OFFICIAL REPORT
AITHISG OIFIGEIL

Education, Children and Young People Committee

Wednesday 16 November 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Wednesday 16 November 2022

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EDUCATION, CHILDREN AND YOUNG PEOPLE COMMITTEE
28th Meeting 2022, Session 6

CONVENER

*Sue Webber (Lothian) (Con)

DEPUTY CONVENER

*Kaukab Stewart (Glasgow Kelvin) (SNP)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)
*Graeme Dey (Angus South) (SNP)
*Bob Doris (Glasgow Maryhill and Springburn) (SNP)
*Ross Greer (West Scotland) (Green)
*Stephen Kerr (Central Scotland) (Con)
*Ruth Maguire (Cunninghame South) (SNP)
*Michael Marra (North East Scotland) (Lab)
*Willie Rennie (North East Fife) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Louise Bussell (NHS Highland)
Nicky Connor (Fife Council)
Martin Crewe (Barnardo's Scotland)
Jude Currie (Scottish Association of Social Work)
Fiona Duncan (Highland Council)
Vicky Irons (Dundee Health and Social Care Partnership)
Ross McGuffie (North Lanarkshire Health and Social Care Partnership)

CLERK TO THE COMMITTEE

Pauline McIntyre

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Education, Children and Young People Committee

Wednesday 16 November 2022

[The Convener opened the meeting at 09:15]

National Care Service (Scotland) Bill: Stage 1

The Convener (Sue Webber): Good morning, and welcome to the 28th meeting in 2022 of the Education, Children and Young People Committee. The first item on our agenda is our second session on the National Care Service (Scotland) Bill. We will hear from two panels of witnesses.

I welcome our first panel: Louise Bussell, chief officer for Highland community at NHS Highland; Nicky Connor, chief officer of Fife integration joint board and director of Fife health and social care partnership; Fiona Duncan, executive chief officer for health and social care and chief social work officer at Highland Council; Vicky Irons, chief officer of Dundee health and social care partnership; and Ross McGuffie, chief officer of North Lanarkshire health and social care partnership. Good morning, everyone.

All our witnesses are joining us remotely today. Members will generally direct a question to a particular witness, to get us started. However, should you wish to respond, please type R in the chat box. The clerks will be monitoring the chat box, as will I, and I will bring you in when I can.

Please do not feel obligated to respond to every question. If you do not feel that you have anything additional to state to what has already been said, that is absolutely fine. Also, if you are asked a question but you do not have the information to hand, just say so and you can send that to us in writing after the meeting.

We have a lot of ground to cover, so we will move straight to members' questions. I turn to the deputy convener, Kaukab Stewart.

Kaukab Stewart (Glasgow Kelvin) (SNP): Good morning, and welcome, everyone. The Public Bodies (Joint Working) (Scotland) Act 2014 aimed to better integrate the health and social care systems in Scotland through integration authorities. How does integration work in your local area currently? What are some of the advantages and disadvantages of the model that is adopted in your area? I am aware that there are two different models. Everybody will probably need to provide an answer. I ask Ross McGuffie to start.

Ross McGuffie (North Lanarkshire Health and Social Care Partnership): In North Lanarkshire, we have an integration joint board. Our integration journey has been quite interesting. We started with children and families, as part of the IJB set up, but that moved back into the local authority in 2018.

I would reflect that we had an integrated set-up pre-integration and before the Public Bodies (Joint Working) (Scotland) Act 2014, so we already had an integrated planning arrangement between the council and health for community health and social care services. In some ways, the 2014 act put us back a little bit on that journey and caused it to pause. There was quite a lot of introspection when the 2014 act came in, and it probably took two or three years before we were able to really start to move forward again. We had to get the ground rules sorted between all the partners, we had to get new ways of working in place and we had to get the governance arrangements correct as part of that.

The key to the success of North Lanarkshire's integration approach is whole-system collaboration. In some ways, that is about trying our best to lose what belongs to the IJB, the council and the national health service board and focus on what matters to the people of North Lanarkshire and how we can best deliver that, no matter where a service sits in the system. We now have a strong collaborative system in North Lanarkshire, with all local partners fully involved, and we also have in place a range of integrated structures to support that working.

What I would mainly focus on in that respect is that this is not necessarily about structures; instead, what really makes a difference is the leadership, culture and ethos that we have built up locally. Even before integration, we already had quite a number of integrated services as well as integrated plan structures, so we can deliver these things irrespective of structure. We can also show the progress that has been made in North Lanarkshire over a long period of time with regard to shifting the balance of care and coming up with integrated options for people in the area.

Kaukab Stewart: Thank you for that, Ross.

Before I bring in the other panellists, I will ask the next part of my question. How much money do your individual areas spend on children's services, and how has that funding changed over the past decade? Can you give me a comparison with any changes that there might have been in outcomes for young people? In short, I am asking about the money that has been spent and the impact on the outcomes.

Louise, could you respond first?

Louise Bussell (NHS Highland): Can you hear me?

Kaukab Stewart: Yes.

Louise Bussell: The model for our services in Highland is significantly different from models elsewhere, which—[*Inaudible*.]—model. We have a lead agency model in Highland—[*Interruption*.] Can you hear me?

Kaukab Stewart: Just about.

The Convener: Yes, we can. It is a bit intermittent, but carry on.

Louise Bussell: Okay. Thank you.

In Highland, we have a lead agency model instead of an IJB; indeed, we are the only area that does not have an IJB. Adult services sit with the health board, while the lead agency for children's services sits with the local authority. A small number of services—for example, our child and adolescent mental health services—sit outwith that system, but the primary care element sits within the council, so there are crossovers in the model.

The model, which was set up in 2012, was the result of research carried out across the country and visits to other services, including an area of North Yorkshire where things had been integrated in a similar way. It was felt that such an approach would significantly help in bringing services together.

On the challenges that we have faced, I would say that, for a long period, we did not necessarily have the governance to sufficiently support the model, and it is only in the past 18 months that we have had an integration agreement that we have signed up to and are committed to. We are therefore a little bit on the back foot as far as getting to the right place is concerned.

As for opportunities, because a lot of our services are wrapped around education, there is a strong focus on making the best use of, say, health and social care in that respect. However, the question is, if part of the pathway is in the health board and part of it is in the local authority, how do we ensure governance, oversight and crossover working? The reality is that, whatever system is in place, the main issue will still be how we bring things together according to the focus of the organisation.

Kaukab Stewart: Do you have any figures for how much is being spent on children's services and how that funding relates to outcomes?

Louise Bussell: I do not have specific figures in front of me, but I am happy to get them and send them across. I do not know whether Fiona Duncan has some of those figures; after all, children's services sit primarily within the local authority. She might have them to hand, but I do not want to put her on the spot, just in case.

Kaukab Stewart: That is grand. We would be happy to get those figures.

The Convener: I see that Vicky Irons is keen to come in.

Vicky Irons (Dundee Health and Social Care Partnership): Good morning. I want to build on the information that Ross McGuffie has shared with regard to the earlier stages of establishing the integration authorities. The circumstances in Dundee differ slightly from those that he described and, indeed, from the lead agency model in Highland. At the outset, I was a general manager in Fife, but I subsequently moved to be the chief officer for Angus integration joint board and then, more recently, the chief officer for Dundee city IJB.

A decision was taken by the authorities at the time that they would not delegate children's services to form part of the authority that sits with IJBs. Currently, I am the accountable officer for adult services across health and social care. I will briefly reflect on how that has worked. In relation to developing care services and our strategies for adults and older people, we have seen huge benefits across the partnership from integration. We need to remind ourselves that the aim was to integrate not just the provision of health and social care services in communities, but people's care journeys across the acute sector. We have benefited greatly from the many specialist consultants who are available to us in the acute sector at Ninewells hospital, in Tayside, becoming part of the integration authority. We are working hand in hand with our primary care teams so that the journeys that are available and the care pathways that we now provide for older people and adults are robust and integrated. We do as much as we can to provide as much care and assessment as we can in community settings and in people's homes.

As I mentioned, the decision was taken that children's services across the three local authorities that cover Tayside would not be delegated to the IJBs. Many of the reasons for that were not dissimilar to those that Ross McGuffie described. There was a fair amount of fear about the possible changes ahead. Most people were more wedded to the authorities and organisations that they had grown up with through their professional careers, so they were a bit dubious about forming part of a new organisation. I think that we will have the same situation as we move towards building a national care service. Many people will wish to stick with the arrangements that they have experienced so far.

That means that integration across children's services and adult services will be slightly more difficult, but I agree with Ross McGuffie that it will be difficult only if there are not robust local partnerships. From a Dundee perspective, I am very lucky that the chief officers are also executive directors of the council and the NHS board, so we are obviously very close to our colleagues who have the authority to manage children's services. As a result, we work really hard to ensure that the partnership works. However, we do not form part of the same organisation, so quite a lot of effort is required. For example, a lot of effort is required when children who have received care and support in their earlier years transition to adult services, but we have worked in an integrated way on such matters for decades. The introduction of the integration authorities might have interrupted that slightly, because that provided new boundaries for us to work within, but we are all pretty used to working with boundaries in some respects, so we have tried to do that as successfully as possible.

Nicky Connor (Fife Council): Good morning. I will talk about the experience in Fife. We use a body corporate model. One of the key differences in Fife is that we are coterminous—there is only one IJB, one health board and one council. We work together in that way, whereas many of my colleagues across Scotland work with multiple IJBs within a health board area.

At the beginning of integration, a large number of services were delegated in Fife. That has brought huge advantages in providing opportunities to support a common vision and purpose and in allowing the people who need to work together to deliver outcomes and to be a team together. In the shadow year of integration authorities, an opportunity was offered and staff engagement took place regarding whether children's services in the council should be delegated. For the reasons that Vicky Irons gave, the decision was taken that children's services and criminal justice services would remain within council services.

09:30

However, within the health service, children's services were delegated. They make up key areas around our child health surveillance teams and our children and young people community nursing teams. That includes areas of integration, such as areas of residential care and home care supporting out-of-hours nursing for children with additional needs. It also includes our school nursing services, health visiting, family nurse partnership, child protection, children and young people occupational therapy services, breastfeeding, and infant mental health services. In addition, within children's services, mental health services and primary care services are part of the delegated areas. Within those services, there is a key focus on the mental health and wellbeing of children.

I will mention some of the strengths. There is a strength in being coterminous. The opportunity to work together and, as Vicky Irons described, being able to sit in the executive teams of the health board and the council enable shared discussions.

We recently restructured in the health and social care partnership in Fife to bring together a key focus of the services that are required to work together. Our children's services now sit as part of primary and preventive care services, which further supports integration with other health services. We also have robust community planning arrangements in Fife, which focus on having a joint children's services plan that joins up with the local authority.

On outcomes, we were the first health and social care partnership in Scotland to be inspected under the joint inspection programme between the Care Inspectorate and Healthcare Improvement Scotland. That drew out the strength of focus on organisational development and culture. The restructure and bringing services together were also highlighted as strengths. I want to focus on the spirit that we call team Fife, whereby we work together regardless of organisation to wrap the best outcomes around the needs of children.

On the size and scale of the health and social care partnership in Fife, our budget is roughly £630 million and we have approximately 6,000 staff. The only data that I have with me on children's services is that the budget for our managed child health services is £50 million, but, in addition to that, we have child and adolescent mental health services and other services that wrap around children, for which I do not have the figures with me.

Kaukab Stewart: Thank you very much for that detailed response, Nicky.

Louise, would you like to come back in?

Louise Bussell: For completeness, I point out that NHS Highland has a second area—Argyll and Bute—which is an IJB. It obviously has a significantly different model to Highland north, but there is also an interesting dimension in that all of children's services are included in its scheme of delegation.

I spoke to the chief officer for that area, who feels that that works for them, but it has been made to work by having really good governance of how people are brought together, similar to what Nicky Connor talked about. She chairs a children's

oversight arrangement that includes education and all the partners, such as the independent sector.

The point is much more about how we do things than about exactly where they sit. There are obviously form and function challenges in whichever direction you go, but I thought that it would be useful to share the fact that we have those two different models running concurrently.

The Convener: I am sure that we will get into some of those complexities later on. We will continue on the current theme with some questions from Ruth Maguire.

Ruth Maguire (Cunninghame South) (SNP): I will ask about the difference that the witnesses' integration joint board and lead agency models can make to accountability, flexibility and joined-up services. However, rather than hear the perspective of their organisations, I ask them to give an example of how the models impact on children and families.

I will go to Louise Bussell first, please.

Louise Bussell: Apologies—I heard the second part of your question, but I lost a little bit of sound at the very beginning of what you said.

Ruth Maguire: I am interested in how your model supports local accountability, flexibility and more joined-up services. I would like some examples of how that is working from the perspective of children and families in Highland.

Louise Bussell: As I mentioned, it very much supports how we work closely with education, health and social care at that level. The challenge is that some of our services sit within health, and we have to ensure that the pathway is clear. Some people have a really good experience—

Ruth Maguire: I am sorry to interrupt; it is quite awkward when we are hearing from witnesses remotely. I am keen to hear specifically about how the model helps families. You are still talking about the organisation rather than children and families.

Louise Bussell: Apologies—I was giving an oversight of the model before being more specific.

From the point of view of children and families, the fact that they are able to have an experience in which all the services are in one area and under one remit is helpful, as they do not have to go to multiple sources. However, we still have a challenge with some pathways. For example, our mental health pathway does not feel as robust as it should, and we need to look at how we bring together health and social care more strongly, because they are in two separate organisations. I think that, within the mental health sphere, an individual will still feel that they have to go to two places rather than one. However, for a child who is in education, with children's nursing in school and so on, I think that there is much more of a feeling that services are joined up. I think that it is probably fair to say—-

The Convener: Sorry, Louise—I am reading Ruth Maguire's mind here. We are still looking for some examples. If it is helpful, your council colleague Fiona Duncan is looking to come in.

Louise Bussell: It is probably fair to say that it would be helpful if Fiona Duncan gave you some of the specifics on that, because most of those services sit within her remit.

Fiona Duncan (Highland Council): Good morning. To carry on from what Louise said, child health services and children's social work services are both delegated to Highland Council, so they are in my remit. With regard to the work that is going on, it is a real advantage to have children's social work and child health together. That allows us to target things such as parenting classes for mums-to-be, which are linked up with social workers in the family teams. They are morphed into the family teams, and our health staff and social workers work alongside each other.

The whole point of that is to move more towards the early intervention and prevention side, rather than wait until people enter the statutory side, such as child protection services. It is very much about having hands on the ground to enable that to happen.

I will give one example, for which we have just received funding from the Scottish Government's whole family fund. We will be targeting the Lochaber area—that has been agreed; it is a multi-agency ask—to ensure that we are working effectively, efficiently and flexibly there. While there is some good work going on with families, it could be argued that we are perhaps targeting children while not supporting adults alongside that, to their detriment. Some of the work that is coming out has shown that we need to do both of those things in order to maximise opportunities.

We have been doing quite effective work with children in schools and in communities; however, we also need to bring the adults on board and offer them the support that they need. That is an active area of work for us just now.

Ruth Maguire: How long has your system of integration been in place?

Fiona Duncan: It has been operating since 2012. Unfortunately, Louise Bussell and I are both newcomers to Highland, so we did not experience the previous system, and we were not there at the start of it. We are very much in the here and now in terms of understanding what we are trying to achieve.

Ruth Maguire: Ten years feels like quite a long time for a system to bed in. Is it established now, or do you need more time?

Fiona Duncan: It is an interesting question, because there are different aspects to it. The way that the system has been divided and delegated enables, in my directorate, the making of complete links with education, housing, homelessness, welfare and so on.

Louise Bussell, as the chief officer, and I are trying to ensure that areas such as transitions are being actively addressed. One of the areas that we are actively focused on in NHS Highland just now is CAMHS, which, without doubt, is not working as well as it should be—for example, around getting access to services within it.

Ruth Maguire: If I were going to be gently provocative, I might say that 10 years feels like quite a long time to get to the point at which you understand that you need to support families as well as children. Am I picking you up unfairly?

The Convener: Do you want to answer that question first, Louise, before we go back to Fiona? I know that Ross McGuffie wants to come in, too.

Louise Bussell: One of the challenges has been that we have not had an integration agreement between the two organisations, so services have not worked as well across the pathway as they should have. We completely acknowledge that, from our perspective, it has not felt as positive for the past seven or eight years as it should have felt. Fiona Duncan and I are very much saying that we need to fix that.

Ruth Maguire: So, who is responsible for an integration agreement between the two organisations? Why has it not happened?

Louise Bussell: The two organisations were not able to come to sufficient agreement in the past around what that integration agreement should involve, around finance and a number of factors. Again, the challenge is that Fiona and I have come to this work since that time. We were already there when the agreement was being considered more positively, but there have been relationship challenges in the past between the local authority and the NHS. Those challenges are—I would like to say—very much in the past and we are in a different space now, but the fact that there has not been a good relationship between the two is why it feels like 10 years has not necessarily got us to where we should be.

Ruth Maguire: Okay. That probably shows the need for us all to reflect on children and families rather than organisations.

It would be good to hear from some of the other witnesses.

The Convener: Ross McGuffie from North Lanarkshire health and social care partnership is keen to come in.

Ross McGuffie: Similar to what I said in my previous response, we had some integrated children's services planning arrangements in place for many years, which predated the Public Bodies (Joint Working) (Scotland) Act 2014. On the ground, what that brings is a really integrated approach and system for trying to have better wraparound care around the individual and the family.

Without doubt, we still need to see development around some elements. We still have to try our best to develop the area of transitions. Some changes in that area, such as the expansion of the national service specification around CAMHS services to the age of 24, show that we are starting to see a bit of a shift around how we can support transitions—through an expansion of the period during which we can support a longer-term transition towards adult services.

There is something around the fact that it takes time to make significant change. When we consider our journey around self-directed support in North Lanarkshire, we talk about the fact that it has taken 10 or 15 years to get to where we are now. Transformative change takes a bit of time; it cannot be done quickly. Sometimes, we can end up reaching the next restructure before the current one has had a chance to get to where it needs to be. For me, that is the crux of the issue.

09:45

There are brilliant aspects to the Feeley review, which are important and which we can really get behind and try our best to implement. The question is whether that needs to be driven by structural change or whether we should forget about that and try to do more just by getting the right leadership and approaches in place in the existing structure.

Nicky Connor: If I were to offer an example, I would draw on an aspect of our children's services plan on which we have been working strongly. It illustrates the element of the getting it right for every child policy that covers nurturing children and their emotional wellbeing.

In Fife, we have developed a framework called "Our minds matter: A framework to support children and young people's emotional wellbeing in Fife", the shape of which has been strongly influenced by listening to the voices of children and families on what matters to them. The joining up of services for children and families means that those are now at a universal level. We have a directory of shared services to enable families to access information at the point of need.

We have also implemented a refreshed child wellbeing pathway, which supports earlier identification of vulnerability and the need for introduction of mental health services. It is a multi-agency pathway, which applies the no-wrong-door principle and enables us to support families at the point when they access services. When people need more intensive services, we support them to access primary care mental health workers, health visitors, school nurses and CAMHS.

The our minds matter framework has been supported and driven by the voices and needs of children and young people and by services working together to offer integrated pathways.

I hope that what I have said offers an example of common purpose around the needs of children.

Ruth Maguire: It gives an example of the work that you are doing. What I am trying to get at—I will probably start sounding like a broken record—is what that means if, for example, I am the mother of a child who has difficulties. Do I pick up your directory and phone whichever service I think suits them, after which I will then be plugged right into it? Is that what is happening on the ground in Fife?

Nicky Connor: We are working together to identify the best agencies to meet individuals' needs, and we have pathways to support direct referrals. This week, I was involved in a discussion about a referral that had been made to CAMHS, which was not the appropriate service in that case; school nursing could have supported the family instead. A direct referral was then made between those services to support the family to access what they needed, rather than their being told that CAMHS was not the right service for them and that they should refer themselves somewhere else. That is an example of how we are aiming to join up our services based on the needs of individuals. I hope that that helps.

The Convener: We will move on to Stephen Kerr, who has questions on the general principles of the bill.

Stephen Kerr (Central Scotland) (Con): What I think I am hearing—if my interpretation and comprehension skills are what they should be—is that change is quite difficult to manage in your organisations, in terms of integration and working together. I am referring to the evidence that you have submitted in writing. For example, in its submission, North Lanarkshire IJB mentioned concern about the impact that the bill would have in that

"a significant change programme"

could

"cause ... partner bodies to look inwards for a period to address organisational concerns".

Similarly, Dundee City Council mentioned that the proposed changes would "create greater complexity", which would cause disruption in established working relationships. Am I interpreting that correctly? Can you help me?

The Convener: Who would like to go first? Perhaps we could hear from Ross McGuffie, followed by Vicky Irons. I see that Vicky Irons has her hand up, so we will go to her first. I am sorry if I confused our broadcasting colleagues there.

Vicky Irons: The R in the chat function was not working for me, so I used the raised hand graphic—apologies for that.

Some of those comments come from our experience to date, and, although we are focusing today primarily on the most recent set of reforms and the forthcoming developments that are outlined in the framework for the national care service, many of us have been in similar roles for a good couple of decades and have lived through reforms in Scotland in this area twice before. We have learned from that that there tends to be a huge focus on structures and organisational change, and, usually, the process in itself can detract from the outcomes that we are trying to achieve—outcomes that are envisaged and that underpin the spirit of integrated services.

Many of us are cautious when it comes to further change, and we are mindful that, if there is an opportunity to reform and develop further, we would like that to recognise the constraints that restrict our progress at the moment. For many of us, the fact that we have to deal with and integrate our teams in two employing authorities with two very different cultures and structures can often get in the way.

Another issue, which we have fed back through formal written submissions and in evidence to other parliamentary committees, is the fact that, because we are an integration authority that sits between two public authorities, we do not have control over our own budgets; we have to go through a cycle each year of significant negotiations and planning mechanisms to set our budgets and then deploy our resources appropriately.

As a chief officer, and having worked in the area for a great deal of my career, I hope that we can learn from the previous reforms that we have travelled through and not necessarily repeat those experiences. When it came to establishing the IJBs, in 2014-15, we were very conscious that the public authorities that make up the IJBs were reasonably cautious about change—I will not say that they were resistant, because I do not think that that is appropriate or a fair reflection of the partnerships that were in place. What we are looking for this time around is that people embrace

the possibility for reform and change and get behind it to make it work. That is my perspective, having worked across a number of areas to date.

Ross McGuffie: As I said at the outset of the meeting, when the public bodies act came in, the level in North Lanarkshire was quite challenging in that we had already gone down a significant integration journey beforehand. When you go through a major system change, it is inevitable that it takes considerable time to get everything in place. The governance arrangements for integration have been particularly complex to get our heads around and to get in place effectively.

Any reticence that is coming through from the North Lanarkshire IJB submission might be due to the fact that we have a really strong system working locally. The two chief executives, the councils and the NHS board work incredibly closely, and we have very strong relationships with our South Lanarkshire colleagues, too. We see ourselves as five organisations—the councils, the NHS board and the two IJBs—working together on this, as well as with our wider public partners. A huge amount of work has been done to pull together all the partners in the Lanarkshire context to create what we feel is now a strong system, so I suppose that any reticence and concern is about unintended consequences of change impacting on that. The key focus has to be on local leadership, culture and ethos and on how we go beyond boundaries to work together collectively on the needs of the local population.

For me, it is that sort of place-based approach that adds the value. There is much in the Feeley report that focuses on the elements of that approach, and the question of how we maximise those elements within our local systems lies at the crux of whether we succeed or fail.

Louise Bussell: The challenge that you are hearing about is that organisations have had to make whatever they have work at the moment. Selling people a good reason for change is always tricky, and the messaging around why we are doing something must be really clear for our staff, communities and others, so that we can have a successful transition to wherever we go. Historically, we have encountered challenges around things that may sound simple, such as information technology. How do organisations work across IT systems? How do we move people into the workforce? We drafted two people from Highland Council into the NHS and vice versa. Although that might sound simple, such moves are often more complex. Whatever we do, it is a matter of ensuring that we do a lot of preparation and planning, with clear communication with people so that we really understand the reason for the journey.

None of those things is insurmountable, but preparation is key.

The Convener: Stephen, I wonder if I could try to get the witnesses to reflect on the point that we are here to consider the potential inclusion of children's services. I would be interested if the witnesses could respond through that lens when they are commenting and answering questions. That would be really helpful. However, please feel free to broaden the discussion.

Stephen Kerr: I do not want to broaden it; I want to do exactly what you have suggested, convener.

First, I turn to Nicky Connor, who is from Fife Council. Your written evidence states:

> "there is no evidence to including children's services in a NCS and the disruption that structural reform would cause would be of benefit to children and young people."

That is a stark comment. Would you like to elaborate?

Nicky Connor: In Fife, we would reflect on the strong partnership arrangements that we have around children and young people. I have described them in relation to our joined-up children's services plan. What matters is the ability to have a partnership, regardless of whether structural change takes place or not. It is crucial that we are able to work in partnership now, and it would be crucial, following the establishment of the national care service, to be able to work in partnership again.

I refer to Vicky Irons's point about the changes that come with structural reform and the disruption that it can cause. The more we can integrate services, the better, and the more joined up things are for children and families, the better. There are areas where we could strengthen transitions. Taking the example of children transitioning into adult services, I note that that is an area where having provision across children's services and wider services joined together could help.

Stephen Kerr: That is not what the Northern Alliance said. In its evidence, it stated:

> "The main risk of locating children's social work and social care in the National Care Service is that they will become a very small component of a large complex organisation which has a predominantly adult focus."

That is diametrically the opposite of what you have just said.

Nicky Connor: I guess our journey towards the national health and wellbeing outcomes is towards prevention and early intervention. I see the work that we do around children and families as being absolutely crucial to the work that we do on integration.

Stephen Kerr: Can I hear some comments from other members of the panel on what I have just said? I quoted the Northern Alliance evidence, which says that children's services will be swallowed up and lost in the context of adult services.

Vicky Irons: That is not the experience of the health and social care partnerships that have delegated functions and completely integrated services across children's and adult care. A couple of my colleagues have mentioned some really important points about transitions in care. I also agree with Nicky Connor's comments.

I believe that the best infrastructure that we can create is one where we have a completely integrated health and social care service across the entire life spectrum. Even if we provide care that is focused on adults, as we do in the Dundee partnership, we cannot provide the care for an adult without being aware of their wider family circumstances and the needs of their children and other relatives. The same goes for people who are trying to provide adequate care for children. They really benefit from a working knowledge of the dynamics and needs of the wider family and parents.

10:00

Although there will be a legitimate concern that, because of the scale of the NCS, children's services might feel lost within that organisation, that is certainly not the experience of my fellow chief officers who have that as part of their delegated authority at present. As Nicky Connor mentioned, one of the main reasons why we were established was to ensure that we would do more work upstream and work on prevention with the nation's public health in mind, but we can do that only if we take a whole-population approach.

Stephen Kerr: Is that an argument for including children's services in the NCS or is it an argument for the status quo?

Vicky Irons: For me, it is an argument for the national care service to be all inclusive, which would include children's services. However, I am also mindful that, in creating a national care service, we have to make sure that it does not run as a parallel process and arrangement to the national health service. My preference would actually be for a completely integrated national health and care service.

Stephen Kerr: I have probably taken enough time, so I will stick with Vicky Irons for my last question.

The Convener: Fiona Duncan also wants to comment in response to the previous question.

Stephen Kerr: I will ask my last question and then we can go to Fiona.

The bill is an enabling bill and it contains very little detail about what a national care service would look like. Basically, we are told that the powers will be transferred to ministers and that we will find out at some future point the detail of what the national care service's design and structures will look like. From your point of view, is that a sensible way to make the change that you have, in part, just advocated?

Vicky Irons: As far as we are aware from the framework that we have seen, the next step will be to open up a consultative process for the design and model for moving forward. We very much welcome that, as I mentioned.

Stephen Kerr: Is it sensible to do it that way round? Is it sensible to do it in the way that ministers are doing it, rather than our understanding the implications of a national care service during the passage of the bill?

Vicky Irons: I do not feel able to comment on that, so I prefer not to.

Fiona Duncan: The national care service proposal is not a panacea. Internally, we have been having significant conversations regarding the potential advantages of bringing children's services into the service. From the information that we are aware of at the moment, the answer is that there are not many advantages to doing so. We would very much prefer not to bring children's services in. One of the reasons for that is that, working with children and families, we already have well-established and informed systems within children's services.

Our biggest link is probably with education and early years provision. It has taken many years to get to where we are and, for example, attainment is starting to improve. Children's services may be pulled into a national care service, but education will not be pulled in, so it will be outside the organisation.

For me, it is very much about the social aspect of children and families. We know that poverty, discrimination and disadvantage are at the heart of some of the problems that we have, so we need to target those areas. That is where the early intervention and prevention comes in with education, welfare, housing and access to employment. For me, those are all crucial elements in working with children and families moving forward. I hope that that is helpful.

Stephen Kerr: It is. It is kind of the opposite of what we heard from Dundee.

The Convener: There are lots of views.

Willie Rennie (North East Fife) (LD): We have got to the nub of the issue about what the barriers to progress are. I think that everybody apart from Vicky Irons accepts that there are problems, but they do not want children's services to be included in the national care service. The problem that Vicky identified relates to having two employers, two systems and two cultures. I would like to hear from her how that manifests itself and what it means for the recipients of the services.

I would also like to hear from Highland Council whether it has overcome the problem of having two employers through the way that it has organised its services.

Vicky Irons: From my perspective, it does not make integration impossible. It just makes it difficult when there is not a completely integrated team that operates together from the same base and provides care to the same people. It is very difficult to work with two sets of terms and conditions and, sometimes, two policies, depending on which is the parent body—the local authority or the NHS board. It is also difficult to go through two sets of negotiations to agree resources and the annual budget that is delegated to the IJB.

Willie Rennie: Does it make no difference to those who receive the service?

Vicky Irons: It makes our system clunkier.

Willie Rennie: Yes, but does it make any difference to the people who receive the service?

Vicky Irons: I could not, hand on heart, say that it makes no difference whatsoever. It takes longer for us to plan and redevelop our services because we have several processes to go through.

The ultimate aim of establishing the IJBs was to ensure that our services were integrated at the point of delivery. I hope that we have worked behind the scenes on all those administrative barriers and that individuals are now receiving much more integrated care.

Fiona Duncan: There are two aspects to that. On the one hand, it has worked very well. We have social work staff within NHS Highland who work on NHS terms and conditions, and then there are NHS staff in my directorate of Highland Council who deliver children's health services. That is working well and there is no issue with it.

However, an issue has started to emerge through salary scales. There are different terms and conditions, and we have NHS Highland staff who are on higher salaries than those who work for the council, so we are starting to see people jump ship and move over. We are looking at that very closely.

I am a chief social work officer, which means that I have statutory responsibility for certain duties but also for social work staff. I regularly meet social work staff in NHS Highland and we ensure that professional links remain. The same applies to NHS staff who work under my directorate, because they need links to the nursing advisor and the clinical nursing director. Those links can be established well without detriment to anything else. We can have both, but we have an issue with salaries.

Willie Rennie: Would any of those problems be solved by the inclusion of children's services in the national care service? Vicky Irons believes that they would, but does anybody else agree?

Nicky Connor: The potential advantage lies in having a national approach to how we do things rather than the variation that comes from having 31 IJBs and 32 local authorities, as well as a number of health boards.

Willie Rennie: That is not what I asked. Would the problems that have been identified by Highland Council and Dundee health and social care partnership be solved by the inclusion of children's services in the national care service? I know that there are other potential benefits, but that is not what I am asking about.

Nicky Connor: I apologise if I did not understand you correctly. I guess that it depends on what the national care service will consist of and how it will be implemented and delivered. It will depend on what that brings in relation to the employer role and other things. Some of the issues that have been described are part of what may or may not happen in the future. I apologise if I am not making sense—

Willie Rennie: No, that makes sense. We do not really know what the national care service will look like, because the bill is a framework bill and the co-design stuff has not been worked up.

What I am puzzled by is that not every part of children's services would be transferred, as Michael Marra identified in a previous evidence session. Bits of children's services would still be provided by bodies other than the national care service. Surely that means that we would just be changing the line rather than solving the problem, as not everything would be put under one employer. Surely, we would still have the same problems. They would just involve different people in different places. Does that make sense?

Nicky Connor: In Fife, we do not have all of social work delegated. We have children and families within Fife Council and adult social work within health and social care. However, there is one chief social work officer and we work closely and well together. That comes down to

relationships and ways of working locally, but they are within the council.

Something to consider is what a national care service would consist of in relation to those roles and that professional leadership. In my view, having all of social work together brings an advantage.

Vicky Irons: It was certainly intimated through the Derek Feeley report that there are definite benefits to having a completely integrated service. The question that has been asked, though, is whether the national care service, as described in its current form, will make any difference to some of the challenges that we have had to date. The answer is that it will not in its current form.

What lies behind the framework that we have seen to date is a series of suggestions that, even within a national care service, the employing arrangements will still be separate. It is clear that, from an NHS point of view, the services that are delegated to the national care service will remain under the employment of the NHS. We can infer that there may be employing rights of the new health and social care boards in relation to social care and other staff. Again, however, that creates a division.

I certainly agree that something that is interrupting the efficacy of our working arrangements is the difference in terms and conditions and the differences between professional bodies, including in what they are trying to achieve through their pay awards.

If the national care service framework that is created can provide a completely integrated organisation that has all the people who work within it on the same terms and conditions as part of one public body, it will stand a great chance of achieving something really significant. If it does not—if it has a hybrid model of existing arrangements, for example—I think that we will suffer some of the same constraints in making things work.

Willie Rennie: I am a bit confused, because you have provided a very coherent explanation as to why, under the current set-up, we should reject the inclusion of children's services, but you said earlier that you are in favour of including children's services.

Vicky Irons: It is not necessarily about children's services. It is about the efficacy of a national care service and the health and social care boards that are described in the bill, which form the foundation of the local organisations within that. Unless there is consideration of the service being a body that can plan and commission services and be the employing authority for all its staff across adult services and children's services, we will still witness some of the current constraints in the system.

10:15

The current framework has its disadvantages for adults as well as for children. The question is not necessarily whether it is a good idea to include children's services in the new service—it absolutely is. The issue for us is under what conditions that will happen. If the conditions in which we currently operate are not going to change, there is a question mark over why we are going for another series of reforms, unless we are genuinely going to work through the barriers that were highlighted in the Derek Feeley review.

Willie Rennie: Thank you for clearing that up.

Ross McGuffie: Fiona Duncan made this point earlier and I know that it has been covered in previous evidence sessions, but I reiterate that the key to success around children's services is collaboration and integrated working across a range of different organisations and sectors. No matter where we draw the boundaries, however, not all of them will be included. We will always have to continue to work in the way that we currently do and go beyond boundaries to support people, whether that involves housing, education, the third sector, the police or universal and specialist health services. All those services have to come together to work in an integrated fashion and wrap services around families and children and young people. No matter where we draw the boundaries, we will still need to focus in local settings on bringing our local partners together to work as intensively and coherently as they possibly can.

Louise Bussell: Ross McGuffie has pretty much said what I was going to say, so I will not repeat it. I just add that, from an organisational point of view, the simpler we can make all of this, the better. That will apply whichever way we go. Whether we go with having children's services in the national care service or not, we will have to simplify the way in which organisations can and do work together, in order to streamline and facilitate things working well rather than putting up additional barriers.

The Convener: I have a question. We talked about some of the issues with staff. Do you think that your members of staff—well, the IJB staff members are not yours; I am thinking of the people who work in and deliver the services that are commissioned by the IJBs—are aware of the pending workforce changes that are ahead of them? They are perhaps moving towards a change in their employer. What sort of challenges do you foresee in transferring property and liabilities from local authorities to the care boards?

Who would like to go first on that one? I will ask Nicky Connor to go first, if possible, because she talked about having a one board, one council approach.

Nicky Connor: Yes—in fact, just this morning, at our local partnership forum, we were discussing with trade unions the national care service and the process. We have been undertaking a range of communications with staff to support early discussion and engagement, and we will continue with that as we move forward.

Feedback from staff is a bit mixed. There is some concern—we have just come through the pandemic, and we have experienced a lot of change and challenge. Others think that there will be an opportunity to bring things together and that there will be a real advantage from that.

There is a lot of complexity around how we move forward, regardless of the challenges around whether we have coterminous services. As I understand it, in the future there will be fewer health and care boards than the current number of IJBs, so a lot of change will take place. To go back to what you asked, I would need to see what comes out of the negotiations in relation to what happens to the other assets that are not currently included. There is a level of complexity in working that through; at the moment, I do not fully understand how we would approach that, because there has not yet been a discussion about how that would be approached.

The Convener: I can imagine that some of the negotiations on liabilities might take quite some time.

I will leave that subject there, as no one else has indicated that they want to come in on it. We move to questions from Michael Marra.

Michael Marra (North East Scotland) (Lab): The area that I am interested in has been touched on already, but I am keen to dig a little more, as it involves the nub of my concerns, which are to do with the range of work that is undertaken by social work and children's services and whether the national care service will focus predominantly or too much on the care issue.

Fiona Duncan, as you mentioned that issue, can you illustrate the breadth of areas that your social work colleagues deal with, beyond and including the issues of care?

Fiona Duncan: Certainly. One of our key tasks is protection, but neither the Feeley report nor the bill makes much mention of protection. That is one of our concerns, and we have raised it on several occasions.

We are linked to all our partners on the issue of child protection. There are national processes and guidance in place around that. We also have responsibilities around looked-after children, which extend from fostering and adoption through to residential care and children's homes. Our early intervention and protection work involves working with children and families at an early stage, before they hit the statutory side of things. We very much want to promote that area.

Our family teams are all mixed in together, so they cover child health, which involves school nurses and so on. There are huge links with education, as I mentioned earlier. We have social work staff, school nurses and so on in the schools, working alongside our education colleagues. All those areas are very much part of our day job, as well as signposting families who get in touch with us to services so that they can access the support that they need.

Our key role is to do with keeping children and families safe, first and foremost, and then supporting them to achieve what they would like to achieve in their lives.

Michael Marra: I know that individual social workers whom you employ will have particular roles in areas such as throughcare and aftercare, but other social workers cover a wide range of issues. Therefore, am I correct in thinking that those social workers who deal with care issues can also deal with the other issues?

Fiona Duncan: That is correct. Case loads are mixed—there has to be a mix of child protection and other things. That is not the case in relation to—[*Inaudible.*]—and fostering and adoption, as there are teams that are concerned specifically with those areas. However, everything is linked; nothing stands alone. That is key.

Michael Marra: That is useful.

Vicky Irons, those mixed portfolios are key to how social workers are trained, learn their profession and become qualified. How do you see all those functions landing in a national care service?

Vicky Irons: I do not envisage that being a significant issue at all, as all those functions are also present across adult services in terms of public protection. As Ross McGuffie indicated earlier, even if you have accountability for a health and social care partnership that has delegated authority for adult care services, that does not mean that you do not have an intrinsic role in the issues that relate to children and young people in your area of accountability. I work closely with children's services and with skills and education, particularly around the public protection agenda, and we are more than well aware that, if we have a public protection issue coming through children's services, that often relates to circumstances that are present in adult services and families, too.

That is why I cannot foresee the issue that you raise being difficult to deal with.

I do not think that there is a suggestion that we would be, as it were, drawing a boundary around children's social care services—

Michael Marra: Allow me to interrupt—I am sorry; I do not mean to be rude, but it is challenging to intervene when someone is online.

The list of proposed activities includes dealing with issues of fostering, whole-family support, kinship care relating to children, early intervention work through partnering with education services and so on. Those are not things that you currently do, are they?

Vicky Irons: No, but I cannot see that being an issue, if those areas formed part of the responsibilities of an integrated health and social care board at a local level, because, although those are areas for which I do not have direct accountability, they are still areas on which we work with a considerable amount of partnership across the partners in my local authority area.

I think that Ross McGuffie mentioned that, with regard to organisational boundaries, lines have always been drawn to a degree. However, working in partnership across the boundaries is the role of both a chief officer and an integrated authority. Therefore, I cannot envisage a situation in which we would not still be capable of working across the whole remit that has just been articulated.

Michael Marra: However, do you recognise that your colleagues in Dundee City Council are completely and resolutely opposed to the proposed change? The chief social workers and all the people who do that work think that it is completely untenable.

Vicky Irons: I recognise that most local authorities have reservations about the integration of children's services in the way that the proposals for the national care service set out. I am very aware of that. Irrespective of what ends up in the bill and of the new organisational structure, I am confident that, with regard to our relationships—we all sit around the same corporate team—we could still make the arrangements work, and work well, for the people who need it most.

Michael Marra: I will reflect on some of the frustrations that you have expressed—as a Dundonian, I have certainly observed them—about the fact that the city council puts money into the IJB and then takes it out to plug its own financial black hole, which means that you cannot plan for services and there are problems with the money. You have expressed that challenge well.

On the model that you have postulated, would we not be looking at just replicating some of that, perhaps with the involvement of a third agency, if you were looking at bringing in children's services and there was to be a whole other budget for that? Is it your suggestion that we pull all of that together? Is the logical conclusion of your model not to also bring education into the picture?

Vicky Irons: There is quite a lot in that question, so bear with me. If there is not complete clarity and rationalisation with regard to the make-up of the new proposed health and social care boards, there is absolutely a danger of cluttering the landscape more. Among the views that I have shared personally as a chief officer but that we have also shared from the perspective of the health and social care partnership is the view that, ideally, we would go forward, not necessarily with the three public authorities that are in the local landscape, but by moving further and creating a completely integrated health and social care authority.

I agree that there is a risk that the landscape could become more complicated. Collectively, chief officers have fed back that we are worried that establishing a national care service as a parallel authority to the national health service might draw up new lines that we would have to work through in order to integrate our services. Therefore, the issue is what comes out the other end, and I would advocate for and support a system in which we are quite bold with regard to our aspirations for integration but that we make that clear and that we reduce the amount of complexity that is present at the moment.

Graeme Dey (Angus South) (SNP): I listened to the views that were expressed earlier, and I thank you for your candour. One could not help but conclude that the sector is undergoing great change, either culturally or practically. After 10 years of integration joint boards, we are still not there yet—at least in some localities. Is that not an indictment of the existing approach, at least in some parts of the country, and a reason to make the proposed changes, because they are the only way to deliver a system that is consistent for young people, wherever they live in Scotland?

On the subject of transition, is it not the case that better co-ordination, planning and co-operation can be achieved only through the sort of approach that is being proposed? Does it not offer the best chance to have better integration of whole-family support?

In responding to those questions, could you reflect not only on your own local experience but on the situation as you know it to be in other parts of the country? I am trying to get a feel for the overall picture. I appreciate that your experience is based on your locality, but you will also know other people and what the position is in the rest of the country.

Perhaps Vicky Irons can start us off.

10:30

Vicky Irons: I agree that there is scope here and that there is, indeed, an opportunity if we explore the full potential of a completely integrated national care service. A number of the disadvantages and some of the obstacles that are in the way have already been highlighted in this morning's discussion, but I would also point out that we have worked really hard over the past 10 years to overcome those while still delivering the outcomes that people need. I genuinely feel that there have been significant successes in health and social care partnerships, not just in Dundee and Tayside but elsewhere.

Given the opportunity, we would love it if we had a landscape that enabled us to overcome some of the barriers that were articulated in the Feeley report and to have accountability and responsibility for planning and deploying the resources for entire families and the populations that we represent. I do feel that we have an opportunity in that respect, but for me the proof will be in the detail. We do not want to create something that makes the landscape even more complex with regard to accountabilities, employment rights and everything else, but I am not necessarily confident that we will have learned from the previous series of reforms in that respect.

The Convener: I wonder whether Ross McGuffie is able to respond.

Ross McGuffie: In six years, we have made reasonably significant progress through integration. Having the pandemic in the middle of all of this has not really helped, although you might also say that, in some regards, it has supported things. To my mind, there has been, across Scotland, a strengthening of integrated practice through the pandemic, and I think that the country is probably in a better position that it was three or four years ago.

It is difficult to answer the question without having the full detail of what exactly the NCS will look like. In particular, what health services are going to be transferred? Where will they be managed? Where will the boundaries sit between them? I think that we are on a journey here; we need much more individualised care, whether for children or adults, and much more of an ability to have conversations with individuals, more trauma-informed practice, much more personalised, self-directed care and more proactive support for individuals. I think that that picks up some of the key elements with regard to transition, too.

To do this sort of thing, we will need to make quite significant changes to the delivery of health and social care services, and I do not necessarily think that we can do that by changing structures. Instead, we should try our best to look at different models and how we make them work locally.

I can give you a quick example. A few weeks ago, we had a session on human learning systems with chief officers in Healthcare Improvement Scotland, and I think that there is a whole load of work that we could do on that subject that would allow us to pick up a range of key themes in the Feeley report. The lead academics in the review said, "You can't implement this virtually, so don't bother with structure. What you need to do is go out there and start to change the way your staff are working." They said that we needed to make small changes and build things up from there; as we identified the structural challenges in the local setting, we could start to make some changes. However, making such changes through a focus on structure will be nigh on impossible.

That ties in with my thinking that there is some great stuff in the Feeley report. We need to have a strong focus on personalised care, to provide staff with the opportunity to have much deeper conversations and to have those professional relationships come together to wrap support around people, so that we can do our best to come up with the right answers to the issues that individuals face. Because of the complexity that is around every individual, we need to be able to get into that way of working with everybody. That means going across boundaries, no matter where we set those. Unless we come up with one single public service, those boundaries will still exist.

Graeme Dey: To be more charitable, perhaps, than I was in the tone of my original question, I will come at the topic from a different direction. From a number of things that have been said today, there is sense of recognition on all your parts that we can do this better. If the proposals for including children's services in a national care service involved an opportunity for you all to bring to bear your experience of the past 10 years or so—to look at what has and has not worked well, what cultural changes are required to be made and how the barriers that you identified could be overcome—so that you could bring your experience as front-line professionals to the table to develop a national system that reflected that experience, would that present an opportunity to make genuine and worthwhile improvement?

The Convener: Ross McGuffie, are you happy to carry on?

Ross McGuffie: Yes. Certainly, bringing together the experience of people in the system makes absolute sense.

There are worries at the back of my head that, if a national care service were to be formed and children's services came in as an add-on, we

would end up with a governance structure that had been created specifically around adult services, and we would then have to try our best to shoehorn in something different. In my mind, there is an element of needing to finalise the decision on exactly how we are to take the matter forward. I would rather that that was done once—instead of in separate bites—because there is a risk that we will end up creating something that is based absolutely around adult services.

Previous questions were about how staff felt. From the experience of children and families social work being in some integration boards and outwith others, I know that, in the early days of integration, there was certainly a feeling that integration was absolutely focused on adult services; all the outcome indicators were adult focused, and the children and families teams felt a little overshadowed in that landscape. Doing this in two stages might lead to such a feeling again.

Nicky Connor: I will reflect on the unique role and perspective that we, as chief officers, can bring. No other role, I think, sits on the executive teams of the health board, the council and the IJB. In addition, we wear different hats within our role. On the integration joint board, we are chief officers who support strategic planning, but, as directors on the executive teams, we also have responsibility for delivery. There is something really important around that role, as clunky as it sounds; it is the glue that supports and joins together our systems.

When it comes to the part of your question about sharing our experience, there is a lot to be offered. There is also learning, across our system, on how things have been approached, whether in children's or adult services. We have just put ourselves forward to be a potential pathfinder site in relation to getting it right for everybody—GIRFE. In my experience of the delegation of some children's services, the principles and values by which children's services work would be a strength in how we could approach and achieve the outcomes for adult services as well.

The current legislation enables the delegation of elements of children's services. Across Scotland, there is variability in how legislation has been applied in the choices of each different area through their integration schemes. That makes me reflect on the structure that is needed in order to make change happen. I highlight what I said at the beginning of the session, which is that, in Fife, there are good relationships and we work well as a team across agencies. Regardless of any reform, I am not sure that I can envisage that there would be less than one health and social care board and one council in an area such as Fife. However, across Scotland, there is more variability and, probably, there will be significant impact and change.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): The evidence session has been interesting so far. Both my questions are about what opportunities a national care service could bring. I note that concerns have been raised, but this change might happen, so we should explore the potential opportunities.

My first question is about the national care service charter that is contained in the bill. Some concerns have been raised about whether the care service focuses too much on adult care and not enough on children, young people, families, child protection and so on. Would anyone like to comment on what the opportunities could be to shape the charter in order to set out our ambitions and aspirations for wider childcare services in Scotland? Those services will be designed nationally but delivered with flexibility locally. Has anyone given any thought to what the benefits of the national care service charter could be?

Louise Bussell: As I said earlier, the simpler we can make this, the better. It would be helpful if we could create something that provides a seamless service to people from the cradle to the grave, if you like, as we have tried to do with the NHS. That would help people to understand where to go for services, what those services will look like and how they interrelate to other parts of the system. It would be helpful if we have one model across Scotland that works in a similar way and that helps everyone to understand what services we have and how we are doing things.

We could simplify and streamline people's journey from children's to adult services. We have mentioned transitions quite a lot in this meeting, and it would be better to have the opportunity to transition within a single system instead of being handed off, which often happens in service lines unless the pathway is right. As others have said, we still need to ensure that there are relationships across healthcare, a national care service, education and the independent sector. There is still a requirement to ensure that the lines are correct for what we need to do; however, simplifying how we approach pathways would be—[*Inaudible*.].

Ross McGuffie: Many of the building blocks are already in place in Scotland, and some of them are very positive, whether that be GIRFEC or the progress has been made with the Promise. The key is building trust and belief in the positives, trying our best to get all our efforts behind those initiatives and following through on them. In local systems, how we work together collectively as local partners is important.

As I keep saying, my focus is about ensuring that we are doing the right thing for the children, young people and families in my area of North Lanarkshire. If we can maintain that focus across all partnerships, with a positive direction of travel, many of the building blocks are already in place to enable us to make significant change over the coming months.

10:45

Bob Doris: That is helpful. I asked a similar question at last week's meeting, and the witnesses took a similar approach to the one that this week's witnesses have taken, which is understandable. Everybody is focusing on what structural change might look like instead of on the potential opportunities from the change. The national care service charter provides the opportunity to draw into one place a summary of the rights and responsibilities that we all have in relation to the national care service, children and families. The witnesses might not be able to answer this today, but, if any of them think that there are opportunities in that regard, perhaps they could pass that information to the committee through an email to the clerks. What is proposed might happen, so we want to ensure that the opportunities are realised.

My second line of questioning relates to kinship care. In May, a national kinship care protocol was introduced for all local authorities, but it was cluttered, complex and difficult. Similar accusations about a potential new national care service have been made by the Convention of Scottish Local Authorities, the Society of Local Authority Lawyers and Administrators in Scotland, Social Work Scotland, the chief social work officer committee's working group and the national kinship care collaborative. The protocol was an attempt to have national co-ordination for kinship care, which I absolutely welcome, because Nicky Connor spoke about the variability across Scotland in relation to various services. Kinship care allowances, access to trauma-informed care for young people and placements relating to bereavement still vary across the 32 local authorities. Whether a kinship carer volunteers to take a child or whether a child is given a placement by social work can determine whether someone gets the allowance. There is significant national variation.

Are there opportunities to address national variation through a national care service that is delivered locally? I would welcome any comments in relation to children, including looked-after children.

The Convener: Who would you like to respond to that?

Bob Doris: Given that Nicky Connor spoke about variation across the country, perhaps she would be the ideal person to talk about how, through a national care service, we could better deliver for kinship carers, looked-after children and their families.

Nicky Connor: There is something in the idea of having a national framework and local delivery, as you described. There is a potential opportunity relating to single governance frameworks and reducing variability, so long as there is flex so that we can deliver locally.

In relation to my responsibilities, only children's health services have been delegated. However, for some of our adult services, we have in place the Shared Lives Plus service and other mechanisms to provide support and protection. That goes back to the point about a national legislative framework for protection.

In relation to looked-after children, there is work that can happen—I highlight that it already does happen—across the agencies with regard to health needs assessments coming together. That supports joined-up working across the agencies in order to meet the needs of individuals. For example, there are referrals to our health services through our school nursing services, and we ensure that those are concluded. That helps to inform and ensures that the voices of children are heard through the assessments that take place, so that their needs can best be met.

That already happens. Our services, with their unique contributions, join up. I do not have—

Bob Doris: Perhaps I could ask you about that. I apologise for interrupting, but it is difficult not to do so in an online session.

I commend the really good work that is happening locally. My point is that the local work in Glasgow will be different from the work in Galashiels, which will be different from the work in Aberdeen and Aviemore. It is about ensuring that we have more national consistency. We have heard for many years about benchmarking and sharing best practice, but, decades later, that has not necessarily happened. Will the proposals help to address the variability?

The Convener: Fiona Duncan from Highland Council is keen to contribute.

Fiona Duncan: For many years, chief social work officers have asked for a national agreement on fees and allowances for kinship care, fostering and adoption. That has been discussed for a long time.

One of the reasons for that is that it can sometimes be portrayed that the child is a bit of a pawn in what gets paid and what does not. That should not be the case. We expected the national

agreement on fostering to be introduced quite soon, but I think that it has been delayed.

Personally, I do not think that you need a national care service to come to that agreement. If you asked across the board whether we want nationally agreed fees and allowances, the answer would be yes. The question is whether we could achieve that in another way.

Bob Doris: So, there is more than one way to achieve that. A national care service might be one way, but it is not the only way.

My final question is for Ross McGuffie, and it widens out Fiona Duncan's point. The issue is not only the allowances that are paid to support children in kinship care and their families, but also access to wider services, in which there is significant variability across the country.

Ross McGuffie talked about trauma-informed care and support, which he was right to do. I have a centre of excellence for trauma-informed care for kinship carers in my constituency. It is funded on a commissioning basis, sometimes from integration joint boards, sometimes from local authorities and sometimes directly from the NHS across a number of local authorities. It is a mishmash of funding, which makes that centre really struggle with sustainability.

Could a national care service have an advantage in enabling better commissioning of specialist, trauma-informed services for vulnerable children and young people?

Ross McGuffie: There are certainly things that we can do to try our best to bring stability to services. I have local examples of our commissioning approaches, although they are probably more focused on adult services. For example, we have a 10-year framework for self-directed support providers and care-at-home providers. The aim of that was to bring a degree of stability to the sector, which had previously had two or three-year agreements.

There is something on sustainable commissioning that we can consider doing in order to try our best to provide sustainability. Every area has its own mix of providers and opportunities; some elements are in-house in some local authority and partnership areas and some are provided externally.

There are things that we can do on national and local frameworks for commissioning that can make a difference on sustainability. We can do those things irrespective of structure and we can continue to develop that area. The Feeley report was really strong on the importance of ethical commissioning. In our local partnership, as part of that development, we were visited so that we could speak about the work that we have done locally on ethical commissioning and the impact that we have been able to have on stability.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): I thank the witnesses for coming. I will direct my question to Vicky Irons first, but everyone is welcome to come in.

We have talked a lot about consistency and quality, and we have highlighted quite a lot of challenges to joint working as well as the real improvements that have been going on in partnership working. We have heard that the key to success is collaboration, which improves outcomes.

Central to Derek Feeley's recommendations was an NCS with a co-design aspect that looked to fully involve not just social workers and health professionals but people receiving care and the organisations that support them, including adults, children, families, the third sector, advocacy and people with disabilities. Those recommendations were in response to overwhelming public support for that approach.

Could care boards—which would include members with lived experience as well as social workers and health professionals, for instance—be an opportunity to expand on the success of joint working to include people with lived experience in the on-going design and delivery of services to ensure that we achieve the outcomes that matter most to people not just now but in the future? Surely the proposal is about collaboration. It is about the idea that bringing in the lived experience would add to the collaboration that you already have and would make services better.

The Convener: Who is that question directed to, Stephanie?

Stephanie Callaghan: I said that it was directed to Vicky Irons initially.

The Convener: Oh, sorry.

Vicky Irons: I could not agree more—bringing in people with lived experience and co-producing and co-ordinating the care that is provided presents a huge opportunity in terms of any reform.

We have engagement from carers' representatives in the IJBs. We have quite an extensive network of individuals with lived experience; we engage with the families and carers of all those who are experiencing our care as part of our strategy approach, which was set out in the original bill. There is huge opportunity to take that much further forward.

It is becoming very clear that we must create the capacity to care across all our communities, given the sheer volume of demand for our services. That presents us with an opportunity. We need to start

thinking about doing that through partnerships, so that this is not just a statutory service response but is a consideration of what can be developed, delivered and supported in people's communities—across unpaid carers, around the third sector, around our independent providers and the statutory services that would form part of the new national care service.

It is clear from the Derek Feeley report that we must look at our services through the lens of the people needing our services and our support. We genuinely welcome the opportunity for that to become a driving force in the new organisations.

The Convener: The Derek Feeley report gave no indication at all of the inclusion of children's services, so it came as quite a surprise that those services are covered.

You briefly mentioned the co-production of services. Given that co-production will probably happen after the legislation comes into force, do you see that being a challenge? Ross McGuffie alluded to co-design being bolted on earlier. Will you comment on the cart-before-horse approach to the bill?

Vicky Irons: I agree with Ross McGuffie's comments. That will be a huge challenge for us when it comes to adapting to change. One of the most important jobs for people who hold our role as chief officers is enabling people to change and taking people with us when it comes to moving forward and developing. Adopting a staged approach would potentially present issues. I would probably agree with Ross's comments that, from a chief officer's perspective, if we are going for quite radical reform that is in the interests of the people for whom we want to provide sustainable care, it would be better to do that just once.

The Convener: Fiona Duncan wants to come in on that point, too.

Fiona Duncan: The committee will be fully aware of The Promise Scotland, which first reported on our looked-after children and presented the idea that the whole structure needs changing. That refers to everybody in every organisation. After speaking to, interviewing and meeting thousands of young people, it pulled together the Promise documents, which are on-going, and a 10-year plan. That gives us a really good indication of what changes are required, as well as an indication of where things need to go. There are things within that that nobody disputes, such as those that are to do with the welfare of the child.

It has always been my understanding that the process that is outlined in the Promise can or could be used in progressing the national care service. As I said, The Promise has a 10-year plan. That plan articulates the intricacies and the different parts that are involved in the system. It might be helpful to bring that to the table at some point. That work is on-going as we speak, alongside that of the national care service.

The Convener: We heard evidence from The Promise Scotland last week.

I will now hand over to Michael Marra.

Michael Marra: We are being asked to agree to a major change by passing this framework bill. Essentially, we would be approving things in principle, with the model to follow afterwards. I recognise that it is challenging to imagine what that process might look like.

We have just touched on the Promise and the Feeley review. What evidence have the witnesses seen marshalled to support the change that we as a Parliament are being asked to approve? What is the evidence base for moving children's services? I will start with Ross McGuffie.

11:00

Ross McGuffie: I do not know that I have seen a great deal of evidence. I have listened to previous evidence sessions. The Care Inspectorate was quite clear that some of its reports on areas where children's services are delegated to IJBs have been positive and some of them have not been so positive. That is the case for those areas where children's services are not delegated to IJBs, too.

I am not sure that I have seen any concrete evidence. However, the process that came out of the back of that was to build and review that evidence base to make the decision.

Michael Marra: Nicky Connor, have you seen a marshalled evidence base to support the change?

Nicky Connor: I have not seen a specific evidence base, although I have had discussions locally about the advantages of the change. I have seen a strong evidence base in relation to one aspect: the more services are together and integrated, the more we can join up outcomes for individuals. However, that does not relate specifically to children's services.

Michael Marra: Vicky, have you seen a marshalled evidence base on the transfer of children's services? As we have heard, the Feeley review was about adult care.

Vicky Irons: No, I have seen nothing in addition to those things that my colleagues have referenced.

Michael Marra: Who have I yet to ask? I have not had the perspective from NHS Highland. What is your view, Louise Bussell?

Louise Bussell: I, too, have not seen an evidence base, other than on the need for us to have things as aligned as possible, wherever the ultimate outcome lies. I have not seen any evidence for this specific move.

Michael Marra: Fiona Duncan, do you think that we should be following evidence-based policy making? Have you seen any evidence?

Fiona Duncan: Yes, we should be following the evidence base but, no, I have not seen that evidence base.

The Convener: Thank you very much. We have got a wee bit longer, but I see that no one wants to ask any further questions, so we can conclude the session early. Members are nodding their heads.

I thank the witnesses for their time today and for responding to our questions. The session was very informative.

I suspend the meeting for about 15 minutes.

11:02

Meeting suspended.

11:16

On resuming—

The Convener: We will now take evidence from our second panel on the National Care Service (Scotland) Bill. I welcome to the meeting Martin Crewe, director of Barnardo's Scotland, and Jude Currie, chair of the Scottish Association of Social Work. Good morning to both of you, and thank you for joining us. Our session is hybrid, and Jude Currie is participating virtually. Jude, as you will not be able to catch my eye, please put an R in the chat box when you wish to speak. The clerks will be monitoring the chat box, and we will bring you in when we can.

Let us move straight to members' questions. We will start with questions from Stephanie Callaghan.

Stephanie Callaghan: Thank you, convener. I welcome the witnesses to the committee.

This question is for both of you. Has integration led to more collaborative working across the public sector, and between it and third sector organisations? Has that helped to improve outcomes for children and young people?

Martin Crewe (Barnardo's Scotland): The brief answer is probably no. As happens a lot with implementation, the situation varies across Scotland. Integration has made a bit of a difference in some places but, for most of our work, it has not made a great deal of difference.

Jude Currie (Scottish Association of Social Work): I would say that the picture is very mixed. There is a broad variety of experience among our members, as they are working under very different set-ups; I am speaking on behalf of social work members today. We will always strive to pursue best practice, as was mentioned by Mr Doris last week in relation to the workforce. Regardless of the structures, we will always try to work in productive, multi-agency ways. Children and family social workers, in particular, will try to harness a multi-agency group around a child and a family. We can be better social workers and offer better social work if we have the enabling conditions and the environment to help us do that work. We could speak about the conditions that we need and the mixed conditions that we experience across the country.

Stephanie Callaghan: Martin, do you believe that the national care service presents an opportunity for third sector organisations, as well as people who have lived experience, to work right at the centre of care boards and to be part of the co-design process, examining new policy and delivery so that people get the outcomes that matter to them?

Martin Crewe: The area that I can speak about involves the inclusion of children's services in the national care service. As far as I can tell, the Feeley report is a good report on adult care, but it does not consider children and young people. I am not opposed to the inclusion of children's services, but the key point is whether that will lead to better outcomes. At the moment, I am not convinced.

There is a certain level of upheaval. I know that the committee has considered college reorganisation. I was on the board of Edinburgh College and its predecessor, Stevenson College, and I remember the amount of upheaval that that change entailed—which was small compared with the introduction of the national care service. Almost inevitably, any change of this sort takes longer, costs more and is more disruptive than people will have thought.

On the specific point about children's services, the issue is whether the proposals will make the interfaces between different parts of the system easier. Barnardo's works across a range of different types of support for children and young people. We might suppose that an ideal national care service would potentially have better interfaces with health services and adult social care, but how would that impact on our work? The national care service could potentially be good for older children with learning disabilities, for whom the transition into adult care is really difficult. I could see its potential benefit there. However, as was pointed out in previous evidence, there are an awful lot of other children and young people. A national care service would either not affect

interfaces for them or would make them even more difficult.

I will take three examples. First, for most children, the key interface is in education. For children who have been abused, the key interfaces involve the police and the children's reporter system. For care leavers, the key interfaces involve housing, colleges and employment support. For large numbers of the children, families and young people we work with, I cannot see that the national care service would have a big positive impact.

Stephanie Callaghan: You have talked a bit about the challenges. We heard concerns from Ross McGuffie that, if adult services are part of the national care service, having children's services sitting outwith it could create problems with the approach to whole-family support. He spoke about services perhaps being shoehorned in later to assist in a system that is really built around adult services. What are your thoughts on that?

Martin Crewe: There is a danger in being either in or out of the system. The fact that we are included as part of the framework bill illustrates the position of children's services. They did not come under the Feeley report. We currently spend around five times more on adult social care than we spend on children's social care. The reality is that children's services are the Cinderella in this situation. Given the framework and the uncertainty, we are not sure whether we are going to be invited to the ball. To stretch the analogy a bit, if we do get a ticket, the music will probably already be playing, and it might be a waltz, whereas we would rather have a disco. [*Laughter*.]

The Convener: Thank you, Martin. That is lovely—people are chortling.

I know that you are keen to come in on this, too, Jude.

Jude Currie: From the perspective of children's services, in my role as a practising social worker and a representative of SASW, I would say that the question is not so much where exactly we sit but what that looks like for our functions. It is vital for the end result of the services that we seek to provide, which we seek to harness around a family holistically, that those functions go together and that social work sits where those functions are. By that, I mean that we need to be where the resources, the leadership and the autonomy are. When we are fractured and at a distance from those things, there is a consequence for the people who we work with day in, day out. As the committee heard last week, some people have had eight social workers in eight months. We know what does not work.

We also need assurances that what we are moving to is defensible and evidence that it could work. As social workers, we often sit in the gaps between services. They might be unintended gaps, but we often fit into those difficult places, and we bring our skills to bear in doing so. Equally, the "Setting the Bar for Social Work in Scotland" report will tell you very clearly that there is so much stress and distress in the system that we really need the functions to be put together and aligned in order for it to work.

We work with whole families. Our members—myself included—will work with a whole family network, and that can mean engaging with criminal justice social work, health services, education and housing all in one meeting. Every ounce of depleted energy that we spend in trying to navigate perhaps even more complicated structures—because we might be outside or distant from what we need—takes away from the relational energy that we need to help children and families benefit, and realise their rights, from those services. That is really key, because it is linked to the lived experience of the support that we hope to provide.

That function of social work needs to be understood in the framework bill as well as throughout the programme. There has been extensive listening to the experiences of those who use adult services, but the question that is asked in Professor Brigid Daniel's research group is how we ensure that children, young people and families get the help that they need when they need it. That includes so many different partners. We need to have due diligence and to be patient in hearing what the evidence from those who are key to delivering those services and those who are receiving them really tells us. We cannot make assumptions. It can be quite frustrating when there is a framework that does not have the particular detail that we need.

I will give you a wee example. Many of our members might be working now with a 14-year-old who might need social care support from adult services by 2026 or 2027. The apprehension that we are engaging with starts now. Our work with that family starts now. Whether we are in or out, we are impacted, and we need to know that our functions will work together for that family to deliver the end result, both now and then. The apprehension about impending change should not be underestimated.

The Convener: Thank you. We move to questions from Graeme Dey, who will carry on with the theme of integration.

Graeme Dey: I will pick up on Martin Crewe's earlier comments. I attended an event in Parliament last night in relation to the proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill. The member in charge of that bill has taken the approach of having a panel of highly

experienced medical professionals put together a set of proposals that they believe would ensure that the legislation would work in practice.

I cannot help but draw a parallel between that approach and the approach that could be taken to this framework legislation, accepting the reservations that you have about it. I do not think that it is in anyone's interest to have some sort of bolt-on to a national care system further down the line. If we are going to do this, there is a logic to having young people's services included. If, during the period of research and consultation, there was very full and genuine engagement with the sector—which included listening to people who can highlight what has and has not worked and what the barriers are, and asking them, if they had a blank sheet of paper, how they would design a care system—would there, on that basis, be merit in the proposal?

Martin Crewe: There could be, but it would probably take more time, and we would not necessarily be starting from where we are now. I know that, in evidence to the committee, there has already been talk about co-design and what that looks like. In an earlier session, somebody said that the term had been rather overused.

11:30

We have done a piece of work in Renfrewshire that has involved working with health and social care colleagues. An important point was that we started the process by having a discussion at senior manager level about whether we were all committed to making changes as necessary, and it was determined that we wanted to improve mental health services for children and families. We then went into a consultative process and held three facilitated focus groups. The first group was with children and families, the second was with front-line workers and the last was with managers.

From all of that, we got a hugely complex picture, and we tried to draw solutions out of that. That is the point about these processes: we have to embrace the complexity and listen carefully first, and we can then come to consider whether something might make an improvement. The problem in this process is that we have almost jumped to a solution. No matter how well the co-design work is done, we cannot go to children and families and ask, "Do you think a national care service is a good idea or not?" That is not their lived reality.

Graeme Dey: With respect, though, their lived reality in too many places is that a locally delivered, designed and constructed system—however we want to frame it—does not work for them. I fully accept that there will be good examples, but what we currently have does not work for everyone.

We heard earlier that, after 10 years of effort, we are still nowhere near where we would all want to be. Is this not the one opportunity that we have to get there? Whatever your reservations about the approach, if the service is taken forward from this point in the way that I have articulated, is that not the best chance that we have to get this right for children and young people in the future?

Martin Crewe: One of the big problems that I see is the landscape in which we are trying to introduce a national care service. As is often the case with major reforms, we cannot choose the moment at which we implement it.

I go back briefly to the current reality of the world for children and young people. A quarter of children across Scotland are in poverty, and many families who were previously just about coping are now being pushed over the edge into a cost of living crisis. Existing services are stretched, and the thresholds of support for families are far higher than the early intervention that we would all like to see. We face the prospect of further austerity and public service cuts, and we have a retention and recruitment crisis among social care staff. On top of all that, we are trying to introduce the Promise.

If we put all that together and ask, "Will the national care service address and improve things?", we see that it does not really scratch the surface of a lot of those issues. It would be a huge leap of faith to say that this is the moment at which the national care service will make a huge difference.

Graeme Dey: Looking at it from the other side, however, do you have confidence that what is in place now, as it is currently structured, and given the approach that is deployed in multiple locations, will address those issues?

Martin Crewe: I have been working in children's social care in Scotland for more than 25 years, and I think that we have to remind ourselves that there are good examples of things that work. The committee will be familiar with the violence reduction unit and the decrease in the number of young people in custody, which has been a fantastic achievement. Polmont is a quarter full in comparison with where it was previously.

There are good examples of public social partnerships, and we are doing a number of good pieces of specific work, some of which you will be familiar with. I know that committee members visited our services in Inverclyde, and we do work in Dundee and Renfrewshire.

Under the current system, that approach can work. In my experience, four things make it work: first, a genuine determination to make things

better and deliver change where it is needed; secondly, embracing the whole-system complexity; thirdly, putting children and young people at the centre of all our considerations; and fourthly, building mutual trust and respect. We can look at structures but, in my experience, when that approach works, it is not the agency you come from but what you bring to the table that makes the difference.

Graeme Dey: Is a change of structure required to facilitate the culture change that is needed in some places and to ensure that that highest standard and those best examples become the norm?

Martin Crewe: As I said earlier, one issue is that health and social care are really important to children and families—there is no doubt about that—but there are an awful lot of other players in the system. The alliance work that we are doing in Dundee started with education, social work and the third sector coming together to work on improving outcomes, but we very rapidly said, "Who else do we need to involve? We need to involve health." It is also about housing, police, criminal justice and the children's hearings system, employment support, transport and planning, and the private sector has a role, too. We could put a lot of effort into one part of that system to perhaps get better alignment between health and social care, but a lot of other parts would be unaffected, or potentially disrupted, by those changes.

The Convener: Jude Currie, you have been waiting patiently, and I know that you want to come in.

Jude Currie: I echo the point about the key partners that we need to make sure that will not be disrupted by whatever happens. I do not believe that structure in and of itself creates the conditions of what we need; relationships, which are at the heart of what we do, should be safeguarded in a national care service, but that will not happen through structures alone. We need defensible incorporation of what we know works, and there should not be additional disruption or barriers.

Some of our members will have fears about a potential loss of connection with key council services, whether education, housing or our third sector commissioned colleagues, but we see the opportunities, too. That is where it is difficult, because we need assurances.

The will is there and, speaking on behalf of SASW, we want to be part of a constructive conversation about this, but the lived reality on the ground is that we already have to navigate complex systems and needs in a family setting. We already have to have conversations in multi-agency meetings about what is a parenting task and which of an adult's needs is a social care need. We try to understand those needs holistically, but our systems and processes ask us to unpick them and direct them down different paths. As social workers, we try to draw those strands together again. There is much good intent on the ground to do that, but, if we are not given the assurance that what happens next will make that easier, the natural fear is that it will make it more difficult.

Stephen Kerr: Jude makes an interesting point. I was struck by what Martin Crewe said about the four issues that he highlighted. Does anything in the bill do anything for the issues that you highlight?

Martin Crewe: My concern, which you have heard from The Promise as well, is that, if we concentrate too much on structure, we miss an awful lot of other things.

I will just mention the experience around getting it right for every child. About 10 years ago, I chaired the Scottish Government programme board to implement GIRFEC. We did not get everything right, but some bits of it went quite well. I think that that was because, in trying to achieve cultural change, we had agreement on the principles and goals across all the agencies, we worked very hard on a common language—people will be familiar with the language about children and young people being safe, healthy, achieving, nurtured, active, respected, responsible and included, SHANARRI, which is now used in all the agencies—and we came from the child's perspective, because GIRFEC is about wellbeing and not about what services are delivered to families.

When we were implementing GIRFEC, we did not particularly look at structures and we were not particularly bothered about getting a consistent picture across Scotland. We got reports back from each of the 32 areas, but we tended to share good practice and encourage people to learn from one another. One of the drivers in the national care service and the Feeley report is a feeling that there should be greater consistency, but that is a really difficult thing to achieve.

Stephen Kerr: It is not dependent on structural change, is it? The way that you described it earlier is that it is about people and leadership—people taking the initiative to bring other people together to work on improving the delivery of a service.

Martin Crewe: To my earlier point, I add that it can be done in the current circumstances, but it is about having the determination and, sometimes, the resources.

Stephen Kerr: There is no denying that things can be improved; you are making that clear. However, you have also raised the spectre of the

way that the public sector, in particular, often struggles with change and the delivery of change—it is a red flag, actually. Will you comment on that?

Martin Crewe: Yes. I would go right back to "For Scotland's Children: Better Integrated Children's Services", which was a report that was published in 2001. We have had more than 20 years of pretty consistent policy. People feel that we have good policy in Scotland for children and young people—it has been consistent and we have had it for a long time. However, people acknowledge that there is an implementation gap. There is frustration that we have all the right aspirations and good intentions but what happens on the ground is not always what was intended. There is a lack of drive to implement and improve, which can happen in pockets at the moment but is not sufficiently consistent. The other factor is the lack of resources. I always think that, if you work in the children and families sector, the acid test is to think, "If this was for my child, would it be good enough?" Too often, it is not.

Jude Currie: That is an important test. There is a degree of weariness at the minute in terms of morale and resourcing in our profession and I think that we are in danger of losing sight of why people come into jobs to work with children and families. Structure can help but it can also hinder. Social workers are no strangers to change and change agendas; certainly, in my 12 or 13 years in the profession, I have seen a lot of structural change.

It is about culture, language and leadership. It is important that social work leadership and where it sits is understood in the bill, because that impacts on practice leadership and on retention and recruitment for the jobs that we do.

However, we can put all the structures in place, but they will not work if we do not have the resources. We can agree a multiagency child's plan, for example, but, if we do not have the accessibility and readiness of those supports, regardless of where we might sit, that plan will not work for families and it will not answer the key question of whether families and children will get the support when they need it. Those ingredients are key.

11:45

I was at the children and families improvement conference yesterday, where we heard that, according to research, the core ingredients in the recipe for what families need are family, community, loving care, and compassionate services. I do not think that any of us involved in children and family services would not strive to provide those, but structures alone will not get us there. There are so many other ingredients in that recipe that are crucial and critical. We need leadership and the people who have the strategic levers to deliver those ingredients for us on the front line, to do that first, in order to enable us to sit in living rooms and provide confidence and hope to a family in need.

Stephen Kerr: You talk about resources. Resources, particularly money and time, are finite. Jude Currie, given the challenges that were outlined so eloquently by Martin Crewe, is it wise that we take up time and money to do something that is basically structural, that will be process heavy and that will create new and challenging interfaces, particularly in relation to children's services, which will be a small part of an overall service?

Jude Currie: If I have picked up your question correctly, you are asking whether the potential is worth the time and resource, given that those are finite. You are asking the key questions that we ask of ourselves, with regard to our fear that it might be an operational and cultural nightmare if it is not done well. The key part of that is the inclusion of everyone who will be impacted. They should be fully consulted, involved and included, including on all the complex functions and levers that would deliver that change. It does not have to be a waste of finite time and resources. It is about ensuring that we make defensible decisions and that it is not more change for change's sake for children and families. That is why it is of key importance that we take the time to listen to the research on that.

Willie Rennie: Jude Currie summed it up neatly when she referred to change for change's sake, and both Jude Currie and Martin Crewe have clearly expressed that there are issues and that change is required but that structural change does not necessarily deliver the change that we require. I will play devil's advocate, although I agree with everything about that because we have had several evidence sessions that have made it clear that the structure is a diversion from the real challenges that we face. I have heard about leadership and resources from Jude. I would like to have a better understanding of what that actually looks like, what change we require to make those services better, and then what we need to do about it.

Other committee members have, not unreasonably, highlighted the fact that the view of some was, "Just leave us alone and we'll get on with it and deliver the change." I do not necessarily agree with that, because everybody accepts that change is required. However, I will play devil's advocate and challenge you both to say what we need to change and what politicians need to do to help with that.

Jude Currie: It is a difficult question, but I will try to answer it. What do we need? For us, as a profession, it would go a long way if we felt represented and understood within the national care service programme, from the bill onwards. That is not an end point. We do not want that for the sake of it, but because it will deliver better social work and better relationships and conversations about what is needed, with all our partners and with families. Please could you repeat the end of your question?

Willie Rennie: I am sorry—it was probably a wee bit convoluted. What I am really asking about is wider change. What wider change do we need in the system? Do we need better leaders or more money? What do you need us to do? The fact is that we are not getting any clarity on what exactly the Parliament and Government should be doing.

Jude Currie: I think that this is all about autonomy—and, by that, I do not mean autonomy in the power sense, but agency. We need to be able to sit in a living room with families and have these conversations with them. Families come with a huge wealth of resources with regard to the networks that they have—well, some do, and some do not—and we know that they exist in communities from which we can harness that wealth. It is not just about financial resource, either: we need to feel that we have a functioning statutory role to access or seek information so that we know that, when we sit in a living room, having these conversations, we have the permission to do so; that we have the confidence to go to our managers and leaders and that they have confidence in their managers and leaders, too; that those people have influence with regard to advocacy; and that all of that is not lost somewhere in the system.

I talk about leadership. There is leadership in the strategic sense but there is also—and I see this from where I sit in practice every day—practice leadership, and both those things need to be aligned. Community planning, strategic partnerships and so on need to sit together. As a practitioner on the ground, I think that this is what it all boils down to: that good conversation that we have with families. If we have that, families feel that they have choice and control. It is all about having that sense of agency; we need to feel that we are resolving a difficulty with families as equals and that there is agency there.

Willie Rennie: Basically, are you saying, then, that you do not feel that we have your back in making some of these judgments or that politicians and the Government do not back you up in making such difficult decisions?

Jude Currie: I hope that I am being faithful to the variety of our members' experiences when I say that this is not about our having confidence that you have our backs but being able to understand the gaps that we often have to sit in or navigate through. The gaps sometimes happen because there are different levers and agendas at Government and community levels that will just not align, and we—and, indeed, the children and families—get stuck in all of that. Our fear is that they get further lost in that and that we get lost with them. After all, we sit with them.

It is all about ensuring that that communication and collaboration is echoed all the way down. We will be critically and constructively challenged, and we welcome that, but equally the question is: what more do we need to ask about here? What more needs to be understood about how the role of social work will fit in among all the different elements of the care service? It will not necessarily be involved in all of them, but we often find ourselves having to explain these things, to navigate them and to make sense of them ourselves.

Martin Crewe: The single biggest thing that we could do is earlier intervention. The Christie report told us that 10 years ago, and it also pointed out how much of our resources are spent on failure demand. In Scotland, a fantastic review that has just been carried out under the auspices of the Promise has concluded that, if we work together, we can take far fewer children into the care system. However, that will hinge on having good early intervention services.

We welcome the introduction of the whole family wellbeing fund, but it needs to be much more substantial if it is going to lead to change. What we really need is a national family support service that is delivered by different agencies but that actually provides early family support in every community across Scotland. At the moment, we tend to atomise problems and say, "Okay, we've got a problem with educational attainment, so we need to do this in schools," "We've got a problem around mental health, so we need to do this to support CAMHS," "We've got problems with poverty, so we need to do this," "We've got problems with drug addiction, so we need to do this," and so on. With so many of those services, it comes back to the fact that it would have made a huge difference if better, early support to families had been in place. There is no single answer here, but it would make a huge difference if we put in place that national family support.

The committee has talked about where children's rights fit in with that. The key point for me is that we want to be able to say to families, "You have a right to the support that you need," rather than, "You might get a service or you might not." If we are serious about a rights-based approach, we have to anticipate that more need will surface. An awful lot of families out there at the

moment do not get the support that they need. Having a rights-based service is about people saying, “Where is my service?” The best way to do that is to have community support across the country that is without stigma and very easily accessible, with services coming to families rather than families having to go and get their specialist support from different parts of the system.

Willie Rennie: Why is that voice for early intervention not stronger? We have debated that question for years. Why has it not gotten to where you would like it to get? What is stopping it?

Martin Crewe: Some of the financial parts of the Promise were compelling on that point. If you treat this as a capital investment rather than a question of how you can add a bit of money into the system, then you will get a return on that investment. In the past, people have said that there is enough money in the system if you move it around. That might be true to an extent, but the problem is that, if you are going to make a big change, you have to double invest sometimes—you have to carry on with what you are doing, and you have to invest new money.

If we invested a substantial sum into early intervention—with a 10-year horizon, knowing that it would not pay itself back immediately—and put in place the measures to judge that, I think that we would get a return on that investment.

The Convener: Thank you. We move to questions from Michael Marra.

Michael Marra: I am interested in the area that both Jude Currie and Martin Crewe have just talked about. Should the organising principle of a national care service not be the provision of care? However, the sort of thing that you have described to the committee this morning is about keeping young people away from care. Is there not a culture risk in trying to integrate what you do with an adult national care service?

Martin Crewe: Yes. The danger is that, if you work in public service in its broadest definition, which would include voluntary sector delivery, you exist in service delivery land, and that is not where children and families are. Children and families have their problems, strengths and supports, and then other services come into the family or get alongside the young person, as is absolutely right.

It all goes back to GIRFEC. What makes a huge difference to a child might be a club or an activity, but that will not feature as a care need. That is where early intervention comes in—it lets us actively try to have fewer children and young people coming into the system.

Michael Marra: Do you think that there is a risk of a culture clash, Jude Currie?

Jude Currie: We are at risk of oversimplifying what we mean by care. We obviously want to prevent children and young people from entering care, but we need to appreciate the complexity of care needs, which might be in the network that surrounds that child, might involve adult social care and might include a variety of elements.

Martin Crewe’s point about early intervention is key. Social work practitioners are often perceived as crisis interventionists—in other words, we come in at those points where I would certainly like not to come in—but I would like to think that we do early intervention, too. Intervention is not always chronological; instead, it is a tussle that we are always engaging with. It is not as simple as saying that care exists in one forum and that the prevention of care exists in another. Often, the issues are intertwined. They could be intertwined generationally—in a family—or it could be the complex and competing needs of the child or young person themselves that are intertwined. Certain elements of additional need might require social care, but, equally, there might be other bits where a lot of good intervention work is going on and the child or young person is supported by universal services. That is the complexity of the situation.

12:00

Michael Marra: That was very useful. Is it the case that, because of reducing resource and a lack of partners to refer on to, prevention has become much more difficult and that the work of your members is being taken up with permanence issues, referrals to care and child protection issues?

Jude Currie: We want to look at permanence, and we do so by considering what long-term care at home means. That brings in the Promise, as we have to consider what scaffolding will be needed to do that. There are routes not just into but out of care, and I think that the “Setting the Bar” report will make very clear the challenges to our profession that we want to move away from. Certainly, the early intervention profile could be much better.

I think that it was Jackie Irvine who said last week that we take risks in social work—indeed, that we have to do so. Those risks include financial ones, and that is where the trust in what we do as a profession and in the third sector comes from. We need to do that; indeed, we were doing it when I first joined the profession, back in 2009, as a social worker. Scaffolding is almost like saying that we cannot stay involved for too long, because we only have a certain amount of time; it is not a good indicator, because it is sometimes the case that staying involved with third sector partners over multi-year periods of funding works

out far better financially. There are also far better outcomes, because children are kept at home throughout their childhood. We need to take risks and be bold in how we view some of the challenges.

Michael Marra: I suppose that what I am getting at is that your members will be under pressure to close cases. Indeed, they are regularly under that pressure, because managers keep saying that there are too many cases and that they need to reduce the case load. Is there a risk that what we are talking about will accelerate that process? After all, Martin Crewe has described it as the Cinderella service.

According to the figures that we can see, the set-up cost for the national care service is currently looking like it will be £1.3 billion. That money will not be spent on your services; it is just for set-up costs. Yesterday, the STUC and trade unions called for the whole programme to be stopped. That is the situation that your members, Jude, and your service deliverers, Martin, would be walking into. It just feels like a big risk to what you are doing right now.

Martin Crewe: The situation that you have described is absolutely accurate. We work very positively with local authorities, and they want earlier intervention, but a number of the services that we have had running for years now were set up as part of an agreement to be, in effect, early intervention services for families. Over the years, however, we have seen thresholds get higher and higher. We are working not only with families who are at more risk than before but with families who are more mired in their troubles and who will take a lot of help to get out of them.

That said, we can still do things that do not automatically rely only on statutory services. The committee will be familiar with family group decision making and similar processes that identify the strengths of and resources that are available to families and which enable us to take a more rounded view. Kinship care is also a very big area of support to children. Therefore, alternatives are available. I will not comment on whether it is a good investment, but it is clearly a huge amount of money to put into a new structure.

Michael Marra: Jude, do your members know what is happening? Do they know that pensions are not included in TUPE regulations arrangements—there is no clarity on that—and that they could be moving employer to a completely new body with no indication of what might happen?

Jude Currie: We have done a lot of work to engage as many members and social workers as we can. That has been extremely difficult, given how busy practitioner members are. It has been mentioned and our members probably have heard about it, but probably not in the detail that I know we provide to keep people involved and when we ask them to share their views with us.

Given the busyness of our work, there needs to be inclusion and time needs to be taken to ensure that, as a profession, we are kept fully informed and included. As you have said, that is really crucial, because there are many fears. The overarching message across the variety of views that we have received from members is that there are opportunities, but there are also fears about terms and conditions and pensions. There are opportunities to improve conditions for the profession—in that respect, I am thinking, for example, of our mileage. Social workers drive around, and it would help if we were viewed on a par with some of our colleagues in health.

We need to take a balanced look at the opportunities and the fears, and we try to help members to do so. We try to represent the variety of views. That is why I think that understanding some of the functions in question and the costs of providing them is critical. What we do is too critical to risk less resource being put into those functions.

We do have connections with colleagues in other departments such as housing and education, but another fear is our feeling depleted in other ways by what is happening. There is, I think, a lot to your question.

Michael Marra: It just strikes me that I cannot see the Government doing the same thing to doctors. It would not say to an entire profession, “We’re going to change your employment rights, put in place a bill that allows us to do that and then pass it.” However, the Government is prepared to do it to social workers.

Jude Currie: We want to be constructive, because, at the end of the day, we want to realise the aspiration of offering more accessible support as part of all the other things that make up a life. National investment can be really helpful in bringing about consistency, but this is also about accessibility and people having that right across the country. That also means that we need to be in and connected with communities and forming relationships. It is a tense line that we tread.

You are right—we just want to feel included on behalf of those whom we support. As a result, the parity issue is important.

Michael Marra: Thank you.

The Convener: We move to questions from Ruth Maguire.

Ruth Maguire: Good morning. I had some questions about structure, but I think that you have covered that issue pretty well in your answers about the importance of leadership and the issue

of culture versus structure. I also hear Jude Currie loud and clear when she talks about her members feeling depleted if navigating around the structures takes more energy than doing the job itself.

One aspect of leadership and culture that we have not talked about is accountability. What risks and opportunities do you see in the proposal to move accountability for children's services from local authorities to Scottish Government ministers?

Martin Crewe: With due respect to local government colleagues, I think that accountability to many of the families whom we are talking about is currently pretty low. If there were a national care service, there could be more consistency in complaints procedures and so on. However, if you also asked me, "Okay, how accountable is the national health service to the families we are dealing with?", I would have to say, again, that the level would be low. Accountability is important, but someone who is struggling to get the services and support that they need does not stand back and ask, "How can I realise my rights to accountability?"

Ruth Maguire: I was using the language of politicians—or, I should say, policy making. Given that we are going to be in the business of realising people's rights, can you see any opportunities in the chain of accountability—I cannot think of another word to use for it—being to the Scottish Government and Scottish ministers rather than to local authorities?

Martin Crewe: I think that it would have a different flavour. I was talking to someone from Police Scotland who said that bringing all eight regional forces together meant a closer focus on the service as an entity. Of course, it also meant that all the issues and problems that had been experienced by the regional forces were now the responsibility of one body. As we have seen with the NHS, an issue has to be pretty big to hit that sort of scale. At the moment, the advantage is that a child death inquiry, for example, will be dealt with at a local level, and we hope that lessons will be learned there, too. That said, if such inquiries were held at a Scotland-wide level, it might shift some thresholds.

Jude Currie: We are accountable and answerable according to our codes of practice. Social workers have a code of ethics, and we are also accountable in terms of our statutory functions. As for our accountability by law, however, we have to hold our hands up and say that we can—and need to—do better on outcomes for families, but we also need the conditions that will enable us to do so.

At times, there are advantages to having national oversight and investment in training, understanding, awareness and governance of certain aspects. However, that cannot come at the expense of local connection and accountability being lost. Having both national and local accountability provides a sense of checks and balances being in place.

On accessibility of complaints procedures, the question that we might ask is: how do people voice what is going well and what is not? Do they do that within their communities and the relationships around them, or do they have to try harder to seek them out? Those are the questions that I would ask.

Ruth Maguire: Jude, I want to stick with you for my next question. With any change come risks as well as opportunities. Reflecting on the change that we saw with the integration of health and social care services, what do you think are the short, medium and long-term risks to families and children who access such services?

Jude Currie: Given our experience of integration so far, our members' views will be mixed, because not everyone will have had the same experience; some will, and others will not. Personally, I have not. However, the question is an important one, so, if I feel I can answer parts of it after the meeting, I will do so.

Benefits can be gained from better communication and understanding of issues such as our obligations under the general data protection regulation, how we share information and the ease with which we can do so. Challenging our fears around such issues could be a short to medium-term win.

In addition, what we can learn from each other's professions is potentially a long-term win for families. It is helpful when we have a shared language. For example, we can look at some of the shared language that was achieved for a period of time with GIRFEC. We might have more opportunity to build on that when certain services are having to work—and are governed—more closely together. I do not want to say too much and overstep my remit, but we definitely could approach our members to ask about that specific aspect, because there will be benefits.

There are pros and cons to the current and proposed structures in which services for children and families exist. As for the implications of the new structure for children and families, we need to consider whether we are looking at things holistically and in a community-based way. We need a balance between a medical approach and a social approach, and we need our leaders and managers in those structures to have an understanding of that, so that we can work well as colleagues and can understand each other's

worlds. There is a benefit there, but there are also a lot of challenges.

Ruth Maguire: That was helpful. Martin, do you have any reflections on that?

Martin Crewe: Not so much on that, but I just want to come back to your question on accountability. One interesting issue is the metrics that we use to hold national services accountable. There is always the danger of focusing on the things that are relatively easy to measure in figures; indeed, one such example is CAMHS waiting times. There is a specific waiting time target for CAMHS against which we report; if the waiting time goes down, we say that CAMHS are doing better and so on. However, as we have seen, the experience on the ground is not so much to do with waiting times; in some areas of Scotland, the majority of families who do get to the front of the CAMHS queue do not meet the criteria. They sit on the waiting list for a substantial period of time, and that is what is measured; for those families, however, the experience is much more devastating, because when they get to the front of the queue, they do not, for various reasons, get any service at all.

Ruth Maguire: I wonder whether, looking back at the integration of health and social care, Barnardo's Scotland might have any reflections on potential risks.

Martin Crewe: As I said at the start of the session, integration has, in all honesty, kind of passed us by. Its focus has been very much on adult services. We have seen some good examples in areas such as substance misuse where there has been greater joining up. However, although the impact has been positive, it is relatively minor in the scheme of things.

The Convener: Jude, do you want to come back in before we close the session?

Jude Currie: Yes. When questions are asked on this subject, I always try to think of practical examples. Again, this is not a structural issue, but a relationship issue. With CAMHS, which Martin Crewe referred to, we often cannot eradicate the waiting list itself, but I have had personal experience of the good relationships that we can have around consultations. They enable us to understand what we still have to engage with in a live way and ensure that we are still being responsive. It might not be the response that we would have hoped or striven for at that point of need and for that child, but it enables us to understand each other's worlds and to satisfy needs regardless. Between health and social care colleagues and ourselves in a local authority setting or wherever, we still try to find the solutions, and we will keep doing so.

The Convener: I thank both of you for your time today.

The public part of today's meeting is now at an end. We will consider our final agenda items in private.

12:18

Meeting continued in private until 12:47.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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