may not have the time to read the report from cover to cover so this page explains the report's structure to help you to get to the sections of most interest to you.

This report is for everyone

This report details how we explored the experiences and views of the children's services workforce about the service landscape in Scotland, through an online survey, focus groups with frontline practitioners and interviews with senior leaders. It has required the use of some technical language, particularly in relation to the statistical techniques used, in order to explain it fully. We have tried to convey all information within this report in the most accessible way possible. For those who would prefer an overview of the work undertaken and resulting findings, there is also a summary version of this report available.

Many people may come to this report with particular questions or priorities. We have tried to make it as easy as possible to find the things that are of interest to you by giving the sections what we hope are self-explanatory titles, which tell you what information you will find there. While reading all of the report will help you understand the evidence as a whole, if you have a particular question or issue you want to read about, please go straight to the section that you are interested in.

Supplementary materials

We have included detailed information about previous workforce surveys undertaken in Scotland, the methodological approach we undertook in this study and the statistical tables which form the basis of some of our findings, in an accompanying Supplementary Report (Manole et al., 2023). In the spirit of full clarity and transparency we hope this provides a more in-depth understanding of the context in which we undertook this study, and the methodological approach that was used.

The language used in this report

Some of the language used in this report is technical because of the work we did, the methodology we used, and the information we used. Some of the terms we have used are explained here.

In addition, the language used when describing the experience of children, young people and families who receive services is important. Language can be stigmatising, and where possible we have tried to avoid using terms that could contribute to this. Where our report refers to data already collected by organisations, we refer to the terms they have to identify and describe the data. This includes where organisations provide services that are defined in law or national guidance where terms that have a specific meaning in law or guidance are used.

Where we have quoted participants directly from their responses to our survey or what they said in the focus group discussions and interviews, this is in their own words.

Caseload

When people need the support, services, especially in the public sector, refer to the individual's needs and circumstances as a case. This allows for an identity to be given to the collective actions and interactions required to support the person, and where information sharing, data collection and data protection is needed this can help to anonymise information. In social services, practitioners will be responsible for and manage a number of cases and the total number they are working on at any one time is their caseload.

Child's plan

A child's plan is a document and process that sets out the support a child, young person or family needs and makes clear who will provide that support. Each child's plan should be specific to the individual child or young person, and involve the child, young person and family in its development and review.

Children's services workforce

The children's services workforce has been defined, for the purposes of our study, as practitioners who provide support, care and/or protection for children, young people and families who need the support of services. It includes the following services: social work, health, early learning and childcare, education, youth justice, the third sector and the police.

Integration

Integration itself is a complex concept covering a variety of components. This can range from services sharing a workspace and being co-located to sharing information systems, or working towards the same goals, through to services merging into a new or existing organisation with shared finances. In the context of public services, integration means service providers coming together to collaborate and co-ordinate the support they provide. The rationale for doing so is usually the intention to deliver more responsive, effective and efficient services to improve the experiences and outcomes for people who use services.

Likert Scale

This report is about the findings of the children's services workforce's views and perceptions. In order to analyse and understand these, we have used a method of measuring the strength of feeling participants had when expressing their views and responding to our survey questions about the different areas of their experiences. We have used the Likert scale method for the rating, where we gave five rating options for participant to choose from to answer the questions or statements we asked. In addition, participants had the possibility of selecting 'not applicable' and 'don't know'.

Looked after children

'Looked after' children is the legal definition used to refer to children who are currently in the care of a local authority in Scotland.

Multi-agency

In the context of this report and our findings, multi-agency refers to a deliberate approach taken where different services and practitioners are brought together to work in partnership to work together to meet the needs of a child, young person and/or their family. This can include services from the public, third sector and private sectors and from areas such as social work, education, health, and justice.

People needing the support of services

This research study uses the phrase 'people needing the support of services' or 'children needing the support of services' to identify any and all who may at any time need the support of public services, which might include social care services, or social work services, or health services, for example. There are many different terms used as an alternative to this form of words and some of these will be more commonly used in different contexts and places. This study's researchers acknowledge that the terms 'service-user' and 'client' are used by services and others, but these are not the terms the researchers choose to use.

Social care services

In the context of this report and the research study, the phrases social care and social care services can be understood as the care and services designed to meet the needs of children, young people or adults who need extra support. This might take the form of personal care or other practical assistance. Worldwide, social care is provided through national and local public services, not for profit organisations, and commercial providers.

Social work services

In the context of this report and the research study, the phrases social work and social work services can be understood as the specialist services that operate at a local government level that have a statutory responsibility to meet the welfare needs of children, young people and adults who need support. Their responsibilities are discharged in line with the relevant national and local laws and policies where the services are located.

Structural integration

Structural integration is where integration is specifically focused on bringing together services previously delivered by separate organisations under a new or existing body which becomes responsible for management and delivery of these services. The rationale for doing so is the intention to deliver more responsive, effective and efficient services to improve the experiences and outcomes for people who use services.

Transitions/transitioning

In the context of this report and its findings, transitions and transitioning is used to describe the points and experiences where people needing the support of services may either need to move between one service and another, or where their personal development has reached a particular stage, for example, from childhood to adulthood.

We hope that this report helps you to come away with a greater understanding of how the children's services workforce is experiencing the service landscape in Scotland.

Overview of Children's Services Reform Research

This is a Scotland-based research study being undertaken by CELCIS, the Centre for Excellence for Children's Care and Protection at the University of Strathclyde. CELCIS was asked by the Scottish Government to carry out this research study with the aim of gathering evidence to inform decision-making about how best to deliver children's services in Scotland in light of the proposed introduction of the National Care Service, and its commitment to keep The Promise of the Independent Care Review.

The purpose of the research is to answer the question: "**What is needed to ensure that children, young people and families get the help they need, when they need it?**"

The [Children's Services Reform Research](#) study has four separate strands of work, which together aim to provide a comprehensive approach to answering this question. The findings of each strand of work have been published separately, in a full research report and a shorter summary report. We hope that this overview acts as a guide to help you to navigate through each strand of the research, and the different evidence that these will present. A final report will be published at the end of the study which will draw together and synthesise all four strands of the findings to address the research question.

This report is Strand 4: [Children's services workforce experiences of supporting children, young people and families](#), and all strands of the research study are outlined below:

Strand 1: Rapid Evidence Review is a review of existing published national and international research evidence focused on better understanding the evidence associated with different models of integration of children's services with health and/or adult social care services in high income countries, as defined by the World Bank. The research questions which this review seeks to address are:

What models of integration exist for the delivery of children's social work services with health and/or adult social care services in high income countries, and what is the strength of evidence about their effectiveness in improving services, experiences and outcomes for children, young people and their families?

Strand 2: Case studies of transformational reform programmes examines a range of approaches to the delivery of children's services, from national to highly decentralised structures and modes of delivery, in five high-income countries: Finland, Northern Ireland, the Netherlands, New Zealand and the Republic of Ireland. A sixth case study draws on learning from Scotland's experiences of national service reorganisation through the development of Police Scotland. These country case studies are brought together in one report to consider the key learning and messages for Scotland.

Strand 3: Mapping integration in Scotland: A statistical analysis maps the range of different approaches to integrated service delivery across Scotland's 32 local authority areas and investigates, through the statistical modelling of administrative data, any potential effects of integration on a range of outcomes over time for people being supported by public services. In doing this, we also take into account different factors such as geography, poverty and the impact of the COVID-19 pandemic, to increase the

likelihood that any findings are directly about integration rather than as a result of other factors.

Strand 4: Children’s services workforce experiences of supporting children, young people and families has explored, through an online survey, interviews and focus groups, the opportunities, challenges, barriers and facilitators that are found to bring about high quality experiences and outcomes for children, young people and families using services; close multi-agency working between practitioners across different services; continuity of support when young people transition to adult services; and high quality support for the workforce and transformational change in services. This strand of work also aims to produce additional insights regarding workforce perceptions of the association between integration and outcomes for children, young people and families and the wellbeing of the workforce that complements and contextualises the emerging findings from Strand 3.

An [Independent Steering Group](#) chaired by Professor Brigid Daniel, Professor Emerita at Queen Margaret University, Edinburgh, has supported the design, implementation and delivery of this research study. Their remit has been to provide independent support and oversight to the research team, and to ensure the research is robust and will provide the best possible evidence.

Throughout the Children’s Services Reform Research study, we have taken very careful account of existing evidence which details the views that children, young people and their families have already shared about their experiences, the support and services they have identified as being needed, and what matters to them. We have also been mindful of the importance of meaningful engagement with children, young people and families, and not repeatedly asking for views when these are already known. This information has been taken from relevant research and reviews of services for children, including the Independent Care Review in Scotland (2020a), and is included in a range of ways within the different strand reports for our research study.

Our report focuses on the perspectives and experiences of the children’s services workforce. As part of the workforce survey, respondents were asked for their views about the extent to which they perceive that children, young people and families have consistent relationships with practitioners; are informed of, and aware of their rights and choices in terms of the care and protection they receive; are supported to share their views; and are actively listened to and included in the decisions made about their care and protection. Respondents were also asked about any improvements they had observed, and any challenges that are present. The Independent Care Review’s Evidence Review (2020b) outlined children, young people and families’ experiences of relationships with the practitioners who support them, and what they need and should expect. Our study has provided an opportunity to explore whether progress has been made over the last few years, from the perspectives of the workforce, and to understand the challenges and barriers that are getting in the way. Further work should be undertaken to ask the same questions of children, young people and families so that a more comprehensive picture can be provided.

Introduction to this strand of work

The Scottish Government commitment to introduce a National Care Service in response to the Independent Review of Adult Social Care in Scotland (Feely, 2021) is the latest development in a process of public service reform intended to improve health and wellbeing outcomes for the Scottish population, with further integration of health and social care services a key element of the proposed reform. The Scottish Government will decide if children's health and social care services are to be included in the National Care Service, so it is important to understand and learn from how children's services are currently delivered.

This strand of the Children's Services Reform Research study has asked the children's services workforce in Scotland about their perspectives and experiences of the current service landscape through an online survey, focus groups with frontline practitioners and interviews with senior leaders.

For the purposes of our study, the children's services workforce has been defined as practitioners who provide support, care and/or protection for children, young people and families who need the support of services. It includes the following services: social work, health, early learning and childcare, education, youth justice, the third sector and the police.

We asked about their experiences of local services for children, young people and families, including statutory, universal, third sector and specialist services; multi-agency working; continuity of support when young people transition to adult services; children, young people and families' relationships with practitioners; the support the workforce receives and needs; and their experiences of leadership and the ability of leadership to bring about transformational change. We also asked respondents to identify what has improved over time and what challenges exist in each of these areas.

In the focus groups and interviews we explored these areas in more depth, as well as exploring two further topics. We asked what the children's services workforce's perceptions are of the influence of integration on outcomes for children, young people and families. We also explored what the children's services workforce believe needs to be in place to best meet the needs of children, young people and families.

The data was analysed using a combination of statistical techniques for the quantitative data within the workforce survey, and thematic analysis for the qualitative free-text data within the workforce survey, and for the focus groups and interviews.

This strand of the Children's Services Reform Research study builds on our other strands of work by providing an opportunity to gather the experiences and views of the children's services workforce about the current service landscape they are working within to support children, young people and families, and to understand what is working well, and where improvements need to be made.

Background

Policy context

In September 2020, Scotland's First Minister announced an Independent Review of Adult Social Care in Scotland with the principal aim to recommend improvements to adult social care. The review's report was published in February 2021 and recommended the creation of a National Care Service for adult social care, to be delivered locally through reformed Integrated Joint Boards (Feeley, 2021). A consultation on the potential of a National Care Service was then launched by the Scottish Government in August 2021, including a proposal that children's social work and social care services should be included within the National Care Service (Scottish Government, 2021a).

Following the consultation, the Scottish Government introduced The National Care Service (Scotland) Bill to the Scottish Parliament on 20 June 2022. Alongside the Bill, in the National Care Service Statement of Benefits report produced by Scottish Government in June 2022, the extension of the National Care Service to include children's social care services was considered in more detail. It stated that further evidence was required to inform future decisions around inclusion or exclusion (Scottish Government 2022).

In June 2023, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published the New Deal with Local Government, known as the 'Verity House Agreement' (COSLA/Scottish Government, 2023). This is a partnership agreement that sets out a shared vision between COSLA and the Scottish Government for a more collaborative approach to delivering three shared priorities for the people of Scotland:

1. Tackle poverty, particularly child poverty, in recognition of the joint national mission to tackle child poverty;
2. Transform the economy through a just transition to deliver net zero, recognising climate change as one of the biggest threats to communities across Scotland; and
3. Deliver sustainable person-centred public services recognising the fiscal challenges, ageing demography and opportunities to innovate.

The Children's Services Reform Research study offers important learning in relation to the first and third of these priorities.

The Verity House Agreement also sets out how COSLA and the Scottish Government will work together to respond to these shared priorities. These ways of working include: a focus on the achievement of better outcomes locally for individuals and communities, adhering to the maxim of 'local by default, national by agreement'; and *"where Scottish Ministers seek to explore national delivery models for matters which directly concern local authorities, local authorities should be fully involved in the policy development process from the outset and appropriately involved in the decision making, and the rationale for considering national delivery be clearly evidenced and outcomes focussed"* (COSLA/Scottish Government, 2023 p.4-5).

The proposals for a National Care Service and the Verity House Agreement act to provide a context to consider how to better meet the needs of children, young people and

families, and what the workforce needs to support them to achieve this. These developments are part of a complex policy and delivery landscape in Scotland where there are a number of significant reforms proposed, planned and/or being implemented simultaneously, which the workforce is currently having to navigate through. These include, but are not limited to: The Promise (Independent Care Review, 2020a), National Guidance for Child Protection in Scotland (Scottish Government, 2021b; updated in 2023), Age of Criminal Responsibility (Scotland) Act (2019), Staying Together and Connected guidance (Scottish Government, 2021c), Children (Equal Protection from Assault) (Scotland) (2020) and the Children's Hearings Advocacy provision scheme. This study therefore provides a timely opportunity to explore and understand the children's services workforce's perspectives and experiences in the context of what is known about what children and their families need, what changes might be necessary, and how the workforce can be involved and supported.

Findings from recent workforce surveys

An important source of evidence when considering the re-design of services is that provided through surveys of Scotland's children's services workforce. The views expressed by members of the workforce through surveys are critical to understand as the workforce has direct experience of how children's services are delivered, managed or commissioned at the national and/or local level.

There have been a number of surveys of Scotland's children's services workforce, or subsets of the workforce, in recent years that have been used to either inform future policy, services and practice for children, young people and families, or to help assess current service provision (Care Inspectorate, 2020; Educational Institute of Scotland, 2023; Independent Care Review, 2020b; Institute of Health Visiting, 2023; Royal College of Midwives, 2022; Miller and Barrie, 2022), and we have provided a summary of each of these surveys in the Supplementary Report.

A number of consistent themes emerge from these six sources. Each portrays a committed and passionate workforce that thrives on building relationships with children, young people, families and other practitioners. However, the responses to the surveys also highlight that the workforce needs to be supported through manageable workloads, supervision, training, investment and supportive leadership.

Some areas of perceived improvement in services for children, young people and families were reported, most notably the impact of Getting it Right for Every Child (GIRFEC) (Scottish Government, 2012) providing a shared approach and language for multi-agency practitioners when working with children and families. However, the need for change and improvement was strongly felt across the views shared in the surveys, albeit with some caution around the constant cycle of change and not having the time to implement changes.

Key areas for investment and/or improvement centred on the strengthening of early intervention and preventative support; recovery services for children and young people who have experienced abuse or trauma; young people's transitions into adult services; including the voice and participation of children and young people in planning and

decision-making; support for the workforce in the form of training, supervision and boosting workforce numbers; reducing the administrative demands on the workforce; and leadership that provides a clear vision for change and permissions for people to work creatively with children, young people and families.

Rationale for exploring workforce experiences

Whether or not to integrate systems, processes, services, or agencies is a big decision. When the systems in question include the nationwide delivery of support through children's social work and social care services, the implications are even wider. For Scotland, such a decision will impact on the lives of thousands of families each year, affecting their wellbeing, health, and education among other aspects of their lives. It is important to note that this is true regardless of whether changes are made. A decision to take no action is a decision with consequences as much as a decision to make a change. In this context, it is important that any decision is made with the fullest understanding of all the available evidence and information.

In seeking to understand the views and experiences of Scotland's children's services workforce, we looked to build on the themes emerging from the recent workforce surveys and further explore and contextualise the findings from the other strands of this research study. We worked to provide leaders, managers, frontline practitioners, carers and support staff with an opportunity to share their views and experiences of how children's services have been working in their local area and where they see improvements could be made. We have then further assessed differences in views and experiences by analysing responses by different service types, job roles and levels of structural integration in which people work.

The survey, focus groups and interviews we have conducted provide a new, national baseline of how Scotland's children's services workforce views the service landscape. This offers the potential to re-run the survey, focus groups and interviews at a future point in time to assess whether changes have occurred.

Methodology

In the development of the workforce survey, our focus groups with frontline practitioners and the interviews with senior leaders, one overarching research question with five more specific sub-questions was identified by the research team. The five sub-questions are designed to complement and 'flesh out' the overarching question, and to provide focus for the analysis and synthesis of the data collected through the workforce survey, focus groups and interviews. The numbering or sequencing of the sub-questions does not denote any priority or relative importance.

Overarching research question

What are the perspectives and experiences of Scotland's children's services workforce of the current service landscape?

Sub-questions

1. What are the children's services workforce's perceptions and experiences of:
 - Local services for children, young people and families?
 - Multi-agency working between practitioners across different services?
 - Continuity of support when young people transition to adult services?
 - Children, young people and families' relationships with practitioners?
 - Support for the workforce?
 - Leadership and their ability to bring about transformational change?
2. For the components above:
 - What has improved over time?
 - What challenges exist?
3. Is the level of structural integration of children's health and social care services associated with the children's services workforce having different perceptions and experiences of the components above?
4. What are the children's services workforce's perceptions of the influence of integration of children's social work/social care services with health services on outcomes for children, young people and families?
5. What does the children's services workforce believe needs to be in place to best meet the needs of children, young people and families?

Our workforce survey

Purpose of the survey

Surveys are an effective means of capturing the views of a large number of people. Online surveys in particular can support members of a national workforce to participate in research because these can be completed irrespective of where people work and the hours they work, with the main requirements being that they know about the survey and have internet access to complete it. There is also an equity in the use of surveys as each respondent has an equal voice, with equity reinforced when the survey is anonymous.

Development of the survey

With the agreement of the study's Steering Group on the importance of capturing the views and experiences of the children's services workforce, and that an online survey was an effective means to do so, the research team set about developing the survey. A number of principles underpinned our design of the survey, and these are set out in the Supplementary Report. In terms of the survey questions, these were drafted based on our review of a number of different sources, including:

- The components and outcomes of service integration that were set out in key policy documents, such as The Christie Commission on the Future Delivery of Public Services (Scottish Government, 2011); Getting It Right For Every Child (GIRFEC) (Scottish Government, 2012); The Promise (Independent Care Review, 2020a); the National Care Service (Scotland) Bill (Scottish Parliament, 2022); and the National Care Service Statement of Benefits report (Scottish Government, 2022);
- The components of integration that were emerging from this research study's Rapid Evidence Review (Porter et al., 2023) and the findings from the Case Studies of Transformational Reform Programmes (McTier et al., 2023);
- Existing workforce surveys that ask about service provision and experiences of multi-agency working, for example, the survey used by the Care Inspectorate in Scotland in its joint inspections of services for children and young people in need of care and protection, and the Perception of Interprofessional Collaboration Model Questionnaire (Odegard and Strype, 2009).

Once a full draft of the survey was prepared, the views of the study's Steering Group and key children's services stakeholder groups in Scotland were sought to refine and test the survey. The final survey can be found in the Supplementary Report.

Survey dissemination

The survey was launched, using Qualtrics as the survey software, on 21 July 2023 and was open for six weeks before closing on 28 August 2023. Multiple routes were used to disseminate the survey across the Scotland's children's services workforce, and these are described in the Supplementary Report. The aim was for the recipients of information about the survey to both complete the survey themselves and to share it with their colleagues and networks.

The children's services workforce was defined as practitioners who provide support, care and/or protection for children, young people and families who need the support of services. It includes the following services: social work, health, early learning and childcare, education, youth justice, the third sector and the police.

Analysis of survey results

Two parallel approaches were used to analyse the workforce survey data: one to analyse the quantitative, closed question data; and one to analyse the qualitative, open question data. Full details of these two approaches are outlined in the Supplementary Report, and can be summarised as follows:

- All data was exported from Qualtrics to Microsoft Excel. The data was cleaned, recoded where needed and validated, and Likert-scale and Likert-item questions were allocated a numerical value. The data was then separated into quantitative and qualitative spreadsheets.
- The quantitative survey results were analysed using a combination of Microsoft Excel and the statistical data analysis package SPSS to report how respondents rated each question and to understand whether there were any statistically significant differences between the responses of different groups of respondents.
- The qualitative survey results were analysed thematically using the computer assisted qualitative data analysis software, NVivo, and a coding framework that combined deductive and inductive approaches.

Focus groups and interviews

Purpose of the focus groups and interviews

Focus groups were planned for groups of frontline practitioners and carers, and interviews (or small group interviews) were planned for senior leaders.

The focus groups and interviews with the children's services workforce aimed to contextualise and provide more depth to the findings from the workforce survey about what is required to bring about high-quality experiences and outcomes for children, young people and families using services. This included exploring with participants areas of good practice, as well as the challenges and barriers that get in the way.

The focus groups also sought to discuss the workforce's views about the relationship between service and/or structural integration and outcomes for children, young people and families and the wellbeing of the workforce; and capture their views on what needs to be in place to best meet the needs of children, young people and families. The topic guides are set out in the Supplementary Report.

A further aim of our focus groups and interviews was that these allowed members of the children's services workforce who work at a national level or across multiple local authority areas to share their views and experiences, in contrast to the survey which asked respondents to share experiences of a single local area.

Participant recruitment

Two main approaches were used to recruit participants: recruitment through the workforce survey; and recruitment through professional networks. The two approaches are described in the Supplementary Report and were used to provide different routes for the workforce to access the study should they wish to participate; to provide different recruitment opportunities should the response to the survey be limited; and to allow access to potential participants if some sectors across the children's workforce were under-represented in the survey responses.

Conducting the focus groups and interviews

Each of the focus groups and interviews were held virtually using Microsoft Teams, except one interview which was conducted by telephone due to technical issues with Microsoft Teams, and, with the consent of all, the interviews and focus groups were recorded to enable full transcription for research purposes.

Analysis of focus group and interview findings

Interview and focus group recordings were transcribed in preparation for analysis. Analysis of the data built on the early themes and findings from the qualitative survey data. Thematic analysis was undertaken in Microsoft Word using an adapted version of the coding framework used for the qualitative survey data. Identified themes from the focus groups and survey data were then compared and where relevant integrated alongside the qualitative survey data within our findings.

Ethical approval

Ethical approval for the workforce survey and associated resources (for example, the study's plain language statement and the means for respondents to provide consent) was sought first from the University of Strathclyde's School of Social Work and Social Policy Ethics Committee in April 2023. The Ethics Committee advised that NHS Scotland R&D approval would also be required. A parallel application was made through the Integrated Research Application System (IRAS) in May 2023, with this application also asking for NHS R&D approval of this strand's focus groups and interviews. A separate ethics application was later made to the University of Strathclyde's School of Social Work and Social Policy Ethics Committee for completion of the focus groups with members of the workforce and interviews with senior leaders. Ethical approval from both organisations was received in July 2023.

Findings

Introduction

In fully exploring and explaining our findings, we have first outlined who responded to the online survey and took part in the focus groups with frontline practitioners and interviews with senior leaders.

We have then looked at the different areas asked about in the survey: local multi-agency services; multi-agency working; continuity of support for young people transitioning into adult services; children, young people and families' relationships with practitioners; support for the workforce; and leadership, before drawing out the themes which emerged from the discussions in the focus groups with frontline practitioners and our interviews with senior leaders: integration and outcomes for children, young people and families, and shaping the future structure and delivery of children's services.

Survey respondents

1,399 people completed the survey, with a further 395 responses not included because these were incomplete. Table 1 provides a breakdown of the 1,399 respondents by their service type, sector, and role. It shows that responses were received from all services, sectors and roles, but that the number of responses was higher in some areas (for example, the social work workforce accounting for 41% of responses by service; and the public sector workforce accounting for 87% of responses by sector).

Service	Number	Percentage
Community and family-based care and support services (for example, social care, foster and kinship care, youth work, family support, community learning and development, participation and housing)	119	8.5%
Early learning and childcare	114	8.1%
Education	218	15.6%
Health	207	14.8%
Police	47	3.4%
Residential care	81	5.8%
Social work	568	40.6%
Other (including people working in youth justice, children's hearings system, and multi-agency roles)	45	3.2%
Sector	Number	Percentage
Public sector	1,218	87.1%
Third sector / voluntary organisation	129	9.2%
Private / independent organisation	41	2.9%
Other / Prefer not to say	11	0.8%
Role	Number	Percentage
Senior leader (for example, chief executive officer, head of service)	93	6.6%

Manager / supervisor (for example, lead nurse, area or service manager, headteacher or depute)	462	33.0%
Frontline staff (for example, social worker, health visitor, residential worker, family support worker, teacher, educational psychologist)	752	53.8%
Support role (for example, data, learning and development, improvement, administrative, HR officer)	90	6.4%
Other	2	0.1%
TOTAL RESPONDENTS	1,399	100.0%

Table 1: Breakdown of survey respondents by service, sector and role

Table 2 provides further breakdowns of the 1,399 respondents by their local authority area and whether the respondent works in a full, partial or no structural integration local authority area. Consistent with Anderson et al. (2023), our definitions of these three categories are:

- Full structural integration – local authority areas where both children’s health services and children’s social care services are delegated to the Health and Social Care Partnership along with adult community health and social care services.
- Partial structural integration – local authority areas where either health services specifically for children or children’s social care services are delegated to the Health and Social Care Partnership along with adult services. In addition, one local authority area (Highland) which delegates children’s and adult services between the local authority and NHS Highland health board under its alternative ‘lead agency model’, is included in this category.
- No structural integration – local authority areas where neither children’s health services nor children’s social care services are delegated to the Health and Social Care Partnership.

The Supplementary Report sets out how each local authority area has been categorised, with the breakdown consistent to that used in Anderson et al. (2023) with the exception of Moray which, due to recent changes, has been re-categorised to ‘partial structural integration’ for our analysis. Responses were received from all 32 local authority areas, with the number of responses highest from people working in the Edinburgh, Falkirk and North Lanarkshire local authority areas.

Local Authority Area	Number	Percentage	Local Authority Area	Number	Percentage
Aberdeen City	46	3.3%	Inverclyde	30	2.1%
Aberdeenshire	68	4.9%	Midlothian	49	3.5%
Angus	39	2.8%	Moray	44	3.1%
Argyll & Bute	37	2.6%	Nan Eilean Siar	6	0.4%
Edinburgh, City of	106	7.6%	North Ayrshire	38	2.7%
Clackmannanshire	48	3.4%	North Lanarkshire	93	6.6%
Dumfries & Galloway	60	4.3%	Orkney	8	0.6%
Dundee City	37	2.6%	Perth & Kinross	32	2.3%
East Ayrshire	33	1.6%	Renfrewshire	62	4.4%

East Dunbartonshire	8	0.6%	Scottish Borders	33	2.4%
East Lothian	58	4.1%	Shetland	17	1.2%
East Renfrewshire	21	1.5%	South Ayrshire	23	1.6%
Falkirk	77	5.5%	South Lanarkshire	73	5.2%
Fife	48	3.4%	Stirling	58	4.1%
Glasgow City	68	4.9%	West Dunbartonshire	18	1.3%
Highland	39	2.8%	West Lothian	33	2.4%
Integration status of local authority area				Number	Percentage
Full structural integration				273	19.5%
Partial structural integration				532	38.0%
No structural integration				594	42.5%
TOTAL RESPONDENTS				1,399	100.0%

Table 2: Breakdown of survey respondents by local authority area and integration status

The qualitative analysis included all the responses where at least one open-ended question was answered, and thus included a total number of 968 respondents.

The Supplementary Report provides additional information about the survey respondents in terms of their contracted hours per week, employment status, length of time working in their current role, and their gender, age, ethnic group and disability.

Focus group and interview participants

A total of 91 participants took part in focus groups or were interviewed. Table 3 sets out the different services that the 66 practitioners in the 13 focus groups worked in or represented.

	Number of practitioners
Health	16
Social work and social care	14
Third sector	9
Police	7
Education	7
Early learning and childcare	6
Youth justice	5
Children's Hearings	1
Local authority elected members	1
Total	66

Table 3: Breakdown of focus group participants by service

Table 4 sets out the role that the 25 leaders in the 15 individual or group interviews had and the services or sectors they represented.

	Number of senior leaders
Children's social work senior leaders / Chief Social Work Officer	7
Third sector chief executive	5
Police senior officer	3
Child Protection Committees chairperson	3
Health and Social Care Partnerships chief executive	2
Education senior leader (Association of Directors of Education in Scotland and Education Scotland)	2
Retired children's services leader	2
Public health commissioner	1
Total	25

Table 4: Breakdown of focus group participants by service

Methodological strengths and limitations

Through the workforce survey, focus groups and interviews, we heard from over 1,400 members of the workforce with participants from social work, health, education, early learning and childcare, police and the third sector services, and from across all local authority areas in Scotland. When combining the number of responses with the depth and insights shared, we believe this provides a robust evidence base on which to consider and assess Scotland's children's services landscape at the national level from the perspective of the workforce.

The survey received a good response rate, but we acknowledge that some members of the workforce may not have participated for the following reasons:

- The survey response rate may have been affected by people's summer holidays and, for early learning and childcare and education staff, the busy period at the start of the academic year.
- The introductory information made clear that the survey would take up to 30 minutes to complete. Some respondents may have been put off by this and, relatedly, some stakeholder groups contacted the research team to advise that workforce time and capacity was stretched, which could limit opportunities for colleagues to complete a survey.
- The introductory information and an early question within the survey made clear that the survey was to be answered from the perspective of a selected local authority area. This requirement may have made the survey difficult to complete for people working at a national level or regional level. This would include police and health staff, where their divisions and health boards, respectively, span more than one local authority area.
- Anecdotal evidence from the children's services sector has indicated recently that there is a feeling of survey and consultation fatigue across many parts of the children's services workforce, in particular, in areas or services that have recently undergone inspection, as staff surveys are a critical aspect of these.

In considering the 1,399 responses received, other limitations to acknowledge in the analysis and reporting of the survey data are:

- It is likely that those completing the survey were motivated or interested in participating. Their views may differ from those who did not take part.
- There were sectoral and local authority variations in the number of survey responses. The national findings reported may consequently be more representative of the views and experiences of the highest responding sectors and local authority areas, than of other parts of the children's services workforce.

The 91 participants across the focus groups and interviews can also be considered as a strong level of engagement, but we note that many of the same limitations about the survey also apply to the focus group and interview data.

Local services for children, young people, and families

The workforce's views and experiences of local service provision for children, young people and families as captured through the survey's quantitative data are presented first, before considering the qualitative data captured through the survey's open questions, the frontline practitioner focus groups, and our interviews with senior leaders.

Quantitative findings

The survey asked respondents to assess current local service provision for children, young people and families across seven items, using a five-point scale of 'Very Good', 'Good', 'Neither Good nor Poor', 'Poor' and 'Very Poor' (with further options of 'Don't Know' and 'Not Applicable'). Respondents were also asked whether services had improved or not over time using a scale of 'Improved A Lot', 'Improved A Little', 'No Change', 'A Little Worse' and 'A Lot Worse' (with further options of 'Don't Know' and 'Not Applicable').

Figure 1 presents respondents' answers in relation to their views and experience of current service provision in their selected local authority area.

- For five of the seven items, the responses are centred around the midpoint with a relatively equal balance of 'very good' or 'good' responses to 'poor' or 'very poor' responses.
- Two items received more than 50% of responses weighted to either the good/positive or poor/negative side. These were:
 - The quality of practice within local services, with 74% of respondents rating it 'very good' or 'good'.
 - The length of time it takes for children, young people and families to access the services they need, with 56% of respondents rating it 'poor' or 'very poor'.

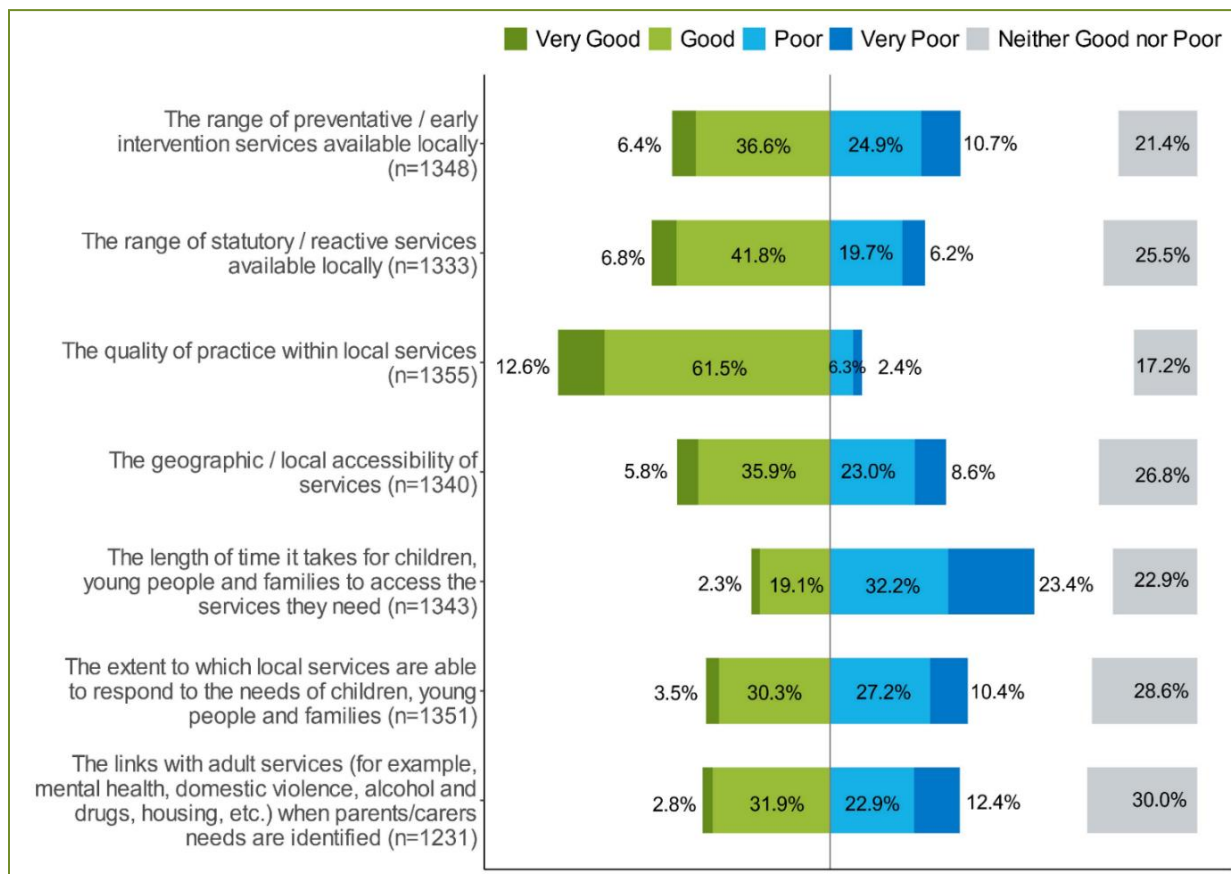


Figure 1: Rating of 'current local, multi-agency service provision for children, young people and families' (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the seven items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 3.05 across all responses was found. This confirms that respondents' views and experiences of service provision for children, young people and families were centred around the midpoint. However, a number of the responses to the open questions did add further comment that they had witnessed and experienced both 'very good/good' and 'very poor/poor' local services, multi-agency working, relationships, transitions to adult services, workforce supports and/or leadership and so had selected the 'Neither Good nor Poor' option in these instances as a way of averaging out these differences.

Considering the means of different groupings of respondents, our analysis found that there were some statistically significant different variations:

- The social work workforce rated local services higher (3.23) than early learning and childcare (2.77), health (2.90), education (2.93), and community and family-based care and support services (2.93).
- The public sector workforce rated local services higher (3.09) than those working in the third sector (2.76) and private/independent sector (2.53).
- Managers/supervisors (3.12) and support role workers (3.35) rated local services higher than frontline staff (2.96).

- Staff in post for less than one year rated local services higher (3.16) than those in post for five years or more (2.98).

When asked whether local service provision in their selected local authority area had improved or not over time, Figure 2 shows a difference in respondents' recollections of their experience of the pre-COVID-19 pandemic period compared to the service landscape since the onset of the pandemic.

- 57% of respondents felt local service provision was improving a lot or a little before the COVID-19 pandemic.
- In contrast, 51% of respondents felt local service provision had got a little or a lot worse since the onset of the COVID-19 pandemic.
- Those working in the local authority area for less than four years (and coinciding with the COVID-19 pandemic and recovery period) offered a largely equally weighted view of whether local service provision had improved or not.

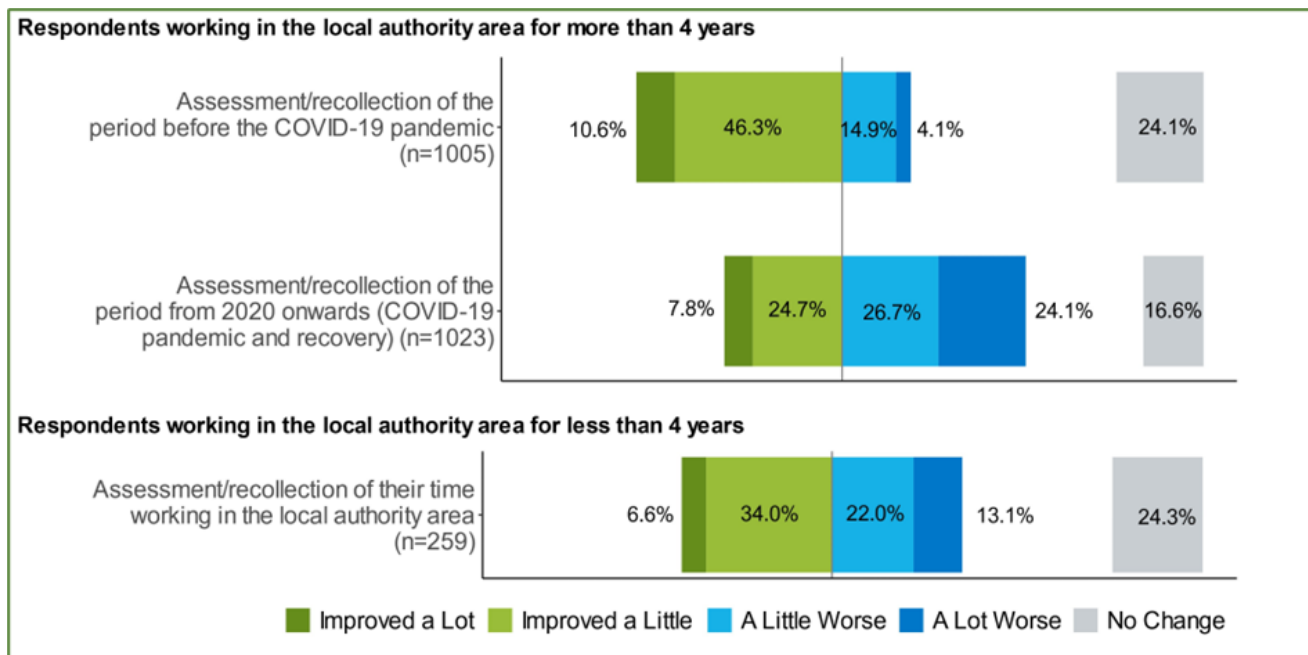


Figure 2: Assessment of whether local, multi-agency service provision for children, young people and families has or has not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

Within the survey, participants were asked to identify any improvements, challenges or issues related to local multi-agency service provision. Likewise, focus group and interview participants were asked to reflect on their experiences of integration within their local areas.

Whilst participants were asked specifically about local multi-agency services, it was apparent in their responses that participants have referred to both services which offer multiple specialisms within one service, as well as the interaction between different organisations. More often, participants appeared to talk about the interaction between different services and how services impact on one another. This is reflected throughout the themes we analysed.

The quantitative data shows that some respondents have witnessed improvements in local service provision, particularly in their recollections of the period before the COVID-19 pandemic, with a reported worsening of services following the onset of the COVID-19 pandemic. Whilst improvements within local service provision were shared, the qualitative data tended to focus on the difficulties that children, young people and families were having in accessing services. These difficulties are intrinsically inter-related but have been grouped under the headings of range of, access to, waiting lists of, availability and responsiveness of, and quality of local services.

The range of local services to meet the needs of children and families

Table 5 sets out where participants had identified improvements to local services, with early intervention and family supports, referral processes and inter-agency working, most frequently referred to. However, despite this, improvements were often at a small scale and reflective of the potential of new initiatives and pilot projects rather than sustained, system-wide improvements.

Service Group	Identified improvements to the range of local services
Early intervention and prevention	<ul style="list-style-type: none"> • Increased emphasis and focus on early intervention resulting in increased service provision in this area, as well as improved processes for accessing early intervention supports. • An example of local area partnership model developed to respond to the mental health and wellbeing needs of children was noted as improving inter-agency working and provisions, as was the introduction of wellbeing hubs. • The introduction of the Whole Family Wellbeing Funding in Scotland, announced by the Scottish Government in 2021, was noted as supporting innovation in relation to early intervention and family supports. • The 'refocussing' of the school nursing role to provide early intervention support in the lives of children and families with additional 'vulnerabilities' was noted by a small number of respondents, whilst one highlighted that planned funding for

	<p>increasing the school nursing workforce was withdrawn by the Scottish Government.</p>
Family and parenting supports	<ul style="list-style-type: none"> • Increases in the range of family support services available. • Family Group Decision Making (FGDM) was noted as an approach enabling more family-centred planning and decision-making.
Additional support needs and neurodiversity	<ul style="list-style-type: none"> • Examples of new services and initiatives established in response to local needs, including: <ul style="list-style-type: none"> ○ A pilot to address school non-attendance; ○ Bespoke services to meet needs of autistic pupils; ○ A project targeted at under 3's with language delays. • Improvements as a result of services being located within education settings, including: <ul style="list-style-type: none"> ○ school allocated social workers; ○ speech and language support; ○ school-based counsellors; ○ home-school partnership officers. • The use of a Practice Lead role to link between education and social care, and to provide support to practitioners so that they can intervene early where there were concerns for a child or young person. • The development of new assessment pathways and services.
Child protection	<ul style="list-style-type: none"> • The development of 'contextual safeguarding' within one local authority was highlighted as facilitating inter-agency working in response to extra-familial harm.
Care experienced children and young people including those leaving care	<ul style="list-style-type: none"> • The addition of Child and Adolescent Mental Health Service (CAMHS) teams dedicated to meeting the needs of children and young people who are care experienced. • Some improvements to provisions for young people leaving care (for example, Continuing Care, dedicated services, support 'hubs', a 'no wrong door' approach, housing supports and, access to advocacy). • Improvement in supports and services for kinships carers were also noted by one respondent.
Other	<ul style="list-style-type: none"> • Domestic abuse – respondents identified improvements to knowledge and understanding of domestic abuse and frameworks for working with families experiencing domestic abuse. Examples given included: Safe and Together (Safe & Together Institute, 2022), Equally Safe (Scottish Government, 2018), Children Experiencing Domestic Abuse Recovery (CEDAR) (Scottish Women's Aid, 2023). • Housing – in one local authority, the development of a specialist role to address youth homelessness was identified as leading to improvements in supports available to young people.

	<ul style="list-style-type: none"> • Substance use – one example shared was of a new joint service between Adult Services and Children’s Services aimed at providing a whole family approach to substance use. • Youth justice and victims of crime – survey respondents also identified a move towards a more collective response to children and young people in conflict with the law through initiatives such as: the Whole Systems Approach (Scottish Government, 2015), Early Intervention Services for Youth Justice, establishment of local Youth Justice teams. The introduction of the ‘Bairn’s Hoose’ model in Scotland was identified as a potential additional resource for victims of crime (Scottish Government, 2023b).
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Table 5: Identified improvements to the range of local services by service groups

However, participants overwhelmingly highlighted gaps in local service provision, notably in the range of services available for children, young people, and their families whose needs require targeted supports and services (Table 6).

Service Group	Identified challenges in the range of local services
Mental health	<ul style="list-style-type: none"> • Many respondents highlighted a crisis in mental health service provision for children and young people, with waiting lists spanning years and resources consumed by crisis intervention, resulting in families experiencing increasing and exacerbated need. • Long waiting lists for assessments, diagnosis and services is resulting in families being left without services and supports before and after assessments. Participants across social work, health, youth justice and the third sector reported services ‘holding families’ who have needs, without the knowledge, and resources to meet these needs within their services. Tied to this a lack of whole family support around assessment and diagnostic processes was another gap. • Respondents noted an increasing reliance on the voluntary sector to provide non-specialist mental health support. One practitioner noted the need to raise awareness of the range of services (other than CAMHS) who can provide early intervention for children and young people needing support with their mental health and wellbeing (for example, school nurses, teachers, counsellors). • Challenges relating to CAMHS support for children and young people in care were highlighted, including the discontinuation of CAMHS support when young people move between the care of different local authorities. • A lack of adult mental health provision was also noted in the context of whole family provision of services.
Additional support needs and neurodiversity	<ul style="list-style-type: none"> • Increasing numbers of children identified as having additional support needs have not been matched by an increase in resources to meet these needs. This is leading to delays in assessments and the provision of support before and after assessment.

	<ul style="list-style-type: none"> ● A lack of services to support families with additional support needs including: <ul style="list-style-type: none"> ○ Assessment routes, particularly for autism and attention deficit hyperactivity disorder (ADHD) diagnosis ○ Suitable residential care options ○ Short break care ('Respite') ○ Physical and Mental Health services ○ Therapeutic services, including physiotherapy, and speech and language therapy ○ Education support, including access to Educational Psychologists ○ Local community-based supports ○ Provision within early years services ○ Provision of services for children and young people who are deaf. ● Several respondents highlighted a lack of alternatives to mainstream education coupled with increasing numbers of children and young people struggling to attend school. In addition, a lack of services to support children and young people with school attendance was noted.
Disabled children and young people	<ul style="list-style-type: none"> ● A lack of 'respite' provision is resulting in families not receiving services for assessed needs. ● A lack of local community services for disabled children and young people. ● Insufficient childcare options and holiday support for disabled children and young people. ● A lack of recreational services for disabled children and young people. ● A lack of funding and financial support to help cover additional care costs.
Care experienced children and young people including those leaving care	<ul style="list-style-type: none"> ● A prioritisation of child protection leaves limited scope to provide preventative services. ● A shortage of foster carers. ● A lack of suitable housing within local communities for kinship carers. ● A lack of resources to facilitate and support children and family members to have ongoing connection and relationships where it is safe to do so. ● A lack of services to support families immediately following separation due to compulsory measures to protect children. ● A lack of temporary placements within local authority areas meaning some children being cared for away from that local authority area and the community they know.
Early intervention and early years	<ul style="list-style-type: none"> ● Practitioners described demand for early intervention services outstripping the resources allocated to this. ● A lack of family support workers and family link workers was highlighted by some respondents.

	<ul style="list-style-type: none"> • A lack of staff capacity, service availability and finances were viewed as impacting on service thresholds and resulting in increased crisis intervention and missed opportunities to support families earlier. This was viewed this as being in contradiction to both national and local priorities, despite full support for GIRFEC and early intervention and prevention agenda. • A small number of respondents highlighted a tension in the prioritisation of statutory services over early intervention and preventative services. • A lack of early years provision, particularly for children and families with eligible 2-year-olds who may need support, was noted by several respondents. • A lack of services for children under five years old who are not at risk or harm but have vulnerabilities and needs which are additional to those met by universal services.
Third sector	<ul style="list-style-type: none"> • A reduction in third sector funding and services was viewed as resulting in fewer early intervention services, a prioritisation of statutory intervention, and a shift toward crisis-driven intervention.
Other	<ul style="list-style-type: none"> • Community resources - a lack of free or low-cost local community supports, such as creches, family hubs, school holiday activities, extracurricular activities, and family activities. • Health - increasing difficulties with accessing child health services, including access to GP appointments; NHS dental services; and regular in-person access to health visitors. • Housing - a lack of provision of appropriate housing for young people with housing insecurity or experiencing homelessness. • Young carers - a lack of services to meet the needs of young carers was raised by one respondent. • Youth justice - limited early intervention services and supports for young people in conflict with the law and their families.

Table 6: Identified challenges to the range of local services by service groups.

Challenges accessing local services for children, young people, and families

The workforce highlighted a challenging practice context for accessing local services for children, young people and families. Survey respondents described referral processes increasing demands on their time, with some services having to navigate multiple referral processes across different local authority areas (this is explored further in our findings on multi-agency working). In an interview with a senior leader from education, they echoed that there were too many referral processes to navigate. Where improvements to referral processes were noted, respondents highlighted the benefits of having a single point of contact or referral, as well as the benefits of having dedicated teams and resources to help facilitate access to a range of services.

Some survey respondents described improvements to the route through which families could access information and resources, alongside services thinking more innovatively about how they engage with local communities to share information:

"Cost of Living Roadshows - A series of events where a wide range of partners (housing, welfare rights, mental health services, [...], family nurture team and many more) provided drop-in sessions offering opportunity to access a range of information on support services in one central point within localities, these events were open to all members of the community." (Education: Survey)

Senior leaders from education also spoke positively about family support services being accessed through school, increasing the accessibility and uptake of these resources whilst reducing the stigma by providing them as a universal service.

The use of technology was seen as a key tool in helping to reach more families and increasing engagement with resources:

"Services appear open to think differently in how they provide their service i.e. IT/online/phone - previous face-to-face appointments have been the main way services engaged with children and families. Considering different approaches to meet the needs of the child (rather than the service) is positive and may increase engagement." (Health: Survey)

However, respondents also acknowledged that digital access was still a challenge for some families living in more rural areas where internet connections were poor, which further limited their access to services and support provided online.

Geography was another notable barrier to accessing local services, and not only in rural areas. The unreliability and cost of public transport was a barrier to families needing to access services not available within their local communities because it requires additional finance, motivation, and commitment to access services. In smaller communities, where services may be more visible, accessing services was also identified as coming with additional stigma and was perceived by one practitioner as inhibiting local engagement in services.

Long waiting times for accessing local services

A small minority of survey respondents spoke about improvements in waiting times for health-related services, however, participants from across the survey, focus groups and interviews had concerns about the long waiting times for services and the impact of these on local service provision. Whilst participants highlighted waiting times as problematic across a range of local services, waiting times for CAMHS were most frequently cited, with some respondents describing children and young people having to wait over a year for an assessment.

"The local CAMHS team are over-stretched and under-funded like most services with too many children waiting for diagnosis that may never happen with the new criteria. We are bracing ourselves for the fallout." (Community and Family-Based Care and Support Services: Survey)

Respondents also talked about the interconnection between service availability, resources and staff support, suggesting that these were factors as to why waiting times were so long. These included:

- A lack of available service provision to respond to needs early and prevent escalation to crisis intervention.
- Changes to thresholds and criteria for accessing services in response to increased demand and reduced provision.
- High levels of staff turnover, vacancies and sickness resulting in instability within service provision.

Some education and social work focus group participants referred to a two-tiered system, whereby children with higher needs or risks are prioritised, with children with more moderate needs having to wait longer to receive the support they need. In view of this, some focus group participants referred to instances where they felt they had no option but to take a statutory route in order for children and young people to access the services and support they needed.

In addition, respondents discussed the impact of long waiting times on local services and practice, including the impact on relationships between practitioners from different services, with some practitioners feeling like they are 'holding families' within their service who have needs that they cannot meet. They described families having to wait for an assessment and then again for services to meet their assessed needs. These periods of waiting were viewed as exacerbating needs and increasing the need for crisis-level interventions for families, which places additional pressure on some services:

"Some agencies continue to have long waiting lists for support/assessment (particularly adult mental health and CAMHS) which is leaving families with unassessed and unmet needs for long periods, leading to crisis or additional support needs being managed by services that may not have the relevant expertise." (Social Work: Survey)

To help address long waiting lists, some families and services have turned to private services for assessment and diagnosis, particularly for autism and ADHD. However, practitioners discussed how private assessments were often not accepted by public services or not backed by additional resources, leading to families being left without help and support following diagnosis:

"CAMHS introduced online assessments for ASD [autism spectrum disorder] and ADHD to try to reduce the waiting time and the post COVID backlog. This was delivered by a private agency. This helped many of our families get the appropriate diagnoses and thus access to other services. The number of learners in school with diagnoses increased - our incoming S1s [first year secondary school pupils] have 10% of learners with ASD diagnoses. No additional resources in school follow this though - if anything, resources to support these learners are diminishing." (Education: Survey)

Additionally, focus group participants from the third sector discussed how CAMHS services were responding to waiting times by providing additional information and resources to enable families to begin engaging with 'self-help' whilst waiting for services to respond:

"And I know that CAMHS [...] has been working on like a neurodiversity portal to allow information to be passed to families prior to them actually seeing a clinician, so that they can begin to work on routines and sleep patterns and anxiety, these issues which may be part of the discussion that would've been had with CAMHS themselves, so that parents can begin that process of kind of self, looking at their situation and the ability that they can do to put in these kind of structures prior to seeing a clinician." (Third Sector: Focus Group)

There were mixed views about the changes that took place in the context of the COVID-19 pandemic. Some respondents said that the online provision of some services led to shorter waiting times and improved access to support, particularly in relation to specialised services (such as mental health or learning disability services) that cover a large geographical area. However, there were many other respondents who indicated that whilst waiting lists were not good prior to the COVID-19 pandemic, the pandemic exacerbated an existing issue.

Limited availability and slow responsiveness of local services for children, young people, and families

Overall, respondents were less positive about the availability of local service provision within their qualitative responses when compared to the quantitative findings.

Across the qualitative survey responses and the focus groups, practitioners highlighted that the number of children and families requiring services outstretched the available resources. Some of our survey respondents described the COVID-19 pandemic period as having contributed to an increased level of need in the general population and across specific groups, including children and young people not attending school, and people struggling with their mental health whilst waiting for an assessment or diagnosis. A lack of staffing and funding, as well as service variety, including out-of-hours services and availability within the third sector, were all highlighted as impacting on the availability and responsiveness of local services. Focus group participants from the third sector described the instability of local services, whereby the continuation of services can be dependent on funding and workload, with some services ceasing to operate at short notice.

The responsiveness of services was highlighted by survey respondents as an indicator of local service improvements including examples of increased service flexibility, adaptability, and practitioners' ability to connect children and families to a range of supports. However, increasing pressures on services were described as impacting on the level of input that services can provide, the communication between services, and the sense of collective responsibility for meeting the needs of families:

"Currently we are not meeting children, young people and family's needs. We are fighting fires and not carrying out any prevention work. Areas are being identified early by some multi-agency services however unable to refer to the correct agency for support as they have no capacity." (Health Practitioner: Survey)

As a result, a small number of respondents reflected that families' experiences of services is undermining their confidence in practitioners and is placing strain on the relationships between them:

"This leads to families having little expectation of needs being met in a timely manner and erodes confidence in their faith in the collective system for children and families." (Health Practitioner: Survey)

The challenges of keeping up-to-date with the availability of services was also noted. Focus group participants provided examples of practitioners finding it difficult to understand what services existed locally, particularly in larger local authority areas or where there is frequent change in local services, and then to decide which service is most appropriate to refer a child, young person or family to:

"And I would say that, you know, one of the difficulties is, [...] there is such a wide and varied third sector kind of suite of support organisations out there, that yes it can and will often be difficult to keep track of who's all working [in different areas]." (Third Sector: Focus Group)

"Sharing information - lots of good work happening, good groups being facilitated by different services. However, these are not advertised or promoted well." (Social Work: Survey)

In addition, both survey respondents and focus group participants from health and third sector services felt that services were not being provided for as long as children and families require these for. This was described as being the result of pressures to discharge children and families, resulting in more time-bound and episodic service involvement, and a lack of sustainability and permanency of services and supports, often as a result of funding cuts or budget restraints impacting on staffing levels:

"Waiting lists have increased hugely therefore a real push for all agencies to do a piece of work and then move children, young people and their families on rather than for them to stay with services." (Health: Survey)

"...I think social work do some really incredible stuff but when I think about their caseloads and the intense pressure they're under to kind of clear their waiting lists, you know, it's really understandable why families get dropped or families, things are considered to be good enough when they're, things are really, really not good enough." (Third Sector: Focus Group)

Further to this, a small number of survey responses and focus group participants from health services voiced concerns that there is insufficient support for families to help them engage with services. Families who struggle to engage or maintain engagement in support were highlighted as adding to further delays in accessing support for children and young people.

A 'postcode lottery' of service availability was described by survey respondents, focus group participants and senior leaders, with instances of families having to travel outside of their local authority area to access services, or in more exceptional circumstances, move to another local authority area to access services to meet their needs. In an

education focus group, participants discussed the administrative boundaries of local area service provision, arguing that children, young people, and families should not be constrained by these boundaries; that families should have the flexibility to access services in neighbouring areas where these are physically closer or easier to access than services based within the local authority area their home is registered in. In a similar vein, there was acknowledgement by survey respondents and focus group participants from early years services that it can be difficult to respond to a child, young person or family's needs when they move between different local authority areas, as different service provision may exist.

Whilst variability in service provision between local areas is to be expected, practitioners raised concerns about the equity of help and support available to families, particularly families living in more rural areas. This was linked to staffing levels within rural areas, leading to fewer services for families to access. Conversely, in one focus group, education practitioners noted that in more affluent areas there can be fewer services, when compared to areas with higher level of deprivation.

Varied quality of local services for children, young people, and families

Whilst the quality of practice within local services scored highly within our quantitative findings, within the qualitative survey findings respondents provided limited explanation for this.

Examples of improved local practice included greater consensus around practice priorities and values between service providers, as well as improved relationships and inter-agency working between individuals and organisations. A small number of respondents had mixed views about other practitioners' specialist knowledge and understanding, with some respondents indicating that they felt there had been improvements in the workforces' understanding of children and family's needs within local services, for example in relation to trauma. Conversely, some respondents referred to other practitioners' lack of knowledge and understanding of children and family's needs as impacting on local inter-agency practice.

One senior leader with a national remit suggested that a lack of "*core standardisation*" was impacting on the standard and consistency of support across Scotland.

Survey respondents also talked about the impact of low staffing levels and poor working conditions on the quality of local service provision – in particular the timeliness of service responses:

"It is taking longer to provide services due to staffing levels thus impacting on the quality of service provided." (Social Work: Survey)

Focus group participants from Police Scotland also noted the length of time of legal proceedings, which similarly impacts on the timeliness of support that can be provided.

Summary

- Overall, the workforce described a local service context in which resources were insufficient to meet increases in the level and complexity of need being experienced by families.
- Positively, within the quantitative data the majority of the workforce indicated that the 'quality' of practice within local services was either 'very good' or 'good'. Indicating that when children and families do access services, practitioners view the support offered as being of a high quality.
- Whilst some improvements to the range of local services were noted, respondents raised consistent gaps in the range of services to meet the needs of children and families in relation to mental health, additional support needs and neurodiversity.
- Alongside limited resource availability, access to services was inhibited by multiple and complex referral routes and long waiting times.
- Across both the quantitative and qualitative data, waiting times for accessing services and receiving support were identified as being particularly challenging, and contributed to children and families' needs escalating, which in some cases required a crisis-level response, placing further strain on resources.
- The limited availability of services that are easily accessible and adequately resourced was viewed as negatively impacting on services' abilities to respond to the needs of children and families at the right time and in the right way. Fewer, more precarious resources for early intervention, alongside fewer resources overall, was described as leading to local services being consumed by crisis-driven intervention. Participants viewed this as undermining both national and local policy agendas as well as the relationships families have with practitioners and their willingness to engage with support.

Multi-agency working

The workforce's views and experiences of practitioners from different services working together were also gathered through this research. We have analysed the quantitative data captured through the online survey, before considering the qualitative data captured through the survey's open questions, the frontline practitioner focus groups, and interviews with senior leaders.

Quantitative findings

The survey asked respondents to assess multi-agency working across nine items (Figure 3) and in relation to whether this had improved or not over time (Figure 4). The nine items refer to factors that can facilitate close working between practitioners, enabling them to best assess, plan for and meet the needs of children, young people and families.

Each question asked respondents to answer in relation to their views and experience of multi-agency working in their selected local authority area. These local responses have been brought together to provide an assessment of multi-agency working to meet the needs of children, young people and families in Scotland. The findings are presented in Figure 3.

- Overall, the responses were more positive than those recorded about local service provision for children, young people and families;
- All nine items were rated 'very good' or 'good' by at least 50% of respondents;
- Having a shared vision for what practitioners from different services collectively want to achieve for children, young people and adults was rated highest, with 67% of respondents rating it 'very good' or 'good'.

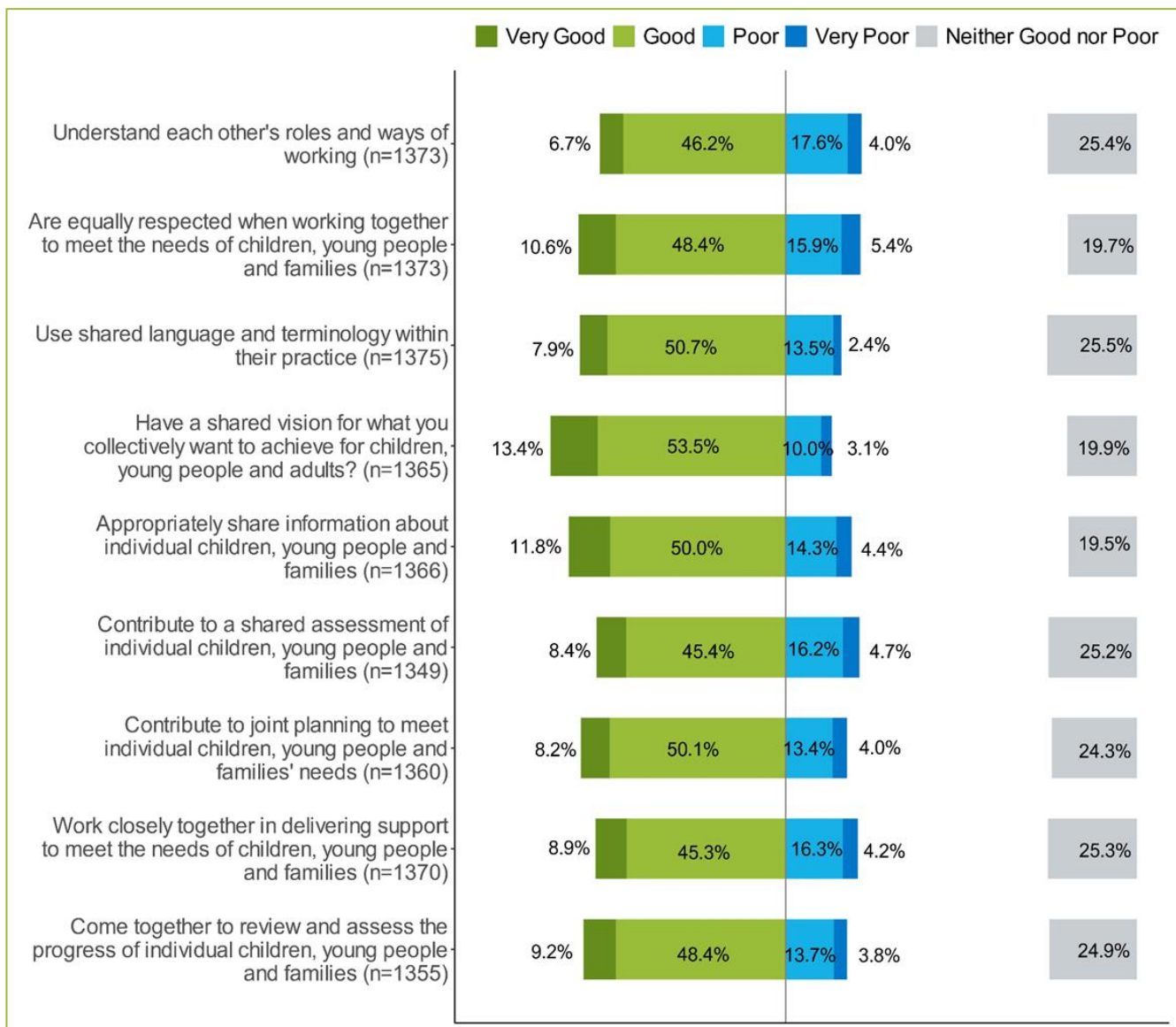


Figure 3: Rating of multi-agency working (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the nine items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 3.45 across all responses was found, which confirms that respondents' views and experiences of multi-agency working were widely positive. In our analysis of the means for different groupings of respondents, we found that there were some statistically significant variations:

- The social work workforce rated multi-agency working higher (3.56) than the early learning and childcare (3.25) and community and family-based care and support services workforces (3.21).
- The public sector workforce rated multi-agency working higher (3.49) than those working in the third sector (3.19) and private sector (2.93).

The survey respondents were asked whether multi-agency working in their selected local authority area had improved or not over time, with specific reference to the COVID-19 pandemic. Figure 4 shows a difference in experience when comparing the workforce's

views of the pre-COVID-19 pandemic period to their views since the onset of the pandemic.

- 59% of respondents felt multi-agency working was improving a lot or a little before the COVID-19 pandemic, with only 11% stating it was getting a little or a lot worse.
- The respondents gave a balanced picture when considering how multi-agency working had felt since the onset of the COVID-19 pandemic, with 36% of respondents stating multi-agency had improved and 38% stating it had got worse. This balanced assessment was also given by those working in the local authority area for less than four years.

This represents a considerable difference of opinion about the improvement of multi-agency working before the COVID-19 pandemic and since its onset. The qualitative findings outlined in 'Joint assessment, planning and information sharing' discuss some of the reasons for the different experiences of multi-agency working said to have been experienced prior to the COVID-19 pandemic and since its onset.

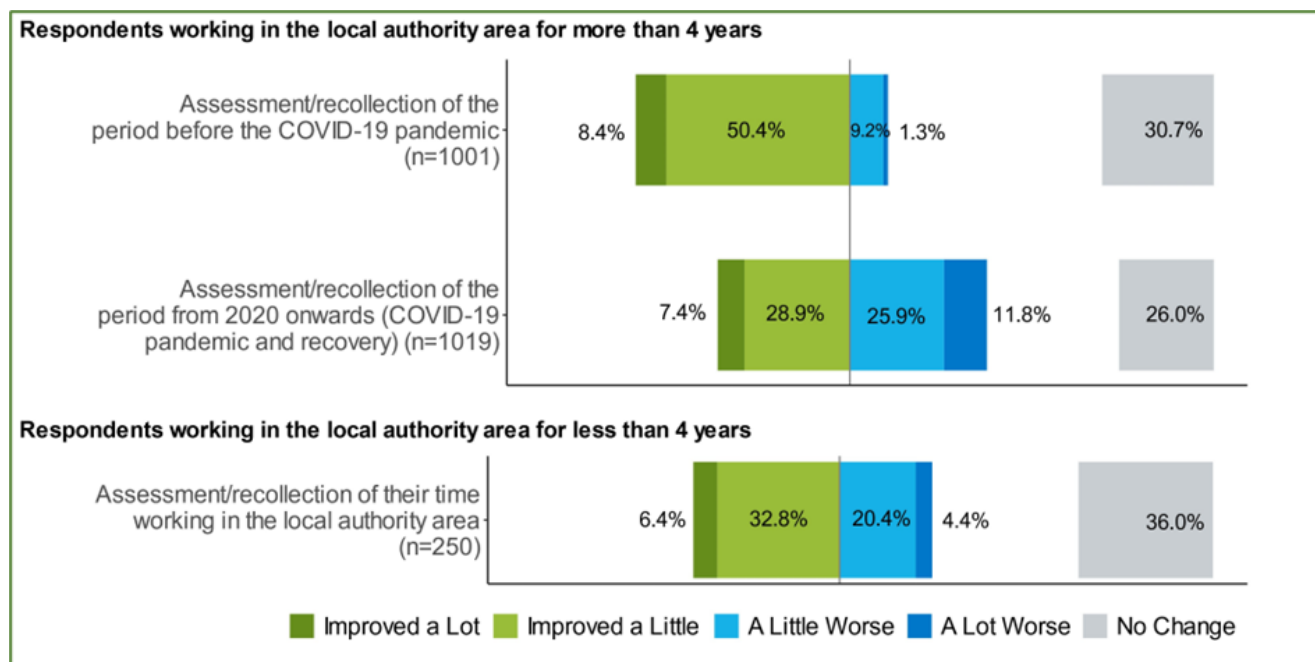


Figure 4: Assessment of whether multi-agency working has or has not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

In their responses to the survey, and in the focus groups and interviews, participants discussed what helps multi-agency working, what can be challenging, and what multi-agency working currently looks like in their services and/or local areas. While participants noted many positive practice experiences that reflect the quantitative results (the majority of respondents thought that multi-agency working across the nine item questions was 'good' or 'very good'), they also emphasised that there are significant challenges that make multi-agency working very difficult for practitioners.

Understanding each other's roles and ways of working

Our survey, focus group and interview participants told us that there have been improvements in the level of understanding of each other's roles and ways of working across different practitioners. Where practitioners and services have a positive relationship, this can improve knowledge of roles and services across organisations, although these relationships take time to establish and build trust. We heard that opportunities to network and get to know other practitioners and services, to jointly attend and deliver training, and to have the opportunity to work with consistent colleagues, are invaluable in developing this knowledge and understanding. Some examples noted were a 'coffee collaborative' to build on a local refresh of the GIRFEC approach being used, and a Sharing Practice Festival for over 400 practitioners from multiple services.

Nonetheless, participants were clear that colleagues do not always understand the different roles, responsibilities and ways of working of multi-agency partners. In the focus groups, participants from health services noted that without this understanding, decisions can be made that impact children, young people and families without informing other services, as organisations do not understand who should be informed of what, in turn disadvantaging practitioners who are trying to support families. Similar points were highlighted in the survey responses:

"I think that at a base level there is a misunderstanding of the roles in a multiagency partnership. [...] Services do not have clear understanding of the pressures on other services, and this can be a hinderance to multi agency working." (Education: Survey)

Respondents reported that this misunderstanding can raise unrealistic expectations for what services can achieve, resulting in referrals for support that are not within a service's remit, or below the required threshold, putting pressure on practitioners, overwhelming partner agencies, and disappointing children, young people and families:

"... I have gone into meetings where children and families have been told I will 'fix' a situation or that a child 'must' speak to me to make things better. This creates pressure and unrealistic expectations which is detrimental to the relationship." (Education: Survey)

In the survey, social work respondents repeatedly highlighted that they do not feel their role is well-understood, with the perception that partner agencies make referrals to social work when they are "unsure what to do to support families", where social work practitioners are expected to "back up" services when "uncomfortable conversations" are needed. Additionally, third sector participants in the focus groups reported feeling like they could be responsible for holding all of the risk, pressure and information when unsupported by other services, due to the lack of understanding of their roles.

Feeling equally respected and sharing responsibility

Respondents to the survey reflected that when practitioners feel equally respected, this can benefit both multi-agency working and children, young people and families when

they require support. Feeling equally respected can also be a by-product of sharing responsibility for providing support and services to children, young people and families.

On the other hand, many participants in the survey, focus groups and interviews noted that there were perceived power imbalances between multi-agency partners. Some respondents highlighted feeling that other practitioners had an attitude of "*superiority*" that resulted in partner agencies feeling that they were "*at the bottom of the pecking order*" or distrusted by colleagues. This lack of equal respect was noted most prominently by third sector participants, but was also shared by participants who work in education, early learning and childcare, and health services:

"... the emphasis that is put on third sector workers is to kind of like, a bit of a lackey job." (Third Sector: Focus Group)

"We have to do it because we're kind of always looking up, but those looking down just don't bother." (Early Learning and Child Care: Focus Group)

Part of this perceived power imbalance was noted to be due to disparities in funding and pay. In the focus groups, social work participants highlighted that their budgets were minimal compared to NHS budgets, leading to local NHS services holding the most power. Participants from our leadership interviews also stated that timescales for funding and funding applications do not always take account of different working patterns across agencies, such as Scottish Government funding for the 2023 Summer School Holiday Food and Activities Fund beginning after schools had started their summer breaks, making it very difficult for some services to apply for and access this funding. In our survey, some social work respondents further noted that different salaries for comparable jobs across services created an environment where practitioners did not feel equally valued:

"Social work very much feels like the poor relation within multi-agency teams, particularly since the recent teaching pay rise which now means that colleagues we once worked alongside are earning £10k+ our annual salary." (Social Work: Survey)

It was suggested that the systemic design of funding and pay creates unnecessary competition between services, that ultimately prevents children, young people and families from receiving the right support from the right service at the right time.

Alongside wanting to feel equally respected, many participants in our survey, focus groups and interviews noted challenges with sharing the responsibility of support for children, young people and families. These challenges were often perceived to be due to services not taking ownership of the support that they *could* offer, with social work colleagues reporting that concerns were often quickly escalated to them when other services would be better placed to step in:

"Partner agencies do not always take responsibility and ownership for the families they work with instead quickly escalating concerns to social work." (Social Work: Survey)

On the other hand, some challenges were raised relating to practitioners not sharing concerns about children and young people with other services in a timely manner, with survey respondents highlighting that education services, particularly, can be slow to raise concerns.

When these concerns are acted upon by social work services, we heard that social work practitioners do not feel supported by colleagues in other organisations, and often feel that responsibility is "passed" to social work, rather than services working together to provide support. The inverse was noted by participants from all other services, who felt that they would benefit from receiving further support from social work colleagues to help children, young people and families. This frustration with a perceived lack of shared responsibility was exacerbated by respondents in universal services feeling that specialist services, such as CAMHS, could say no to providing support, but services like education could not, despite feeling ill-equipped to help. Overall, one of our survey respondents summed up the sense that the root cause of some services being perceived negatively by colleagues in other organisations is the limited investment across the board:

"I think the lack of investment in services affects the perception that people have of other services. [...] This isn't about individual practitioners, or about the quality of service provision, it's simply about the lack of service provided, because they don't have the money to fund the number of staff they'd need. [...] individual practice can be as good as you like, but when it is in a very flawed system, the overall perception of the profession will be poor." (Social Work: Survey)

Having a shared culture, language, vision and priorities

Participants told us that there often exists a shared vision, culture and priorities amongst practitioners working together from different services. We heard that this could help to reduce barriers and stigma associated with different communities, which in turn improves the experience of receiving support for children, young people and families. Much of this shared culture was attributed to shared overarching policy, practice and approaches, such as The Promise and GIRFEC, although participants noted that work was needed to ensure that everyone had a shared understanding of their roles within these:

"There is a desire to uphold The Promise and as such collaborative work takes place with a shared aim." (Social Work: Survey)

"Continued misunderstanding of the GIRFEC principles and how the policy and procedures support multi-agency planning." (Social Work: Survey)

Having a shared strategic direction, such as via the Scottish Government's Promise Implementation Plan, had also aided the development of a shared language, which multi-agency partners could use to communicate with each other more effectively.

Where respondents told us that there lacked a shared culture, vision or priorities, they highlighted that some services continue to focus on insular approaches to support, working in siloes with different underlying designs and practices. For instance, one participant noted that "core social care concepts like co-production and active

participation [...] is not embedded within health and education” (Social Work: Survey), while another stated that it can be “challenging to work with professionals who continue to adopt a medical model of children’s difficulties” (Social Work: Survey). Respondents also stressed that the language shared by practitioners is not always understood by children, young people and families, and the continued use of jargon, “woolly language” and acronyms can make it difficult for services to work together, and for children, young people and families to understand what is being communicated to them.

We heard that these challenges can be exacerbated when practitioners work across or between different local authorities, where there can be different structures or priorities to navigate. There can be a lack of clarity about what services are trying to achieve, and services can be fractured and inconsistent, with approaches in one local authority not replicated elsewhere. These challenges were mostly felt by respondents from health services or the police, who regularly work across multiple local authority areas and have to navigate different working hours, procedures, resources and systems. Where services do develop shared culture, language, vision and priorities across local authorities, this is largely due to the relationships and commitment between individual practitioners.

Nonetheless, there was also an acknowledgement that individual services, regardless of their local authority or multi-agency structures, can often have competing priorities, such as the police focusing on upholding the law, and education services focusing on children and young people’s learning. These competing priorities can impact the underlying goals of different services, and in turn the support that is provided by each organisation. Additionally, different services can be governed by different policies, approaches and practice guidance, where, for example, GIRFEC or The Promise might be at the forefront of the design of some services, but not others, resulting in different eligibility for funding and resources.

Delivering support together and being co-located

Participants shared many examples of national and local approaches and opportunities that had been enacted to facilitate multi-agency delivery of support for children, young people and families, including:

- CAMHS and social work using funding to have a social worker based within the CAMHS team, to enable joint supervision of the response to the needs of a child and their family by social work and CAMHS.
- A ‘Community Solutions Model’ to more purposefully share working within the community and voluntary sectors based around school clusters.
- Joint adult and children’s service with a whole family approach to problematic substance use.
- Locating a speech therapist within the fostering team to assist carers in working with traumatised children through a communication lens.
- The ‘Glasgow Citywide Forum’, a network of third sector organisations, to facilitate joint planning and delivery of support, alongside Glasgow Promise Project, providing a blueprint for consulting with and involving families in service design.
- ‘Empowering Clusters’ in North Lanarkshire to enable joint planning and sharing resources.

- 'Healthier Minds' in East Renfrewshire to provide early help for children and young people experiencing distress.

More generally, our focus group participants highlighted that having trust between services and families was an important aspect of delivering support together and working in partnership. Where services were co-located, this could reduce response times to issues raised, and make it easier for practitioners to work together to meet the needs of children, young people and families, while enabling colleagues from different organisations to provide and receive ad-hoc support and advice when needed. Sharing information and delivering frontline support were both perceived to be more effective when services were co-located, although some respondents felt there was not always a need for services to be fully co-located, noting that simply working from a shared building (rather than a fully co-located team) could be sufficient. Participants in the leadership interviews were also keen to emphasise that co-location was not simply "*job done*" for integration, as other qualities, characteristics and components of services would also be needed to facilitate delivering support together.

Overall, we heard that there were many challenges when partner agencies were trying to deliver support together for children, young people and families. The regular restructuring of services and departments could make it difficult for practitioners to work together, as, while strategic decisions could bring partnerships closer together, this was often noted to interrupt those services that had been working well. Where practitioners and specialist services have limited capacity, it can be difficult to deliver the required support, meaning other organisations need to fill the gap. If there is overlap across services, where multiple agencies *could* provide the necessary support, there can be "*to-ing and fro-ing*" to decide which service is best placed. Ultimately, we heard that there can be a disconnect between multi-agency working and frontline support, where decisions and discussions at strategic levels do not always have the required impact:

"If it's only about managers getting together to draw up a children's service plan, which then doesn't really make much impact – and I've certainly seen that in the past, that that's the kind of place we've been in – then it's really just another task." (Education: Focus Group)

A noted challenge is working together across local authorities. We heard that it can be difficult to work together when services do not "*go with*" children and young people if they move from one local authority area to another, or if they are cared for away from their families in an 'out of authority placement'. Knowing that services do not always follow families was suggested as having an influence in some families moving around, who potentially "*evade*" services, limiting the support that can be given and received. Furthermore, when different agencies, whether in the same local authority or not, have different regulatory frameworks, it can be challenging to work together.

Additional difficulties were highlighted in relation to the different thresholds that organisations have for providing support. We repeatedly heard that "*thresholds for different services appear to be miles apart*" (Social Work: Survey), and that organisations were perceived to be trying to protect the limited capacity and resources

that they have, to ensure that support reaches the children, young people and families that need it most:

"... and I think that's why gatekeeping is probably such a massive thing at the moment, because people are trying to protect what small things they do have to make sure that the ones most in need - but then the ones that are not in need at the moment just keep escalating higher up the higher tariff."
(Social Work and Social Care: Focus Group)

This can result in continually increasing thresholds for receiving support, increasing waiting lists and families being "left behind". This is exacerbated by reported reductions in early intervention services and difficulties accessing "a service that is willing to intervene" (Education: Survey). One survey respondent also argued that it is not only thresholds for children's services, but thresholds for adult services that can limit the support given to children, young people and families, and the opportunities to deliver support together. This is a particular challenge when parents need their own support in order to help the children and young people in their family. Overall, there was a perception that the level of gatekeeping to access services was unmanageable, and children, young people and families could "fall through the cracks":

"There is a huge amount of 'gatekeeping' across most multi-agency children's services, contributing towards people often falling between different service criteria and not getting the support they need. It has been my experience that children and their families are often 'passed from pillar to post' between services." (Social Work: Survey)

Joint assessment, planning and information sharing

We heard many examples of processes and practices that organisations had in place to effectively assess, plan and share information when working together to support children, young people and families. Some of these included:

- Reviewing Officers meeting with different agencies every six months to review involvement in child protection and 'looked after children' reviewing processes, service improvements and to monitor impact.
- More established approaches such as GIRFEC meetings, pre-birth conferences, inter-agency referral discussions, MARAC (Multi Agency Risk Assessment Conference) and MASH (Multi-Agency Safeguarding Hub) for discussing support that can be offered to families.
- There are also local variations, for example: MASH-UP, in Perth and Kinross, to facilitate multi-agency meetings every Thursday morning, to discuss, assess and allocate services; PRAM (Pre-birth Resource Allocation Meeting), in Angus; or 'Inverclyde Emotional Wellbeing Triage Team' to decide the allocation of services, focusing on ensuring a service is identified even when a referral is deemed "inappropriate", to "eliminate knockback", and to reduce referral-to-intervention waiting time and ensure families only have to tell their story once.
- 'AYRshare', an Ayrshire-wide online platform where all agencies can upload chronologies and documents, helping ease the discrepancies in IT system access.

- The 'Scottish Child Interview Model' (SCIM) which is being implemented nationally to support police and social work to undertake trauma-informed joint investigative interviews of children.

On the other hand, we also heard that it can be difficult to engage some services in multi-agency planning and assessment processes. In their responses to the survey, some social work participants noted difficulties in receiving relevant information about parents from adult services, such as addiction services and mental health agencies, where there can be "*poor information sharing*" and "*low attendance at meetings*". Similar sentiments were also noted in the social work and social care focus groups. Difficulties in receiving relevant information about parents from adult services was felt to be additionally problematic when this information would aid children's services in providing support for the child, young person or family:

"I found that adult services were not keen to share information despite there being a risk to a child when [the] child was visiting the parent."
(Social Work: Survey)

Furthermore, early learning and child care respondents highlighted feeling frustrated that they often find it difficult to engage with health visitors when assessing and planning for children, where information is "*not passed onto the nursery as the health visitor is [the] named person*" (Early Learning and Child Care: Survey), and education services colleagues repeatedly told us that they do not always receive child's plans and can find it difficult to connect with the correct practitioners from various partner agencies.

Our participants suggested that some, if not many, of these challenges could be attributed to increasing pressures on practitioners' time, due to overwhelming workloads and reduced capacity. There was also a perceived "*protectiveness*" over information, where agencies would only share information when prompted, and only if it was felt to be on a "*need to know*" basis. Some of this protectiveness was attributed to GDPR (General Data Protection Regulations), while some participants felt there were "*misguided ideas about confidentiality and information sharing*" (Social Work: Survey). At other times, it was felt that attention may not be fairly balanced, where some services can be dominant in assessment, planning and information sharing decisions. In our focus groups, people working in education services noted that they hold a lot of information about children, young people and families, as the practitioners most frequently involved with a family, but that they are not always being involved in planning and decision-making processes, such as during Children's Hearings. Similarly, third sector participants felt that they were not always included in conversations about children, young people and families they worked with, or were not contacted by other agencies to work collaboratively.

Additionally, the lack of shared IT and data systems across agencies was highlighted as the key challenge in joint assessment, planning and information sharing. Many participants stated that it is difficult to know where information about a child, young person or family is held or how to access this (especially during school holidays or staff absences), and that different IT systems do not "*talk to*" each other. While education practitioners highlighted sharing the SEEMiS (Scotland's local government Education

Management Information System provider) system across Scotland, there was no shared system across different social work agencies, for instance. This inconsistency of access to information can mean that opportunities are missed to share information and better plan for children, young people and families. At times, there can be competing paperwork and referral forms, and some organisations can be slow to share information, only doing so when they are actively asked, as opposed to pro-actively passing concerns or developments to partner agencies.

Many participants across services also noted the difficulties of working together to assess, plan and share information since the onset of the COVID-19 pandemic. In the quantitative findings, 59% of respondents felt multi-agency working was improving a little or a lot before the COVID-19 pandemic, while this reduced to only 36% of respondents since the onset of the COVID-19 pandemic. Our qualitative survey, focus group and interview findings indicated that some of this could be due to irregular working patterns across services that have increased since the onset of the COVID-19 pandemic. There was also a feeling amongst practitioners who did not have the option of working from home that they had to cover work outside of their remit and pick up additional strain, particularly amid multi-agency partners being less available and/or present in the community.

Nonetheless, 36% of survey respondents highlighted that multi-agency working had improved since the onset of the COVID-19 pandemic, and in our qualitative survey findings, we read some reasons that may have influenced this rating. Some survey respondents saw the rapid removal of a number of persisting barriers to service provision and multi-agency working in the context of the COVID-19 pandemic and the public health restrictions put in place. They described a feeling of increased cohesion between practitioners and/or services, guided by a strong commitment to quickly respond to the needs of children, young people and communities in such difficult circumstances, noting that this was often supported by digital communication, flexibility and thinking creatively:

"Where we are, multi-agency partnership working improved, as we all pulled together to support the community and each other during the pandemic." (Community and Family-Based Care and Support Services: Survey)

"COVID forced us all into using services like Teams/Skype etc. This has made things like consultations and quick multi-agency catch ups/meeting easier to facilitate. This has made some processes easier." (Social Work: Survey)

Working with the third sector

We heard mixed messages about how successful multi-agency working relationships were with third sector partners, with some noting that relationships with third sector colleagues were strong, and others highlighting that more improvement was needed.

Overall, respondents to the survey noted that third sector services can be well-placed to provide *"invaluable"* support to children, young people and families that can *"fill a gap"*

left by statutory services. In particular, respondents suggested that third sector agencies can provide support for early intervention, whole-family and in-community services, support that is often customised to families' needs and has a "lower threshold" for referrals:

"Some voluntary organisations are excellent in the support they provide and are often more timely accessed when compared to waiting on statutory services. Voluntary organisations will also tend to have lower and more flexible thresholds for offering support." (Community and family-based care and support services: Survey)

Nonetheless, we heard many challenges for third sector organisations delivering multi-agency support, largely caused by financial disparities compared to statutory services. Financial austerity, the current cost-of-living crisis, and general cuts to funding have been especially difficult for third sector organisations, who struggle to recruit to posts and cannot match the pay or working conditions offered in other organisations, which leads to vast competition for staff and funding that can pit organisations against each other:

"Terms and conditions in the third sector are getting worse in comparison to local government and NHS. There will be pay rises in the statutory sector but funding is not being increased to third sector organisations to allow them to make similar cost of living increases. Salary rates are higher in the statutory services and third sector children and families organisations are losing staff to statutory agencies. There should be parity of esteem and parity of pay." (Other: Survey)

The noted perception of third sector services as "lesser" than statutory organisations, with colleagues not viewed as "equal partners" exacerbates these challenges, with third sector participants highlighting that they have less decision-making power, despite often holding the most information about children, young people and families, and being the people who see families the most.

Summary

We heard about many positive experiences of multi-agency working, largely underpinned by strong relationships between practitioners; opportunities to get to know each other's roles and ways of working; services having a shared culture, language, vision and priorities; the implementation of set processes and practices for assessing, planning and sharing information; and services making use of co-location opportunities to communicate easily and respond quickly for children, young people and families.

Nonetheless, our respondents were also clear that there were significant challenges in working together to provide support for children, young people and families, including:

- If practitioners do not understand each other's roles and ways of working, this can raise unrealistic expectations for children, young people and families, reduce access to help, and burden services with inappropriate or unnecessary referrals.
- Disparities in funding, pay, working conditions, employment stability and esteem create a power imbalance that is reported to leave colleagues feeling undervalued and unsupported by other services, with practitioners not feeling equally respected, resulting in unnecessary competition between services and reduced support for children, young people and families, particularly for third sector services.
- Many participants reporting that services continued to work in siloed, insular ways, with different underlying goals and priorities, which made it difficult for different organisations to work together and support children, young people and families.
- The continued use of jargon, acronyms and "*woolly language*" makes it difficult for services to work together, and for children, young people and families to understand the support they are receiving, and the services involved.
- The continual restructuring of services and systems, a lack of services to "*go with*" children, young people and families when they move local authority areas, and inconsistent thresholds among services, present real challenges to the ability of practitioners to work together and deliver support.
- Children's services practitioners reporting that they find it hard to get information from adult services practitioners about parents needing support, specifically from addiction services and mental health agencies. Additionally, information sharing between different children's services practitioners was often on a "*need to know basis*", meaning many respondents did not feel adequately informed when assessing and planning for support.
- The lack of shared IT systems across services and local authorities is exacerbating these challenges, as is "*misunderstandings*" about the role and function of GDPR.

Continuity of support: young people's transitions to adult services

The workforce was also asked for their views and experiences of children and young people's transitions to adult services. We present an analysis of the quantitative data captured through the online survey first, before considering the qualitative data captured through the survey's open questions, the frontline practitioner focus groups and the interviews with senior leaders.

Quantitative findings

The survey asked respondents to assess children and young people's transitions to adult services across seven items and in relation to whether transitions had improved or not over time. Six of the seven items (Figure 5) relate to specific groups of children and young people for whom transitions to adult services are more clearly delineated, while the seventh item asks about the extent to which practitioners in children's services work closely with practitioners in adult services to meet the needs of young people. Only respondents who indicated they had experience or insights into children and young people's transitions to adult services answered these questions, and for this reason the number of respondents is smaller than for other sets of questions in the survey.

Each question asked practitioners to answer in relation to the transitions for different groups of young people in their selected local authority area. These local responses have been brought together to provide an assessment of transitions in Scotland. The findings are presented in Figure 5.

- Overall, experiences of transitions were rated lowest compared to the other sets of questions
- None of the seven items received 50% of responses as 'very good' or 'good'
- The highest rated was transitions for young people leaving care with 40% rating these as 'very good' or 'good', as opposed to 38% rating these as 'poor' or 'very poor'.

The transitions for two groups received extremely negative responses, with transitions rated as 'poor' or 'very poor' by 67% of respondents for children and young people with mental health needs, and 60% of respondents for neurodiverse young people.

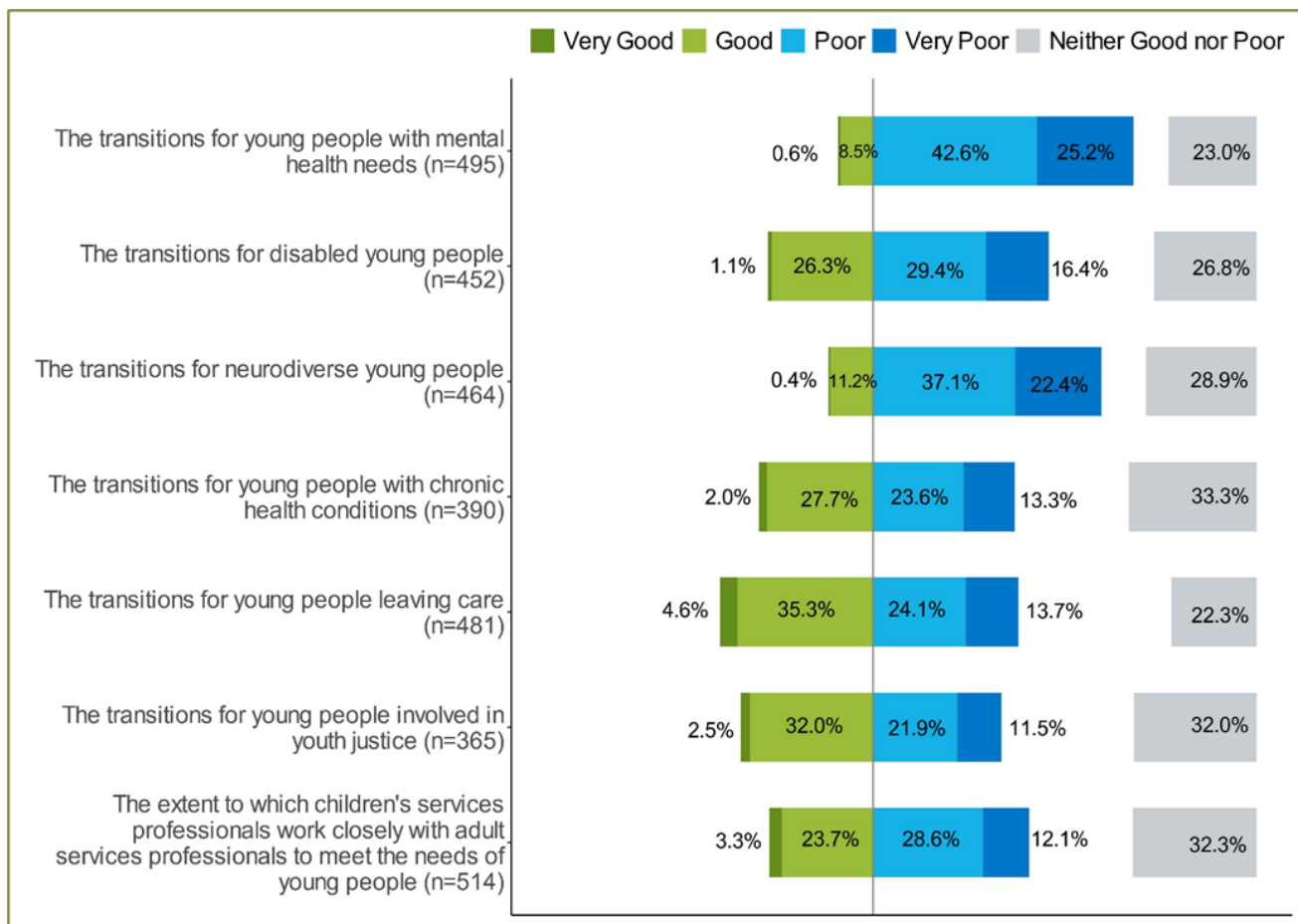


Figure 5: The workforce's rating of young people's transitions to adult services (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the seven items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 2.63 across all responses was found, which confirms that respondents' overall views and experiences of transitions were poor, with the lowest mean of all the sets of questions.

When we look at responses by sector, role, length of time in role, and level of structural integration in which they work (see Supplementary Report), we find that there is only one statistically significant difference, with those working within social work rating transitions significantly higher (2.75) compared to those working within community and family-based care and support services (2.26).

When asked whether the workforce felt that children and young people's transitions to adult services in their selected local authority area had improved or not over time, Figure 6 shows a difference in the workforce's perception when they thought back to the pre-COVID-19 pandemic, compared to the period since the onset of the pandemic.

- 35% of respondents felt transitions were improving a lot or a little, with 18% stating they were getting a little or a lot worse, before the COVID-19 pandemic.
- 25% of respondents stated transitions had improved since the onset of the COVID-19 pandemic, but 36% felt they had got worse. Those working in the local authority area for less than four years had a slightly more positive experience, with 27% reporting an improvement and 21% transitions getting worse.

- The main finding, however, is the high proportion of respondents (between 38% and 52%) who felt there had been no change over the timeframes asked. When considered in the context of a mean rating of 2.63 for this scale, the data suggests a longstanding issue in the quality of children and young people's transitions to adult services.

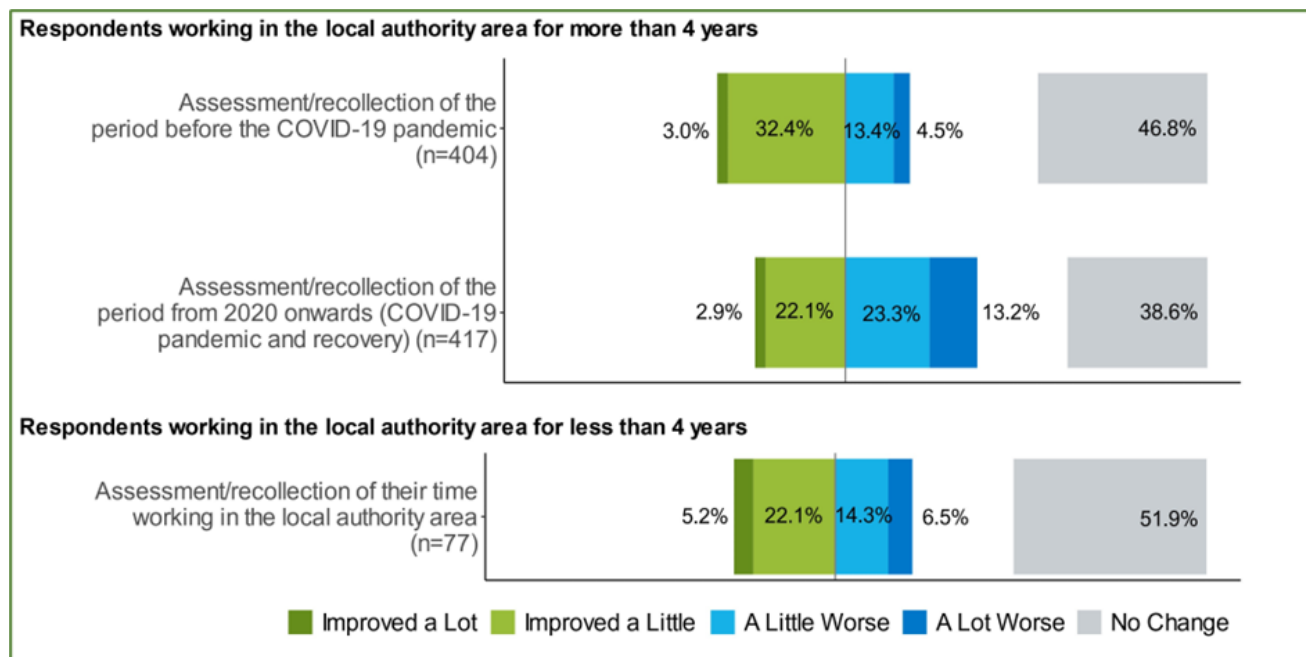


Figure 6: The workforce's assessment of whether young people's transitions have or have not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

Across the qualitative survey responses, focus groups and interviews, the overarching message of concern at the quality of transitions support identified in the quantitative data is echoed. However, the qualitative data allows us to see a much more detailed picture of the challenges posed to agencies in supporting children and young people to transition to the support of adult services, as well as some examples and factors that are recognised as good practice. These responses have been aggregated into themes - National Context; Processes and Procedures; 16-18 year olds; Adult vs Children's Services; Thresholds; Mental Health Support; Identified Good Practice - that highlight the messages emerging across our different data collection methods. Overall, respondents to the survey and participants in the focus groups and interviews all highlighted that transitions were more than just the move from child to adult services, but could incorporate moves between different support services, and transitions at other points in life, for example, the transition into becoming a parent.

National context

Participants reflected on a range of policy and legislation which impacted on transitions, as well as the strong involvement of the third sector in supporting these. National policies, approaches, frameworks and ambitions referred to included The Promise, Continuing Care, Principles of Good Transitions 3 (Scottish Transitions Forum, 2019),

and GIRFEC. Collectively, these were seen as supportive of high-quality support for children and young people in transitions, but the respondents also highlighted that these did not represent a complete solution. They highlighted a disconnect between policy and action 'on the ground' (see also *Continuing Care: An Exploration of Implementation* (Lough Dennell et al., 2022), and the challenges that these approaches could inadvertently cause. In particular, Continuing Care was reported to have caused a significant strain on the availability of carers and accommodation for young people, as Continuing Care provisions enable young people to stay where they were being supported, reducing the availability of this care and accommodation for other children needing support.

"Legislation and policy states what should happen at transition however, at a grass roots level, this is not what is happening." (Third Sector: Survey)

Survey responses also reported that Continuing Care could cause confusion in the transition of young people into adult services, as adult services could perceive the guidance as meaning that children and families social work teams would maintain their support to a young person up until they were 26 years of age, and that adult services support was therefore not required. Others highlighted that there could be a lack of clarity over who was responsible for allocating budgets and undertaking assessments to provide Continuing Care.

Processes and procedures

Participants in all aspects of our research highlighted that the insufficient clarity of current transition pathways, processes, and procedures, often made it difficult to provide appropriate support to young people transitioning into adulthood and interdependence:

"There is not always a clear process of where they are to be transferred to and a lot of mixed communication." (Community and Family-Based Care and Support Services: Survey)

Participants indicated that, as a result, transitions were often conducted on an ad hoc basis, and with a lack of planning and lack of clarity of the different roles within transitions, meaning it was often unclear who held responsibility for conducting certain actions in transitions:

"We don't focus enough on planning effectively for transition, and it is just this void that is then a big gap." (Health: Interview)

Additionally, there could be gaps in service provision for young people transitioning to adult services. This includes where a local authority has the responsibility for supporting a young person and providing their care placement or arrangements which is situated in another local authority area. The young person would need to return to live in their original local authority area during their transition in order to access support from adult services there, or they would need to navigate adult services in the local authority area where their care placement is, with little or no local support to do this. In those circumstances, that local authority may have no, or limited, understanding of the young person's background and experiences, context, and support needs.

It was also noted that many adult services which were being sought (for example, housing, employment, health) were out of the control of social work services, who to date would generally have been providing the vast majority of the support to the young person when they were a child. Combined with the lack of clear referral processes and responsibilities for transitions into adult services, this was reported as representing a significant challenge, with some participants indicating that young people were experiencing homelessness as a direct result of lack of clear communication and collaborative working around transitions.

These issues were reported as being compounded by challenges in sharing information between agencies. These challenges could stem from a lack of shared information technology (IT) and systems, or the lack of joint-working. Both could result in abrupt transitions with no advance collaborative working to ensure continuity of support and care for young people. This lack of collaboration was also linked to a lack of understanding of different roles and responsibilities between practitioners which could prevent effective joint working and maintained a 'siloes' structure. This also resulted in the long delays (often expressed in years) that were reported by some participants in the provision of adult services following a transition:

"We try to refer complex cases to adult services early but they still sit on a waiting list until the transition is actively happening or even after this."

(Social Work: Survey)

16-18 year olds

The challenges of supporting young people between the ages of 16 to 18 were frequently raised by participants. Some participants referred to challenges related to providing health supports arranged while in education, as although children's services have responsibility to the age of 18, when a young person left school at 16 or 17, there was often no service available until they became eligible for adult services at 18. Others highlighted that this age group fell between two stools, where 'children's' services were not a good fit for them in their late adolescence and emerging adulthood, while 'adult' services were also felt to be a bad fit for young adults. A potential solution suggested was to have a 'tiered' entry to adult services covering the 16-26 age group, to provide a more graded transition:

"... ideally we would want a 16-24 provision rather than them going straight into an adult services provision where much older people will also be present." (Social Work: Survey)

Other participants indicated that different services could have different age-based cut-offs, with some not accepting referrals when a young person was 16 or older, while there was no alternative until the young person became eligible for adult services at 18. For instance, participants mentioned that in some child protection interventions a young person would be assessed under adult protection frameworks as soon as they were 16, which was felt to be inappropriate, and in an acute healthcare context, 16-18 year olds are often no longer admitted to children's wards, and they can miss out on some support and services such as play specialists.

Many respondents highlighted the significant impact of changes in how practitioners and agencies viewed the rights of young people as they transitioned to adulthood, and particularly at the point of turning 18. This manifested in a variety of ways, but one of the clearer challenges was in the communication of services, which changed from communicating with families as a whole, including the young person, to communicating exclusively with the young person. This was reported as extremely challenging where young people with neurodiverse conditions were concerned, as well as in relation to individuals with complex learning difficulties and disabilities:

"I often feel that as soon as a young person reaches 18, the professionals around them automatically see them as adults straight away. A lot of the young people I have worked with have experienced significant trauma and at 18 are not ready to make informed decisions." ('Other' sector: Survey)

This change was often reported to be a response to the General Data Protection Regulation (GDPR) and people over the age of 18 being adults. However, combined with the lack of planning discussed, this could have a serious impact on care, support and rights, including families having to gain guardianships in relation to the young people they cared for at short notice, or services disengaging when they did not receive responses from the young person, or if appointments were missed.

Adult versus children's services

Looking across the responses received in relation to transitions, there is an emerging picture of marked differences in the approach and ethos between adult and children's services. Fundamentally, children's services were depicted as holistic and unified, attending to stated and experienced needs of children and families, with an emphasis on promoting wellbeing. In contrast, adult services were depicted as fractured and based on specialisms, focused on independent-living and lifelong support, and applying rigid eligibility criteria (often diagnoses) for services. Additionally, children's services were seen as more extensive than adult services, with a greater range of services for young people and families in relation to neurodiversity, education, and health, which was not replicated within adult services. Participants reported that young people and families experienced this as a 'cliff edge' in the services that they experienced, with respondents reporting that the families of young people with additional support needs felt "abandoned" in the transition to adult services:

"In children's services, the support is greater and more in-depth in relation to understanding children's development/adolescence. In children's services, workers work harder to build relationships and to intervene at the earliest opportunity. Within adult services, young people are asked questions and if the answer is no then adult services close the case; without a real understanding of the young person's needs or the background."
(Social Work: Survey)

Participants indicated that the approach within adult services could serve to exclude young people with support needs. They reported that adult services lack an understanding of young people who did not attend a first appointment within adult

services, often removing them or placing them at the bottom of waiting lists with little appreciation that the young person may not have confidence and/or did not have support to attend the appointment. It was also reported that adult services did not take appropriate account of the trauma that young people may have experienced in their lives, and how this might impact upon their behaviour and support needs.

Participants also highlighted the complexity of securing support for young people in transition within adult services, indicating that Self-Directed Support (SDS) is not easy for young people to negotiate. Survey respondents indicated that SDS is provided at a level which would not fund the support respondents felt was required. This was often raised in relation to young people with complex needs, alongside an increased complexity of service provision with the fractured nature of adult services requiring co-ordination of multiple different services. Participants indicated the complexity of accessing support could result in young people with the greatest needs receiving less support, as it was too challenging to co-ordinate effectively. Throughout the data collected it was clear that there was insufficient co-operation between children's and adult's services:

" ... there is a general sense of children's/adult services feeling at odds with one another rather than working jointly as an effective team." (Social Work: Survey)

Some participants also reported a perception that children's services and adult services could be seen to be trying to place the responsibility for providing services to young people onto others. In interviews, leaders representing child protection committees reflected that in some areas there was a lack of ownership of children and young people within adult services, and that children's services could "*struggle to be heard*" amid adult services that are primarily focused on the care of the elderly and reducing the number of delayed discharges from hospitals into care settings. They reported that, consequently, it was difficult to build understanding, interest, and investment in meeting the needs of children and young people, due to the focus on older people's care. It was noted, however, that this challenge could be overcome for individual young people by practitioners in both services having shared values and principles.

"There continues to be an attitude by a limited number of managers that they want to "get rid of a case to another team" as soon as the young person meets the criteria for the adult service rather than look at what is best for the young person." (Social Work: Survey)

Thresholds

Throughout the responses to the survey and interview questions, issues and challenges related to thresholds were consistently raised. It was reported that the thresholds applied to receive adult services of most kinds were higher than the thresholds for accessing children's services. This resulted in young people receiving a reduction in the level of service following their transition to adulthood and moving between the support of children's services and adult services:

"There continues to be challenges in transitioning young people into adult services, as they often do not 'meet the criteria'." (Social Work: Survey)

This was particularly relevant in relation to securing mental health support for young people transitioning into adulthood, where the application of diagnostic thresholds and/or higher levels of need were applied than those of CAMHS. This served to exclude young people from continuing to receive the level of support that they had been receiving in their younger years.

"Challenges around different thresholds for adult mental health service which has left some young people without support or inconsistent support." (Social Work: Survey)

Our focus group participants also highlighted that transitions to adults' social work services could be 'two tiered' depending on a young person's reason for needing support. A young person with a disability would have one transition pathway, while a young person with care experience might have another, and those involved with youth justice a third.

"... I've always seen [transitions] as kind of a two-tier thing. If you're a child with a disability who isn't 'looked after' you go down one route, but if you're care-experienced and you meet the threshold for a through-care service you stay in children's services and you go another route." (Education: Focus Group)

Mental health support

Many participants emphasised the difficulty in securing mental health services for young people in their transition to early adulthood. Participants highlighted the frequency of young people 'falling through the cracks' in services due to the lack of availability of mental health services. A range of factors were reported by our participants as having limited young people's access to mental health services, including being considered too old for Child and Adolescent Mental Health Services (CAMHS) above 15 years of age, but too young for adult services until they were 18; the requirement for a formal diagnosis before adult mental health supports would be put in place; and the lack of recognition of trauma from childhood experiences and its impact on later life. Additionally, survey respondents stated that autism was not a sufficient diagnosis to secure mental health supports within adult services, and that neurodiversity was generally not attended to in the way it was within children's services:

"If a young person has autism but no learning disability, the only team they can be referred to is CMHT [adult Community Mental Health Team] - however their threshold is severe and enduring mental illness that affects their daily life - many young people with autism do not meet this threshold but would still really benefit from support from adult services." (Social Work: Survey)

Identified good practice

Although participants highlighted a significant number of challenges, they also provided some examples of good practice in supporting young people with their transitions into early adulthood. The practices identified were often in relation to very specific services (for example, for cystic fibrosis), but these provided some guidance as to how transitions can best be supported.

Early planning was identified as key to well-supported transitions for young people. This was usually referred to in the context of planning between children's and adult services, to ensure that anticipated need was recognised by adult services, and appropriate services and referrals could be made to maintain the support that the young person required. Some respondents highlighted joint meetings or groups which encompassed practitioners from both children's and adult services as key to these effective transitions.

For transitions to be successful, participants also highlighted the importance of practitioners from different services or agencies recognising their own and others' responsibilities in relation to the young person and planning for their care. Finally, there were also individual practices highlighted which warrant further exploration and investigation as to their effectiveness, and how these might be more widely adopted if found to be effective. These included:

- A permanent 'transitions co-ordinator' based within schools;
- A specific 'transitions to adulthood team' which focuses on supporting transitions;
- A 'transitions group' comprising key staff from children's and adult services;
- A 'transitions passport' which enables all practitioners to see the personal preferences of a young person, their physical, social, and emotional needs, as well as any needs for equipment;
- Including Virtual School Head Teachers in Throughcare and pathway planning; and
- The development of links between specific services for transitions, for example, between education and employment services, or between adult social work and education services to work on suicide prevention.

Participants also identified that a range of improvement activity in services to support transitions had been undertaken and was ongoing, and while this was felt to be positive, too often these initiatives were not 'followed through' to make long-term changes to practice.

Summary

- Overall, the workforce presents a very poor view of transition support for young people into adulthood. This is demonstrated in both the quantitative and qualitative data collected, and reflects a lack of improvement over recent years, despite significant attention in policy and practice.
- Participants who engaged throughout this research report a marked difference between the approaches to service provision between children's services and

adult services. These differences in approach and ethos create significant challenges in supporting young people through transitions to adulthood:

- It is challenging to prioritise children and young people within adults' services due to the strong focus on older people's care needs.
- Thresholds to service provision are significantly higher in adult services compared to children's services, creating a 'cliff-edge' effect, with young people experiencing a significant drop in the support received from the point of transition. Participants report a lack of clarity in processes and procedures to secure appropriate support for young people as they transition into adult services. This is exacerbated in situations where there is a lack of collaboration and responsibility for securing appropriate service provision.
- Families are reported to feel "*abandoned*" at the point of transition, as the focus is placed on the young person as an individual upon their entry to adult services.
- There remains a gap in service provision for 16-18 year olds, who too often 'slip through the cracks' between services. This is particularly true in relation to mental health support, which is reported to be more challenging to maintain through transitions.
- There is a lot of ongoing work to improve support for transitions for young people, and participants identified several areas of good practice, such as transitions co-ordinators and multi-agency transition groups. However, much improvement activity was also reported to not be 'followed through' or to create long-term change.

Children, young people and families' relationships with practitioners and participation in decision-making

We also asked about the workforce's views and experiences of the consistency of relationships that children, young people and families have with people working to support them, as well as their participation in decision making about their lives. Linked to participation, we also included a question on the extent to which children, young people and families are informed and aware of their rights and choices in terms of the care and protection they receive. We analysed the quantitative/closed-question data captured through the online survey first, before considering the qualitative data captured through the survey's open questions, the frontline practitioner focus groups and the interviews with senior leaders.

Quantitative findings

The survey asked respondents to assess children, young people and families' participation in decision-making, and the consistency of their relationships with practitioners across four items and in relation to whether these had improved or not over time. The four items collectively ask questions relating to children, young people and families' understanding of their rights and their participation in decision-making and planning that affects their lives.

For this set of questions, we asked respondents to consider the practice in their own service, as opposed to that from across their selected local authority area. The change in focus was deliberate as we felt the responses would be based on direct experience, rather than speculating on how other local services may support children, young people and families' participation and the consistency of their relationships with practitioners. With this caveat, the responses have been brought together to provide an assessment of this theme across Scotland. The findings are presented in Figure 7.

- Overall, the answers to the questions on participation and consistency of relationships were rated highest compared to the other sets of questions.
- All four items received at least 60% of responses as 'very good' or 'good'.
- Supporting children, young people and families to share their views was rated highest, with 82% of respondents rating it 'very good' or 'good'.

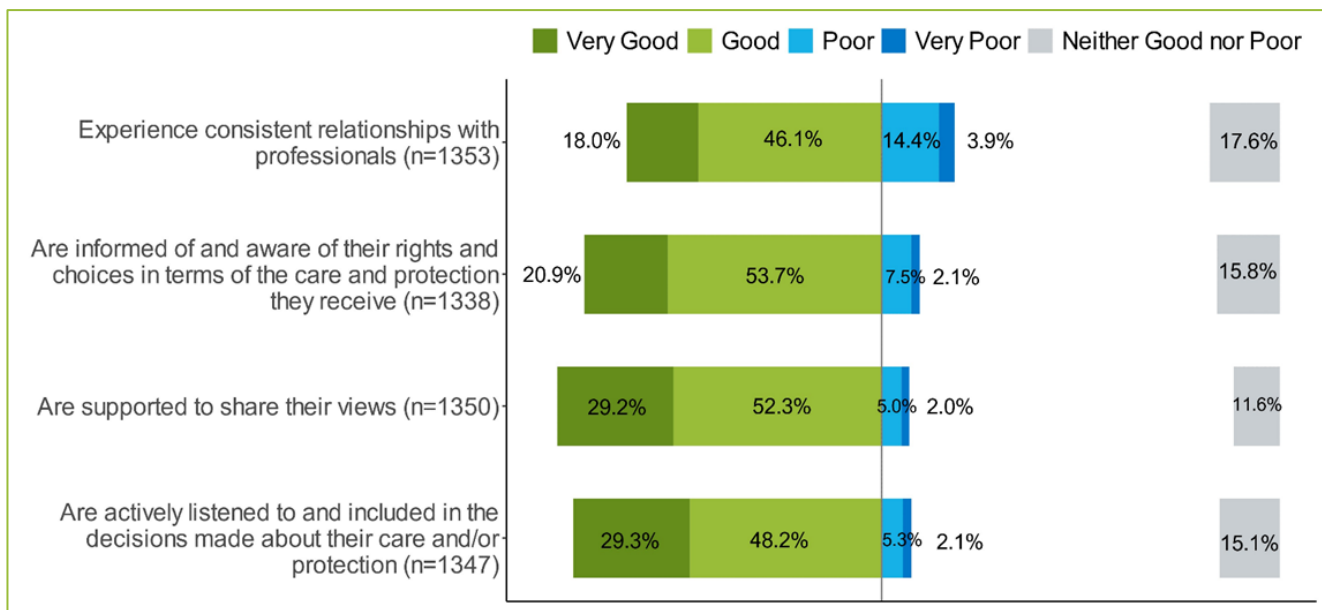


Figure 7: The workforce's rating of children, young people and families' participation and consistency of relationships with professionals (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the four items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 3.85 across all responses was found, which confirms that respondents' views and experiences of children, young people and families' participation and the consistency of their relationships with practitioners were widely positive and was the highest mean of all the sets of questions. Our analysis of the means for the different groupings of respondents found no statistically significant differences in the means of different groupings of respondents.

When asked whether they thought that children, young people and families' participation and the consistency of their relationships with practitioners in their own service had improved or not over time, they did think these had improved over time and respondents felt this continued (though to a lesser degree) since the onset of the COVID-19 pandemic (Figure 8) when they reflected back.

- 59% of respondents felt participation and consistency of relationships were improving a lot or a little, with only 12% stating they were getting a little or a lot worse, before the COVID-19 pandemic.
- 47% of respondents stated participation and consistency of relationships had improved since the onset of the COVID-19 pandemic, while 22% felt these had deteriorated. Those working in the local authority area for less than 4 years had a more positive experience, with 55% reporting an improvement and 12% a worsening.

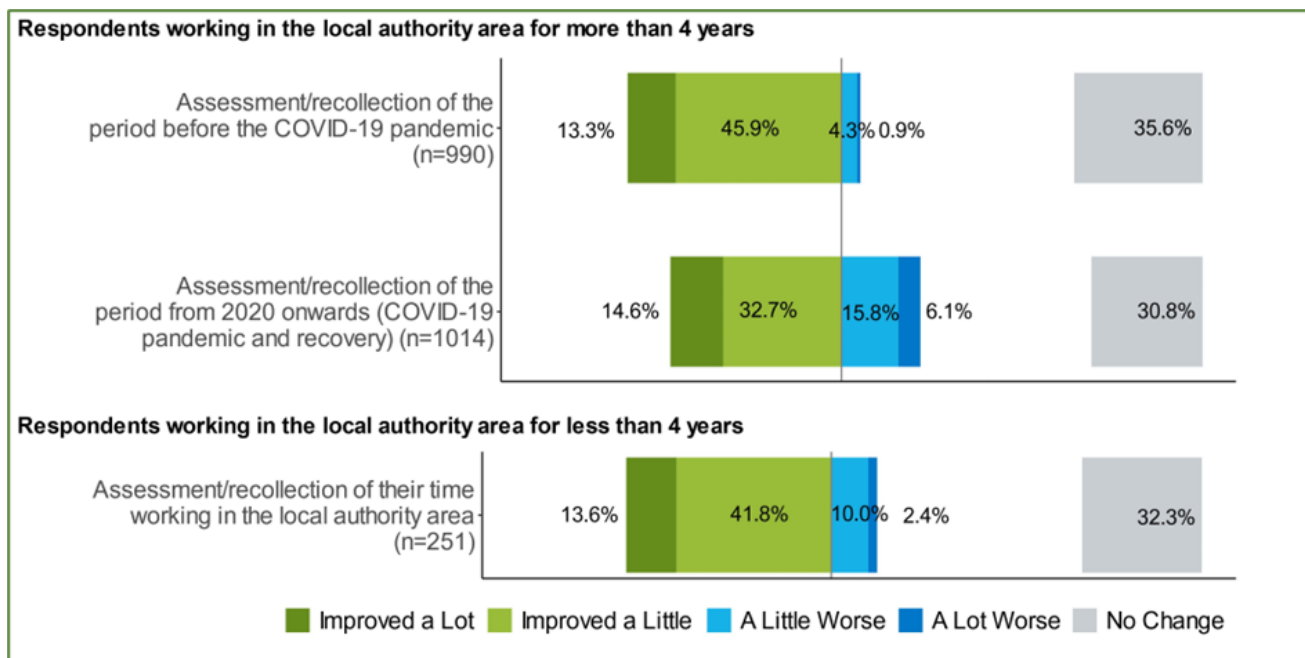


Figure 8: The workforce's assessment of whether children, young people and families' participation and consistency of relationships with professionals have or have not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

Whilst the quantitative findings paint a generally positive picture about practitioners' perceptions of the consistency of relationships, advancements in the rights of the child agenda in Scotland, and the extent to which children, young people and families are listened to and their views taken on board, the narratives provided in the survey responses and focus groups and interviews discussions tell a more complex story. Whilst there have been improvements in some areas, particularly in relation to the right to information and the rights of children, young people and families to be heard, considerable issues and barriers remain.

Developing and sustaining relationships with children, young people and families

The survey, focus groups and interviews invited participants to identify any improvements they had observed in practitioners' relationships with children, young people and families within their own service, as well as any challenges that are being experienced. A mixed picture emerged, where, on the one hand, participants were extremely committed to developing and maintaining positive, trusting relationships with children, young people and their families, but on the other, this commitment, and the ambitions of services, were often being thwarted by significant challenges, many of these at a systemic level.

Doing relationship-based practice

The survey responses across different workforces emphasised the central importance of building and maintaining consistent, positive and trusting relationships with children, young people and families, and respondents said that there was a strong commitment to

this from their services. As one participant noted:

"A lot of our work is relationship building. If you have the relationship, you will be able to work with the family more effectively and hopefully achieve better outcomes for the children and young people." (Social Work: Survey)

Whilst a lot of emphasis was placed on naming 'relationship-based practice' as integral to the approach of many individual practitioners and a wide range of services, only limited information was given about what this looks like in practice. Actively building trusting relationships where children, young people and families feel safe was highlighted, with some respondents noting that parents were more likely to reach out for support in a crisis if they trust the worker and the service. Strengths-based approaches were noted by many respondents, including working with parents and carers as partners, maintaining a non-judgemental approach and facilitating open communication with children, young people and families. However, there was little sense from respondents, particularly in children and families' social work, about the extent to which they were able to embed this in their day-to-day practice.

The value of starting to build relationships at the earliest possible opportunity was emphasised by practitioners within education, early years and health services and the third sector workforce within the survey and focus groups. They noted that informal opportunities to engage with families through, for example 'stay and play' sessions at nurseries, getting to know parents at the school gate, drop-in sessions at family centres and through allied health professionals (AHPs) being present at parents' evenings at schools, provided opportunities to build relationships with families in a positive and enabling manner.

Our survey and focus group participants had mixed opinions on the impact of the COVID-19 pandemic and the public health restrictions on their relationships with people needing the support of services. Some shared that their relationships with children, young people and families were strengthened due to the use of digital technology and flexible work arrangements, which allowed some service provision to be tailored to the needs of children, as opposed to relying on a '9 to 5' model. However, other participants felt that there had been a detachment from people, because of fewer home visits and opportunities to conduct observations or assessments. They felt that working online with families can be impersonal and highlighted that there would always be a need for outreach approaches, which cannot be met through an online model of support:

"Many of the most marginalised families benefit from a relationship based, outreach approach from multi agency services but these have reduced since Covid." (Education: Survey)

Having time, and taking time, to build relationships

Practitioners across a wide range of workforces emphasised the importance of being able to have the time needed to build positive and constructive relationships with children, young people and families, and the positive benefits in their relationships of being able

to do so. A practitioner from an early intervention team highlighted the benefits of having time:

"We have the capacity to really listen to what the family needs and to involve them more fully in the assessment process and hearing their views and ideas on how changes can happen to improve their family life." (Early Years: Survey)

Participants frequently reported not having the time they need to spend with children, young people and families. High workloads and services being stretched to capacity meant that practitioners across a range of workforces were visiting children and their families less frequently, which impacted on developing positive and constructive relationships. As one practitioner noted: *"Relationships are built on regular contact but when managing a high caseload this cannot be achieved."* (Other: Survey)

Emphasis was also placed on taking time to build informal relationships, and the positive benefits that come from this. One education practitioner who responded to the survey outlined the approach they take to supporting parents who need extra help: *"Much more time is now spent with parents at the school gate, after school and on the phone reassuring, supporting and helping them"*.

Similarly, a police officer commented on recent changes in their role, highlighting the benefits of taking time to build relationships, both with young people and other practitioners:

"Since being in this role, I have actively changed the way in which police interact with young people, and have had officers allocated to specific young people to assist and support and help me identify what gaps need filling. This has enabled me to refer or ask partners in specific fields to help me in my role and support my colleagues." (Police: Survey).

Some practitioners felt that senior leaders in their service were having to be very focused on budgets and process-driven outcomes, such as the number of statutory social worker visits to children in care, to the detriment of being able to support practitioners to take the time that was needed to build relationships with children, young people and families.

Maintaining consistency and continuity of relationships

Participants highlighted that maintaining consistency and continuity of relationships is an essential foundation for children, young people and families to develop secure and trusting relationships with practitioners. However, within the qualitative survey responses, and the focus groups and interview discussions, the lack of consistency and continuity of relationships was frequently cited as the most significant challenge in building trusting relationships.

The main reasons for this were high staff turnover leading to issues with staffing levels within teams, high levels of sickness absence, and staff being employed on short fixed-term contracts. As one practitioner noted: *"Everything we do is relationship based, yet no-one is around long enough to develop these meaningfully"* (Social Work: Survey).

Staffing issues were particularly emphasised within social work services, but were also noted across health services, particularly school nurses and health visitors; speech and language therapists; and educational psychologists. There were a range of reasons given for the high turnover of staff, particularly in children's social work services (these are explored in more detail in the '[Support for the Workforce](#)' section).

The consequences of a lack of consistency in staffing are considerable for children, young people and families. Practitioners told us about significant drift in planning and decision-making, delays in achieving permanence for children, and that changes in workers led to frequent re-assessments, which meant further delay. This also led to services being disrupted, frustration and anxiety for families, and it increases a lack of trust in a range of ways, as encapsulated by a social worker who said:

"While staff work hard to develop relationships with the children and young people, the limitations around time, consistency and longevity of involvement often works to reinforce the inconsistencies and mistrust they [children and young people] have developed in adults." (Social Work: Survey).

Frequent changes of worker, as well as issues in information-sharing between practitioners, meant that children, young people and families were often having to talk about very difficult issues and circumstances in their lives over and over again. Whilst practitioners often emphasised their commitment to trauma-informed practice, there was acknowledgement that lack of consistency in the same individual practitioners supporting children, young people and families has the potential to lead to re-traumatisation.

Consistent and constructive multi-agency working

Survey respondents also highlighted the importance of consistent relationships with practitioners across a range of settings to facilitate more effective support for families. Some practitioners noted that they had observed better communication between organisations, and that a more pro-active approach to working together acts to strengthen practitioners' relationships with children, young people families and achieve better outcomes for them.

One respondent highlighted the value of building trusting, positive relationships with families in early years settings, which had acted to support parents to build positive relationships in other settings:

"Relationships built in ELC [Early Learning and Childcare] settings are supporting parents to have good relationships when moving on and to access help." (Early Years: Survey).

However, these comments were infrequent, with more remarks being made about the need to improve communication and relationships across service sectors, particularly in relation to information-sharing, and better consistency around shared language and approach with families (as highlighted in the '[Multi-agency working](#)' section). This was noted by some respondents as very challenging in the current staffing climate, particularly in social work:

"Social work teams are running on a real staffing deficit which means they are attending meetings and reviews on a duty basis. This means less continuity for families as well as other lead professionals and causes huge gaps in communication." (Community and Family-based Care and Support Services: Survey)

Issues were also raised by respondents about too many practitioners being involved in families' lives and how confusing this can be for families to navigate, particularly when it is not clear who their 'go to' person is, as well as the impact this has on relationship-based practice:

"I believe that we are creating such complex landscapes for vulnerable children and families in terms of the number of professionals/support staff involved in their lives. It seems that we have more people doing less, when we should have fewer people doing more. This is what is required for relationship-based interventions to be fruitful." (Social Work: Survey)

Practitioners who took part in the third sector focus groups highlighted the importance of their role in building relationships with children, young people and families because they often have key relationships with families. Some practitioners and leaders also commented that despite the fact that they have a holistic knowledge and understanding of families involved in multi-agency processes, and have built positive relationships with them, they are not always included in discussions.

Rights, voice and participation

The survey, focus groups and interviews invited participants to identify any improvements they had observed and the extent to which their own organisation listens and takes on board the views of children, young people and families when decisions about their lives are made. Practitioners were also asked about any challenges that are being experienced. There was a strong commitment to advancing the child rights agenda, and in listening to, hearing and responding to the views of children, young people and families. The themes which emerged were more consistent with the quantitative findings, particularly in relation to a range of improvements that were identified. However, a number of challenges remain to be addressed within practice, and in the systems and process that are present within organisational settings, so the picture is more complex.

Advancing the rights of the child agenda

Some respondents to the survey noted the positive influence of Scotland's move towards incorporating the UNCRC into Scot's law, and The Promise on increasing practitioners' understanding of rights, and in the progress that is being made to advancing the rights of the child agenda in Scotland. Some education practitioners highlighted the additional training they have been receiving, and a social work practitioner noted that regarding rights-based practice:

"There is a drive towards more rights-based practice and ensuring that children, young people and their families are having their rights explained"

to them explicitly at each stage to promote informed choices being made to empower them.” (Social Work: Survey)

However, considerable concern was expressed from a range of practitioners about the pace of progress, in particular about practitioners not fully understanding rights and obligations, and children and their families not being fully informed of their rights, or that these are overlooked or dismissed.

Commitment to listening to, and hearing, the voices of children, young people and families

There was a strong commitment to listening to, and hearing, the voices of children, young people and families from practitioners from across different services within the survey, focus groups and interviews:

“Our service supports children, young people and their families to share their views and contribute to decisions being made about their care.”
(Community and Family-Based Care and Support Services: Survey)

“As a team we try very hard to ensure the views and needs of youngsters with additional needs are at the heart of our work.” (Education: Survey)

“We absolutely need to listen to children, families, young people [...] We really, really need to listen to what will work.” (Health: Focus Group)

“The child's voice is paramount within all social work practice.” (Social Work: Survey)

Many practitioners across a range of services highlighted that their commitment to listening to, and hearing, the voices of children, young people and families was paramount in their practice, so that they are involved in, and contribute to, decisions that are made. However, there continues to be a range of challenges in embedding the voices of people who need the support of services. As such, this strong commitment therefore needs to be supported to be more fully translated into consistent high-quality practice.

Improvements and innovations

Improvements in the availability of advocacy services were noted as being particularly helpful, and that these are an excellent way to support children and young people to share their views, and be heard, in meaningful ways. Similarly, practitioners reflected that when parents had access to advocacy services these were well received by them. However, inconsistencies in access to advocacy services were reported, with some practitioners noting that there was limited access to advocacy for children and young people in their local areas.

Many practitioners in the survey and the focus groups across a range of services reflected on the positive progress that had been made, particularly since the Independent Care Review (2020a), regarding listening to children, young people and families' voices in assessment and decision-making processes. Practitioners spoke of working very hard to ensure that their views were not only listened to, but heard and

responded to, even when what children, young people and families wanted was not possible to achieve.

Innovations in practice, such as the use of Talking Mats, and in relation to the use of digital technology such as the app Mind of My Own (MOMO), were highlighted as helpful in gaining children's views in more flexible ways:

"The technology used to increase mode of communication has increased opportunities to include and engage with children and families, such as support of young person to be at meeting virtually from another room. Tools used to engage, such as Mind of My Own." (Social Work: Survey)

There were mixed views about the continued use of hybrid meetings since these were introduced for children, young people and families in the COVID-19 pandemic. Some practitioners felt that engagement had increased, particularly for young people, while others felt that they acted as a hindrance to engagement:

"Professional and legal meetings continue to take place online. I feel this does not provide the same service for parents and children, as their views are less likely to be taken into consideration and parents' participation in meetings/hearings is greatly improved when they feel supported to attend and give their views." (Social Work: Survey)

"[The] family and children should continue to have the option to attend meetings remotely should they wish to do so [...] This also allows the child who struggles to attend in person to take part and not have to leave the school to do so." (Social Work: Survey)

Practitioners also noted that Family Group Decision Making (FGDM) has been a particularly helpful approach towards working in partnership with families:

"By promoting the active participation of children and young people in this process [FGDM] they and their family are supported to enhance the help from their family network, reduce risk and celebrate their family's strengths and resilience." (Education: Survey)

In areas where the Signs of Safety practice model is used, practitioners noted its benefits as a strengths-based approach towards supporting families to understand and manage risk, where children, young people and families' voices are embedded throughout the assessment and decision-making process.

Several practitioners who responded to the survey and took part in the focus groups highlighted their use of, and the value of, the PREpare meeting approach. This aims to develop strengths-based working with families prior to child protection meetings to look at what is working well, and to identify the risks that are present:

"PREpare is being used to support families prior to child protection planning meetings. This is an informal meeting with the family, a social worker and the chair of the meeting, facilitated by a Senior practitioner. The meeting explores the risks as seen by the family and the risk identified by the worker, it also focuses on the strengths of the family and what can be built

on to mitigate the risk. Families have felt included and listened to.” (Social Work: Survey)

As well as improvements in practice, respondents to the survey, practitioners in the focus groups and senior leaders we interviewed, all highlighted a range of positive developments in systems and process, including quality assurance teams and audits which focus on voice and participation, on-going training for staff, and a commitment to better represent the views of children, young people and families in documentation, and how their views are responded to.

Continuing challenges

However, alongside these positive developments, a range of concerns were expressed about the extent to which children, young people and families’ voices were actually being listened to, heard and responded to in practice. A frequent concern expressed by survey respondents was the varied practice around developing child’s plans. Whilst some local areas have tried hard to work in partnership with children, young people and families, and to write the plans directly to children in accessible language, this is not happening consistently:

“Child’s plans - these are drafted by the social worker and signed off by reviewing officers, [the] process ... doesn’t allow for development of these at the meetings, written alongside [the] family, in [a] format they will understand and agree to, not child friendly format.” (Survey: Social Work)

“Child’s plans not developed with family and child but drafted in advance and this is required as part of IT system and rarely changes.” (Survey: Social Work)

The focus group with youth justice practitioners also noted the variety of practice in practitioners engaging and integrating the views of children, young people and families in children’s hearings’ processes.

There were also specific challenges raised about hearing the voices of disabled children, both in the lack of confidence practitioners feel in their skills particularly where children communicate through means other than using their voice or in writing, and in the reliance practitioners often place on parents communicating their children’s needs. As one practitioner highlighted:

“Often the children are talked about and not talked to or observed in their settings.” (Education: Survey)

Issues around differential power relationships between practitioners and children, young people and families were raised by practitioners within the survey and the focus groups too. For example, there were concerns, often expressed by third sector practitioners, that practitioners’ views were being given more weight than those of children, young people and families:

"Children's views are gathered and noted on assessments and care planning but I am not sure to what extent they are taken seriously?" (Social Work: Survey).

Similarly, issues of lack of parental trust in practitioners were highlighted by our respondents, who cited that this was often as a result of parents feeling judged or blamed for the circumstances through which they need help and support, which understandably impacted on parents' willingness to engage with services:

"There is also a lack of trust at times particularly at case conferences where families feel decisions have already been made without their involvement." (Social Work: Survey)

Concerns were raised about the fact that the current climate of funding cuts, and the consequent limitations on the availability of services, can lead to a rather tokenistic approach to asking for children, young people and families' views around the services they need in. Respondents to the survey and participants in the focus groups reflected that whilst children, young people and families are often listened to, the extent to which they are heard and responded to is inconsistent and affected by these systemic pressures:

"Much emphasis is given to making sure that children can give their view - however when this view does not match up with the resources available to keep them safe, what is the point in asking them? It's superficial." (Social Work: Survey)

Summary

- Practitioners have a strong commitment to realising the child's rights agenda, developing and maintaining positive, trusting relationships with children, young people and their families, and ensuring that their views are listened to, heard and taken on board.
- This commitment, and the ambitions of services, are often being thwarted by significant challenges, with many of these at a systemic level.
- There are considerable challenges for a range of practitioners in being able to both have the time, and take the time, to build relationships with children, young people and families. Managing high workloads and services being stretched to capacity were particular issues raised.
- The importance of consistency and continuity of relationships with children, young people and families was highlighted, but the ability to do so is impacted by the current context of significant recruitment and retention issues.
- The consequences of a lack of consistency and continuity for children, young people and families were identified as considerable, and included significant drift in planning and decision-making, delays in achieving permanence for children, frequent re-assessments due to practitioner changes, and re-traumatisation as a result of having to repeatedly share difficult information with different practitioners.

- There is a need to improve information-sharing between practitioners and to develop a better shared understanding of each other's roles and approach to provide more consistent support to families.
- Practitioners and senior leaders across a range of organisational settings felt that significant progress has been made in supporting children, young people and family's rights to be informed and involved in decisions, but there is concern about the pace of progress.
- A range of improvements and innovations regarding listening to, hearing and responding to the views of children, young people and families were identified. These included improvements in advocacy services, more flexible and strengths-based approaches to gaining views, and the increased use of digital technology.
- A number of challenges continue to be present in listening to, hearing and responding to the views of children, young people and families. These include inconsistent, and at times tokenistic practice around involving children, young people and families in developing child's plans, issues of power and trust in practitioners and services, and hearing the voices of disabled children.
- Whilst children, young people and families appear to be often listened to, the extent to which they are heard and responded to is inconsistent and affected by systemic pressures around funding and availability of resources.

Support for the children's services workforce

This research also sought to understand the workforce's views and experiences of the level of support and opportunities available to them. We have analysed the quantitative/closed-question data captured through the online survey's questions about this, before considering the qualitative data captured through the survey's open questions, the frontline practitioner focus groups and the interviews with senior leaders.

Quantitative findings

The survey asked respondents to assess supports for the workforce across six items and in relation to whether workforce supports had improved or not over time. Under the theme of workforce support, the six items collectively ask questions relating to the training, learning and development, supervision, management support and career progression opportunities available to them.

Each question asked respondents to answer in relation to the workforce support and opportunities that are available to them as individuals. This change in focus was deliberate as we felt the responses should be based on direct experience, rather than speculating on the workforce support that other local services may provide to the workforce. With this caveat, the responses have been brought together to provide an assessment of workforce support across Scotland. The findings are presented in Figure 9.

- Overall, the responses to the workforce support questions were rated highly.
- Five of the six questions received at least 60% of responses as 'very good' or 'good'.
- The quality of support respondents said they receive from their line manager or supervisor was rated highest, with 76% of respondents rating it 'very good' or 'good'.
- The only area that received less than 50% of responses as 'very good' or 'good' was the career progression opportunities available, with 43% rating these as 'very good' or 'good' and 28% rating these 'poor' or 'very poor'.

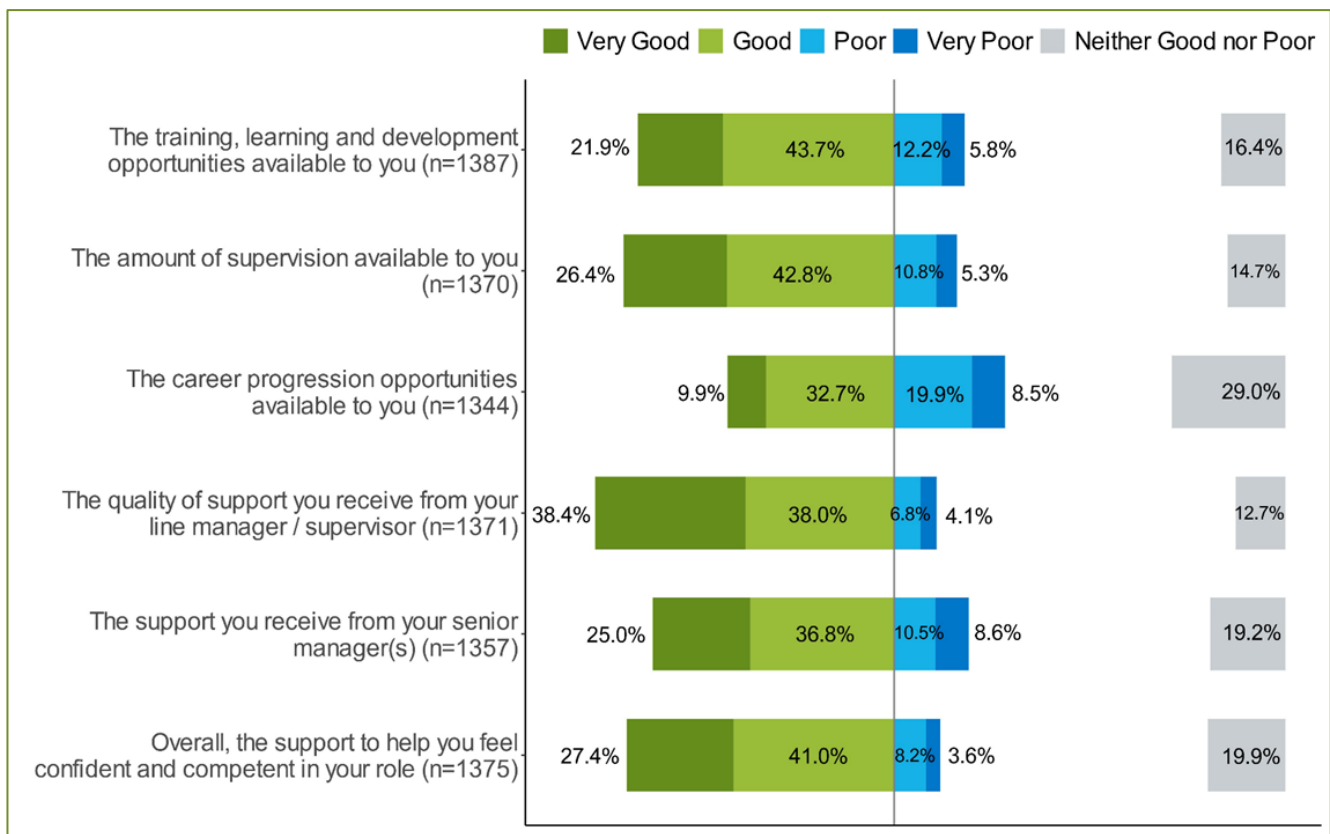


Figure 9: The workforce's rating of support for the children's services workforce (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the six items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 3.65 across all responses was found, which confirms that respondents' views and experiences of workforce supports were widely positive and was the second highest mean of all the sets of questions. Our analysis of the means for different groupings of respondents found that there were a number of statistically significant differences in the means of different groupings of respondents.

- The early learning and childcare workforce rated their level of support (3.03) lower than workforces of other services.
- The third sector workforce rated their level of support (3.89) higher than the public sector workforce (3.63).
- Senior leaders rated their level of support (3.98) higher than manager/supervisors (3.69) and frontline practitioners (3.58).
- Staff in post for less than one year rated their level of support (3.98) than those in post longer.

Figure 10 presents the findings of whether the workforce felt workforce supports had improved or not over time:

- 43% of respondents felt the support and opportunities available to them before the COVID-19 pandemic were improving a lot or a little, with only 10% stating they were getting a little or a lot worse.

- 38% of respondents stated that support and opportunities had improved since the onset of the COVID-19 pandemic, but 26% felt they had got worse. Those working in the local authority area for less than four years had a more positive experience, with 49% reporting an improvement and 18% a worsening.

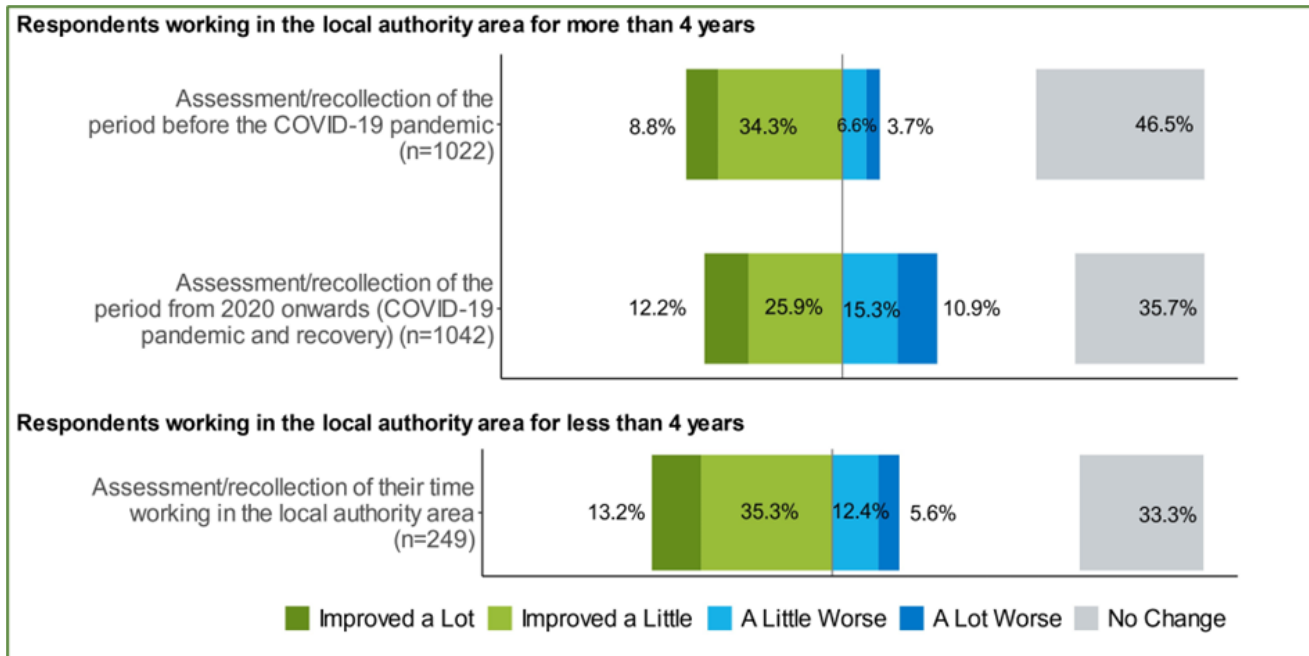


Figure 10: The workforce's assessment of whether support for the workforce has or has not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

Whilst the quantitative findings paint a generally positive picture about practitioners' perceptions of the support the workforce receives, the narratives provided in the survey responses, and focus group and interview discussions tell a more complex story.

The children's services sector is under-staffed and under-resourced

The very clear and consistent message that came from the qualitative survey responses, focus groups and interviews was that the children's services workforce across all service types is under-staffed, under-resourced, constantly under pressure and, consequently, that it is at a very low ebb.

"It's a hundred mile an hour with your hair on fire, it's just all go all the time..." (Education: Focus Group)

Staffing levels were widely referred to as a 'crisis' across the survey, focus group and interviews. This crisis is viewed as having built up over a number of years due to cuts to service budgets, recruitment freezes and vacancies not being backfilled, salary levels being low relative to other sectors, and children's services not being viewed as an attractive and valued career option. The staffing crisis has then been exacerbated by the COVID-19 pandemic with an exhausted and 'burnt out' workforce now having to respond to increasing demand for services.

It was also apparent from the qualitative survey responses that the staffing crisis stretches across all roles and service types, but that it is most acute in relation to recruiting and retaining staff in rural areas; in services and sectors where respondents report that pay levels are less than equivalent roles (for example, children's social workers receiving lower pay than adult social workers and equivalent roles in health and education); and in the third sector where jobs are tied to short-term funding:

"Terms and conditions in the third sector are getting worse in comparison to local government and [the] NHS. There will be pay rises in the statutory sector but funding is not being increased to third sector organisations to allow them to make similar cost of living increases. Salary rates are higher in the statutory services and third sector children and families organisations are losing staff to statutory agencies. There should be parity of esteem and parity of pay." (Third Sector: Survey).

The staffing crisis was felt to be having an impact on practitioners in many different ways and was said to have led to:

- High and unmanageable workloads (or caseloads), with the intensity of these workloads also increasing due to rising and more complex levels of need among children, young people and families. Added to the difficulty of accessing specialist support for children, young people and families, practitioners were having to personally manage a higher level of risk and anxiety:

"I don't know if this is across the board but caseloads (are) way too high. One of my co-workers was carrying 50 children and families' cases, I was up to 42 at one point, which is ridiculous. You can't carry a caseload that high and actually be doing anything properly." (Social Work: Focus Group)

- Limited opportunity for practitioners to pause, think, discuss, reflect and plan on how best to support children, young people and families.
- Limited time for practitioners to participate in training, build relationships with other services, or engage in internal or multi-agency change and improvement work.
- Increased levels of stress, feeling overwhelmed, poor mental health and wellbeing, and poor work-life balance among practitioners, all contributing to high levels of staff sickness, absence and turnover:

"(There's) no time to fit everything in. Staff are exhausted and expected to take on more. We are over scrutinised and feel like whatever we do it's never enough. So many good practitioners are leaving the workforce due to this and the poor pay." (Social Work: Survey)

Some of our survey and focus groups participants highlighted that the COVID-19 pandemic period was particularly problematic in relation to the professional development of newly qualified staff or the induction of new staff, as they missed out on support because of working from home or having limited time for training given the high demand

for services and the public health restrictions. For new recruits, a further issue was that they have less (informal) opportunities to learn, receive support and supervision from more experienced members of staff, as many of these colleagues have left the sector in recent years. Indeed, the loss of highly-skilled and experienced staff from frontline practice, either through retirement or moving to multi-agency or improvement roles, was highlighted by many participants as a key area of concern.

Approaches taken to improve recruitment and retention levels

In response to the staffing crisis, it was evident from the qualitative survey responses that a number of employers were working to improve staff recruitment and retention levels. Table 7 provides examples of the different measures that have or are being introduced, noting that each example refers to measures taken by a small number of employers and cannot be said to be representative of children's services as a whole.

Recruitment and retention measures	<ul style="list-style-type: none"> • Funding of more advanced/senior social work practitioner roles to boost retention and progression. • A review of local salary levels for social workers, and then increasing local levels to the national average. • Increased recruitment of newly qualified social workers, although respondents noted the importance of providing them with additional support and to carefully manage their workloads in their first year. • Greater support for flexible working to support work-life balance. One social work respondent, for example, referred to a 9-day fortnight being introduced. • A new retiral and return policy being developed and introduced.
Staff wellbeing measures	<ul style="list-style-type: none"> • Greater leadership and management acknowledgement of the importance of staff wellbeing. • Increased levels of support for the emotional wellbeing of staff. Examples given included: <ul style="list-style-type: none"> ○ Counselling support to discuss traumatic experiences from their work; ○ Creating a Reflective Practice Co-ordinator role; ○ Providing therapeutic supervisions facilitated by the Trauma Recovery Service; ○ Development of a seasonal wellbeing programme for staff that provides training, workshops and signposting for a range of wellbeing issues including managing stress, managing change, sleep, menopause and impact of grief and trauma; ○ Establishing mental health first aiders; ○ Setting up 'staff matter' wellbeing groups. • Greater attention within supervision and annual performance and development reviews to: <ul style="list-style-type: none"> ○ Staff wellbeing; ○ What is going well and what could be even better, rather than focusing on the negatives and taking a deficits-based approach.

	<ul style="list-style-type: none"> • Line management support that seeks to find or develop job roles and tasks that are manageable given individual members of staff's mental and physical health needs. • Managers responding to bullying complaints and incidents rather than dismissing them.
Team building measures	<ul style="list-style-type: none"> • Encouragement or introduction of more office-based working, in order to (re)establish a sense of team following the COVID-19 pandemic working arrangements. • Using technology (for example, Microsoft Teams, Zoom or WhatsApp) to help keep geographically dispersed teams more connected (for example, through regular online team meetings and having an online teams' space/forum for team members to ask questions and share information and updates with each other). Technology also allows for more immediate check-ins with line managers rather than waiting until the next scheduled supervision session. • Investing in team-building measures. For example, through holding and/or arranging: <ul style="list-style-type: none"> ○ Regular team meetings; ○ Team breakfasts or lunches; ○ Quarterly team away/development days; ○ One employer providing each team with a £1,000 budget to use as they want to support and enhance team wellbeing. • Giving time and space away from the 'busy office' for staff to check in with and support each other, so recognising the value attached to peer support.
Training measures	<ul style="list-style-type: none"> • An organisational culture that supports and encourages learning and development and listens to the workforce on what training they need and would value. This includes funding being available for staff to engage in external training. • Establishing internal and well-resourced learning and development teams, including having online learning and development platforms/hubs where online training materials can be easily accessed, regular emails that outline what internal and external learning and development opportunities are coming up, and learning and development curricula that ensures all staff can access training appropriate to their career stage. • Encouraging participation in online training - with a number of respondents finding the growth of online training options as a positive (particularly for practitioners based in more rural or remote areas) because this has increased the accessibility of training, reduced the time and cost of travelling to training, increased access to external trainers and centres of expertise (for example, universities and Education Scotland), and helped bring in different experiences and perspectives beyond practitioners' own local area and sector: <p style="text-align: center;"><i>"Having online options when you live in a more remote area has been game changing in terms of accessing</i></p>

	<p><i>training opportunities.</i>" (Health: Survey)</p> <ul style="list-style-type: none"> • Investment in whole workforce and/or multi-agency training, such as on GIRFEC, child protection, the 'Safe and Together' programme, the 'Equally Safe' programme, the 'Solihull approach', trauma-informed practice and relational practice, with these valued as they help bring common understanding and use of language across the workforce. • Support for professional and career development opportunities and pathways within organisations, such as a 'Grow Your Own' model. Examples given included support for staff to undertake Masters-level studies and PhDs (both financially and time for study); management and leadership development programmes; and support for secondment opportunities into local/national strategic roles. • Enhanced support and induction for newly qualified social workers in the first 12 months of their jobs, including a newly qualified workers forum/support group as a place for peer support. • Developing an enhanced induction programme for new staff. • Establishing a buddy system for new staff. • Support for opportunities to share with and learn from peers. For example, through masterclass workshops and peer forums.
Supervision and coaching measures	<ul style="list-style-type: none"> • Prioritising regular supervision sessions that offer a safe and protected space to discuss what is working well, what is not working so well, and wider wellbeing and professional development needs. • New or enhanced supervision, with one health respondent valuing having supervision from an outside agency to discuss traumatic events that occur during their work. • Using reflective supervision as a means of revisiting training and reinforcing practice change. • Alongside one-to-one supervision sessions, the provision of group/multi-agency supervision to also discuss cases in a safe and open environment. • Development of mentoring/coaching opportunities.

Table 7: Examples of measures taken to improve staff recruitment and retention levels

Lack of scale impacting on meaningful improvements to staff recruitment and retention levels

Our analysis of the qualitative survey responses found that while a number of employers were taking steps to address the staffing crisis, it was unclear how effective or impactful these had been. Partly, this can be attributed to the high workload pressures on leaders, managers and practitioners alike, meaning that there is limited time, space and funding for them to provide training, supervision, and coaching to practitioners. However, the qualitative survey responses also pointed to a lack of scale in the measures taken. For example, the measures were only being taken forward by a small number of employers or only being directed at individual teams rather than the whole workforce.

Many of the qualitative survey responses, as well as what focus group and interview participants shared, referred to gaps or weaknesses in how they were supported as a workforce. These are outlined in Table 8 and include specific reference to the workforce needs among the early learning and childcare and newly qualified social worker workforces.

<p>Recruitment and retention gaps or weaknesses</p>	<ul style="list-style-type: none"> The rapid recruitment of early learning and childcare workers to deliver on the 1,140 funded hours of childcare has resulted in some new recruits lacking the key skills and foundations necessary to work with children. This situation has then been compounded by how stretched early years settings are in terms of funding and staffing as there is very limited opportunity for new recruits to receive training, supervision and/or mentoring. <ul style="list-style-type: none"> <i>"Within childcare there had been a mass rush of employing staff to fill roles for the 1,140 hours and staff being hired do not have the experience or the skills, such as basic child development knowledge which means issues with children are not being picked up at an earlier stage."</i> (Early Years: Survey) The quality and work readiness of newly qualified social workers was widely reported to have been negatively affected by the COVID-19 pandemic. It limited opportunities for practice placements during their degrees and, once recruited, the pandemic brought less opportunities to learn on the job from colleagues due to home/hybrid working arrangements and through a number of senior colleagues leaving the sector.
<p>Career progression gaps or weaknesses</p>	<ul style="list-style-type: none"> Lack of career progression opportunities with some social workers, family support workers and early learning and childcare workers reporting that they feel 'stuck' in their roles due to either the need to undertake additional training or degrees (which they increasingly need to fund themselves), or the lack of more advanced roles to progress on to, with even more limited options for those keen to continue to work directly with children, young people and families. The experience of some more advanced or managerial roles not supporting flexible/family-friendly working, such as part-time working or job sharing. Some reporting of not being supported to apply for secondment opportunities as there is not the funding or staffing available to cover or backfill their role.
<p>Training gaps or weaknesses</p>	<ul style="list-style-type: none"> Reduced training budgets within services, impacting on the training opportunities available for staff, including opportunities to undertake further study. Examples were also shared of available training budgets being directed towards more generic, whole organisation or mandatory training, rather than more specialist training that specific teams or individuals need.

	<ul style="list-style-type: none"> • Gaps in training around key practice and subject areas, such as how to support children and young people with mental health needs, who are neurodiverse, or who have experienced trauma. • Some criticism of the quality of the training that the respondents had received, for example, the level being too basic or the content being out of date. • Lack of time to attend training or to undertake reading and research into good practice due to the high and unmanageable workloads. • A preference among a number of respondents for in-person training, because of the opportunities for participants to share their own practice and experience. • For new recruits, there was reported to be a gap in their induction around administrative tasks, such as how and where to complete paperwork or practicalities such as how to book pool cars, with colleagues having to show them how to do these.
Supervision and coaching gaps or weaknesses	<ul style="list-style-type: none"> • A number of survey respondents commented they had no or very infrequent supervision, while supervision was also subject to being cancelled or postponed due to other, urgent work pressures. In particular, it was highlighted that education staff do not typically receive supervision and opportunities to introduce this would be welcomed. • Turnover among managers meant that relationships and supervisory arrangements are often changing, with staff reporting that this impacts on the level of professional and emotional support they receive. • Some survey respondents referred to new management structures being introduced whereby their new line manager had little professional experience of the service or practice, and so was only able to offer limited support.

Table 8: Gaps or weaknesses in supports for the workforce

Varied experience of how leaders and managers are supporting the workforce

A further factor raised in many of the qualitative survey responses was the role of leaders and management. Respondents' experiences of the support they received from leaders and management varied. Some referred to positive and supportive examples, such as senior and/or line management who:

- Listen, are trauma-informed, empathetic and are responsive to practitioners' individual asks and needs, and actively try to find solutions to respond to these;
- Recognise the importance of mental health and wellbeing support, and put in place one-to-one, team and organisational forms of support to provide this;
- Empower their staff, with this including encouraging and supporting staff to find their own solution, providing constructive feedback, and recognising and celebrating successes;
- Are realistic in terms of workload expectations and what is manageable: or
- Are visible, approachable and have an 'open door' policy so that colleagues can raise an issue with managers at any time.

"Senior management are approachable, supportive and encouraging – they are a breath of fresh air." (Social Work: Survey)

"Having the support of a committed, empathetic and understanding line manager has been immense." (Social Work: Survey)

"I feel that I am empowered to undertake my role with autonomy, but also with support from line managers. The balance of this is excellent, as I am left to fulfil my role, whilst also being given the appropriate support, should I need it." (Education: Survey)

However, many participants had a different experience and stated that leaders and managers were key contributors to the stress that they and colleagues are under. Examples were given of leaders and managers not listening to the challenges and concerns raised by staff, and instead shifting the narrative to one of 'self-care' where staff are expected to become more resilient:

"Added work and stress to staff load means wellbeing is something talked about but not utilised. Leaders talk about it but put it on staff to 'self care' v[ersus] aiding staff. But on [the] whole my immediate leaders are there for us..." (Education: Survey)

There was also a feeling that leaders and managers were prioritising the meeting of 'quantity' targets (for example, reducing waiting lists, increasing the number of children and young people seen/visited, and achieving cost savings) rather than on supporting the workforce and enhancing the quality of services:

"A deep understanding of the demand is lacking in senior management. They express concern but seek more efficiency." (Health: Survey)

Some participants described a feeling of lack of trust or increased scrutiny from managers in relation to working from home, with impact on staff morale. Most concerning of all, there were also references to leaders and managers bullying (or ignoring bullying) of staff and criticising staff that led to staff leaving services or feeling very unhappy in their jobs.

Looking forward: future actions needed to increase recruitment and retention levels

Many of the suggestions put forward by the workforce around boosting recruitment and retention levels across Scotland's children's services workforce relate back to scaling up the examples outlined in Table 7 and tackling the gaps and weaknesses presented in Table 8. However, the focus group participants and interviewees also offered wider thoughts on the actions that need to be taken. These included the need to:

- Invest in the workforce and increase workforce numbers, so that practitioners are working with a manageable (and smaller) number of children, young people and families, and have time and space to reflect on the impact of the support provided to them.
- Enhance the public and media perception of the children's services sector and the positive impacts the workforce has on children, young people and families' lives.

- Increase parity of pay rates across the children's services sector so that there is less differential between pay rates in different services and between different local authorities. There was some support for a move to national pay levels for social workers in Scotland, although allowing for some flexibility or local weightings to address more acute recruitment and retention challenges in specific geographies. By increasing parity of pay, participants felt staff turnover levels would reduce and there would be greater respect between different sectors.
- Increase the length of funding cycles for the third sector to enable third sector organisations to offer longer-term and more sustainable jobs and services.
- Deliver more multi-agency training as this helps to build shared understanding and relationships between different services.
- Reduce, or bring about greater efficiency in, the bureaucratic and administrative demands (for example, phone calls and emails to request information, report writing, and data entry) placed on the workforce so that more of their time can be spent working directly with children, young people and families, and/or building relationships with other services.
- Undertake more detailed workforce planning so that staff turnover, retirement and vacancies are anticipated and responded to with limited disruption to service provision.

Summary

- The very clear and consistent message that came from the qualitative data was that Scotland's children's services workforce is under-staffed, under-resourced, constantly under pressure and at a very low ebb. Described as a staffing crisis, this is contributing to high levels of staff sickness, absence, turnover and vacancies.
- The quantitative data does offer some encouragement, as at least 60% of survey respondents experienced 'good' or 'very good' training, learning and development, supervision, and management support. Career progression opportunities were, however, rated less well.
- From the qualitative survey results, we found there were a number of measures being taken by employers to better support their workforces, including mental health and wellbeing supports, team building measures, and establishing more advanced practitioner roles.
- However, these measures are at a small scale and are not equally received across the children's services workforce. The need for increased support for the early learning and childcare workforce and newly qualified social workers was particularly highlighted.
- A number of actions were proposed to increase recruitment and retention levels, including investing in and increasing the size of the workforce, increase parity of pay rates across the children's services sector, reducing bureaucratic and administrative tasks, and more detailed workforce planning.

Leadership of children's services and shared strategic working

The leadership of children's services was another area where the workforce's perspectives and experiences were sought. We first analysed two sets of quantitative/closed-question data captured through the online survey and then considered the qualitative data captured through the survey's open questions, the frontline practitioner focus groups and the interviews with senior leaders.

Quantitative findings

Under the theme of leadership, the survey included two sets of questions: the first set was asked of everyone completing the survey and concerned the local leadership of children's services, with a focus on local leaders' approach to change and effectiveness in making change happen; the second set of questions was addressed to local senior leaders and focused on their experiences of shared strategic working.

Local leadership of children's services

The survey asked respondents across all roles to assess local leadership (for example, children's services strategic partnerships, Chief Executive Officers, heads of service and senior managers) across 10 items and in relation to whether leadership had improved or not over time. The 10 items collectively ask questions relating to local leaders' communication, oversight, resourcing and support of/for change and innovation, and to seek and act on feedback on 'what works' and 'what doesn't work'.

Each question asked respondents to answer in relation to leadership in their selected local authority area. These local responses have been brought together to provide an assessment of local leadership of children's services in Scotland. The findings are presented in Figure 11.

- Overall, most items attracted a balanced set of responses with an equal weighting of good and poor experiences.
- None of the 10 items received 50% of responses as 'very good' or 'good'.
- The highest rated item was local leaders' communication of change in terms of 'what the change is', with 42% of respondents rating this 'very good' or 'good'.
- The lowest rated item was local leaders' provision of resources (that is, staff, funding, time) to deliver change, with 51% of respondents rating it 'poor' or 'very poor'.

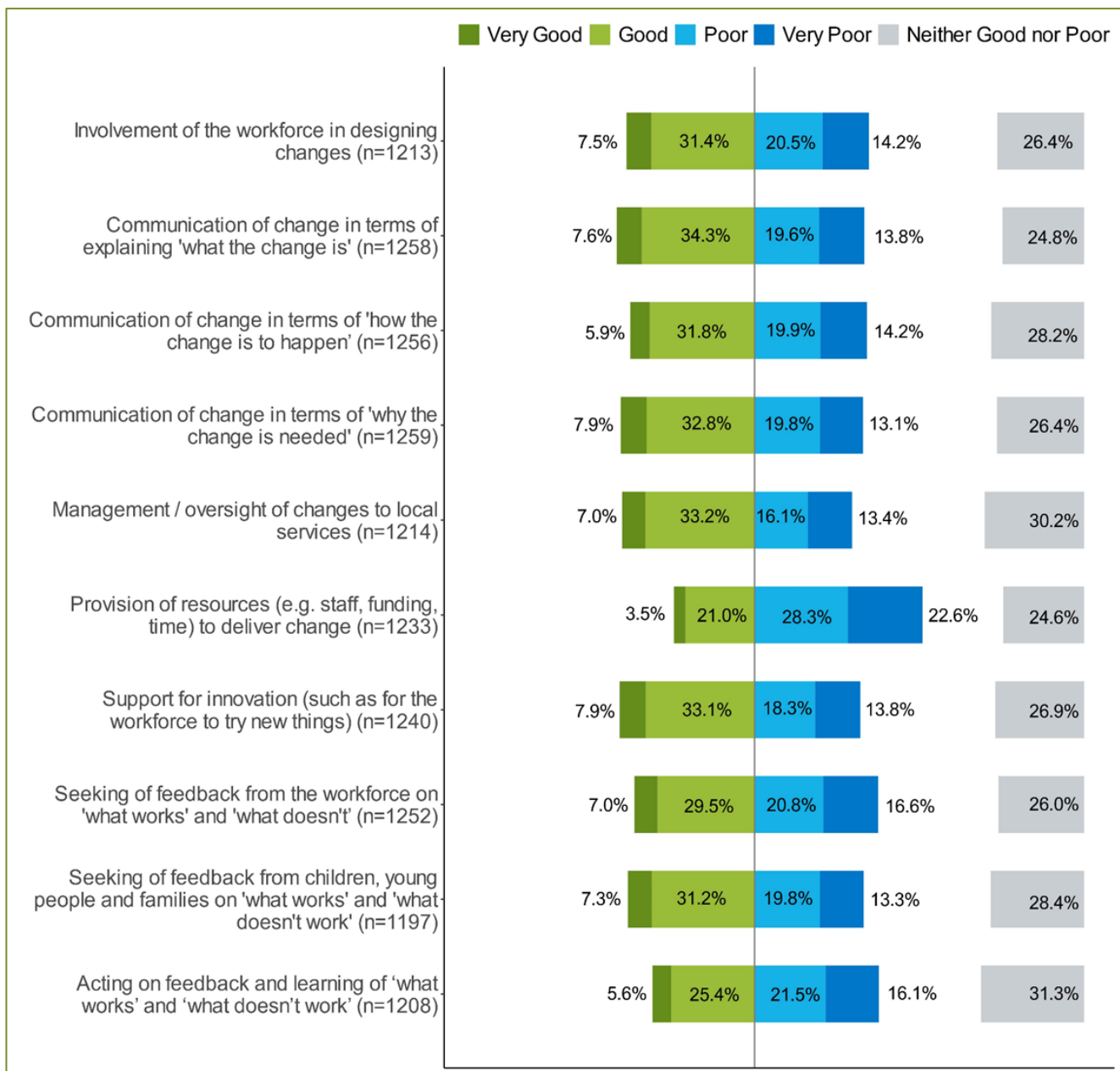


Figure 11: Rating of local leadership of children's services (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the 10 items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 2.92 across all responses was found. This was one of the lowest means across the different sets of questions in the survey. Our analysis of the means of different groupings of respondents found there were some statistically different variations.

- The early learning and childcare workforce rated local leadership lower (2.36) than the workforces of other services, except police services.
- Managers/supervisors (3.13) and support role workers (3.34) rated local leadership higher than frontline staff (2.76). Support role workers were more positive about local leadership also when compared to senior leaders (2.80).

- Staff in post for less than one year (3.22) and for between one and three years (3.03) rated local leadership higher than those in post for five years or more (2.80).

There was no statistically significant correlation with levels of structural integration.

When asked whether local leadership had improved or not over time, Figure 12 shows high proportions (between 39% and 51%) of the workforce had experienced no change.

- 34% of respondents felt local leadership had been improving a lot or a little before the COVID-19 pandemic, with 14% stating they were getting a little or a lot worse.
- 33% of respondents stated local leadership had improved since the onset of the COVID-19 pandemic, but 28% felt they had got worse. Those working in the local authority area for less than four years had a more positive experience, with 36% reporting an improvement and 23% a worsening.
- The main finding, however, is the high proportion of respondents (38% to 51%) who felt there had been no change over the timeframes asked. When also considering the mean rating of 2.92 for this scale, the data suggests that the quality of children's services local leadership is a longstanding issue.

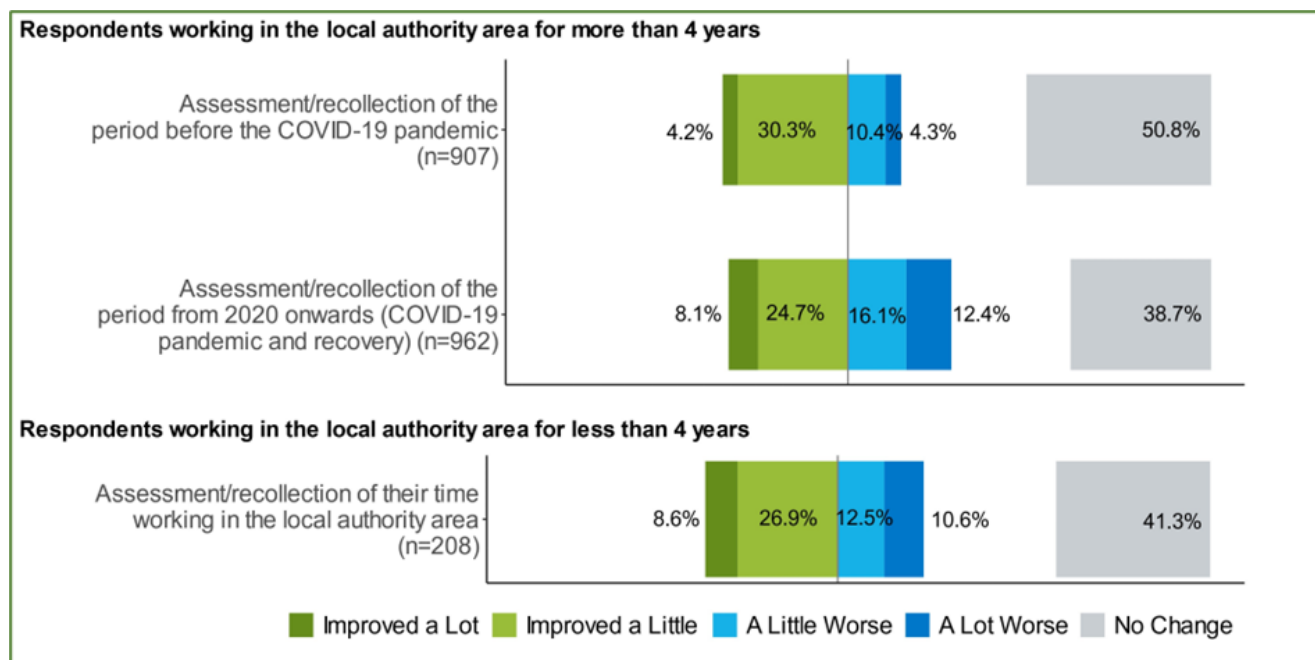


Figure 12: The workforce's assessment of whether local leadership has or has not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Senior leaders' rating of shared strategic working at local level

Within the theme of leadership, we also asked senior leaders about the current levels of shared strategic working at local level in relation to four functions: shared assessment, planning, commissioning/funding, and analysis of the impact of services on children, young people and families. We also asked whether these had improved or not over time.

These questions were only asked of senior leaders, as we felt the responses should be based on direct experience, rather than speculating on the level of shared strategic

working. The number of responses to these questions is therefore smaller compared to other sets of questions.

Senior leaders' rating of the four functions in relation to their selected local area have been brought together here to provide an assessment of these children's services strategic functions in Scotland. These findings are presented in Figure 13.

- None of the four items received 50% of responses as 'very good' or 'good'.
- The highest rated item was the shared assessment across local multi-agency senior leaders of children, young people and families' needs, with 45% of senior leaders rating it 'very good' or 'good'. This was closely followed by 44% rating shared planning as 'very good' or 'good'.
- 29% of senior leaders rated shared analysis of the impact of services as 'very good' or 'good'. This was close to the rating for shared commissioning and funding of services at local level, considered 'good' by 28% of senior leaders, with the important caveat that no senior leader rated it 'very good'.

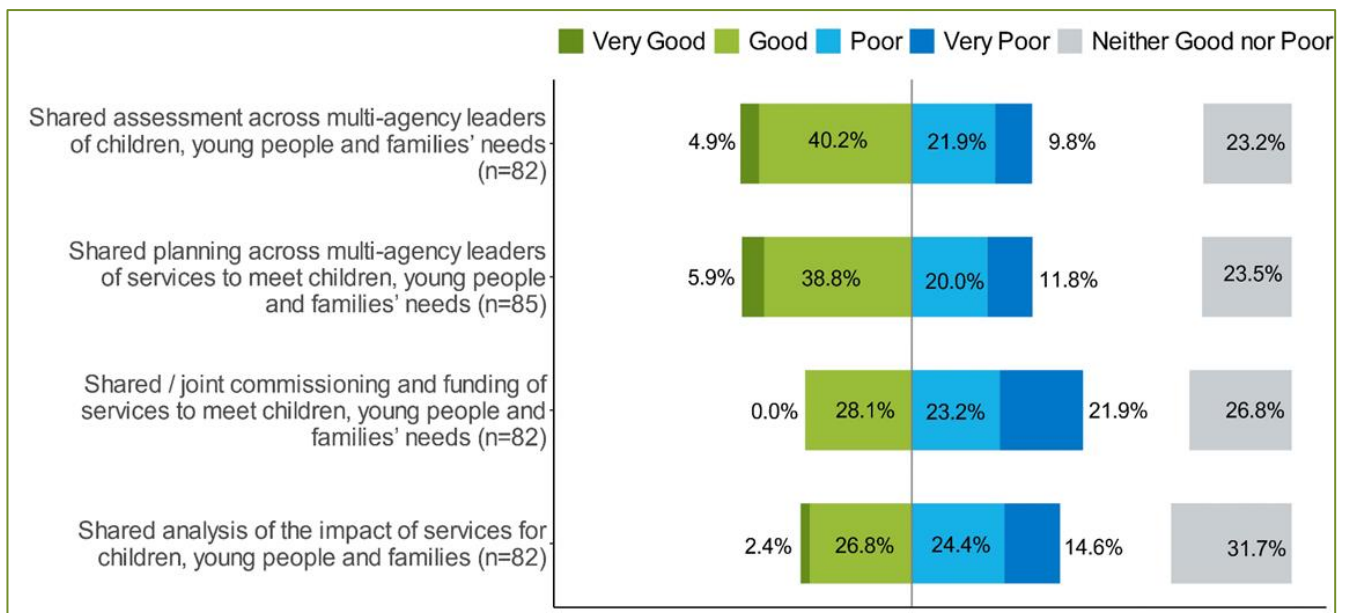


Figure 13: Senior leaders' rating of shared assessment, planning, commissioning/funding, and analysis of the impact of services at local level (excluding 'Don't Know' and 'Not Applicable' responses)

Considering the four items as a single combined scale from 'Very good' = 5 to 'Very poor' = 1 (see Supplementary Report), a mean (or average) rating of 2.90 across all responses was found, so very close to the mean for the workforce's view of local leadership of children's services more generally (2.92). There was no statistically significant correlation with levels of structural integration.

In terms of local senior leaders' assessment of the levels of shared assessment, planning, commissioning and impact analysis over time, the responses reflect a general picture of no change, but respondents did say that the COVID-19 pandemic had had an impact.

- Reflecting back, 44% of senior leaders felt that levels of shared assessment, planning, commissioning and impact analysis at local level were improving a lot or

a little before the COVID-19 pandemic, with 11% stating these areas were getting a little or a lot worse; and

- 39% of senior leaders stated that shared assessment, planning, commissioning and impact analysis at local level had improved since the onset of the COVID-19 pandemic, but 21% felt that these areas had got worse.

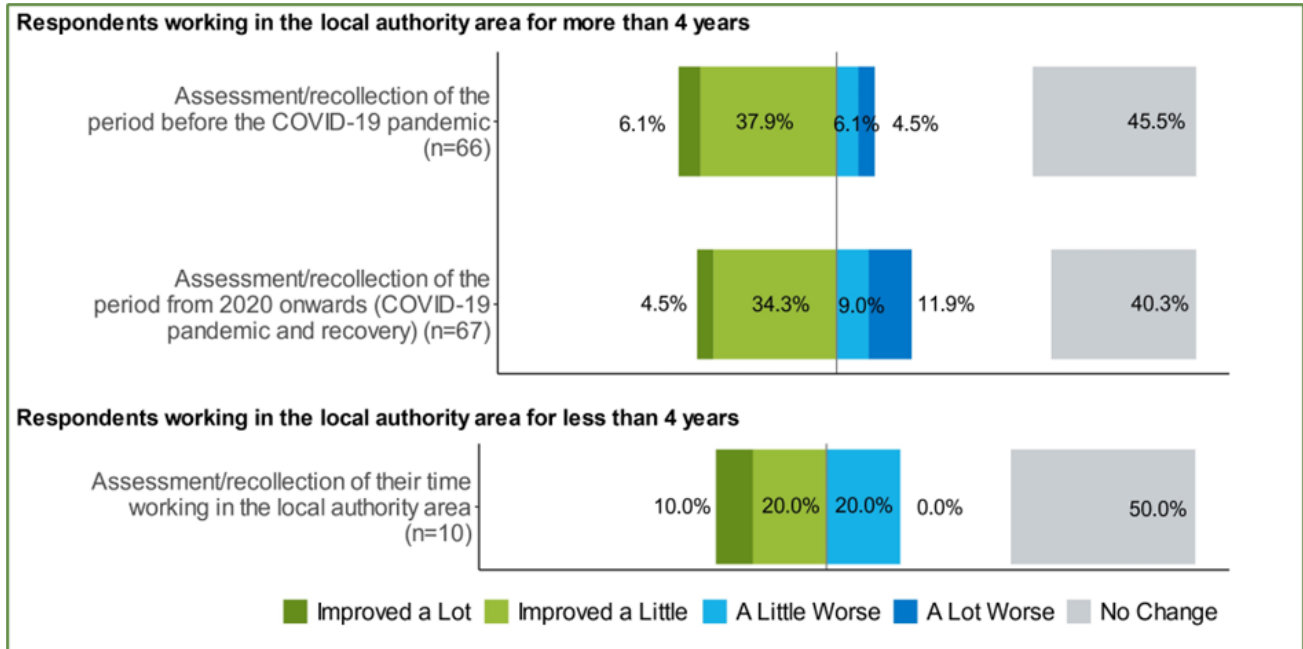


Figure 14: Senior leaders' assessment of whether leaders' shared assessment, planning, commissioning/funding, and analysis of the impact of services at local level has or has not improved (excluding 'Don't Know' and 'Not Applicable' responses)

Qualitative findings

Our survey, focus group and interview participants shared their experiences and perspectives on the characteristics of good leadership in more general sense. In addition to this, through the survey and interviews we gained further insights from senior leaders about their role and the challenges of recruiting and retaining leaders; what helps and hinders the leadership function of creating a learning and reflective environment, supporting innovation and leading change; the challenging funding landscape; and the relationship between leadership and effective structures and partnerships. The qualitative findings align with what we found through the responses to the quantitative questions on local senior leadership and, in addition, they provide further insights into different levels of leadership (at organisation and system levels), including the connections and relationships across levels. In the themes we explore, we have integrated the views of senior leaders, alongside those of the wider workforce, distinguishing between the two wherever there are unique or differing perspectives.

Characteristics of good leadership

The importance of good leadership came up as a theme throughout the focus group discussions, interviews and survey responses. Participants across all services and

working at all levels, from frontline to senior leaders, were positive about leaders who are:

- Committed to improving the life of children, young people and families;
- Committed to delivering on key practice or policy ambitions;
- Inspirational, showing enthusiasm, energy and have a 'can-do' attitude;

"Due to the energy and enthusiasm and experience of new Team Manager [name] who has a vision for quality work and carers. She is the reason I have remained in the team in order to try and support make the necessary changes for the overall benefit of the children. The changes necessary are not quick fixes and will take time and a culture shift." (Social Work: Survey)

- Creative, brave, willing to take an "educated risk";

"...unless you have a creative and just innovative leader who will take a bit of an educated risk to do things differently, and I think that's what it is, and that is a really scary thing to do at that scale. But things can be done differently at different levels" (Third Sector: Interview)

- Visible, approachable, interested in learning from and listening to feedback of service users, staff and other stakeholders; good communicators who have active listening skills;
- Collaborative, collegiate, committed and able to build relationships with others;
- Open to challenge and able to challenge others; reflective, with a (self-) evaluative mindset;
- Systems or strategic thinkers, able to see the bigger picture (such as the value of investing in upstream preventative and early intervention services or joint commissioning services with other partners);
- Skilled in change management, knowledgeable of change methodologies;
- Able to actively act on feedback and learning, addressing the challenges and issues raised by staff and families or demonstrating that they can be trusted; and
- Empowering of others, creating conditions for change (such as creating a permissive environment, trusting and supporting workforce to innovate or facilitating a sense of autonomy).

In addition, the qualitative data showed an expectation that leaders and managers should have a good understanding of the field of work (or the subject matter) and the local community. Several survey respondents from social work, residential care, and early learning and childcare were appreciative of their managers or senior leaders who regularly attended frontline work to understand what goes on for both people needing the support of services and staff, and others described a similar approach but stemming from improvements in supervision. Keeping sight of how it feels and what is like to be working on the frontline of supporting children and families was considered important by focus group participants from social work and social care, third sector and the police.

During the interviews with senior leaders, the perspective that social work leaders should be social workers came up and, on a similar note, the view that leaders need to 'remain humble', especially if they have a different professional background.

"I thought that having [name] as our senior manager was great, he really understood the job and the current context we are working in. I have never really paid much attention to the senior team as people, just the strategies and directions they gave us. I really liked some of the changes such as the Safe and Together approach, The Promise, and aiming for restorative practice - it suited my values, and made me feel I was doing good work. The ethos now seems to be about meeting prescribed targets to see children or document things accurately, which is less inspiring and makes me feel they do not trust us to do the work." (Social Work, Frontline Practitioner: Survey)

Whilst some research participants recounted their experiences of working with or being supported by inspirational and skilled leaders, others had mixed experiences or shared challenges linked to top-down, authoritarian models of management and leadership; leaders keen to make a mark, who thus push for change that is not seen as aligned with the local needs; or lack of trust and delegation, leading to significant delays to decision-making.

Challenges recruiting and retaining leaders

Some of the interviewed senior leaders drew attention to the challenges of recruiting good leaders, across all levels and services. They reflected that many leaders with significant experience, knowledge and skills at a senior level had left the profession, particularly during and following the pandemic either through changing roles or retiring early. Senior leaders also perceived a reluctance amongst those with the relevant leadership experience and skillset to apply to senior posts. Examples were provided where, amid this loss of senior leadership skills and experience, alongside a lack of capacity across the system, people without the required experience had been promoted very quickly to senior posts. This was seen as a source of tension, for example, when they feel their authority is questioned.

"...just as it's hard to recruit frontline staff that are really good and skilled it's hard to recruit leaders that are really good and skilled too." (Third Sector: Interview)

When asked in the interviews about the professional support that they can access in their daily role, senior leaders expressed concerns that looking for support could be seen as a weakness sometimes. Some said that the role is isolating (particularly at Chief Social Work Officer level) or felt that there was no mutuality of esteem, with leaders from third sector describing that, given their dual role of delivery partner and critical friend, some relationships became fractious and difficult.

Others reflected that their roles continue to be very challenging, because of the volume of work, little respite and short-term breaks, and the fact that everyone is under pressure (dealing with multiple challenges with funding, recruitment and workforce

retention, the impact of the COVID-19 pandemic and more), amid too many demands and a fast pace of change. Some senior leaders felt that their role is difficult and associated it with the anxiety that things could go wrong, whilst others said they hold onto pressures and uncertainty, not passing these onto managers until appropriate or things 'become a reality':

"And it's really, really tough at times. Yeah. It's also incredibly, you know, wonderful and rewarding and fascinating and exciting. But it's, you know, you have to dig and you have to be really strong as a person." (Third Sector: Interview)

In terms of motivation and sense of purpose, the respondents felt that the higher people go in strategic leadership, the more it feels about "balancing the books" and getting value for money, whilst "the further down you go, it's about the people".

There were nevertheless positive and rewarding feelings expressed, particularly when perseverance pays off, supported by the internal motivation to make a difference:

"[It's] Quite a lonely time, but [I'm] trying to manage and be positive, visionary, and committed to the difference, and supporting people to say 'Hey, you are making a difference, do you know? Don't lose hope!...'" (Health: Interview)

Some senior leaders said in our interviews that in particular they speak with trusted colleagues as a way of seeking out professional and emotional support, and some also mentioned the emotional support provided by their families. Other sources of professional support for senior leaders included relationships across local leadership group, internal leadership teams and external networks (including peer networks).

Leadership creating a learning and reflective environment, supporting innovation and leading change

The qualitative data from the survey, focus groups and interviews showed a mixed picture regarding the workforce's views of leaders in local areas seeking feedback, including from children, young people and families, and acting on learning and feedback.

Participants offered broader insights about the importance of listening to the voices of children, young people and families about their needs, strengthened due to key developments such as The Promise or GIRFEC, the use of service design that puts the people needing support at the centre of any envisaged change, or an increasing attention devoted to children's rights. Some of the positive examples provided included engagement through Champions Boards for children with experience of care, dedicated consultation events or feedback forms and, in relation to NHS services, the use of 'Care Opinion' as an independent means of collecting child and parental feedback and a parental advice telephone line.

The characteristics of good leaders were felt across the board to be critical for creating a learning environment. In the interviews with senior leaders, they talked about the importance of being aware of their power and remit, or their role in fostering collaboration. One example of collaborative leadership given by a social work and social

care focus group participant was of a local Promise Board being chaired in rotation by the Chief Executive of the HSCP and care experienced young people. This participant also reflected that meeting the Chief Executive on a regular basis was significant: *"we meet four times a year, full representation from all agencies, third sectors, it's really, really significant."* (Social Work and Social Care: Focus Group).

Some survey respondents provided examples of improvements to support the involvement of children, young people and families in decision making about the future of services and local plans. Such examples included the use of trauma-informed consultations or adapted communication to meet a diverse array of communication needs.

In our focus groups and survey, participants emphasised the importance of taking time to build relationships with parents for developing services together:

"Working together on themed projects to ensure lived experience becomes part of developing services and challenging the status quo. Very positive feedback from young people." (Social Work, Senior Leader: Survey)

Third sector participants shared that families and communities had the solutions, or reported that co-production approaches can result in more useful and varied information being provided to families compared with information provided by statutory services.

In the survey data we also found examples of improvements in listening to the workforce (such as drop-in sessions, a designated weekday for feedback, thematic working groups, round tables or surveys) and of extending this feedback loop across all levels, to connect the voices of children, young people, families or communities, frontline staff, management and senior leaders. An example is 'Time to Talk', which is a series of regular sessions introduced by one of the local areas to support the workforce to share feedback from children and families, and discuss good practice and challenges:

"Our Authority has Time to Talk sessions which listen to good practice and challenges faced by the workforce. I feel that our ideas are listened to and acted upon where possible, particularly where it is led by children and families themselves. Feedback is welcomed on all fronts." (Social Work: Survey)

However, these positive examples and insights were offset by concerns that when some consultation exercises are run, these tend to take into account the same array of voices and perspectives and do not reach out sufficiently into the community spaces *"where people feel comfortable"*, or these exercises are not sufficiently trauma-informed, thus missing out people who are not already involved with services despite having a need and/or belonging to a more isolated or deprived community. In addition, survey participants said that in areas of a large geographical spread, information about the situation of specific areas or communities could be overlooked, particularly if the managers and leaders have a limited knowledge of the local context.

Some health staff perceived that the cross management between acute and community-based health services, or between clinic and operational levels, poses challenges to

leadership understanding the specificity of the issues reported by staff, which may impact on decision making:

"The lack of understanding of the uniqueness of roles, working within acute services but managed via community-based services who are hosted under the acute women, children's and families' directorate within the trust can be a challenge. This means that sometimes the correct managerial individuals are not within the correct meetings and the outcome is that either we are not included within developments or decisions being made." (Health: Survey)

The survey responses included references to positive experiences of staff feeling involved in decision making-and informed about the change, but these tended to be rather limited.

"Local leaders do a really good job in identifying priorities for change, explaining why change is needed and what difference we collectively want to achieve through adapting our approaches." (Community and Family-Based Care and Support Services, Manager/Supervisor: Survey)

Similarly, several survey participants shared inspiring examples of being trusted and supported to innovate, or of leaders creating structures to foster innovation and change, but these seem to reflect the experiences of a rather limited number of participants:

"Within occupational therapy we are completely included in changes to the way the service is delivered. We have an 'Improving Access' group to generate ideas and innovative practice. We are encouraged to discuss improvements ideas and to carry out tests of change." (Health, Frontline: Survey)

"The authority is always open to trying new models and ways of working, so I am permitted to try new models and make improvements which are then evaluated for success in improving outcomes. We have recently launched a joint Adult and Children's Service with a whole family approach to problematic substance use. The early signs are showing good outcomes." (Social Work, Manager/Supervisor: Survey)

The prevalent perception is that there are major challenges in relation to leadership being able to act on feedback, with both survey and focus group participants talking about 'tokenism', 'lip service', lack of transparency (with decisions made 'off table'), or 'top-down' change. In the focus groups, we heard that co-production could be "a tick box exercise" or that services often offered what was available, rather than what people actually wanted and needed.

Some survey participants linked this to the current climate of limited resources, reflected that some decisions were constrained by short-term financial parameters, or described a feeling of disconnect between families/communities, staff and decision makers, associated with the latter being focus on budgets and performance indicators, as opposed to listening to what is needed on the ground. That perspective was similarly shared across the focus groups, where participants consistently talked about how removed senior leaders were from the current realities and pressures of frontline

practice, using phrases such as “*leaders need to be more grounded*” and “*leaders need to remember how it feels on the frontline*”.

There were also views that some changes were decided without sufficiently appraising their ‘fit’ to what was needed, such as practice models or approaches adopted in response to a genuine issue, but with little consideration given to how these would be used or whether they suit the setting or local context:

“... [the alternative model] is being ‘sold’ as responding to the needs of the setting. This is not the case - it was an ill thought through initiative which staff are having to make the best of. This has caused a lot of stress to many members of staff. It has relied on goodwill and positive relationships rather than thought through mechanism and management structures.” (Education, Frontline: Survey)

On the topic of leaders’ role to communicate change, there were opinions shared across the survey and the focus group that leaders needed to communicate better the decisions made and explain why some changes had been introduced. According to the survey data, staff reported issues such as: information being shared at the last minute or after a change took place; information that is not specific enough or not in the appropriate format, information that is either too brief or too lengthy and complex (such as lengthy documents that took staff a lot of time to distil, or led to confusion about understanding the change); and limited opportunities to discuss how a change might impact other areas of work:

“... ‘get on the train or get under it’ is an example of a phrased used recently in relation to significant changes to be made to the service.” (Social Work, Manager/Supervisor: Survey)

“One minute we tick along quite nicely, we have a cyclical five-year partnership with [Third Sector partner], and then bang, suddenly it’s like ‘we’re not funding [Third Sector partner] anymore’. Why not?” (Social Work and Social Care: Focus Group)

Leadership with a challenging funding landscape

The qualitative findings on provision of resources partially align with the quantitative ones, as participants across the focus groups, the interviews, and the survey reported areas of improvement, particularly in relation to the important role of national funding programmes such as the Whole Family Wellbeing Funding, The Promise Partnership funds, or Pupil Equity Funding (PEF) that provided local areas with additional resources to support change, but also to the joint response to the COVID-19 pandemic and public health restrictions that allowed a more flexible way of working and sharing resources.

However, the responses to the open questions painted a starker picture of a “*massively underfunded*” service landscape, where the funding and commissioning arrangements generate competition rather than joint working, as well as uncertainty about the future, and a push towards a more reactive rather than preventive work. The language used reflects the severity of the issue perceived by respondents, with “*budget crisis for public*

services”, “chronically underfunded” services, “massive budget cuts” and “finance is a huge issue” some examples of how the situation was described.

“We're all competing for the same little pot of money” (Social Work, Manager/ Supervisor: Survey)

It has to be noted that in the answers to the open-ended questions, respondents referred not only to the resources needed to support change, but also to what would be required to keep services running in the context of a growing level of need. The increase in the level of need and its link with a diminishing level of resource was also mentioned across our focus groups and interviews. Participants described a ‘domino-effect’ on staffing levels, workforce capacity and wellbeing and service provision and that this would in turn ultimately have an impact on children, young people, families and communities needing support:

“An additional challenge is that with increasing demand on services, one of the responses post-pandemic is to change eligibility criteria in order to manage that demand, making it harder for families to access specialist support. The mantra at the moment seems to be that universal services such as health visiting, school nursing and education can pick these concerns up, when the reality is that universal services are on their knees trying to support an increase in complexity and vulnerability of children and families. Children and families will ultimately lose out if this model continues.” (Health, Senior Leader: Survey)

There was a wide agreement amongst respondents that short-term funding was not helpful, especially when funding was made available at the last minute, with very little time allowed to plan its use and spend it in an effective manner. Short-term funding was also seen as a barrier that makes leaders reluctant to invest on longer-term goals. Respondents considered that the multitude of short-term funding streams, running in parallel, places additional strains on the local services or organisation that have to prepare multiple reports or plans, using different templates, although in many cases they are for the same funder (such as the Scottish Government):

“The way in which funds are allocated from Scottish Government in a time-limited and ring-fenced format means that there is often uncertainty about whether funding will be base-lined. There can also be a heavy burden in relation to reporting for different funding streams and this can result in duplication. In a smaller authority, it is often the same senior officers who are involved in all of the different initiatives and projects – this can result in overly demanding workloads.” (Education, Senior Leader: Survey)

There were different views on targeted or ring-fenced funding, with some respondents welcoming specific funding streams (such as for early intervention), and others considering this model too inflexible for what is required at local level. In the interviews, senior leaders referred to a mismatch or inconsistency between the Scottish Government’s ambition for closer integration of services and the way funding is allocated, but also to the fact that some national commitments or policy directions come with no funding attached to them.

The interviews with leaders also allowed the issue of funding to be explored in more depth. They referred to the legal boundaries in place which limit the commissioning approaches, irrespective of the type of local structural integration. Some leaders saw the risk that joint commissioning could remain limited even within a National Care Service, *“as boundaries would just be moved elsewhere”*:

“If you can crack the commissioning, you wouldn’t need an NCS [National Care Service].” (Social Work: Interview).

Across focus groups, interviews and the survey responses, participants described significant challenges regarding the funding available and the commissioning arrangements that apply to the third sector. The competitive tendering approach, alongside the uncertainty of funding sustainability, was perceived as a challenge to recruiting and retaining skilled staff. Small to medium-sized third sector providers were perceived at a distinct disadvantage because of the additional capacity required for supporting fundraising, tendering and reporting to funders.

“Statutory agencies want to signpost to third sector organisations but don’t want to fund that. Senior managers are under pressure to make savings. As a result, there seems to be more focus on saving money as opposed to meeting the needs of young people.” (Senior Leader, Third Sector: Survey)

The influence that finance directors or departments can have on service provision came up in one of the focus group discussions. There was a concern expressed that greater priority had been given by local decision-makers to achieving a budget underspend rather than spending on services to meet the needs of children, young people and families. Therefore, the importance of holding leaders to account was raised, such as when an organisation has an underspend, despite the volume of work on the frontline or the documented level of need.

Additionally, survey respondents identified further resource challenges, particularly in relation to poor implementation of digital communication infrastructure (including IT and data sharing platforms), rolled out with insufficient resources for training and support. Some respondents also shared that some challenges which appeared during the COVID-19 pandemic, such as a lack of office space, working from home or temporary office solutions that don’t suit social work practice (because of a lack of privacy for phone calls or meetings for example), had continued to be unaddressed since then.

Relationship between leadership and effective structures and partnerships

The interviews and focus groups explored aspects of leadership across all levels. We found that participants felt a disconnect between national policy makers, civil servants, local leaders, managers and frontline practitioners, which also came up in some of the survey responses. Participants’ perspectives on closing this gap point towards a need for:

- Leaders better prepared to work across boundaries, being clear about what each can bring when making joint decisions; and a better understanding of each other’s roles, rather than making assumptions:

"It's harder to work in partnership than not. But that's where I think the role of leaders come in to absolutely set the direction and expectation, that however hard it is we work in partnership with multiple agencies." (Third Sector: Interview)

- Greater diversity of local authority elected members and leaders, and stronger links between Community Councils, which feed into local authority councillors; better informed elected members.
- More trust and transparency, including addressing challenges or 'what goes wrong', as opposed to 'lip service':

"Any changes which need to take place are not communicated normally in a transparent way. It's like being patronised and treated like a child. This approach is also used when dealing with elected representatives who are frankly duped into believing whatever narrative suits ..." (Residential Care, Frontline: Survey)

"I think people are often frightened to say when things aren't working." (Social Work and Social Care: Focus Group)

- More attention to middle management, perceived to be a "pressurised position" in the system, as on the one hand, they are supportive of the strategic vision and ambitions for change, yet on the other hand they have to respond to the operational delivery of services, with the immediacy of the latter typically having to take precedence.
- The direct involvement (membership) of frontline practitioners in policy and planning groups.

Participants highlighted the importance of having shared visions and long-term objectives at leadership level, which should be reflected in long-term working strategies for achieving sustainable change. Participants linked the absence of a shared vision to the perpetuation of siloed-thinking at strategic and operational levels, but also to changes which can stall or reverse progress:

"Lack of multi-agency 'vision' in prioritising services for children and families. This continues to result in silo approaches to service development and a lack of strategic and operational consistency and coherence." (Social Work, Manager/Supervisor: Survey)

"We used to have a single management structure for Health, Education and Social Care. Over recent years however, new managers have separated this and now the joins between services are very tenuous. This makes it more difficult for communication to be shared or quick decisions to be made. Where in the past one manager had a holistic view of a child/family, now we have three again and so a more siloed approach to support and care." (Education, Manager/Supervisor: Survey)

Our focus group participants from the third sector and senior leaders who responded to the survey added that such strategies should be fully funded, but in a flexible manner so

that feedback is sought and progress reviewed regularly, to allow for change and adaptations.

Senior leaders who we interviewed reflected that the COVID-19 pandemic period contributed to the development of good working relationships across leaderships and services. Our survey respondents offered positive examples of new and creative multi-agency partnerships or services, enabled by allocation of additional resources, flexible funding arrangements and sharing of resources during the pandemic:

"Setting up an Education and Families [service] that has brought key services together that work with children and families This allowed strong identification of families needing help in the pandemic, and developing this beyond that period to a 'business as usual' model."

(Education, Manager/Supervisor: Survey)

Senior leaders' responses to the section of the survey that asked about their experiences of shared multi-agency assessments, planning, funding and impact analysis referred to the importance of clear direction and good leadership. This included:

- Local strategic leaders *"who know what's best for their communities"* who are committed to addressing systemic issues (e.g. prioritise tackling poverty);
- Being committed to building strong partnerships (using collaborative or distributive leadership approaches);
- Being able to ensure alignment between the strategic objectives rooted in key policy and the operational realities; and
- Being able to secure additional funding and resources.

The interviewed leaders highlighted the importance of shared governance and information sharing arrangements for those working in integrated services.

Several senior leaders said that the process of developing shared (or integrated) multi-agency planning should be open/inclusive and that for the planning to respond to the real needs of community and workforce, hearing the voices of children, young people, families and staff should be promoted, enabled and prioritised.

Across the research, our participants provided limited comments or perspectives about shared assessments or evaluation. Those who did, either mentioned the importance of ongoing review of progress or talked about challenges such as the absence of national indicators of successful partnership, or the fact that evaluations are carried out mostly at individual service level, rather than as a collective. Many focus groups participants reflected that there is little review of structures, systems and processes to support partnership at leadership and service level, including insufficient review of previous change efforts to understand what did or did not work.

Some senior leaders provided examples of local multi-agency structures created to support shared planning, funding and assessment, such as multi-agency working groups, oversight groups, local forums, boards, steering committees, thematic workstreams that involved practitioners from different organisations, including from the third sector. A couple of collaboratives across local authority areas were also mentioned. These tended to be galvanised around a theme (such as youth justice, child protection, corporate

parenting, early intervention and prevention or mental health): “[Local Area is] exploring a whole systems approach to youth justice and implementing monthly meetings involving Youth Justice Social Work, police, third sector agencies, health and community learning agencies looking at ways that by working together there can be a more effective approach to intervention, a preventative approach and develop systems of working together at all levels.” (*Community and Family-Based Care and Support Services, Manager/Supervisor: Survey*)

However, with few exceptions, there was limited discussion about the multi-agency shared planning structures in the focus groups and the survey responses from practitioners in frontline, support or management roles, which seems to align with the feeling of disconnect reported.

Some focus group and survey participants from the third sector said that whilst there are shared or integrated children’s services plans, the voluntary or third sector organisations are not always connected into the local council or NHS structures because of commissioning arrangements in Scotland, so much of their work and outcomes do not inform local wellbeing indicators, performance indicators, outcomes plans or evaluations:

“The pandemic demonstrated the vital significance of the third sector. Local authority definition of the third sector is that it is commissioned services and they won’t engage with any service if it’s not commissioned.”

(Community and Family-Based Care and Support Services, Senior Leader: Survey)

Senior leaders and practitioners both reflected on the temporary nature of the positive changes from the beginning of the COVID-19 pandemic, considering that the investment and partnerships formed then had been diminished or stopped altogether. For example, one leader said that the good relationships between organisations continued, but not the budget management model that allowed sharing of resources. The same reversing trend was reported about the partnership-working that had developed between the public sector and the third sector organisations:

“... things that we achieved during the pandemic that you think [were] ‘wow!’ [stopped], we’re back to kind of red tape [and] different services’ perspectives.” (Health, Leader: Interview)

“A number of additional services and supports took place during the pandemic but only for that time period.” (Social Work, Manager/Supervisor: Survey)

The qualitative findings note the interconnection between the impact that leaders and structures can have. A number of participants linked the success of multi-agency partnerships to the qualities of individual leaders, whilst others gave more credit to the culture created by leaders, or the intergroup dynamics that leaders model (working together versus “*butting heads*”), which cascade down to teams and practitioners:

“...I observed incredibly able leaders who could have organised and led the best, you know, policy, strategy, workforce, but it was all invested in people, as they were charismatic leaders and, when they moved on, things

fell away. So, it was more than just individual leaders, it was absolutely the shared ownership of that culture, and how long that had been in place. Now that's a, that is a golden nugget." (Child Protection Committee: Interview)

"I have seen great work on an individual level but my overall impression at service level is poor procedures, lack of resource, poor understanding and absence of effective structures for joint working. It just relies on individuals and that is not good enough." (Community and Family-Based Care and Support Services, Frontline Practitioner: Survey)

For integrated services, the background of leaders (whether working in social work or education services) was seen as a factor that could steer the direction of the whole department, with challenges arising where the steer tilted towards one side of the partnership:

"People embedded in one team who work to another can be isolated and have nobody more senior who understands their full remit and role. This can lead to butting heads or getting blocked and everything is more challenging as there is no clear oversight." (Community and Family-Based Care and Support Services, Frontline: Survey)

Another challenge reported in the survey responses was that of limited capacity for supporting partnership development, as the task could end up *"on top of the jobs people are already too busy in."* An additional challenge applies to smaller locality areas where multiple priority areas are led by the same leaders.

Nevertheless, the most significant challenges for successful partnership, reported across focus groups, interviews, survey responses, are those of insufficient resources and funding and commissioning arrangements that are not fit for purpose, as these encourage short-term visions, create duplication, and maintain competition, to the detriment of resource-sharing and true partnership-building for long-term sustainable outcomes:

"There feels like a significant disconnect between health boards and councils and, within councils, between social work and education services. This is due to funding streams and everyone trying to protect their share of the children's pot, to the detriment of children and young people - there is superficial, tacit agreements." (Social Work, Senior Leader: Survey)

"Difficult to jointly commission services when funding streams are separate, particularly between health and LAs [local authorities]. Short term funding for third sector partners is a blocker to innovation." (Social Work, Senior Lead: Survey)

Focus group participants highlighted that is not unusual for both the third sector and the public sector to set up local groups for early years, in the same community, with *"separate targets, separate budgets and separate resources"*, but for exactly the same children and families. Amid a lack of a shared commissioning process, these services become competitors, whilst they are nevertheless asked to work together under the GIRFEC framework. Participants from education services reflected that no partnership or

integrated structure can work if not adequately resourced, as organisations would be forced to compete over limited budgets.

Summary

- Provision of resources, shared/joint commissioning and funding of services, and acting on feedback and learning are the most problematic areas of local leadership, receiving the lowest ratings in the quantitative assessment. The challenges are nevertheless wider than that, as no leadership area we asked about was rated as 'very good' and 'good' by more than 45% of our respondents.
- National funding programmes are important for supporting change and partnership development, but their effectiveness is nevertheless diminished by their short-term nature. Whilst ring-fenced budgets can help (by protecting investment for specific areas), the overall view is that there should be more flexible funding arrangements (such as during the first stages of the COVID-19 pandemic) to support a more tailored response to local context and needs.
- Participants highlighted the importance of having shared visions and long-term objectives which would not be cancelled if management changed, and would continue throughout funding cycles.
- Leadership functions, including collaboration and providing strategic direction, are affected by a feeling of disconnect between all levels of leadership and decision making, both at national and local level, as well as from the daily experiences on the front line. Practitioners from the third sector also described a disconnect that needs to be addressed through building trust and transparency. Participants highlighted the value of effective middle management, which is critical for supporting strategic visions whilst also managing operational service delivery.
- There were positive examples of leadership able to create a learning culture and move beyond seeking feedback from children, young people, families and the workforce, to enabling change and fostering innovation. However, other participants' experiences and perspectives were more mixed, which shows that the promising examples are not at scale across Scotland.
- The workforce across all levels referred to the characteristics of good leaders - leaders and managers showing enthusiasm, commitment, energy and a dedication to improving the life of children and families, which were all held up as significantly important. Equally valued are their experience and knowledge, where it is key that leaders and managers have a solid understanding of the specific area of work that they provide oversight for, and of the daily experiences of front-line practitioners.
- In sharing their experiences, senior leaders explored the difficulties they encountered in meeting expectations, reinforcing the impact of funding shortfalls, the increasing level of need, high turnover and challenges in recruiting experienced leaders. The support available to leaders is insufficient -

they described their position as "*isolating*" and the high level of pressure that "*everyone is under*".

Experiences of integration, and the relationship between integration and outcomes

The workforce survey, focus groups and interviews asked about the workforce's experiences of integration, and the focus groups and interviews asked about the influence of integration on outcomes for children, young people and families. The survey asked for views on the workforce's experiences of local services for children, young people and families, multi-agency working, transitions into adult services, practitioners' relationships with children, young people and families, support for the workforce and children's services leadership. While the survey did not gather information on outcomes directly, these aspects play a critical role in delivering positive outcomes for children, young people and families.

Quantitative findings

For each topic about in the survey, we have been able to assess whether the responses varied according to whether respondents work in areas with different levels of structural integration. Tables 6-12 in the Supplementary Report include comparisons of the mean ratings for each theme across respondents in local authority areas with full, partial and no structural integration as defined by their local Health and Social Care Partnership arrangements. Our analysis found no statistically significant associations between different levels of structural integration and any aspect of our survey.

Each aspect is critical in delivering services and, by extension, on improving outcomes for children, young people and families. This finding of no statistically significant association between the different levels of structural integration and aspects discussed could perhaps then shed some light on the understanding of the relationship between levels of integration and outcome for children and families and, in line with Anderson et al. (2023), it raises the question of the extent to which different structural arrangements directly impact on outcomes for children, young people and families.

Qualitative findings

Our participants in focus groups and interviews were asked about their experiences of integration and to what extent local structures impacted directly on the outcomes for children, young people and families. It was helpful to understand the different arrangements locally for integration to give the context within which services are being delivered and children, young people and families' outcomes are measured. While the local context can be challenging and measuring outcomes is complex, participants also spoke of the range of examples of how integrated structures strategically and multi-agency delivery of services locally were impacting positively on children, young people and families.

Experiences of local integration

Leaders we interviewed across several sectors described integrated practices in their own current context, as well as in contexts they had worked previously, as a 'mixed bag'. In

addition, there was no consensus on the overarching model or a best approach to integration. Regardless of the level of structural integration or joint delivery arrangements for services, there were references to local structures which were integrated on paper but not in reality, and of structures not integrated locally, but with good joint-working on the ground.

Many spoke of a layering of, and sometimes overlapping, boundaries, with Police Scotland as one national force, 14 NHS local health boards for acute and primary care, 31 Health and Social Care Partnerships and 32 local authorities. In addition, local areas have Community Planning Partnerships (CPPs), Integrated Children's Planning arrangements, Child and Adult Protection Committees and local Multi-agency Public Protection Arrangements (MAPPA). Few boundaries matched with each other and there were often different local delivery arrangements in place.

Nor was a static picture painted. One education leader reflected more generally on the shifting integrated structures across local areas in Scotland: *"in the last five years that a lot of local authorities have pulled away from integrated children's services and they're now separating the services back out again."* This leader reflected that it was not that relationships with health were poor, but the structures were not thought to be delivering for children and young people. However, some social work leaders were now working more closely with education without fully integrated management structures. As one social work leader reflected:

"..although we're not fully integrated management-wise with education we have been able to do a lot of joint work and delivery." (Chief Social Work Officer: Interview)

Leaders described one model of integration where all staff were reporting to the same managers. This was thought difficult 'to land' in terms of professional boundaries as well as the boundaries of systems. Practitioners were concerned about not being able to fulfil their statutory requirements and professional standards.

Nor did integration under one service name translate into integrated working. For example, one service can dominate, the desire for closer working can be from one service and there was talk of health, social work and education continuing to work in silos. While local flexibility was often discussed positively, the degree of inconsistency did not *"feel like a good starting point"* for one leader of a national body whom we interviewed.

Leaders across all sectors working in areas with partially integrated structures reflected that integration looked different in different local areas. Focus group participants talked of social work being aligned with education or with housing, children's services were located outside of Health and Social Care Partnerships (HSCPs), children's health services included in HSCPs, but not social work and in one area, children's social work services were part of the partnership, but not children's health.

Perceived benefits of integrated structures and services

While our participants talked of the 'mixed bag' of integrated structures, they also talked

of pockets of integration which was said to be working well. It was clear from discussions that the relationship between levels of integration and positive outcomes for children, young people and families is complex. Several examples of multi-agency initiatives or services at strategic and local levels were said to be impacting positively on the lives of children, young people and families, but our participants found it a challenge to identify the extent to which integrated working practices alone had contributed to these outcomes.

Third sector participants highlighted some good examples at the local authority area level via CPPs. One leader in an HSCP with fully integrated structures reflected that this allowed for financial flexibility. A joint financial commitment from the Council and Integrated Joint Board (IJB) had allowed for a school counselling service:

"The school counselling service is like a service that, at the front door that has GPs, education, CAMHS, third sector. You go in, a referral goes in, and then they decide where's the best person, place to deal with that referral. And that was to help in relation to CAMHS, but it was to try and help young people to get to a destination as quick as they could, the right destination."
(Health and Social Care Partnership: Interview)

In another HSCP area, strong relationships with education services at the point of integration meant that some of the funding through the Pupil Equity Fund (PEF) for counselling had been brokered through the HSCP to bring health and sexual health services into schools. Key to this was leadership from all services which put the inclusion of children and young people at the core. This HSCP area was distinct in terms of the transformational change underway and it is possible that, while the size of the HSCP had been challenging, it had also helped integration due to the resources available.

Our focus group participants reflected that integrated services were helpful in reducing inefficiency, in breaking down cultural barriers and in supporting practitioners to work together to support families to achieve positive outcomes. Furthermore, without integration and where there were funding pressures, participants from the police focus group said services could retreat to a *"fallback position of working within their own teams."* This could also result in decisions being made by one service or agency which contradict the aims or plans of other agencies involved impacting on the outcomes for a child or family.

Several examples were given where integrated services and practice were thought to be having a positive impact on families, albeit some of these were at an early stage. A third sector organisation was, for example, recently commissioned to provide a family support service locally with the aim of reducing the number of families seeking support from social work services. This test of change was at an early stage, but social work colleagues had already fed back noting a tangible difference to their workloads, while families were also very positive about the new service. As one focus group participant from the third sector reflected:

"...for us we, the aim for us was to reduce load on social work, and at the moment we've taken maybe thirty families away from the involvement with social work [...] But I think because we've only been running since

February, ours is still very much a test of change as to what the difference is to families on the ground.” (Third Sector: Focus Group)

In two different examples, education outreach teachers and family support workers worked jointly with families. In the first example, families had responded positively to this support and the feedback from schools was positive about the participation of the children and young people in the school environment. The challenge was in securing continued funding for this model of working. The second example was where a local area had used education funding to place family support workers directly into a secondary school in order to increase children and young people’s school attendance. Although it was too early to make comment on outcomes, the aim was to work with families earlier to improve educational outcomes for young people.

One leader interviewed described a significant transformational programme in their HSCP area, which had been in place for several years and was starting to see some impact. The number of children requiring care had decreased and the Partnership was aware of the need to continue to work with those children and young people, so they do not require the support of services such as mental health services at a later stage or become involved in the criminal justice system. Part of the success of this work was attributed to keeping children and young people safely in their own families and their own communities. There were also early indications that integration was beginning to impact on poverty, for example, health visitors now had direct access to child welfare budgets to support families in need, typically managed through social work, so that families received support more quickly.

Many focus participants reflected that integration may happen at different levels and in different ways. In one rural area, third sector participants thought it was difficult for integration to be happening at all levels within a local authority or HSCP, as services could be disjointed at times. They felt that integration was often more effective in local communities with all the services working well together including third sector and social work. Police participants in our research also described that integration is important and while the police may have a different role in the lives of families, they need other agencies to play their part and share information so the police can play their part effectively.

Complexity of measuring children, young people and families’ outcomes

There was a strong desire from participants in focus groups and those interviewed to understand the impact of services and measure children, young people and families’ outcomes. This was seen to be a challenging area for practice, however, with several issues raised across the focus groups’ discussions and interviews:

- The lack of integrated IT/data sharing systems, or data linkage mechanisms, hinders the ability to measure outcomes across different service areas. For example, it is difficult for a school to measure a child’s health outcomes if there is not access to or sharing of health data.

- The short-term funding of services, for example, for one to three years, meant that longitudinal data was rarely available to measure the impact of services over time.
- The timescales for measuring the impact of new services were often short and not aligned to the time it takes to see change and improvements for families.
- Different services gather different types of data, typically capturing data in relation to processes and outputs rather than service quality or outcomes. Indeed, the data collected can primarily be to evidence the value and sustainability of a service or project, rather than to objectively measure the outcomes for children, young people and families.
- Some services, particularly third sector services, not being included in local discussions around the commissioning of services and the data to be collected to measure and evaluate impact. Consequently, commissioned services are tasked with collecting data that might not support outcome measurement.
- There can be different views on what counts as success. For example, a service may have made a considerable difference to a small number of families, but did not reduce the total number of families seeking support. Depending on what was being measured may give a different interpretation on the success or outcomes of a service.

At the same time, there were views shared about services "*drowning in data*", and questioning whether this was the "*right*" data in terms of its accuracy, its ability to inform planning, and whether this data allows outcomes to be measured.

Participants also spoke about the importance of working with children, young people and families to develop plans and agree goals and outcomes with them. Working directly with children, young people and families helps to identify expressed need as opposed to perceived need and helps to ensure the plans and goals are meaningful, achievable and consequently specific to the individual child, young person or family. This individualised approach to setting goals and measuring outcomes is recognised as high-quality practice, but it does bring challenges in aggregating different outcomes to understand impact a service level.

Participants reflected that: "*it can be a complicated picture and involve lots of relationships and services may not be working to a common goal*" (Third Sector: Focus Group). Different services have different roles to fulfil, different policy or legislative frameworks to work within and different national and local reporting requirements. This shapes the data which is gathered internally within organisations and reported nationally. There is rarely a set of agreed outcomes that all agencies are working together to achieve:

"...and I was informed that the outcomes now are education-driven, they are not social. And unless a child is at the highest level, as seen as a child in need or exceptional need under the Education Act of Scotland [sic] they will not be prioritised for a place." (Health: Focus Group)

In addition, services were not always available to meet the identified needs of children, young people and families:

"..the majority of the places [nursery placements] we've applied for, which would've been a referred health visitor place, for all indicators suggestive under the Children's Act Scotland, a child in need, have been rejected. We've appealed and they're still rejected." (Health: Focus Group)

Reflecting on the importance and challenges of data collection and measuring outcomes, there was strong support for an agreed set of outcomes for children, young people and families to be developed that all services can work towards.

What conditions better support an understanding of outcomes

While our participants from the focus groups and interviews highlighted the challenges in measuring the outcomes of the children, young people and families, they also spoke about what would help locally to support the development of improved approaches to measuring outcomes.

Importance of structures

In our interviews, leaders recognised that integration is not easy and that it is important to *"keep working at it"* whatever local structures are in place. Indeed, there was a shared view across the focus groups and interviews that structure may not necessarily be key to the delivery of integrated services. A good structure, however, underpinned by a supportive infrastructure (for example, having in place an integrated data system) was felt to facilitate service integration and have a positive impact on outcomes for children, young people and families.

Leaders working within integrated structures also stated that it takes time to integrate, *"You've had the NHS, you've local authorities going for seven hundred years, and you've had the NHS going for seventy-five, and we're at it six years, two of them being COVID, and it's not working?"* (Health and Social Care Partnership: Interview). Participants in focus groups reflected that the continuous change meant it was difficult to attempt to measure change or progress over time.

Greater stability within the children's services sector, combined with long-term planning, were thought by participants to be more supportive in developing better outcome measures.

Importance of a shared vision

One leader of a national organisation we interviewed felt strongly that structures need to be explicit and integrated both in purpose and design: *"So [...] any structures we put in place are explicitly about supporting, enabling, facilitating, leading, governing the integrated delivery of health and social care services, to families, to children, to adults, and our communities. And so, the structure needs to be really explicit about its purpose"*

Given that people are at the heart of any integrated structures, our participants felt that there is a need for all integrated services and workforces to have shared values and effective working relationships between them. Leadership can enable this through establishing a clear vision and conducive multi-agency working culture:

"A lot of it depends on personalities and people being, you know, getting on with each other, being able to have professional and robust and challenging conversations and accepting that, you know, that's the nature of the beast [...] it's important for workers to know where they sit within that structure, but at the end of the day you need to have leaders that can engage with each other and listen to what are the challenges." (Chief Social Work Officer: Interview)

This links to the reflections about the need for a nationally agreed set of outcomes for children, young people and families within which local agencies could work together to agree priorities and deliver services to children, young people and families.

Desire for integrated information sharing systems

Across the responses to the workforce survey, and the discussions in the focus groups and interviews, participants felt that effective data-gathering and information-sharing relies on having the infrastructure in place; practitioners being confident about what information can be shared in which circumstances; and having trusted relationships with partners. They said that by sharing appropriate information between services and practitioners, a more holistic understanding of the strengths, needs and circumstances of children, young people and families can be achieved.

Participants, however, commented that 'bits of' information were held by different agencies and it was often unclear what information was held and by whom. Where key data is known to be held by services, the example of the difficulty of seeking information from schools during school holidays was raised.

The multiple, different IT/data systems that exist across different services in Scotland was widely felt to hinder the timely sharing of information between multi-agency practitioners too. This also led to increased desk-based practitioner time in terms of the number of phone calls and emails required to collate the necessary information from partners. The lack of shared system results in greater inefficiencies within and across systems, yet leaders reflected that requests had been made for many years to the Scottish Government for shared IT/data systems across agencies:

"There's lots of inefficiency in the system, we're not information-sharing appropriately would be my sense, because we're doing a lot of duplication. And actually, what it needs is wholesale investment across the system in the short-term, which would then, you would get that back in the long-term, because you would be much more efficient, and people would get a better service. But the trouble is there isn't the initial outlay." (Police: Interview)

The participants in the focus groups and interviews also commented that beyond integrated IT/data systems, effective information sharing requires trusting relationships between multi-agency partners. Focus group participants across all sectors acknowledged that sharing information was more straightforward when people know each other, there is good communication and shared goals.

A further supportive factor identified is for there to be collective, multi-agency confidence and knowledge about what information can be shared and in what circumstances. Many commented that there was a broad rather than detailed understanding of GDPR across the workforce and there was uncertainty at times about assessing the relevance of historical information to a child, young person or family's current situation and sharing this across agencies. Similarly, there were different views on who owns the data. Some focus group participants felt that families are the owners of their own data unless there was a statutory need for confidential information, a criminal case or sexual exploitation, but others were less clear.

Summary

- Scotland's children's services have a number of different integrated structures operating at the local authority area level, and these continue to evolve and change over time.
- There was no consensus on the overarching model or a 'best' approach to the integration of Scotland's children's services.
- The impact of different integrated structures is hard to quantify and our analysis of the workforce survey found no statistically significant associations between different levels of structural integration and the workforce's experiences of local services, multi-agency working, transitions, relationships with children, young people and families; support for the workforce; or children's services leadership.
- Our focus groups and interviews did highlight, however, positive developments in relation to integration, such as the pooling of funding and the strengthening of multi-agency working around the needs of children, young people and families.
- The experience of achieving integrated services and structures is not easy and requires continual attention. Key enabling factors were found to be a clear vision, shared values, strong leadership, and a supportive data and information sharing infrastructure.

Systemic factors

Our research findings on the workforce's experiences and perspectives also brought up significant thoughts about macro-level and systemic factors affecting the context in which they work, and crucially, that affect the lives of children, young people and families. First, we discuss the issues of poverty and inequity, and then the challenges experienced in the implementation of national policy and programmes. These macro-level issues permeate all of the other findings highlighted in our report, and they are discussed here to emphasise their importance.

Poverty and inequity

An overarching theme across our qualitative research data is that practitioners are seeing a worrying increase in the challenges affecting children, young people, families and communities because of higher levels of poverty, the rising cost-of-living, and inequity of support:

"Families [are] living in increasing poverty due to the cost of living, yet services are also cut back due to there being no budget for it - there are some new [services] developing, but these take time to put in place. Often the short-term nature of such development (budgets are agreed only for up to three years) has a great impact on what they can achieve." (Social Work: Survey)

There was a sense of urgency amongst respondents that tackling poverty and deprivation should be prioritised, and a high level of agreement that the current resources and measures do not match the increasing needs, with respondents highlighting the complex relationships between poverty and mental health, social isolation, homelessness, inadequate temporary accommodation, substance misuse, domestic violence, or offending behaviours. The need for a better understanding or recognition of the long-term impact of trauma, poverty and other wider socio-economic issues were also highlighted:

"There is still a need to recognise the impact of wider socio-economic influences on families, and see child protection within that context, as well as in terms of individual failings. Many parents still feel very judged throughout the process, especially those who have been care experienced or faced other kinds of trauma. Expectations placed on parents can sometimes be very high with sometimes a lack of understanding of the underlying issues that have led them here." (Social Work: Survey)

Practitioners said they are seeing more working families struggling to make ends meet who, despite having a limited income, are missing out on services because of the financial eligibility criteria some services have. A similar concern was shared by the senior leaders we interviewed who highlighted that services had seen an increase in the diversity of people needing support; an example from health visiting referred to more affluent families who were now starting to struggle with the cost-of-living crisis and financial insecurity, resulting in parents presenting with anxiety and stress. Leaders also

described pockets of poverty in more affluent areas, where a major challenge is that, in general, the allocation of funding is based on the Scottish Index of Multiple Deprivation measure of local areas across Scotland. They recommended more flexibility in the system, to allow services to use measures best suited to their area and better local level indicators of family circumstances (such as free school meal registration).

Practitioners were worried about the acute housing crisis, exacerbated by insufficient investment in social housing, a higher number of people needing housing support, and years-long waiting lists. There were also respondents who highlighted that the increase in population in some areas, amid new housing developments, was not mirrored by investment or expansion of required services, not even in terms of universal services:

"Large, institutional problems with housing exacerbating families' difficulties and being difficult to tackle as a lone worker (or even as a team of professionals). E.g., a family I work with facing near daily racial harassment, but no alternate accommodation for them (except a B&B with no cooking facilities for six children, with no end date given). Their main source of stress is their housing, but it is impossible as a Third Sector worker to expedite a move to a safer environment." (Community and Family-Based Care and Support: Survey)

Moreover, concerns were raised about the even higher impact of poverty on children and young people with additional support needs, whose life chances and opportunities are affected, particularly as they move into adulthood:

"People who are living in poverty have really limited life chances and opportunities, so transition into adulthood has been affecting those most who are also in the greatest need. There is a high correlation between poverty and ASN [additional support needs]/disability, as well as a high correlation with mental health illness. A multi-faceted solution is required, not just more adult services provision, but that would at least help." (Education: Survey)

Nevertheless, there were examples of promising developments, such as local strategies to tackle poverty and support financial inclusion (income maximisation and budget support), or strategies for family support that take into account poverty and employability. The development of new services was also mentioned, but with a caveat around short-term funding that could impact the sustainability of these:

"The work on the family support strategy and linking this with child poverty and employability is positive. Local relationships are positive and strong. There has been an increased role for third sector partners to be involved, however, commissioning and procurement remains a big challenge." (Community and Family-Based Care and Support: Survey)

Challenges experienced in the implementation of national legislation, policy and programmes

The implementation of national legislation, policies and programmes was also discussed by our survey respondents, as well as in our focus groups and by our interviewees. They highlighted that national policy and programmes had been playing an important role in creating impetus for change, setting vision and direction, supporting capacity building and practice change, as well as bringing different organisations together. Many leaders commented that current legislation and policy within the children's sector in Scotland were founded on the right principles and highlighted GIRFEC, the efforts towards UNCRC incorporation into the Scots law, and The Promise, although some requested greater clarity on the relationship between different policies and approaches:

"... does GIRFEC sit above The Promise or does The Promise provide a framework in which GIRFEC then sits?" (Social Work: Interview)

These developments, along with the Scottish Child Interview Model, and different other practice models such as Family Group Decision Making, Safe and Together, and Signs of Safety, were thought to strengthen the importance of relationship-based practice, place importance on hearing the voice of people needing support and enable their participation in decision-making. Regarding developments in early intervention and prevention, the contribution of the Health Visiting Pathway and the Whole Family Wellbeing Funding programme were highlighted, with the latter also seen as contributing to enabling organisations to come together to plan and work jointly.

There was, however, a wide agreement amongst our research participants that the implementation of legislation, policies and programmes in Scotland must be strengthened across the board. Participants from our focus groups and interviews talked of the need to continue to embed current policies more effectively as the constant layering of new policy and guidance was challenging and resulted in the translation of policy into practice being less effective. The main challenges here, identified through all the methods used in our research, were:

- Different understandings of key legislation, policy or guidance between services/practitioners.
- Confusion in interpreting the requirements of funding schemes.
- Insufficient clarity of roles and responsibilities deriving from the national legal and policy frameworks,
- Policy alignment issues – amid a cluttered policy landscape, the introduction of new policy but with insufficient understanding of the impact of proposed changes on existing policy, which also leads to a continuous shifting of focus and prevents long-term outcomes from being achieved. For example, our research participants felt that the current policy landscape was overwhelming and, at times, contradictory, with some policies and associated funding targeted at one service without consideration given to the statutory or voluntary support provided by other services to same children and families.

- Limited resources to support the high number of national and local policy demands so that these end up competing for resources:

"Our service was involved in a variety of initiatives as part of the 'Scottish attainment challenge' and [the] 'raising attainment for all' [Programme] which involved improvement work which was jointly planned, delivered and evaluated. It was starting to show positive effects on children's skills in the classroom when funding was withdrawn. This is one of the specific challenges of initiatives with short term funding." (Health: Survey)

- The pace of the policy change not taking into account the efforts and the support required for local implementation. An example of this was the national Early Learning and Childcare expansion programme to 1140 hours, which was seen as a major challenge by many of our research participants working in early years and childcare services, due to its rapid implementation and insufficient attention paid to creating the right conditions for high-quality practice. Leaders we interviewed highlighted that change is complex, and it requires time to address the cultural and practical barriers. Similarly, some survey respondents also mentioned the efforts required of leaders, and the demands placed on them by a complex policy landscape:

"If you're trying to change cultures, you're trying to turn a dirty great oil tanker round and it doesn't happen in five minutes, you know?"
(Child Protection Committee: Interview)

"The programme for change and policy development nationally and locally is huge and creates significant demands on leaders. Capacity to ensure that all initiatives are aligned, make sense to staff and families and are being properly implemented and evaluated is very challenging, as support functions reduce in current financial climate and pressures on leaders increase. Honest and supportive relationships between senior leaders across partners is crucial to achieve this and avoid 'retrenchment'." (Social Work: Survey)

- Insufficient time and attention for learning what works and why:

"[A] Cycle of learning and improving and learning and improving and learning and improving [are needed], which takes a long, long time."
(Third Sector: Interview)

"There are pilots by Scottish Government but it's unclear what learning is taken and used to inform new policies." (Community and Family-Based Care and Support Services: Survey)

- Keeping up with changes leads to additional strain for practitioners working to support children, young people, families and communities:

"Frontline social workers have been at the fore front of supporting the families with food parcels / extra monies for heating / transport costs for essential meetings, I am aware that health colleagues have also

been doing the same with vouchers / food parcels etc., as have schools. I am aware that keeping up to date with the [Scottish] Government's initiatives to support those most in need is a full-time job in itself, as these appear to change on an almost weekly basis."
(Social Work: Survey)

- 'Top-down' decision-making driving change, with insufficient involvement of local areas and little involvement at the national policy level in understanding and addressing the local challenges that come up during local implementation:

"A lot of changes are implemented without any real consideration as to how it could affect a local area. There is little consultation and, if issues arise, they often are not acknowledged and expected to be managed locally. This is again an issue with centralisation." (Police: Survey)

In addition, our survey respondents mentioned that some older policies in place would need to be refreshed to adapt to the current needs of children, young people, families and communities. They also identified areas of need which they feel are insufficiently addressed at national level, including the current level of mental health crisis being experienced in society, exploitation of children and young people, and the lengthy processes involved in child's hearings.

Summary

- Wider systemic, macro-level and societal factors are affecting the delivery of services and the lives of children, young people and families, with the workforce highlighting the worrying increase in levels of poverty and deprivation, the rising cost-of-living and the significant impact of the COVID-19 pandemic on society.
- While the principles underpinning much of the legislation, policies and national programmes in relation to children, young people and families is welcomed by the workforce, as these provide direction and impetus and for change, the landscape is complex, overlapping, sometimes contradictory, and often subject to change without the required support for their implementation.

Shaping the future structure and delivery of services

Our focus group and interview participants were asked about what they feel is needed to ensure that children, young people and families get the support they need when they need it. The focus groups and interviews explored views on what delivery arrangements are most effective in supporting children, young people and families, at what level integrated services are best designed and delivered, and what needs to be in place to support the delivery of integrated care.

While the focus of our research is on the current children's service landscape in Scotland, participants offered comment on two key developments, currently being considered by the Scottish Government, which will impact on the delivery of children's services in the future. The first is the National Care Service (NCS), and the second proposed development is a National Social Work Agency, which would support and invest in the social work profession through new national leadership and support in education, training and development, workforce planning, improvement, and in social work terms and conditions.

Qualitative findings

No one model or set of delivery arrangements was perceived to be the most effective in delivering integrated child and adult care. Instead, our focus group participants and leaders identified a range of arrangements that have common features about how this could be achieved nationally and locally, and they identified some of the conditions they believe are necessary to support and sustain transformational change.

Areas of consensus

In response to being asked about what arrangements are needed to deliver services effectively to children, young people and families, there were several themes identified for which there was a high degree of consensus across those who participated in this research.

A national voice

The first area of agreement was the need for a national social work voice to contribute to key legislative, policy and practice priorities and bring some national consistency in relation to children's services, but this was tempered with views that 'one national voice' might focus on the priorities for adult and older peoples' services and not children and the support they require.

A national approach with local flexibility

Participants felt strongly that any national system of care should be flexible and recognise the local context. The role of communities in delivering local services in places where families live had significant support from participants. Achieving this was not without challenge, however. Some leaders were concerned that a nationally-driven

system would lead to a lack of local flexibility in budgeting and service delivery. Some participants commented that it was a challenge to balance local and national priorities; decisions made locally often differ from national priorities:

"So, you can't just take that policy and say 'right, that's how you have to deliver it', because that's not what the local authorities are doing. And that's maybe where that mismatch comes in... [...] But actually they're doing it differently because the local area might, the local communities might need it to be done differently." (Early Years: Focus Group)

"So, and what they're doing is slightly different depending on what their local priorities are [...] ... So, in one area it [funding] went into their directorate where housing is, in the other area it went into the children's side of things. So that really impacts on what you can commission, what discussions you can have, and how you can influence that." (Health: Interview)

"...because often decisions are made based on kind of local priorities which differ from the national elements" (Police: Interview)

Not all services can be integrated

Another area of consensus across participants was recognition that not all services in relation to children, young people and families can be integrated into one service and a *"line has to be drawn somewhere"*. There was less consensus, however, on where that line should be.

Promoting and maintaining professional culture and identity

A fourth area of consensus across our respondents was the need to promote and maintain professional cultures and identities whatever integrated delivery arrangements are in place. Some social work and social care participants were worried that the voice and identity of social work would be diminished in integrated structures and spoke of the need for a coherent social work profession. Some leaders argued that professional boundaries did not mean services were not integrating. Instead, understanding roles and responsibilities, and the specific contribution of different professions and specialisms allowed for greater integration. Moreover, various leaders and focus groups participants across sectors called for a parity of esteem across the workforce, particularly those working in the third sector and early years services ([Multi-agency working](#) and [Support for the children's services workforce](#)).

A long-term approach

There was strong support for a longer-term approach or strategy to policy development and implementation as well as for children's service planning. Many talked of introducing 10-20 year strategies and of ensuring cross-party political support to bring cohesion across all policy and practice agendas at a local level.

The scale of the challenge

Finally, participants from our focus groups and interviews felt it was important not to

"integrate for integration's sake" or oversimplify what is involved in transformational change, and they were concerned that national integration does not become *"another big project which is undeliverable"*. Senior leaders with experience of leading organisational and structural change talked of the need to be clear about the rationale for change, clarify whether the focus is on service or structural redesign, or both, and highlighted the importance of good leadership and a clear direction in driving change. They felt that if structural integration is identified as the way forward then it is important to be explicit about the purpose of structures. Transformational change was said to take time, be challenging, and have both intended and unintended consequences including damage to services and relationships, which can take time to repair.

Other factors raised

While there was consensus across our participants in relation to these broad themes, our participants offered more detailed suggestions about what was required to deliver services at a national level and locally. Participants also talked about the role of communities and how services could be designed and delivered so that children, young people and families can access the support they need when they need it.

Integration at the national level

There were several suggestions about what is required nationally to deliver more effective services to children, young people and families locally. This included committed political leadership that is listening, enabling and leading on conversations, even if difficult, with the public and with the children's services workforce. Integration was needed from the Scottish Government in terms of aligning legislation and policy, which could currently be contradictory, within the children's sector and, where appropriate, take account of legislation which impacts on a child's life including adult social care. For example, there were mixed messages regarding the age of a child, particularly in relation to transitions for 16-18 year olds (the section on [Continuity of support: young people's transitions into adulthood](#) covers this in more detail):

"...we're sort of in a bit of no-man's-land because you're sitting at a multi-agency meeting and children's services obviously are gatekeeping, they can't touch it [the case] because the young person's no longer in school, but adult services won't take it because they're not yet eighteen." (Social Work and Social Care: Focus Group)

While some welcomed a national approach to service delivery, there were concerns that 'one size does not fit all' as there's a need to understand rural, urban and island geographies and communities. Participant felt that it would be difficult for one national service to understand the nuances of a range of local communities and this could result in a disconnect between national decision-making and local delivery:

"I think that highlights the point of being integrated at too high a level and having policies that are written by somebody sitting in an office somewhere without really fully understanding what the local needs are and the communities that you're working in." (Youth Justice: Focus Group)

Participants highlighted that Police Scotland is a national service and some described health services in Scotland as a national service 'to a large extent'. Both had structures to respond locally. Any integrated arrangements nationally, therefore, should allow for local footprints and flexibility.

Some participants in focus groups and interviews felt that redistribution of funding at Scottish Government level might help the integration of resources locally, which are already locked into current services and structures. This might include dedicated time and investment for different workforces to come together to fully develop, test, refine and implement significant policy and practice developments. This should also include full assessment of the potential implications of policy and practice developments, and what resources might be needed to respond to these.

There was also discussion across the focus groups and interviews about a national framework or set of standards which could articulate outcomes for children, young people and families, and set out the expectations for which all services would be held accountable. Regulatory organisations such as the Care Inspectorate could help promote a culture of learning and improvement rather than a focus on inspection. This was linked to suggestions of a national data infrastructure, and the development of more nuanced data, tools and measures that would enable a better understanding of children, young people and families' experiences of services and the impact these were having on outcomes. Leaders suggested that outcomes could include keeping families together, increasing attendance at school, and providing local care arrangements for children and young people who need these. Consistent data indicators should then be in place to support measurement of progress towards these outcomes.

A national commissioning body was also suggested, to bring more consistency in the commissioning arrangements across Scotland; a national body which would need to link with local commissioning structures:

"...targeting where the funds are most needed, and actually having the body that kind of then oversees how that's spent, rather than this constant wheel of reorganisation and changing things because it's not quite working."
(Social Work and Social Care: Focus Group)

It was suggested that this national structure should bring together all sectors involved in delivering services, including the third sector, and reflect shared priorities, and that joint budgeting and commissioning should be outcomes-focused.

In our interviews with leaders, it was felt that a new National Social Work Agency could helpfully promote the professional identity of social work, but that it would need 'teeth' and influence with government. It could also provide a space where knowledge and best practice from local areas can be shared and support to implement this learning elsewhere.

Some leaders also talked of the need for a national approach to workforce planning and training and to specialist services. Some suggested the need for nationally agreed pay scales, terms and conditions to address challenges in the recruitment and retention of staff in some areas, but not all agreed. They thought however that the planning and

provision of more specialist services for children and young people (for example, secure care) could perhaps be managed at a national level.

Integration at the local level

There were a range of views shared about how local services could be delivered more effectively. Participants expressed some support for bringing children's social work, health visiting and school nursing services into a single structure, and there was also support for children's social work to have strong links with early learning and childcare and school education services. Some of the leaders interviewed highlighted the need to consider and meet the needs of the whole family, advocating for connections to adult services (including health and disability, housing, financial inclusion, and 'drug and alcohol services').

Concern was voiced around organisations and services being pigeon-holed as either health (and part of the NHS) or care (and part of the National Care Service). Many organisations will support and respond to both health and care needs and many children, young people and families will need both types of support. In delivering integrated services, the leaders we interviewed across sectors recognised the important role of the third sector and ensuring they are core partners in structures and approaches developed.

Many of the suggestions for local arrangements reflected the national arrangements identified, but there was a consensus on the need for local decision-making and local flexibility to address local needs, respond to deprivation and poverty, and address the challenges of geography in some areas.

Leaders from across sectors recognised the importance of leaders at all levels in driving change and talked of local structures setting out what is needed from leadership at all levels locally and consider the role of the Chief Social Work Officer in integrated structures. They said that local governance arrangements or frameworks should identify the roles and responsibilities of all sectors – universal, statutory and third sector – and how they will work together.

It was felt that commissioning strategies should involve all sectors involved in delivering services and reflect how services are organised and delivered at the frontline. The current landscape was felt to perpetuate the opposite of a trauma-informed service response due to the need for children, young people and families to re-tell their stories to different services and repeatedly build new relationships with different practitioners. Regardless of local integrated arrangements, schools were thought to be a significant partner due to the role they play in the lives of children and young people, and because they were often the location for multi-agency practitioners working together.

Participants in the focus groups and interviews reflected that a range of agencies or services sharing a workspace or shared buildings allowed for visibility of all services, formal and informal joint-working and shared learning across colleagues. Multi-disciplinary children and family teams based in communities could co-ordinate families' access to services and support their journey through. Some focus group participants and leaders we interviewed reminisced about a return to generic social work to help support the whole family and through the lifespan of a child or young person.

Finally, a few leaders commented that Scottish Government funding announcements and allocated budgets need to align with key messages around integration. Allocated budgets which were meant to address several issues should not necessarily be channelled through one sector, for example, Pupil Equity Funding (PEF) which is only allocated through education.

Role of communities

Across the discussions in the focus groups, there was very strong support for locality or community-based multi-agency working, whereby services and funding can respond to the needs of local children, young people, families and communities. Many suggestions were made including setting up family centres, and some highlighted specific examples such as Sure Start centres launched by the UK Government in 1998 to prevent social exclusion and targeted at preschool children and families in disadvantaged areas. Early years, social work, youth justice and third sector participants all spoke about the need for integrated community or support hubs, where services can work together, and families can access services in one place and are not continuously signposted or referred on to other services.

This was considered to require reinvigorating communities and high streets, creating a better understanding of the diversity of local communities and local families through engagement with community leadership and neighbourhoods, and to involve communities in the planning and design of 'hubs' and services. This bottom-up approach to service planning and delivery meant flexibility in local services, including shaping 'what' services are available locally and 'how', 'when' and 'where' these are delivered. Participants reflected that this would build on the several examples of community development already underway.

One area, for example, was working with school leavers and families in relation to mental health. The project had activities such as yoga, kung fu, motorbike rebuilding and gardening. This linked youth justice services with children and families, education and mental health services. Another area had set up locality early help hubs as a community resource and signpost people to services which are not necessarily statutory. The overall aim is to reduce referrals to statutory child protection or of the number of children who may need to be cared for either under a supervision order at home or looked after away from home. Locally, social workers had experienced reduced number of families coming into the service.

Service design and delivery

Views shared across the focus groups and interviews were expressed about how services should be designed and delivered. There was broad agreement that services should be designed around the lives of families and across the lifespan. Services should be there for families when they need these and ideally accessed in one place where people live. Services should:

- Be available in evenings and at weekends.
- Be where people live, in trusted safe environments.
- Be delivered through the school setting where appropriate.

- Be part of a whole family approach which recognises that those working with adult services are often the parents of children involved with children's services.
- Be designed across the lifespan.

Two types of services featured most strongly throughout the discussions and interviews. There was strong support for increased investment in preventative early help and early intervention services, with new parents and children under three years seen as a particularly impactful group to support: *"if we're serious about early intervention for instance then we really need to seriously invest."* (Child Protection Committee: Interview). There was also support for improved transitions to adult services ([Continuity of support: young people's transitions into adulthood](#)).

Our participants acknowledged that involving children, young people and families in service design could raise expectations unrealistically. Families may ask for support or request services that are unavailable, time-limited or only short-term funding was

available, however, participants felt this would help to create a clearer understanding of expressed need within communities rather than perceived need. Third sector participants reported feeling that their voice was often overlooked or minimised relative to other services and, due to funding cuts, felt increasingly a more peripheral partner in relation to children's services planning.

Resources and funding

Across the focus group and interview responses, much discussion focused on the challenge of reduced resources. There was also discussion, however, on the need to share and use more flexibly and creatively the funding that is available. It was clear that participants felt all partners had a contribution to make. Through working creatively and in partnership, better use could be made of resources to tackle current challenges, such as waiting times. While no specific practice developments were discussed, participants talked of developing a range of provision which supports and works alongside services for which there is significant demand, such as Speech and Language services and CAMHS, and that this could help families to access services more quickly before issues escalate, as well as help reduce waiting times for services.

Leaders reflected on the need for long-term investment aligned with long-term planning and the need for parallel investment during a process of transformational change. There was also discussion that investment be ring-fenced to protect funding being re-allocated to other service areas.

Role of leaders in delivering integrated care

Unsurprisingly, the role of leaders in driving transformational change and delivering integrated care was considered crucial by focus group participants and interviewees at all levels and across all services. They said that all partners need to understand the complexity of transformational change, the impetus for driving change forward, and develop and communicate a common vision, purpose and ways of working ([Multi-agency working](#)). It was said that there was a need for professional leadership with a governance and accountability framework for services working together. It was also

important to recognise the impact of change on the workforce and children, young people and families.

As the [Leadership of children's services and shared strategic working](#) section sets out, there's a need for similar qualities for leaders to drive and deliver integrated care, including leaders being open to change and challenge and listening to new ideas and different ways of doing things. Leaders should be "*authentic*", "*humble*" and "*courageous*". Courage was centred around taking risks, making difficult decisions and giving permission for the workforce to do things differently. Leaders themselves placed value on collaborative, collegiate and reflective leadership.

It was also felt that leaders and systems should also create the conditions for integration. Leaders need to build a collaborative culture and trust across partners. In practice, this could be challenging as often existing organisational cultures persist and strategic plans may refer to strategic integration but in reality "*it just doesn't hit operationally*." Therefore, good operational management practices were considered necessary. The leaders we interviewed from education services and social work thought that the supervision practices in social work should be extended to other services. Some participants working in health services thought that social work professional governance structures should mirror health clinical leadership and governance, and one leader suggested a social work professional governance board chaired by the Chief Social Work Officer would be helpful.

It was felt that investment in both the workforce and frontline services could help create conditions for change. Trusting and valuing staff, and supporting their learning and development, were cited as important in starting to change culture and ways of working.

National Care Service

While this strand of the research study was not designed to focus on the proposed National Care Service (NCS) for Scotland specifically, the opportunities and concerns a national service might bring were identified by our focus groups participants and interviewees. Many of these were raised during the Scottish Government's consultation on the NCS in 2021.

Some leaders we interviewed suggested that a National Care Service could help address significant inefficiency and duplication within the system:

"...working in this environment and seeing the issues that partners face around budgets and decisions, actually having some really clear direction rather than thirty different priorities sitting locally for me would make a big difference. But it's not a one size fits all approach [...] but there's a lot of inefficiency in the system." (Police: Interview)

And that the National Social Work Agency which is proposed with the NCS:

"[...]could help to give us [social work] a really strong professional voice if we do it properly." (Chief Social Work Officer: Interview)

Generally, however, there were concerns that were raised based on three different scenarios:

- **Scenario 1:** where children’s social work is part of the National Care Service, the needs of children, young people and families could be marginalised or lost relative to the health and care needs of older people, and there could be a loss or further disconnection with education.
- **Scenario 2:** where children’s social work is not part of the National Care Service, having children’s social work and adult social work residing in different organisations could split the workforce, and significant funding could be allocated to children’s services through education, again marginalising children’s social work services.
- **Scenario 3:** where children’s social work is not part of the National Care Service, but was previously delegated or located within the HSCP, where children’s social work would be located and what the impact or level of disruption for integrated structures which are currently working well might be is unknown.

For all three scenarios, there was a common concern that there is a risk of people most in need of support falling through the cracks during the period of transformational change. It should be acknowledged that the Verity House Agreement, which set out a shared vision between COSLA and the Scottish Government for a more collaborative approach to delivering shared priorities for Scotland, was published in June 2023. This was just before the focus groups and interviews for this research were held, and it is likely that the details of the agreement were still being understood. Some leaders were also concerned that the National Care Service would place additional demands on leaders. Some leaders were concerned that a National Care Service for adults may attract the children’s services workforce if the NCS was perceived as better resourced and with better pay, terms and conditions.

In the main, we heard a consistent message from across our focus group and interview participants: the workforce is concerned about the extent of change being proposed by a National Care Service strategically, operationally, and culturally, and in a challenging financial climate, which is already changing at a fast pace to fulfill existing commitment to approaches, legislation and policies including GIRFEC and The Promise.

Summary

When exploring the future structure and delivery of services with our participants, some key areas of consensus emerged:

- the need for a national social work voice for both children’s and adults services; recognition that not all services for children and families could be integrated into one service and that a line has to be drawn somewhere; national arrangements for integration need to allow for local flexibility and the role of communities in delivering local services; the need to promote and maintain professional cultures and identities; long-term policy implementation and planning for children’s services is required; and, not to underestimate the complexity of transformational change.

We also heard that there was:

- A need for committed political leadership with alignment of legislation and policy across the children's services and, where relevant, with adult services.
- A desire for a national framework or set of care standards could articulate outcomes for children and families and set national expectations for local services. This was linked to suggestions for a national infrastructure for data and IT, and a national outcomes-focused commissioning body linked with local commissioning structures.
- Support for a national approach to workforce planning and training, and perhaps a national approach to the delivery of limited specialist services.
- An ask that local planning, governance and commissioning structures should set out the role of local leaders (including CSWO), with the need for multi-agency buy-in, local accountability and quality assurance frameworks, and roles and responsibilities of all sectors in local integrated planning.
- A recognition that schools are and can be a significant partner in delivering services to children and families.
- Strong support for a whole family approach delivered locally or in community-based multi-agency locations.
- A call for increased early intervention and early help services and better supports for transition services. It was also felt that a range of provision should also be developed to support and work alongside services for which there is significant demand.
- An acknowledgement of the funding crisis, but services need to work together more creatively to make best use of available funding and resources; and
- Recognition that leaders at all levels are key in driving and sustaining transformational change.

Discussion

Our collection and analysis of the perspectives and experiences of the children's services workforce is the fourth strand of work within the Children's Services Reform Research study. The findings of this strand are a further contribution to our understanding of the overarching research question '*What is needed to ensure that children, young people and families receive the support they need when they need it?*'

The specific focus of this strand has been to address the research question:

What are the perspectives and experiences of Scotland's children's services workforce of the current service landscape?

To help us answer this overarching question, it has been broken down thematically to ask about: local services for children, young people and families; multi-agency working between practitioners from different services; continuity of support when young people transition to adult services; children, young people and families' consistency of relationships with practitioners and their participation in decision-making about their support and care; support for the workforce; and children's services leadership and their ability to make change happen. For each of these, we asked the workforce for their perspective and experiences of the current landscape, their experience and examples of improvements over time and what things get in the way.

In the context of our the overarching research question for the Children's Services Reform Research study, the workforce survey, focus groups and interviews were used to consider and explore whether there was any relationship between the children's services workforce's perceptions and experiences of the service landscape and different health and social care structures; the influence of integration on outcomes for children, young people and families; and what needs to be in place to best meet the needs of children, young people and families.

Our discussion presents the key pieces of learning from this research and highlights where these contribute to answering the research study's overarching question. Additionally, we discuss the limitations of the approach taken within this strand of the research and how these limitations impact upon the conclusions that we can draw.

The findings from this strand of the research build upon learning from the Rapid Evidence Review (Porter et al., 2023), Case Studies of Transformational Change Programmes (McTier et al., 2023) and Mapping Integration and Outcomes across Scotland: A Statistical Analysis (Anderson et al., 2023), that have been conducted as part of the Children's Services Reform Research study and provide another piece of the story. Findings from all four strands of the work will be synthesised into a final report that will seek to provide a better understanding of what is needed to ensure that children, young people and families receive the support they need when they need it.

The COVID-19 pandemic has had a profound impact on Scotland's children's services

This research highlights how significant the impact of the effects of the COVID-19 pandemic has been on Scotland's children's services. Reflecting on experiences before the pandemic, with the exception of young people's transitions to adult services, every aspect assessed in the survey was perceived to have been improving. However, the experience of the pandemic has halted many of these improvements and, indeed, led to a perception that local services for children, young people and families have got worse.

The members of the workforce who worked through the COVID-19 pandemic are exhausted. This exhaustion is exacerbated by the need to now respond to greater demand and provide more complex support to children, young people and families. There is also a strong sense of frustration among the workforce that the positive points of learning from the pandemic and navigating the public health restrictions, such as practitioners having greater autonomy in their work, permissions to try different things, and a reduction in reporting and bureaucracy, have been reigned back with a return to previous ways of working and a culture of increasing managerialism and bureaucracy.

Scotland's children's services are responding to greater diversity and complexity of need

Increasing levels of mental health difficulties and additional support needs among children, young people and families is increasing the demand for services. At the same time, the rising cost of living is contributing to more children, young people and families experiencing poverty and housing difficulties. Responding to the increasingly diverse and complex range of needs that children, young people and families have is made more challenging by cuts to public sector budgets, the closure of key services, and the workforce staffing crisis. The level of investment in services and the workforce is not keeping up with the increasing and changing nature of demand. Furthermore, the headline statistical data used within children's services planning, such as the number of children on the child protection register, or who are 'looked after', is not accurately evidencing the more complex picture of need. Wider data needs to be more fully considered, including data relating to the quality of services experienced by children, young people and families, and indicators such as the numbers of: children aged under five with a concern around their development; children with low school attendance; children with additional support needs; children waiting to access key services; children living in homeless households; and children living in poverty.

The children's services workforce is in crisis and urgently needs investment

The children's services workforce in Scotland is passionate, highly committed and working extremely hard to build relationships with Scotland's children, young people and families and best meet their needs. However, it is a workforce that has been in crisis for some time with unmanageable workloads and high levels of staff sickness, absence, turnover and vacancies. Furthermore, there is a strong sense of resignation that the context in which they are working is unlikely to improve in the foreseeable future.

Without investment in the workforce, the high quality relational, strengths-based and trauma-informed practice that children, young people and families value and need cannot be delivered.

Some employers are taking action to address these challenges but the measures are at a small scale, are not provided equally to all parts of the children's services workforce, and are not changing the public or media perceptions of what it is like to work in the children's services sector. National and co-ordinated attention and investment is needed, including:

- More effective workforce and skills planning to help ensure the workforce (both now and in the future) has the skills and manageable workloads to meet the needs of Scotland's children, young people and families. As a minimum, and consistent with Anderson et al. (2023), there is a need for high quality workforce statistical data that includes accurate, timely data on workforce numbers, caseloads, vacancies, and sickness and absence levels.
- Supporting all members of the workforce through high-quality supervision, training, and career development opportunities.
- National rather than localised workforce supports being adopted to help reduce the movement of staff between services in their search for better pay, terms or conditions, but with some flexibility for local areas experiencing more acute recruitment and retention difficulties.

The legislative, policy and funding landscape is cluttered and inadvertently hindering implementation

The volume of policies, frameworks, legislation and programmes across Scotland's children's services landscape in recent years has led to a cluttered landscape. The foundations on which Scotland's children's services are built, particularly the UNCRC (UN General Assembly, 1989), Getting It Right For Every Child (Scottish Government, 2012), and The Promise of the Independent Care Review (Independent Care Review, 2020a), are widely supported and endorsed. However, these foundations do not always align with each other, and the number of additional legislative, policy and funding developments targeted at different parts of the systems in which children's services work is challenging and confusing. Leadership and workforce attention and resources are diverted to new developments, without sufficient attention to how these fit with the existing landscape, and often at the expense of maintaining a focus on the core foundations of high-quality relational, strengths-based and trauma-informed practice. The learning from previously effective approaches can also be forgotten.

There are also unrealistic expectations of the time it takes to implement change, and to then see impacts from, new legislative, policy and funding developments. This leads to potentially beneficial developments being abandoned before these could be described as anything more than partly implemented, and before their impact can be accurately determined.

There are persistent longstanding gaps and weaknesses in services and transitions

We have identified a number of longstanding service gaps and weaknesses that continue to negatively impact on children, young people and families who need support. Some of the gaps and weaknesses are specific to children's services:

- The provision of preventative and early intervention services, such as family support and parenting services.
- Access to specialist health services, particularly mental health services.
- Access to supports for children with additional support needs (for example, disabled and neurodiverse children).

Other gaps and weaknesses stretch across children's and adult services and are seen in:

- Holistic family support where adult services and children's services work together to collectively assess, understand and respond to the needs of families as a whole: parents, carers and their children.
- Transitions for young people into adult services.
- Recovery services for children, young people and adults who have experienced trauma for as long as they need them.

Without attention to, and investment in, these services and transitions, not only are the rights and support needs of children, young people and families not being met, but services are storing up increased levels of future need and demand for children's and adult services. However, we also recognise that these gaps and weaknesses have received policy attention. The Additional Support for Learning Review (Morgan, 2020), Guidance on Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014, and Supporting Disabled Children, Young People and their Families: Guidance (Scottish Government, 2019) have, for example, all been published, yet these gaps and weaknesses persist. A different approach to implementing change is therefore needed, not least having a dedicated long-term national and local focus on each of these gaps and weaknesses which can build on Scotland's growing understanding of what it takes to implement change.

The workforce needs long-term clarity, commitment and investment from national and local leaders

To address the many challenges faced by Scotland's children's services, there needs to be more co-ordinated leadership across all levels, with leaders more prepared to work across service and geographic boundaries. Key functions that need to be in place to improve services are:

- Long-term clarity of policy direction, so that the children's services workforce is clear on the vision aspired to over a 10-20 year timeframe.
- Co-ordination between national and local leadership so that the long-term vision and agreed policy direction is held at all structural levels and geographies.
- Long-term commitment to children, young people and families so that support can follow children, young people and families for as long as they need this.

- A strong national children's services voice so that the needs of the sector are not lost in wider policy discussions.
- An agreed set of outcomes that are tied to the long-term vision and are supported by a set of data indicators, including indicators that capture the quality of children, young people and families' experiences of services, that allow progress to be monitored at a national and a local level.
- The provision of longer-term funding that is tied to the long-term vision and outcomes, but also allows flexibility in commissioning to meet local needs.
- The design of effective policies and programmes, built on a clear descriptions of how and why a change is expected to happen. This should include initial full assessment of the impacts (and potential unintended consequences) of that change, followed by timely reviews of implementation efforts.

However, we must also acknowledge that the expectations and requirements of leaders at all levels are significant, particularly when considered in the context of the challenging service landscape and day-to-day operational demands. Scotland's children's services leaders therefore also need to be supported, including through the provision of technical support around change methodologies and emotional support in terms of mentoring and peer support.

Service structures need to enable and support practitioners to work together at the local level

We did not find any association between different levels of structural integration and the workforce's experiences of services, nor did the workforce share any strong opinions on what a restructure of children's services could or should look like. Instead, the main sentiment expressed about any potential restructure of Scotland's children's services was one of unease, including that:

- It would lead to significant upheaval at a time when the sector is under substantial pressure.
- Whatever the design of the restructure, no structure can encompass all services that children, young people and families need (for example, health, education, social work, early learning and childcare, family support, youth justice, adult services, housing, and financial services). There will consequently always be some boundaries where different services will need to work together to support children, young people and families, and it these boundaries where gaps and weaknesses in service provision can be most acute.
- There is an 'opportunity cost' argument that the significant level of financial and human resources necessary to deliver a restructure would be better allocated to improving services, building inter-practitioner relationships, and investing in the workforce.
- There was concern around whether Scotland's children's services leadership at the national and local level has the necessary skills, knowledge and capacity to deliver a significant restructure.

While there was no strong support for a significant national and/or local restructure in services and delivery, there was recognition that structures could in theory facilitate enhanced multi-agency working to the benefit of children, young people and families. The workforce believe that at the national level there could be benefit in: developing a national statement of service expectations to support more consistent services and practice across the country; establishing nationally consistent means of referral and points of access into different services; and investing in an integrated data and IT infrastructure.

For the workforce, the priority was given to partnership-working arrangements at the local or community level that enable practitioners to work closely and flexibly with colleagues from other services. As such, any strengthening of national structures, bodies or functions would also need to allow for local footprints and flexibility so that local, community needs are responded to. Local hub structures or co-located spaces were, for example, put forward as effective mechanisms to enable such working, particularly if these are co-designed with the local community; as were opportunities for multi-agency practitioners to come together to better understand each other's roles, responsibilities, provision, and ways of working.

Every service type should be valued as a key strategic and delivery partner

Multi-agency working from the (strategic) children's services planning partnership level to the (operational) 'team around the child' level requires respect for all service types and practitioner roles. Scotland's children's services leaders must challenge any hierarchies that exist between different professions and foster a culture of respect and team-working to best meet the needs of children, young people and families.

In particular, there is a need to ensure that third sector organisations are more fully involved in the strategic planning and commissioning of services, and for the voices of practitioners who often know individual children, young people and families best (for example, early learning and childcare and/or family support workers) to be listened to as equal partners in the assessment, planning and delivery of child's plans. Addressing imbalances in pay, terms and conditions across different services and sectors can support this sense of equity and respect across partners.

An integrated IT and data infrastructure would support practitioners to work together

The multiple IT and management information systems that exist within and across different services is a common frustration shared by all workforces. There is therefore a desire expressed for integrated IT and data systems that facilitate the efficient sharing of information between practitioners from different services, and also supports the development of multi-agency chronologies, assessments and child's plans. This study's second strand of work, Case Studies of Transformational Reform Programmes looked at the integrated IT system introduced by the Child and Family Agency, Tusla, in the Republic of Ireland (McTier et al., 2023) which could provide a model. Where possible, an integrated system should also enable the sharing of parent and carer information by

adult services where this information impacts on the care and protection of children and young people.

There is also a need for a common set of outcomes and quality indicators that all services can work towards and report on. This would help to simplify and standardise reporting, as well as help ensure all services are oriented towards the same national vision and policy direction to best support children, young people and families and meet their needs.

Areas for future research and development

The questions posed in the workforce survey, focus groups and interviews were designed to enable participants to share what they have found to be most important in providing support to children, young people and families. The number, range and depth of the views and experiences shared provide an extremely rich source of evidence. At the same time, this has made it challenging to distil all the perspectives and experiences shared into a single report. An important future task will therefore be to undertake further analysis of the findings and produce research outputs that consider and explore the different themes in greater depth.

There are also areas of the research where we have arguably only just scratched the surface and that further research is needed to better understand the cause of challenges and potential means of addressing these. In particular, we acknowledge that the findings around children and young people's transitions from the support of children's services into adult services are based on the views and experiences expressed by the children's services workforce. There is consequently a need to engage with the adult services workforce (including health, housing, alcohol and drugs, and employability services) to understand what issues, barriers and enablers practitioners in those services, and the young people they support, are experiencing and whether these align with those expressed by the children's services workforce.

In relation to the local services provided to children, young people and families, our qualitative data mostly highlights the issues of accessibility and availability, and where quality was discussed, this was mostly linked to the impact of limited resources making it difficult to provide quality services. Future work to explore what good-quality practice exists, what this practice looks like, and what factors support and hinder this practice, would be highly beneficial.

We must also acknowledge that this report's findings do not draw on the views and lived experiences of children, young people and families. Services themselves must continue to engage with children, young people and families to gather, listen and respond to what they are saying is working well and not so well for them. However, from a research perspective, we would recommend that existing sources of the views of children, young people and families are referred to when considering this report's findings. While our Children's Services Reform Research did not have the capacity to engage directly with children, young people and families, these existing sources of research have thoroughly highlighted their experiences, and these findings provide very valuable and unique insight.

Contributions of the research

This research has sought to hear directly from Scotland's children's services workforce to understand their views and experiences on what is needed to ensure that children, young people and families receive the support they need when they need it. Through the workforce survey, focus groups and interviews, we have heard from over 1,400 members of the workforce with high numbers of participants from social work, health, education, early learning and childcare, police and the third sector services, and from across all local authority areas in Scotland. When combining the number of responses with the depth and insights shared, we believe this provides a robust evidence base on which to consider and assess Scotland's children's services landscape at the national level from the perspective of the workforce.

Many of the findings correspond with those found by other recent workforce surveys. We found a committed and passionate workforce that thrives on building relationships with children, young people, families, carers and other practitioners, but that it is a workforce that is under significant pressure. External factors, such as the COVID-19 pandemic, cuts to public sector budgets and rising levels of child and family poverty, have led to a workforce having 'to do more with less'. This challenging climate is contributing to high levels of staff sickness, absence, turnover and vacancies across the sector, and to calls from the workforce to be better supported through manageable workloads, supervision, training, improved and/or more equitable pay, stability in employment, terms and conditions, and supportive leadership. However, what stands out is the level of resignation and frustration among the workforce that things are unlikely to improve, a finding that has significant implications for future service delivery and workforce planning.

A further contribution of this research is that it takes a children's services 'systems-wide' perspective rather than focusing in on a specific service area. It finds a highly complex and ever-changing landscape with the services, structures, priorities, funding, processes and practices in any one local authority area differing from another local authority area. We have sought to cut through the variation in service landscapes and assess what impact different structures have on children's services. Consistent with the approach used within the Mapping Integration and Outcomes strand of this research study (Anderson et al., 2023), we grouped Scotland's 32 local authority areas into three categories of structural integration. Anderson et al. (2023) found no consistent association between structural integration and children's outcomes, and our analysis of the workforce survey also found no association between integration structures and workforce views and experiences of how children's services are operating. These statistical findings raise the question of whether structures matter. In response, the qualitative data from the focus groups and interviews suggests that structures can and do matter, as effective structures can facilitate multi-agency working. However, the evidence is inconclusive and further research into the impact of different structures would be of value.

This research also contributes by finding that national and local structures are distant and far-removed from practitioners. The responses to the workforce survey, the focus

group discussions and the interviews find that practitioners are trying their best to understand and navigate the complex and ever-changing local landscape, but prioritising time to do so while building relationships, interfaces and pathways between different services is extremely difficult, particularly in the current climate. While frustrating for practitioners, it is children, young people and families who ultimately feel the impact of this, as key information between services is not shared and people needing support experience fractured transitions between services. In this context, increased consistency in structures and services would appear to be beneficial, provided there is scope for service flexibility at the community level to meet local needs.

The critical role of leadership is a further key contribution. While we might expect structures to be viewed as distant and far-removed for practitioners, it was striking that leaders were widely seen to be so far-removed from the day-to-day realities of the workforce. The views shared through the workforce survey, focus groups and interviews provide clear insights into what the workforce wants from both national and local leaders. The asks are wide-ranging as they span personal qualities and professional and technical knowledge, but equally they would appear to need to be in place if effective and supportive children's services that work for children, young people, families and practitioners are to operate.

This research and findings from the three other strands of the Children's Services Reform Research study (Anderson et al., 2023; McTier et al., 2023; Porter et al., 2023;) together build a picture which suggests that improving outcomes for children, young people and their families requires more than a change in organisational structures. The evidence presented across the four strands of the Children's Services Reform Research study contributes to an understanding that integration is a complex and nuanced process, with many factors that can facilitate or impede achievement of the aims behind integration. The findings presented in this report will contribute to Scotland's developing understanding of health and social care integration and the impact of this on outcomes for children, young people and families.

References

Age of Criminal Responsibility (Scotland) Act (2019) Available at:

<https://www.legislation.gov.uk/asp/2019/7/contents/enacted>

Anderson, M., Soraghan, J., Bowman, A., Anderson, C.A., Young, E., McTier, A. and Ottaway, H. (2023) *Children's Services Reform Research: Mapping Integration and Outcomes across Scotland: A Statistical Analysis*. Glasgow: CELCIS. Available at:

www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-study-mapping-integration-and-outcomes-across-scotland-a-statistical-analysis

Brock, J. and Everingham, S. (2018) *Integrated Children's Services in Scotland: Practice and Leadership. An assessment of progress and improvement*. Edinburgh: Social Work Scotland. Available at:

<https://childreninscotland.org.uk/wp-content/uploads/2018/06/Integrated-Children's-Services-in-Scotland-Practice-and-Leadership.pdf>

Care Inspectorate (2020) *Joint inspections of service for children and young people in need of care and protection: review of findings from the inspection programmes 2018-2020*. Dundee: Care Inspectorate. Available at:

<https://www.careinspectorate.com/images/documents/5817/Review%20of%20findings%20from%20inspection%20programme%20for%20CYP%202018%20to%202020.pdf>

Children and Young People (Scotland) Act (2014). Available at:

<https://www.legislation.gov.uk/asp/2014/8/contents/enacted>

Children (Equal Protection from Assault (Scotland) Act (2019). Available at:

<https://www.legislation.gov.uk/asp/2019/16/notes#:~:text=none%20is%20given.,The%20Act,defence%20of%20%E2%80%9Creasonable%20chastisement%E2%80%9D.>

Christie, C. (2011) *Christie Commission on the future delivery of public services*.

Edinburgh: Scottish Government. Available at:

<https://www.gov.scot/publications/commission-future-delivery-public-services/>

COSLA/Scottish Government (2023) *New Deal with Local Government – Verity House Agreement*. Edinburgh: Scottish Government. Available at

<https://www.gov.scot/publications/new-deal-local-government-partnership-agreement/>

Educational Institute of Scotland (2023) *2023 EIS Member Survey: Workload, Health and Wellbeing, and The Cost of Living Crisis*. Edinburgh: Education Institute of Scotland.

Available at: <https://www.eis.org.uk/Content/images/Research/2023MemberSurvey.pdf>

Feeley, D. (2021) *Independent Review of Adult Social Care in Scotland*. Edinburgh: Scottish Government. Available at:

www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf

Independent Care Review (2020a) *The Promise*. Available at:

https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf

Independent Care Review (2020b) *Evidence Framework Feb 2017 – Feb 2020*. Available at: https://www.carereview.scot/wp-content/uploads/2020/07/ICR_Evidence_Framework_v2-1.pdf

Institute of Health Visiting (2023) *State of Health Visiting, UK survey report: A vital safety net under pressure 9th iHV Annual Health Visiting Survey: data year ending November 2022*. Available at: <https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf>

Lough Dennell, B.L., McGhee, K. and Porter, R. (2022) *Continuing Care: An Exploration of Implementation*. Glasgow: CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/continuing-care-exploration-implementation>

Manole, M., Young, E., Fowler, N., Scott, J., McIver, L., McTier, A., Anderson, C.A., Porter, R. and Ottaway, H. (2023) *Children's Services Reform Research: Scotland's children's services landscape: The views and experiences of the children's services workforce: Supplementary report*. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-scotlands-childrens-services-landscape-views-and-experiences-childrens-services-workforce>

McTier, A., Mackinnon, K. and Ottaway, H. (2023) *Children's Services Reform Research: Case Studies of Transformational Reform*. CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/children-services-reform-research-study-case-studies-transformational-reform-programmes>

Miller, E. and Barrie, K. (2022) *Setting the Bar for Social Work in Scotland*. Edinburgh: Social Work Scotland. Available at: <https://socialworkscotland.org/wp-content/uploads/2022/05/Setting-the-Bar-Full-Report.pdf>

Morgan, A. (2020) *Support for Learning: All our Children and All their Potential*. Edinburgh: Scottish Government. Available at: <https://webarchive.nrscotland.gov.uk/20210425012928/https://www.gov.scot/publications/review-additional-support-learning-implementation/>

National Care Service (Scotland) Bill (2022) Available at: <https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill>

Ødegård, A. and Strype, J. (2009) 'Perceptions of interprofessional collaboration within child mental health care in Norway', *Journal of Interprofessional Care*, 23(3), pp. 286-296. <https://doi.org/10.1080/13561820902739981>

Porter, R., Young, E., Scott, J., McIver, L., Mackinnon, K., Fowler, N. and Ottaway, H. (2023) *Children's Services Reform Research: Rapid Evidence Review*. Glasgow: CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/children-services-reform-research-study-rapid-evidence-review>

Royal College of Midwives (2022) *Scottish Survey Report 2022*. Available at: https://www.rcm.org.uk/media/6081/scotland-survey_report_2022_digitalfinal.pdf

Safe & Together Institute (2022) *Model Overview*. Available at: <https://safeandtogetherinstitute.com/the-sti-model/model-overview/>

Scottish Government (2012) *A Guide to Getting It Right for Every Child*. Edinburgh: Scottish Government. Available at: <https://ihub.scot/media/1512/a-guide-to-getting-it-right-for-every-child.pdf>

Scottish Government (2015) *Preventing Offending: Getting it right for children and young people*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2015/06/preventing-offending-getting-right-children-young-people/documents/00479251-pdf/00479251-pdf/govscot%3Adocument/00479251.pdf>

Scottish Government (2018) *Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls* Edinburgh: Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/04/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/documents/00534791-pdf/00534791-pdf/govscot%3Adocument/00534791.pdf>

Scottish Government (2019) *Supporting Disabled Children: Guidance*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/supporting-disabled-children-young-people-and-their-families/>

Scottish Government (2021a) *National Care Service for Scotland - Consultation*. Edinburgh: Scottish Government. Available at: www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2021/08/national-care-service-scotland-consultation2/documents/national-care-service-scotland-consultation/national-care-service-scotland-consultation/govscot%3Adocument/national-care-service-scotland-consultation.pdf

Scottish Government (2021b) *National Guidance for Child Protection in Scotland*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/collections/national-guidance-for-child-protection-in-scotland/>

Scottish Government (2021c) *Staying Together and Connected: Getting it Right for Sisters and Brothers: National Practice Guidance*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/#:~:text=Guidance%20supporting%20implementation%20of%20the,if%20they%20cannot%20live%20together>

Scottish Government (2022a) *National Care Service: Statement of Benefits*. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/national-careservice-statement-benefits/documents/>

Scottish Government (2022b) *National Care Service (Scotland) Bill*. Edinburgh: Scottish Government. Available at: <https://digitalpublications.parliament.scot/ResearchBriefings/Report/2022/10/10/c38bdb32-ae66-4d36-9c35-7a39ee2e52fc>

Scottish Government (2023a) *National Guidance for Child Protection in Scotland 2021 – updated 2023*. Edinburgh: Scottish Government. Available at:

<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/>

Scottish Government (2023b) *Bairns Hoose: Scottish Barnahus: Vision, Values and Approach*. Edinburgh: Scottish Government. Available at:

<https://www.gov.scot/publications/bairns-hoose-scottish-barnahus-vision-values-and-approach/>

Scottish Government (n.d.) *Whole Family Wellbeing Funding*. Available at:

<https://www.gov.scot/policies/girfec/whole-family-wellbeing-funding/>

Scottish Women's Aid (2023) *Children Experiencing Domestic Abuse Recovery Network*.

Available at: <https://cedarnetwork.org.uk/>

Scottish Transitions Forum (2019) *Principles of Good Transitions 3*. 2nd edn. The

Association for Real Change. Available at: <https://scottishtransitions.org.uk/summary-download/>

UN General Assembly (1989) *Convention on the Rights of the Child*, United Nations, Treaty Series, vol. 1577, p. 3. Available at:

<https://www.refworld.org/docid/3ae6b38f0.html>



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