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for Children's Care and Protection

Children's Services Reform Research Study: Reforming Children's Services: The Role of Data in Transformational Change

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2 December 2024

First in a series of webinars to take a further look at what the Children's Services Reform Research findings mean if Scotland is to achieve impactful, meaningful change and how these themes have been developing.

Potential inclusion of children's social work and social care services in proposed National Care Service



Feeley report
February 2021



Our proposal therefore is that children's social work and social care services should be located within the NCS to ensure a more cohesive integration of health, social work, and social care. By doing so, it affords the opportunity to address the unanticipated consequence of integration where children's social work is currently fragmented across different public bodies in different integration arrangements.

August 2021

**A National Care Service for
Scotland - Consultation**



Children's Services Reform Research

Aim: To gather evidence to inform decision-making about the delivery of children's services in light of the proposed introduction of the National Care Service

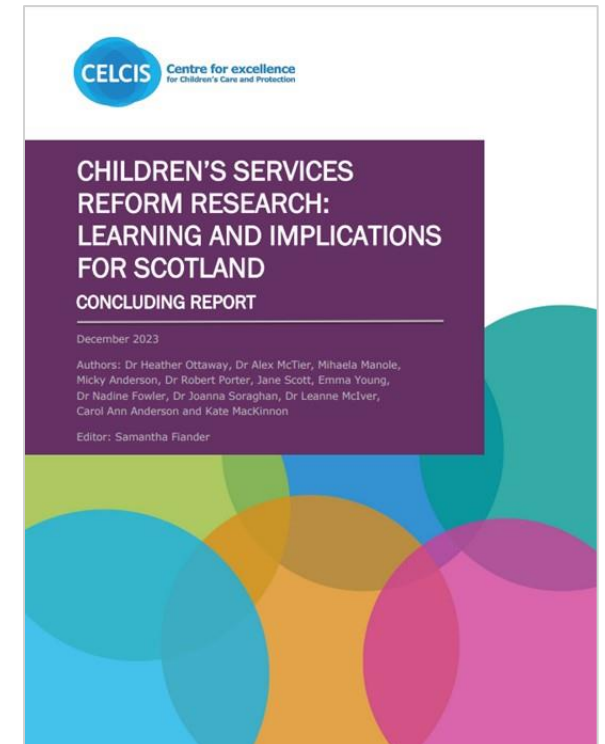
Research question: What is needed to ensure that children, young people and families get the help they need, when they need it?

Strand 1:
Rapid evidence review

Strand 2:
Case studies of transformational reform programmes

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

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



Strand 3

STRAND 3:

Mapping integration and outcomes
in Scotland: A statistical analysis

Research question:

Is the level of structural integration of children's health and social care services associated with changes in outcomes for children, young people, families, and the workforce?

The approach

Step 1 :

Categorisation of the differing approaches taken to integration of children's health and children's social care services in Health and Social Care Partnership areas

Step 2 :

Identification of appropriate outcome indicators

Step 3 :

Statistical modelling of the association between the level of integration and children's outcomes

Step 4 :

Exploration of other factors that may be influencing changes in outcomes

Step 1: Categorisation of local authority areas by level of integration of children's health and children's social care services

10 LAs



9 LAs



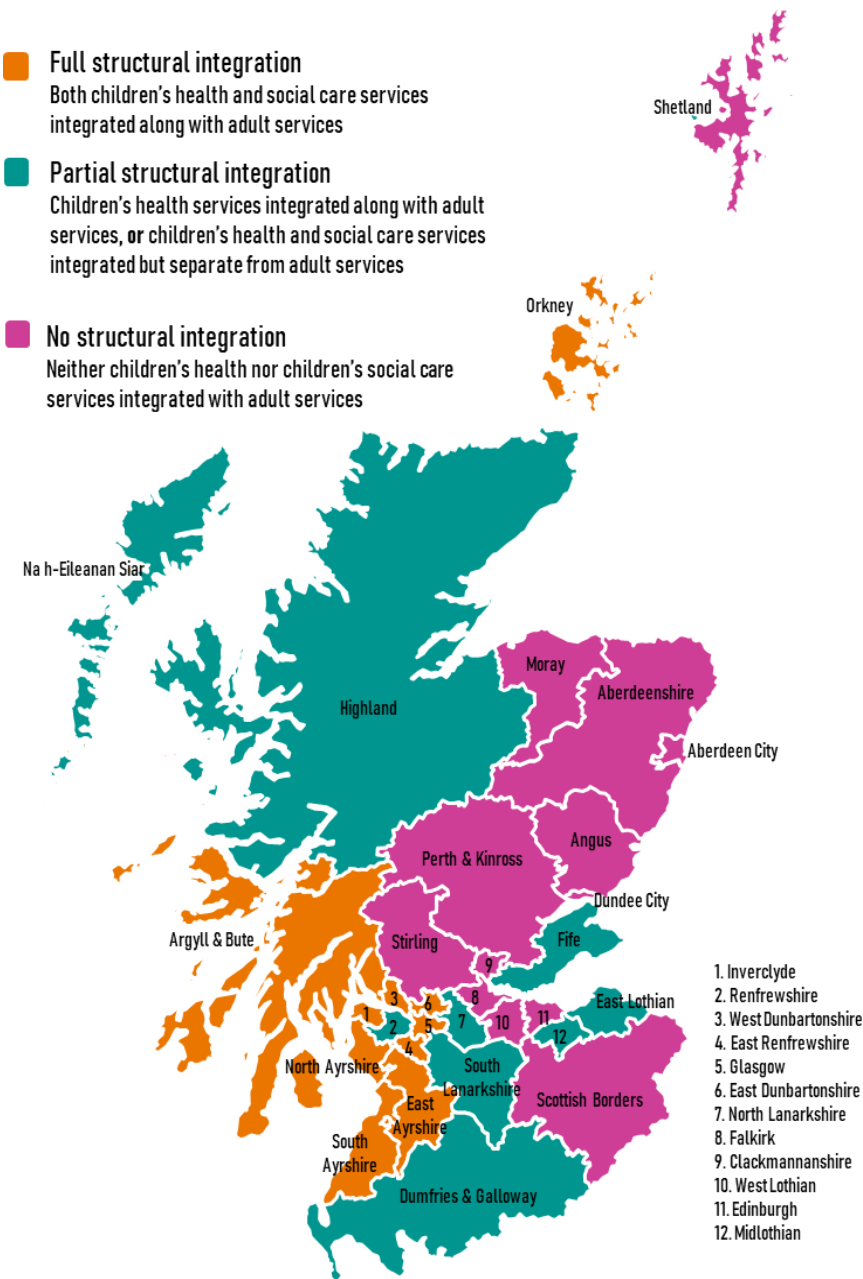
13 LAs



- Full structural integration
Both children's health and social care services integrated along with adult services
- Partial structural integration
Children's health services integrated along with adult services, or children's health and social care services integrated but separate from adult services
- No structural integration
Neither children's health nor children's social care services integrated with adult services

Based on integration of children's health services and children's social care services in Health and Social Care Partnerships after the Public Bodies (Joint Working) (Scotland) Act 2014.

Note the geographical pattern



Step 2. Identification of appropriate outcome indicators

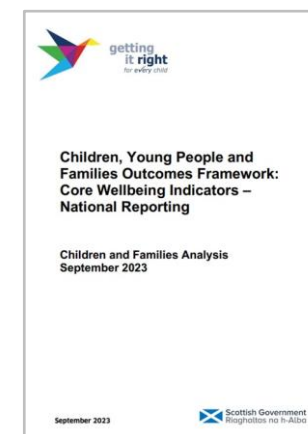
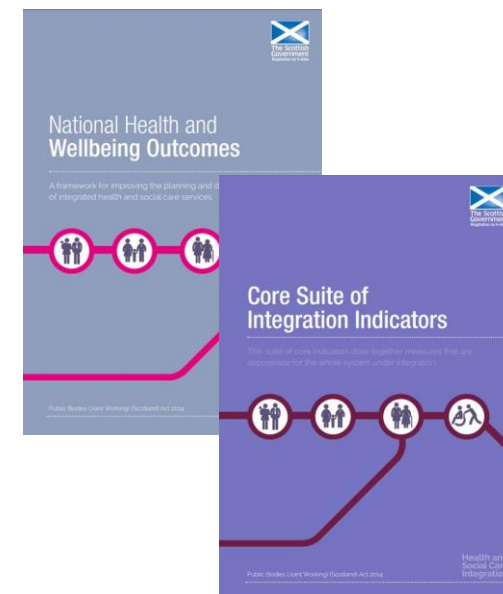
After introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government produced adult-focussed **National Health and Wellbeing Outcomes** with associated set of core indicators for HSCP areas to report on annually.

No equivalent for children's health or children's social care services that were integrated

Children and Young People (Scotland) Act 2014 introduced a requirement for local authorities and health boards to jointly produce integrated Children's Services plans.

Outcomes and indicators set at local level

Development of Children, Young People and Families Outcomes Framework in response to the Scottish Government review of Children's Services Plans (2017-20) and core wellbeing indicators published in 2023.



Step 2. Identification of appropriate outcome indicators

39 potential indicators identified

relating to outcomes for children, young people and families and the workforce

Indicators were assessed for:

- Availability over an extended time frame (preferably 10 years)
- Availability at local authority level
- Quality of data
- Whether the indicator could reasonably be expected to change due to integration of health and social care service

25 included in analysis



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION

Public Health
Scotland

care
inspectorate



Scottish Social
Services Council

iS.
improvement service

Step 3: Statistical modelling of the association between the level of integrations of services and outcomes for children

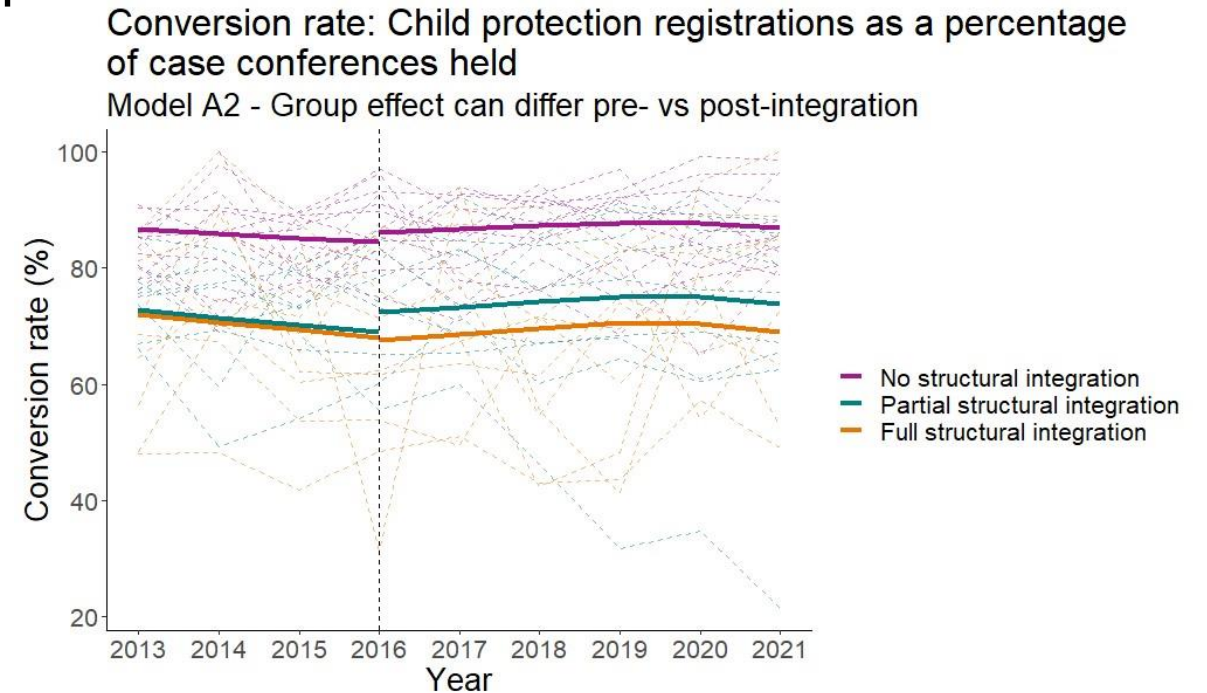
Model A1

Differences between the 3 integration categories over full period

Model A2

Differences between 3 integration categories pre and post-integration separately (see chart)

Compare A1 and A2 for association between integration level and change in post-integration period



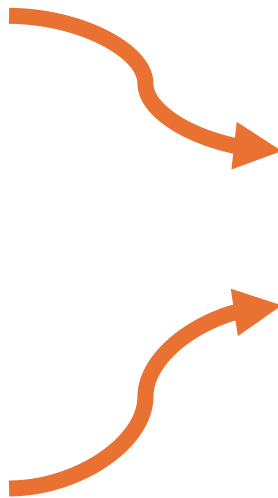
Step 3: Statistical modelling results

22 indicators

No evidence of an association between structural integration and outcomes

3 indicators

Small but statistically significant changes that do not paint a clear picture about the influence of integration on outcomes



Key finding

No consistent evidence of an association between structural integration and outcomes

Step 4: Exploration of other factors that may be influencing changes in outcomes

Trend analysis found that 22 of 25 indicators had undergone significant changes during the period studied. The trend analysis did not include any data on integration or other contextual factors, and purely focused on change in the indicators over time

22

Other contextual factors were found to be related to changes for a number of indicators

16

Deprivation

14

Covid-19 pandemic

9

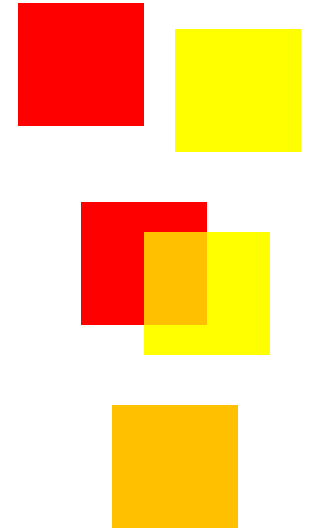
Population density

Strand 3 observations

Although we found no consistent evidence an association between structural integration and the indicators we used, this does not mean that structures are not important.

It is widely acknowledged that integration is not an immediate event but rather an ongoing complex process, and one which can take many years to fully embed. The relatively short follow-up period since integration means there may be impacts of the integration of children's services that have yet to be seen.

With other factors having an association with change, it makes it difficult to pick up a signal of change associated with structural reform.



Strand 3 observations

The quality of children's data in Scotland needs to improve. Data gaps include:

Early help children and families 'in need' data

Data evidencing the needs of children, young people and families, their experience of the services they receive, and outcomes that result from getting support and using services, particularly in relation to wellbeing

Workforce-related data to improve understanding of recruitment, retention and caseload pressures, as well as workforce wellbeing

Health data at local authority level

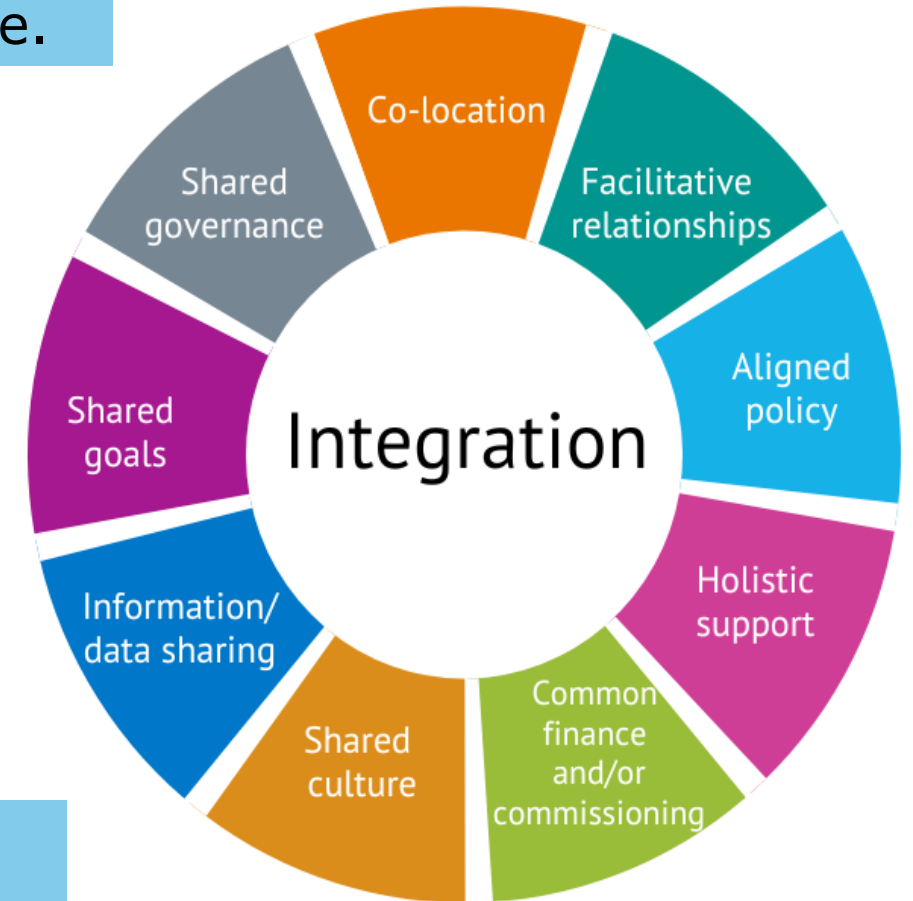
Strand 1 observation

'Integration' as a concept is challenging to define.

No single 'model' of integration at local, regional or national levels, but a range of shared components.

This provides a more nuanced understanding of 'integration', not as a singular process activity, but as **an outcome of a broad range of components**, the importance or impact of which will vary within different contexts.

Further work could be done over time looking at other aspects of integration (e.g. shared finance, aligned policies, shared culture) to fully understand the relationship between integration and outcomes.



Causal chain: How do we anticipate structural change leading to changes experienced children and families which improve outcomes?





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Why these data gaps matter and the role of a theory of change

1. To assess the impact of health and social care structural integration on children and young people, we had to retrospectively select a set of outcome indicators
2. The retrospective nature of this is important. It infers partner organisations:
 - Were not clear or could not agree on what the reforms were seeking to achieve for children and young people
 - Could not monitor progress and, in time, assess the effectiveness and impact of the reforms on children and young people
3. Data and measurement should not be an afterthought. It must be a key part of the planning process and a theory of change can support this

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What is a Theory of Change?

1. What is a Theory of Change?

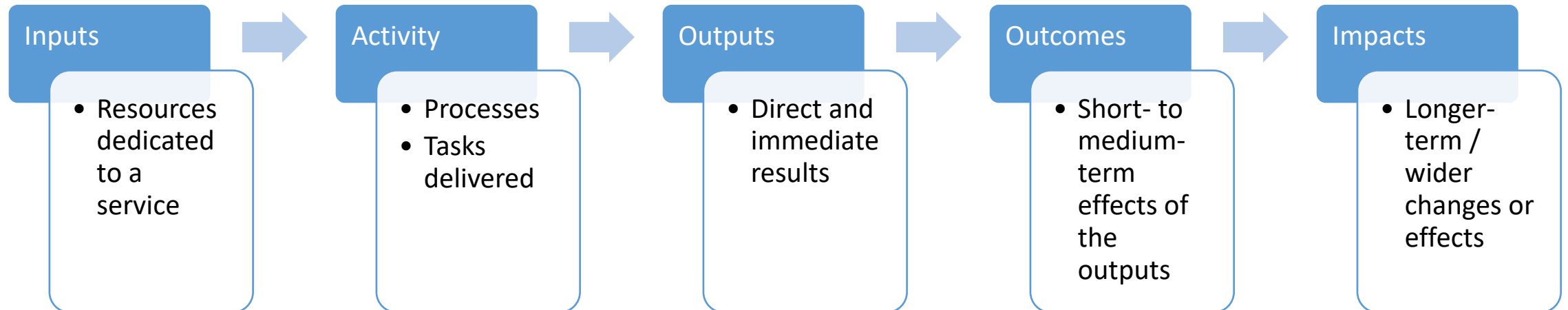
- Description of how and why a set of activities are expected to lead to early, intermediate and longer-term outcomes over a specified period
- Explains and articulates how a change is intended to work and what impact it will have

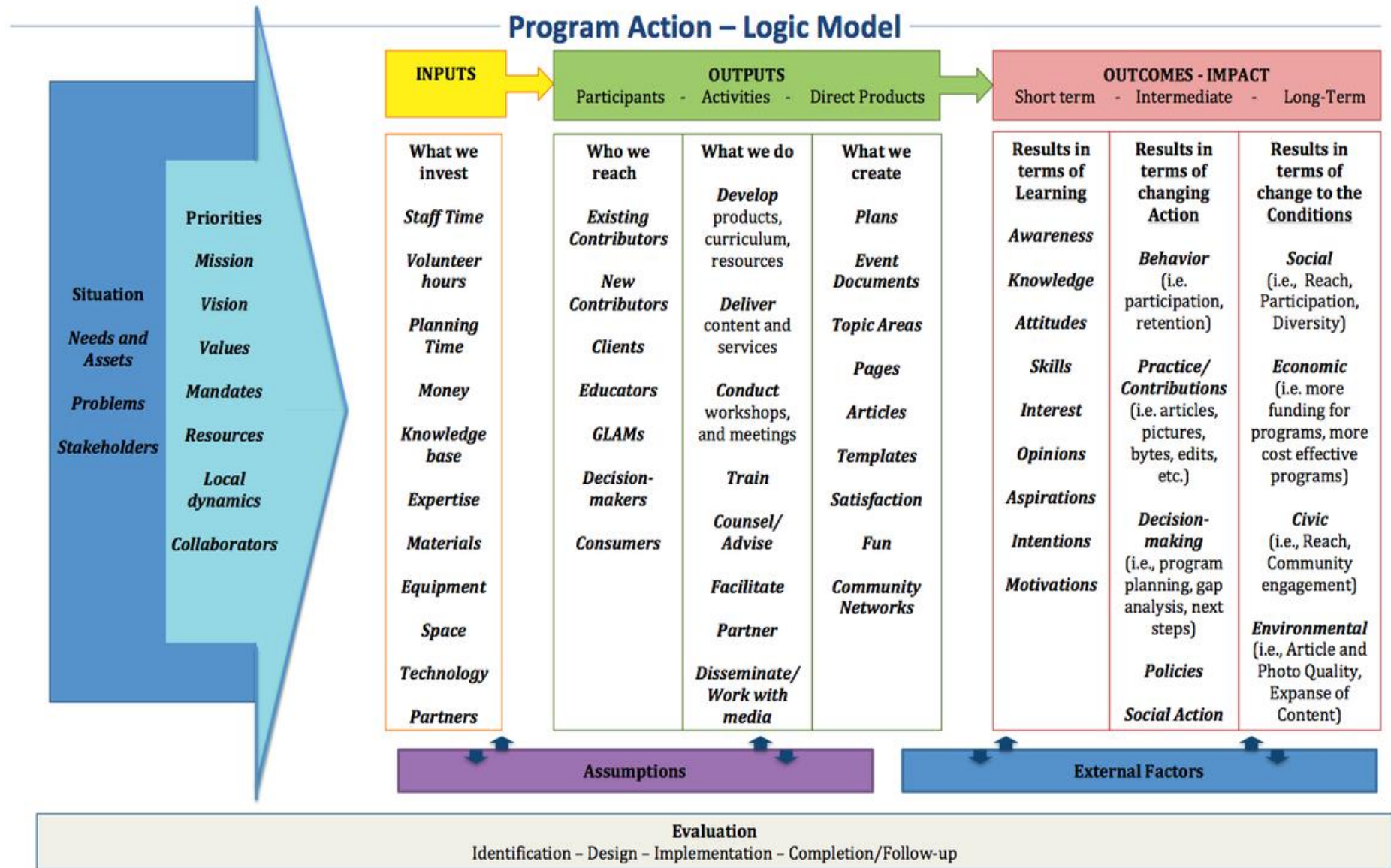
2. What is a Logic Model?

- Graphical representation of the intended relationship(s) between investments and results
- Represents, in a simplified way, a hypothesis or 'theory of change' about how a change works

What is a Theory of Change?

3. Theories of change / logic models can be used in programme planning, implementation, evaluation, and communication
4. The convention is the following logic model / theory of change:







Benefits of a Theory of Change

1. A theory of change makes clear:
 - What we are trying to achieve
 - How we are going to achieve it; the 'causal chain'
 - How we will know if we've achieved it
2. Other benefits include:
 - Visually powerful – depict complex processes in a simple diagram – which appeals to a wide audience
 - Provide a tool to revisit and revise assumptions behind a planned change
 - The process of developing a theory of change is positive, if done as a collaborative exercise among partners and stakeholders



Challenges of a Theory of Change

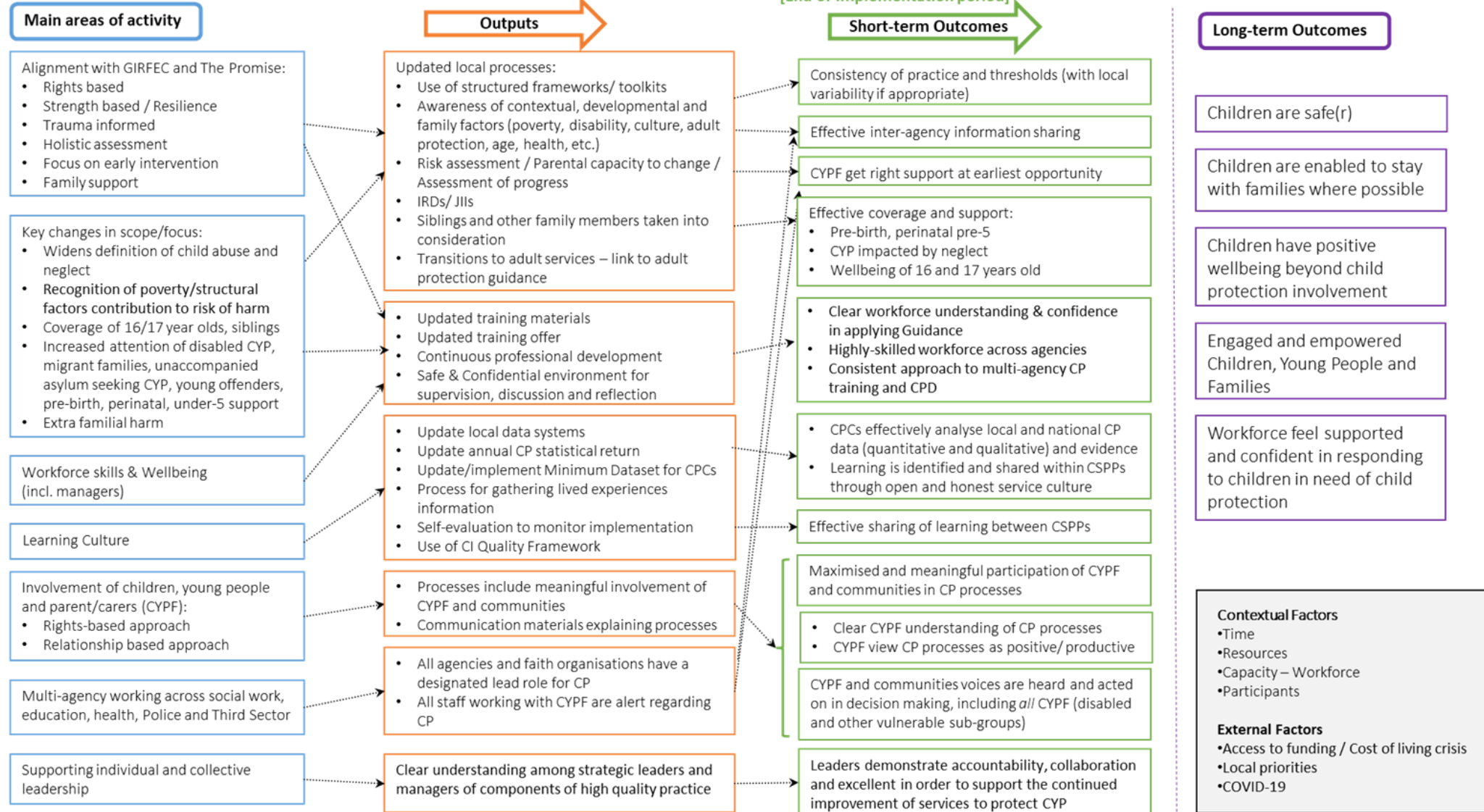
1. The need for a theory of change to support public sector reform was a key finding from the research...

2. ...but they are not without challenge:
 - It is not easy to articulate complex public sector reforms in a 1-page diagram
 - Partners and stakeholders may disagree on the causal chain
 - May be viewed as a one-off 'planning stage' exercise, and not used and reviewed as the reform progresses
 - May not have the data and measures required to fully assess progress and impact

While complex, it is possible...

National Guidance for Child Protection in Scotland 2021: Logic Model

Child Protection Guidance Implementation – Logic Model



Sketching out a children's services reform theory of change

1. Scotland's aspirations from public sector reform include:
 - Accessible, joined up services for children and families
 - Investment in preventative and early intervention services
 - Embedding of children's rights
 - Positive relationships between children, families and services
 - A supported and sustainable workforce
 - Improved outcomes for children and families
2. A theory of change can help articulate how these aspirations will be delivered, and how we will know progress is being made

Sketching out a children's services reform theory of change

	INPUTS	BENEFICIARIES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONGER-TERM OUTCOMES
Example items to include	<ul style="list-style-type: none"> • Funding • Staffing 	<ul style="list-style-type: none"> • Children and families 'in need' 	<ul style="list-style-type: none"> • Multi-agency family support teams • Co-located hubs • Staff training 	<ul style="list-style-type: none"> • Accessible services • Joined up working 	<ul style="list-style-type: none"> • Meeting of immediate child and family needs • Positive working relationships 	<ul style="list-style-type: none"> • Thriving children and families • Less demand for statutory services
Data we have 	<ul style="list-style-type: none"> • Direct funding levels • Workforce numbers 		<ul style="list-style-type: none"> • Number of teams/hubs • Staff participating in training 	<ul style="list-style-type: none"> • Child and family uptake of teams/hubs 	<ul style="list-style-type: none"> • Early years and school attendance • Family income maximisation 	<ul style="list-style-type: none"> • Early childhood health measures • School attainment and destinations • Child protection and 'looked after' numbers • Parental employment
Data we don't have 	<ul style="list-style-type: none"> • Indirect/in-kind resources 	<ul style="list-style-type: none"> • Number, characteristics and needs of children and families 'in need' 	<ul style="list-style-type: none"> • Staff understanding of reform and multi-agency services 	<ul style="list-style-type: none"> • Child and family experience of teams/hubs • Staff experience of teams/hubs • Sense of shared culture across workforces 	<ul style="list-style-type: none"> • Child and family wellbeing and relationships • Workforce sickness and absence 	<ul style="list-style-type: none"> • Older children's health measures • Workforce wellbeing • Redistribution of funding



Concluding thoughts

1. A theory of change can support the planning, delivery, monitoring and evaluation of public sector reforms
2. Theories of change require data and key data gaps need to be addressed. These gaps include:
 - Early help children and families 'in need' data
 - Children and families' experiences of services
 - Workforce sickness, absence and wellbeing data
3. Public sector reform planners need to work with data colleagues to:
 - Understand what local-national data exists
 - Plan how to address data gaps and collect 'new' data



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Questions ?