



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

# EDUCATION AND CULTURE COMMITTEE

Tuesday 1 May 2012

Session 4

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**Tuesday 1 May 2012**

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**EDUCATION AND CULTURE COMMITTEE**

**13<sup>th</sup> Meeting 2012, Session 4**

**CONVENER**

\*Stewart Maxwell (West Scotland) (SNP)

**DEPUTY CONVENER**

\*Neil Findlay (Lothian) (Lab)

**COMMITTEE MEMBERS**

\*Clare Adamson (Central Scotland) (SNP)

\*Marco Biagi (Edinburgh Central) (SNP)

\*Neil Bibby (West Scotland) (Lab)

\*Joan McAlpine (South Scotland) (SNP)

\*Liam McArthur (Orkney Islands) (LD)

\*Liz Smith (Mid Scotland and Fife) (Con)

\*Jean Urquhart (Highlands and Islands) (SNP)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Bill Alexander (Early Years Task Force)

Helen Chambers (Inspiring Scotland)

SallyAnn Kelly (Early Years Task Force)

**CLERK TO THE COMMITTEE**

Terry Shevlin

**LOCATION**

Committee Room 6



## Scottish Parliament

### Education and Culture Committee

Tuesday 1 May 2012

[The Convener opened the meeting at 10:00]

### Early Years

**The Convener (Stewart Maxwell):** Good morning and welcome to the Education and Culture Committee's 13th meeting in 2012. I remind members and those in the public gallery that all mobile phones and any other electronic devices should be switched off at all times during the meeting. No apologies for absence have been received, so we expect a full turnout of committee members.

The first item of business is evidence taking on the early years. I welcome Bill Alexander, director of social work with Highland Council, and SallyAnn Kelly, acting director of Barnardo's Scotland, both of whom are representing the early years task force. We also have with us Helen Chambers, head of strategy and delivery with Inspiring Scotland. I thank you all for coming along this morning. We will begin with a question from Liam McArthur.

**Liam McArthur (Orkney Islands) (LD):** The paper "The Early Years Taskforce—Shared Vision and Priorities" makes much of the requirement to take a collaborative approach and to get better value out of the resources, including the additional resources, that have been put in. I am struck by the suggestion that guidance needs to be issued to planning partnerships on

"those interventions that should be prioritised ... and those that should be de-prioritised, based on sound evidence of effectiveness in promoting positive outcomes".

I am interested in your views on what type of early interventions are seen to deliver the greatest returns. Those could be interventions that you have put into practice or ones that are the primary focus of the task force's work at present.

**Bill Alexander (Early Years Task Force):** The task force's focus is very much on collaborative working and ensuring that the various agencies that have responsibility for very young children act together to support families and children to achieve what they might achieve. The task force takes the view that, rather than there being 32 different approaches across Scotland, we should pool our knowledge, identify what works and share best practice to ensure that we have effective interventions everywhere.

That means best practice in universal services, such as those that midwives, health visitors and public health nurses provide under the health for all children guidance, as well as best practice in targeted services and additional interventions. In particular, the approach is about building on the getting it right for every child model, which is Scotland's reform programme for children's services, and ensuring that individual professionals contribute effectively and engage collaboratively within the terms of the getting it right model. The approach also includes ensuring that the health for all children guidance, which is about the assessments and interventions that health visitors carry out, is followed effectively. That includes implementation of the new two-and-a-half-year-old assessment, which the committee is probably aware of and, critically, other interventions that might bring additionality.

Parenting programmes that are seen to work are of particular significance in that regard. That is obviously an issue that has a particular Government profile. There are many years of evidence of successful use of parenting programmes in Scotland, the United Kingdom and further afield. There is a strong belief that support for parents, both within the universal service and in relation to those children who have identified additional needs, can be and is effective. Those programmes need to be supported not just by the professionals who use them, but by the various other professionals who are involved with the child. Programmes that are seen to be of use include the incredible years, which is also known as the Webster-Stratton programme, and the family-nurse partnership programme, which is being trialled in Scotland.

**Liam McArthur:** I will come on to how universality combines with the targeted approach, but can you give us specific examples of the type of best practice that is being rolled out? Certain local authorities and partners in parts of the country will be required almost to admit that they had not adopted best practice, which will not necessarily be an easy message to convey. Do you have examples of the work of the task force enabling evidence to be provided and a compelling case to be made for a change of behaviour?

**Bill Alexander:** The task force is at a very early stage in its work. It has been meeting since late last year and has defined priorities and issued the vision statement to which you referred.

That early work has identified the need to base activity on evidence-based practice and to share best practice. Because its work is only at an early stage, the task force has certainly made no recommendations about what those best practice methodologies might be. I am sure that we could

all share examples of best practice from our own work, but the task force has not yet said anything about that.

**SallyAnn Kelly (Early Years Task Force):** Part of our task is to consider effective interventions and come up with a menu of interventions that we know work. Some of those interventions have been piloted throughout Scotland, but we also know that services are patchy.

There is a theme that runs across all interventions: how we deliver them and what skills we require of our workforce to deliver them. Not surprisingly, those skills concern engaging with people in a broad range of circumstances, including those who are most vulnerable. There is a requirement on our workforce to be clear about the effectiveness of building good, solid relationships with even the most vulnerable families and those who are furthest away from services.

**Liam McArthur:** At this early stage, are you able to give us any detail on the areas that you think should be deprioritised to allow the collaborative approach to which you refer to develop and flourish? I suppose that, particularly in an environment in which budgets are tight, notwithstanding the fact that additional resources have gone into early years, the expectation is that if certain things are being prioritised, certain other things will be deprioritised. Are you able to give us a little detail on what those areas might be?

**SallyAnn Kelly:** Within the task force, we have discussed taking a whole-systems approach to that so that we consider not only effective intervention in children's services but effectiveness across the whole map of existing services. That would include the adult justice system, for example, because we know that there is a clear link between the most vulnerable children, their early negative experiences and how those manifest themselves in later years.

We have been clear that decisions about deprioritisation rest with community planning partnerships. Part of what we want to do over the next while is to work with community planning partnerships, health authorities and local authorities to consider what interventions are effective, what effective interventions look like and what that means for their suites of services. As I said, those suites of services vary across the country from community planning partnership to community planning partnership.

**Liam McArthur:** I appreciate that community planning partnerships having ownership of that process is critical for accountability, but do you envisage a role for the task force in identifying potential areas for deprioritisation to provide a more consistent approach throughout the country?

**Bill Alexander:** What the task force has said to date indicates that it would want to give advice on that while still respecting the fact that it is for local partnerships and local agencies to make their own decisions.

Deprioritisation is obviously challenging, but we can consider a number of different dimensions. As SallyAnn Kelly said, we know that if we are to get it right, we must focus on the early years. We know that not doing things right in the first three to five years of a child's life presents problems later on. For example, a specialist placement for a teenager with very high needs would now cost me on average around £5,000 a week. A small fraction of that money spent in the first three years of life would prevent many teenagers from needing those services in 10 years' time. We need to change the focus.

Secondly, if we share best practice, it means following that practice and not doing something else. All too often, when we introduce better practice and new methodologies, we do not stop the old practice. A challenge around "Health for All Children 4" has been the move to a core programme. A core programme means a set of minimal standards, and that is what we focus on, rather than other activities. People have to shift what they do.

Thirdly, there is a lot of duplication. Traditionally, every agency had a separate plan for a child. In the context of getting it right for every child, we have done a lot of work across Scotland to introduce a single plan for a child—not a single plan plus all the other plans. The idea is that agencies are more effective and efficient if they give up their single agency plans and have one plan that brings together the objectives of all the agencies. By moving to a new methodology, people can deprioritise things that they used to do.

**Liam McArthur:** You talked about consistency and the core programme. Will the approach be responsive to the particular needs and constraints of individual areas and partnerships? For example, Orkney, which I represent, benefits from coterminosity and does not have some of the problems that larger authorities have when there are multiple players in the same area. However, there are issues of scale and delivery of the full range of services in the islands is not always possible. Does the approach that you are describing allow for responsiveness as well as ensuring consistency?

**Bill Alexander:** Yes. There is a common framework, but we cannot deliver services in Orkney in the same way as we deliver them in Inverness, Glasgow or Edinburgh. The delivery needs to reflect local circumstances and needs, within a common framework. The bottom line is that none of us has the time to go out and find

best practice—it makes no sense for 32 local authorities in different parts of the country all to go out to identify best practice. If we can bring together best practice in a common framework, we can apply it locally in the context of individual communities.

**Liam McArthur:** In the report on the task force's visions and priorities, under the heading, "Using the strength of universal services to deliver prevention and early intervention", you said:

"While we need to focus provision on where it is needed most, we must also ensure that universal services can deliver effectively for the more vulnerable."

Some people might see an inherent contradiction in talking about universality while talking about focusing resources where they are most needed, particularly when budgets are under pressure. How do you envisage the balance being struck in providing services?

**Bill Alexander:** Any service model has that challenge. A service model must always, first, provide for every child and, secondly, identify the children who need greater levels of support. When resources are reducing, the challenge is to ensure that more than ever we identify the children for whom the additional support will make the most significant difference—[*Interruption.*]

**The Convener:** Excuse me. I think that a phone is on somewhere near Mr McArthur's microphone, which is interfering with the sound system.

**Bill Alexander:** What we have in Scotland is a model whereby we use a health plan indicator. At an early stage, ideally within the first six months, the health visitor assesses a child's development and takes a view on, first, whether the child can be best supported within the core programme, secondly, whether the child has additional needs and might need additional support from within the health community—for example, through more work by a health visitor, a parents group, or a focus on particular areas that the family is finding difficult—and thirdly, whether the family might need support from other agencies.

The challenge is to ensure that additional support that is needed comes in quickly and effectively and that the support is timeous and does not stay around for longer than is required. If multi-agency support is required, again that is delivered efficiently, without excessive bureaucracy, and the role of the health visitor continues. Too often, in days of old, if a child had multiple needs, what we would now call the named person—in the early years it would have been the health visitor—would hand responsibility for that child to the next agency and the option of continuing to get universal services would close for that child. That would be true in the early years and in the school years.

We now endeavour to ensure that the health visitor maintains their role for that child and continues to be the named person. As soon as that child does not need additional support, the health service continues to be there to support that child. That makes not only good economic sense but good professional sense.

10:15

**Liam McArthur:** While both are clearly important, I detect that part of the issue is the way in which the system works, as opposed to the budget. However, you seem to be putting more emphasis on ensuring that the resources are there and targeted effectively. As a corollary of that, is it inevitable that universal delivery may fall back to some extent to allow the additional resources to go towards a more targeted approach?

**Bill Alexander:** It should not. We need to endeavour to ensure that it does not.

**SallyAnn Kelly:** That is right—it should not. We need to get a much smarter approach to assessment, as Bill Alexander has just described.

On universal delivery, if we work in a truly collaborative way, a much wider range of professionals will potentially be available to support families, so that the traditional models in health or the statutory sector are augmented and supported by much more effective third sector delivery in the early years.

**Liam McArthur:** We are getting a consistent message about the importance of early years and we have done a fair amount of work recently in relation to raising the attainment of looked-after children. There will be constant pressure on us, the Government and those in the field to focus resources more and more on the areas of most need, and on looked-after children. Despite collaborative efforts under successive Governments, we are still not seeing outcomes there that give us the confidence that we would like. That suggests that universal service budgets will have to withstand increasing pressure. Is that a fair assessment?

**SallyAnn Kelly:** I am pleased that you raised the issue of looked-after children because it is very important to us. You are absolutely right about how little progress we as a nation have made in relation to the attainment of looked-after children. That relates partly to the early intervention agenda. If effective early intervention services had been available holistically to families at an earlier stage, two things could have happened: first, a number of children might not have become looked after in the first place; and secondly, if they had become looked after, the planning mechanisms would mean that they would have secured permanent foster placements much earlier and

their outcomes would therefore have been on a much more positive track. To me, early intervention is critical in addressing the major challenges relating to the looked-after population.

**Neil Findlay (Lothian) (Lab):** Looking at crisis reaction versus early intervention, at present much of the intervention, whether by social work, education or other authorities, occurs when something bad happens. When I spoke to senior people in social work recently, I was advised that the support that many vulnerable families and children need is very basic, such as getting kids out of bed in the morning, getting them clean, washed and ready for school and ensuring that they attend school. I see that as being an old social work assistant role.

In schools, I have seen classroom assistants provide a similar role, with many of them becoming mothers, or indeed fathers, to a number of children in their care. In my experience, though, as budgets have become tighter, those are the services that go first.

Are those the types of measures—rather than the big-stick intervention, when something goes wrong—that you see as being preventative?

**SallyAnn Kelly:** We are very clear in the task force that when we talk about interventions, we are talking about working with parents' strengths and capabilities rather than always coming in and telling them what they are doing wrong. That said, there are some basic requirements for bringing up children. Sometimes it is as simple as you described and is just about supporting parents to get into a routine to meet their children's basic needs.

In the early intervention agenda, it is difficult to teach our parents, who might have had difficult attachments with their own parents, how to develop positive attachments very early with their children. If we develop their nurturing of, and attachment with, babies and children, that early training and support addresses some of the deficits in routine that you described and parents are able to understand the importance of children's basic needs.

**Neil Findlay:** How are we doing that? At the moment it appears that the intervention of certain professions happens only at crisis points and there is no early intervention. I do not see or pick up that a lot of that intervention is happening at the moment. Is that a fair comment?

**Bill Alexander:** I do not know whether it is fair, but it is a very good point. What we need is a tiered model of appropriate and proportionate interventions so that we get the right service in at the right time and not for too long. When additional funding was available for children's services at the start of the 2000s, one of the innovations that we

introduced in my authority in Highland was very similar to what you are talking about. We did not call the post a social work assistant; we called it a children's service worker.

We employed those workers within social work to assist the universal service, initially in schools and then in the early years. The children's service worker in the early years would work to a health visitor and they would do some of the fundamental support tasks that you talked about. They would also do that around a school child, recognising that much of what goes on in the classroom has come from the home and the community.

They would get alongside the parent and support them, as SallyAnn Kelly said, to support the child by getting them out of bed and ensuring that they had a meal in the morning, and ensuring that it was understood that they should be getting to bed at night. Those early years workers, or children's service workers, transformed our service delivery model, such that when the times of economic hardship started to kick in through 2006 to 2008 and we discussed with social work managers where we might have to make reductions in staffing, they said that the last thing that we should take away was those workers. They said that we could take away a qualified worker if we had to because they could reorganise their activity, but they did not want us to take away the early intervention services. However, there was a period when we went without those workers in a very deprived part of Inverness and the number of looked-after children went up in six months—it was as quick as that.

**Neil Findlay:** You are talking about your own back yard there, but would that be replicated across Scotland?

**Bill Alexander:** Absolutely.

**Neil Findlay:** No. I am asking whether that provision is replicated. Until Thursday, I am a councillor in West Lothian and I do not recognise that—

**Bill Alexander:** It is not for me to comment on individual authorities. I do not think that—

**Neil Findlay:** Just a minute. It is important that we find out whether the service provision that you described is being replicated across Scotland. I do not know whether any of the panel can advise us.

**SallyAnn Kelly:** Certainly, in my experience—I cover the whole of Scotland in my day job—a host of authorities provide the kind of very good early intervention family support services that Bill Alexander described. They are provided directly by the council or the council commissions organisations such as Barnardo's to provide them. However, there is not a uniform pattern out there in that regard, which is part of what the task force

needs to grapple with. We need to address how we achieve coherence and uniformity around provision so that there is not a postcode lottery for families in what they can access.

**Neil Findlay:** Again, looking at crisis intervention versus early intervention, do you regard aspects such as additional support for learning and the looked-after children agenda as being preventative interventions or crisis interventions?

**Bill Alexander:** Those measures are preventative. Whether we are looking at additional support for learning for a school-age child or additional parenting support for a very young family, the model is the same. A health visitor identifies whether a young child has additional needs and requires additional support. In the first instance, the health visitor endeavours to organise support from the resources that are available to him or her.

Similarly, if a child has additional support for learning needs, in the first instance a class teacher should bring in support quickly and without hassle, on the basis of assessed needs. If a child has higher-level needs, additional services need to be brought in. They could be the low-level services that you talked about, which can identify the strengths in a family and what can be built on to support a family in supporting a child. Such work should always be preventative.

Crisis intervention can be successful. Sometimes, we need a crisis in our lives to galvanise us to do something and to give us a kick up the backside to sort something out, but that is not how we would want to go on routinely—we would not want to manage household affairs in that way. We should always look ahead and always identify risks. We know many of the risk factors. To support children, we should attempt to intervene proportionately at the right time, with the right service and then pull that out again.

**Neil Findlay:** If such services are rolled out across the country, how will we pay for them?

**Bill Alexander:** Many additional services were introduced when funding was more available than it is now, but the reality is that early intervention makes practical, professional and financial sense. Members will all have seen the figures that show that £1 spent now saves £10 later, and all the rest of it.

The challenge in the children's services agenda is that the pay-off is further down the road. We need brave decision making. Local authorities and health boards need to prioritise where they direct their resources. Any additional funding that is available is helpful, which is why there is a lot of interest across Scotland in the use of the change fund, which is catalytic funding.

We all still have to decide how we resource our services. We can be more efficient and more effective, and there are different ways of doing that. That involves front-loading services in the early years and in early intervention and making bold decisions. It is also about being more efficient and cutting bureaucracy.

I suggest that best practice is often less bureaucratic and more seamless practice. An example of that in my backyard is that we in Highland Council now have an integrated children's service across health and social care. Earlier, the convener described me as the director of social work. That was my role until March but, on 1 April, I became the director of health and social care. We have fewer senior managers, which means that we can protect front-line services. More of that will happen across Scotland in the years to come.

**SallyAnn Kelly:** The money question obviously comes up a lot. There are issues and challenges for the public sector purse, but my firm view—it has been echoed in the task force—is that money is not the only issue. How we deliver services, how involved parents are in the design of services and how accessible and welcoming services are to families and children are other issues.

We need to make a cultural shift at all levels in Scotland. That means that we will demand political bravery from our elected members, because we see the shift as being a generational change; it will not deliver outcomes overnight. There will be short-term wins—as with the impact of smoking cessation on very young babies—but some outcomes will be longitudinal and we will not realise them until children reach their teenage years and early adulthood. We need a fundamental look at how we deliver services on the ground and how we skill and train our workforce to do that.

**Clare Adamson (Central Scotland) (SNP):** I will ask about the timeline for delivering the guidance. You mentioned that community planning partnerships are key to driving delivery. Following the local government elections, the make-up of the community planning partnerships might change—I do not mean in the party-political sense, but different elected members might be on the partnerships. They will also be looking towards new single outcome agreements.

10:30

We had a session on looked-after children on Friday. The clear message that I got from some people was that political leadership is the key. I seek clarification on when the guidance will be issued and whether it will be timely, so that it can be given the priority that it needs by the members

involved. We have the key elements of the framework and the guidance, but you mentioned minimal standards. I am not sure where those minimal standards sit. Will they be part of the guidance or will they sit at a higher level in the framework arrangements? Finally, on the timescale, is there already a shift from crisis spending towards preventative spending or is it too early in the process to evidence anything?

I am sorry, convener—I have asked a few questions.

**Bill Alexander:** Those are challenging questions. I will answer the last question first. Is there already a shift? We suggest that there is, but it is not transformational change. The early years framework, which was published a number of years ago, called for 10 different elements of transformational change. There has been movement in a positive direction; authorities are beginning to deliver on getting it right for every child, there is a more joined-up approach across services and some spend has been directed into the early years, but there has not been transformational change. If there had been, the task force would not have been created and there would not have been the massive political commitment that the committee is evidencing, and which exists across Scotland, to deliver on the agenda.

We have not yet set a date for publication of the guidance. We were keen to get the vision statement out as early as possible to accord with the early stages of budget setting by local authorities and health boards for the coming financial year. The task force includes representatives at the most senior level from the Convention of Scottish Local Authorities and NHS Scotland, so there have been on-going discussions about that over the past six months. The vision statement firmed up our approach and it needed to come out when it did. Four workstreams, which are just starting, will need to go through their work on the detail of the guidance. We envisage that it will be later in the year that they will produce guidance.

My point about minimal standards was that when we present documentation and guidance, people often think that what they suggest is the maximum. The core programme in “Health for All Children 4: Guidance on Implementation in Scotland”—Hall 4—is the minimum core programme; it is not the maximum. The point is that we expect that the standards, guidance and a framework that we produce to be a platform for people in Orkney, Glasgow and Edinburgh to do more and to excel; it is not the maximum.

**SallyAnn Kelly:** I have an additional point on communication with community planning partnerships. When we were invited to become

part of the task force, we were clear that it was an action-oriented task force. Engagement with CPPs will involve members of the task force meeting them to discuss the guidance—once it is delivered—and the visions and principles, which we have already published. We will engage directly with folk on CPPs.

**Marco Biagi (Edinburgh Central) (SNP):** I will combine the points that Liam McArthur and Neil Findlay made about your comments on the shift in approach that you have made in Inverness. As you say, the initiative has happened in one part of the country but not necessarily in other parts. Given the importance of evidence-based policy and the timescale that you mentioned—from 2006 to 2008—what key metrics would signal improvement as a result of that approach? You say that when you took the workers away there were issues about looked-after children. Is there anything tangible in the wealth of data that are collected that would show that, since then, the initiative has had a noticeable effect?

**Bill Alexander:** We believe so. In the Highland Council area we had a study that ran for a number of years up to 2010 that was initially done by Sabhal Mòr Ostaig and then by the University of Edinburgh. It examined the process in respect of some key indicators over the period. Our early intervention work started around 2002-03. We do not think that it is irrelevant that while looked-after children numbers and youth crime numbers for most of the rest of Scotland have been going up, ours have not, or that when substance misuse is a significant challenge across Scotland, our performance on that has been improving. I think that we were also the authority with the lowest exclusion from school rate in mainland Scotland for a number of years. Those things are certainly linked to our early intervention work. To be frank, I say thank God for that. Why do the work if it does not have good outcomes and results?

Early intervention is a long game, and preventative spend and early intervention in other areas are easier. For example, preventative spend for an older person is about being able to support them in their own home tomorrow by putting in the care at home service—£500 can be freed up tomorrow from the bed that they are using in a hospital. If we start investing in parenting services today, that £500 is freed up in five, 10 or 15 years. There are also better outcomes over that period. The game is different and patience is needed.

I do not think that there are any longitudinal studies being done in Scotland over such a length of time. We had to give up the University of Edinburgh study when we ran out of money for it and decided that we had to focus on delivery of front-line services instead. However, we certainly

believe that some of those key outcomes have flowed from early intervention.

**Helen Chambers (Inspiring Scotland):** The point about metrics is important. To date, our sector and other sectors have not been particularly good at focusing on outcomes, but have been much more focused on the concept of monitoring—which is “backsides on seats” territory, in its crudest form.

Since the focus on outcomes from 2000, we have started to get comparative data so that disinvestment choices can be made: those are the brave choices that we must make. Until relatively recently, making those choices would have been rather a shot in the dark. With our investment we are working with the 24 organisations to ensure that they understand the outcomes that have an impact and the amount of investment that is needed to achieve those outcomes so that we can start to make those necessary choices.

**Liam McArthur:** I was struck by the earlier point that it is not all about resources—it is also about how we work. Do you have a message for us on how the legislative and regulatory requirements are operating at the moment, in the sense that they are not necessarily adding value and are perhaps getting in the way of you getting on with the job that we expect you to do, but are still allowing us the confidence that we are getting the reporting and feedback that we need to assure ourselves that the money is being well spent?

**Bill Alexander:** That is another challenging question. There is a lot of regulatory activity. In terms of a hard answer to your question, we were moving to a much more evidence-based and proportionate regulatory framework in Scotland. We seem to have become a bit anxious about that. To go back to Mr Biagi’s question, the point of everything we do is the outcomes. It is about people having better lives and children achieving what they can achieve and, as a consequence, fulfilling their potential. That requires quite a mature, robust and long-game approach to regulatory activity.

The alternative is to have input and process focused, regular and frequent regulatory activity on individual silos. Inspections of, for example, a children’s unit, a fostering and adoption service, a child protection service, and a local authority social work department would all happen in the same three-month period. Those services all affected the same child, in the same family, in the same community, but such excessive regulation does not have a good outcomes focus.

However, to move the regulatory model to an outcomes-focused model is a long game and is a bold thing to do.

**Liam McArthur:** Is that something on which the task force can at least offer some recommendations or options?

**SallyAnn Kelly:** There is certainly dialogue between the task force and Social Care and Social Work Improvement Scotland, which is reviewing the children’s services inspection methodology to ensure that there is some synergy between the two and that the proportionate inspection that Bill Alexander talked about is taken forward throughout Scotland. The burden of regulation in relation to inspection regimes is well documented by local authorities and the third sector.

**Neil Bibby (West Scotland) (Lab):** The early years change fund has a value of £272 million, £50 million of which comes from the Scottish Government and the rest from local authorities and health boards. How do you oversee and monitor how that money is spent? What input do you have on how it is spent, and how does your input vary between the Scottish Government money and the local authority and health board money?

**SallyAnn Kelly:** Central to that are the links with community planning partnerships. We will talk to community planning partners about the suite of effective early interventions that the task force is preparing, and we will encourage them to invest in those interventions. We will make it clear that, if money is available, there will be a bidding process, and that if we go forward with that model, it will support the effective early interventions that have been identified.

A significant amount of the national money is predicated against initiatives that are already in operation, including the play, talk, read campaign and various other strands. We see the process as a way of working alongside the community planning partnerships, which have been asked to identify, as the first stage, money that has already been earmarked for early intervention.

**Bill Alexander:** As members of the committee have said, these are difficult times. The only new money is the £50 million. The rest is what we currently use, but the amount is considerable. Our task is to use it more effectively and efficiently, and to use it in a joined-up way so that it is not seen just as local authority money or health money. Families do not care whether it is local authority money or health money—they just want support and services. The significant resources are not, however, in that money, but in what we spend on older children and higher-need services. Our important task is to look at how we bend that spend into the appropriate areas in the early years so that we do not need the higher-need services in the future.

Those are the resources that we have. There is a new bit of money to act as a catalyst to help to front-load some meaningful activity, and that is always much appreciated and helpful, but the challenge is how we use the existing resource more effectively.

**Neil Bibby:** You mentioned the challenging times that we are having with the funding restrictions. Has the task force looked at the impact of cuts to early years provision? Local authorities are taking cuts in their budgets over the next three years and they provide the front-line services to children. Has a mapping exercise been done in order to avoid the possibility that the money that we are giving through the change fund is just replacing cuts in services elsewhere?

**Bill Alexander:** No such mapping work has been done. There is strong acknowledgement of the financial environment and there is a focus on shifting resources into early intervention and the early years. It may be that it is also about using the resource that we have more efficiently and recognising the realpolitik that we are in a world of reducing budgets.

A member of the committee spoke earlier about the teaching resource. How can we use that teaching resource most effectively? Education budgets are going down: if there is less money for nursery, primary and secondary teachers, we must consider how to get that teaching resource delivered most effectively. We have to grapple with such challenges in the real world. We have not done any mapping of what the expenditure pattern has been across Scotland to date, but there is absolute determination to ensure that we bend spend into the early years.

10:45

**Neil Bibby:** You mentioned the teaching resource. Is there merit in reviewing the teacher ratios in nursery provision?

**Bill Alexander:** It is not just about teacher ratios; it is about the whole service to the child. Let us go back to the regulatory issue. We now expect childcare workers in the early years to meet Scottish Social Services Council standards. They come with knowledge, skills and experience and deliver early learning. The teaching component brings a different element: teachers are not sitting in a classroom setting teaching numeracy and literacy; they are working through play, emotions, relationships and exploring new activities. Much of that is known by the childcare worker, who will now be registered and qualified to certain standards.

The issue is how to bring the additionality from teaching to local authority provision and partner centre provision, which is delivered by private and

often small community-based organisations. It is about how all of that is organised. That is partly to do with how many teachers there are, but it is also partly to do with what they bring and how they link in to the rest of the sector. In Highland, we have made that role a principal teacher one. We no longer think that that is a basic teacher role, but that it is a highly skilled and specialist role. The person has to engage with a number of different centres, many of which are in the community sector. We therefore decided that the role is a principal teacher role. That is one thing that we have done to reorganise our provision.

**Liz Smith (Mid Scotland and Fife) (Con):** Good morning. I apologise for being a bit late because of transport difficulties.

What you were saying when I was coming into the room about cultural shift was very interesting. What expertise can the practice development team bring that is additional to local expertise in communities and local authorities?

**SallyAnn Kelly:** The task force will establish the practice development team. We want individuals in it from a range of disciplines, all of whom have a clear understanding of prevention and of how to work effectively on the prevention agenda. It is fair to say that if there were no deficits in understanding of prevention out there in Scotland, there would not be a task force and therefore there would be no need for a practice development team. It is about strengthening the approach in community planning partnerships and working with local authorities, health boards and the third sector to ensure that they understand the principles of effective early intervention and how those principles can be provided best to families that have a range of needs.

**Bill Alexander:** It is not just about services; it is about Scotland's approach to children and childhood, how we encourage play, and what our communities' approach is to play. I am talking about both structured and—critically—unstructured play. It is also about our approach to risk. The previous Commissioner for Children and Young People in Scotland used to say that in Scotland we do not wrap children in cotton wool, but in barbed wire: we do not allow them to climb trees or to take risks. If someone cannot manage risk when they are three, they will not manage it when they are 13 or 33. It is about how we understand parenting and how we support parents through universal services, and it is about society's approach to parenting in families that do not have difficulties—although we all have difficulties as parents. It is also about how communities relate to families that do have difficulties.

**Liz Smith:** You have raised a very interesting point. Is there good understanding of the need for

cultural change, even if people do not yet have the right resources? Do people buy into that need?

**Bill Alexander:** In the professional children's sector, we very much buy into that need. You probably know better than we do whether Scottish society buys in to that need, but we suggest that it does not. We want to change the perception of childhood and children across Scottish society.

**Liz Smith:** What must we do to make that cultural change in the wider public?

**SallyAnn Kelly:** We have a national parenting strategy, and it is suggested that we launch it with clear and positive messages about what looking after children means. A public awareness campaign is required. There needs to be a clear narrative about the joys of childhood and the value of children and what they contribute to society. We are still too focused on the negative impact of the children who display difficult behaviours. We need the support of politicians and the wider media in putting out good messages about children. Let us talk to parents positively about the joys of bringing up children and not just about the trials, of which there are many—I speak as a parent. We need a massive campaign about the joys of bringing up children and what they can offer society in order to reaffirm the position of children in Scotland.

**Helen Chambers:** We have talked about this being a long game; I think that it is a really long game. Changing the things in Scotland that we have changed successfully, such as smoking, has required a multi-layered, multifactoral and long-term approach. There are many aspects to that, from the work that Bill Alexander and SallyAnn Kelly are doing right through to campaigns such as play, talk, read and work in the media—including the social media, which are very influential these days. We need to see it as an holistic response going out to society as well as an holistic response that goes in to the family.

**Jean Urquhart (Highlands and Islands) (SNP):** Do you agree that there is a feeling among the wider community in Scotland that we wrap children in cotton wool? I think that the time is ripe to start to change that culture. Some things are stated in legislation, and I do not know how we begin to tackle that. I understand that primary school teachers cannot cuddle children when they are crying, for example. I do not think that anybody in Italy—regardless of who they were—would not act in that way if they saw a child in the street who was upset. There is a different culture there. We need to put some big messages out about that, too, in time, if we are going to see the nation nurturing our children as opposed to only parents doing that.

**Bill Alexander:** I am never clear about how much of that is real and how much is myth and

stereotype, but the reality is that that feeling is out there. It undermines what professionals feel that they can do and it has a negative impact on people's perceptions of professionals. We all know about the local nursery that gets told to chop its tree down and the teacher who says that they felt anxious about cuddling a child, so there is some reality to it. I have never yet heard of a teacher being prosecuted for cuddling a child, but there is a fear and a myth out there. We must turn the situation around and challenge that.

**Helen Chambers:** We are also now getting to a stage at which we have demonstrations of good, effective practice with the right amount of risk analysis. In some of the work that we did with Play Scotland over the past couple of years, there was initially some anxiety about the risks to children of being outdoors, up trees, near water and so on. However, we can provide safe environments and demonstrate to parents, communities, policy makers and CPPs that there are good responses. People tend to need to see it to believe it. In Scotland, we now have some excellent practice and ideas; it is a matter of seeding those across and showing their effectiveness, efficiency and cost benefits. We are getting to a much better state to be able to take that into the mainstream.

**Jean Urquhart:** What is the relationship between the task force and Inspiring Scotland? How do you work together?

**Helen Chambers:** There is not a direct relationship. Inspiring Scotland's early years early action fund is funded by the policy team that looks after the task force. We feed our learning, our experience and our progress into the policy team, which then takes that into the influence of the task force. We do not sit on it directly. We will ensure that the work that we and the organisations to which we provide money do is well articulated with the outcomes and outturns of the task force, the parenting strategy and other work that will come through at the end of the year.

**Jean Urquhart:** Does the relationship work?

**SallyAnn Kelly:** Yes. I am directly involved with Inspiring Scotland. There have been discussions with civil servants on the task force about the early years early action fund.

**Bill Alexander:** We have a rich and vibrant independent sector, which is supporting families and children in the early years. Playgroups, for example, are the most well-established, deeply rooted and successful community-based organisations in Scotland. Many people have come into political activism and professional activity through the playgroup sector. It is critical that we continue to nourish such groups throughout Scotland.

**Jean Urquhart:** You said in your report:

"We know that multi-agency working and information sharing can be improved and that it is crucial to good service delivery. We know that while procedures are needed, there can be excessive bureaucracy and duplication in the system."

When the committee has taken evidence, particularly on looked-after children, we have encountered frustration with time-consuming bureaucracy. Your paper is all about getting everybody to work together. When I was an observer at a children's hearing, I realised that the whole thing should have happened about five years earlier—the case was deferred because the social work report or other such information was lacking. I could tell that everybody there was frustrated. How do we combat such problems and realise the dream that you have?

**Bill Alexander:** That is what the implementation of getting it right for every child is all about. Critical to implementation is better collaborative working and reduced bureaucracy, to ensure that workers are out there working with children and families rather than sitting at computers and writing long reports. A significant step is the move from three, four or five separate agency plans to a single child's plan. If collaborative working is to be successful, there must still be a level of bureaucracy, but it is a single bureaucracy, not three, four or five bureaucracies. We are making progress.

The key metrics that Mr Biagi asked about are these: does a child have a named person? Does a child with multi-agency needs have a lead professional? Is there a single child's plan? Are there fewer meetings? If there is better collaboration, there is less need to get everyone in the same room at the same time. We are getting better at those things.

What we seem to fail at very well in Scotland is electronic information sharing. I will talk about the problem for a couple of minutes, because it is critical and it compromises the safety of children. The more complex a child's needs and the child's plan are, the less safe the current, manual processes are.

In Highland, we have a single child's plan, but I can share it only by printing it, photocopying it, sticking it in an envelope, addressing the envelope—two envelopes, for safety reasons—putting a stamp on it and putting it in a postbox. If the child's plan changes, as many plans regularly do, I have to do that all over again. The more agencies are involved, the less safe that is. In the days of Facebook, Twitter and all the rest of it, one would have thought that we could share a single child's plan electronically. We cannot do so, and that is not safe.

**Liam McArthur:** I thought that the introduction of Government secure intranet networks and so on

was facilitating more information exchange. Even if there is not a single database, cannot information be transferred by e-mail?

**Bill Alexander:** I cannot e-mail Barnardo's securely. I can only post a child's plan to Barnardo's. We have some connectivity between local authorities and health boards but, other than that, sharing information between agencies is difficult. When we e-mail, all we are doing is replicating the photocopying and printing process.

What we need is electronic access to the single child's plan, wherever it is electronically stored. It should be electronically stored in a single place so that everyone knows that it is the latest plan and that it has the risks, the actions and what everyone is doing. People should be able to go there and should not be checking when they last got an e-mail. E-mail is better than the postal system, but we want access to Janie Smith's plan right now. If I get a phone call today about an incident in the school to do with Janie Smith, I am fortunate that I can go to her plan. A colleague in another agency who works with Janie cannot do that; they can only check the last e-mail that they got or their post.

11:00

**Marco Biagi:** What are the obstacles to that? Is it simply that each different agency has its own bespoke system, or are we talking about legal issues to do with data protection and information sharing?

**Bill Alexander:** It is the first. There are no legal issues. Actually, it is the opposite: we would all be taken to court if we did not share information to protect a child. The problem is electronic software and hardware issues.

**Marco Biagi:** Does that include third sector organisations?

**SallyAnn Kelly:** Generally, yes. Barnardo's is probably not the best example, because we have Government secure intranet, but most organisations do not.

**Neil Findlay:** I feel that I must make a comment on the point that Jean Urquhart made about a child being comforted by a professional. The reality is that, in a primary school in particular, it would be seen as perfectly normal for a female member of staff to carry out that role but, as a male in that environment, I would never have put myself in that position. That is a sad reflection of where we are.

**SallyAnn Kelly:** That is not to do with schools per se. You highlight the contribution of men to parenting in society. Under early and effective interventions, we are considering how we can support dads not only to parent positively, offer

cuddles and do all the things that mums are traditionally expected to do but to do that safely and be viewed as doing it safely. We certainly have the balance wrong with dads feeling that they cannot intervene in the same way that mums can.

**Neil Findlay:** And male professionals.

**SallyAnn Kelly:** Absolutely—and male professionals.

**The Convener:** For my own enlightenment, could Helen Chambers tell me the scope of private sector cash investment in early years? We have talked a lot about public sector investment, including the change fund, but I wonder what private sector investment there has been.

**Helen Chambers:** We have not actively fundraised for the early years early action fund so far. You will see from the briefing paper that we have four funds. The most established is the 14 to 19 fund. At the moment, that is where our fundraising activities go. It takes a long time to gain a relationship with major donors so, because the early years early action fund is a one-year fund, we made a strategic decision to concentrate on the 14 to 19 fund currently.

We have a private sector contribution through our pro bono work and our work developing the capacity of the organisations to which we provide funding. Some of that work is described in the briefing. We have done quite a range of capacity building on mentoring, databases, social media and human resources employee advice. That is the range of work for which we tend to bring in the private sector to provide institutional support rather than support on any particular practice elements.

**The Convener:** I understand the limitations of the current year-long funding but, if we ignore that issue for the moment, what scope is there for further investment from the private sector?

**Helen Chambers:** That is a difficult question. We came into the venture philanthropy marketplace at a difficult time for going to the corporate sector and to high net worth individuals, whose confidence, even if they are still quite wealthy, may have been dented by what has happened in the business sector recently. I hope that there is significant appetite for philanthropy towards early years children and families. We would have to put significant further resource and effort into that if we were to pursue it further.

**The Convener:** The early years early action fund runs from September to September, does it not?

**Helen Chambers:** Yes—well, the contributions to front-line organisations run from September to September.

**The Convener:** Will it go on beyond that?

**Helen Chambers:** We are still waiting to hear from the Scottish Government on that.

**The Convener:** When do you think that you will hear?

**Helen Chambers:** I very much hope that we will hear soon, but I do not know.

**Marco Biagi:** We talked earlier about the importance of capacity building in families. We all support that approach. In the overall transformation towards that approach, how do you envisage building capacity in the families that are, for whatever reason, the least willing to engage with services? In our looked-after children inquiry, we came across the fact that the ones that we need to get to are often the hardest to reach. Are there examples of good practice on that? Is the issue on the radar?

**SallyAnn Kelly:** There are examples of good practice. A range of intensive family support services are provided across the country that concentrate primarily on the families that some people call hard to reach and others call easy to ignore—it depends on your perspective. There are also parenting models. Through Inspiring Scotland, Barnardo's Scotland has a you first programme, which is aimed at some of the most vulnerable young mums in some of the most deprived postcode areas. We are trying to work with them to bring them back into universal services and reintegrate them into their communities.

There is an array of good practice out there. At heart, all those approaches have the aim of building relationships. They all involve skilled professionals and volunteers who work and stick with families to build effective and honest relationships with them and who work on their strengths and challenge them on any deficits. They do that over a period of time. Many of those interventions are effective because of the stickability of the professionals who are involved with the families. That is what we need to have in place.

**Marco Biagi:** Is there a difference in the response from hard-to-reach families depending on whether the approach comes from a third sector organisation, a local authority social worker or a national health service employee? If so, is that issue being dealt with at a local level?

**Bill Alexander:** There can be a difference. However, I would not say that there is an issue with NHS employees. I work for a council that employs health visitors. Families' relationships with health visitors might be different from their relationships with social workers because health visitors have a different role and function and are perceived differently. There will be occasions on which we want somebody from Barnardo's, Action

for Children or a local community group or community centre to be involved, because those people do not have the suit and tie, and the stigma and the baggage that go with that. There are often times when we want a third sector organisation to be involved, rather than a statutory organisation or public agency, but we must also recognise the different roles of the agencies.

**Marco Biagi:** Does that describe what is happening on the ground? Are the different arms working together?

**SallyAnn Kelly:** We are not there yet and we clearly have a way to go. At the heart of what Bill Alexander said is a point about the capacity in Scotland to deliver destigmatised services—services that do not stigmatise people just because they walk through the door. Families that come to my organisation and others say that they feel stigmatised because they have a social worker. Having a health visitor does not have the same stigma attached to it.

To break down some of the barriers that arise from the stigma that families feel, we need to make services more accessible to families. Services need to look inviting so that families knock on the door and come in and visit. In a range of areas, that is the key to engaging much more productively and positively with the families that at times find it difficult to engage with statutory services because they bring with them their experiences of being in school, visiting a social worker or having a social worker visit the house.

**Marco Biagi:** Someone who works in a third sector organisation suggested to me that the focus on hard-to-reach families can sometimes take attention away from other problems that might be about to emerge.

**Bill Alexander:** You are moving from hard-to-reach families to families that present risks to children and suggesting that the risks might be easier to see in some families than in others. That is probably a fair point. The issue relates not only to professional perspectives but to societal perspectives. Society in general still thinks that an adult who is a risk to children goes around with horns and fits a particular stereotype. People do not believe that such adults come from different backgrounds, with different levels of education, and may have a professional and significant community role. The reality is that adults who harm children come from many different backgrounds. We need workers who are skilled in dealing with that. Sometimes, the families that are hard to engage use clever tactics to cover up what goes on behind closed doors so that issues are not found out about. We therefore need—whether through the health visitor or the social worker—to be very skilled at identifying risk factors and

ensuring that risks are not concealed by stereotypes.

**The Convener:** I want to take you back a step to the comments about stereotypes and stigmatisation. To put it crudely, a health professional is for someone with a child, but a social worker is for someone with a problem child. In other words, having a health visitor is normal, but having a social worker is an accusation. Is there is a risk involved in managing the move towards the integration of social work services and healthcare, given the stigma that is attached to one of the services but not the other?

**Bill Alexander:** Yes, there could be anxiety about that. We need to be clear that integration is not about a nurse becoming a social worker or a social worker becoming a nurse. It is about the nurse being the best possible nurse in an environment that respects the role. However, when someone needs access to other professionals who also play a role in supporting a child and the family, that access must be easy to get, without bureaucracy and based on the child's needs. The issue is about the join points and respecting the traditional roles. There could be anxiety that integration means that people come to a lowest common denominator professional. That is not what we are talking about and it is important that we do not go down that road.

**Liz Smith:** The task force said:

“Prioritisation of services by providers can be a difficult task, particularly when statutory obligations overshadow other work.”

Will you provide examples of where you think that potential conflict is? What do we need to do about that conflict?

**Bill Alexander:** There are some situations that we cannot walk away from and must prioritise. The nature of child protection services means that it is very difficult to deliver in other areas. A classic example is social work services to children affected by disability. If generic social work services are provided, and there is a local patch social work team, that team will always be delivering today's priorities and urgent situations. Doing the long-term work, for example with children affected by disability, can fall further down the hierarchy. It is therefore important to ensure that there is a tiered approach and the resource no matter how services are organised.

To return to Mr Findlay's question, services can be organised in different ways, but services must be organised to ensure the prioritisation of the work that, although not critical today, will become critical tomorrow if it is not attended to.

**Liz Smith:** Is there much conflict between people who may have different priorities, or are you getting better at overcoming that?

11:15

**Bill Alexander:** We are getting better at overcoming that, but some of that discussion is quite creative and important. With regard to Mr Maxwell's question, there might be a legitimate argument about risk and protective factors from a health visitor and a different argument from a social worker. It might be that bits of both of those arguments are part of the whole truth, and it is the joining together those elements that gives the three-dimensional picture. The issue is not about conflict; it is about bringing those elements together to get as holistic a picture as possible. There is much more agreement about what the key aspects of that picture need to be.

**Liz Smith:** So it is not accurate to say that there is sometimes conflict between groups. There is a general understanding of what the wider—

**Bill Alexander:** No, that would be inaccurate. There can still be conflict between groups. It is our role, as leaders in those professions, to improve the situation within the getting it right for every child model.

**The Convener:** How does Inspiring Scotland fit into the statutory model? This is a bit of a loaded question, but do you genuinely add value, or are you plugging the gaps in the statutory framework?

**Helen Chambers:** We do not deliver any direct services, so the value that is added is added through a range of services such as those that are provided by Barnardo's.

Where planning is not joined up well and is delivered in the way that Bill Alexander has described, the voluntary sector might be pulled in as an add-on. However, in the best CPP environments and the best authorities, you will get that three-dimensional response, and the voluntary sector will be brought in strategically to provide the necessary reach into communities or to provide the particular sort of practices in play and other areas in which the voluntary sector works very well.

There is a yes and no answer to your question. I am very confident that our organisations add value in that regard; otherwise, we would not be giving them money.

**Joan McAlpine (South Scotland) (SNP):** Understandably, particularly as we have just come out of our inquiry into the attainment of looked-after children, we have focused this morning on children who are at risk. However, the issue that we are discussing involves the early years of all of our children in Scotland.

Some of the contributions to the work day that I took part in on the attainment of looked-after children came from people who were anxious to emphasise that high-quality universal childcare

benefits not only the most needy children but all children. Do you agree with that? The models in the Nordic countries, particularly Finland, were regularly mentioned. Can you tell us how far we are from the situation in those countries?

**SallyAnn Kelly:** High-quality universal care undoubtedly benefits children. The comparison with the Nordic countries often comes up in Scotland. I think that we are pretty far away from where the Nordic countries are. That can be seen in the statistics on our investment in the early years and the outcomes for our looked-after children and the more vulnerable children in society.

With regard to how we can take that agenda forward, we have to think about our interpretation of the way in which we can achieve that level of high-quality care, which is through the getting it right for every child agenda, the activities of the task force and the commitment to the early years and early intervention agendas, within the context of universally provided services, with targeted interventions for the most vulnerable.

**Bill Alexander:** The bedrock has to be a universal service in the earliest possible years. We know that the minds of children in the womb and babies are wired to learn. Those years are therefore the critical years in the development not only of the baby but of the adult. If the baby learns positive things and deals with challenges and risks, the outcomes are likely to be positive. However, if the child learns negative things or—what is worse—does not learn and has no access to stimulating experiences, play and opportunities to grow and to reach the developmental milestones, they never catch up.

Those of us who are parents are given the child by the hospital to take to the car and drive away, but what do we know? Whatever we as a society do to support parents in knowing how to use the magical years from just before birth to the age of three is critical. If we did more to provide the right support, the right messages and the right attitudes to families and very young children, not only would the most needy be less needy, but all our children and all our adults would achieve more.

**Joan McAlpine:** How do we achieve that universally?

**Bill Alexander:** That is about how all the societal instruments, which include the formal services, engage with the child and the family. We are very interested in the formal services, but another factor is how the rest of society interacts with and supports the child and the family. That is to do with much of your political decision making, the media, societal attitudes and how Scotland as a country engages with families and very young children.

Much of the early years task force's work is based on services. The roles of the midwife, the health visitor, the hospital, the nursery school and the community group are all important, but they are just one aspect of how we as a society support children and families.

You mentioned the Nordic countries. They have thought harder about such issues and have been willing to invest differently and probably more in such matters. For example, they invest more in parental leave, because they believe that the relationship between parents and the child in the early years is critical. They support that more than we do. In the main, they put off formal education longer than we do. They would rather have children climbing trees than being in a classroom setting when they are five, six or seven. They continue to differ from us in those two significant ways.

**Joan McAlpine:** My final questions are on a slightly different subject. You have mentioned a couple of times attitudes in Scotland and Scottish society as a whole. If we are looking at how all children are educated and looked after in their early years, how much thought have your organisations given to the cultural dimension in the early years in Scotland? As you know, the Scottish Government is bringing a Scottish studies element into the curriculum in schools, which is focused on things such as history and literature. To develop self-esteem in the early years—for example, in relation to language and how children talk—how much thought have you given to introducing a Scottish studies element into the early years?

**Bill Alexander:** I do not think that we can comment on Scottish studies, but one of the four work streams is about culture and our approach to Scotland's children. The work stream will look at the full range of aspects of that.

**Helen Chambers:** We touched on the issue earlier. When we started on the work with play and we talked to people in the private sector, they said, "Why are you doing this? Don't kids just do this?" Through the work that we have done to develop an outcomes evaluation framework that starts to show the benefits of play, how it feeds into a broader agenda and how it can support communities and families more broadly, and through taking that into a wider environment, we have exposed people who are not very familiar with those issues and ideas day to day to new ways of thinking and we have provided evidence for that.

Activities such as the committee's investigation into the early years can be important, because they take such issues into the public domain and raise the profile of the debate. Scotland needs to debate how it engages not with its children but with our children—this is about all our children.

The Nordic countries perhaps have a different sense of that.

We have an opportunity to broaden the debate, to take it away from the language of task forces and outcomes and to talk in a much wider environment about how we feel about our children, about risk, about what we would like children to be able to do and about the opportunities that they can have in the next 20 to 30 years.

Because of what has happened recently with the economy, we are at a point at which we must choose how we want to reformat our society and restructure what we do over the next 10, 20 and 30 years. Our questions about our children must be implicitly interwoven into such discussions, whether they are about employability, the role of men, the role of parental leave or the types of jobs in Scotland. All those issues affect our children.

**The Convener:** I will take a quick question from Jean Urquhart.

**Jean Urquhart:** I was reflecting on what the convener said about health workers being regarded as good and acceptable and their visits being seen as standard procedure compared with the perception of a social worker suddenly being there because there is a problem. Bill Alexander responded to something that Neil Findlay said by commenting that there was a negative effect when we removed the social work assistant who went into homes in the morning and tried to ensure that there was order and discipline. Should the social worker be engaged before the health worker, at the time of maternity? Is the difficulty just a lack of familiarity when a social worker suddenly comes in further down the line when there is a problem rather than being there at the beginning?

**Bill Alexander:** No, it is not. First, I want to defend social workers. Many families value them and find them supportive. However, every family has a health visitor, so a health visitor's case load numbers hundreds. As I think Mr Maxwell said, it is therefore routine to have a health visitor and it is part of growing up for a child and part of normal developmental activity. A family has higher-level services only if there are challenges. That can include things that have very negative implications, but all of us could need a social worker at different times. I have had social workers coming in and out of my extended family, which has been helpful and supportive, because we have had challenges at different times. That provision occurs when there are difficulties.

We use the additional resource of what has been referred to as the social work assistant to come in from a social work base to do focused areas of targeted work. We do not dilute that into the universal service. I will use a simplistic analogy. We have talked about things being

sucked into child protection. Similarly, if we simply located the additional social work resource in an educational context, they would soon be sucked into the classroom. There are many things to do in a classroom that are not about the additional focused activity that a social work assistant requires to do to make a change. They might not need a four-year social work qualification to make the change. They might just need to go into a household in the morning and talk about routine and what time a child has to get out of bed, how they get to the bus stop and whether they have had a decent meal before they go to school. That will be undertaken as an additional focused service, and the person will move on once they have achieved the required change. It is important to remember that the service is different in that way. In that regard, I remind members of my point about having tiered levels of intervention.

**The Convener:** Thank you for that. Our final question is from Clare Adamson.

**Clare Adamson:** The European Union structural funds are currently under review. As other EU member states have successfully applied those funds to the development of universal early childhood education and care, has the task force considered whether it is possible to make a case for the funds to be aligned with its other resources in order to support parental employment and improve the early years experience of all our children?

**SallyAnn Kelly:** We have not considered that yet, but we understand the issues in relation to parental employment and the need for us potentially to leverage in more money for some of the transformational changes that we need to make.

**Helen Chambers:** We talked about a whole-systems approach. Some of the organisations that we invest in under the 14 to 19 fund have been successful in bringing in European structural funds. If we get people into jobs in their early lives, they are not as likely to be in situations of poverty when they move into having families. It would therefore be brilliant to bring in more resources, particularly to support parental employment, but we must consider how we resource the wider policy response because there are flows between the dimensions.

**Clare Adamson:** Should the task force investigate and build that capacity or should one of your partner organisations do that?

11:30

**SallyAnn Kelly:** One of the work streams in the task force involves looking at the interface in community planning partnerships and how they can best build the capacity to deliver better early

years services across their areas. In that context, it would certainly be natural to discuss what resources they can marshal to help them achieve their local aims. I would prefer that dialogue to happen within community planning partnerships and for local providers to make any decisions in that regard.

**The Convener:** Thank you very much. On behalf of the committee, I thank you all for giving us your time and coming along to answer our questions.

We will have a brief suspension before moving on to the next item.

11:30

*Meeting suspended.*

11:32

*On resuming—*

## **Subordinate Legislation**

### **Adoption and Children (Scotland) Act 2007 (Commencement No 4, Transitional and Savings Provisions) Amendment Order 2012**

**The Convener:** Our second item of business is consideration of Scottish statutory instrument 2012/99, which is subject to the negative procedure. No motion to annul has been lodged. Does the committee agree to make no recommendation to the Parliament on the order?

**Members** *indicated agreement.*

**The Convener:** Thank you very much. That ends the meeting.

*Meeting closed at 11:33.*

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