



OFFICIAL REPORT
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DRAFT

Education, Children and Young People Committee

Wednesday 15 January 2025

Session 6



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EDUCATION, CHILDREN AND YOUNG PEOPLE COMMITTEE

2nd Meeting 2025, Session 6

CONVENER

*Douglas Ross (Highlands and Islands) (Con)

DEPUTY CONVENER

*Jackie Dunbar (Aberdeen Donside) (SNP)

COMMITTEE MEMBERS

*George Adam (Paisley) (SNP)

*Miles Briggs (Lothian) (Con)

*Pam Duncan-Glancy (Glasgow) (Lab)

*Ross Greer (West Scotland) (Green)

*Bill Kidd (Glasgow Anniesland) (SNP)

*John Mason (Glasgow Shettleston) (Ind)

*Willie Rennie (North East Fife) (LD)

*Evelyn Tweed (Stirling) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Fiona Bradford (Action for Children Scotland)

Barbara Keenan (Action for Children Scotland)

Claire McGuigan (South Lanarkshire Council)

Liz Nolan (Aberlour)

Linda Richards (Perth and Kinross Council)

CLERK TO THE COMMITTEE

Pauline McIntyre

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Education, Children and Young People Committee

Wednesday 15 January 2025

[The Convener opened the meeting at 09:17]

The Promise: Whole Family Wellbeing

The Convener (Douglas Ross): Good morning, and welcome to the second meeting in 2025 of the Education, Children and Young People Committee. Agenda item 1 is a round-table evidence session on the Promise: whole family wellbeing support.

Today we will hear from Liz Nolan, director of children and families at Aberlour; Fiona Bradford, service manager of the criminal exploitation intervention service at Action for Children Scotland; Barbara Keenan, operational director of children's services at Action for Children Scotland; Linda Richards, service manager of looked-after services at Perth and Kinross Council; and Claire McGuigan, who is the youth, family and community learning locality manager at South Lanarkshire Council. We will also be hearing from Lauren Nicolson, project manager for families together at, East Lothian Council, but at the moment she is having a couple of technical difficulties. She is one of two witnesses who are joining us remotely, and she will join as soon as she can. Thank you all very much for coming along to the committee today.

I will start with a bit of housekeeping. The session is in round-table format and is therefore intended to be more conversational than our usual question-and-answer sessions. However, members will pose questions that I hope will structure our discussion. We know that not everyone will want to respond to every single question, so do not feel that you have to come in, but please know that you will have the opportunity at any time to intervene on any of the topics. If you catch my eye or the eye of one of the clerks in the room—or, for our virtual witnesses, if you put an R in the chat or just put up your hand—we will try to bring you in.

The microphones are operated expertly but independently of you. We have someone here who does that, so you do not need to press any buttons before or after you speak. With that introduction, I hope that you will feel comfortable in this setting, and we will kick off with our questions.

I want to start by asking you to talk about the projects you are involved with, their overall aims and how they are currently being achieved. Because you nodded, Claire, you can start us off—and that is a reminder to me to tell members that, when you ask questions, you should direct them to a specific person, as that will help our broadcasting team and the official report.

Claire, I hope that you are okay to begin.

Claire McGuigan (South Lanarkshire Council): Good morning, and thanks so much for the opportunity to be here. I am the locality manager for youth, family and community learning in South Lanarkshire Council.

As part of my role, I have a number of strategic remits as well as a geographic remit for an area in South Lanarkshire, but one of the projects that falls within my remit is the pathfinders project, which comprises youth workers and community learning and development officers based in seven schools in South Lanarkshire. We take a whole-family approach to supporting young people—*[Interruption.]* I am sorry—I am a bit nervous.

The Convener: Do not worry—you should not be. I hope that it will be quite a relaxed session. We want it to be more of a conversation, so please take a break and have some water. We will try to interject if we need to.

It was a good start. We just want to know a little bit about the project, what you are currently achieving and perhaps what you are hoping to achieve in the long run, if possible.

Claire McGuigan: A pilot of the project started in three schools in 2018-19, and in 2022, we received funding to extend it to seven schools across the area. We were very lucky, in that we had a longitudinal research project on the implementation and impact of pathfinders conducted over four years by an external evaluator. Essentially, we are looking to make early and effective interventions; support vulnerable young people and their families through a whole family approach and attachment theory principles; work in a multi-agency manner to help young people achieve their best possible life outcomes; and support them to reach their full potential and close the attainment gap.

The Convener: I know that it is not easy going first, so I really appreciate your doing that. That was an excellent summary of what you are doing and what you are seeking to achieve, so thank you very much for that.

Does anyone else want to come in?

Barbara Keenan (Action for Children Scotland): I am happy to do so.

I am an operational director for Action for Children Scotland. I have a quite broad remit across Scotland, but I am here today specifically to focus on the Upper Nithsdale family service, which is in rural Dumfries and Galloway. It is based in a very small village called Kelloholm, an ex-mining community in an area with very high levels of poverty, deprivation, unemployment and substance use issues.

The service is underpinned by Action for Children Scotland's key values of ensuring that every child and young person has a safe and happy childhood. The foundation is the need to thrive, but its purpose as a family support service is also to provide accessible family support for all. Every family gets access to the help that they need when they need it. We have interventions that stem from playroom sessions for pre-fives, after school clubs for primary age children and young people and focused one-to-one interventions for young people on the edge of care, who might need intensive support to remain at home.

We also work with the parents, providing support for employment opportunities and parenting skills, and we can signpost to local agencies specialising in mental health and wellbeing, drug and alcohol support and employability issues. It is about real whole family support, and working individually with every member of the family in a household to help them stay together.

With regard to emotional and mental health and wellbeing, we have seen, particularly post the pandemic, a real rise in children and young people's mental health difficulties as a result of the social isolation and social anxiety that they experienced, and there is a real focus on activity that gives the young people positive experiences in the community. We are trying to capture that whole family approach in an area where there is not a lot of access to other resources.

The Convener: Do you find that there is good buy-in to that, or can some family members be a bit standoffish to begin with? Are they reluctant to have people coming in and trying to do this sort of thing, or are they keen to get help and support?

Barbara Keenan: The service has been in the community for over 20 years now. This is a community where there needs to be trust, and it can take a lot for people to come in. It is a self-referral service, but we also take referrals from social work, education and childminders. It is voluntary for families; there is no compulsory or mandatory expectation of engagement. Because, a lot of the time, people initially come in for something that they feel is low level and helpful—they might, for example, bring their child to a playroom or baby massage session—they build a

relationship with the team. They might then reach out and say, "Is there any chance you could give me a wee bit of support with X, Y and Z?", and we will say, "We can deliver that." The service takes child protection referrals from social work and that sort of higher-level stuff, but usually its work is underpinned by already having a relationship with the family and being known in the community as accessible to all.

The Convener: Thank you. Linda, I believe that you want to come in.

Linda Richards (Perth and Kinross Council): Good morning, and thanks for the opportunity to talk to you all this morning about our REACH project.

The project started in 2017 as a result of looking at the high number of young people in external residential placements in Perth and Kinross and how we could deliver a service that would reduce that number and support young people to remain within their family and their local community. We have sent you papers that give a more detailed background of the transformation process that we have gone through.

Currently, we are continuing to reduce the number of children and young people in external residential placements. We are also looking at supporting a different fostering model in Perth and Kinross that allows the team to work with foster carers of children and young people who are being placed because of the risk of foster care placement breakdown, and we are also thinking about how we support families.

At its heart, the model has been very much about the child's right to belong to and remain in their family, with a multi-agency team being developed around that support. That team includes a clinical psychologist, speech and language therapists and a teacher. We have also developed family-group decision making as part of the whole-team approach to supporting families, and it has really made a difference.

As part of the transformation process, we closed our residential unit in Perth and Kinross, which accommodated only three young people—and very often three young people with differing needs, so it was never an easy place to live or work in. With that closure, and the retention of all the staff, we have been able to provide 24/7 support, 52 weeks of the year, with a group going into families' homes, providing support in a crisis and being on call if there are any difficulties. If parents just want to talk over some of the issues that they are having at 10 o'clock on a Saturday night when their young person has not come home, that service is available. That sort of wraparound support, along with the multi-agency aspect, has led to a continued reduction in the number of our

young people who are being placed in residential care.

As for what we are hoping to achieve in the future, it is not that we are not looking to have any young people in that type of residential care, because some of our young people still require that kind of care. However, we hope to continue to reduce the number, to retain our residential budget and to reinvest that in early intervention projects that will allow us to continue to support children and young people to remain in their families. That is where we are just now.

The Convener: Thank you. I will bring in John Mason in a moment, as he wants to put a question to you, but I just want to inform the committee that, despite trying a number of times, Lauren Nicolson from East Lothian Council has been unable to resolve her technical difficulties, so she will not be joining us today. We already have the evidence that she has submitted in our papers, and we can consider that, going forward. I just wanted to let you know that, unfortunately, Lauren will not be able to join us remotely today.

John, you wanted to come in.

09:30

John Mason (Glasgow Shettleston) (Ind): That was very interesting. I read some of Linda Richards's paper about the REACH programme. I sit the case that some young people still go into residential care? Where do they go if you do not have residential care? What problems cannot be resolved at home that mean that they have to go into residential care?

Linda Richards: Our current population is 14, and some of those young people have significant mental health issues and pose a risk to themselves or others. We have two young people who have significant additional support needs and are within what we call a special educational school, where their care and education are provided together and they have the wraparound support that they need. We spot-purchase from providers—which are usually outside Perth and Kinross—based on the child's needs rather than on where the placement is. We have a residential unit population for whom lots of different establishments provide for specific needs. We seek placement depending on the child's needs.

John Mason: Could that be at some physical distance from their original home?

Linda Richards: Yes. The placement is usually in Scotland though; most of our placements are in the central belt.

The Convener: I have another question for Linda Richards, before I go to Liz Nolan. I notice from your submission that Perth and Kinross

Council ranks very highly in the work you do, and was first in 2019 and second in 2020 of the 32 local authorities. Do other councils come to you asking how the provision is working in order to get more insight into best practice? Is practice shared among councils or do you just focus on what you are doing locally?

Linda Richards: Numerous councils have come to us. Much of the background to REACH was what our young people had told us about being away. The outcomes for young people who had been away from Perth and Kinross showed that sometimes they had not the best experience in residential care. We went to North Yorkshire Council which helped us in thinking about its "No wrong door" project and how it had worked with a similar group of young people. We have been supported by lots of other councils and many have come to us for study visits and consultation. We have supported councils to think differently about how to work with young people who have the highest significant needs.

Liz Nolan (Aberlour): I am director for children and families with Aberlour. Many of you will know the work of Aberlour; we have 50-plus services across Scotland. Today I will be speaking about our mother and child recovery houses, of which we now have two, both of which are funded until the end of March 2026 through the whole family wellbeing fund.

For our services in Dundee and in Falkirk, we originally looked at recovery in a residential setting after having spoken to a number of mothers. We know that a disproportionate number of the women whom we deal with in Scotland are dying and that the numbers are increasing. We looked at a number of local authorities in setting up our mother and child recovery houses, and started in Dundee initially because of the numbers of women and drug deaths in Dundee. We then focused on another smaller house in the central belt, which opened officially in September last year.

The houses are small. We have four mums and their babies or children under the age of five who live with us. We support the mums with pre-residential rehabilitation in their communities and we support them to get ready to come into residential care, because we know that it is very difficult for them to leave their home and family. Irrespective of whether that home is suitable or safe, it is still very difficult. The mums come to us with their babies or can come when they are pregnant, and they stay with us, on average, for six months, although some mums have stayed with us for less time and some have stayed for slightly longer.

We support the mums to return to their communities or, if they choose to live somewhere else, we provide community support there and try

to provide wraparound support. We cannot be there for ever, but we know that families need long-term support. As soon as the mums come in, we work on a transition plan for supporting them in getting back into their communities. That plan can include mental health teams, housing services and lots of other grass-roots and community services, including addiction services.

We are nearly full in both our houses. We opened officially in Falkirk only last September, and have had 18 inquiries about the house. We are about to have our fourth mum come into the house. We have four babies—currently one of our mums has beautiful twins—and we have been able to support older children who are in kinship care to come and have family contact and overnight stays with their mums.

We also provide community support. Ideally we want mums to have a real opportunity to come into an environment that is safe and nurturing, and which allows them to get underneath the whys of their drug and/or alcohol use, but for some that is far too difficult. We offer community support and outreach support to a number of mothers across the country. They might not come into residential care, but we try to offer them what they need at the time. We have referrals from 18 of the 32 local authorities in Scotland. We get a significant number of referrals from Glasgow, but we have had referrals, as I say, from right across the country. We currently have mums from the Highlands, Glasgow, Aberdeen, Fife and Clackmannanshire. We provide community supports when residential rehabilitation is not sufficient.

For 90 per cent of the mums whom we work with, domestic abuse is a significant issue. We obviously went with a women-only project and we continue to stand by that and the need for women-only services. The women whom we work with are able to share their experiences. We have had significant support from the local police and have had police services come into our houses to speak to the mums to support them and offer guidance on how they should report domestic abuse, because a lot of the time it is covered up. Mums do not realise that they are being coercively controlled or that domestic abuse is in evidence in their relationships.

A lot of the work that we do is about self-efficacy. When mums come in and we are supporting their drug or alcohol recovery, a lot of the work that we do is trauma-responsive wraparound support to get the mums to understand the whys. There is lots of parenting work, including attachment bonding and infant massage classes. We have a real opportunity in a small and safe environment to work on parenting, mental health and self-efficacy.

The mums speak about hope—a number of the mums whom support have previously had multiple children removed from their care. When we set up the service and spoke to mums, we heard that they wished that they had had this opportunity, which was not previously available for them.

We need more such services because, as I said, we have a mum from the Highlands in our Dundee service. That is a significant journey for her to make, and the struggle will be when she returns home for community support. Unfortunately, we know that communities are underresourced—a lot of areas have very limited resources to support the mums. Of course, we have submitted evidence on that.

Jackie Dunbar (Aberdeen Donside) (SNP): I will ask for a little clarification. You said that older children who are in kinship care are coming in to spend time with their mums. I am probably asking a daft-lassie question, so forgive me. Did you mean that the mums are already in the service with the older children's siblings, and the older children can come and be with the whole family, or are they separate?

Liz Nolan: That is not a daft question. When we set up the services we said that we want to keep families together. We really want to support the whole family, but we had to look at ages and think about disruption for older children. Children aged five and above are in school, so we wanted to minimise disruption for them. We have found from working with the mums whom we currently have that the majority of their children over five are in kinship care.

We made a decision to support mums with their babies and children under five in our houses, but we cannot forget that there are often older children, too. We want to make sure that they are included in the supports that we offer, so we have those children come into the house whenever that is possible. We have had a 14-year-old and an eight-year-old, and two mums had their children with them from Christmas eve until boxing day. That was very nice.

We can do some fantastic care when mums and their babies are in care, but we often forget that there is a set of children out there who are wondering why they are not in there and are asking, "What about me?" They have been through a significant traumatic journey as part of their mum's or family's journey. We need to ensure that they, too, have support in their communities.

The Convener: I have a question. There has been a lot in the media recently about babies being born with addictions. Given the women whom you are working with, have you had to deal with infants with addictions or are they dealt with

elsewhere because those are not the types of families that are referred to you?

Liz Nolan: We speak about babies in withdrawal. We have had a number of mums who have come straight from hospital with their babies. Our twins came from a neonatal unit. They were born quite early and were medicated. We worked very closely with the neonatal team and the midwifery team to support those babies into our house, where they are thriving. I met a mum yesterday who had been in our Dundee house. She was one of the first mums there and has gone home with her baby. Her baby was withdrawing in hospital for two weeks, then came directly to our Dundee house.

09:45

We have to understand that mums must come forward early. The safest thing that we can do for pregnant mums is get them stable on a prescription; of course, that can have an impact. If we can get in early enough and ensure that mums are coming forward and getting medical support early in their pregnancies, we can do a lot of good for babies. The babies who we have had with us who have been born early and have come to us from hospital have absolutely thrived, and continue to thrive. The mum whom I mentioned left our house in Dundee nine months ago: her baby is doing extremely well and so is she.

The Convener: That is good to hear. We will hear from Pam Duncan-Glancy, then Willie Rennie.

Pam Duncan-Glancy (Glasgow) (Lab): Good morning to you all, and thank you for joining us. Liz, you mentioned that you take referrals from other areas of the country, including Glasgow. How does that work? How do you create space for referrals from other areas? If you do not have space, what happens to the women in those areas?

Liz Nolan: As I said, both of our houses will be full as of next week. We will continue to provide community support for women. Of course, referrals are still coming in. We will be able to meet the mums who have been referred and assess their suitability, because the mums have to be motivated to come to us. Our outreach workers will go out and undertake that assessment.

We have two mums who are about to transition out of our house in Falkirk back home, and they will be supported. We would then hope to be able to transition two more mums in, but that will not always be the case. At some point in the very near future, we will have a waiting list—we are very nearly there. If we are to keep the Promise to children and families, and if we really want mums to come forward and to seek help, we need to

have services that are available where and when people need them.

For me, that is always a worry. We need more smaller houses in some areas so that, for example, mums do not have to travel down from the Highlands and then have to be supported back to go back home. That means that our workers have to go back up to the Highlands to provide community support, which takes them away from the house. We need more workers to do community work as well as residential work.

Willie Rennie (North East Fife) (LD): It is about early intervention. You say that you want mothers to come forward early, but you do not have the capacity to deal with them early, so what happens?

Liz Nolan: Like other third sector colleagues, we have community services and family support services so, where we can, we will absolutely be in there early enough. There is no easy answer to that question. We know that more is needed in the community, and we will try to signpost mums on. There is another residential house in Scotland that we will signpost families to, if that is deemed to be suitable for them. We will try to hold families for as long as we can in the community. There is no easy answer to that. There is a desperate need to do something with these mums. Sometimes, we have to ask social workers to hold families, where they are on a waiting list to come into our houses, or if we do not have services available.

The Convener: I have a final question for Liz Nolan before we come to Fiona Bradford. I represent the Highlands, so I can understand that distance is a huge issue. You say that, on average, women are with you for about six months and then you have community support. You were right to say that that support cannot last for ever. It will be different for every woman, but how much time do you anticipate that the community support goes on for, particularly for people in the Highlands? As you say, to get up and down there is a day's work for your staff.

Liz Nolan: Support cannot last for ever, and it can fade in and out. Intensive support might be needed in the first few months, but that can reduce and we can offer telephone support. We also look at the community supports that are out there and will try to make links to that support for families when they return to their communities, but it is a really difficult one. The mum whom I met yesterday is not from the Highlands, but her baby is nine months old and she has had support for several months since she left our care and she will continue to have telephone support. We will meet her when she needs us.

Mums also phone us back. We know that the most dangerous time for drug-related deaths and

overdose is when mums have stabilised in a residential home and have then gone back out into the community. Because their tolerance level for drugs has fallen, if they lapse or relapse, there is a significant risk. It is really important that we ensure that good community services are available when mums go back into their communities.

I am glad that you have set aside a lot of time for this discussion, because I could go on and speak about the community resources. It is not just about family support; it is about housing and the levels of poverty that we are seeing, and it is about domestic abuse, mental health supports and access to mental health provision. There is a significant lack across the board. We know that drugs and alcohol do not sit alone. Multifaceted and complex issues affect all of the families that we work with.

The Convener: It has been good to have such a thorough discussion on those points. Finally on that opening question, Fiona, would you like to give a bit of detail on your project?

Fiona Bradford (Action for Children Scotland): I am a children's service manager with Action for Children, and I work across three of our child criminal exploitation early intervention services, which provide intense support, including our Inverclyde service. We work with young people from the age of 11 to 17 using a whole family approach. We work with young people who have been referred to the service and who have been identified as being criminally exploited.

As we know, there is no legal definition of criminal exploitation, although we hope that that will change soon. There is little help out there for the young people who we work with. When they come to our service, quite a lot of the time they are actually in the thick of it. Along with the type of service that we provide, which is intense, we need earlier intervention and intense support for the family. Across the three areas, the need for services has exploded—that is probably the word that I would use—in the past year, particularly in Edinburgh but also in Inverclyde. That applies to the young people and to the risks to themselves and to others because of the weapons that they are carrying.

As I said, the challenge for professionals and for families is that there is very little help out there and very little knowledge of what is going on in the communities with the exploiters. There are also no repercussions for the exploiters. I hope that the Government will introduce a new offence so that there will be repercussions for the exploiters.

In all our services, we realise quite quickly that, although the remit is working with intense support around the young people, the family also need intense support. The majority of the families that

we work with are so alone. You probably know of the review by Alexis Jay that Action for Children commissioned. From the evidence of the mums who went down to London to give evidence to the Jay review, we found that they had reached out but nobody could help them. For the professionals, including the police, it was difficult to see what they could do for the young people.

We work with the families, because they feel so alone. There are so many of these families, but it is difficult for people even to talk to their own family members. Unfortunately, the majority of the young people who are referred to the service live in deprived areas and are out of school or on extremely reduced timetables of one to two hours a week. Covid has had a real impact, and we find that, when we work with young people who are on reduced timetables and try to get them to re-engage with school, they do not go. We have a cohort of young people who have been out of education for four or five years.

The support that we wrap around the young people and their parents is intense. Initially, for the majority of the young people, it is difficult to engage, because we do not know 100 per cent what they are involved in. Some of them are linked to organised groups and, for some, generations in their family are linked to organised groups, which makes it even more difficult for us. We try to engage young people to go back into education, or if they are 16 and want to leave, we want to help them to get into employment. That is another challenge, because we are offering them £30 a week for an employability programme, but they are telling the practitioners, "Why would I do that when I can earn £100 or more on the street?"

That makes it very difficult for practitioners. Our support has to be relationship based, and we bring in lived-experience practitioners where possible. They are gold for the service, because they can give an understanding of where they have been, how they managed to get out of it and how their life is completely different. We do a lot of focus work and workshops with the young people, which gives them an idea, in simple terms, about what criminal exploitation is and what it looks like to be exploited. The young people can also tell us that they have money or that kind of thing. We have workshops on carrying weapons, substance use, relationship building and resilience.

We have also brought in a parent support group, and we are trying to bring that in for all the services. Our referrals come from anywhere, but the majority come from social workers and police. The police sometimes pick up a young person who is known to them, although some young people are not known to the police and might be stopped in the middle of a drug deal. They come to our service because there are real indications that

they are being exploited. We get young people from the age of 13 being stopped. However, when I was phoning mums to explain the service—I say mums because, for probably 90 per cent of the families who we work with, there is an absent father, so it is generally mums—I found that they saw it as them being a bad parent, and they asked, “How did I not know this? How did I not notice?” Unfortunately, the problem is that they will not notice it, because the majority of the young people who we get are entrenched before we get to them and before even the parents realise.

We need an early intervention service, but we are also currently going into schools to do group work for a cohort of young people who are identified by education services and who may be on the cusp of being excluded. We work with those young people and do the workshops. In the support that we are putting around the parents, we talk about the need to look at the really small signs—for example, if their child comes home with a new pair of trainers or is not asking for money.

Unfortunately, a lot of parents pick their battles with their children. Parents might realise that their young person is smoking a bit of cannabis, but they choose not to have that battle and, before they know it, the young person is smoking a lot of cannabis and is then asked to deal the cannabis. Then, before they know it, they are dealing more than that, and they are absolutely entrenched.

Our support aims to divert them from that pathway and get them on to a different pathway. As I said, relationship building is key. We can work with young people for 18 months. It can often take six months, or sometimes more, to get that relationship but, once a young person realises that you are sticking with them and investing in them, that is where the change comes in and you can start to work with them on interventions.

The Convener: You mentioned the lack of a legal definition. Do you think that having a definition would make a difference because you would be able to take more action against the exploiter? Is that what you need?

Fiona Bradford: Yes. At the moment, there is absolutely nothing at all. It is very difficult, because there is an absolute code of silence among the young people—they do not talk to anybody. If perpetrators knew that they could be held accountable for their actions, we might stand a chance. A lot of our young people, whether or not they are known to the police, are found with a substantial amount of drugs and are criminalised for supply of drugs or intent to supply. It would help if there were exploitation orders, which would be similar to compulsory supervision orders. If a young person went to a children’s hearing and there was an exploitation order, at least we would not be criminalising the child.

Although many of the crimes of the young people who we work with are not linked to exploitation, the majority probably are. If someone is found in the street with a knife, that probably is linked to exploitation, because they will be carrying it for their safety. If they are carrying a substantial amount of drugs, that is linked to exploitation.

10:00

The Convener: You mentioned that the behaviours had exploded in the past year, and you talked about some of the violence and the weapons that they are carrying. Is that linked to anything? Why has there been that increase? What does it mean for your practitioners? Are your practitioners concerned about some of the work that they are involved in now?

Fiona Bradford: Yes—I would be wrong to say that they are not concerned. It is not so much about territorial issues within communities, although there is a bit of that in Inverclyde. There is definitely starting to be much more gang culture. Ten years ago, there was more gang culture in Glasgow but not so much in the Inverclyde or Edinburgh areas. It is linked to the gangs. However, it is more for safety that all carry knives.

For staff, we have risk assessments in place so that, if they are supporting a young person who is carrying a bag, we make sure that the bag is in the boot of the car before they go out.

The Convener: I thank you all for the introductions to your projects. Other members, starting with Evelyn Tweed, will ask you some more questions. Feel free to interject at any point. If you do not think that the question is relevant to you, do not feel that you have to come in.

Evelyn Tweed (Stirling) (SNP): I had the pleasure of visiting Liz Nolan at her Aberlour project in Falkirk a few months ago, and it was great to meet the mothers and their babies. It was good to hear what the mums had to say about the service—about how well they were supported and the feeling of real wraparound care. Thanks, Liz, for allowing me to visit.

I also want to give a shout-out to the volunteers at that project, because they were amazing. They come in and do everything from making the tea to looking after the babies, and they provide emotional support as well. It was great to visit.

I will direct my question to Liz Nolan in the first instance. How do you engage with the families and young people in the development of your work?

Liz Nolan: Evelyn Tweed is speaking about our perinatal mental health befriending service, which covers Forth Valley. Generally, across all of our services, participation and the voices of the

children, the babies, the mothers and the families that we support are key to everything that we develop. It is also built on the principles of the Promise, including real engagement with the children and families. For our mother-and-child recovery houses, for example, we met with women up and down the country to see what good support looked like. We listened to them and we used their previous experiences of what would have made a difference back then—what they needed and what we should do—even down to the design of the houses.

The practicalities of four women living together were quite difficult. We had to make sure that we had kitchens that were big enough and that there were two ovens and two washing machines. All of that practical need was taken into account because we wanted good living conditions, so that mums could thrive and there were no silly fall-outs over practical aspects. They wanted small houses and to be able to come somewhere to keep their babies.

When we look at other family support services that we have developed—other third sector colleagues will be the same—we bear in mind that families want to have support where and when they need it, not from 9 to 5, which is historically when family support has been available. They want support at weekends and outwith the family home. There continues to be huge stigma associated with seeking support, possibly more so for problematic drug and alcohol use. We need to reduce that stigma and actually go and do things with families in their communities, to normalise asking for support. I do not think that we have got there yet.

Our mother-and-child recovery house in Falkirk was delayed because of planning—primarily because the neighbours objected to our plan. It took us over a year to get it through planning, and, during that time, we were unable to deliver support to mothers and their babies who desperately needed it.

It is about reducing stigma, making support more accessible—more available where and when families need it—and genuinely listening to the voices of children and families. Sometimes, we say that we have consulted and listened, but have we truly listened to what families really want?

Claire McGuigan: On how we engage with children, young people, families and other services that wrap around our families to support them, we look for service co-design in order to build a bottom-up model. We speak directly to our young people and to the people who know them best, and we build positive relationships with them. A lot of the young people who work with us sometimes have a negative relationship with education, which

is why, in the first instance, they might be referred to our pathfinders.

Our pathfinders are very different from teachers. Teachers do a wonderful job, but our pathfinders are able to have a different relationship with the young people from that which teachers can have, although some teachers would love to have that kind of relationship. Essentially, we are looking to create positive relationships whereby the young people tell us more than they may say in a formal educational setting, and we listen to them. We gain their trust by showing up for them at every opportunity and listening to them rather than dismissing their concerns. That is a very hard thing to do.

The young people we work with were previously termed “on the edges of care”, but we have renamed that phrase within our service and we now talk about those who are at risk of statutory interventions. Some of them already have statutory interventions and we are trying to prevent them from going any further, to make sure that the outcomes are better. We are essentially reframing the young person’s behaviour from being seen as challenging to being seen as displaying distress. It changes your perception of the young person as soon as you change that language.

We have been doing a lot of work on the United Nations Convention on the Rights of the Child, and we have a group of pathfinder young people who have come together to form a committee. They have been exploring the UNCRC—the rights, what it means for them and how they can be heard and listened to. A young person recently came to our community planning partnership to talk to the chief executive, the leader of the council and the director of the health and social care partnership. We really are listening to what our young people need, and we are constantly challenging ourselves. We know that what our young people say they want is not always the best thing; there is a balance, and we work that out with the young people.

We are doing a lot of work to make sure that we are getting it right not just for the young people but for their families. We have a referral system that generally happens through a joint assessment team—JAT—in the schools within the communities that we are working with, but we also leave space for young people to self-refer. A lot of our young people can be flying under the radar and need a wee bit more support, so by getting there early and asking them what they need, we can create bespoke packages of support around them.

Linda Richards: I could not agree more with what my colleagues have said. We need to engage with the people who are using our services, so they can tell us exactly what they

think would have helped. We spoke to lots of young people in the design of our project—both those who were currently known to social work and those who were previously known and had experienced residential care—and they helped to design the support.

I have been a social worker for a long time and, when we engaged with our speech and language colleagues, I was completely shocked by how we are framing the questions—how we are asking them. We need to really understand and get alongside families who may have had undiagnosed learning difficulties or speech and language difficulties, engaging them in a way that they can understand. I do not think that we have always done that in the best way to get the right response.

We have tried really hard to ensure that every young person—and their family—who is open to our team has a speech and language assessment, so that we can understand what their communication needs are and communicate with them in a way in which they can truly understand what we are trying to support them with, as well as enabling them to get across their point of view. Asking children, young people and families for their views is one thing, but we need to truly enable them to understand the questions and say what their views are.

Barbara Keenan: A lot of what the others have said about the voice, the participation and the co-production really resonates. For me, the really significant factor is the how, and that is our workforce. “The Promise” says that our workforce needs to be caring and compassionate above all else and that we need to have people with the right values. Fiona Bradford touched on that earlier in relation to Action for Children. We support people with lived experience to come into our services, whether it is Fiona Bradford’s service, which is a very niche area of expertise, or where we are delivering services to care-experienced children, young people or families. That lived experience helps to bring voices to life, and it puts the relationships behind that work to enable engagement.

There needs to be a huge focus on the support for and retention of a really high-quality workforce. Sometimes, that can be a very challenging role to play, and we can have real funding challenges in that short-term funding can lead to difficulties in retaining a high-quality workforce.

I just wanted to bring in that point about how we deliver our services.

The Convener: That is excellent. Thank you.

Evelyn Tweed: I have a follow-up question, and I will pick on you first, again, Liz Nolan. You have told us about some of the challenges that you

think are coming down the line. Specifically, can you tell us about the challenges for the next year and possibly the longer term? What do you see as the main challenges?

Liz Nolan: It goes back to a number of points that have been made. We are expecting a waiting list, as we probably do not have the capacity to support the number of women who need it. If women are coming forward and asking for help, we owe it to them. We speak about a national mission, and our mission should be to support more women, their babies and their children and families much earlier. Mr Rennie spoke about early intervention, and we want women to come forward earlier. We want to be able to make an impact in the lives of babies, women and families much, much earlier.

10:15

We should not see residential rehab as a last resort. That is another topic. For some women, residential rehab should be the first option, because it is getting them into a safe environment, giving nurturing support and wraparound care, and offering the opportunity to share their experiences and start to work on the whys and on what lies beneath problematic substance or alcohol use. We need to give them the time to do that.

As Barbara Keenan said, we know that we are funded only until the end of March 2026, but, through working with small numbers of women and babies, we are making a significant impact—I cannot stress that enough. I see the impact that we are making on a daily basis. I see those beautiful babies and I hear the mothers speak about their hopes and wants for the future. I have never known a mother come to us asking for support who did not genuinely want support.

For us to give that, we need time and trust. We speak about building relationships, but it takes time to expose your most inner secrets and distresses, so we are not going to do that quickly. However, I am still hearing that, in some local authorities, we are being asked to deliver time-specific interventions and that we are being commissioned, at times, to work with families for 12 weeks through group work, with a number of families coming in to a group. If we go down that line more than we already are, we are going to marginalise the majority of the families who need our support. We are not going to uphold the Promise, which is our national mission to support children to stay with their families when it is safe to do so, unless we really invest in the long term.

Barbara Keenan spoke about our workforce. Particularly in the third sector, but within the statutory sector as well, we have a workforce who do not switch off—who worry constantly about the

children and the families whom they are supporting. I go down and I am able to speak to the babies—and I do love all of that, by the way. I like going down to see them. We need to be able to support our workforce in the long term, because people have mortgages to pay—I think that we were speaking about that before we came in here. They need the stability of having a job in the long term, through long-term funding, and families need the stability of knowing that we are there with them for the long haul. It may not be intensive support for life, but it is touch points that we need in order to be able to support families.

On the day that we got our funding, three or four years ago, I was worried about what would happen in three years' time, and I continue to worry about that. We are making a difference, and, if we stop in 2026, what will happen then?

George Adam (Paisley) (SNP): Good morning, everyone. Each project and area has specific needs and ways of delivering services. How do you balance the flexibility to be able to do what you want to do with the recommendations of the Promise? How do you manage to square that circle? I ask Linda Richards to answer that, because Perth and Kinross Council has gone down a particular route.

Linda Richards: That is a really interesting question. We began our project before the Promise in recognition of what our young people were telling us about their experiences and what the families were telling us about what would make a difference. We also looked at how we could get best value from the council funding that goes towards residential placements. We had already begun that journey.

We cannot change one bit of the circle without changing everything else that goes on around it. With our REACH project, we looked at how we recruited and supported foster carers and how we assessed and supported kinship carers. We then invested in having family supports in our local authority that would allow children and young people to remain in our area and therefore be supported by REACH if that was their need.

Our approach to the Promise has involved looking at our corporate parenting responsibilities and asking, "Where are we?" We looked at the Promise and completed a self-evaluation that involved looking at all our services across the board, asking what we were delivering that met the ethos of the Promise and thinking about how best we could support our children and young people in their local community and in their families.

It is good that the workforce has been raised, because the biggest asset that we have is the hugely committed staff who are willing to go the

extra mile for our young people and think about being available for them at the times when families often face crisis, which is never on Mondays to Fridays from 9 to 5.

The other thing is that we have changed the power imbalance. We are not in charge of families; we are there to support them. We give families the message that they are in the driving seat of their support through things such as family group decision making, whereby they come together as a family to think about what support they need. We have developed services around that ethos. The family is important to us and we are all working to try to sustain family relationships. There is nothing worse than a young person who is aged 18 or 19 living independently with no connection to anybody in their community or their family. I have seen that many times over my career. Family connections are valuable and we want to try to sustain them.

Bill Kidd (Glasgow Anniesland) (SNP): I ask Claire McGuigan to respond to my question first. It sounds a relatively straightforward question, but it is obvious from hearing everything that has been said that so much is being delivered on behalf of children and families. How does your work keep the Promise's central aim of reducing the number of children who go into care, basically by keeping them with their families?

Claire McGuigan: With pathfinders, which is an effective early intervention model, we look to work with families and children before that is required. We have two pathfinders in each school and they link in locally to a support network that includes education professionals and social workers. We also have family support hubs in South Lanarkshire and we have a really close working relationship with them.

As I said earlier, young people can self-refer, and we also have referrals from joint assessment teams that include education professionals, educational psychologists, family support workers and so on. Those teams discuss young people maybe once a month and, when a case is highlighted, a pathfinder in the school will take the young person into their case load, develop a relationship with them and work really closely with them and colleagues.

It is worth noting that pathfinders are community learning and development workers. Many of those workers, and specifically our pathfinders, are very relatable to our young people. Some of them were those young people and they have come up through the ranks. In our service, we have had a "grow your own" approach and we support our pathfinders to develop. They know what the young people are talking about as they are often from similar types of communities and have similar backgrounds so they have experienced the same

things. They have lived experience of the stuff that the young people are going through.

When they work with young people and families, they absolutely go above and beyond, as my colleagues have mentioned. They do not switch off. They make sure that we link young people into interventions exactly when they are needed. We do group work, we work with the family and we have workers going out and supporting welfare applications. Basically, we have bespoke packages of support to make sure that the family does not get to a stage where they are at risk of other interventions. We will do everything that is within our power to avoid that.

No two days are the same for a pathfinder. It is not a cookie-cutter model. It really is about what is best for the family and the young person. The pathfinder goes all out to meet the young person and the family's needs to ensure that they do not get to a stage where we have to talk about statutory interventions.

Bill Kidd: That is a great depth of support for the children and their families. I am really impressed by the idea of having workers who have experienced this themselves. That is really something. Does anyone want to add anything?

Fiona Bradford: When we attend children's hearings with young people, we often find that it is the intense support from one worker with whom the young person has a relationship that prevents them from going into care. The key to all the work that we do and the services that we provide is multi-agency work and close partnerships so that we are all on the same page and the family and the young person know that. A lot of the young people whom we work with have real difficulty with social work or struggle with relationships with the police, so we do a lot of work with the young person and the family to build the relationship with the worker, which is often key.

Because of the service that we provide, there are often quite a few child protection case conferences and child criminal exploitation strategy meetings. I really encourage the practitioners to attend those meetings and not just managers, because the staff are the ones who know the young person best. I know a lot of what is going on all the time, but the staff know the young person so it is key that they are involved in those meetings.

Liz Nolan: We know about the emotional impact—the emotional savings, the saving of lives and the ability to keep babies and children together, but we have also all evidenced that we can save money if we invest earlier. I think that I stood in this very room and spoke about our intensive perinatal service in Falkirk. For every £1 that we invest in early intervention and really good,

meaningful family support, we can save almost £15, and we will save a lot more per year. Those are the savings that we can make.

However, we need to get that investment and, as we have all said, it needs to be long term. We know the impact and the outcomes from children and young people going into care, and we know what we need to do and what works. Children and families know what works. We can save lives. There are significant cost savings and cost benefit to all of this, but we need to invest in the right places, where it will make a significant difference.

We work with Linda Richards and her team in Perth and Kinross in our Sustain service. The numbers of children that we are able to support to not go into care but to stay at home safely with their families are significant. We are evaluating one of our services in another local authority, and we have prevented 90 per cent of the children who are referred to our service by social work because they were on the edges of going into care from doing that. That has saved a significant amount of money, but it is also about saving lives and making a significant difference to those children and young people.

10:30

The Convener: This is a good point at which to bring in Linda Richards.

Linda Richards: I spoke earlier about looking at the whole system and the different parts in it, and Sustain is very much part of our system of support for families in Perth and Kinross.

It is about looking at the whole offer to our families. I want to emphasise what Liz Nolan said. We have been able to evidence through our project—which was a transformational project that Perth and Kinross invested in—that we have saved money through a reduction in high-cost residential placements, so we can now look at investing. The big advantage is long-term or permanent money. We cannot change things overnight, and it has taken us about five years to get to the point at which we are able to say that we can invest and that we have the support of our council to take the time to invest.

We have to be realistic. As I said, nothing happens overnight. Sometimes, it takes the staff to buy into an idea. They know that that is where their jobs are and that they will be there for the next period. That allows them to really invest in the whole methodology and to think about how to do things differently.

My second point is that I think that we can prevent children from going into care only by doing that in a multi-agency way and recognising that all the professionals around children, young people

and families have an equal input. We have seen a huge increase in emotional wellbeing and mental health issues for families, children and young people since the pandemic. We need to think about the supports that we all need to draw on, and to work together in a way that supports the family when they need support, and not just during office hours.

Barbara Keenan: The point that I wanted to make has been touched on. I oversee a lot of services where, unfortunately, young people have had to come into care as a last resort. In getting to know the families of those children and young people, we find that there are often really deep layers of multigenerational situations, with children going into care over several generations of the same family, or younger siblings in a family where a child is already in care. It is about making sure that we have an intensive focus on the right support at the right time for the child or young person. However, a lot of the time that falls down because the right multi-agency support is not there—the specialist support for addictions, domestic violence and mental health for the families. Things break down because parents are not able to get out of that multigenerational cycle. I just wanted to add that point.

Jackie Dunbar: It is fascinating to hear about the great work that you are all doing. We could probably continue this discussion all day and still just scratch the surface of what you guys get up to.

I have an open question. Is there any further support that is needed to help link your project outcomes with the wider Promise aims?

Barbara Keenan: My answer is—100 per cent—long-term, sustainable funding. Action for Children has services in 30 of the 32 local authorities. Our organisational values as a third sector organisation align with the Promise. We are aiming to deliver the right needs-led support at the right time to families and children and young people when they need it. The main barrier is short-term funding. We are losing services and there is no consistency. We build the trust with children, young people and families that is needed to make meaningful change but we are not always able to follow that through. The Promise is all about support being there for as long as it is needed, and we are not always able to deliver on that. It usually comes down to a funding issue.

Jackie Dunbar: Do you mean stability?

Barbara Keenan: Yes—stability in the funding. We are working year on year. The service that I am representing today currently has guaranteed funding only until 31 March this year. If that funding is not continued, we will no longer be able to keep the Promise to a whole community of

children, young people and families who are getting intensive support and who have a 20-plus year relationship with the service.

The Convener: Has it been the case every year for 20 years that funding is always year to year, or have you had longer-term funding?

Barbara Keenan: We initially had longer-term funding, but for the past five or six years, we have had year-on-year funding, and it is getting more and more challenging. Usually, we would have confirmed the following year's funding by October or November. We are now into January, and we have a really experienced workforce, with some having been in that service for the full 20 years, that might be in the consultation process at the end of this month. If we lose the linchpins who deliver the work to the children, young people and families, the quality of what we deliver will be really hard to sustain and all that trust will need to be re-established.

Jackie Dunbar: Claire McGuigan, did you try to catch my eye or were you just smiling at me? I am happy to go to anybody else.

Fiona Bradford: I echo what Barbara Keenan said. Originally, our service was funded by the lottery for 4.5 years. We retained staff throughout that time. It is probably no coincidence that we are on our second lot of two-year funding, and already we have seen quite a retention of staff.

Jackie Dunbar: I totally get the funding aspect, because I think that everybody is in the same boat. I have been in politics for nearly 20 years and there have always been yearly budgets. It is a frustration for us all. Apart from the funding, is there any other support that you would like to help your projects?

The Convener: While you think about that one, I know that Linda Richards still wants to speak about funding.

Linda Richards: I am in a slightly different position, in that I am one of the people in a local authority who commissions some of the colleagues who are speaking today, but I support the points that have been made about funding. What the Promise talks about, and what our young people have spoken about to us many times, is that what makes a difference is the relationships that young people have with staff. We are a people service—we deliver services with people, and to do that, you need a relationship that is built on trust. Young people do not need to be telling their story every other year because a different worker or a different project has come in. That has been spelled out loud and clear, and the only way that it can be done is if we have concrete funding that allows for the long-term delivery of service.

One of the projects that I manage within Perth and Kinross is a housing support project for 16 to 24-year-olds. We still have people in their 30s and 40s who come back to the project and just drop in, sometimes for a wee bit of advice and sometimes just to say hello. Having those connections is really important to young people. I agree that our work is all about relationships, those can be sustained only if you have concrete funding that allows for those relationships to be longer term.

Liz Nolan: I will not say any more about funding; I think that we have all said enough.

I know that I am here to speak primarily about our mother-and-child recovery houses, but, on the Promise, there is a group of children and young people who I worry about quite a lot, and they are children and young people with disabilities. I cover a number of disability services across the country for short breaks and residential care for children with, primarily, complex disabilities and/or autism. I have seen the impact on the parents who have just got on with it—they have, at times, been left to just get on with it.

I call on the Promise to make sure that we are inclusive of all children and that children with complex disabilities and/or autism are at the forefront when we talk about family support. The families and the parents I see adore their children and want the absolute best for them, but they are crumbling. Covid had a significant impact on the cohort of families who were left without support. They did not have regular short breaks, and they were left through no one's fault, because nobody could go in and provide support. I have spoken to parents when they are dropping their children off for short breaks. There can be complex difficulties over the weekend and workers say, "We might need to phone you so that they can go home". I heard a mum say, "You can phone me, but I am at the point where I might not be able to come," because she had been left for so long without adequate support—indeed, without any support for a number of years. I see those people crumbling.

We speak about that group, and we also speak about family support and, very often, families who need emotional and psychological support for various reasons. We need to make sure that we do not miss children with disabilities and families where a child has a disability. I really worry that sometimes they are on the sidelines because they just get on with life and they often do not ask for very much. We need to look at that. Parents often ask for residential care and 24-hour care for their children, because it has got to an end point where they cannot do it any more.

When we speak about the Promise, we speak about children and young people, and the voices of children and families. Very often, it is the voices that cannot tell us what is going on that we need to

listen to a little bit harder and make sure that we include those children and families in all our consultations.

Linda Richards: Moving on from that, one bit of support that we need to deliver the Promise is people. We need staff and a competent workforce that will support delivery. It feels as if there is a lot of negativity about the families that social work and social care work with. I am not sure how we can do this, but how can we promote the job satisfaction and the fantastic world that we all work in? How can we do that more with our schoolchildren and with the public in a way that would encourage and support more people to come into the social work and social care field? Without really committed staff, we will not be able to deliver the Promise.

It is not all about funding; it is about that staff resource. I know that, certainly across statutory social work, we have seen a massive recruitment and retention crisis, and we have a recruitment crisis that we know about with the foster care population. Those are all being worked on. It is about promoting the work in a positive way, rather than it being sometimes seen as negative, really challenging and not something that you would want to go into. We should think about that kind of support.

10:45

Claire McGuigan: I will add to what Linda Richards said about the people we are working with. When we work with individuals who may need support, we have found that there is—or was—a stigma about that. Now we have young people across the school cohort who are all absolutely desperate to work with a pathfinder, and it is not that those young people need special support.

There have been various ways in which we have made that attractive, one of which is self-referral. We then determine how long we work with them. Building on what Linda Richards said, we are attracting people to come into that way of working in this line of work. We work with colleagues in health and social care and in social work, and with various educational professionals, but what has really worked with us is that we have got to the stage where there is real parity of esteem. With community learning and development practitioners, we have got to the stage where the relationships are built. It is about possibly building on that further and seeing whether there is a way in which we can meet in the middle and make sure that we are valuing everybody's skills.

Fiona Bradford: In the Promise, we talk about changing the narrative and the language around

young people, which I think is imperative, particularly for the cohort that we work with. Clan Childlaw has done an animation of what it is like for a young person going into a children's hearing, and then there is an animation of how it could be different. I encourage everybody to look it up—I can send it, if you like.

Our lived experience practitioners are so crucial to services partly because they do not go into meetings with academic language. They are on the level of the child or young person to a degree, and the young person feels comfortable with that.

The Convener: If you could send that video on, we will make sure it is passed around to all the committee members. We move on to John Mason.

John Mason: We have mentioned funding, but I want to spend a bit more time on the issue. I should say that I am on the Finance and Public Administration Committee as well, so I am interested in the whole financial side. Linda Richards, I will start with you. In relation to option 4, which is the option that Perth and Kinross Council went with, your paper from 2017 says:

“The implementation of this option requires significant additional revenue investment of £1,700,000”.

It goes on to say that it has

“the potential to reduce the number of external residential placements by 50% over a five year period, resulting in a projected underspend of £201,000 by 2021/22.”

Could you give us a brief summary of how the finances have worked as you have introduced that model?

Linda Richards: Yes, I am happy to do that.

The initial investment involved repurposing and refitting one of the buildings, which was then used for family contact, individual work and so on. The number of staff increased, and we had a newly appointed team manager to oversee all that. We brought together a different staff group. We had a residential staff group that we kept. Those staff work as a group of SSCOs, or senior social care officers, on a 24/7, 365 days a year rota.

Some of the finance went towards service level agreements with NHS Tayside to employ two people but one full-time equivalent speech and language therapist, a clinical psychologist and a seconded teacher. Some of the funding went towards the staff group, and some of it went towards the training and development of that staff group. We brought together a residential staff group.

At the time, we had an intensive young people's team, which consisted of three social workers. We added another two social workers to that group and brought them all together to make the REACH model. Most of that money went on staff. Some of

the money went on training and development and the refurbishment of the building to make it much more young person friendly than it had been previously.

John Mason: Are you now saving money compared with what you were paying before?

Linda Richards: Yes. At the point at which we started off, we had 26 young people in residential accommodation. The project went live in 2019. In 2017 and 2018, we did all the preparatory work, we started in 2019 and we are now saving money. We have gone from having 27 young people to having 14.

John Mason: That is helpful—thank you. That is a positive note.

However, probably more negatively, Fiona Bradford, you mentioned that some of the money had come from the national lottery to start with. Could you unpack that? Was 100 per cent of the money from the national lottery? Is that still the case?

Fiona Bradford: No, it is not. We are now funded from the whole family wellbeing fund through Inverclyde Council. We were fully funded by the national lottery, but that funding covered different areas. It covered England, Wales, Edinburgh and Dundee.

John Mason: Was the national lottery funding for a fixed period?

Fiona Bradford: Yes.

John Mason: So you cannot go back to that in the future.

Fiona Bradford: No.

John Mason: That has been and gone, so 100 per cent of your funding now comes from the whole family wellbeing fund.

Fiona Bradford: Yes.

John Mason: That is straightforward.

I turn to Liz Nolan, who works in the third sector. If my memory is not mistaken, in my constituency in Glasgow, you used to have a larger unit. If that was closed for financial reasons, maybe you could explain that to us. Where does the funding for your project come from now?

Liz Nolan: You are correct. A number of years ago, we had houses in Glasgow that supported women in residential rehabilitation and outreach support, and then we opened a large 12-flatted service in Green Wynd in Glasgow, which was very successful. That service scored sixes in the Care Inspectorate inspection one month before funding for it was pulled. There was a move to a community-based model, primarily to reduce budgets.

John Mason: Did that service receive funding from the council?

Liz Nolan: Yes, it was funded through the council.

We continued to provide family support in Glasgow, although it was not specific to mothers or to families where substance use was problematic. We then applied to the whole family wellbeing fund and we were successful in getting support to fund our two new houses. That is a drawdown budget. Because of the delay with our Falkirk house, we would not have drawn down the funding. It starts when we start. Aberlour also invested significant amounts of money in the capital costs. The cost of the purchase and renovation of the houses was met by Aberlour. That service will be fully funded until the end of March 2026 through the whole family wellbeing fund.

Other services, which are similar to those that are provided by other third sector organisations, are funded through foundations, trusts and local authorities. Every £1 that is invested in our intensive perinatal service that we run in Falkirk will result in £14 something being saved. That is part funded through the Corra Foundation, the health and social care partnership, the alcohol and drug partnership and Aberlour. Aberlour has had to invest significant amounts of money because the need is so significant.

Every year, we will try to work through budgets to see whether, as an organisation, we need to put in additional funding. Nine times out of 10, we have to add in funding through foundations or trusts or seed funding from elsewhere. Nine times out of 10, our local authority budgets do not break even. We run on deficit budgets year on year.

John Mason: Can you tell us roughly what the cost is if you have a mother and a child in for six months?

Liz Nolan: Yes. Our whole service costs about £950,000 a year. We might have six mothers and six babies—12 people—in one year. Linda Richards can correct me if I am wrong, but the average cost of a placement for one person is about £200,000 a year, and that is probably a minimum. If the average cost of a placement is £300,000 per year—it is probably at least that—the cost for six babies would be six times £300,000, which is £1.8 million. There is already a saving of £0.8 million, and that is without including the six parents whom we have also supported, or any additional babies whom we might have supported. Give us £950,000 a year and we will save half of £1.8 million—the same again—as well as providing placements for six mothers, plus all the other children whom we might be working with.

There is also all the relationship work that we are doing.

John Mason: You are very convincing.

Liz Nolan: Linda Richards told me to go up in price.

John Mason: My question is always, “Although we might save £15, where do we get the £1 to spend this year?”

Barbara Keenan, as the other third sector representative, do you want to comment, or is your view the same as Fiona Bradford’s?

Barbara Keenan: I think that we have covered it.

John Mason: I see that Claire McGuigan would like to come in.

Claire McGuigan: We have been funded until March 2026 by the whole family wellbeing fund. However, that is 50 per cent of our costs. The other 50 per cent of the costs are paid for through pupil equity funding. We have two pathfinders in each school. Essentially, it is a buy-one-get-one-free model. We need to have two pathfinders in every school because, although we have planned activity, group work, appointments with parents and so on, we also need to be exceptionally responsive. As you know, things come up in schools. There are flashpoints and things that we need to be able to deal with directly. The two pathfinders work well together in each school.

John Mason: Am I right in saying that the decision about the PEF money is for the headteacher?

Claire McGuigan: Yes. The headteacher has autonomy over where they decide to put their budget—

John Mason: Do you get an indication from headteachers about what they intend to do? They will not know how much they will get for next year and so on, but have they said, “If I get the money, I will carry on with your service”?

Claire McGuigan: Yes. That is the model that we have had for the past two years; previously, we were funded differently. I am starting to have those discussions with headteachers. It is all looking positive. There is a queue of schools. We have partnerships with seven schools. The authority has 17 secondary schools and two ASN schools. In the past year, we have—

John Mason: So you are working with two schools, but a whole lot more would like to be involved.

Claire McGuigan: I am sorry—we are working with seven schools.

John Mason: You are working with seven, but more would like to be part of this.

Claire McGuigan: Yes. In the past year, to do additional work, we have managed to apply to the Corra Foundation for the UNCRC money. We were exceptionally lucky to get that. As I alluded to earlier, we looked at creating a committee of our young people so that they could give direction on what their needs were and consult other young people in their communities and schools. We feel that that was an exceptionally important piece of work, because the young people whom we work with are not typically asked what they think about things. They have been able to advocate for themselves, other young people in similar situations and their peers.

As a result of that work, we have learned that the young people want to find out more, and we are starting a participatory democracy certificate qualification, which is being rolled out across all pathfinder schools so that the young people can engage in conversations in which they can, we hope, influence forums such as this one.

John Mason: I do not know whether you are happy for me to move on to the next question, convener.

The Convener: I will let Willie Rennie in, just now.

Willie Rennie: This is a question for Linda Richards. You said that the investment that you decided to make back in 2017 had an impact in 2019 and that you are now saving money. As I understand it, the whole family wellbeing fund is a change fund. It is designed to get local authorities and the wider system to disinvest from areas of spend that are not working and to invest in ones that are working.

Will that work as a result of the whole family wellbeing fund? Will you create capacity in Perth and Kinross Council's budget to be able to do some of the schemes that have been talked about today? Is that happening in practical terms, or will you need additional funds or the wellbeing fund to continue to make sure that that work continues or can you disinvest locally?

11:00

Linda Richards: That is a tricky question. Because my project has not been funded by the whole family wellbeing fund, as Liz Nolan alluded to earlier, we have used the whole family wellbeing fund to invest in lots of other projects. Some of that has been our own.

We have used the fund internally to strengthen our service that works with families out of hours. We have a small team that works mainly with primary school children and their families when

they experience crisis to intervene early in that crisis and avoid a requirement for care. We have strengthened that workforce.

We are in a position in which we are looking at our aims and where we will spend our money in the next financial year. Our looked-after population has reduced, and we are looking at whether we can use some of that money to invest in and make permanent some of the supports that we have found work as early interventions. The Sustain service intervenes early to prevent the need for the social work service to get involved, which is fantastic.

In response to your question, yes, we are looking to see whether we can repurpose some of the budgets that we have had and some of the savings that we have been able to make to invest in those longer-term approaches. The uncertainty at the moment is that we are about to enter the budget process and we do not know where our council funding will be allocated. However, we would like to do what you suggested.

The temporary nature of the whole family wellbeing funding has caused an issue for us. As some of my colleagues have already said, we can see projects working. It is then a case of spending extra money, but where do we get the extra money to spend? Even though we might want to continue that investment, we cannot if our budget is zero. Taking that funding out on a longer-term basis has allowed us as a local authority to test services, to do something a bit different and to see what works. The issue is what you do when you see that things are working but you will not have a budget to do those things with if the funding stops next year.

The Convener: Back to you, John.

John Mason: That is fine—that is what I was going to touch on.

Miles Briggs (Lothian) (Con): Thanks for joining us today, everybody. I want to follow on from some of those lines of questioning about preventative spend and preventative changes. Linda Richards touched on the no-wrong-door principle, but Fiona Bradford mentioned mums reaching out for help and that not being available—in other words, there was no door. Why have we not seen more change in that regard? Also, Claire McGuigan touched upon young people being able to self-refer to her service. I thought that that was quite an interesting point, too. Fiona Bradford, can you talk about when that door has not been there, meaning that there was no potential for preventive work to happen?

Fiona Bradford: It is difficult for families. We encourage families to reach out. It is a strength—if they reach out to us, that is a strength, and we absolutely encourage that. There is just not a lot of

support available out there—I alluded to that earlier. There is not a lot of information around about criminal exploitation. We have a small staff team, so it is difficult to be in many different places. We are not a 9 to 5 service; we are a flexible service. When we brought the mums group out in a different area, we did it on a Friday from 4 to 6. Thankfully, staff were happy to do that—staff work in the evenings and on the weekends, as well. Again, with more funding, we could have more staff doing that. I am looking at a plan to bring parents into a group by, for instance, going to schools and having a parents evening to raise awareness, and then starting to look at having community groups. Again, we need to look at areas within the community where we could do that.

Miles Briggs: Claire McGuigan, do you have data to hand on how many young people have self-referred or what that looks like? That was quite an interesting model.

Claire McGuigan: I do not have the data to hand specifically on those who have self-referred. However, there is some relevant information in the papers in front of me. In 2023-24, the programme set a target of engaging with 350 young people and families, providing support and sustained engagement. At the end of March 2024, pathfinders had worked with a total of 534 young people and families, which exceeded our target by 52.5 per cent. There absolutely is a need for it.

It is interesting that, although they are in schools, our pathfinders are a part of our service—we have a wider service that is able to wrap around them and support them. We have youth, family and community learning hubs within nine communities in South Lanarkshire. They are called universal connections, and are open to the whole community. They have good relationships with the pathfinders and with the schools. The young people are not only supported in school time but are taken to universal connections buildings where community learning development options, youth work and family support are available.

This week, a support group for mothers who have experienced loss started at our Rutherglen centre, and the pathfinders work well with them. If the pathfinders in the school are dealing with too many young people and a young person self-refers who might not quite meet our criteria, which are loose on purpose, they will link them into another area within the service, and we will cover that.

Miles Briggs: After the meeting, you could perhaps provide us with data and numbers on what that looks like.

Claire McGuigan: Yes.

Miles Briggs: That would be useful, thank you.

Does anyone else want to come in on that question?

Liz Nolan: The no-wrong-door model is about making sure that all doors are open and that there is no wrong door to go through. One of the mums I spoke about earlier said, “All these doors are great, but whether the support will actually be there depends on who is on the other side of that door.”

The Promise speaks about being persistent and patient, and that all takes time. We keep going back to the point about how we need the time. Families need the time to get to know us and trust us, and success in that regard depends on what is on the other side of that door. If we want people to engage with us, we need a stable workforce and a consistent workforce that will be patient and persistent.

Miles Briggs: I will move on to projects that are working within a crisis intervention setting, and I want to ask specifically about informal kinship care settings and relationships. Like most members, I have dealt with cases in which police have brought a child to the child’s grandparent’s house—sometimes in the middle of the night—given the child to the grandparents and said, “This is your situation”, and those grandparents have found that they are not able to access services. Foster families have also told me that they often do not know what is going on at school, as it is the social worker is given that information. There is a lot of opportunity to improve not only information sharing but the support that is available.

What would you like to be done for kinship care families to improve the opportunity not just for information sharing but for access to support? That is the preventative model, as it ensures that the child is supported better. From your experience, what would that look like in the current setting? Linda Richards, I will bring you in, because you talked about family group decision making, which I thought was quite interesting.

Linda Richards: Part of the remit that I have in Perth and Kinross is the support and development of formal and informal kinship care for looked-after children. The Kinship Care Assistance (Scotland) Order 2016 made clear the support that informal kinship carers can request from local authorities. I encourage any kinship carer in the situation that you describe to seek that support from their local authority.

Local authorities now recognise children in informal kinship care as requiring the same wraparound support as is there for looked-after children. Our education and health colleagues and social work services recognise that, to sustain those relationships and stop those children and

young people becoming looked after, we will sometimes need to provide support.

The level of support varies. A lot of grandparents do not want to go through the door of the local authority; they want to seek that support from a third sector partner or the local universal provisions that are open to any family. We need to ensure that they have the right and appropriate information and knowledge about where they can get the support and when to ask for that support—sometimes, kinship carers want to get on with it themselves and do not want that interference, and will therefore leave it too long.

Earlier, somebody mentioned the stigma of asking for support, and getting rid of that stigma would also help. Local authorities often do not know that the children they come across in schools, nurseries or universal settings are in kinship arrangements. Both things are required—we need to reduce the stigma and enable kinship families to know where to go for support, and we need the people who support them to be clear about what they can do and give that information out publicly.

Sorry, I forgot the second part of your question.

Miles Briggs: You have touched on what I was leading the question towards, which was the support that is available and who can access it.

Liz Nolan: The question goes back to the issue of what family support is. Kinship carers are families and they require support. As Linda Richards said, we need to make it accessible. Families do not know what they do not know. Some do not know that, as informal kinship carers, they can reach out and get support and that they have a right to funding, even though that funding is not enough.

Families can refer themselves to a number of Aberlour's family support services and they do, but only if they know that they are available. Our urgent assistance fund continues to see a significant number of referrals where poverty is a significant issue for kinship carers. We have requests from statutory partners for beds, food, washing machines and so on when children have been placed in informal kinship placements but there are insufficient resources in the situation. We are the last resort to prevent breakdown and prevent that child going into care, and we supply the practical aspects to keep that placement going. That should not be the case.

11:15

Miles Briggs: A number of us who sit on this committee took part in a Social Justice and Social Security Committee inquiry that involved a similar round-table discussion with kinship carers. I

remember from that session interesting evidence on the stigma issue, suspicion of social work and concern that if carers did reach out for help, they would be judged and children would be taken off parents.

To what extent has that changed and what needs to change around that? Sometimes it is a difficult conversation, because a parent might be in receipt of the welfare support, and a kinship carer or grandparent, who will be thinking about the child, might not want to see that money taken from them. Is there a passporting issue when support follows the child specifically? What does that look like in your experience? I will bring Liz Nolan back in and then hand back to the convener.

Liz Nolan: It is a complex landscape. You gave the example of a child being placed in the middle of the night. We know that the transfer of benefits can take a significant time, and that in itself is a significant issue for a number of families.

On stigma, the easier we can make it for all families to access support, the better it will be for all.

We often forget that numbers of kinship carers are going through grief and loss themselves. We see that when we support parents where there is a problematic substance or alcohol issue and the grandparents are primarily carers for older children. There is little counselling support and grief and loss support regarding the child that kinship carers thought that they would have. We spoke about multigenerational issues, and those people have gone through previous traumas.

We need to do a whole lot of things, but if we are committed to making family support the best that it can possibly be for everybody and inclusive of all families, the fundamentals are there. We all know what good family support looks like—families have told us for years. When we talk about the whole family wellbeing fund and short-term funding, sometimes we need to stop looking for the new and concentrate on what works well for families, invest in that and allow it time to work.

Fiona Bradford: In an ideal world, we would have more foster carers who would be able to offer respite to kinship carers. We probably underestimate the need for that. Kinship carers have probably brought up their own children and they are now bringing up their grandchildren but they are at a different age. For us as professionals in social work, if we can place a child in kinship care, it might not tick all the boxes but we will save the thousands of pounds that it would cost to place and accommodate that young person. We need to get to a place where we recognise grandparents. As Liz Nolan said, we work with families and we support them in the same way that we would

support a parent. However, if the young people fall under the radar, the kinship carers often do not get support.

Miles Briggs: That is a good point, especially with regard to what has happened around carers and breaks.

Thank you, convener.

The Convener: Pam, over to you.

Pam Duncan-Glancy: So much has come out of this session. I am sure that we all hugely appreciate the time that you have given and the important situations that you have put on the record. Thank you for doing that.

I want to look a little bit more at education with Claire McGuigan. You mentioned that seven schools out of 17 in your area have access to the pathfinders service, which means that 10 schools do not. We know that young people with care experience are more likely to not attend school and are more likely to be excluded. We know that the outcomes are not what we need them to be for those young people to flourish and, ultimately, for us to be able to deliver the Promise for them. Can you tell us what you and your service do to support attendance in schools so that children can flourish at school?

Claire McGuigan: I will be delighted to do so. One of our main priorities is to ensure that young people who are not attending school do attend. We can encourage them and we take many various routes to get young people to start attending school. A lot of the time, that involves the development of a relationship with the pathfinder or the development of a relationship in the family home. Pathfinders do not work only in schools.

I know one pathfinder who, to protect a relationship between a mother and son so that it does not break down, texts them to get up in the morning, sometimes on her way to work, and quite frequently will swing by to say, “Okay, let’s go. Are you ready? Are you up? Are you coming to school?” I do not know whether that is still required, because I am a bit distanced and I do not directly line manage her, but I know that she did that for a time. It is about making sure that interventions are tailored to the needs of the family and young person.

We work with the young people within the school. I alluded earlier to the fact that we have nine centres. If a young person’s relationship with their school has completely broken down or if they do not feel that they can go to school, the young person will sometimes go to our community settings. Sometimes teachers come and meet them there and the young person will engage in education activities and qualifications. Our

pathfinders also support young people to achieve their qualifications while they are in school and sometimes organise different vocational training in addition to the qualifications that they are doing at school. As we know, not everybody learns in the same way. Young people all engage in their education differently and have different things that work for them. We have a bespoke package of holistic support for every young person in our case load.

Pam Duncan-Glancy: What happens to the children and young people in the schools who do not have that? Where do they go?

Claire McGuigan: Our centres still have an input in most schools, even if pathfinders are not based within the schools. The school offer can look a little bit different in different places. We need to be reactive and responsive to each community and every community is different. I do not know whether you know the geography of South Lanarkshire—you probably do—but we have rural areas and urban areas and we are bordered by seven other local authorities. We are geographically huge, and we need to be able to adapt ourselves to whatever any community looks like.

We have good relationships with all the schools. I recently had a phone call from a headteacher who was asking for support for their school—which was a pathfinder school, believe it or not. We have fantastic relationships with our colleagues in the health and social care partnership and, as we are based in education, we have good relationships with headteachers and attend similar meetings to them. If you know someone, you can pick up the phone. We have those local relationships and a local network, and we make sure that we are ticking the boxes.

We also have another provision. A school in South Lanarkshire called Kear Campus school is for young people who have been referred from other schools. Our community learning development workers work in there with the teachers and they have their own support bases. We call them YFCL—youth, family and community learning—workers and their work links into that of our pathfinders.

There are different levels of support and those schools have not been left out. There are still supports for them; it is just that they are different from pathfinders.

Pam Duncan-Glancy: It sounds like a really co-ordinated support package. When Fraser McKinlay gave evidence, he said that the system can sometimes get in the way of itself—that is how he described it. Claire Burns noted that co-ordination can unlock barriers. How have you been able to do that? Tell us. Help us understand

how you have been able to unlock systemic barriers through that co-ordinated approach.

Claire McGuigan: We have quite a big service in South Lanarkshire and I am proud to say that senior managers see the value in what we do. They understand it and they ask the right questions. We report information back and feel listened to and heard. We co-ordinate with our colleagues to find out exactly what they need, which everybody else is probably doing, too. We have a service manager and four locality managers. We have strategic priorities that we lead on and we are all based in the same office. We have discussion and consultation, and we talk to one another to make sure that we are all abreast of what is going on. We leave lines of communication open and seek constructive feedback. Essentially, we find that that works for cultivating positive relationships with our colleagues.

Pam Duncan-Glancy: Thank you. That is helpful.

I will move slightly towards the unmet need question that we have heard about. We spoke about some of the schools and we heard Liz Nolan and Fiona Bradford talk about there being a code of silence. Young people who are going through things might not necessarily be known to the system, and their families might not know about it. Liz Nolan mentioned areas in Scotland, of which Glasgow is one, where there is some need. CELCIS gave evidence in advance of this session and said that we need more data on that, because some people fall through the cracks.

Fiona Bradford, I will come to you first. What more could we do across services to make sure that does not happen?

Fiona Bradford: Looking at education, if timetables are reduced, they need to be reduced to a manageable time. If a young person is not in school, trying to re-engage them in one or two hours a week is virtually impossible. We need to open up. When a young person has been out of school for such a long time, which is normally the case, we need to look at the school side and at expanding our supported learning education. We need to work alongside the school, but that does not necessarily mean going into school, even though, yes, we want the young person back in school—that is the ideal goal.

At the moment, we are working with a couple of young people who are out of school, but we have close relationships with their education. We have two-weekly planning meetings. We build up their education over six weeks—in weeks 1 to 2, 3 to 4 and 5 to 6—and look at it slowly. We bring the young person who we are working with, alongside the supported learning service, into our office. We

have a huge space and wee hubs that they can use and they are in our environment, with our practitioners, who they have a relationship with. We do it in blocks of one to two weeks. If it falls by the wayside on week 2, we will go back to week 1. We do not just carry on.

We are looking for more resources outwith education, with the aim to get those young people back into education.

Pam Duncan-Glancy: Are the services and systems able to follow the young person or does the young person have all the information when they go somewhere else? With that no-wrong-door approach, who is following and helping them?

Fiona Bradford: Nobody follows them. We lose them quite quickly. They will be hosted by a different school where they often have no relationships with peers and are on their own again, and then we have to start again.

Pam Duncan-Glancy: That was helpful. Thank you. From your point of view, Liz Nolan, with a slightly different set of circumstances, how do we make sure that the people you support do not fall through?

Liz Nolan: From an educational perspective, I support a number of our children's homes and family support services. Similar to what Claire McGuigan said, we give support where and when families need us: it is about getting in with families early in the mornings, offering support with morning routines and getting children out to school.

Fiona Bradford spoke about exclusions. We see a number of formal and informal exclusions from school and that can have a significant effect on a family. We can exclude children, but what is the plan to get them back? Sometimes there is no plan and nobody has thought about getting the young person back into school. We have had families with children on a 15-minutes-a-day timetable. It takes the mother 15 minutes to walk to school; she cannot then go home because that is not worth her while. That happens to families and it is no good for anyone. Children need routine and to know what is happening. A 15-minutes-a-day timetable is no good.

11:30

On virtual schools, during Covid we saw in our children's homes that children thrived in education but never went near a school. School was coming into their houses to support them with education. All of us have spoken about the differing and individual needs of children, such that they can learn in various environments. We have seen some really positive effects on children's wellbeing

and their attainment through use of virtual schools and other models.

However, all-round support is needed. If we exclude children, we need to have a plan to get them back to school or a plan not to get them back into school, but into some kind of education, and we need to support parents with the early-morning and evening routines.

We need to offer support for children who are excluded because the schools do not have the resources to support them—we need to look at that more complex matter. We have children with additional support needs and complex disabilities for whom schools are saying, “We cannot cope”, or, “We cannot provide for that child”, but that child is entitled to education.

If we are truly aligned with and support the Promise, and we are coming at this from a children’s-rights perspective, we need to ensure that all children have their right to education fulfilled, whatever that might look like. We need to ensure that they have access to education.

Pam Duncan-Glancy: Does that drive use of 15-minute timetables?

Liz Nolan: Sometimes it does. We have gone into schools and offered support where there are complex needs, but we cannot be all things to all men. We are able to adapt and we are able to be flexible—as is mentioned in “The Promise”—but we need other organisations and agencies around us to adapt and to be flexible, as well.

Willie Rennie: What is the justification for 15-minute timetables? Surely that is more trouble than it is worth. Why do they bother doing it?

Liz Nolan: It is a part-time timetable.

Willie Rennie: It means that children are classified as receiving some form of education and so they are not excluded. Technically, it meets the requirements of the Promise, but in reality it does not. Is that what you are saying?

Liz Nolan: Yes.

Fiona Bradford: Having a 15-minute timetable, as is the case with a one-hour or two-hour timetable, shows on the school roll that the student is not excluded. I argue that being in school for only 15 minutes or one to two hours is exclusion.

Liz Nolan: In Aberlour, we speak constantly about child poverty. Parents in those circumstances have their children at home for most of the week. They do not get their free school meals entitlement, their use of electricity goes up and the costs for food increase because they have their children at home all the time. Exclusion has a significant impact on the family’s ability to provide for their children.

Willie Rennie: That is pretty outrageous, is it not?

Liz Nolan: But it is true.

Willie Rennie: One of the big calls through the Promise review process is for more in-depth data about what happens. There might be fewer children in care or fewer exclusions, but what happens to them is important and we do not have that detail. How common are part-time timetables of 15 minutes?

Liz Nolan: A 15-minute timetable is just one type: part-time timetables are common.

Fiona Bradford: In our caseload, we have about 20 young people and not one of those young people is in full-time education.

Willie Rennie: Is it fewer than half? Is it common?

Fiona Bradford: No—it is probably 80 per cent of them of school age.

Linda Richards: I know from working in my local authority that we have seen a rise in the number of children and young people with social anxiety that stops them attending school. We need to be clear—this was Liz Nolan’s point—about being flexible with regard to the individual child’s needs in the education system.

I imagine that most of what has been spoken about is in high schools. It is difficult in our high schools because we have so many young people with competing needs and there is such complexity. A 15-minute timetable might be appropriate at first, but not for the long term. It might be appropriate as part of a phased transition back into school, if the young person has had difficulty either through exclusion or because they have been unable to attend because of their own difficulties.

Wraparound provision is needed, and we must ensure that children and young people and their families know what the plan is, and that it is reviewed and updated regularly. There can be difficulty for young people when the increase in time in school is not progressed in a timely manner. It is a bit of both.

Willie Rennie: I accept that. Are you saying that a 15-minute timetable, when it occurs, is not the only level of support that they get? They might not be physically in the school, so is there more of a package available? Are you saying that they get more than 15 minutes worth of support?

Linda Richards: I am saying that the child or young person might be able to manage only 15 minutes physically in the school, but might have other supports around them that make up their timetable. For example, my local authority has community learning development workers who do

outdoor activities. There are also employability options and those kinds of things.

We need to be clear and flexible about how we see delivery of education. Liz Nolan talked earlier about virtual schools doing things differently. Education is not all about sitting in the classroom: it is about experiencing and learning different things. How can we all, in partnership—with children and young people, their families and schools being part of that partnership—develop to meet an individual child's needs? Sometimes coming into school causes more distress to a young person and causes them harm. It is not all about where education is; it is about what is delivered across the board.

The Convener: Claire McGuigan wanted to come in again, then I will come back to Pam Duncan-Glancy.

Claire McGuigan: After I indicated that I wanted to speak, Linda Richards said some of what I was going to say.

I have not come across a 15-minute timetable in my authority, so I do not know whether it is the norm or an exception. As Linda Richards said, when a young person is on a part-time timetable, they are generally also having other interventions and doing other things.

Specifically at one of my centres, we are looking at a contextual safeguarding approach. We have a young person who is kind of voting with their feet. He is on a part-time timetable and has been involved in issues in the community. We are wrapping provision around that young person: we work with the local community police, youth workers, pathfinders and various other interventions. He is in our youth centre quite a lot and we have a programme for him specifically, to meet his needs.

Ross Greer (West Scotland) (Green): You have all shared with us loads of great examples of the work that you do, whether it is intensive residential support for young mums or even simple but powerful stuff like the example that Claire McGuigan gave about changing language. We hear quite a lot in Parliament about examples of good practice, but one of the barriers that keeps coming up is about sharing it and, when we find that something has succeeded, making sure that it is rolled out consistently.

I am interested in how best practice is shared and whether the children's services planning partnerships have helped with that, either through sharing best practice within a local authority area or—in particular—nationally. At the national level we hear lots of great stuff all the time, but we go back to our regions and constituencies and find that the great stuff might be happening in some communities but not in others, and that some local

authorities are aware of it but others are not. How is best practice being shared and have the CSPPs helped with that?

Linda, would you like to go first, particularly on that second part of the question on CSPPs and whether they help?

Linda Richards: Yes—I am sure that they do help. Our project has been reported on through our committee structure, and the reports that you have received as part of our evidence have been published online. Anybody can access that information.

The biggest amount of sharing is through practitioner forums. I am a member of Social Work Scotland, which is a good forum in which general practice can be shared throughout the whole country. The COSLA Promise group, which is led by the Promise improvement lead at the Convention of Scottish Local Authorities, is another fantastic forum. The report that COSLA has produced has showcased various projects that have certainly aligned with the Promise. It is interesting to read the reports: reading them and hearing about the project gives people an opportunity to think about whether they are interested in doing that. They then also have contacts from whom to find out a wee bit more.

In Scotland, we are good at sharing practice and sharing information on what works and what does not work. National third sector organisations such as those that are around the table today also share with local authorities if they are, for example, trying a project in Glasgow that might work in Perth, or one in Highland that might work in Perth. That, in itself, gives the ability to develop services.

As is the case for Claire McGuigan's authority, we are a medium-sized local authority with a mixture of urban and rural areas. We also have to acknowledge that what works in one local authority will not work in another. We developed family-group decision making in Perth and Kinross as part of a small group with four other local authorities: the five were a pilot for that. We were probably the most rural local authority in that group.

It is about managers in local authorities seeing a model, knowing the need within their local authority, knowing their resources, then maybe adapting the model. We work family-group decision differently from how it is worked in Edinburgh and Glasgow, which were part of our small group.

We must share practice, be flexible and think imaginatively, but we first must know the need in our particular local authority.

Ross Greer: You make a good case for a level of local flexibility. Of course, we are then hit with newspaper headlines about postcode lotteries and how people can get something in one area but not in another. That tension needs to be managed. Fiona, are you looking to come in on that point, as well?

Fiona Bradford: Similar to what Linda Richards said, Action for Children is a large organisations that works in various local authorities. We often join up best practice though webinars that include various local authorities. From work in Edinburgh, I can share practice and take it to another local authority. We join up with the various local authorities. It is not just what Action for Children does: we have partners from Edinburgh social work joining Inverclyde social work, for example.

Claire McGuigan: Similar to what Linda Richards said, in South Lanarkshire we feed naturally into a number of reports, committees and so on. We are obliged to report annually on the children's services plan and we attend meetings to report back informally. We have recently regularly attended our corporate management team meetings to discuss what happens on the ground and to consider challenges. That team has asked us what further support we need.

11:45

We are also a part of the community learning and development managers Scotland network, which our four locality managers attend. Recently we had a conference at which we all shared good practice and best practice. Our local conference will be in March and is, generally, held annually. We invite not only community learning development colleagues but colleagues from across the authority and third sector partners to come and meet us. We do a lot of networking and what works for them and what works for us is shared. We are about to set up a contextual safeguarding practitioners networking event at which we will share what goes on.

I am sure that you are aware that we participate in and are the subject of inspections by the education inspectorate, with our colleagues in Education Scotland. We had a progress visit last year and the example of the work within our community learning and development partnership was highlighted as national good practice. Case studies are written up and shared.

We also contribute when schools are inspected and we go in and chat. If it is a pathfinder school, we will talk about what is happening in the community. One of our schools, Stonelaw high school, was, at the tail end of 2023, I believe, reported as offering national good practice and a paper was written on that.

Liz Nolan: We are good, in Scotland: it is a small place and we share good practice. On Linda Richards's point about localised changes, the ethos and the overarching principles of the Promise should underpin all the work that we do. There is a postcode lottery: we know that some services in some local authorities will have significant levels of support while others do not. We need to look at that.

One of the best mechanisms that we can use to find out what works is to ask children and families and get them out here to speak about what works for them. Let us look at what works and let us invest in what works for children and families, because it costs money to stop and start. We have all said that with regard to our workforce and change. Organisations or families might refer themselves to a service for which we have a year's funding. We would be three months building up the service, six months delivering it, then three months closing it, so we provide the service for only six months. We need to look at what works and make sure that we invest long term, and that we ask families what they need.

The Convener: Thank you. This will be the final question for those of you whose projects are funded by the whole family wellbeing fund. Without that funding, would projects end? I know that Fiona Bradford has funding until 2025-26. Does the work have a future without that funding? Are you looking at other models or sources of funding? Will your project end if the whole family wellbeing fund does not fund it?

Fiona Bradford: Yes it will, unless we manage to source funding elsewhere, but it is so difficult. We do numerous applications.

The Convener: Are you now almost exclusively reliant on that funding?

Liz Nolan: Yes.

The Convener: Is that the case for any others?

Claire McGuigan: Currently, we use a 50:50 model with PEF and whole family wellbeing funding. At the moment I chair the services funding steering group. That has come because of need; we now need to be proactive. I am already starting to look at other funding that we could use, but it is about finding what fits. As you know, it is difficult—specifically for statutory organisations—to attract external funding.

Barbara Keenan: Need is outstripping supply, and many valuable services compete for the same funding, which feeds the postcode lottery. We have, for example, a national lead on Fiona Bradford's service on criminal exploitation of children in order to try to secure that service's being made available across the United Kingdom, but that will be reliant on uptake of funds either

from commissioners or the Government. For young people, there is, as Fiona said, an unspoken code and there is a closed door. Only a limited number of authorities have a door at all. Without funding, that situation will increase.

The Convener: Thank you. That is useful.

Liz Nolan: Aberlour is 100 per cent funded by the Scottish Government and we are reliant on local authorities or statutory services purchasing placements to continue that.

The Convener: Okay. Thank you. It was useful to get that on the record. Thank you all for your evidence: we have been listening to you and getting your answers for over two and a half hours. As Jackie Dunbar said, we have probably just scratched the surface. You have provided excellent evidence for our further deliberations. The success of our session today has been down to the honest, frank and full answers that you have been able to provide to members. On behalf of the committee, thank you for your time and evidence.

11:51

Meeting continued in private until 12:17.

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