

Integrated Children's Services in Scotland: Practice and Leadership

An assessment
of progress and
improvement

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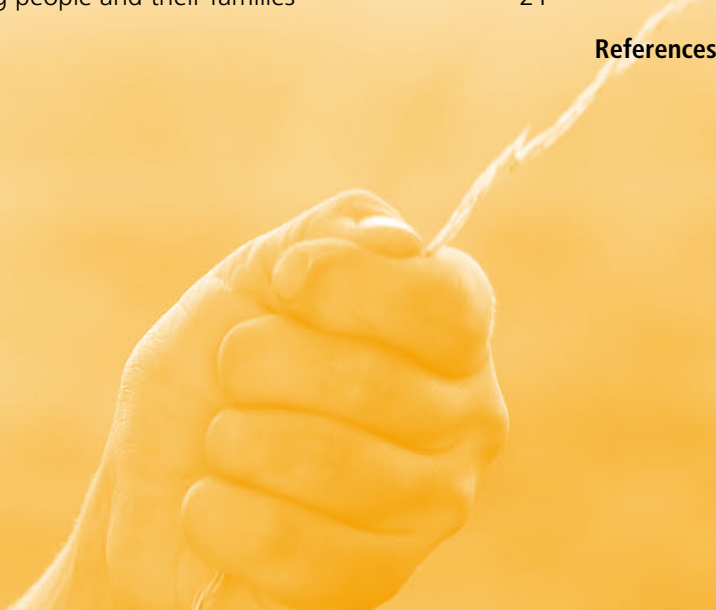
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Contents

	Page		Page
Foreword	5	Chapter 3: Area case studies	23
Executive Summary	6	Highland	23
Introduction	8	Structures and systems	23
Methodology	9	Priorities	24
Qualitative interviews with national and local stakeholders	9	Relationships (leadership)	24
The qualitative research comprised:	9	Outcomes	26
Limitations	9	The City of Edinburgh Council	26
Chapter 1: The Legislative Landscape	11	Structures and systems	26
Christie Commission on the Future Delivery of Public Services	11	Priorities	27
Children and Young People (Scotland) Act 2014	11	Relationships (leadership)	27
The Public Bodies (Joint Working) (Scotland) Act 2014	12	Outcomes	27
Evidence on integration implementation	13	East Ayrshire	27
Evidence on the impact of integration on children's services	14	Structures	27
Key points from the literature review	15	Priorities	28
Chapter 2: Participants' views and experiences	16	Relationships	28
Structures	16	Outcomes	29
Common structural challenges	16	East Ayrshire Community Plan 2015-30	29
Benefits of new integration structures	17	Protection	29
Priorities	19	Health and Social Care Partnership Strategic Plan 2015-18	30
Relationships	20	The Children and Young People Ayrshire Programme Board	30
Between practitioners	20	Links to other Strategic Plans	30
Leadership	20	Chapter 4: Conclusions	32
Local political leadership	20	Structures	32
Improving outcomes for children, young people and their families	21	Priorities	32
		Relationships	33
		Improving outcomes for children, young people and their families	34
		A self-assessment framework	34
		National Assessment	35
		References	37



Foreword

Our thanks to Healthcare Improvement Scotland (HIS), Care Inspectorate and Social Work Scotland (SWS) for their commissioning of Children in Scotland to conduct this research. We are pleased to acknowledge the work of CELCIS in partnership with the Care Inspectorate for its revision of the 2015 Literature Review on Integration Arrangements for Children's Services.

Our particular thanks to Susan Taylor, Jackie Irvine, Kate Rocks and Jane Devine of Social Work Scotland who have helped steer this research and were clear at all times that this work must support practitioners to deliver improved outcomes for children and their families. Their focus was consistently on how we can improve current structures and organisations arrangements for the benefit of children and families. The following extract from Susan Taylor's Presidential Address to Social Work Scotland's Annual Conference in June 2017 summarises their values and commitment.

"Going back over a number of years now, I have heard past presidents state that the biggest issue for social work and social care professionals is not integrated structures... it is how we maximise our contribution within them.

"Our value base is the compass which directs us and this means that we are focused on human experience and human capacity. We are well placed to contribute to

integrated contexts through sharing our practice-based evidence... gained by learning from people with lived experience within our communities.

"In terms of inter-professional relationships, we know that partnership working is stronger than at any other time. Yet we also know there is work to do... we use similar words to describe our values and approaches but practice can look very different. This is where the learning opportunities emerge.

"Colleagues across the NHS have learned to create their professional space and make it work. Other professions are clear about their professional learning and support requirements. We need to learn from them as we are equally committed to high practice standards. This is an area Social Work Scotland will explore further this year".

We are grateful to the individuals and organisations who gave us their time and insights to help us understand how current arrangements could be improved and work more effectively for children. We hope they believe we have reflected their views accurately and that their views will be taken into account in any improvements that stem, in part, from this report.

Jackie Brock Chief Executive
Stella Everingham Associate

Executive Summary

The ambitions for our future public services were established by the Christie Commission, which published its report on the Future Delivery of Public Services in June 2011.

The principles of the reform programme set out in this report underpinned two subsequent pieces of legislation that were to have a significant impact on children's services – the Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014.

These Acts set out the legislative duties for delivering improved outcomes for all in health and social care and all children's services. Integration Joint Boards (IJBs) have been established across Scotland to implement this reform. Highland Council, which uses a lead agency model for both children's and adult services, is the only exception.

All IJBs have strategic leadership responsibility for some children's services, although the exact nature of this varies from area to area. As at February 2017, 11 IJBs hold responsibility for most children's health and children's social work services. Where this is the case, they also usually hold strategic lead responsibility for multi-agency arrangements in respect of child protection, adult protection, alcohol and drugs and violence against women.

We use the term 'children's services' with caution because there is no single, catch-all definition. For example, the place and role of education services is a major consideration. There are differences between each IJB and local authority, whether or not they state children's services are in their area's integration scheme. Also, in some areas, changes are under active consideration, for example in the integration of all child and adolescent mental health services.

It has been emphasised consistently to us that integration is not just about integration of structures, or about only health and social care, it is about integrated practice across a range of disciplines and agencies. Practitioners throughout children's services seek to work effectively to support families and therefore integrated practice requires the inclusion of early years, health, social work, education and also agencies such as Police

Scotland, Scottish Children's Reporters Administration and Scottish Prison Service.

When the Children and Young People (Scotland) Bill and the Public Bodies (Joint Working) (Scotland) Bill were progressing through Parliament, concerns were raised that children's services might be overlooked and improvement hindered. These concerns remain but this research identified no appetite among professionals for any further structural reorganisations. The overwhelming call from practitioners is to make local arrangements work for children and their families. Several practitioners provided examples and indications of how this could be achieved, which chimed well with the evidence of effective integration we found.

A common theme arising from the qualitative research was that Getting it Right for Every Child (GIRFEC) 'has been a godsend' and 'a saving grace'. It was viewed as providing a unifying practice framework, shared language and approach to working together to manage risk and address prevention and early intervention, across a multi-disciplinary team and operational and strategic contexts. Practitioners could overcome organisational divides if they were able to exercise joint values, principles and professional practice, irrespective of where a specific part of the children and family's service fitted within local arrangements.

We heard about effective relationships with education and schools where services were integrated, such as improving approaches to children with Additional Support Needs. Head teachers and teachers were attuning themselves to ideas from social work about building relationships and resilience and looking at restorative practice. Similar examples were given about multi-disciplinary work within the early years.

However, we heard concerns almost uniformly that the legislative plans for education governance; emerging plans for regional health arrangements; and the mixed picture in relation to schools' use of the Pupil Equity Fund, were all going to challenge current progress. We also heard concerns that the third sector is struggling to build and maximise its contribution beyond current pockets of good practice. Its potential role in supporting local authorities and IJBs to make progress in early intervention and prevention was particularly underused.

In making our conclusions and identifying where national and local action could support improvement, we are representing the unanimous view of all who we spoke to. The view is that we are fortunate in Scotland to have achieved a shared vision that integrated children's services should be defined, assessed and evaluated from the perspective and experience of children and families. Equally, there appeared to be no dispute among professionals interviewed that the integration of services that impact on children, young people and their families is in the best interests of children, young people and their families. It is also in the best interests of the children's sector workforce. Supporting local implementation of these goals must be the focus of local and national action, and resources.

Our proposals for assessing progress at local and national levels highlight what we have found to be the critical factors required for strengthening the leadership, strategic planning and accountability arrangements for integrated children's services and their improvement, including political scrutiny, and also highlight the important leadership role of the Chief Social Work Officer (CSWO). An ambition to build on the strengths of current practice arrangements as part of GIRFEC implementation has also been a strong theme and the intention of our self-assessment questions is to support identification of critical factors involved in improving workforce development at practice, management and leadership levels in each area.

Introduction

The introduction of two landmark pieces of legislation in 2014 has had a significant impact on children's services. The Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 are both underpinned by the key principles of public sector reform set out in *The Future Delivery of Public Services*, published in June 2011.

The integration of structures, services, plans and budgets was viewed as a powerful tool for accelerating improvements in outcomes for all. Both Acts set out the legislative duties for delivering these improvements in health and social care and in all children's services.

In 2015 CELCIS and Children in Scotland reported jointly on the readiness of children's services for organisational changes required by the Public Bodies (Joint Working) (Scotland) Act 2014 (Stephens, Lerpiniere, Young and Welch 2015a & 2015b). The report noted that it was very early days but highlighted areas of risk that children's services should be most attentive of. This review updates those findings. Its format is designed to support local assessment and consideration of the current implementation of local integration

arrangements as they impact on children's services. Our fundamental question is whether areas' local arrangements are making it easier for local systems to develop and improve children's services in line with the principles set out in the 2014 Acts.

Chapter 1 provides a short summary and overview of the national ambitions for the improvement of children's services and the relevant legislative and policy context. It also highlights key findings from independent review reports.

Chapter 2 reports on participants' views and experiences of current arrangements for children's services, organised under key themes.

Chapter 3 presents three case studies, each describing a different approach to integration.

Chapter 4 provides a set of conclusions together with questions for local areas and their national partners to consider when assessing the scope for improvement in their local planning and delivery of integrated children's services.

Methodology

This research comprised two data collection stages:

- A rapid review of significant reports on the experience of integration to date
- Qualitative research with a range of national and local stakeholders and leaders, exploring different models of integration and the strengths and challenges associated with the integration agenda.

Rapid review

The aim of the rapid review was to gather published evidence on key areas of progress and challenge for integration in Scotland, with particular focus on the impact of integration on children's services and outcomes for children and families. Publications were identified through:

- Searching on identified and recognised relevant organisations' websites
- Steering group members' knowledge of published evidence
- A separate Google search using a combination of terms relating to health and social care integration in Scotland for independent, national and significant reports.

The review also incorporated relevant legislation as background evidence.

Results were screened for relevance and included reports reviewed by the authors. The key findings were synthesised.

It should be acknowledged that published evidence on health and social care integration in Scotland remains limited. The review draws particularly from three independent reports by Audit Scotland together with several joint inspections led by the Care Inspectorate. An evidence review by Iriss (Petch 2014) was particularly useful in our work with practitioners to identify progress and dimensions of success for the local implementation of integration.

Qualitative interviews with national and local stakeholders

In-depth qualitative research with those directly involved and responsible for planning, delivering and improving children's services is at the heart of this research. The

aim was to gather up-to-date evidence of the barriers and facilitators to integration, perceptions on the impact of integration so far and recommendations for future developments.

The qualitative research comprised:

- Individual or paired interviews with 25 individuals, including Scottish Government officials, senior leaders within health, social care and the third sector, and local leaders responsible in six areas with Integration Joint Boards
- Focus groups with three national groups and one local group
- Workshop sessions at two conferences.

Approximately 70 individuals were involved across all qualitative research activities. A list of job titles and group titles is available in Appendix One.

Interviews and focus groups took place between June and October 2017. All interviews were recorded and transcribed. Detailed notes were taken at focus group and workshop sessions. The findings were synthesised and are reported on thematically.

We have also used this evidence to develop three case studies, each describing a different approach to integration, which are presented in Chapter three.

Limitations

This study provides a range of professional perspectives on the process of health and social care integration with regard to its impact on children's services. We have sought to gather evidence from a range of different perspectives, including those at strategic leadership, policy development and practitioner level. We have also aimed to cover a range of specialisms, including health, social care and third sector providers. Finally, we aimed to include perspectives from national agencies, local services, and geographically diverse areas.

We recognise that there are views and opinions missing from this research. Evidence from children and families in receipt of support is absent. We recognised from discussions with practitioners that, in many areas, integration models have yet to bed in, making it difficult for them to draw any conclusions or learning. We therefore took the decision that it would be too early to

have similar conversations with families. However, we do acknowledge this gap, particularly with regards to assessments about outcomes and impact.

Finally, points raised by participants about the strengths, challenges and outcomes of integration need to be read as perceptions rather than overall conclusions. These views do not offer a definitive evaluation of the value of current systems. Nevertheless, cumulatively they highlight the general trends, common challenges and opportunities offered by integration, which are useful for reflecting upon the future.

Chapter 1: The Legislative Landscape

This chapter describes the legislative landscape driving health and social care integration and integrated children's services in Scotland. It highlights perceived strengths and concerns associated with the legislation when it was being developed and considers evidence of the issues and debates which have arisen since.

The remit of this research was to consider the improvement capability of current organisational arrangements for integrated children's services in areas across Scotland and assess progress towards achieving the ambitions of both the Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014.

Christie Commission on the Future Delivery of Public Services

The ambitions for our future public services were established by the Christie Commission, which published its report Commission on the Future Delivery of Public Services in June 2011.

The Commission found that: 'Scotland's public service landscape is unduly cluttered and fragmented, and that further streamlining of public service structures is likely to be required'. It proposed that 'any specific proposal for reform should be driven by how best services can achieve positive outcomes, based on a comprehensive cost-benefit analysis', and the key objectives of a reform programme must ensure that public services:

- Are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience
- Work together effectively to achieve outcomes by delivering integrated services that help secure improvements in the quality of life, and the social and economic wellbeing of the people and communities of Scotland
- Prioritise prevention, reduce inequalities and promote equality
- Constantly seek to improve performance and reduce costs
- Are open, transparent and accountable.

The Christie Commission was, and arguably remains, the touchstone for all subsequent legislation aiming to

reform public sector services.

Two significant Acts impacting on children's services – the Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 – were underpinned by the principles of the Christie reform programme.

There is an admirable coherency in how both Acts set out their intentions to use Christie's reform principles to tackle the big, societal challenges of adult care and improving children's outcomes. It is apparent that the intention of the legislation was not only to achieve improvement but to enhance local provision by involving communities and focusing on outcomes.

It is also evident from the responses to the Bills' consultations that stakeholders had strong and prescient views on both the strengths and challenges for integrating children's services effectively within the wider health and social care context.

Children and Young People (Scotland) Act 2014

The two key elements of the Children and Young People (Scotland) Act 2014 relevant to integration are:

- Bringing Getting it Right for Every Child (GIRFEC) into statute through the Named Person Service, the Child's Plan and Assessment of Wellbeing (Parts 4, 5 and 18). This was designed to support better integration and co-operation between services to support the wellbeing of children. It is worth noting that implementation of the Named Person Service has been hindered by the current position where the Named Person's legal powers to share information is still subject to legislative consideration.
- The requirement for local authorities and health boards to develop joint children's services plans every three years and report to Scottish Ministers annually on their progress, covering both services provided to children and also services 'capable of having a significant effect on the wellbeing of children'. (Part 3).

With regards to children's services planning, services provided specifically to children must now be planned

with the aim of being integrated and representing efficient use of resources. Specifically:

- Children's services must link with the Public Bodies (Joint Working) (Scotland) Act 2014
- Integrated children's services planning should be within the Community Planning Partnership (CPP):

"A common view across different sectors was that the CPPs were well placed to accommodate this duty. Rather than re-inventing processes or duplicating effort, the duty should become an integral part of the broader CPP framework."

(Scottish Government, 2012).

The Public Bodies (Joint Working) (Scotland) Act 2014

The policy ambition of this Act was 'to improve the quality and consistency of services for patients, carers, service users and their families'.

The policy memorandum to the Bill described integration as: *"...services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing such services should actively support such seamlessness"*.

During the passage of the Bill through Parliament, the Scottish Parliament Information Centre (SPICe) highlighted the following 'problems' specific to children and families, for which it felt there was potential for integration to address:

- Delays in accessing required support due to a disconnect between different services
 - 'Cost-shunting' between services.
 - Duplication of effort (for example, individuals having to retell their story to different professionals).
- (Robson 2013)

The SPICe briefing also included a helpful summary of stakeholders' responses to the consultation on the Bill. The perceived strengths of this legislation when it was in development, which had relevance to children's services, were:

- The focus on better outcomes for individuals that

could lead to improvements in the consistency of care, re-orientate investment, align the priorities of health boards and local authorities, and provide a clear measure for holding partners to account

- The requirement to integrate, which was considered by some as an improvement on the then-voluntary arrangements
- Locality Planning, which was viewed as important for securing change and making the best use of available resources
- Planning principles, which were seen as important for driving improvement and embedding a person-centred approach
- Flexibility to allow partnerships to build on what has been done to date and what best meets the circumstances of their particular area
- The requirements for a joint children's service plan to be seen in this broader context of requiring greater integration between health boards and local authorities.

The concerns reported about this legislation by SPICe when it was in development, which had relevance to children's services, were:

- Uncertainty around the role of the third sector, patients and service users, carers, and the different health professionals within the integration agenda
- Interaction with other legislation such as the Social Care (Self Directed Support) (Scotland) Act 2013 and Children and Young People (Scotland) Bill (as was), specifically with regards to the need for two separate planning processes and wanting greater clarity on how the two pieces of legislation would work together
- Impact on non-integrated children's services, with some feeling that children's services were not being given equal priority, that the 'whole family' approach could be lost and questioning how transitions between child and adult services would be affected
- Confusing landscape – while some saw the flexibility within the Bill as a strength, others felt it had the potential to create a fragmented and confusing landscape, not least for the public.

It is useful to note that these perceived strengths and concerns, expressed in 2013 and 2014, remained

relevant for practitioners when they expressed their views to us about the effectiveness of their organisational arrangements and the implementation challenges that they identify.

Evidence on integration implementation

It is important to highlight that most Integration Joint Boards (IJBs) have only been fully functional since 1 April 2016. The Ayrshire IJBs became operational on 1 April 2015. The fact that it is still very early days in the process is emphasised in three significant and independent reports relevant for health and social care integration and published by Audit Scotland:

- *Health and Social Care Integration* (Audit Scotland 2015)
- *Changing Models of Health and Social Care* (Audit Scotland 2016a)
- *Social Work in Scotland* (Audit Scotland 2016b).

Health and Social Care Integration does not consider children's or adult services in detail. Its purpose was to report on progress with implementing the requirements of the legislation, in relation to governance, for example. However, there are very helpful messages in each of these three reports and their recommendations provide a useful basis for assessing the capacity for improvement to children's services.

In 2016 Audit Scotland concluded that 'the focus has been on getting the structures and governance in place for health and social care integration... [there is now a] need to ensure that the new partnerships make the transition to focussing on what needs to be done on the ground to make the necessary changes to services' (Audit Scotland 2016a). The report presents the following recommendations, which are relevant when considering the improvement of children's services:

- The Scottish Government should work with IJBs to help them monitor and publicly report on national progress on the impact of integration, including reporting on how resources are being used to improve outcomes and how this has changed over time
- Integration Authorities (IAs) should provide clear and strategic leadership to take forward the integration

agenda and develop strategic plans that include setting out clearly what resources are required, what impact the IJB wants to achieve and how it will monitor and publicly report progress. They should also make clear links between the work of the IAs, the Community Empowerment (Scotland) Act 2015 and the Children and Young People (Scotland) Act 2014 and develop financial plans that show how they will shift resources (including the workforce) towards a more preventative and community-based approach

- IJBs should work with councils and NHS boards to recognise and address the practical risks associated with the complex accountability arrangements. They should develop protocols which ensure there is a shared understanding of the roles and objectives by the chair of the IJB, the chief officer and the chief executives of the NHS board and Council.

Audit Scotland's report *Social Work in Scotland* (Audit Scotland 2016b) expressed significant concerns about the capacity of all social work services to respond to the range of challenges thrown up by integration. These included:

- The potential for an overall view of governance being lost when social work services (and budgets) were split, for example between education and children's services and the IJB
- A focus on health and adult services restricting discussion about children's services on IJB scrutiny committees
- Unclear links between the planning of those services that are integrated and those that are not, for example the transition from children's services to adult services, between children's services and criminal justice, and issues around transitions
- Chief Social Work Officers (CSWOs) becoming over-stretched.

On this final point, the Scottish Government issued revised guidance on the role of the CSWO in July 2016 to reflect the introduction of health and social care integration (Scottish Government 2016). This summarises the minimum scope of the CSWO role, recognising the diversity of the structures and partnerships that deliver social work services. The

CSWO's responsibilities apply to social work functions whether delivered by the council or by other bodies under integration or partnership arrangements. The guidance states that management and reporting structures are a matter for the councils. But if the CSWO is not a full member of the corporate management team, elected members must be satisfied that the officer has appropriate access, influence and support at the most senior level. In addition, CSWOs have strategic and professional responsibility for social work, including monitoring service quality and professional standards. Reporting lines for CSWOs always lie within the council and the establishment of IJBs does not change this. However, CSWOs now have an additional statutory, non-voting place as adviser to the IJB corporate management team or senior management team and the IJB management team.

The themes raised in this section are revisited in the next chapter.

Evidence on the impact of integration on children's services

Audit Scotland's reports provided an incredibly helpful context and framework, but their central focus was not children's services. To date, only two published sources are focused on children's services in Scotland. These are:

- *Integrating Health and Social Care in Scotland: Potential impact on children's services. Report One: A Review of Literature* (Stephens, Lerpiniere, Young and Welch 2015a)
- *Integrating Health and Social Care in Scotland: Potential impact on children's services Report. Two: Study Findings* (Stephens, Lerpiniere, Young and Welch 2015b)

The above highlighted the important links between children and adults' services and gave the following examples where collaborative working between child and adult services was particularly crucial:

- Disabled young people where transitions to adult services may involve wide-ranging, diverse and complex needs requiring continued multi-agency support
- Identifying and meeting the needs of young carers

- Care leavers
- Vulnerable children in the care of adult service-users.

The report noted that the Public Bodies (Joint Working (Scotland) Act 2014 provided opportunities to strengthen outcomes if children and young people were given equal priority and links at key transition points were strengthened. Although there were many positive indications of progress, concerns remained around bureaucracy. The authors proposed strengthening existing planning and guidance documents to support implementation of both the Children and Young People (Scotland) Act 2014 and Public Bodies (Joint Working (Scotland) Act 2014.

At time of writing, only three integrated authorities that include children's services have been inspected and had reports published. The Care Inspectorate has summarised its key findings as follows:

- Quality of leadership – Regardless of the structures within which the service was delivered, considerable variation in the quality and effectiveness of leadership was demonstrated across the three partnership areas. Despite the challenges there were many elements of effective leadership demonstrated in high performing partnerships, including investment in strategies to tackle inequalities as a key factor in sharing a drive to improve the lives of children and young people
- Excellence in the use of evidence-based performance data – Partnerships performed better where Chief Officers were well supported by coherent structures which provided well-evidenced information and performance data, specifically through frameworks of governance which included an effective child protection committee or corporate parenting board and a high degree of collaborative leadership, constructive challenge and a shared responsibility for addressing issues
- The knowledge and profile of children's social work services within the integration agenda – Some areas described a situation in which the integration agenda was significantly focused on the urgency of concerns around meeting the needs of older people, thereby, lessening the profile of services for children and young people within integrated arrangements.

In other areas, strengthening the profile of these services was demonstrated by strong leadership, particularly through the role of the CSWO.

- Outcomes – Effective implementation and embedding of Getting it Right for Every Child (GIRFEC) approaches characterised stronger performing areas. This was built on good capacity and high levels of confidence invested in staff in universal services to enable them to effectively discharge their responsibilities. The views of children, young people and families, staff and other stakeholders in change processes before, during and after that change, including an evaluation of the impact, was a key factor in highly performing partnerships.

A full report is provided in the 2018 CELCIS Literature Review, Integrating Health and Social Care in Scotland: The Impact on children's services – *Part 1: Literature & Policy Review*, CELCIS, Children in Scotland & Care Inspectorate, 2018.

Key points from the literature review

This rapid review of the evidence on health and social care integration, while limited in scope, raises a number of issues to take into the next chapter.

The intention of the Children and Young People (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 was to achieve effective integration of children's services and wider health and social care services and, in turn, to contribute to the principles of Public Service Reform established by the Christie Commission.

Two key principles were local flexibility to decide organisational arrangements and a focus on improving outcomes. This has led to different organisational arrangements for children's services. There is insufficient evidence available to conclude if this has been positive or negative. However, the sources we reviewed urged organisations to focus on implementation and that any changes should improve services from the perspective of the public and users of services.

There has been no in-depth consideration of whether improved integration of children's services has resulted from either of the two 2014 Acts. Reports published by the Care Inspectorate suggest that the elements of effective leadership demonstrated in high performing partnerships include strengthening the profile of children's services, evidence-based performance data, effective governance arrangements and effective implementation of GIRFEC.

Accountability for each Integrated Children's Services Partnership rests with the area's Community Planning Partnership (CPP). The extent to which the CPP processes are sufficiently visible and make a direct impact on 'high-performing partnerships' or on those which are not as effective, was not apparent to those we spoke to for this report.

However, the responsibility of each CPP to consult with its local communities on local outcomes, as required under the Community Empowerment (Scotland) Act 2015, could provide a helpful driver for integrated children's services planning, especially in relation to preventing harm and increasing support to families.

Chapter 2: Participants' views and experiences

This chapter reports on participants' views and experiences of current arrangements for children's services, organised under key themes.

The 2015 literature review *Integrating Health and Social Care in Scotland: Potential impact on children's services* (Stephens, Lerpiniere, Young and Welch 2015a), updated by CELCIS in 2018 (CELCIS, Children in Scotland & Care Inspectorate 2018) provides the available and relevant literature on the effectiveness of integrated structures. For the purpose of this report, we found the Iriss review of the determinants of effective integration (Petch 2014) to be most useful in providing the analytical framework for the practitioner enquiry phase of our research. The Iriss review was used extensively in the SPICe briefing (Robson 2013) referenced in Chapter one.

Iriss' overall conclusion was that it was not the structures per se that determined the success of integration, but rather the detail of local implementation and the focus on outcomes for service users. The report highlighted the following dimensions as being key to successful local implementation:

- The importance of culture
- The role of leadership
- The place of local history and context
- Time
- Policy coherence
- The need to start with a focus on those who access support
- A clear vision
- The role of integrated health and social care teams.

We condensed these dimensions into four themes to help practitioners describe their views and experience of the extent to which current arrangements for children's services are fulfilling the potential for integrated children's services and identify improvement. The four themes are:

- 1 Structures
- 2 Priorities
- 3 Relationships, including leadership
- 4 Improving outcomes for children, young people and their families.

A semi-structured questionnaire, based on the four themes (Appendix two), was developed for use with a range of individuals, organisations and groupings (Appendix one). Children's services in Highland, City of Edinburgh and East Ayrshire were focused on in greater detail because each has very different organisational structures. The arrangements for each of these are presented as case studies in Chapter three.

All interview participants were keen to highlight constructively the benefits of working across professional boundaries from operational to strategic levels, in integrated arrangements for the benefit of children and families. There was not any significant support expressed for any further changes to national legislation or policy-making, rather, the key areas of focus and concern were around local models and their effective implementation.

Many acknowledged the positive impact of the introduction of Integration Authorities (IAs). There were concerns not to rush to judge or disrupt organisational arrangements when they had only recently been established or, were well-established and working well.

"It's changing all the time and it hasn't bedded in. How it has bedded in will vary and it's still relatively new."
Chief Social Work Officer

At operational level, practitioners highlighted that there was still much to do in their areas:

"Information sharing. IT systems, different PDR systems, different approaches to confidential emails, differing ways of working with the unions and even different expectations of sizes of desks, still need sorting."
Meeting with multi agency staff

Nevertheless, regardless of the suggestion that it was still early days, there were concerns raised about the planning and decision-making systems currently in place, which required attention if the benefits of integration for children and families are to be fully maximised.

1. Structures

Common structural challenges

There is not one single structure or organisational approach to planning, delivering and resourcing children's services in Scotland. As flexibility was a principle established by the Public Bodies (Joint Working) (Scotland) Act 2014, the position of children's services in relation to integration similarly varies considerably.

The legacy of previous organisational arrangements appeared to be an important factor in determining approaches and attitudes towards integration. This could work either as motivation or deterrence:

"There had been a disastrous history of integration, we have no choice but to make this model work."

CSWO where children's services moved to the IJB

"There was a disastrous experience, which meant we would only integrate 'over my dead body.'"

CSWO where children's services remained with local authority

In both these cases, the use of the word 'disastrous' is significant as an illustration of how 'what has happened before' continues to strongly influence 'what comes next'.

"An attitude of 'given our history, we have to do it this way' is stifling attempts to change."

Senior Health Manager

Discussions revealed a picture of variance and complexity in terms of integration, not just across Scotland, but also within regions, which adds further challenge to drawing overall conclusions about the impact:

"How can you actually get one summary that covers Scotland or part of it to analyse how integration is working? In [NAMED] Council for example – there are several health and social care partnerships within [NAMED] Health Board. All are different, with a different history, very different cultures and different approaches."

Senior Social Work Manager

And the logic behind some of the structures that had developed was not always apparent:

"[NAMED] Council has the health visitor and school nursing budgets. Allied Health Professionals (physios, OTs, SLTs) are managed under a pan-[NAMED] health board service management arrangement across several IJBs. CAMHS is a single system across them, under the [NAMED] Service. Community paediatricians and community children's nurses are managed by the Hospital."

Representative from a council's Children's Services

"Highly complex is probably an understatement."

Senior Manager

An additional structural complexity was apparent in how systems linked in with Community Planning Partnership (CPP) arrangements and the requirement for locality planning. CPPs were rarely mentioned unprompted by participants. Perhaps notably, only our meeting with the Coalition of Care and Support Providers Scotland (CCPS) third sector members expressed, unprompted, concerns about: their lack of input into IAs; the lack of alignment between IAs and CPPs, and the lack of resources within the third sector to attend all of the area's relevant children's services planning meetings, working groups etc.

"How do we contribute to the discussion on use of pupil equity funding when it's decided by individual schools and not part of the community planning process?"

CCPS focus group participant

Turning to the governance and accountability arrangements for each organisation, frustrations were obvious where the structures were overly complex and where decision-making and planning for improvement were hindered by this complexity. This could mean not knowing who had overall responsibility for a specific service, or having to pass plans through several different routes of accountability:

"It is challenging to define where the strategic lead for children's services is when one of the two universal services is located in the local authority and the other in the Integration Joint Board, specialist services remain with the Health Board, CAMHS is based in one of the

IJBs and responsible for these services in the three IJBs within the Board, and AHP specialists are based in another IJB but cover the other two in the Board. The professional nursing lead is similarly organised."

Chief Social Work Officer

"When we wanted to make improvements to our looked after children services, we had to take the proposal to three separate committees."

Senior social work manager

"For children with autism and a learning disability, this is a growing pressure... The planning for this takes place at a Board-wide strategic group on children and disability. However, the group doesn't have a budget so when we get to a resolution and recommendation, we will have to report five times – through each of the four local authorities and our core management team. There is still a Board-wide strategic planning committee that our IJB sits on but not our local authorities. Even if we can get consensus across five sets of senior managers, we then need to get consensus with four sets of councilors."

Senior Health Manager

The apparent lack of focus around the child in decisions about structures for integration caused concern:

"For us in health and especially the 0-5 part of health, you're talking about the universal services and named person. But from 5-18, it's school. To have your universal and targeted social work integrated for children from 0-5 but not your universal service after 5, there's no sense in a lot of it."

Senior Health Manager

"Having children's services and schools together has had a lot of benefits over the last 10 years. Why throw that out when we can build on it?"

Senior Social Work Manager

In most of our interviews the proposals for further restructuring of education were of some concern, largely around the impact of further structural reorganisation, the disruption of integrated arrangements and the potential additional complexity for the planning, resourcing and delivery of all children's services:

"The Pupil Equity Fund was an opportunity to invest significantly in children's services in line with our strategic needs assessment and children's services plan. This hasn't happened. We have no idea if further changes in education will make things better or worse."

Chief Social Work Officer

It was argued that national legislation and accompanying guidance could have been more helpful by showing greater national leadership in supporting and strengthening the accountability and decision-making for children's services:

"The Scottish Government's Health and Social Care Delivery Plan made 16 references to children and one to GIRFEC. I personally believe this was a missed opportunity."

Senior Social Work Manager

"The guidance to the 2014 Children and Young People Act did not take into account how children's services planning and resourcing should take account of the integrated context or how 'whole family' and cradle-to-grave approaches were necessary for effective integrated services. It is practically silent on the connection with Integration Joint Boards, only one brief mention as being part of the planning landscape."

Chief Social Work Officer

Without a strong persuasive national voice arguing for children's services place within the integration agenda, it would appear it has been difficult for local leads to argue likewise.

Benefits of new integration structures

The most frequent mention of the benefits of new integrated organisational arrangements was where health and social work services were better integrated supporting children under five and their families:

"We have a universal health service and a targeted social work service. That's not easy but I think we have the opportunity to look at how that merges, for those complex health visiting cases, we can make a better link with social work."

Senior Health Manager

"The benefits are a clearer pathway through children's health services right through to those we provide in children's services social work."

Chief Social Work Officer

It was also indicated that the perennial tension around thresholds for accessing services has eased in one area where a senior social work manager manages health and social work services:

"Thresholds are much easier when managing two (health and social work) services, we can be clearer and address these."

Chief Social Work Officer

In some areas, Children's Services Planning Arrangements were described as being made to work:

"We make sure that the integrated children's services plan and other relevant children's services plans will only go to the IJB board once all the Board's planning groups have made their contribution. This has helped IJB members to see the connections in an integrated context. The ACEs agenda is an example."

Another perspective in a different area was that there had been little change or impact on planning for improvement:

"It's important to remember that health and social care partnerships are only a small part of the integrated children's services scope."

Senior Social Work Manager

This is a reminder that health and social care integration is only part of the picture of public service provision.

2. Priorities

Health and social care integration has a broad remit across the lifespan, and within this context the practitioners we interviewed described having to maintain constant vigilance to make sure that children's services were not overlooked, given the scale of challenge within adult services. This required significant effort however well supported children's services leads felt:

"My tiny children's population of 28,000 is a beach ball in comparison with the elephant of 150,000 adults."

Senior Health Manager

"Because of the dominance in adult services there are efficiencies in services, which need to be applied across all age groups. When the pressure has come from adult health and social care, how fair is that on children?"

Senior Health Manager

"We've got a lot of work to do to actually make children's services more visible in the strategic commissioning plans."

Senior Health Manager

"You know it's always felt a bit Cinderella-ish but it certainly is now – this huge tanker and you're like a little dinghy on the side. Definitely not getting a fair, proportionate allocation of resources or a place at the table to look at what needs are."

Senior Health Manager

However, a lack of prioritisation of children's services was not universally described, and in other areas a more positive story was told:

"I have been lucky, my chief officers have seen the importance of children's services, particularly around child protection."

Senior Social Work Manager

"Past integrated children's services plans, basically councils just did them and we would just stand back and let that happen whereas this is now co-owned legally under statute so we are having to work more together. There's definitely a feel that we're both responsible for it now."

Senior Health Manager

This raises the question of how we can ensure children's services receive adequate attention and prioritisation across the board, in a way that does not rely on the priorities of individual senior officers. We will return to this theme in the relationships section below.

3. Relationships

Between practitioners

It was not indicated from our interviews that re-organisation arrangements had impacted significantly on previously good relationships across professional groupings and at the level of the 'team around the child'. Where multi-disciplinary staff had always worked well, this was continuing.

"I think prior to integration there was already very good collaborative working. I'm not sure integration has changed that...We will make it work."

Chief Executive

"What we have in place then and now is a really good close working relationship."

Chief Social Work Officer

Representatives from the third sector were positive where they experienced continuing good relationships, indicating that it was individual connections that often made all the difference:

"Often doesn't come down to the structures or what is intended through different committees, it is the people."

Focus group with third sector Chief Executives

"I can say a few places where things are working well. It is purely down to the people. I couldn't tell you, in the places where it works well, what sort of model of integration they have."

Focus group with third sector Chief Executives

It is worth re-emphasising that multi-agency partnership working existed before formal integration, and that good individual relationships can achieve positive outcomes for families, regardless of the structures they sit within:

Leadership

"A good result of the Public Bodies Act was to set out the principles of working together and then let local leadership work out best systems within their parameters. This gave them the space to make the best arrangements for local people and services."

Senior Civil Servant Scottish Government

All participants identified the need for strong leadership of children's services to make sure that children's services were not 'swamped' by the challenges of the adult sector. It was considered essential that there must be sufficiently senior and experienced children's services leads at senior decision-making levels who have the overview on progress, can assess need and priorities and, essentially, be the advocates for improving services for children and families. The potential risk of an emerging lack of social work knowledge and expertise, combined with succession planning concerns, was also identified:

"The worst scenario would be a health lead for the IJB, a Chief Social Work Officer with an adult background and a head of children's services with an education background."

Senior Social Work Officer

Seniority and experience in children's services within the wider decision-making arrangements in the IJB, Health Board and local authority, was considered particularly important in a complex landscape. The capacity and capability of an area's children's services leadership, to make sense of and to navigate the connections and alignments required was a determinant of success, as identified by the Care Inspectorate's reports.

"We've got three HSCP with complete integration of health and social care and there are very good pieces of work happening but trying to piece together and get that overview of what's happening in each is incredibly difficult."

Child Health Commissioner

Turning to the statutory role of the Chief Social Work Officer (CSWO) with its pivotal contribution of connecting professionals and agencies, we found that the role as the bridge between each IJB and its partner local authorities was of significant importance in bringing together children and adult services.

One dimension of the role is that within the integrated context, the CSWO must hold together social work values, vision and principles and ensure that training and professional development supports this. This is especially important in the context of a division in practice between children's and adult services.

"My role as CSWO is about leadership and my Chief Executive is clear about that."

Chief Social Work Officer

"The CSWO is very clear about their role and everyone is expected to perform and be supported by their managers."

IJB Chief Officer

Another perceived CSWO role was to uphold social work principles across the Getting it Right for Every Child (GIRFEC) agenda, particularly with regards to supporting good practice, identifying early intervention and assessing the service user perspective.

"There's a lot to do there about strengthening our professional confidence and competence at the frontline. Working to make us equal partners alongside the other partners."

Chief Social Work Officer

Local political leadership

The CSWO's statutory annual report for elected members gives the local authority elected members and a local authority's three representatives on the IJB, a coordinated overview of an area's integrated children's services. Children's services are just one part of the CSWO's report. Highland is the exception given its lead agency status.

It was felt by several participants that this reporting mechanism deserves greater acknowledgement and that its importance needed reinforcing locally. Several areas were also considering how they could support elected members to have a greater area-wide role, at least in understanding children's services performance where children's services had moved to the IA.

One CSWO described setting up a new integrated social work services forum for elected members. The terms of reference were to influence the IA in its planning and strategic direction, giving elected members sight of papers going to the Board and providing an opportunity to bring to the officers' attention, elected members' views and concerns. Other managers described reports about children's services to elected members going to a variety of committees, with linkages to adult services not necessarily made.

Clearly relationships between professionals, and leadership at all levels, are important success factors, regardless of the model of integration.

4. Improving outcomes for children, young people and their families

Practitioners felt that it was too early to conclude that the reorganisation of children's services into integrated boards had led to improved outcomes.

However, it is worth highlighting at this point that where reorganisation has taken place, practitioners had found that Getting it Right for Every Child (GIRFEC) 'has been a godsend' (CSWO). It provides a unifying practice framework, shared language, and a shared approach to managing risk and addressing prevention and early intervention across a multi-disciplinary team within an operational and strategic context. In fact, it was mentioned several times that adult services needed a GIRFEC equivalent. It was suggested that having GIRFEC in place meant that integration was better developed in children's services as a result, in contrast to adult services:

"We have to learn from our history of success in improving children's lives over the last 10-20 years and I'd say our approach to domestic abuse and tackling early the impact on children is one. The reduction of young people entering and re-entering the criminal justice system and the introduction of GIRFEC show us how we can succeed."

Chief Social Work Officer

Integration offered the opportunity to talk about child care outcomes with adult services and identify joint priorities, where there were overarching issues and concerns:

"The opportunity to have more dialogue with adult services and what they need to consider in terms of child outcomes... there's more sense of a single place you might go to have these discussions where before that wasn't happening at all. I think things like the impact of alcohol and drugs and the impact of adverse childhood experiences, all of that kind of work has a lot more resonance than it might have had a few years ago."

Senior Social Work Manager

In terms of a focus for outcomes for children and families, participants talked about the need to take a long view:

"We've got to take the opportunities around integration to think about how we will radically transform our services so that we actually maintain wellbeing and economic stability of Scotland as a nation in 20 to 25 years."

Child Health Commissioner

Chapter 3: Area case studies

This chapter presents three case studies, each describing a different approach to integration.

Highland

Structures and systems

Highland is the only example in Scotland of the lead agency model, provided for in the Public Bodies (Joint Working) (Scotland) Act 2014, with Highland's Care and Learning Directorate acting as lead for children's services and the NHS Board responsible for adult services.

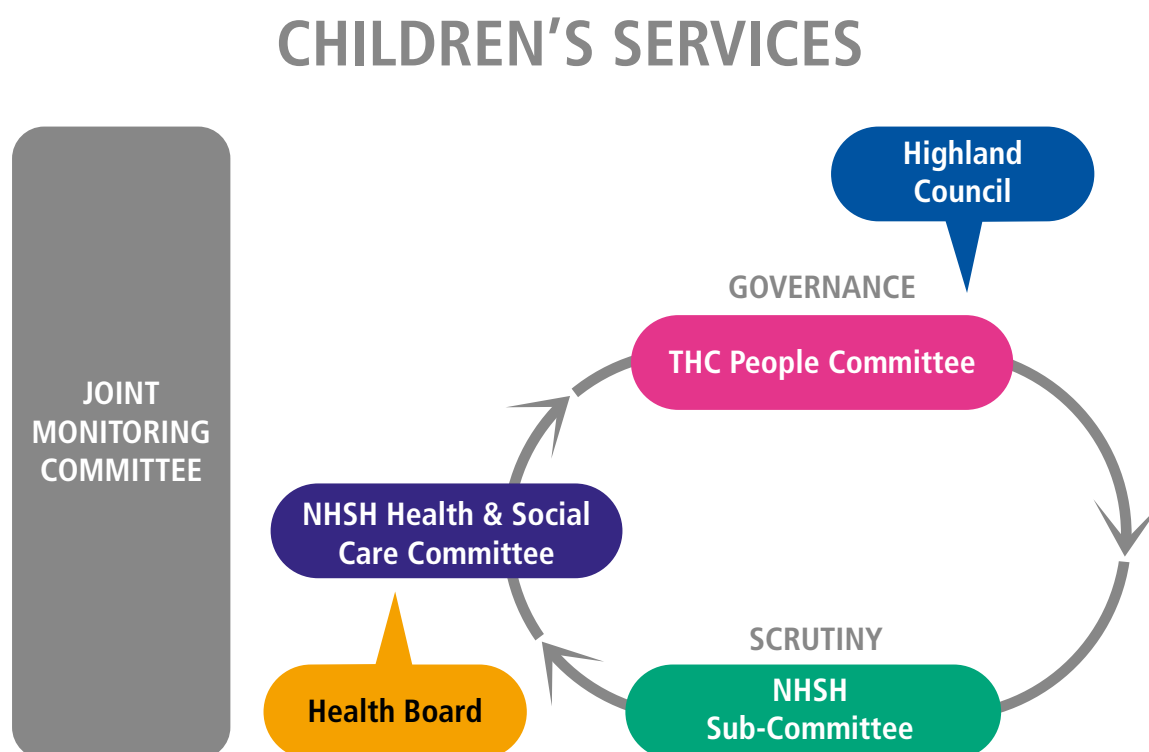
Highland's move towards an integrated model has been a very long journey. Building up strong relationships can be traced back to the late 1990s and related to specific Highland experiences in public service delivery. There has been a single practice model in place for children's services since 2010 for example.

However, the lead agency status provided the opportunity to address some ongoing areas of silo working. The lead agency is now responsible for all children's services, with the exception of Level three and four CAMHS and a few specialist nursing services.

While there are a small number of issues between adult (mental health) services and children's, children's services were described as being largely protected from the competing adult and children's services agendas that impacted on other areas. There is a weekly meeting between the directors of Care and Learning and Adult Services in Highland's lead agency for adult services. Resources are addressed at the strategic level and then resource planning is managed by the respective lead agencies.

Within Highland there are four localities, which must produce children, adult and locality plans. Organisational arrangements work to support the planning, resourcing and delivery of children's services in these localities and alongside their adult services colleagues. According to the senior management team, elected members say they are very happy with the arrangements for children's services.

The diagram below shows the governance and decision making organisational arrangements which are in the process of being implemented for children's services in Highland:



Priorities

Priorities in Highland were described by the Care and Learning Directorate management team as follows:

- Greater emphasis on mental health support at tier 2 – It was recognised that integration has a role to play here, but that this is not purely about integrating services more effectively, it is about prioritising specific types of provision.
- The need to remain 'obsessive' about the practice model of one assessment, one plan and then deliver:

"At just about every meeting of our practice improvement group, someone will come along and say, can I just add this separate piece of paper, just for this need. The continual pressure to add new forms, new referral systems and more meetings needs to be resisted."

- Supporting wider recognition and agreement that young people in families receiving adult services support (such as from the drugs and alcohol team) are children's services responsibility. It was suggested that such challenges are not 'about structure, it's the lack of shared language and practice model'.
- Succession planning and supporting ongoing leadership capacity:

"We are very dependent on current individuals who are the first generation of working in an integrated way. The next generation are part of the integrated culture and you want to expect that this generation of leadership will further develop integration because it's how the structure and systems work best in Highland – not dependent on individuals."

- Performance management – At a local and national reporting level, performance management framework is within the integrated children's service plan For Highlands children 4 (FHC4). It is designed around the achievement of better outcomes for Highland's children, their families and the communities in which they live, using the wellbeing indicators.

Relationships (leadership)

Case study participants indicated that leadership thinking had changed radically with the move to an integrated service. Specifically, they mentioned the 'need to move to matrix management and to accept that someone's line manager might not be their professional lead'. This required putting in a new line management and professional management structure. Specifically:

"We needed to think deeply about leadership within social work and social care."

Participants described learning from and being influenced by clinical governance and professional lead nurses and allied health professionals (AHP) experience in this respect:

"We saw that the social work experience of supervision did not adequately cover leadership. This resulted in an organisational structure where there are now three Lead Posts in place – Lead Nurse, Lead AHP and Lead Social Worker."

The Lead Posts do not manage the service, but focus on developing policies and programmes, delivering training, and working across child and adult services.

These organisational arrangements have also meant the Chief Social Work Officer (CSWO) role has changed radically. This is partly because it would be very difficult to deliver both the CSWO and Director roles. More important though is that while secure care decisions and significant incidents, for example, will come to the CSWO/Director, the day-to-day professional practice issues and the leads for integrated practice are shared by the collective professional leadership of the three lead post-holders. That has 'proved to be very powerful'.

The Highland Third Sector Partnership spoke very positively of the lead agency model:

"Families used to spend so much time and then express concerns that they were going from pillar to post, their child 'was getting stuck' – it's no longer there, with the exception of some CAMHS. Families automatically call it the child's service, the child's plan and their child's plan"

meeting. Their concerns are whether the plan is being implemented, are the right people round the table – they are not in any way critical of the model.”

The following diagram illustrates how children's services are integrated:



Outcomes

When asked about perceived outcomes, the team highlighted child protection as one area where there had been improvements. It was 'vastly better than before'.

They believe this change appears to be a result of greater confidence among professionals in the system they were working within, and a more efficient, streamlined approach to dealing with potential child protection cases:

"Overall, the named person assessment is of good quality and if there is a need to move to child protection, we can do so more quickly and confidently. Our performance shows a reduction in time taken and minimal delays because of our structure, relationships and confidence of schools in where to get advice."

More generally, children were thought to have benefitted from integrated planning and assessment:

"In the previous authority I worked for, we had plans that would say conflicting things about actions to take. For one child, I had one plan that said the child needs to keep active and another saying the child needed to be kept still and quiet. Now, in Highland, this would never happen."

One professional challenge still to address was concerning caseload management, risk and staff capacity:

"Even though social work caseloads are half what they used to be, the challenge is what should they be? Also, are they the right cases? Some social work professionals can also find the lack of 'balance' intense and challenging."

The City of Edinburgh Council

Structures and systems

The City of Edinburgh Council is a large city authority where children's social work services are in a joint directorate with education services under one director. This has been the position for around ten years and participants described a number of benefits. Children's services are divided into four localities across the City.

The locality improvement plans cover services across the life course.

The Getting it Right for Every Child (GIRFEC) agenda is a shared one and the focus is on doing things that help relationships, resilience, restorative practice and rights respecting schools. Work between school and social work is seen as well developed. The Chief Social Work Officer (CSWO) reports directly to the Chief Executive and manages a new service called Safer and Stronger, which covers housing and homelessness services.

Its Health Board covers more than one local authority and children's health services are managed by more than one Integration Joint Board (IJB). There is a complex set of matrix arrangements in the management of children's health services. This creates differences in management lines and accountability, in how the budgets are organised, and a challenging web of manager relationships. There is no uniformity in how these are organised:

- Allied Health Professionals (physiotherapy, occupational therapy, and speech and language therapies) are managed as one service across four authorities
- CAMHS are managed as a single service with adult services across the four authorities
- School nursing and health visiting are the only services included in the IJB, in some of the authorities
- Community nursing across the four authorities is run by one central facility
- Learning disability services are run by the Health Board in a cradle to grave service
- There are agreed planning infrastructures for adult services and a separate one for children.

In the city authority, none of the children's health services come under its local IJB. The planning forum for children's services is the area's children's board and it is the children's services partnership that agrees priorities, aims and objectives and develops the children's services plan. This is reported to the council committees and to the Community Planning Partnership but not to the IJB. It was described as a mature structure, with a focus on locality improvement plans. As the locality structure strengthens, the intention is to delegate more budget to them.

Adult and children's social work services are separate although the new multi-agency hubs have a mixture of health, adult and children's workers.

Priorities

Young people's mental health was described as 'the number one priority' with the need to get early intervention in place rather than a later reliance on very overstretched specialist services. We were told the area has very long waiting lists with young people waiting substantial periods of time for services and with the CAMHS service managed within adult mental health services. It is looking to support the health services to work effectively at this point and potentially put resources into community services to achieve a more holistic psychological approach in communities:

"We need to start with a conversation with young people, working with schools. Who is around to support children? Who do they need to talk to when they are struggling and feeling bad about themselves?"

Child protection is a priority for all and arrangements are considered robust.

Growing levels of poverty and homelessness are also a real concern and the authority is establishing a poverty group looking at ways to make the city a genuinely child-friendly city.

Relationships (leadership)

The chief officers group meets weekly and the chief officer of the IJB is part of the corporate leadership team. The Chief Executive is chairing the multi-agency leadership group for corporate parenting. The strategic partnership has elected members on it and it was described as working well.

There is a heavy reliance on health primary care staff to do much of the early intervention work.

Connections between adult and children's services are impeded by the high level of complexity between them.

Outcomes

Children's individual planning was described as being well understood and in place, with the wellbeing indicators embedded and an emphasis on improving the

wellbeing of the child or young person.

Head teachers have indicated that a number of the initiatives are working well with some impact on support for learning. It is looking at those things that support relationships, resilience, restorative practice and rights respecting schools. Services are grouped around school clusters and are seen to be doing effective work with school staff on inclusion. There is a will to develop the approaches through the children's partnership arrangements.

East Ayrshire

Structures

All council social work services including children and families, justice and adult services along with NHS Ayrshire and Arran Health Board's community-based children's and adult health services, have transferred to the management structure within the Health and Social Care partnership.

The local authority decided to delegate these responsibilities to the IJB, following an options appraisal exercise and the explicit decision to keep adults and children's social work services together. Previously all social work services had been integrated within an education and social services structure. Education services have remained in the local authority, both managed and professionally led by a Head of Education.

Adult services adopted an integrated management structure, meaning that service managers have management responsibility for both health and social work/social care services. This means that arrangements have required to be made for professional supervision to be provided, where the manager does not have the same professional background as team members. In contrast, children's services adopted an aligned model, meaning that service managers manage either health or social work teams, providing both management and professional leadership. The latter model has focused on building shared vision, leadership and culture across the senior management team (children's health, care and justice). The focus on building relationships and understanding has been positive, leading to the strengthening of integrated practice with children, young people and families.

There was a sense of loss within children's services following the creation of the Health and Social Care Partnership (H&SCP), due to early years and education being located within the local authority and children's community-based health and social work being located in the H&SCP. This means that universal services are split between the local authority and the H&SCP, working within different accountability and governance structures. This presents challenges and relies on positive working relationships and strong leadership to ensure connectedness and equity of resources.

The East Ayrshire Children and Young People's Strategic Partnership is a multi-agency strategic planning forum, with responsibility for the development and implementation of the children's service plan. Membership includes all statutory services and the third sector, with the participation of children and young people being central to business planning and priority setting. This creates the opportunity for all children's services to jointly conduct a strategic needs assessment; identify priorities and agree action, with a focus improving outcomes for children, young people and families. This partnership is chaired by the Head of Children's Health, Care and Justice / Chief Social Work Officer and is accountable to the East Ayrshire Community Planning Partnership Board.

The biggest advantage experienced in being located within the H&SCP is in relation to transitions for children who are moving from child into adult services. The new arrangements are making these services easier to plan. The IJB is still seen as being a place where adult services dominate given the volume and scale of services, and the stakeholders / partners involved. Again, strong leadership is central in ensuring that children's services are promoted, recognised and valued in this integrated context.

Priorities

The Children's Service Plan identifies key priorities relating to improving educational attainment and achievement; improving health (specifically emotional/mental health and wellbeing; breast feeding) and improving safety (internet safety and neglect).

Given the investment in educational services to improve educational attainment and achievement, there is a

need to further strengthen partnership arrangements to ensure that single service funding silos do not translate into professional service silos.

Following a school nursing review, looked after children, child protection, mental health and wellbeing and transitions, have been prioritised as the four key pathways. All looked after children at home have a full health assessment. The area is moving to a hub model to support schools, thus maximising the resources available.

Relationships

Historically, relationships in the authority have been good, with a core group of leaders / managers having invested in remaining in the area over a long period. The operation of GIRFEC, with its shared ethos and focus, has been a major positive. It has provided a common framework and aligned professional standards.

Within the context of these integrated arrangements, professional supervision is provided to health and social work professionals, with support structures and workforce development opportunities available on a multi-agency, single service and professional discipline basis. The Chief Social Work Officer, Nurse Director / Associate Nurse Director, Allied Health Professionals Lead and Clinical Lead all provide professional leadership for their specific disciplines.

The Chief Social Work Officer differs from other professional leads in having a Head of service management portfolio in addition to responsibility for professional leadership of social work across organisational structures. The CSWO also has a key role in leading / chairing strategic partnerships and provides a presence on a variety of boards, providing professional oversight of social work and public protection.

Relationships with CAMHS are well developed and there has been a concentration on developing services around the nurture agenda including in the local authority's Children's Houses. They have been able to bring different partners together to look at how others can support CAMHS and to cut off some of the demand so they can manage things differently. Some referrals to CAMHS had not been appropriate and could increasingly be dealt with within universal services. The

authority recognises the real pressure on mental health services for children and this mirrors a very challenging national picture. There is a focus on building on collaborative partnerships to address this.

Outcomes

There is a strong focus on early intervention and prevention in East Ayrshire, with practice being focused on relationship-based approaches with children, young people and families. As described above, there is a significant concentration on supporting universal services to achieve improved outcomes at an earlier stage and reducing the need to escalate to more specialist services.

Service Planning and Governance Arrangements

The diagram (on page 31) provides an overview of the planning and governance arrangements in place to ensure the delivery of children's services that best safeguard, support and promote the wellbeing of children and young people in East Ayrshire.

The diagram uses a colour key to distinguish between the aspects of planning and governance arrangements that relate to:

East Ayrshire Public Protection – Red
Ayrshire Wide Planning – Sky Blue
East Ayrshire Children and Young People's Integrated Service Planning – Green
East Ayrshire Community Planning – Dark Blue.

East Ayrshire Community Plan 2015-30

The East Ayrshire Community Plan 2015-30 is the sovereign and overarching planning document for the East Ayrshire area, providing the strategic policy framework for the delivery of public services by all partners.

Implementation of the Community Plan is through three thematic Delivery Plans, namely Economy and Skills, Safer Communities, and Wellbeing.

The Health and Social Care Partnership has a lead role in taking forward the Wellbeing theme as well as a key contributory role in the delivery of the Economy and Skills and Safer Communities themes.

East Ayrshire's Children and Young People's Service Plan (2017 – 2020) accords with statutory responsibilities of the Children (Scotland) Act 1995 and more recently, the Children and Young People (Scotland) Act 2014 and clearly aligns to the national policies; Getting it Right for Every Child (GIRFEC) and the Early Years Framework, both of which aim to put children and young people at the heart of the planning and delivery of services to ensure that their rights are respected. The Children and Young People's Service Plan sets out a range of SHANARRI-aligned stretch aims and desired outcomes which were developed in consultation with local children and young people.

The Plan links directly to the following strategic objective within the Community Plan Wellbeing Thematic Action Plan, which relates specifically to children and young people:

'Children and young people, including those in their early years and their carers are supported to be active, healthy and to reach their potential at all life stages.'

In view of the common vision, guiding principles, themes and outcomes shared across the Children and Young People's Service Plan and its sister plan, the Child Protection Committee Business Plan, the aim is to bring these two Plans together to create a single Plan that will encompass the full range of children's services.

Protection

The Child Protection Committee (CPC) maintains oversight of child protection matters, with a focus on strategic planning, continuous improvement, provision of public information and communication around the wider child protection agenda.

The business of the CPC links with our other Public Protection Committees which cover Adult Protection, Violence Against Women, MAPPA and Alcohol and Drugs and report to the Chief Officers' Group which maintains strategic oversight of all public protection matters.

A number of multi-agency actions plans covering the period 2017 – 2020 underpin the Children and Young People's Service Plan with progress against these plans

reported to the C&YPSP. These are:

- GIRFEC Practice Model;
- Emotional Health and Well Being;
- Young People involved in offending (Whole Systems Approach);
- Kinship Care Action Plan;
- Corporate Parenting Action Plan;
- Best Start in Life (0-8 years) (Early Learning and Child Care Plan); and
- Young Carers Action Plan.

The C&YPSP is also supported in its role by a number of Multi-agency Groups that contribute to and enhance our arrangements for integrated Service Planning for Children's Services in East Ayrshire. These include the:

- Children and Young People's Improvement Collaborative
- Locality Planning (Connected Communities)
- Third Sector Children and Young People's Services Forum.

Health and Social Care Partnership Strategic Plan 2015-18 is monitored through the Joint Integration Board and reports through the CPP Wellbeing Delivery Plan.

The Children and Young People Ayrshire

Programme Board is responsible for overseeing the requirements of the Children and Young People (Scotland) Act 2014 around information sharing and named person. At an all-Ayrshire level, strategic oversight of planning for children and young people's services is provided by the Strategic Alliance and the Chief Executives' Group.

Links to other Strategic Plans

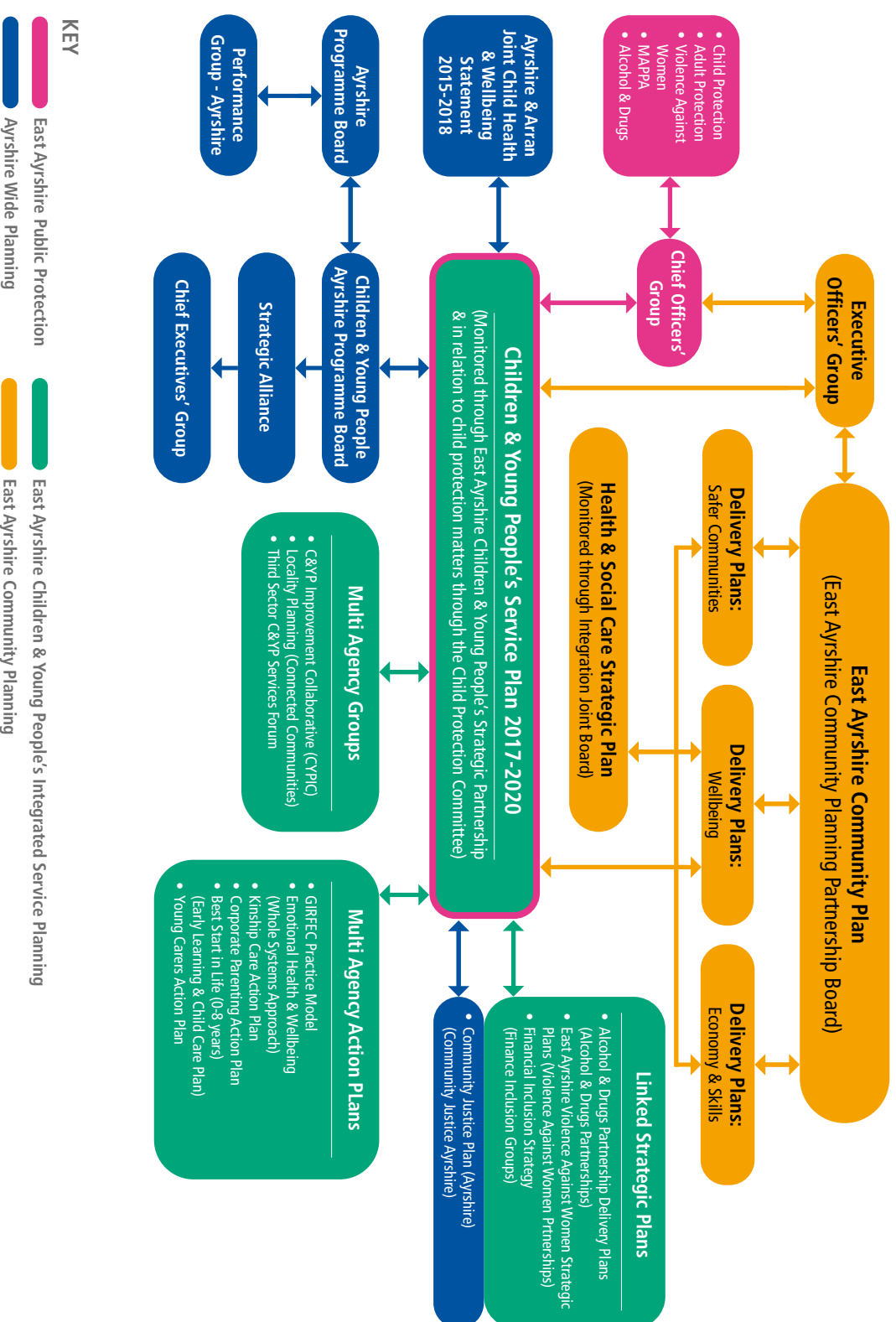
The Children and Young People's Service Plan and the work of the C&YPSP also links with, is influenced by and feeds into a number of other Integrated Strategic Plans including the:

- Alcohol and Drugs Partnership Delivery Plan (Monitored by the Alcohol and Drugs Partnership)
- East Ayrshire Violence Against Women Strategic Plan (monitored by the Violence Against Women Partnership)

Financial Inclusion Strategy (Monitored by the Financial Inclusion Group), and at an all-Ayrshire wide level, the:

- Community Justice Plan for Ayrshire (Monitored by Community Justice Ayrshire).

Childrens & Young People's Services: Planning & Governance Arrangements



Chapter 4: Conclusions

This chapter provides our conclusions on the critical factors required for further improvement in integrated children's services. These critical factors are set out in a series of self-assessment questions for use at national and local levels.

It is clear that each area's context, culture and leadership capacity are different. There will therefore be a varying starting-point for self-assessment and improvement in each area. Nevertheless, there is considerable scope to improve local partnerships, based on sharing assessment findings and improvement evidence across children's services' practitioners and leaders. Equally, the national bodies, such as Social Work Scotland, Care Inspectorate, Healthcare Improvement Scotland and Scottish Government are willing to identify additional contributions they can make to support local improvement work. Other important future partners included the third sector, such as Coalition of Care and Support Providers (CCPS).

The following conclusions are based on the four critical factors for effective integration:

- 1 Structures
- 2 Priorities
- 3 Relationships (including leadership)
- 4 Improving outcomes for children, young people and their families.

Structures

There are examples of effective development, planning and delivery of integrated children's services. The Highland lead agency model was particularly attractive in relation to removing bureaucratic and structural barriers to enable integration of services at every level of the organisation. As stated by one of the Care Inspectorate's Chief Inspectors: 'While we do not have evidence that structures have an impact on outcomes, structures that are overly bureaucratic use up resources that could be better used to support children'.

The overwhelming message from those we spoke to is that the answer to the delivery of more effective children's services is not more structural change. A period of stability is essential, regardless of the model of integration selected.

The organisational arrangements for children's services in Scotland are a product of the area's history, relationships and experiences (such as good and bad inspections). These have shaped the values, ethos and culture of the varying service components that make up an area's children's services and whether these services are centred within an Integration Joint Board, a local authority or divided between both.

Nevertheless, there is widespread recognition that there is scope (in some cases considerable) to improve current strategic and operational arrangements within existing children's services structures. Frontline practitioners and managers can face considerable bureaucratic hurdles to achieve improvement and change. Some practitioners felt bewildered by existing lines of governance and accountability. Leadership was the critical factor in those areas where a more integrated approach to resource planning, budgeting and decision-making was in place and this is evident from Care Inspectorate reports.

There was some concern that proposed changes in education governance could disrupt progress towards more effective integration of services. Equally, concerns were expressed at the slower pace of improvement in some areas at securing effective integrated practice with children with additional support for learning needs and transitional planning between children's and adult services. We heard some examples of good progress of integrated practice in mental health and wellbeing of children, although it was clear this area is challenging.

Priorities

It was evident that access of the Chief Social Work Officer (CSWO) to the Chief Officers and Chief Executives, is considered critical. (CSWOs report directly to Chief Executives) in their leadership role and to Chief Officers or Directors (eg education) in their line management role, unless they are a Director and have dual reporting to the Chief Executive. Their leadership role brings together social work practice across the age groups. Access to elected members is also critical. Social work plays a unique role in this landscape and their influence should be maximised if we are to see improvement and prioritisation within integration of children's services.

The importance of assessing an area's organisational

integration arrangements through the lens of its history and the local context was emphasised in the literature and in our conversations. The alignment of adult social work with health and the establishment of health and social care partnerships was said to have reinforced practice that had been developing since the 1990s. There has been a different integration journey for children's services, where in many areas children's social work has moved closer to education services.

This reinforced the CSWO's unique leadership role in bridging and helping unify the specific local integration arrangements for children's services, whether or not they are based mainly in a local authority or an Integration Joint Board and identifying how best children's services, and their improvement, can be prioritised.

This led us to question whether the CSWO role has the capacity to fulfil this requirement. We have noted in Chapter One that Audit Scotland notes that CSWOs 'are becoming over-stretched' (2016b). The role was rarely undertaken by a Director, and it appears difficult to fulfil given the range of roles and expectations. There are a variety of models in local authorities as to how the CSWO role is exercised (illustrated in our three case studies). Quite often this includes operational responsibility in either adult or children's services. The span of responsibilities was considerable. The role of keeping appropriate oversight was described as very challenging. The importance of the CSWO having time outside of operational roles to keep up to date with national policy and practice was said to be essential but there are time and resource constraints. We were surprised how little dedicated support there was, if any, for the CSWO's role in prioritising and improving integrated children's services.

Relationships

The continual direction for social work in working closely alongside other professionals was challenging more traditional notions of line management and professional leadership. The collective professional leadership and accountability required for effective integration of children's services and ongoing improvement, was described as potentially very powerful, if it could be achieved within existing structures.

Leadership within the profession was mentioned repeatedly as being the key factor in managing this time of enormous change and supporting front line practitioners in undertaking their roles. This is demonstrated in the Care Inspectorate's published reports. However, the complexity of some governance arrangements, the separation of management and leadership roles are still new, with new learning, new demands and so on. There are real challenges in relation to capacity. In addition, it was noted within children's services that most areas of practice were subject currently to national and independent reviews and this was very time consuming for those with leadership roles.

It was also noted that capacity issues meant that partnerships with the third sector, in particular in relation to early intervention and prevention, were not being developed consistently.

One of the CSWO roles is to sit on the Integration Joint Board (IJB), where they can provide professional leadership and have a key role in clinical and care governance systems. This provides an essential element of keeping adult, criminal justice and children's social work connected. This is especially important in those IJBs where children are not included.

The CSWO takes the lead in setting professional standards, ensuring quality assurance is taking place and modelling the values and principles essential for good social work practice. It was pivotal in setting the culture. Pragmatic means of managing a very large role were being identified at local areas, such as having a depute on specific priorities. This was also a way of spreading the professional leadership to ensure they had a thorough understanding of a service they were not managing directly.

There is an acknowledgement that integration is here to stay and it is now how it is implemented that should be the focus of local assessment and improvement. The development of good relationships between services and critically between individuals is seen by many as being the key component. Managers emphasised the importance of relationships between professionals at all levels in making children's services effective. Third sector managers identified the 'people' as being critical

to success and were clear that positive relationships with individual senior managers sustained their work.

Some children's services leads commented on a growing capacity to think about aspects of children's needs at an earlier stage within their joint planning structures, such as pre-school health and social work services. However, concerns remain that children's services get lost amongst the higher demand of adult service planning. The very mixed picture of where strategic planning and accountability for children's services is taking place meant that we could not always identify how improvements could be achieved at pace or in ways which empowered local leaders and teams.

There was no disagreement with the value of co-locating staff from different professional backgrounds. Many partnerships are working well and a range of multi-agency partners are fully engaged as evidenced by some mature planning structures, such as well-established child protection committees. Integration for some had offered an opportunity to have more straightforward conversations and cut through bureaucracy.

Nevertheless, we also heard of tensions and uncertainties around significant aspects of children's services planning, such as who or which decision-making group was responsible for the totality of resources for children's services and where did accountability at all levels, including political and democratic, rest? Educational attainment funding was mentioned frequently and an example of the child health components of GP contracts not forming part of the integrated children's services funding 'pot' was given. In some areas where there can be several partners, decision-making is too complicated and hindering integrated developments. This has had a detrimental impact on practitioners' enthusiasm, motivation and sense of empowerment, to improve children's services.

Improving outcomes for children, young people and their families

We heard of examples across Scotland where the collective aspirations of achieving integration are underway. The shared vision, context, language and practice model underpinned by Getting it Right for

Every Child (GIRFEC) is considered by most of those we spoke to as the main driver for improving outcomes. We heard that this common approach and language is vital to providing families with an integrated service and where families only tell their 'stories' once. This was also highlighted by the Care Inspectorate as a key characteristic of successful integrated children's services.

There were descriptions of teams where social workers and health professionals have joined together through co-location or joint management. Also mixed professional teams, with examples of funding coming from local authorities to supplement nursing posts. This was described as improving early intervention and child protection.

Shared budgets between social work and health were commented on positively, as were joint management posts and training. It was emphasised that there needed to be confidence in governance arrangements if partners are to make moves to joint arrangements. Receiving operational direction from a manager not of the same professional background requires a high degree of confidence in the arrangements. Several areas told us they are looking at the unique skills, over and above their professional knowledge and skills, that a practitioner needs to deliver within an integrated children's services context.

Succession planning for current senior officers of children's services was mentioned as a concern and significant challenge. Equally, the need to think about leadership planning and pathways across the children's sector, involving the third sector. We asked whether a national leadership pathway would be helpful to allow individuals to support a front-line practitioner moving to become a manager of a multi-disciplinary team and potentially onto a strategic role as a leader of an area's children's services. It was agreed that this could be helpful and Social Work Scotland was prioritising leadership in its current developments. The work of Scottish Social Services Council's leadership pathways was acknowledged as very helpful.

A self-assessment framework

There is a considerable amount of work underway to support local areas to improve and make better use of what we have in place within the legislation, guidance

and various reviews within children's services, not least the current review of joint inspection of children's services. This report identifies the following specific assessments that could be made at national and local level to support improvement planning:

National Assessment

- 1 Scottish Government, with the support of Social Work Scotland and others, should consider this research together with other evidence, such as Care Inspectorate reports and assess the extent to which the implementation of the Children and Young People (Scotland) Act 2014 objectives for children's services planning are being achieved and whether refreshing current guidance would support improvement.
- 2 Local Accountability through the Community Planning Partnership for an area's integrated children's services plan is proving to be complex. Each CPP should assess its current accountability arrangements, including the democratic oversight of local planning and implementation. As part of this assessment, the extent to which there is clear and shared accountability to achieve improvements at the key transition points (pre-birth, birth, pre-school, primary, secondary school and into adulthood) and also improvement in services for children with additional support needs and their families, should be a key test of effectiveness.

Assessment should also build on the views of front-line practitioners and service heads.

- 3 The Care Inspectorate and Health Care Improvement Scotland should build on its current joint inspections review and improvement programmes, with its partners, to identify further support that would be helpful for local assessment of improvement planning and implementation.
- 4 The CSWO's annual report is a potentially powerful, but we believe a currently under-utilised tool for reporting to CPPs, to local authorities and, in turn, the IJB, on the effectiveness of the area's children's services. Social Work Scotland has led significant works to develop the value of the CSWO's annual report. An assessment of how effectively council's

and IAs have used this report should be completed; and SWS, with its CSWO members should review and consider whether further work, nationally and/or locally, might be required. Examples of how annual reports have identified and led to improvement in the effectiveness of integrated children's services, such as those services at the transition point into adult services, GIRFEC implementation and risk management and prevention, would be particularly helpful.

- 5 Each CSWO is ideally placed to lead, or at least play a leading role in an assessment for their CPP, including their local authority and IJB, of the current strength of the scrutiny and political oversight of the area's integrated children's services and its improvement priorities. As discussed in chapter one, even if children's services remain largely with the local authority, 2016 Scottish Guidance on the CSWO role makes clear that 'CSWOs now have an additional statutory, non-voting place as adviser to the IJB corporate management team or senior management team and the IJB management team'.

Arguably, this aspect of the role has never been more important given the number of national reviews and consultations currently underway on various aspects of children's services and the importance of keeping Elected and Board members adequately informed of these developments.

- 6 Self-evaluation led by the Chair of the Integrated Children's Services Partnership (who is generally but not always the CSWO) at this stage of the children's services planning cycle that covers 2017-2020 should focus on the area's capacity to undertake strategic commissioning – needs assessment and allocation of the totality of the resources within the CPP to meet the agreed priorities for improving outcomes for children and young people. This will mean there must be a focus on an area's effectiveness in its early intervention and prevention approaches. This would also be a helpful focus for the support suggested under recommendation three.
- 7 The Chair should also include in assessment the scope for further improvement of multi-agency

integrated practice (ie GIRFEC) and assess how effectively practice connections are being made and supported?

- 8 In part because of the embedding of GIRFEC approaches, we found an increasing acceptance among practitioners that someone's line manager might not be their professional lead. This is welcome and a good opportunity to assess the current and planned support for their area's children's services professional leads. Assessment should consider if more could be learnt from the clinical governance model? Is there greater scope for sharing multi-disciplinary professional development materials and approaches across Scotland? We noted Social Work Scotland's leadership of work on professional governance to support CSWOs with this.
- 9 Finally, the pathways to leadership for integrated children's services, including the area's local third sector partners, needs further assessment locally given the recruitment and succession challenges described to us. Social Work Scotland, Scottish Social Services Council and the Care Inspectorate could support this local assessment by developing a co-ordinated workforce leadership approach to secure the benefits of integration, underpinned by the GIRFEC multi-agency practice model.

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Appendices

Appendix One

Interview participants

Interview and focus group participants included individuals in the following roles:

Local Authority

Chief Executive Officer
Chief Officer, Health & Social Care Partnership
Head of Children's Services, Integration Joint Board
Child Health Commissioner
Chief Social Work Officer (3)
Executive Director of Communities and Families
Interim Head of Children's Services
Director of Care and Learning

Scottish Government

Director and Deputy Director for Community Justice
Chief Social Work Adviser
Lead for Health and Social Care Integration
Deputy Director Children and Maternity Health
Deputy Director, Improving Health and Wellbeing,
Children and Families Directorate

Third Sector and other National Bodies Participants

Chief Executive Officer, Coalition of Care and Support Providers
Head of Children's Services, Enable
President, Social Work Scotland
Leads for Health, Social Care, Education and Children's Services, The Convention of Scottish Local Authorities (COSLA)
Care Inspectorate Representative

Group interviews and Meetings undertaken

Senior Management Team Care and Learning Directorate
Children's Services: Heads of Service in 2 Local Authorities
Coalition of Care and Support Providers, Children and Families Sub Committee
Quarterly National Meeting of Scotland's Child Health Commissioners
Social Work Scotland Meeting of Chief Social Work Officers

Other activity

Workshop at Scottish Social Services EXPO 2017
Launch session at Social Work Scotland Annual Conference 2017

ENABLE case study

Appendix Two

Questionnaire for site visits, meetings and interviews

Part 1

- Please describe the model of integration in your area and how children's services fit in
- What are the governance arrangements for children's services at a strategic level?
- How are children service priorities being included with adult service priorities in your planning?
- How do education services fit into the integration landscape?

Part 2

- What (if any) difference (either positive or negative) do you perceive your model of integration has made on children's services with reference to:
 - Structures and systems
 - Priorities
 - Relationships
 - Outcomes for children and families
- Can you see any impact of integration changes on children's services? (i.e. have they already had their impact, or do you anticipate these coming in the future?)
- What have been the challenges for children's services of H&SC integration? Were these the challenges you anticipated? Have there been any unanticipated challenges? If so, what?
- What have been the key positives for children's services from H&SC integration? Have these been the benefits you anticipated? Have there been any unanticipated benefits? If so, what?

- What do you believe are the key factors required to make integration successful for children's services; e.g. in terms of
 - Structures and systems
 - Priorities
 - Relationships
 - Skills
 - Budgets
 - Ethos
- Taking these three examples, how would you say your model is effective in relation to improving children's outcomes in:
 - Children's mental health (including prevention, early intervention and treatment)
 - Your local Child protection arrangements
 - Children's health inequalities – healthier eating, reduction in alcohol and substance/tobacco misuse
 - What are your next steps/priorities for supporting children's services integration?
 - Any other comments





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