



## CELCIS | Reforming Children's Services: The Role of Data in Transformational Change

### Chair:

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### Presenting:

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**Dr Alex McTier**, Evidence and Evaluation Specialist, CELCIS

### Claire Burns

Okay, I think we'll just make a start. Good morning, everybody. I'm Claire Burns. I'm the director of CELCIS, and I'll be introducing the webinar this morning. And if you're a bit like me, you probably can't quite believe it's Monday morning again, and you can't quite believe it's December, but what a great way to start the week as well for us coming together. And we really appreciate everybody giving us your time. We know how busy everybody is, but really, you know, we appreciate you giving us your time and stepping into this learning space together at the beginning of the week. This is our second Emerging Insights series here that CELCIS. The first was focusing on Emerging Insights and Child Protection. And the second series, which will have four seminars, is focusing on our learning from the Children's Services Reform Research, not just what the research told

us, but what are the implications for policy and legislation and practice in relation to that evidence as well. Today's event is entitled Emerging Insights: Reforming Children's Services, The Role of Data in Transformational Change, and it will be led by two of my CELCIS colleagues, Micky Anderson, who's the Data Lead here at CELCIS, and Dr Alex McTier, who's the Evidence and Evaluation specialist at CELCIS. And so, without further ado, I'm going to pass this on to our first presenter, my colleague, Mickey Anderson, over you, Micky.

## Micky Anderson

Okay, so as Claire said, our session today is about the role of data in transformational change. I'll remind you of the context around our Children's Services Reform Research, why we approach it, and we did, and then I want to look in particular at one of the strands that I actually led on, which was strand three. And that's particularly relevant to our theme today, which is to say, is the role of data in transformational change. I'll then pass you over to Dr Alex McTier, my esteemed colleague, who will look at the learning from strand three in particular and the implications for theory of change.

So just starting, you'll all probably remember the Feeley Report, which was published in February 2021, back in the depths of COVID actually, and that was a report on the Independent Review of Adult Social Care in Scotland. Crucially, that was a review of Adult Social Care and the Feeley Report, and the Review were in response to concerns that the previous round of transformational change in Scotland, which came in as a result of the Public Bodies Joint Working Scotland Act in 2014 hadn't achieved the desired change and outcomes. So, there was a Review of Adult Services in Scotland and publication of the report in February 2021. Quite shortly afterwards, and I think it's fair to say this was perhaps a surprise to many colleagues in the sector, the Scottish Government expanded the remit of the proposed National Care Service to include children's services - children's health and children's social care services. Now I'm just going to read out what it said in the consultation that Scottish Government published in August 2021 because I think there's some really key sort of phrases within this that give us an indication of the thinking behind potential inclusion of children's services. So, they said,

"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 consequences of integration where children's social work is currently fragmented across different public bodies in different integration arrangements."

So, a couple of key things in there for me, "unanticipated consequences of integration", so that last round of transformational change had some unanticipated consequences for children's services, and perhaps contributed to a sense that children's services are sometimes a bit of an afterthought when it comes to public sector reform. And the other point there is that "fragmentation of services across different public bodies and different integration arrangements". We examine those different integration arrangements in strand three, which I'll talk about shortly. So, I want you to hang on to those notions about fragmentation across bodies and unanticipated consequences of integration when we think about children's services.

## 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?



So, our research, the Children's Services Reform Research; the Scottish Government acknowledged that with their aim to include children's services, they needed to gather further evidence to inform their decision making, and they commissioned CELCIS to carry out the Children's Services Reform Research. So, we constructed a multi-strand, mixed method research study, and our aim for this study was to gather evidence to inform decision making about the delivery of children services in light of the proposed introduction of the National Care Service. Now I'll say wee bit more about that in a second. We had four strands within our research, and which you can see on the slide here, but we had one overarching research question, which is,

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

So, our four strands, our first one was a Rapid Evidence Review, which looked at evidence about the effectiveness of integration of children's services in high income countries. So that gives us a wee sense of previous attempts at the integration of children's services elsewhere. Strand two, we call this deep dive,

actually within CELCIS, but here we were looking at case studies of transformational reform programs. So, we had case studies of five reform programs of children's services in high income countries again, and that was supplemented with a sixth case study on Police Scotland and the formation of that national body, which we thought we could learn from as well. And the strand I'm going to focus on is strand three, Mapping Integration and Outcomes in Scotland, a Statistical Analysis. So, we'll come on to that in a second. And finally, strand four, which again, was about building an evidence based in Scotland, was a workforce survey, with some other elements as well in in this, but basically to gather the views and experience of the children's services workforce to inform any decision. Those all came out last year, and actually we're just about at the anniversary point of the overall report being published, which kind of brought together the findings from all those different strands. So that was the learning and implications for Scotland report that was published in December last year.

## 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?

So moving on to the strand that I want to focus on today is strand three. And I say our title here was Mapping Integration and Outcomes in Scotland, a Statistical Analysis. And the research question we set ourselves was,

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

Now, very often in Scotland, when reform of services is introduced, there's an integration element to that, and that goes probably back beyond the Christie report in 2011 but that key theme of integration being linked to outcomes runs right through public sector reform in Scotland. So, it's perfectly reasonable, I would say, it's absolutely legitimate, to look for evidence of a change in

outcomes when you introduce structural integrate integration. But what's often missing, and particularly in relation to children's services, is a clear path from structural change to change and experience for children and young people that is evidenced in outcomes. Alex will come back to talk about a bit about that later on.

## 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

So just to go through the different steps we took during this strand three research. The first thing we did was to categorize different approaches to the integration of children's health and children's social care services in Scotland as a result of the bodies that were established after the Public Bodies Act, and those were the Health and Social Care Partnership areas across Scotland. So I'll talk go through each of these in a wee bit more detail in a second. But our second step then was to look for appropriate outcome indicators that might tell us something about the different levels of integration in local authority areas. The third step then was actually to develop and apply a statistical model to look for an association between the level of integration and those outcome indicators that we selected. And the final step that we were able to do, because our model - the statistical model, included other factors that could have an influence on outcomes, we were actually able to isolate those factors as well, and just look at the impact of those on change over time.

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

10 LAs

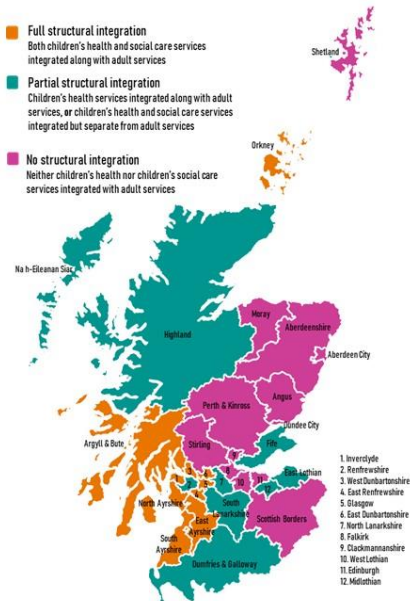
9 LAs

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



So, to go through each of those steps in a little bit more detail, the first one is to look at the categorization of local authority areas. So, as I've said already, the public bodies joint Working Act 2014 established integration authorities in Scotland and Health and Social Care Partnerships were mostly established in 2015-16 across Scotland. Those partnerships had a responsibility, a statutory responsibility, for integration of adult community health and social care services, again, a focus adult services there. Beyond that, though, they also had the opportunity, on a voluntary basis, to integrate other services such as Homelessness Services, Criminal Justice Services, and the crucial one for us is Children's Health and Children's Social Care Services. So, this being Scotland, local authorities approach this in different ways, of course, and you can see on the map there how that that split up. So, we had ten local authorities, which we described as having full Structural integration. And by that, I mean that children's health and children's social care services were delegated to Health and Social Care Partnerships (HSCP) alongside adult services. And our second category was partial Structural integration, where either children's health or children's social care services were delegated to the HSCEPs. Our final category was no Structural integration, so adult services were delegated in those areas, but children's services were not, and that's children's health and children's social care services. The process of allocating areas through these categories appeared fairly simple initially, but it proved to be much more complicated than we originally anticipated. When we started this process, I didn't have a grey hair on my head. But after looking at integration, you can see the results. And there was particular confusion, I have to say, about delegation arrangements for children's health services. And it took considerable negotiation with local areas to kind of bottom that out. We could talk at length about some of the difficulties there, but we'll leave that for another day. So just one thing before we move on from this slide, just note to the geographical pattern you can see there in the map. So, the

eagle eyed amongst you will notice that of the local authority areas that have full Structural integration, apart from Orkney - an outlier in the north there - all the others were actually part of the former Strathclyde Regional Council, which was restructured way back in 1996 so it immediately raised questions about, why? Why do we have a particular practice in the West of Scotland, and if you have a look at the map again, certainly different practice in the northeast and towards the east of the country. Our research didn't give us time to look at that, but it certainly stands out from the map.

## Step 2. Identification of appropriate outcome indicators

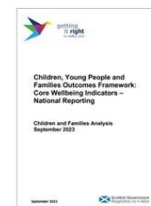
After introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government produced adult-focussed **National Health and Wellbeing Outcomes** with associated set of core indicators for HSCP areas to report on annually.

**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.



So, the next stage in our process was to develop appropriate outcome indicators. Now the Public Bodies Joint Working Act, as you remember, it was very much adult focused, and so a series of national health and wellbeing outcomes, and an associated set of core indicators for HSCPs were produced. So, there are a set of nine health and wellbeing outcomes and a whole slew of indicators then to measure achievement against those. So, although this wasn't presented as a theory of change, there was a clear link made between the structural reform and those particular outcomes and then indicators to measure achievement of those outcomes. Now, critically for us, there was no equivalent for children's health or children's social care services that were integrated under the Public Bodies Act. So local areas were left to decide for themselves what they wanted to monitor there. Now a second bit of key legislation came in in 2014 which was the Children and Young People Scotland Act.

And again, alongside that Act for adults, this one focused on children's services and introduced a requirement for local authorities and health boards to jointly produce integrated Children's Services plans. So, we had children's planning partnerships locally making decisions about what outcomes and indicators and they would include in their plans, because again, there were no outcomes set nationally for those areas. So, we can see a very stark difference there in the

thinking around adult services when it comes to outcomes and indicators and to Children's Services, where it was left to local areas to come up with their own outcomes and indicators effectively. Now, not surprisingly, that led to disparity across Scotland and the types of indicators that were used, both in responding to the reporting requirements under the Public Bodies Act and in the Children's Services plans. So, after the Scottish Government reviewed Children's Services plans from 2017-20, there was a recognition of that disparity across Scotland, and it was development of the Children, Young People and Families Outcomes Framework. And the idea through that was to establish more commonality across plans and introduce a set of core well-being indicators, which were published in 2023. So, you can see a move there to thinking about outcome indicators for children's services, but that isn't linked to structural change necessarily. We were able to draw on the work that had gone on around those core well-being indicators, and the work we did gathering indicators. So, I just want to move on now to look specifically at the indicators that we included.

## Step 2. Identification of appropriate outcome indicators

### 39 potential indicators identified

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

Indicator 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



So, because indicators weren't specified, we had to cast our net quite wide to find available indicators that were of sufficient quality for inclusion in this research. So, we identified 39 potential indicators, and we assessed those then against various criteria, which I'll go through to see if they were suitable for inclusion. So those criteria, first of all, we wanted to check was the data available for these indicators over an extended timeframe, and preferably 10 years, so five years and pre the establishment of health and social care partnerships and for five years after that. We also wanted to see, could we get data at local authority level that proved to be a bit of a challenge. The quality of the data was also important for us. So, where data was suppressed for some local authorities, or where there was some obvious disparity and interpretation of indicators. We had to drop some indicators because of those data quality issues. We also assessed whether indicators could reasonably be expected to

change due to the integration of health and social care services. Now that's a wee bit of a tricky one, and possibly a weakness within our approach, because although we picked indicators that we thought could change. We didn't clearly explain what the causal chain would be between Structural integration and change for those indicators. So, there were ones we thought you might see some change in, but as I say, we didn't have a clear path to identify how Structural integration would necessarily lead to that change. So of the indicators we included, there was a bunch of them round around Looked After Children, and a bunch around child protection. And because we could only go for available indicators, we landed on ones that, as I say, were publicly available already, and that led us to these kinds of statutory processes, and I think that introduced difficulties about the breadth of coverage of the indicators we were able to include.

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

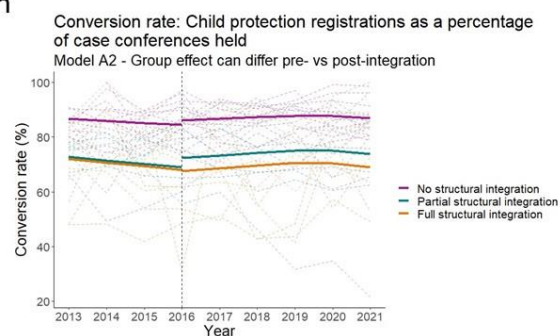
#### Model A1

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



So, moving on to our analysis model then. We developed a multi-level model to actually check if there was an association between level of integration and those three categories that I described earlier, and those outcome indicators that we selected, and my colleague, Dr Joanna Soraghan, who I hope is on the call today, was supported by Professor Adrian Bowman at University of Glasgow, to come up with our own model, effectively, based on development of others that would allow us to look at the change over this period. So, I'm just quickly talk you through how it worked for an indicator where we had data pre and post integration, so we basically looked at difference between the three integration categories, so that's full, partial and no integration, and we looked at differences over the full period for that we had data for. We then looked at differences between those areas, pre and post integration, and you can see that in the chart there, just in this example. And we then compared that change over the full period with change pre and post integration, to see if there was an association

between integration levels and change that we observed? So that was the basic model. Some of our indicators - I should point out we had 20 indicators that had pre and post data with this, five indicators where we only had post integration data, and we took a different approach for those. But I'm not going to that in detail here. I should point out there's a [full technical paper that's available](#). I'm sure you've all read that already, but just in case you haven't, you can go off and look at that, which is available on the CELCIS website.

### 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

So, what did we find? Well, for 22 of our 25 indicators, we found no evidence of an association between structural integration and outcomes. But for three indicators, we found a small but statistically significant change. Now for those three indicators, we found that the change that we observed didn't paint a clear picture, so there wasn't a linear relationship between integration and outcomes on these indicators. And although there was a significant change there that we could observe, and that was associated with levels of integration, so that led us to our overall finding, that there was 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

Now, because of the model we used, we were also able to do some further analysis. So, when I talked about that multi-level model, it included not just the levels of structural integration, but it included some other contextual factors as well. So, they were priced into the model we used, because we expected that they might have an impact on some of the indicators. So, I'll talk about those in a second. But first of all, we were able to look at trend analysis for the indicators over the full time period, and we found that for 22 of those 25 indicators, there was significant change during the period studied, and that trend analysis didn't include those other contextual factors, so it purely looked at change over time, and we found for most of those indicators, there was either an increase or decline over the period. And it's a wee bit tricky with some of these indicators, because we couldn't label that change positive or negative, because you can interpret them differently. So, an example of that would be an increase in referrals to the Children's Reporter on care and protection grounds. A higher number there could indicate that there are more children of risk at harm. Or alternatively, it could mean that there are improved processes in place for detecting risk that exists. So as with all of these things, when you're in and around children's services, there is nuance and interpretation. Moving on to the other contextual factors. We basically were able to isolate the impact of these factors, taking away the impact of integration. So, deprivation, perhaps not surprisingly, was related to the change we observed for 16 of the indicators. The last year of data collection was the first year of the COVID pandemic, and we could see that coming through strongly in the data as well. So, 14 of the indicators we looked at were affected by the COVID-19 pandemic, and we saw an association there. We also saw population density having an impact on nine of the indicators. And there was a final one, which was co-terminosity, if that's the right phrase, between local authority areas and health boards, and we found that didn't have an impact at all across indicators. So a really important thing to

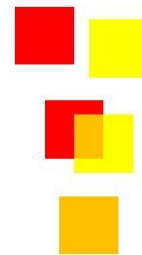
note there is that with those other factors having such an impact, you can see that any signal coming through from structural change would be quite hard to detect. So just a point that it's really important to stress. Now we only included these contextual factors that we thought might have an influence, but there could be others. So, it's just when you're when you're interpreting the research, bear in mind that there are other things at play out there that could have an impact on some of these indicators.

### 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.



So one thing that has kind of been put back to us after publication of the research, we pointed out that there was no consistent evidence of an association between Structural integration and the indicators, and that was quickly interpreted by some people out there as meaning that structures were not important. And I just want to reiterate that we are not saying that in our research, structures can be enabling. And they certainly can have an impact, but we did not see an impact of that previous round of structural reform in Scotland. Bear in mind, we're just talking about structural reform on the indicators. So don't take the message that structures aren't important. But perhaps you could take a message that different structures can work, and maybe we'll return to that point a bit later as well. So, the other thing to notice, another limitation, is that it's widely acknowledged, and this is noted in strand one of our research, The Rapid Evidence Review, that integration is not an immediate event, but rather an ongoing, complex process, and one which can take many years to embed. So even though we allowed for five years post integration, that is not really all that long a time for structural change to filter down to change on the ground that is experienced by children and families. So just to bear that in mind. Clearly, if we do embark on another round of structural change, then that impact will... We'll never see that, because we'll have moved on to the next thing, which is always a challenge when we're looking at long term change that is intended to

influence outcomes that are not immediate. So a point I made already there, is that with those other factors having an association with change, it is very difficult to pick up a signal of change associated with structural reform.

The other thing, I should just mention, in terms of limitation, was the small sample size. So, we only have 32 local authorities to look at here. So, you would need to see quite a big difference for that to be statistically significant. With a much larger sample, I think in England there are over 150 authorities, the model would more readily determine if integration had an impact.

## 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

So, another observation, which was quite a crucial one for us, was that the quality of children's data in Scotland needs to improve. In terms of the selection of the indicators, there's very little in terms of indicators around early help for children and families. We call this 'in need' data. So those that don't bump up against statutory services. And given the focus and the promise on early support to keep families out of those statutory processes, we really need a long, hard look in Scotland at what we record nationally and about early help for children and families. I know that some of this is collected locally, but there's nothing nationally currently that would give us any idea around this. I would contrast that to England, where they do have the 'child in need' return, which captures Social Work referrals and what happens to those. I know if any colleagues from England will readily point out that there are problems with that, but nonetheless, they're significantly further on with that than we are in Scotland. We're also very short on data that evidences the needs of children, young people and their families. So, a lot of the information we collect is on things that happen to them, but not much on them, on the reasons for that, and we certainly have very little on their experiences of the services they receive too, and the outcomes that result from getting support and services, and that's particularly in relation to well-being. So, the things that matter to children and families aren't always

represented in the selection of indicators that are currently available. There was a big gap in terms of workforce related data. Our colleagues at Scottish Social Services Council were very helpful in trying to provide some additional information on workforce indicators, but we weren't able to include any of those because of data quality issues, and given that it comes up time and time again, the importance of workforce and the issues that the sector faces in relation to retention and recruitment, we need a much better understanding of recruitment, retention and case load pressures and workforce well-being. Obviously, our strand four contributed to our understanding there. The other big issue we had, I mentioned that some of the indicators weren't available at local authority level. So, there were some around children and adolescent mental health services that were only available at Health Board level and colleagues at Public Health Scotland did some great work to see if they could look at local authority level data, but there were issues about data quality and using the indicators that they produced from that. So again, a bit of a plea when we're collecting information, to think about how it could be disaggregated to different levels.

## 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.



Now I'm coming to a close shortly, but I just want to go back to an observation that actually came out from strand one, that Rapid Evidence Review, that integration as a concept is challenging to define. And what came through on that was that there is no single model of integration at local, regional or national levels, but a range of shared components. So it's helpful to think of integration not just as one thing. It isn't just Structural integration, so if we think about these components, it provides a more nuanced understanding of integration, and that it's not a singular process activity, but an outcome of a broad range of components, and that will vary depending on the context as well. So, we looked very clearly just at Structural integration, but under different structures, there can be very good integrated practice and services that are experienced in an

integrated way by children and families. And if we were to repeat this research, or if there was to be future research, we could look at categorizing areas by some of those different components of integration, so not just structure, but look at things like shared finances, aligned policies, shared culture, things like co-location. So just I want to make that point again, just about the complexity around integration.

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



And I want to finish before I pass over to Alex by sharing a slide that I've borrowed from a presentation that I saw a colleague at The Promise do, and you see the way he captioned that:

"Facing an uncomfortable truth - in complex environments, it is impossible to demonstrate your impact."

So, you might think that if we introduce structural change. It very neatly leads to change in outcomes. But in the real world, as we found with our research here, other factors can have a big impact on that. I wouldn't go so far as the caption there and saying that it's impossible to demonstrate impact. I think it is really important to think about how we can demonstrate the effectiveness of change, but it is a complex environment, and everything we do is impacted by lots of other things that are going on in the sector. And when I think about this aspect of introducing change in a complex environment. Alex is going to talk a bit about theory of change, but the term that I cling to within theory of change is this notion of a causal chain. How does A lead to B lead to C? So how, for example, does structural integration, does that change lead through into change that is experienced both by the workers delivering services and those experiencing services. So yeah, the causal chain is what I'm going to leave you on. So I'm now going to pass you over to Alex, who's going to start with some

observations about our learning from strand three, and think about those in the context of the theory of change.

## Dr Alex McTier

Micky's given an excellent overview of the strand three research, and really sets up context for this webinar series, which is trying to take a step back and think a bit of the so what? What are the longer-term implications of our research and its applicability one year on, indeed, probably 15 months on, since strand the strand three report was published.



### 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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So, a couple of the things that would immediately have leapt out from Micky's overview of strand three was that we've got a key, enduring takeaway around the data gaps, and Mickey highlighted that, and I'll talk about those in greater depth later, around the importance of those. I think also we should recognize that through Micky and Joanna and other members of the team, we've developed a statistical model that has been applied in this context around the impact on children and young people's outcomes from integration. But actually, that methodology, that technique, can be applied to other environments and other policy settings, not least, probably replicated for the impact of integration on adult outcome indicators, but you could see it being used in other fields. So, there's a couple of takeaways there, but the main takeaway I'm going to look at is thinking around data and its connection to a theory of change. And theory of change figured in all our strand reports and came up as a real strong message within our concluding report. So, I'm going to spend some time just explaining what we mean by theory of change, because it can be quite an opaque term. It may seem quite a technical term. It's not actually - their use is to try and break the mystique around these and try and be clear around that causal chain that

Micky talked about. And then think about how closely interconnected the role of data is in terms of design and use of theories of change. But just in terms of some key pointers, for me, is in that exercise from strand three, it really was a retrospective exercise, and theories of change enable us to get beyond that retrospective that look back best fit exercise. So the fact that it was retrospective, that there wasn't a set of agreed children and young people's outcomes indicators at that formation of HSCPs, at least at a national level, meant that we weren't clear - I'm saying partner organizations, but we, across Scotland - we could not be clear, or could not agree upon what impact those reforms were seeking to achieve for children and young people. Micky's flagged up that there are adult outcome indicators, but not outcome indicators for children and young people. So, we didn't know what impact we were looking to achieve, and in turn, we could not monitor progress, or indeed assess the effectiveness or impact of the reforms on children and young people. In short, children and young people were a blind spot, both in terms of the how and also in terms of the data aspects. So in terms of amending that or shifting that up, we see real value in the theory of change, which I'll come on to, and having that at the outset, really well articulated, and that data and measurement can be, or should be a core part of that planning process and that development of the theory of change, and hopefully to the next few slides, you'll see how they weave and interconnect.



## 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

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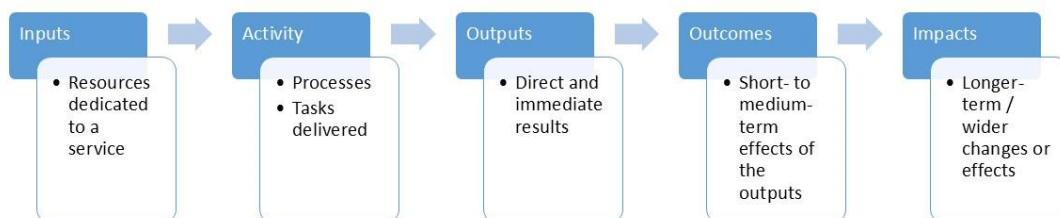
So, taking a step back, here are just get a couple of slides around what is a theory of change. So, a theory of change is a description of how or why a set of activities are expected to lead to outcomes over a specified period. And you might want to organize those outcomes into immediate next steps, or early outcomes, early results, right through to longer outcomes and maybe longer term societal economic impacts. Very much, as Micky said, it's that causal chain

of events. So, if we're doing this activity, what are we expected to see over the longer term, and why? What is about those activities that will lead to that change? A logic model is probably a term we may be more familiar with, and in a sense, they are very much interchangeable - logic model, theory of change. It's just the logic model is actually that graphical representation of that, that theory of change.



## What is a Theory of Change?

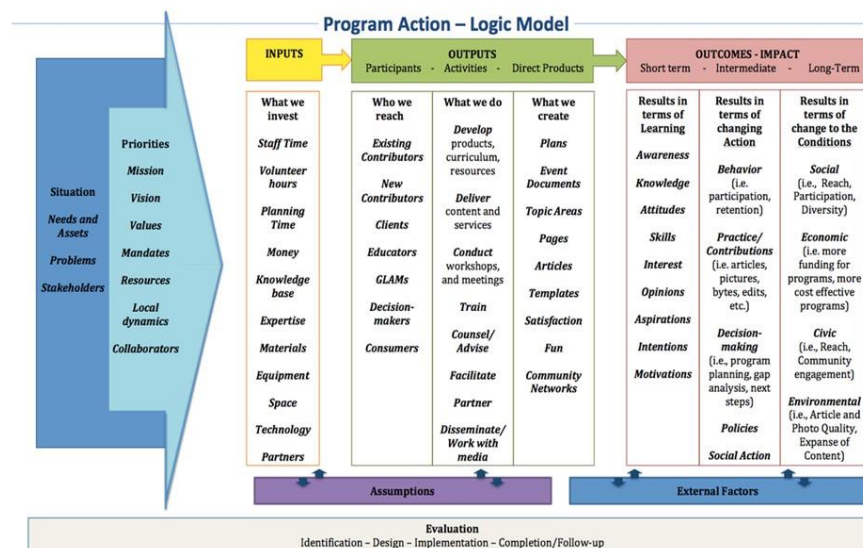
3. Theories of change / logic models can be used in programme planning, implementation, evaluation, and communication
4. The convention is the following logic model / theory of change:



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So, it's that diagram, it's that flow chart that shows on a one pager, ideally, how we've gone from activities through to outcomes. So, it really is a simplified way, but it's quite an effective way of communicating that change to partners. So, a theory of change, or a logic model, we feel can be used at every stage of the project or the programme life cycle. It is particularly important at the planning stage because it provides that shared understanding of what we're looking to achieve. But also, it's important in terms of implementation, because it gives you that sense of, are we moving in the right direction? Has anything changed from our initial planning and inception that we need to respond to? You'll often see theories of change potentially as an appendix and an evaluation report, but evaluators will certainly take a theory of change logic model perspective to their research, for example, trying to scope out what was that input? What were the project activities? How did that impact on the recipients? And then what longer term outcomes did that achieve? So it's really important from that planning through to evaluation, but an effective theory of change, particularly when presented really concisely and hopefully a visually aesthetic way can be a really strong and effective means of communicating that program or that project to wider stakeholders. And I know, for example, leaders really like that, that simplicity, that concise nature, that an effective and well-designed theory of change can offer. So, the convention is, and I'm sure everyone on this call is familiar with the idea of inputs through to impacts - or inputs - really, that

resources put into a service, a project, a program, a reform. So, it could be staffing, it could be funding. The activity would be then, well, what's that change? It may be a training course, or it could be changes to integration. It could be staff training. It could be bringing different services together within a team. So that's the activity outputs. it could a really direct and immediate result. So from that activity, what could we immediately expect to see? So if you had a youth employability project, for example, whether it was a training course or maybe work experience placements, an immediate outcome/output might be completion of that course, the achievement of qualifications, maybe going on to perhaps a work experience opportunity or a volunteering opportunity. And then if we go on to our outcomes, these are starting to shift towards more impact. So again, taking that youth employability and analogy that could be going on to starting a job, or maybe going on to other or further study, and then an impact is that longer societal or economic change. So depending on the scale of that youth employability project, that could be a slight change in youth employment rates in the local area, a reduction in those not in employment educational training. So in terms of understanding a theory of change, I think the important thing is not to get too caught up in what's an output, what's an outcome and an impact. Indeed, the examples I gave, you might disagree with which fits where. That's not necessarily the key thing, the most important thing, is to think about that causal chain of events, and think about what leads on to the other. And however, you badge it at the top, whether it's an output, an outcome or an impact, that doesn't matter so much. It's more about that that direction of travel and that causal connection between them.



<https://logicmodel.extension.wisc.edu/>

So the level of detail of complexity of the logic model of the theory of change will increase the more complex the program or the reform involved. And this diagram gives an example of the types of again, building on my examples, but

that's the types of items that might fit under the different categories or the different column headings. So again, you can see inputs - staff time. You can see the familiar outputs and then outcomes and impacts on the right-hand side. And you can see this has been added a little bit. We have a new column around participants in terms of who we've targeted, but you can see that causal chain of events or activity. You can still see that there. What this this diagram quite helpfully shows also is that you can build your theory of change to be more sophisticated or more contextualized. So right down at the bottom we have - I'm looking particularly in the purple and the blue boxes - we've got assumptions, and we've got external factors. So, you can start to build in assumptions and put that explicitly within your logic model. So, if you're developing a new program or project team, you could have an assumption that we're going to have relatively low turnover within that staff group, so that you'll retain that quality and that staff culture. It could be stability in funding levels from year to year. So, you can build those assumptions in and then in terms of the external factors. And you've seen that in terms of our strand three model, where we were thinking about building in COVID, the impact of the COVID-19 pandemic, also around deprivation and the other factors Micky highlighted, you can build that into your model. So, to what extent could a change in government or change in economic cycle - you could build those in in terms of what impact that might have on your anticipated or projected impacts over time. What this also shows is that a logic model, or theory of change starts from the shorter or more immediate outcomes and outputs through to the longer term. But it also shows that as you start off, there's a direction that goes from more narrow, as in what's your direct controllables within a change, to wider, more societal. So you go from the narrow and then by the long term, you're actually looking at quite wide. So there's different dynamics at play within a theory of change.



## Benefits of a Theory of Change

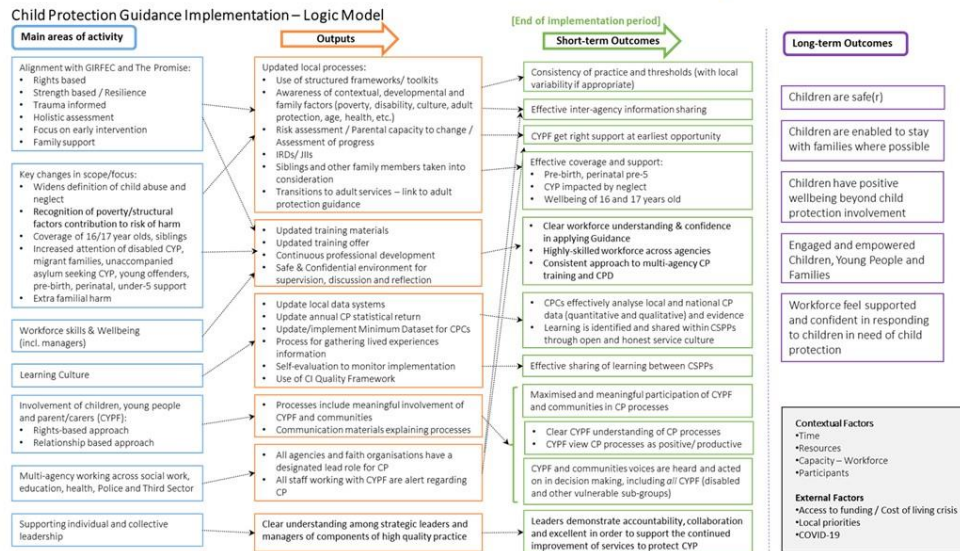
1. A theory of change makes clear:
  - What we are trying to achieve
  - How we are going to achieve it; the 'causal chain'
  - How we will know if we've achieved it
2. Other benefits include:
  - Visually powerful – depict complex processes in a simple diagram – which appeals to a wide audience
  - 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

So I've probably spoken a lot about these, but just to reinforce what the benefits of having a theory of change are that it makes clear to those involved and also partners and stakeholders about what we're trying to achieve, and more importantly, how we're going to achieve that causal chain. And if you build in the data and measurement, and that's the core part of your theory of change development, then you can also start to know whether we're making progress, whether we're achieving what we set out to do. Other benefits - it's visually powerful if you can get it down on a one pager. Often it can be really quite complex and in a very small font, but if you can get it down on a one pager, it is really effective in terms of communication. If developed at a planning phase, it provides a baseline or a point in time where you can go back and revisit what your original assumptions and planning were. And then, over time, during the implementation of the project or the reform, take a look to see what has changed, do we need to update our theory of change in any way. So again, it shouldn't just be a tick box. It should be a resource that's used on an ongoing basis. And finally, that act of developing a theory of change can be extremely, extremely positive. If you can bring together your partners or your stakeholders, perhaps with different perspectives, we would endorse having data colleagues involved, but perhaps funders or beneficiaries involved, as well as those who directly deliver or are planning or delivering the program, bringing those different views and perspectives around for what we're trying to achieve - perhaps ask stupid questions, challenge each other, but collectively that builds a shared understanding of what the theory of change will be, and hopefully build measures in and around that. Depending on the size or the scale of the reform, these are really well done as perhaps two half day activities bringing colleagues together in person, and they can be a really fruitful exercise. So, there are many benefits. And we would certainly support the notion of every project, program, reform having a theory of change. And that's key finding from across all strands of our research. And we certainly noticed also within strand two, which was looking at the international case studies, that a gap or an issue within those reforms is that they, too, lacked a theory of change. So, this isn't specific to Scotland or the UK. There's a need for these more generally, to really articulate what is to be achieved and how we're going to measure those.

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

So, we would fully endorse them, support for their value, but we also recognize that they're not without challenge. Micky's diagram he showed from strand one that circle with all the different components that reflected the complexity of some of or many of the public sector reforms that we work in. So, to try and bring all those together, those different components, multiple actors, multiple partners, multiple funding streams, policy agenda, etc, into a one-page diagram is not easy, but it can be done, and I'll give an example in the next slide. We may have disagreement on the causal chain, but we like to think that's circumvented by having those different partners and stakeholders involved in that development process to get that collaborative space, so any areas of disagreement are aired out, and we'll get consensus and buy in behind what's to be achieved. We've seen theories of change be developed, perhaps as a one-off stage, a tick box at the planning stage, and then forgotten about. As we've said throughout, it's important that they aren't just put on a shelf, that they are used. They're reviewed and revisited and perhaps updated as the reform or wider contextual factors change, to see whether those assumptions remain. And Micky and I come in from a data perspective, see that sometimes the data, the measures that can bring some clarity, some certainty, some further articulation refinement to the actions that that might be missing and that so we would endorse having those built into the theory of change wherever possible.

## While complex, it is possible... National Guidance for Child Protection in Scotland 2021: Logic Model



So, I said it's not easy to get complex changes or reforms or developments into a one pager. And depending on your point of view, you may agree, this goes a step too far, this is impossible to follow. Or you might go, actually, they've done a pretty good job here. So, I work with a lot of colleagues around the Child Protection sphere in Scotland, and for those on the call, you'll be very familiar that the National Guidance for Child Protection in Scotland 2021 is over 200 pages long, and I was part of a national subgroup around supporting the measurement and evaluation of the impact of that guidance. And the first step we did as that subgroup was to develop a logic model. And so this was the outcome of that work. So, we developed a logic model here, and the way we approached trying to synthesize 200 pages into a one pager, not obviously using very small font size, but aside from using very small font size, really to focus on, well, what are those key changes from the previous guidance into this guidance? Or what was the renewed emphasis, or stronger emphasis in this guidance document, as opposed to the other so we are really trying to focus on those step changes in activity, and then follow that through in terms of outputs outcomes and longer-term outcomes. So we can direct you to this after this webinar, rather than trying to look at it here and get your magnifying glass out, but in terms of not just sitting on a fence, what we used this logic model for was this then became the basis of a self-evaluation toolkit or a questionnaire that we put out to all of the child protection committees in Scotland, and then they could report back on their activity, using this logic model as a basis. And alongside that, we advocated the use of the staff survey to try and get that more experiential information from staff and some of these changes and make connections to some of the existing statistical indicators that relate around the Child Protection sphere. Again, trying to provide some measurement, quantitative measurement, around that. So that was a good example where the logic model was developed, quite an effective means of communicating a 200-page document, but then

being used to support data and measurement and get understanding of progress. That exercise was done two years after the guidance was published, so we were able to assess what progress had been made in those two years and since then. So that was an example of a reform or a change or a strengthening of guidance in terms of the Children Services sphere.



## 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

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But if you take a step back and think about some of the broader aims of the National Care Service as proposed, but also The Promise and other developments in Scotland, then we can broadly land at some of these big aspirations that Scotland wishes to achieve. So more accessible, joined up services, more integrated services for children and families, and greater investment in that early help support, embedding of children's rights and participation and voice, building more positive relationships between children, families and the practitioners working within the services that support them, really investing and supporting our workforce as resilient and sustained and thriving as a workforce, and those all in turn, will lead to improved outcomes for children, young people and families. So actually, with that bottom bullet point, you can see that's maybe an impact, whereas the previous ones more perhaps an outcome that we're looking to achieve if we are taking that theory of change mentality. So, we've taken that as a broad brush, a theory of change with support here in articulating how these aspirations will be delivered, what do we need to do, and how will we do that to achieve these changes and then in turn, improve outcomes for children and families?

## Sketching out a children's services reform theory of change

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

So, continuing this notion of a sketching out of a Children's Services Reform theory of change. I've put together this - heavily simplified. At the top, look at that third row, for example, items to include. I've put these together thinking about, one aspect of the Children's Services reform, and we saw this in our research, was the idea of multi-agency family support teams coming around children and families, or perhaps these services coming together within co-located physical hub space within communities. So, taking that notion, and that's what developed here. Then, in terms of the inputs, you would think about the funding to set up these teams or these hubs, you would think about the staffing. In terms of the beneficiaries or the key targets of these hubs, or teams, I'm focusing here on children and families in need that Micky was referring to. So, on the cusp, perhaps of more statutory supports, perhaps some financial difficulties or housing or health, but not meeting that real statutory Social Work thresholds. In terms of activities, as I talked about, they've got the teams the co-located hubs. There may also be activities around staff training, maybe around property aware practice or ensuring trauma informed or trauma enhanced. And then in terms of our outputs, using this example would be more ensuring more accessible services children and families and more joined up working between the different teams and practitioners, and shorter-term outcomes without actually meeting those needs and missing that evidence, and that more positive working relationships, not just between the different members of staff, and across the different professions, but also with children and families. And that's a more constructive, cohesive team working with the children and families and then longer-term outcomes. We want to find thriving children and families, so maybe doing better at school or the housing issues have been being resolved, and that, in time, could lead to less demand around statutory services. So, if we take that theory of change - it's very high level, clearly heavily simplified, but thinking about, well, how can data support this? And to do this, I've tried to

identify where we have data, or we should likely have data, whether at a national or a local level, but also flag where we don't have data, and by doing so, trying to show why is that important in understanding whether we're achieving what we're setting out to do?

So, in terms of data we have around inputs, we'll probably most likely information about the amount of money going into to this activity, but also have information about the workforce numbers, perhaps their skills mix, their different professional backgrounds. So, I have some tangible information there, but we might not have information about any in kind or indirect resources, so voluntary sector or volunteering or donations etc, we might not have that, and it's hard to scope out without being more specific around what the actual activity here would be, but it's important to try and capture that wherever possible. In terms of beneficiaries, the children and families in need, as Micky said, at the moment, at least at a national level, we may have stronger data of this at the local level, but we don't have a full understanding, or much understanding at all around the number the characteristics the needs of children and families who are on that cusp of needing perhaps more higher levels, more intense support. So that is a key data gap in terms of this theory of change. Coming into activities, we could easily get numbers around the number of teams or hubs set up, perhaps the number of staff in that also the number of staff participating and completing different training. But we might not get a sense of staff understanding of the reform or the purpose of the services, or what it's intending to do. So, there's an experiential aspect missing there around that key ingredient of how we're going to achieve this change. In terms of outputs, we could have numbers of the children and families accessing those teams and hubs, but we would have less information around their experiences of those teams and hubs to feel different, to the types of support they've accessed in the past. How are staff experiencing these new ways of working, and including a sense of is there a shared culture now across those workforces, given on a multi-agency basis, perhaps in the same co located fiscal space. In terms of short-term outcomes, we would probably have good data around early years or school attendance of the children within those families. We may also have some data around uptake of family income maximization activity, but we won't, or don't typically have data, again, qualitative in nature, around what impacts the support is having on children and families' well-being and the relationships, both within the family and their extended family, but also their relationships with practitioners and other services. Has it changed how they view wider services in their local area? And then we also, as Micky highlighted around workforce, sickness and absence. We don't really have this at a national level. We don't have quality, robust information around these levels. But in time, we would expect to see if it's more constructive, strengths-based working, strong culture within organizations that in time, that may have an impact on sickness levels and absence levels, because it's a better, more conducive, more enjoyable place to work. And then coming on to longer term outcomes, there is widespread data around from the health visitor assessments, around early childhood health

measures. We will have data from schools, and all the information is captured through the SEEMiS management information system around attainment and destinations. We'll have high end statutory figures around child protection levels or number of children entering or starting care, and we can make links to perhaps parental information, such as their employment status. But we don't have other data, Micky mentioned some of the health issues of older children's health measures we don't typically have. We've got good data up to around primary one, but beyond that the data is a little bit limited. Workforce well-being, and perhaps a big interest would be that redistribution of funding from statutory services to that early help. So that is a very sketching out approach. But I think what we try to show is that interplay between how data can support and further articulate that theory of change, that causal chain.



## 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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So, concluding thoughts, before I hand back to Claire, is we feel a theory of change and can support all stages of the project programme reform life cycle, but we (Micky and I) coming from a data perspective, feel that theories of change require data. They really enhance the quality of the theories of change where data is fully considered. And within that, we need to understand that there will be likely data gaps that need to be addressed, and from our perspective, in terms of the Children's Services Reform, we are highlighting here around early help, experiential data and workforce data. So final point is, we see theories of change being extremely beneficial to the sector and to services more generally, we want those leading on theories of change to involve data colleagues in that exercise, so that data colleagues and data isn't an afterthought and it's not a retrospective exercise. And the value data colleagues can bring is that we can help understand and map out what local or national data exists so what can already be built in to the theory of change to support that understanding, but also data colleagues can help in terms of planning how

to address those data gaps, and that can include being selective, obviously, because we're very aware of the data demands on colleagues, but thinking about what new data to collect, and not just new data, but perhaps different types of data, more experiential and qualitative data that we don't typically collect on an ongoing basis. You will see we have a question side, but I will stop sharing there and hand back to Claire.

## Claire Burns

Thanks so much, Alex and Micky. And as Micky said, I can confirm that Micky the full head of that here, prior to the Children's Services Reform Research, didn't you yeah, Micky? So again, I think we'd put a question in around the use of theories of change I'd like to just pause on that for a little bit, just to say, I think, Alex, I think that message you've given right to the end as well was, again, theories of change are one way that we can support planning. It requires other things. It shows the data. But I think you're saying some of the really tricky conversations among strategic leaders, around how you shift spend and everything sit underneath all of that. So, I suppose you're trying to give a sense of you know, this is one element that can support. It's essential, but not sufficient for transformational change. But this is one way that we can plan and deliver how we're going to approach it. So, I think that was really important.

Chris Walsh, I think you had, let's just stay on that bit around there, though, around how theories of change and are helpful. Chris, would you like to come and just say a bit more about what I think Falkirk you were saying,

## Chris Walsh

Certainly, no problem. We have used logic modelling in Falkirk, certainly on a few occasions since I've been there over the last 18 months or so, and found it to be very, very helpful, a very useful tool. So, we've done it with regards to preparing a new Corporate Parent plan across the partnership. We used logic model and found it very useful for all the reasons that Alex had mentioned in terms of that collaborative approach with people in the room, having it on a page, having it colourful, if people, you know people can then stick on their own kind of post it notes and so on. And it's a good way, I think of thinking about the "to be" position, the kind of position that you want to get to at a set point in time, and then working back from that. And then when you do that, you kind of surface the more granular detail of what it is that you actually need to enact a change. And it is that part that I find most useful. So, if we say, for example, that we want a trauma informed workforce, then what do we need in terms of resources to do that? Who will lead on that? Who can report back to us on that? Will we be able to capture the numbers of the workforce across the partnership that have

completed trauma training? Will it become mandatory in terms of, you know, the onboarding process for people across the partnership, etc, etc, etc. So that detail is then considered, maybe not the full detail will be, will be kind of on the one page logic model, but we had big, massive posters of logic model, but certainly that kind of granular detail surfaces, which is useful because it then makes people think about the effort and the time and really whether it's realistic and achievable within the time frame, which is often, you know, which can often be a bit of a weakness in terms of some kind of strategic planning and so on. So yes, I think myself and my team, in terms of The Promise implementation team, find it very useful as a kind of collaborative tool as well getting people across the partnership to take part in it. And I think it's been very successful in terms of how we used it. It's also been used in conjunction with other methods of data collection and data analysis, in terms of, like a gap analysis of input that we sought for what was then plan 21-24 in terms of the workforce priorities. So that was then lumped in with the logic modelling, which then produced our priorities for the Corporate Parenting plan. And then, following on from the logic model for Corporate Parenting, we've used a maturity assessment to ensure that, as Alex says, it's not just like, I mean, that's for a particular moment in time, and it can be like, right job done. We've got our priorities, we've done the logic model, and we've done the collaboration. Great. That's it. We followed that up with a maturity assessment model to make sure that we keep a focus on the plan priorities, that it's live, that we check in with that, that there's ownership from certain individuals with regards to the plan priorities. So it's a constant kind of check and iteration on our work, really which, again, I suppose, touches on our foundational basis of service design methodology across the partnership in terms trying to implement The Promise so that we're constantly, working on that feedback loop of data and information to ensure that we are on track to get to that "to be" position, I suppose. So yes, we found it a very useful tool indeed. I think the last logic model we have done was just last week, because we like it so much, and got the out poster again, and so on, for another piece of work that we're doing so, absolutely, it gets kind of five star reviews from us for all the reasons, I suppose that's already been mentioned.

## Claire Burns

Chris, I wonder if I could just ask you - there's a wee bit more that I'm curious about, which is, it sounds really positive. To what extent did you feel that there was buy in across the Children's Planning Partnership, and at what level did you feel, because I think people often feel they can get consensus at a certain level. So yes, did you feel that there was enough effort put in, or that you felt there was buy in across and across the partnership?

## Chris Walsh

That's a very good question. I think that a certain level of facilitation is needed whenever you use a logic model because it does not combat the fact that some people will be more engaged and active participants than others, I'm afraid. And that's where the skilled facilitation is needed to kind of bring in partners that might not ordinarily be to the fore. And I think that that's part of the maturity assessment, part after it, in terms of follow up, to ensure that everyone is signed up to this. So, I suppose to directly answer your question. Claire, it doesn't combat that problem. It can still be a bit... it still requires for some participants across the partnership, a certain element of encouragement to take part in the process. So, there's no silver bullet there. And you know, you get the usual kind of usual candidates that are always up for it, and get it and take part in it, and so on. And there are still some that are maybe a bit a bit more reluctant, or maybe don't see their place in this particular piece of work, yeah. So, it never, it didn't necessarily combat that particular problem, I'm afraid.

## Claire Burns

Thanks. So, Chris, I'm just saying I think that's so helpful, though, because what also came out with the research was that's actually the trickiness of this, is these conversations between partners about, actually, if we all buy into this, what does that mean for each of the partners? And even Alex was talking about shifting spend, you know, there will be winners, there may be losers. And I think how we recognize that as being part of the work that we've got to do, and if those skills or conditions don't exist within local areas that skilled facilitation that you're talking about. I think it's absolutely critical, and I think we've really got to surface that part of this, and that's been so helpful. Thank you.

## Chris Walsh

Yeah, it's interesting as well, actually, that you mentioned the shared the shared budgeting and the shared spend, and also, I think it was Micky that mentioned the Christie Commission, and how, you know, Christie Commission and The Promise could also could really be interchangeable, hand in hand, but the time difference between the two of them and how we still come up, certainly within Falkirk and the Partnership, against barriers to that kind of diagonal budgeting, that pool budgeting, how difficult it is to try and shift the dial on that. That isn't lost on me, and that's certainly a particular problem that we face in terms of, you know, trying to get that joined up budgeting approach is still a work in progress. I think. I'll leave it at that.

## Claire Burns

Eleanor thanks. I think actually, after you put this in the chat, I think Alex, you wouldn't have seen it, but you really began to address some of the answers to this. Eleanor is quite rightly, saying, what happens when there's very limited data, or the data doesn't exist. We don't have the data capacity in the local authorities to even mine some of the data that we do have. And actually, we're seeing a big loss of services. So, we can't see, I think Eleanor pointed out is often can't see a link between data and needs and the services that are available. So, so what are the implications of that for the theory of change? And I'm glad I'm not answering that question, and over to you, Alex and Micky.

## Dr Alex McTier

Yeah, it's a good question, and I think the theory of change can actually make that clearly visible to partners and stakeholders and leaders and funders. So if there are big aspirations locally or nationally that we want to achieve this change, then even working on a theory of change and showing we've got a massive gap in this column, or a massive gap in this column, then that is a challenge back to them to say, we're not going to deliver, we're not going to be able to achieve the change you want us to do, because we don't have the services we need, or the activity, or the staffing, let alone the data to help measure it. Actually, in this I think the example you've given, the data is secondary, actually. I think that the main thing there is that there's the data you could show to evidence the need for such work. But if you don't have the services, the theory of change can be developed, have those that that blank box or boxes and then try and throw that back up the line and say, this is impossible, and we need to take action in terms of having the resources there.

## Micky Anderson

The only thing I would add to what Alex has said is there must be some identification of need there and something unmet. So that's your kind of starting point, what are you trying to address? And then think about a theory of change to meet that need. So even though there's no current data collection and no services being provided, there must be an end point you know that you're trying to get to. So, I would start there and work back, I guess.

## Claire Burns

Thanks, Micky. Marion, you wanted to come in.

## Marion MacLeod

Thanks, it's really interesting. But I mean, rather depressingly, I seem to have been sitting in kind of similar conversations over the last 40 years. And I think that I've seen various ways of approaching the issues we're all beset with, come and go. You know, it's like TQM, total place, project management approaches. And I think all these things - logic model was the kind of flavour of the month when I left local government, 2008 - and I think that all these things are good methodologies, but if we're not actually putting the right things into them, then they are not going to improve things. And I think as well as the administrative data, and I think we've very helpfully talked through some of the constraints and limitations of what's available there, there's also things like, when people looking at research data, when people looking at international evidence, we just look at things like longitudinal data. We've got a very good longitudinal study here, Growing Up in Scotland, and I wrote a paper some years ago about the indicators we could draw from that, about what's clearly showing the inputs that people need. But I think that someone mentioned the Christie Commission, which I think was 13 years ago now, and it's very hard to discern any meaningful progress. And I think that some of that has to be about limitations and the way we think about change, and the way we think about need. We think about need as, like harm or on the cusp of harm, rather than children need certain things if they are to grow up well, and that's what our starting point should be. So, how do we put the things in place that help every child grow up well? Not how do we address and try and compensate for deficits? And I was just looking at some evidence for the Scottish Parliament Committee this morning that some local authority was kind of giving evidence that they had shifted their children's services budget, and they seem to be very proud of this, from like less than 2% going on what they described as preventive services, to about 8% going. That's just not good enough. We need to be putting far more of the services, the resources, into things that actually stop children being harmed and help all children have a good start and an equitable life experience. So that's the kind of things we need to be putting in our models and theories of change and using all the data, not just the administrative stuff we collect, some of which is useful, and some of which is, quite frankly, completely bewildering, as to what it tells you about anything. And actually, start to think, how do we look at this in a much more holistic way? And I mean, as I say, I've been around a long time, and if I could count up all the initiatives, resources, projects, strategies, flagships we've had in that time, and the money that has actually achieved very little over that period and applied it to do the right things at the beginning, we would be a quite a different country now from what we actually are. So yeah, I mean, I've kind of retired twice now, and I keep hoping that when I finally do retire, things will actually be better than they were when I started. But maybe that's a bit over optimistic.

## Claire Burns

Thanks very much. Marion, I know I think all of us here of a certain age feel that we've been here a number of times. And what is it? How can we shift things to do some different some different things? I do think the research indicates a range of things that we need to do to get to that transformational change thing. Micky or Alex, anything you want to respond to there from Marion.

## Micky Anderson

I suppose just a general point about we don't just work through, you know, different management theories and things. We also have churn in terms of the reform that we see. So, we never give anything time to work, is the other thing. And, you know, I think you could go back and say that, if you go back to Christie and things like that, although it wasn't necessarily about children's services, some of the principles and things are well established. We all know where we would like to get to for a lot of these things. But for some reason, we introduce change, and then we switch horses quite quickly. So, we're in that constant position of churn, where nothing gets a chance to be embedded, and we never get a chance to see does it actually work? And Alex mentioned the international work that we've done, even where you do have transformational change, and you do have some outcomes linked to that, it's very rare to see evaluation of those outcomes. So, you never get to that point where things are evaluated properly. So, I'm afraid that doesn't cheer people up too much. But you know, the situation we're in, in a complex environment of constant change and increasing pressures. You know, it's a very difficult place to be. But I think there is commonality. I think about where we would like to get to with a lot of things, there's agreement about early support, universal services and things. So how do we go back to thinking about those and supporting those.

## Dr Alex McTier

Yeah, just quickly. Marion, I hope theories of change and logic models aren't just the new gimmick, because I don't think they are. I think that they should underpin everything as a way of, however you want to call them, really articulating what's needed. And I think examples like Chris gave with from Falkirk, how it can really dig into the details. So hopefully they don't seem too tokenistic or gimmicky, but I do take on board your point. I think if you get a theories of change, I think it can bring to the fore where there's different narratives, perhaps happening, particularly at the moment where there could be quite a strong narrative around cost saving, maybe getting that explicitly aired in a theory of change development, so that actually we should be putting children first and their needs first. Cost savings is secondary, but I think sometimes it can get blurred. So, I think that just highlights the importance of getting that

collaborative space and engaging everyone, all the key actors, together as much as possible.

## Claire Burns

So, we've had another question. I am conscious of time as well, but this is like the million-dollar question of the of the research, Micky and Alex. Are there studies elsewhere in Scotland which offer a different or otherwise view on the success of integration in terms of outcome from children and young people? So, I know you did it in Scotland, and there was an international perspective as well. What I'm seeing here is of no surprise that integration itself rarely solves specific problems. But I'm curious if others believe integration has been a big success, and why they believe that? So, we agree there seems to be some strong views in government about the connection between integration and outcomes, but is there any comment you would, you'd want to make on that?

## Dr Alex McTier

I wouldn't say there's immediate evidence of the connection between them in terms of the strand two research, which was looking at international case studies. Some of our criteria there that they needed to be predominantly in English literature. But aside from that, we scoured the world in terms of trying to find good examples of where that had been achieved. We looked at five countries, as well as the Police Scotland example, and they were chosen because they were performing well or good comparators for Scotland in terms of children's outcomes and doing well on national measures of well-being. But when you dug into them, there were so many, so many issues that we see in Scotland as well, lack of theory change, lack of data, the time it took, the churn in new approaches and programmes and policies. So, there was perhaps just that, that patience to let things roll and really be implemented properly. But no, there was no evidence we could find from an international area, country that we could say they've nailed it. There's somewhere where Scotland can learn from. Unfortunately, we all seem to be in the same boat in that in that area.

## Micky Anderson

I would just add to that that we did struggle to find examples of proper evaluation of structural reform, and we had to go back to, I think it was 2009 to look at the O'Brien Study on Children's Trust Pathfinders in England, which might be no surprise found again, that there was no evidence of Structural integration itself having an impact on a range of indicators that they looked at through that. So again, I would stress that change may be happening, but it's really difficult to demonstrate the impact of structural change on that. So, it makes me wonder if

we're looking at the right thing when we talk about integration. You know, is it more about that lower-level integration and how services are experienced at a local level? Because I think that came through in the international research. It doesn't matter what the kind of superstructure is, sometimes, it matters at a much lower level, about how services are organised, delivered an experience for those receiving the services.

## Claire Burns

Yep, Micky and Alex, we've only got a couple of minutes left, but I think just to go back, there's quite a bit in the research as well that is saying that whatever structure you have, there has to be certain conditions that sit around that to make it function well. And maybe that's the piece that we're not paying attention to just saying that, like one of them, is a settled policy landscape. I was reading that yesterday and I don't think anybody could say that at the moment, we've got questions about the NCS, question about the National Social Work Agency, so it's not a settled landscape. Micky, you're saying the work still needs to be done to enable multi-agency working, so it's saying there's no clear link. But even when you agree on a structure, there's a number of other things that need to be sitting around that. And I just wonder if you wanted to finish up by just, I've remembered two of them. Alex, do you want to start?

## Dr Alex McTier

I mean leadership was key - leadership buy in. And Micky and I, coming from a data perspective, having the data systems or infrastructure there, particularly if you're looking to understand local versus national change, anything that can support both the data aspect from actual local integrated working, so supporting data sharing and getting that that better understanding of the child and the family and their totality, so that very localized community, child and family level, right up to the national level in terms of those statistical indicators and making sense of those and being able to use them to monitor and evaluate change. So, yeah, I'm probably coming more from a data perspective there.

## Claire Burns

Yeah, I also said we needed more investment in children's services, just you know, as a really basic. Micky, you've got the last word.

## Micky Anderson

Just another element is shared finances for services. If we look at the reason for the review of adult services, it was because Audit Scotland identified that there wasn't sufficient sharing of budgets. That level of integration wasn't happening. And you tend to find if people are working from the same pot of money, they tend to work better together. So, it's just another element to the mix. And just a final point from me is that I hope our research stands alone from the National Care Service debate, because we do need reform of services, and I hope it will inform whatever we end up with, and the status quo isn't meeting our needs at the moment.

## Claire Burns

I think we know it's definitely not good enough for children and families who need services right now. We are going to finish there, we're out of time. Huge. Thanks to Micky and Alex, thank you.

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