



**CELGIS**

**Centre for excellence  
for Children's Care and Protection**

# CHILDREN'S SERVICES REFORM RESEARCH: LEARNING AND IMPLICATIONS FOR SCOTLAND

## CONCLUDING REPORT

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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.

## Foreword

“What is needed to ensure that children, young people and families get the help they need, when they need it?”.

This was the ambitious question the team set out to address during this year long research. At one level, there is an obvious answer to this question, and it requires no research: children, young people and families need sufficient food, a warm and secure home, good local childcare and schools, sufficient funds to have some fun, and safe communities around them. Nor is further research needed to demonstrate that poverty severely compromises children's development, piles pressure on parents, and is associated with higher rates of child protection interventions. Scotland has a number of laudable policies aimed at tackling poverty and inequality, however, too many children are still experiencing the effects of poverty and policies have been severely undermined by the crippling cost of living crisis. Add to this the ongoing rippling impact of the COVID-19 pandemic on health and wellbeing and there is no doubt that the level of need for support is high. This unprecedented level of need places a huge demand on the people working to support and protect children. They deserve the best possible working conditions for the essential support they provide. This is why this research is so important because it was designed to inform the future structure and delivery of children's services to allow practitioners to devote their energies to doing what they most want to – offering timely and effective help to children and families.

Because the care, support and protection of children and young people spans so many services, the children's services workforce was defined broadly for the purposes of this research to include those working in social work, health, education, youth justice, the third sector and the police. However, the extent to which supporting children's wellbeing and protection is viewed in Scotland as 'everyone's job' has its own challenges. Children, parents and carers do not want to tell their story many times to different people but do want their privacy respected. Children, parents and carers want to be able to develop a relationship with a trusted practitioner, but often need the expertise of many different disciplines. Individual practitioners want to develop good working relationships across the professions, but this draws resource and energy away from direct work with children and their families. Leaders in organisations understand the benefits of joint commissioning and pooling resources, but also have limited resources to meet their own organisational duties. Whilst policy emphasises the importance of integration, there is a lack of evidence about how best to achieve integration in practice in the face of these complexities. Therefore, the research team started by looking for insights from around the world. They scoured the available literature and zoomed in to look in more detail at some structures in different countries.

It is perhaps both disappointing and encouraging that no simple solution is out there waiting to be dropped into Scotland. And perhaps that is not surprising because all jurisdictions are grappling with many of the same challenges – which involve human

beings working with other human beings with all the complexities this brings. What is heartening is that the evidence from this research suggests that Scotland already has many of the essential building blocks identified as important for effective services. The overarching direction of travel, as set by Getting It Right For Every Child (GIRFEC), is congruent with the best theory and practice from across the world. The evidence confirms the importance of a national vision supported by effective and consistent leadership at all levels of service including local teams. Since the Kilbrandon report of 1966 that influenced the establishment of the Children's Hearing System there has been a golden thread running through children's services policy in Scotland of a strong commitment to providing timely, holistic, empathic support to children and families. Services may not always have been delivered as envisioned, but there is consensus around the core concept and this thread offers a strong core around which to weave relationship-based practice delivered by well supported and well-resourced practitioners. As shown by the international evidence, there are no quick fixes, improvement requires commitment, consistency and persistence that is driven by collective determination to see the changes through.

Organisations in Scotland have not been standing still. There have been many initiatives aimed at improving services, including a considerable amount of structural reform that has led to children's and adult's health and social care services being integrated in different ways. The research team drew on this natural variation to explore the impact of the children's services structures currently in place and the experiences of the people working within them. Again, perhaps not surprisingly, no one structure jumped out as providing the perfect solution, although there are signs of a general trend of improvement in many outcome measures. The evidence does not suggest that structures are unimportant, but it does show that practitioners do the absolute best they can in whatever structure they find themselves. They create ways to maintain networks with other disciplines and to support children and families.

That over 1,400 practitioners took the time to give their views attests to the investment of the workforce in their vocation. There were responses from across all the key disciplines and what shines through is a paradoxical combination of exhaustion and passion. In the face of potentially crushing pressures and constraints, practitioners at all organisational levels remain utterly committed to delivering the best help that they can. Given what is currently achieved within the context of limited human and financial resources and the ever-rising level and complexity of demand, we can only imagine what this dedicated workforce could achieve in an optimal environment.

The four detailed individual strand reports provide the evidence needed to create such an environment, and this concluding report has synthesised the key findings and considered the learning and implications for Scotland. With such a committed workforce, a strong foundation is already in place. The evidence also shows that improvements have been made already. Future changes should not derail current effective reforms in which time and resources have already been invested. As shown in the international evidence, reform takes time to bed in, and needs to flow from a clear vision supported by effective national, regional and local leadership. Finally, the most important message from this

research lies in the emphasis participants from all disciplines placed on the importance of building and maintaining effective working relationships with children and families. Any proposed structure needs to be tested against this guiding principle.

*Brigid Daniel*

**Professor Brigid Daniel, Chair of the Children's Services Reform Research  
Independent Steering Group and Professor Emerita, Queen Margaret University**

## Background

The Scottish Government has ambitious aims for the country to be the best place in the world for children and young people to grow up (Scottish Government, 2018).

Supporting this aim is a complex legislative and policy landscape which seeks to address fundamental issues of poverty, inequality, exclusion and the welfare of all children by providing the right support at the right time, by the right people, irrespective of where families live in the country. These aims are underpinned by a rights-based approach reflecting the United Nations Convention on the Rights of the Child (UNCRC; UN General Assembly, 1989), implementation of the Getting It Right For Every Child (GIRFEC; Scottish Government, 2012; 2022a) approach, and a commitment to ensure that Scotland keeps The Promise of the Independent Care Review (2020a) to all children and young people so that they grow up safe, loved and respected.

The integration of services for different people who need support across children's and adult's health and social work and social care services has been influential in shaping Scottish and UK policy over the past 20 years (Brown & White, 2006; Christie, 2011; Baxter *et al.*, 2018; Audit Scotland, 2018). In 2010 the Scottish Government established the Commission on the Future Delivery of Public Services led by Dr Campbell Christie, with a remit to undertake a strategic review of public service delivery in Scotland, and to provide a road map to guide future reform. A key recommendation of the Christie Commission report was that *"Public service providers must be required to work much more closely in partnership"*, to *"integrate service provision"* (Christie, 2011, pVI). The report acknowledged that further streamlining of public services was likely to be required but warned that reform should be driven by how best to achieve improved outcomes, *"otherwise, we risk bearing the significant costs of structural change, without reaping any real rewards"* (Christie, 2011, pX).

Integration is considered to improve outcomes to meet differing needs, as well as improve service delivery, efficiency and reduce costs. Within Scotland specifically, the expectation that integration would improve the experiences or outcomes of the people that the integrated services support has meant that integration has often been suggested as a critical element required to carry out the Scottish Government's vision to improve the wellbeing of the population, including the reduction of poverty and inequality (Audit Scotland, 2018).

In September 2020, Scotland's First Minister announced an Independent Review of Adult Social Care in Scotland. The review's report, known as the 'Feeley 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 development of a National Care Service was 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, and produced the National Care Service Statement of Benefits report alongside it. This report considered in more detail the extension of the National Care Service to include children's social care and justice social work services. It concluded that further evidence was required to inform future decisions around their inclusion or exclusion (Scottish Government 2022b). The Children's Services Reform Research study contributes to this evidence base, with the Scottish Government asking CELCIS to carry this out.

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). COSLA represent the views of Scotland's 32 local authorities and elected councillors to government and also acts as the employers' association for local authorities. This partnership agreement set 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 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 people working in services to support them need so that they can 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 social work, social care, health, education and other workforces in the public, third and private sector are all currently having to navigate.

The Scottish Government will decide which, if any, children's health and social care services are to be included in the National Care Service, and the Children's Services Reform Research Study was designed to contribute to the evidence base which will be drawn from to make and implement the decision the government takes.



# Overview of the Children's Services Reform Research study

This Scotland-based research study has been 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 study was undertaken between September 2022 and December 2023.

The [Children's Services Reform Research](#) study was designed as a multi-strand, mixed-methods research study. We focused on drawing together existing national and international evidence on the integration of health and social care services at team, service and systems levels (Strands 1 and 2), and acted to build the evidence base in Scotland on the association between integration and outcomes (Strand 3) and the children's services workforce experiences of the current service landscape (Strand 4). Each strand of work aimed to contribute to answering the study's overarching research question:

"What is needed to ensure that children, young people and families get the help they need, when they need it?"

This concluding report synthesises these four strands of work and discusses the implications which emerge for Scotland to support what is needed to ensure that children, young people and families get the help they need, when they need it.

**Strand 1: Rapid Evidence Review** reviewed 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 sought to address were:

- 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** examined a range of approaches to the delivery of children's services to better understand the evidence regarding systems-level integration between children's social work/social care with health services and/or adult social care. The case studies were drawn from a range of contexts, from national to highly decentralised structures and modes of delivery, in five high-income countries: Finland, the Netherlands, New Zealand, Northern Ireland, and the Republic of Ireland. A sixth case study drew on learning from Scotland's experiences of national service reorganisation through the development of Police Scotland. These

country case studies were brought together in one report to consider the key learning and messages for Scotland.

**Strand 3: Mapping integration and outcomes in Scotland: A statistical analysis**

investigated if the most recent major structural reform of health and social care services to take place in Scotland has had an impact on outcomes for children, young people and families. We mapped the range of different approaches to integrated service delivery across Scotland's 32 local authority areas and investigated, through the statistical modelling of administrative data, any potential effects of structural integration on a range of outcomes over time for children and young people supported by public services. In doing this, we also took into account different factors such as geography, poverty, and the impact of the COVID-19 pandemic, to assess the likelihood that any findings were directly about integration rather than as a result of other factors.

**Strand 4: Scotland's children's services landscape: The views and experiences of the children's services workforce**

explored, through responses to an online survey, interviews and focus groups, the opportunities, challenges, barriers and facilitators that members of the workforce identify as factors which 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; high quality support for the workforce and transformational change in services. This strand of the research also produced additional insights regarding workforce perceptions of the association between integration and outcomes for children, young people and families and the wellbeing of the workforce.

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 provides 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 2020b), and is included in a range of ways within the different strand reports of our research study.

## Synthesis of findings

This concluding report considers the full breadth of evidence and findings collated across the four strand reports of the Children's Services Reform Research study and aims to distil this into a set of study-wide findings. Here, organised under three headings - supporting children, young people and families; supporting the children's services workforce; and the impact of integration - these study-wide findings complement the specific findings contained within the Discussion sections of the reports of each individual strand of the research.

### Strand 1: Rapid Evidence Review

A review of published research associated with the integration of children's services with health and/or adult social care services in high income countries.

### Strand 2: Case Studies of Transformational Reform Programmes

Exploration of recent and on-going reforms to children's services in Finland, the Netherlands, New Zealand, Northern Ireland, and the Republic of Ireland; and of the learning from the reform of policing in Scotland and the creation of Police Scotland since 2012.

### Strand 3: Mapping Integration and Outcomes in Scotland: A Statistical Analysis

Using available statistical data, an investigation of whether structural reforms in Scotland to establish Health and Social Care Partnerships has had an impact on outcomes for children, young people and families.

### Strand 4: Scotland's children's services landscape: The views and experiences of the children's services workforce

New data and analysis of Scotland's children's services workforce's views and experiences of local services, multi-agency working, transitions to adult services, support for the workforce, and leadership.

## Supporting children, young people and families

In this section we draw on the evidence from across the study to highlight the importance of relationships between children, young people and families and the practitioners who support them, as well as outline what helps and what gets in the way of building high-quality relationships. The impact of wider factors on children, young people and families are then discussed, before we then highlight that participation and rights is an area that requires further attention.

### Relationships between children, young people and families and the practitioners who support them are critical

The critical importance of children, young people and families having supportive, empowering and non-judgemental relationships with the practitioners who support them was a key finding from our study. Across Strands 1, 2 and 4, we found that children, young people and families value high-quality relationships with practitioners, who in turn have a better understanding of children, young people and families' strengths and needs,

and can work alongside them to put in place support and services that meet their individual needs. It was clear from Strand 4 that Scotland's children's services workforce wants to work in this manner, with practitioners recognising the importance of consistent, sustained relationships that help to build understanding and trust with children, young people and families. However, due to high workloads; staff sickness, absence, turnover and vacancies; short-term funding of services; and services stretched to and beyond capacity, practitioners also reported that they struggle to have the time and stability in their work needed to build such relationships. This means that children, young people and families all too often have to endure the need to continually build new relationships with different practitioners, re-tell their stories with the potential trauma this can entail, and experience fractured planning and decision-making.

### **Strong relationships between practitioners can enable children, young people and families to access services**

Children, young people and families often need support from a range of services (for example, social work, health, early learning and childcare, education, family support, financial inclusion, housing and employability), and their needs are best met if practitioners from these different services work together in a holistic, collaborative manner. From Strands 1, 2 and 4, examples of such collaborative working included: the timely sharing of information to support assessments of children, young people and families' strengths and needs; using shared language and terminology; respecting the expertise of each other; and all committing to the agreed actions and goals for the individual child, young person or family. A single key worker for the child, young person or family was also found to be helpful in bringing the different services together and facilitating timely access to the different services they need.

### **Multi-agency working takes time, shared culture and vision, and resource to be realised**

While we heard of examples of strong working relationships between practitioners from different services, barriers to such multi-agency working were also shared. From Strand 4, these included: short-term funding and job instability; siloed working; and professional hierarchies and power imbalances, with third sector and early learning and childcare practitioners reporting that their views and expertise are given less weight when decisions are made. Disparities in pay, working conditions and employment stability were found to be factors behind perceived different levels of esteem and respect afforded to colleagues and partner organisations. There were also participants who described how individual services are governed by different policies and guidance, resulting in different priorities and cultures. Teachers, for example, are focused on children and young people's learning; while police officers are focused on upholding the law.

The policy landscape was also referred to as a factor that can inhibit multi-agency working. If fully aligned, the UNCRC, Getting It Right For Every Child, and The Promise could provide Scotland's children's services with a national framework that helps to deliver a continuum of support for children, young people and families, from preventative and early intervention services through to specialist support. However, from

Strand 4, we heard of Scotland's children's services leaders and practitioners feeling overwhelmed by, and struggling to understand, the multitude of different policies and approaches. This impacts on the quality of multi-agency working as practitioners have insufficient clarity about their own roles and responsibilities, and those of other services.

Multi-agency working takes time, resource and leadership commitment, with the importance of effective leadership at national and local levels particularly noted across all strands of the work through its ability to:

- Align different policy and legislative developments to bring clarity to practitioners;
- Challenge organisational and professional hierarchies and build a shared vision and culture across services;
- Create seamless service pathways between different services and local authorities;
- Pool resources to fund services and roles that facilitate multi-agency working (for example, co-located service hubs, integrated IT and data systems, and multi-agency practice guidance and tools);
- Establish a learning culture where leaders are actively seeking feedback from and listening to children, young people, families and practitioners around what is working well and what is not; and
- Provide time for practitioners to engage in multi-agency training and forums where they can build understanding of each other's roles, services, and ways of working.

#### **Local service hubs enhance multi-agency working**

From the Strand 2 case studies, and from local examples shared in Strand 4, we found that local, multi-agency service hubs formed around the needs of communities can enhance multi-agency working and provide accessible and joined-up services for children, young people and families. While co-locating services is not sufficient in itself to provide better support, what we saw in all the Strand 2 case studies was that these community-based, multi-agency hubs were a key part of the service delivery structure and served an average population of 40,000-60,000 people. Benefits reported within Strands 1 and 2 included: increased use by children, young people and families as the hubs were felt to be welcoming and non-stigmatising; more timely access to services; increased ease for practitioners to share information and work together to meet the needs of children, young people and families; and practitioners more able to provide and receive ad-hoc support and advice from other service disciplines. Again, leadership was found to play an important role in creating the conditions that enable practitioners to work flexibly across service boundaries. These enabling conditions include working collaboratively at a leadership level, agreeing shared objectives, building trust between professionals, and providing the required resources for the hubs.

#### **Children, young people and families need wider support than from children's services alone**

A key finding from all strands of the study was that many children, young people and families are struggling in relation to their health, finances and housing. Strand 3 found

that the COVID-19 pandemic and deprivation impacted on a wide range of children and young people's outcomes. The findings from Strand 4 echoed this with practitioners reporting that these struggles are getting worse through the cost-of-living crisis, cuts to services, and the long-term impact of the COVID-19 pandemic. The level, complexity and diversity of needs among children, young people and families were also found to be changing, including families who have not previously required additional support now coming to the attention of services.

In Strand 4, we heard examples of promising developments, such as local strategies to tackle poverty and support financial inclusion (including income maximisation and budget support), or family support strategies that take into account poverty and employability. However, these developments typically depended on short-term funding and so may not be sustained, may be time-limited, or have eligibility criteria which have not been adapted to the changing demography of families in need of additional support. The view therefore from participants in Strand 4 was that children's services are not designed to tackle these challenges alone, but they can be a part of a whole-systems response.

**The COVID-19 pandemic has had a significant and enduring impact on children, young people, families and the workforce**

It was clear from the Strand 3 and 4 findings that the COVID-19 pandemic and the resulting public health restrictions have had a significant and enduring impact on the lives of Scotland's children, young people and families, as well as on the services and practitioners that are there to respond to their needs. In Strand 3 we found that the COVID-19 pandemic had a statistically significant impact on a number of children's outcomes; while in Strand 4, practitioners told us about the changing level, complexity and diversity of children, young people and families' needs since the pandemic; that improvements to Scotland's children's services prior to the pandemic had been curtailed; and, for the workforce who worked through the pandemic, that they are exhausted and yet are now responding to increased need among children, young people and families.

Within Strand 4, we also found frustration across all levels of the workforce that some of the learning and innovative practice from what worked well during the pandemic have already begun to be lost. Examples of flexible funding, reduced bureaucracy, more flexible working arrangements, increased autonomy of practitioners, and a strong sense of collective working across services were all highlighted as positive developments but have since dwindled. Another area of innovation brought about by the COVID-19 pandemic and the associated public health restrictions was the increased use of online meeting technologies to facilitate multi-agency meetings involving children, young people and families. The experience of these online meetings was mixed, with the workforce both describing their impact as increasing and inhibiting participation of different children, young people and families.



## **Children, young people and families' rights and participation continues to be an under-developed area of practice**

In considering 'what is needed to ensure that children, young people and families get the help they need, when they need it?', making sure that the rights of children, young people and families are respected and upheld in all the services they receive is a critical concern. In Strands 2 and 4, there was widespread commitment to listening to, involving and empowering children, young people and families, in line with Article 12 of the UNCRC. In practice, we found that delivery of this commitment has predominantly been on supporting the voice of children, young people and families to be heard in child's planning meetings. From Strand 4, positive developments included practitioners adapting the means of communicating with children and young people to meet their communications needs, providing advocacy support, having child-friendly meeting rooms, and introducing post-meeting feedback forms to understand children, young people and families' experience of meetings. Notwithstanding these developments, hearing the voices of young children and of disabled children and young people remains an area for further practice development, while there are also challenges in ensuring the respective views of different meeting participants are equally heard, and a need to end the use of inaccessible, professionalised language used in meetings and child's plans. Our Strand 3 work also identified a lack of data in Scotland where children, young people and families are asked about their experiences of services.

There was less evidence of how children, young people and families are involved in the design and development of services. Across the Strand 2 case studies, and in Scotland, there is the role of a national Children's Commissioner which helps to ensure children and young people's rights are fully considered. At the local level, many local authority areas in Scotland have 'champions boards' of children and young people with care experience where they can share their views with local leaders. However, despite children's services being for children, young people and families, their views and experiences were not found to be widely sought and then taken into account when it comes to the planning, design and development of services.

## **Supporting the children's services workforce**

This section predominantly draws on the evidence from Strand 4 to consider the perspectives of the children's services workforce, the challenges practitioners are experiencing, the supports they benefit from, and their experience of leaders and leadership.

## **Scotland's children's services workforce is passionate and highly committed, but is in crisis**

We found that the children's services workforce is passionate, highly committed, and working hard to build supportive relationships with Scotland's children, young people and families and best meet their needs. However, it is a workforce that is in crisis. Strand 4 participants reported that they were under-staffed, under-resourced, and facing unmanageable pressure. Increased levels of stress, poor mental health and wellbeing,

and poor work-life balance were all found to be contributing to high levels of staff sickness, absence, turnover and vacancies. The lack of good quality workforce data that Strand 3 identified as a limitation means it is, however, difficult to fully quantify the scale of the crisis.

This crisis has built up over several years but has been exacerbated by the COVID-19 pandemic, with an exhausted workforce now responding to an increasing demand for services. Furthermore, it is not a crisis that is specific to Scotland, as recruitment and retention difficulties were widely reported in the Strand 2 case studies. The implications for children, young people and families are significant as practitioners have limited time and opportunities to think, discuss, reflect and plan on how best to support children, young people and families; and to participate in training, supervision and peer support that can enhance their practice. Also, from a multi-agency working perspective, high and unmanageable workloads impact on the time available to build relationships with other services, and to engage in internal or multi-agency change and improvement work.

### **Children, young people, families and the workforce continue to encounter longstanding gaps in services and transitions**

We identified a number of longstanding service gaps within Scotland's service provision that continue to negatively impact on children, young people and families who need support. Similar gaps were widely reported in our Strand 1 review of the literature and present within the Strand 2 case studies. Indeed, a key objective of the Strand 2 transformational reform programmes was to address these gaps but, despite the reforms, these still persist. Some of the gaps are specific to children's services and relate to: the provision of preventative and early intervention services; access to specialist health services, particularly mental health services; and access to supports for children with additional support needs. Other gaps stretch across children's and adult services, including holistic family support where adult services and children's services work together to collectively meet the needs of families; transitions for young people into adult services; and recovery services that support children, young people and adults who have experienced trauma for as long as they need them. Many of the gaps that were identified from the evidence considered in Strands 1, 2 and 4 were similar to the areas where there was limited data available for the Strand 3 work. This makes quantifying the scale of the gaps in provision problematic, and measuring progress even harder still. While these gaps clearly impact on children, young people and families, they also impact on the workforce as practitioners can struggle to access services for the people they support and so are left holding issues without the resources, and potentially skills and abilities, to manage these.

### **Practitioners across the children's services workforce do not feel equally supported**

Investing in the workforce extends beyond increasing the number of practitioners working in Scotland's children's services. It also requires investing in the training, development, supervision and wellbeing of Scotland's children's services workforce to ensure that all practitioners have the skills and confidence to deliver high quality support for children, young people and families. In response to their own recruitment and



retention difficulties, we saw how the programmes and approaches in the Strand 2 case studies were seeking to better support their workforces, such as through enhanced inductions and buddies for new staff, wellbeing supports for staff, and more attention to workforce planning. In Strand 4, we found that a number of employers were investing in their workforce, with examples including flexible working opportunities, team building activities, and multi-agency training that helps to build shared understanding and relationships between different services. However, these examples were often at a small scale and not provided equally to all parts of the children's services workforce, with newly qualified social workers and early learning and childcare workers in particular not benefiting from a consistently high level of support and supervision. Added to this was the recognition of the impact that a loss of experienced leaders, managers and practitioners is having on the workforce due to the absence of the knowledge and support that experienced colleagues can provide.

### **There are varied experiences of how leaders were supporting the children's services workforce**

Leaders have a vital role in supporting the workforce, yet practitioners working in Scotland's children's services have varied experiences of their support. Strand 1 highlighted that committed leadership and shared culture, across and at all levels of the system (both horizontal between services, and vertical within services) are essential to the efforts undertaken to improve services and outcomes. Shared or distributed forms of leadership across levels were also found to be important in terms of fostering collaboration and supporting change. However, being a leader is not easy and leaders involved in Strand 4 reported the challenge of managing increasing demand for services against reduced resources or workforce shortages, and some shared that, at times, they feel isolated and unsupported in their roles.

The complex role of being a leader was evident in how Scotland's children's services workforce rated its leaders. From Strand 4, practitioners' experience of their leaders was mixed and, indeed, the main sentiment expressed was one of a disconnect between national policy makers, civil servants, local leaders, managers and frontline practitioners. To address this, Strand 4 offered insights into what the workforce is looking for from its leaders. Key aspects included: being visible and approachable; listening and responding to workforce needs; investing in the workforce through training, supervision and wellbeing support; empowering their staff; and celebrating successes. The workforce also wants to see a reduction in the bureaucratic and administrative demands on them, as this would allow them to spend more of their time working directly with children, young people and families, and/or building relationships with other services.

### **Multiple IT and data systems hinder multi-agency working**

The multiple IT and management information systems that exist within and across different services was evident from our Strand 3 work and was a common frustration shared by Scotland's children's services workforce in Strand 4. There was consequently a desire for shared and integrated IT and data systems that could improve information sharing; assist with the development of multi-agency chronologies, assessments and

child's plans; and provide clarity on outcomes for children, young people and families that all practitioners and services are working towards. The challenge of working with multiple IT systems was a common theme identified in the case studies of transformational change programmes explored for the Strand 2 case studies and the Republic of Ireland potentially provides important learning through the significant investment made by Tusla: the national Child and Family Agency to establish the Tusla Data Hub, integrated National Child Care Information System, and Tusla Case Management System.

## The impact of integration

We have also drawn on the evidence from across the study to consider the concept of integration, how integration of health and social care has taken different forms and cannot include all services, and the challenges of both assessing the impact of and implementing such transformational reforms.

### **The integration of services is seen as a means of meeting the needs of children, young people and families**

Within Strands 1, 2 and 4, a common belief was that the integration of services can better meet the needs of children, young people and families. In Strand 2, the case study countries viewed service integration as a key means of addressing longstanding challenges that are also evident in Scotland, such as the fragmentation of children's services, adult health needs dominating over the needs of children and young people, and the limited participation of children, young people and families. Similarly, there were some views expressed within Strand 4 that service integration can make a positive difference, although the Strand 4 focus group and interview participants also shared varied experiences of service integration to date in Scotland.

### **Integration is difficult to define**

While integration was largely viewed across Strands 1, 2 and 4 as a positive development, a key finding from Strand 1 was that integration is a difficult term to define. Within the literature, 'integration' as a term was used but without it being defined or explained in terms of what integration aims to achieve and how it will be implemented. In some articles, a distinction was made between structural integration and service integration, with the latter more frequently discussed. Other terms were also used such as 'collaboration', 'multi-agency working' or 'unified service', while theoretical models were offered that depicted a continuum of stages from non-integration to integration but with little discussion of how to progress from one stage to the next.

While integration was talked about in different ways, there were activities identified in the evidence review for Strand 1 that were seen to help build integration. We conceptualised these as the components of integration model (Figure 1). The evidence does not enable us to say whether all components are needed for integration to happen, whether one component is more important than another, or even if these components together are sufficient to create an 'integrated' system. However, the evidence would

suggest that the more that these components are in place, the more integrated the system will be.

When integration in Scotland was looked at more closely in our Strand 3 and 4 work, we sought to categorise the extent to which children's services were integrated within each local authority area in Scotland. However, this too showed the complexity in identifying and defining what was meant as 'integration' and, indeed, how 'integration' is understood by different services, practitioners and leaders.



Figure 1: Components of integration identified from Strand 1

### **There is not an 'off the shelf' approach to integration for Scotland to replicate**

The desire for more integrated services for children, young people and families was a key driver behind the transformational reform programmes we explored in Strand 2. However, each example we looked at took a different approach to service integration, with national (New Zealand, Northern Ireland, and Republic of Ireland), regional (Finland) and local (the Netherlands) approaches all evident, and none to date yet having the positive impact aspired to. Consequently, there was not a single 'off the shelf' approach for Scotland to adopt. Instead, our examination of these case studies identified a number of features found across them that characterise an integrated children's health and social care system (Figure 2) and could be used to inform future reforms in Scotland. These show the importance of local, integrated service arrangements,

supported by national functions, that respond to the needs of children, young people and families.



*Figure 2: Six common features identified from the Strand 2 case studies that integrated children's health and social care services need to have in place*

### **Integration cannot include all services that children, young people and families need**

When considering service integration, there is a tendency to focus on the structures and services that are coming together. However, there was recognition within Strand 1 that relationships with services which sit outside the integrated provision need to be retained, with the relationship between education and integrated health and social care services specifically referred to. Similarly, in Strand 4, there was awareness that 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 across which different services will need to work together to support children, young people and families, and it is these boundaries where gaps and weaknesses in service provision can be most acute. In Strand 4, the boundary between children's and adult services was found to be a key area identified as needing improvement in terms of supporting young people's transition to adult services, and for

adult services to work alongside children's services in meeting the holistic needs of families. From Strand 2, we found very limited discussion on the connection of newly integrated health and social care structures to education services, yet our findings from Strand 1 and 4 highlight the vital role that the early learning and childcare and education workforces play in children's lives.

### **Integration in Scotland has taken different forms**

In Strand 3, a focus of our work was to understand Scotland's integration arrangements at the local authority area level, and assess whether different structures have had different impacts on children's services and their outcomes for children, young people and families. Of most interest was Scotland's Health and Social Care Partnership (HSCP) structures, with the Public Bodies (Joint Working) (Scotland) Act 2014 offering agencies flexibility in what children's services in their local authority area they can transfer to HSCPs. However, this flexibility has resulted in HSCP structures that are varied, complex and subject to change, and we sometimes found it difficult to determine which agency or structure (the local authority, the NHS health board and/or Integrated Joint Board/HSCP) was responsible for the local delivery and governance of the many services that make up children's health and social care services.

### **The impact of structural integration on outcomes is inconclusive**

Notwithstanding the variations in HSCP arrangements identified in the Strand 3 work, the different structures for health and social care provision in Scotland offered the opportunity to assess whether different levels of structural integration had an impact on outcomes for children and young people. We assessed this in by allocating each local authority area to a fully, partially or not structurally integrated category, and then analysing whether any change over time across 25 outcome indicators of children's wellbeing could be associated with the different levels of structural integration.

In our analysis, we found there had been statistically significant changes in 22 of the 25 outcomes indicators over the time period studied (2010-2021 where data was available), but no consistent evidence of an association between levels of structural integration and the changes. Similar reflections were offered in Strand 4 as practitioners offered several examples of multi-agency initiatives or services at strategic and local levels that they felt were impacting positively on the lives of children, young people and families, but they found it difficult to identify the extent to which integrated working practices alone had contributed to these outcomes.

Our Strand 3 analysis did, however, find that deprivation and, to a lesser degree, the COVID-19 pandemic, and population density, were associated with many of the 25 outcomes. Change over the time period was largely in a direction that would be considered positive, but setbacks have been seen for several outcomes in more recent years in the context of the COVID-19 pandemic and a worsening economic climate having an impact on individuals and on public service funding.

### **The impact of structural integration on more integrated services and ways of working is also inconclusive**

Using the categorisation of Scotland's local authority areas we developed in the Strand 3 work and the responses to the Strand 4 workforce survey, we had the opportunity to assess whether there was any association between structural integration and more integrated services and forms of working. Like the results from Strand 3, we found no statistically significant associations between the different levels of structural integration and the experiences of more integrated services and forms of working.

Our statistical findings bring into question what impact different structural arrangements have but, to some degree, these findings should not be entirely surprising given the complexities around integration and the challenge of attribution when other factors (such as economic forces, political change and the COVID-19 pandemic) are in play. However, our work also highlighted that in Scotland and the countries where the Strand 2 case studies were conducted, limited consideration had been given to how and when to assess the impact of integration. The same was true in our Strand 1 rapid evidence review of the literature that has been published. The limited availability and quality of longitudinal statistical data needed for measuring outcomes was also apparent, with key data gaps in relation to early concerns and referrals of children to services; children, young people and families' experiences of services; and workforce wellbeing.

### **The implementation of transformational reform, such as structural integration, is a complex, prolonged and challenging process**

One of the challenges of assessing the impact of transformational reforms, such as the transformational reform programmes we looked at for Strand 2 and the HSCP structures in Scotland studied in Strand 3, is that these take many years to implement and then longer still for their impact to be seen. Across the Strand 2 case studies, there was a recognition that transformational change is not a single event but is instead a complex and prolonged process. A 10-year timeframe from the initial change announcement or legislation was widely referred to in Strand 2. The Police and Fire Reform (Scotland) Act that led to the creation of Police Scotland was, for example, passed in 2012 and it has taken a decade to form a national organisation.

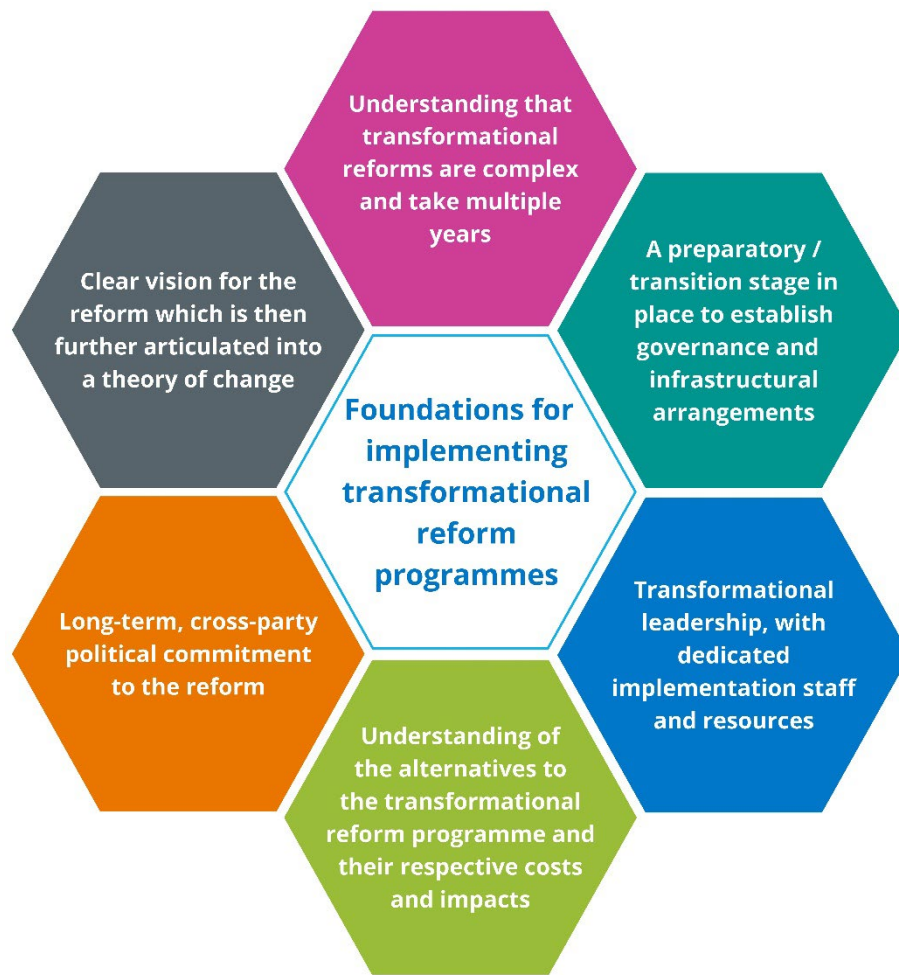
Change is also a contested process, with our review for Strand 1 finding that practitioners can be resistant to change on account of their own beliefs and their concerns about new ways of working and service models. Similarly, there can be transformation fatigue as practitioners become weary of continuous change and improvement initiatives. Related concerns were raised in Strand 4 with the workforce concerned about the upheaval that a potential restructure would have on Scotland's children's services given the substantial pressure the sector is currently under. However, there was also recognition that some form of change is needed.

### **Successful implementation of change requires strong foundations**

Given the challenges associated with the implementation of transformational reforms, the findings from the Strand 2 case studies highlighted the need for a series of inter-



related foundations to be in place (Figure 3). These encompass the importance of a conducive and settled domestic environment, thorough planning and appraisal of the reform programme at its inception stage, and long-term political and implementation support.



*Figure 3: Implementation learning and experiences from the Strand 2 case studies*

Transformational leadership is another of the foundations, with Strands 1 and 2 highlighting the importance of leaders aligning policies, providing clear direction, communicating the change clearly, and making available the required resources for change to be implemented at a local level. From Strand 4, practitioners also shared how they valued leaders who were knowledgeable about change methodologies and skilled in change management. In terms of resources to implement change, this includes making sure that the ability to respond to children's health and social care needs is not compromised by the pressures on wider public services, in particular the health and care needs of older people; and, from Strand 2, may also include establishing 'champion', 'co-ordinator' or 'interface' roles that work across services to support more integrated working.

## Implications for Scotland

The Promise of the Independent Care Review (2020a) powerfully outlined what children, young people and families say is needed to ensure that children grow up loved, safe and respected. The evidence from our study suggests that there are a range of implications regarding what is needed from structures, systems and services, and what the workforce needs, to ensure not only that children, young people and families receive the help they need, when they need it, but also to ensure that The Promise is able to be kept. These implications were raised within the four strand reports from the study, and this concluding report provides an opportunity to bring these together in one place and reflect on what needs to be considered in order to address them.

### **Relationship-based practice needs to be prioritised, enabled and supported**

Relationships are the cornerstone of high-quality practice, as they are the mechanism through which children, young people and families feel most able to work with practitioners in a safe, open and empowering manner. Relationships also provide the basis from which practitioners can utilise evidence-informed approaches in the support they provide.

In the evidence reviewed for our study, children, young people and families emphasised the value they place on having consistent, trusting, supportive and non-judgemental relationships with practitioners. Urgent action needs to be taken to address the systemic issues which are preventing practitioners from having the time and space to develop these relationships with children, young people and families. However, given the depth of the workforce crisis in Scotland, and the resources it will take to address this crisis, the solutions will require long-term commitment and investment.

In our study, whilst practitioners often spoke about 'relationship-based practice', the predominant focus was on having the time and space needed to develop relationships with children, young people and families. However, relationship-based practice is more than this. It focuses on the complexities of human relationships which are often present when children, young people and families need the support of services, and the emotional labour this requires. It draws from a knowledge base rooted in psychological and sociological theories of human growth and development (Trevithick, 2003; Ruch, 2020), and works to take account of the imbalance of power that can be present (Turney, 2012; Ruch et al., 2018; Ferguson et al., 2020). For relationship-based practice to be effective, practitioners and managers need the time and space for reflective, relationship-based supervision and support in the context of a relationship-based organisation (Ruch, 2020).

Consideration should therefore be given to how organisations can focus on prioritising and supporting relationship-based practice. Manageable workloads and the lessening of bureaucratic and administrative tasks will be crucial, but it also involves developing a culture which actively provides time and space for reflective, relationship-based



supervision and support. Practitioners could also be supported to undertake relationship-based practice within the context of continuous learning and development.

### **Timely access and seamless transitions to services are needed to meet children, young people and families' needs**

Lack of access to early help and preventative family support services, and to specialist health, mental health and disability support were identified as longstanding service gaps and weaknesses in Scotland in our study. The lack of secure, long-term funding for services, particularly early help and preventative family support services in the third sector was highlighted as contributing to these gaps and weaknesses. In addition, weaknesses concerning the fractured transitions for young people into adult services, and adult and children's services not working together to meet the needs of families as a whole, were also identified. These gaps and weaknesses need renewed and continued attention by national and local leaders. Any legislative, policy, funding and structural changes to Scotland's children's and adult's services need to close these longstanding service gaps and address these weaknesses.

### **Children, young people and families need access to local, non-stigmatising support**

The needs and experiences of children, young people and families should be understood, supported and responded to at an early stage when needs arise. Our research highlighted the benefit of multi-agency 'hubs' being available in localities, approaches that look at the needs holistically. When designed and developed around the individual and specific needs and lives of families, these local hubs can serve a wide range of needs in a way that is experienced as being non-stigmatising, and can be available at times which work to best support families, including evenings and weekends. In many respects, these findings are reminiscent of the UK's Sure Start approach which had many positives in relation to supporting children and their families in ways that were strengths-based and non-stigmatising (Education and Training Inspectorate, 2018; Cattan et al., 2022).

### **A continued focus on realising rights and improving participation is required**

Realising the rights of children, as enshrined in the UNCRC, has grown in importance in Scotland. Our study found that progress has been made in Scotland in relation to the participation of children, young people and families in the meetings and decisions that affect their lives. However, further work and resources are needed to ensure that the voices of all children, young people and families are heard, particularly those of young children and disabled children, young people, parents and carers.

Children's rights and participation should also inform the strategic planning of services, and yet we found limited evidence of this in the evidence we reviewed and generated for this study. Children, young people and families' views and experiences should be sought in ensuring services respond to their needs, with leaders needing to consider and appraise the extent to which policy, legislative, funding and structural changes to Scotland's children's and adult's services will help achieve the full realisation of children's rights.

## Investment is urgently needed in Scotland's children's services to address the workforce crisis

Our research paints a stark picture of the crisis that is present across the children's services workforce in Scotland in 2023, despite the passion and commitment of practitioners to meet the needs of children, young people and families. However, Scotland is not alone in experiencing this crisis, as was evidenced in our case studies, illustrating that this is a pervasive and long-standing issue across a range of jurisdictions, which is challenging to address.

Investment is needed in the workforce, in several ways, to address this crisis so that children, young people and families are more likely to be supported, when they need support. In the longer-term, consideration should be given to increasing the size of the workforce, but there are a range of other actions which could be considered in the short- to medium-term to address the recruitment and retention crisis. These include:

- Enhancing the public and media perceptions of the children's services sector so that it is viewed as a career of choice;
- Consideration 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. A move to national pay levels that reflect the value placed upon the work of practitioners in a range of children's services, including children's social care and social work, early years and third sector professionals in Scotland, albeit with some flexibility or local weightings, could be considered;
- Greater workforce planning across the children's services sector, where employers and skills providers (such as universities and colleges) work more closely together to meet current and future recruitment and skills needs. High-quality, consistent and comparable workforce data, which includes a good understanding of the size, needs, wellbeing, capacity and experiences of the workforce, is critical to such planning;
- Addressing issues of short-term funding across children's services, so that services are better able to retain staff.

Investing in the workforce entails more than increasing its size and stability. It also requires investing in and supporting the existing workforce, such as through enhanced support for newly qualified practitioners, regular high-quality supervision and support, excellent learning and development opportunities, and attending to staff wellbeing. Leaders have a critical role to play here in nurturing a supportive culture where the learning, development and wellbeing of the workforce are truly valued.

## National and local support is required to enable effective multi-agency working

Multi-agency working is an integral component of Scotland's Getting It Right For Every Child approach (GIRFEC; Scottish Government, 2022a). However, our research has indicated that some of the values and principles which form the foundation of GIRFEC, particularly "*everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families*" (Scottish Government, 2022a)

are continuing to be challenging to implement in practice. The benefits to children, young people and families of effective multi-agency working on their wellbeing and safety are well established. Factors such as better communication and co-ordination between practitioners through information sharing and collaboration, easier access to services and the opportunity for constructive professional challenge all contribute to improved outcomes (Walker, 2018).

Leaders and practitioners need to be given the time, resources and support to develop and maintain strong multi-agency relationships. Furthermore, there will always be a need for leaders and practitioners to navigate service and system boundaries, whether or not children's services become part of the National Care Service, due to the range of services involved. Close attention therefore needs to be paid to how to facilitate effective working across system and service boundaries in the context of multi-agency working. This work is challenging as it includes the often long-term and ongoing 'hidden' work of developing trusting relationships across service and system boundaries to develop shared language, culture and ways of working. The ability to do this is made more challenging in the context of the workforce crisis, and effective multi-agency working will be difficult to fully implement until there is progress in addressing this crisis.

### **Action to address poverty and deprivation in Scotland must be prioritised**

The impact of poverty and deprivation on people's health, wellbeing and the pressures people face in their day-to-day lives can never be underestimated. Our research highlighted that all decision-makers and policy-makers across national services and government portfolios need to continue listen to children, young people and families who are experiencing poverty and the impact this is having, and to actively consider what more they can do to best meet the financial, housing and health challenges being experienced by so many. There are significant challenges affecting children, young people, families and communities across Scotland due to the rising cost-of-living and increased levels of poverty and housing difficulties. The Joseph Rowntree Foundation's Poverty in Scotland report (2023) highlighted that over a million people in Scotland are living in poverty, including around 250,000 children, with the level of UK welfare payments unable to meet essential living costs. Glasgow City Council, The City of Edinburgh Council, and Argyll and Bute Council have all declared housing emergencies in recent months, citing high homelessness levels, a lack of social housing and spiralling private renting costs as contributing to the emergency.

Whilst there have been a range of actions from national and local government to mitigate the impact of poverty, including the Scottish Child Payment, the impact of the COVID-19 pandemic and the rising cost-of-living pose significant difficulties to ongoing policy approaches. Furthermore, given the strength of evidence that indicates an association between poverty, child abuse and neglect in Scotland and other countries in the UK (Bywaters et al., 2016; Bunting et al., 2018; Bywaters et al., 2022), it remains imperative that action to address poverty and deprivation in Scotland continues to be prioritised.

### **Scotland's cluttered legislative and policy landscape needs greater clarity and alignment**

Our study found that practitioners described working in the context of a cluttered, insufficiently aligned and, at times, contradictory legislative and policy landscape. Policy changes were described as being 'layered on' without a clear understanding of the impacts on other existing policies, which results in confusion and a continual shifting of focus. Local leaders, managers and practitioners are also struggling with implementation, particularly as there is no national sequencing, insufficient support for implementation, and all services are trying to manage the crisis in recruitment and retention at the same time. All these issues impact on the ability of services to achieve the outcomes needed to improve the lives of children, young people and families.

In considering any changes to the structure and delivery of children's services, it will be important for national and local government to carefully consider whether the legislative and policy context would benefit from being simplified, and to focus on how the alignment between policies and approaches (for example incorporating the UNCRC, GIRFEC and The Promise) can be more clearly delineated, communicated, and operationalised for frontline practice.

### **Collaborative leadership should be supported and strengthened at all levels**

In our study, the workforce clearly communicated a disconnect between national leaders and the realities of local, on-the-ground experiences. This 'top down' approach needs to change with greater involvement of local leaders, practitioners and children, young people and families in planning what changes are needed and when they should be introduced. This is predicated on national leaders actively seeking input and feedback, and then using that local expertise and experience to shape its approach to change and determine what is needed for successful implementation.

Our study also highlighted the importance of leaders at all levels working collaboratively across service and system boundaries. This refers not only to leaders responsible for social work, social care, education, health and other specific service disciplines, but also to those responsible for finance and commissioning, who can have a key role in removing longstanding barriers. More openness is needed to acknowledge, understand and jointly address the challenges that emerge during policy implementation. There should also be sufficient attention and time allowed for learning what works and why, when implementing new policy, programmes or practice. Given the new ways of working that this would entail, collaborative leadership needs to become integral to any complex change effort and this needs to be strengthened across Scotland.

In addition, local leaders highlighted the need for some functions to be led at a national level to support local service delivery, including implementation of national policy and guidance, workforce planning and data infrastructure.

### **The quality of the data landscape in Scotland needs to improve**

Data plays an essential role in providing insights into the needs and experiences of children, young people and families requiring the support of services. Good data can

inform decision-making by practitioners and can provide evidence about what works for children and their families, the quality of practice, and which services are most effective. However, practitioners do not always feel that data collection informs and assists their practice directly, which means that data collection can be viewed as an unwelcome burden, rather than a benefit.

Data can also tell us about the experiences and outcomes of children, young people and families. However, this experiential, qualitative information is often more difficult to capture and analyse than process-driven measurements. As such, many of the available indicators relate more to the operation of specific services rather than to the outcomes that these services may lead to for children, young people and families. Additionally, and notably in the context of this research, the available indicators have not been designed to measure the effects of integration.

There has been ongoing work in Scotland to improve the data landscape, including the development of the Children, Young People and Families Outcomes Framework which includes a set of core wellbeing indicators (Scottish Government, 2022c); mapping of data that matters to children and families in Scotland which is led by The Promise Scotland (The Promise Scotland, 2023); and the review of Children's Social Work Statistics (Scottish Government, 2021b). Notwithstanding these developments, work needs to continue to develop different types of data which reflect what is important to children, young people and families, including means of capturing their experiences of services.

Furthermore, despite a strong policy focus on early help and prevention, data is not routinely collected nationally on, for example, initial referrals of children to social work services, or subsequent identification of need for care and support that falls short of child protection thresholds. This data is routinely collected in England (Department for Education, 2023), and would be of benefit in Scotland to inform the planning, delivery and evaluation of early help services. A further data gap relates to the data submitted to the Scottish Government on children with experience of care through the Looked After Children Survey (Scottish Government, 2022d). Within this dataset, the reasons why a child comes into care, or experiences a change in where they are cared for, are not captured. Better data on why events occur would make the dataset much more informative.

Integrated or shared data systems can support multi-agency working as they can enable practitioners to more easily share information between one another. A longer-term development for consideration is to invest in integrated or shared data systems, learning from the experience of the SEEMiS system in Scotland's education system and from the introduction of integrated data systems by Tusla, the Republic of Ireland's Child and Family Agency. In designing and developing a more integrated data infrastructure, there is the opportunity to review what data should be collected and how that data is collected, with the aim of collecting more consistent, accurate and timely information on the needs, experiences and outcomes of Scotland's children, young people and families. However, any new system needs to be planned and introduced carefully to prevent duplication of effort by practitioners using both old and new systems.

### **More work needs to be done to understand the relationship between integration and outcomes**

Our study has highlighted the complex relationship between integration and outcomes. Partly this relates to the difficulty of defining integration, and our work in Scotland focused on the impact of structural integration through Scotland's Health and Social Care Partnership (HSCP) structures. There is a challenge in being able to establish what the aims of integration are and how these aims are best measured. Statistical data can be used to measure aims related to improved outcomes for children, young people and families, but there are currently the gaps in this data in Scotland thus making this difficult to assess. Experiential data can also be drawn upon, and this was the approach taken via our workforce survey which asked about more integrated ways of working. There is a need to enhance our understanding of integration and how this impacts on children, young people, families and the workforce. Our methodology, the components of integration model, and similar work carried out in England (O'Brien et al., 2009), offer approaches to build on but further work is needed.

### **The current integration landscape in Scotland would benefit from being simplified and more consistent**

Any further structural reform of public services should seek to simplify integration arrangements already in place and be clearer about the impacts expected to result from integration. Greater consistency across Scotland would remove some of the uncertainty and risk being experienced currently. Concerns have been expressed about a risk of fragmentation of children's services because responsibility for parts of services may lie within different structures (Brock & Everingham, 2018). Children's Services Planning Partnerships (CSPPs) were established through the Children and Young People (Scotland) Act 2014 (Part 3) to bring together the organisations that have a part to play in improving outcomes for children, young people and families. Many Health and Social Care Partnerships (HSCPs) also have responsibility for at least some children's health and children's social care services, although, as we found in our study, the precise extent and nature of responsibility for children's health services in particular can be difficult to determine. The challenge is that there are different planning and reporting requirements for CSPPs and HSCPs. Effective co-operation between agencies can occur under different structural arrangements, and CSPPs and HSCPs may well work well together in some areas, but the benefits of the current complex picture are difficult to determine.

### **Time, clarity, leadership and resources are needed to deliver change in Scotland's children's services**

Our study has shown that reforms take many years to plan, design, adapt, and deliver and, even once delivered, may not have the positive impact aspired to. Children's services comprise of such a highly complex and inter-woven set of policies, services and workforces to meet a broad range of circumstances and needs, that the implementation of any reform must begin with joined-up national and local leadership providing a clear and shared vision of the change aspired to, why it is needed, and what it will take to



deliver. An understanding by leaders of what it takes to achieve change is vital: without this, the time, space, permissions and resources that are required cannot be built. Services are delivered by people, for people: the workforce needs support to engage with the change, build relationships with practitioners from other services, and/or update their practices.

Our case studies highlighted that developing a theory of change which articulates this vision can be a mobilising and pivotal approach. A theory of change is complex to develop and implement, but used flexibly and updated regularly, it can provide clarity on what the change being aspired to is, how it is to be implemented, who is going to implement it, how long implementation will take, and how it will be known whether implementation is happening and having the desired impact.

Given the complexity of children's services, a theory of change for any reform in this area should also consider any initial and emerging unintended consequences. For example, through implementing one reform, is the implementation of another reform impacted or, indeed, the delivery of existing and highly valued services for children, young people and families disrupted? Emerging data and learning should therefore be collected along the way and used by leaders on an ongoing basis to understand barriers and progress: inform decision-making and any adaptations that need to be made to the theory of change; and inform updates to plans and the resources needed. The theory of change will also need to operate in the context of the impact that wider or external factors can have. How the economic and political changes, workforce recruitment and retention difficulties, and the COVID-19 pandemic impacted on many of the approaches and outcomes our study looked at should be noted.

## Conclusions

The Children's Services Reform Research study aimed to contribute to the future design and delivery of children's services in Scotland through answering the research question *"What is needed to ensure that children, young people and families receive the help they need, when they need it?"* This question has provided an opportunity to step back from the binary question of whether children's services should be 'in' or 'out' of the proposed National Care Service, and instead focus more broadly on what is needed to improve the wellbeing of children, young people and families who require support.

No clear solution emerged from our four strands of work that can be directly lifted and applied to shape the future structure of children's services in ways which meet the needs of children and families and improve outcomes. The review of existing national and international evidence highlighted the importance of relationships between children, young people, families and the practitioners who support them, and of multi-agency working at the local/community level. However, irrespective of whether a national, regional or local approach to service integration was predominantly taken, similar issues and challenges were reported. Across all four strands of work there was evidence of consistent challenges around access to services, workforce recruitment and retention, stable funding and in successfully translating the aims and vision of change into improving outcomes for children, young people and families.

Our examination and analysis of experiences to date regarding structural integration in Scotland did not find evidence of a clear relationship between structural integration and outcomes for children, young people and families, or between structural integration and the experiences and views of the children's services workforce. This evidence and its implications should be carefully considered in the context of developing and delivering any change to the structure, functions and delivery of children's services in Scotland, whether children's services become part of or remain outside a National Care Service. The evidence throughout this study has emphasised that whilst structures do matter in a variety of ways, what matters most is not the structure itself, but how the structure enables the workforce to provide the help and support that children, young people and families need, when they need this.

Any change to the structure and delivery of children's services must focus on creating the optimal conditions needed to enable success in improving the lives of the children, young people and families who need the support of services. Our study has identified a range of elements that contribute to developing these optimal conditions:

- Supportive, trusting and consistent relationships between children, young people and families, and the practitioners who support them.
- A focus on realising rights and improving the participation of children, young people and families in decisions which affect their lives.
- Local, high quality and long-term funded service provision that is non-stigmatising and responsive to the wide range of needs of children and young people, families and communities.



- A sufficient and skilled workforce who have manageable workloads and receive the support they need from leaders at all levels.
- Some functions being led at a national level, including development and implementation of national policy and guidance, workforce planning and data infrastructure to support local service delivery.
- Structures which actively enable the workforce to provide the help and support that children, young people and families need, and to work together in partnership seamlessly across service and system boundaries.
- Effective and wide-reaching measures to combat the poverty faced by many children and families.
- A simplified and aligned legislative and policy landscape.
- An approach to planning and implementing change that acknowledges the complexity of human relations and systems, makes the best use of existing evidence but also pays attention to emerging learning. The approach needs to use both technical strategies and innovation to overcome barriers and achieve sustainable outcomes, being supported by people skilled in complex change, sufficiently resourced and with a long-term commitment.

Working to ensure that these elements are in place will assist Scotland to continue to work towards fulfilling its aim to be the best place in the world for children and young people to grow up in.

With the conclusion of this study, Scotland now has the fullest picture yet regarding what is required and what makes a difference in providing effective, meaningful and well-resourced support whenever and wherever children, young people and their families need this.

The integration of services is often thought to be a solution to the challenges of providing seamless, timely and well-managed services, but the process of integration is complex and nuanced, with many factors that can facilitate or impede the ability to achieve the aims behind integration. Close attention needs to be paid to the very real examples and evidence brought together in this study to use this learning to shape the way forward for improving children's services for all Scotland's children, young people and their families.

## Areas for future research

Our study's focus on reviewing and generating national and international evidence to answer our overarching research question has provided a wide breadth of evidence. In particular, it has highlighted the common issues and challenges that are present when working with integration and the complex change behind reforming services. However, this rapid work completed in a little over a year means that beyond the scope of the Children's Services Reform Research study for the Scottish Government, the research team's work to explore aspects of the data's depth and richness will continue.

The reports of each of the strands of work have identified specific issues and areas that this study has brought to light and would merit further research. These include:

- A more detailed exploration of the prevailing trends regarding outcomes for children, young people and families is needed to provide greater insight into the range of explanatory factors which are influencing the experiences and outcomes of children, young people and families within Scotland.
- Engaging with the adult services workforce (including housing, alcohol and drugs, and employability services) to better understand young people's transitions into adult services, including identifying the enablers and barriers to seamless transitions.
- Further exploration of what good-quality practice exists in supporting children and families, what this practice looks like, and what factors support and hinder this practice.
- A look at the tendency towards higher levels of structural integration in the west of Scotland than the east that was identified by this study, to explore the reasons behind these differences.
- Work to understand how children can be meaningfully involved in the design, development and governance of large-scale service reforms and restructures, and what impact their involvement has on the quality of the resulting services. It was unclear from the evidence we reviewed for our study, if and how children's rights have been enacted in this respect.
- Seeking to answer an abiding question of whether the closer integration of children's health and social care comes at the expense of the relationship with education services. While gaps with mental health and disability services have been widely reported, in our study, the connection with education services – early learning and childcare, school education, educational psychology and learning support – very rarely came up as part of this integrated offer, aside from being a partner within local children's services planning partnerships.

The research has highlighted that integration is a complex and prolonged process and the multi-year timeframe that transformational reform programmes require for implementation. Undertaking research into the impacts of such reforms therefore needs to be carefully planned for. Moreover, research in this area needs to consider when the effects and impact of implementation might be seen, and how to attribute any potential impacts to the reforms, as opposed to other factors, such as periods of economic growth or recessions, or changes in government.

This study has been able to consider the views and experiences of children, young people and parents where these have been shared to date, including their significant input into recent reviews in Scotland. It is imperative that any further research into children's services and how these are designed to meet the needs of children, young people and families continues to review and seek what they say about their experiences, to ensure that the fullest picture can be understood.

Lastly, a key contribution of this research to further study is that the innovative statistical methodological approach taken for this study in relation to how the relationship between integration and outcomes was investigated can be replicated in other contexts and settings. We have made the approach we used available, and, similarly, the details of our workforce survey, and the qualitative work which accompanied it. This provides an excellent baseline which can be utilised in the future to assess progress.

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## Appendix 1: Membership of the Independent Steering Group

<b>Name</b>	<b>Position</b>
Professor Brigid Daniel (Chair)	Professor Emerita; Queen Margaret University
Professor Ruth Jepson	Director of the Scottish Collaboration for Public Health Research and Policy; University of Edinburgh
Professor Sandra Nutley	Professor Emeritus; University of St Andrews
Professor Barbara Fawcett	Head of Department, Social Work and Social Policy; University of Strathclyde
Dr Ruth Astbury	Lecturer and Programme Leader, School of Health and Life Sciences; University of the West of Scotland
Professor Lisa Bunting	Professor, School of Social Science, Education and Social Work; Queen's University Belfast
Professor Leah Bromfield	Chair of Child Protection and Director of the Australian Centre for Child Protection; University of South Australia
Allister Short	Service Director for Women's and Children's Services; NHS Lothian
Barry McLeod	Programme Manager, Public Service Improvement Framework; Improvement Service
Professor Margaret O'Brien	Professor of Child and Family Policy; Thomas Coram Research Unit, University College London
Stephanie Crisp	Improvement Lead; The Promise Scotland
Claire RM Burns	Insights Lead; The Promise Scotland
The following people also contributed their expertise as members of the Independent Steering Group for a shorter period of time:	
Dr Helen Whincup	Senior Lecturer in Social Work; University of Stirling
Dr John O'Dowd	Clinical Director; NHS Greater Glasgow
Claire Stuart	Head of Insights; The Promise Scotland





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