SUBMISSION FROM CHILDREN 1ST

1. At CHILDREN 1ST, we listen, we support and we take action to secure a brighter future for Scotland’s vulnerable children. Our work is built on over 125 years experience as the RSSPCC. By working together with, and listening to children, young people, their families and communities, and by influencing public policy and opinion; we help to change the lives of vulnerable children and young people for the better. We work to safeguard children and young people, to support them within their families and to help them to recover from abuse, neglect and violence.

2. CHILDREN 1ST has 46 local services and four national services across Scotland, and we work closely with many local authorities as well as working in partnership with other organisations. All our services are child centred. The children, young people and families we support are key partners in all aspects of our work.

What are local authorities doing or considering doing in terms of alternative delivery methods? What has worked and what hasn’t? What savings have been achieved from adopting alternative delivery methods? What support is being provided by the Government in driving change?

3. CHILDREN 1ST is involved in innovative partnership working with local authorities across Scotland. The Dundee Early Intervention Team is an example of this: CHILDREN 1ST, along with Aberlour, Action for Children and Barnardo’s, work together with Dundee City Council and NHS Tayside, to improve outcomes for children and families in this Big Lottery funded project. The wide range of expertise available means it is possible to take a holistic approach which would be difficult without the involvement of third sector partners.

4. A further example is CHILDREN 1ST’s involvement in the Pathway Project in Scottish Borders, which was part funded by the Scottish Government. This was set up as a multi-tiered response to domestic abuse in the Borders. Working with the safer communities team in Scottish Borders Council, as well as CEDAR project staff, CHILDREN 1ST provides a domestic abuse community service, supporting adults and children who have been affected by domestic abuse. CHILDREN 1ST has a great deal of experience supporting those who are recovering from domestic abuse, and this partnership allows the local authority to make use of this expertise. CHILDREN 1ST also co-facilitates the CEDAR programme in Moray alongside a health, education, social work or police professional.

5. We are also part of a similar multi-agency partnership in Renfrewshire, with 1.5 staff co-located within the Women and Children First service. In addition, CHILDREN 1ST has been, and continues to be, very involved in Renfrewshire’s Achieving Step Change project to improve outcomes for children. We are a partner in the Midlothian Surestart multi agency Big Lottery funded project and deliver Family Group Conferencing through this.
6. It can be difficult for service users to engage with local authority staff, particularly in challenging situations involving children and families. It is sometimes easier for families to engage with organisations which are perceived to be separate from the local authority. For many families their engagement with CHILDREN 1ST is the first time they have engaged with any service, and this can signify the beginning of a period of change for these families; they may begin to engage with local authority services as a result. Often the third sector have expertise and significant experience in certain areas as highlighted above and it is important that local authorities recognise this and get the best quality services for the public, by choosing the best provider.

**How are opportunities for sharing services being identified?**

7. Opportunities are best identified through an open dialogue between all parties, sharing the required outcomes and asking third sector organisations what and how they can provide. Services will then be based on choosing the correct and best services from all the choices available. This method also allows for service users to be involved.

8. CHILDREN 1ST enjoys a number of highly successful partnerships with local authorities across Scotland. Many projects are part funded by the local authority in which they are based, and one of our services in Midlothian shares office space with the local authority. Several of our services share or are located with other organisations.

9. With the scope and direction of services being agreed prior to start up through the use of service level agreements, sharing services in this way can be straightforward; it has already been specified exactly what the service will be and who will provide it.

**What is hindering moves toward developing shared and innovative service delivery models? In areas where moves to alternative service delivery models are not being pursued, what efforts are being made to standardise, streamline and simplify existing methods of delivery?**

10. Too few local authorities engage representatives of parents and young people, the 3rd sector, and the private sector, in strategic commissioning. All should contribute fully to setting the vision for children and young people in the area, both short and long term, and be fully engaged in discussing needs, resources and what is needed to realise the vision. Full engagement in this strategic process does not mean that good procurement processes are compromised, rather the challenge for all sectors is to flex what they provide to ensure children’s needs are met over the long term. Full engagement of all sectors in strategic commissioning is needed if there is going to be a step change towards preventative services rather than more costly services, such as secure care, up stream.

11. It can be the case that, in successful existing joint projects, when the tender comes up, excellently evaluated projects are lost. This can be due to the formal nature of the process, and the way in which tenders are rated, with an emphasis on purely financial implications. Clearly CHILDREN 1ST would not wish local authorities
to spend public money unnecessarily, but it makes little sense to end an existing project, replacing it with new staff who do not yet know the service users or local area, with all the additional costs this entails, including losing the experience and continuity for service users.

12. Lack of money is hindering the move to alternative service delivery, as money is scarce, local authorities are keeping money and services in house and delivering services themselves. This does not always mean the most effective or efficient delivery of services and can have a detrimental effect on the capacity of the third sector.

13. CHILDREN 1ST has found that in many areas people are still working in silos, which can have a detrimental impact on the people trying to use services. Although CHILDREN 1ST has many very positive relationships with other organisations, including a number of local authorities, it is still the case that there is at times a reluctance to share workloads across organisations.

14. If local authorities were able to work in partnership with organisations such as CHILDREN 1ST in order to take a community capacity building approach as outlined below, it may be possible to free up some time for social workers. This would allow them to focus on building positive relationships of trust in order that they can work with those families who need a very high level of one-to-one support as and when they need it.

15. In practical terms, making a partnership bid is not always easy, with systems often set up to require a lead organisation to be nominated, rather than allowing all the organisations involved to take an equal role. This can be a complex process and lack of resources can be an issue.

16. Competitive tendering can stifle shared approaches because it can create a competitive rather than a partnership approach to service delivery.

**How are the tensions between potential savings and possible job losses being resolved?**

17. These tensions are not always being resolved currently; often the local authority decides to reduce or stop funding a service and the third sector implement the change required to keep the service running.

18. CHILDREN 1ST believes that there is a wealth of untapped knowledge, experience and resources in communities, and that we must empower and enable communities. With the use of minimal resources – just one paid child protection worker – it is possible to engage individuals and build the capacity of communities to develop themselves. This is a very cost effective method which also builds confidence and builds people’s confidence and self esteem, through the use of supported and trained volunteers, in areas where high unemployment is a major issue.

19. We are currently undertaking two pilot projects, which will mobilise teams of volunteers to promote a child friendly and protective ethos in their local communities.
through training, building confidence and informing members of the public about how we can work together to ensure children’s safety.

20. A child protection trained project worker will recruit, train and support a group of local volunteers. An experiential child protection training package will be developed and delivered by the volunteers to local groups and individuals. Volunteers will encourage participants to provide informal support to vulnerable families. The model is based on cascading knowledge and skills in order to change behaviour.

21. CHILDREN 1ST’s national helpline, ParentLine, and local befriending services both also train, develop and support volunteers to work within these services.

22. CHILDREN 1ST believes that the best interests of children, young people and families should always come first, and this means ensuring local authorities operate in the most efficient way possible. In order for this to happen, budgets need to be much more integrated, for example through Community Planning Partnership budgets for children, rather than separate health, education, and social work budgets. This is not an easy task, and requires trust, honesty, and a certain degree of risk taking. This is crucial if we are to see spending shifts from the "heavy end", e.g. residential/secure care, to preventative spending.

**What legislative barriers are there to developing shared and innovative service delivery models to their full potential?**

23. Although we cannot comment on specific legislative barriers, CHILDREN 1ST considers that in practice there are still barriers to innovative working, and to implementation of new policy and legislation.

24. In a competitive marketplace in which organisations are forced to compete for funding against one another, it can be the case that different organisations are providing different parts of services which should or could be interconnected. This can mean that organisations can be reluctant to share the workload with, or seek the expertise of, other organisations with skills and knowledge in the area they are working in. This leads to at best an inefficient way of working, with much replication and overlapping of work, and at worst poorer outcomes for those who have the highest level of need. An example of this is organisations going into schools to deliver workshops about, for example, sexual health, domestic abuse, and parenting, sometimes with a different organisation delivering each session. This could be streamlined, and could lead to a better outcome if an agreed package covering all areas were developed sharing best practice from all service delivery and then organisations agreed who would deliver the standard package and where. There are never enough services to go around, so efficiency and effectiveness should override competition. The government and local authorities need to support this way of working as do outcomes and funding streams.

25. Budgets should be integrated rather than divided between various departments within local authorities. This would make the barriers to innovative and shared working far less pronounced. If, for example, Community Planning Partnerships were responsible for the Children’s Budget rather than health, social
work, and education all having separate budgets, this would make the planning and funding of work shared across services much easier. It is possible that people are currently put off planning integrated or shared work, as the complex financial arrangements and processes can be difficult to navigate.

26. It can be difficult to navigate around the various tendering processes in different parts of the country. With 32 different local authority tendering processes, tendering is a very time consuming, and therefore costly, process.

27. It is also possible that political interests can get in the way of integrated and partnership working between local authorities. CHILDREN 1ST believes that the interests of children must always come first, over and above the interests of those working for or with the local authority. This means that opportunities to reduce cost and reinvest in the front line, such as by merging education and social work departments into one Children and Families department, must not be lost. It is imperative that we carefully consider how to manage planning and budgets to best avoid duplication, in order to ensure children and families are experiencing the best possible service.

In what areas is there scope for national shared services along the lines of the shared recruitment portal for local authorities, ‘myjobscotland’?

28. CHILDREN 1ST would welcome such a development, but it is also important to consider the role of the third sector; we have a wealth of services available which could and should be made as widely visible and available as possible. In many areas, for example, CHILDREN 1ST’s abuse and trauma recovery services are the only ones available. If all the services available in a given area – whether delivered by the Local Authority, third sector providers or others, could be made clearly available to potential service users through one portal, this would benefit the service user.

29. In addition, it may be possible to use one national website through which to manage the tendering process for services. If this were not possible it may be more manageable to do this through the existing mechanisms of Community Planning Partnerships; rather than organisations having to tender in many different ways for different projects, which is costly, time consuming and overly bureaucratic, each area’s Community Planning Partnership could manage the tendering for all aspects (including local authorities, health boards etc). This would mean that organisations would not need to use several different contacts and application processes for each geographical area and/or type of establishment. This would save time and money, and leave more resources available for frontline services. An example of this is the national Public Contracts site which Health already publishes on.

What has been learned from elsewhere, for example Nottingham Early Intervention City or Birmingham total place initiative?

30. Renfrewshire’s ‘Achieving step change in children’s outcomes’ project uses the learning from the Birmingham total place initiative and applies it in a Scottish context. It takes an innovative approach to redesigning children’s services in order to gradually (over three years) improve outcomes for all children in Renfrewshire, with a
particular focus on looked after children. They are working in partnership with Dartington Social Research Unit and are applying international learning. Glasgow City Council’s ‘One Glasgow’ plan and approach is also modelled on Birmingham.

31. These are approaches CHILDREN 1ST would be keen to see other local authorities adopt.

32. In addition, many evidence based programmes are currently being rolled out, such a Triple P, developed 30 years ago in Australia, and Family Nurse Partnerships developed in the US at the University of Colorado.

In what ways can innovative delivery methods and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems?

33. As discussed above, CHILDREN 1ST believes that to improve outcomes and tackle social problems it is crucial to involve the local community at every stage of the process. Children, young people and their families should be an integral part of the design and delivery of any service that affects them. Through, for example, training volunteers to empower and enable the local community to protect its children, it is possible to bring about positive changes in communities while also improving the self esteem, confidence and work-readiness of those involved in the project.

34. Family Group Conferencing is another way in which CHILDREN 1ST has been working with local authorities to help families build on existing networks and work together in a solution-focused way.

35. CHILDREN 1ST, in projects funded by the STV appeal, is working in a number of local authorities to deliver domestic abuse awareness raising workshops in primary schools in Glasgow, Midlothian and Aberdeen City. Children are responding positively to these sessions. These projects allow a level of trust and openness that may not otherwise be possible. It also makes use of the extensive knowledge and experience CHILDREN 1ST has in this area, meaning that the best and most up to date knowledge can be shared with the young people taking part. In addition, it creates a direct link with trauma and abuse recovery services so that children can be referred directly into these services.

36. CHILDREN 1ST has a number of services in which CHILDREN 1ST employees are based in a local authority office, thus removing some of the barriers to positive partnership working, while saving on overhead costs, meaning that more resources are available for frontline services. Our East Lothian Team is co-located with social work in Macmerry and Edinburgh Family Support Team co-located in Gilmerton. We have staff in Argyll co-located with the CAMHS teams in Helensburgh and Lochgilphead - this abuse and trauma service is funded by CHILDREN 1ST, health and social work. The Family Group Conferencing worker in Dumfries and Galloway is based with social work.

37. We are also very well represented on strategic fora such as CPC's and can benefit from free or low cost multi - agency training.
38. Partnership working can mean that the best possible service is available to those who need it at the time they need it; it makes use of existing expertise and services which are already locally available. It also, crucially, means that resources are not wasted on duplicated work due to different departments not talking to each other. These saved resources can be re-invested in the communities where they are most needed.

In what ways are CPPs being involved in driving the move toward new service delivery methods? What is hampering their involvement and how can it be overcome?

39. CHILDREN 1ST believes that it is essential that children, young people and their families have a meaningful say in how services in their area are provided. CPPs can be a valuable mechanism for this, but it is necessary to give more consideration to how responsibilities are shared in practice (for example, are local people and third sector organisations equal partners with statutory bodies or not?). Local people and third sector organisations in the local area should have a key role in helping to create the vision of the future for children, young people and their families in CPP areas. They should be accountable alongside statutory partners for coming up with the solutions, innovation, and partnership. They need to be involved in developing the strategy not just bidding for services after the strategy is agreed. Communities and the third sector have a lot of knowledge to bring to the table in finding solutions. Many third sector organisations, national as well as local, contribute their own funds and other resources to meeting children’s needs. This complements the work of statutory agencies but the total impact could be better focussed if all partners were fully engaged in strategic commissioning and in the formulation of truly integrated children’s services plans.

40. As an organisation, we have taken a keen interest in the public service reform agenda, contributing significant inputs and evidence to the last parliamentary inquiry into preventative spending. We are firmly committed to the concepts of early intervention and early years investment playing a full role in the development of national policy and practice in these areas. Moreover, we believe that it is everybody’s responsibility to protect children and that communities are key assets and resources and we must engage with them to tap into this resource. We are developing a model of engagement to build skills, confidence and competence in communities and individuals so that children enjoy happy, healthy, safe and secure childhoods.

41. We are engaged in the Early Years Task Force and subgroups and are hopeful that the Early Years Collaborative will result in a step change.