

# **EDUCATION COMMITTEE**

Wednesday 25 January 2006

Session 2

£5.00

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# CONTENTS

Wednesday 25 January 2006

Col.

EARLY YEARS INQUIRY .....	3017
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## EDUCATION COMMITTEE

### 3<sup>rd</sup> Meeting 2006, Session 2

#### CONVENER

\*Iain Smith (North East Fife) (LD)

#### DEPUTY CONVENER

\*Lord James Douglas-Hamilton (Lothians) (Con)

#### COMMITTEE MEMBERS

Ms Wendy Alexander (Paisley North) (Lab)

\*Ms Rosemary Byrne (South of Scotland) (SSP)

\*Fiona Hyslop (Lothians) (SNP)

\*Mr Adam Ingram (South of Scotland) (SNP)

\*Mr Kenneth Macintosh (Eastwood) (Lab)

\*Mr Frank McAveety (Glasgow Shettleston) (Lab)

\*Dr Elaine Murray (Dumfries) (Lab)

#### COMMITTEE SUBSTITUTES

Richard Baker (North East Scotland) (Lab)

Rosie Kane (Glasgow) (SSP)

Michael Matheson (Central Scotland) (SNP)

Mr Jamie McGrigor (Highlands and Islands) (Con)

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD)

\*attended

#### THE FOLLOWING GAVE EVIDENCE:

Gavin Fergie (Community Practitioners and Health Visitors Association)

Heather Gunn (Association of Directors of Social Work)

Mandy Mayo (Scottish Pre-School Play Association)

Ian McLaughlan (Scottish Pre-School Play Association)

Maggie Simpson (Scottish Childminding Association)

#### CLERK TO THE COMMITTEE

Eugene Windsor

#### SENIOR ASSISTANT CLERK

Mark Roberts

#### ASSISTANT CLERK

Ian Cowan

#### LOCATION

Committee Room 2



# Scottish Parliament

## Education Committee

*Wednesday 25 January 2006*

[THE CONVENER *opened the meeting at 10:03*]

### Early Years Inquiry

**The Convener (Iain Smith):** Good morning and welcome to our third meeting of 2006. On the first of our two panels are representatives of the Scottish Pre-School Play Association—Ian McLaughlan, its chief executive, and Mandy Mayo. Maggie Simpson, the director of childminding development in the Scottish Childminding Association is also here. I ask witnesses to make a few opening remarks, then members can ask questions.

**Maggie Simpson (Scottish Childminding Association):** I will start with an update of my written evidence. The scheme of excellence is in the process of being updated on the Scottish credit and training qualifications framework. Like any qualification, it goes alongside others.

We wanted to raise the important matter of the need to deal with the training and qualification requirements of childminders. Those requirements are still unmet because childminders are not registered with the Scottish Social Services Council.

**Ian McLaughlan (Scottish Pre-School Play Association):** I am pleased to be here. We passed our supplementary evidence to the committee last week, and I am happy to elaborate on any points therein. My colleague, Mandy Mayo, who is with me, is a service manager who works with several local authorities across the country. She will articulate some of the practices that support voluntary sector pre-school providers.

**Mandy Mayo (Scottish Pre-School Play Association):** Ian has said it all for me. I work closely with local authorities and our local staff to support the pre-school sector.

**The Convener:** Thank you. I now invite members to ask questions.

**Lord James Douglas-Hamilton (Lothians) (Con):** I would like to ask some straightforward questions. What barriers, if any, exist to allow greater voluntary sector involvement in early years provision?

**Ian McLaughlan:** Many opportunities are available to the voluntary sector in pre-school education across Scotland. The introduction of the

child care strategy in 1998 has enabled organisations such as SPPA to work with the partner providers—including local authority partners—of pre-school education. We have been greatly encouraged by the work that has been done across the country in support of the partnerships. There are barriers, the most obvious being funding. Funding is the one word that comes up most often in discussions such as this.

The disparity of funding that faces voluntary sector providers is key. The local voluntary sector providers of pre-school education in some areas perhaps do not enjoy the benefits of statutory sector provision, although in other local authority areas steps are being taken to create a more level playing field. In some areas the local pre-school group—traditionally known as a playgroup—is funded by the local authority for 33 weeks, but in the statutory sector that is 38 weeks. Therefore the local voluntary management committee has to find the shortfall.

**Lord James Douglas-Hamilton:** What barriers are there to improving initial and continuing training and qualifications in the voluntary sector?

**Ian McLaughlan:** Again, there have been tremendous opportunities. As I said, increased Scottish Executive funding has enabled many voluntary sector staff to train through the training challenge fund, which was introduced in the past year. Many local authorities have proactively supported the voluntary sector providers to ensure that they have the necessary resources to allow their staff to train. We have been encouraged by the introduction of the Scottish Social Services Council's requirements for all pre-school staff to be registered in the next year. Evidence suggests that our sector is working vigorously to ensure that all staff have appropriate qualifications. However, there are barriers. Many staff in the voluntary sector have perhaps been working effectively with children with great competence for, say 10, 15 or 20 years but have never had the opportunity for further professional development or training. In some areas in the country—not many—some of those staff are reluctant to undertake appropriate training and qualifications. Organisations such as the SPPA and other umbrella bodies enable and encourage those staff to think about their professional and continuous training opportunities.

**The Convener:** I wonder whether Maggie Simpson wants to add anything. In her evidence she mentioned something that referred to training for childminders.

**Maggie Simpson:** Yes, I did. However, the question was specific to the voluntary sector, and childminders are private providers.

**The Convener:** I meant the non-statutory sector rather than necessarily the voluntary sector.

**Maggie Simpson:** When the decision was made about who would have to be registered with the Scottish Social Services Council, it was agreed that because childminders are individually registered with the Scottish Commission for the Regulation of Care, they would not also be required to register with the Scottish Social Services Council.

That decision has left a gap: it means that none of those childminders is required to do any training or to have any qualifications, not even at the start. Someone can come into childminding without any basic training. They have to meet the requirements of the care commission with regard to registration, but not with regard to on-going training or qualifications, so there is no requirement for any kind of continuous professional development. That includes training on health and safety, first aid and child protection. That is not to say that the care commission does not examine those things but, given that childminders do not have to meet training and qualifications requirements, a high percentage of them are not undertaking any training at all. I cannot see how that can be good for the development of that sector.

**Lord James Douglas-Hamilton:** Is there a case for allowing childminders to look after their own children as well as other people's?

**Maggie Simpson:** They do. Their own children are counted in the ratio for which they are registered. Under the legislation, they are registered for a total number of children, which includes their own children.

**Lord James Douglas-Hamilton:** Should we be encouraging more diverse child care provision? How do you marry uniformity with choice of provision?

**Maggie Simpson:** I do not think that the two things are in conflict. We certainly want there to be choice. That is the challenge. By increasing one part of the sector, we do not want to get rid of another part of it. That has been an issue in the past. The sustainability of the sector is fragile. It is always a bit on the edge and we need to do something creative to ensure that there is variation to meet the needs of children, which is what it is all about.

**Lord James Douglas-Hamilton:** How can more vulnerable parents be encouraged to access targeted services to support them?

**Maggie Simpson:** I am sure that Ian McLaughlan will want to say something about that too, but such services are increasing within childminding. I said in my submission that we must not think of childminding simply as something that exists for working parents. Increasingly, the skills that childminders possess and the fact that they

are a community-based resource means that they are being used by a variety of parents. The issue is how that service is paid for. The need to provide targeted services for more vulnerable parents is not being ignored; I am pleased to see that such services are increasingly being provided.

**Dr Elaine Murray (Dumfries) (Lab):** A lot of families use a range of services in the statutory, voluntary and private sectors for different elements of their child's care and education. Are there ways in which that could be made easier? What could be done to help parents get a mix of care that suits their needs and their child's needs?

**Ian McLaughlan:** The key to that is identifying the needs of parents in the child care partnership in each local authority. We see true partnership working in the partnerships in which the voluntary, private and statutory sectors are well represented as equals. There are panels in those partnerships that identify the opportunities for child care, to ensure that there are choices for parents.

**Dr Murray:** Given that there are now registers of child care providers, is it fairly easy for parents to find out who might be available to take on the various aspects of their child care? Is that working properly?

**Mandy Mayo:** Child care information services are good at providing such help for parents. On the point about choice and variety, there are good examples of statutory sector nurseries and playgroups working together so that children are at playgroups for part of the day. Playgroups can provide wrap-around provision, then the children move on to nurseries.

**Dr Murray:** We heard evidence last week that some parents would like to receive a brochure when the child is born, advising them of the services on offer in their area.

**Maggie Simpson:** Anything that could be done to improve that would help. Where the child care information service works well—there is an excellent model in Edinburgh—it works extremely well. Services vary, depending on how much local authorities have invested in them, but very few parents will make their child care choice by phoning the information service or accessing it on the web.

It is not that the resource does not exist, it is just that parents do not access it. It remains the case that people find the child care of their choice by word of mouth. It is likely that people will go to a playgroup or nursery because somebody has recommended it to them, not because they have accessed the information independently. That is a great pity, as the matching up becomes a bit of a lottery, whereas the process should start with people being guided by the needs of their child. At

the moment, the process tends to happen back to front.

10:15

**Ian McLaughlan:** A category of people in our communities who are less able to identify where good-quality child care is available are those who are in the most vulnerable circumstances. Perhaps some of those parents are hiding behind the barriers of their own doors because they do not have the confidence or self-esteem to seek out the best possible child care for their families, with all the stigma that is attached.

Great strides forward have been made through the sure start programme, which is enabling parents to come out with their children although they may have low self-esteem and lack confidence in their ability as parents. Through that integrated approach—through working with health visitors, pre-school staff and childminders all together—those parents can learn that they have a lot to offer in ensuring that their children are learning, developing and being cared for. However, there is a big barrier to overcome in enabling those parents to come out from behind their front doors.

**Dr Murray:** If there were an expansion of statutory provision—whether in nursery schools or in family centres—would there be a fear that that would squeeze out some of the sector that you represent?

**Ian McLaughlan:** Yes, that fear has been around for some time. Until the child care strategy was introduced in 1998, it was voluntary sector provision that enabled young children and their families to come out and interact socially with each other. The introduction of the strategy has been a positive step, but Scotland now has the smallest percentage in the United Kingdom of voluntary sector provision in the mixed-market economy. We hear a lot from the Executive about the mixed market of provision. We want to ensure that the contribution of the voluntary sector—which is now smaller than it was before 1998—is not only maintained, but developed and expanded in the next few years.

**Maggie Simpson:** I agree with Ian McLaughlan. Many services are on the edge of viability, and it does not take much to tip the balance. You talk about expanding pre-school education and local authority nursery provision, but that is not the way in which most local authorities would want to look at it. They would want to expand choice and provision across the board, but it would be incredibly difficult for them to do that in a way that maintained the balance, especially in rural areas where the number of children makes certain services unviable. That is quite a challenge and it

will certainly not be met by considering only certain elements of the provision, such as local authority nurseries or the family centres. You have to look at provision across the board.

**Fiona Hyslop (Lothians) (SNP):** The Scottish Pre-School Play Association states that there has been a reduction in the number of pre-school places—and playgroup places, I presume—

“from 45,883 in 1997 to 20,061 in 2003”.

That is a dramatic reduction—the number of places has been more than halved. You explain in your written submission why it has happened, but can you explain the consequences of it for children and their development? Has there been a 50 per cent increase in the number of children who are not accessing social environment playgroups and are therefore more isolated? What have the consequences of the reduction been for children?

**Ian McLaughlan:** The consequences for children have perhaps been minimal. The important issue is the quality of the provision that is available. I say that as a representative of an organisation that grew out of the parent-led movement to encourage young children to grow and develop in a structured way. The consequence of the reduction is that local authorities are now providing services of a certain quality—the quality is the important thing. There is no doubt, though, that the reduction in voluntary sector provision presents quite a stark figure. The situation in Scotland is unlike the situation in the rest of the UK, where there is still a mix of provision.

**Fiona Hyslop:** Local authorities have expanded hugely their provision for three to five-year-olds. My concern is about the provision for zero to three-year-olds—especially playgroups, which have been primarily for two-year-olds. We recognise that there has been a big improvement in the provision for three and four-year-olds; the issue is the playgroups for the two-year-olds and the younger group. I wonder where those children are going if there are no playgroups.

**Mandy Mayo:** The majority of our playgroups take children from approximately two-and-a-half. Playgroup children are normally two-and-a-half to just over three-and-a-half years old, so there is quite a short span in the playgroups. Children who are younger than that are in our toddler groups, where we work with the children and the parents together.

**Fiona Hyslop:** My concern is that if there is 50 per cent less provision—50 per cent fewer places—somebody must be losing out. I am trying to work out who it is.

**Ian McLaughlan:** That is a fair point. There is no loss of children—the children are still in the

system. Young children from birth to five years old have a plethora of services available to them. The sure start programme is ensuring that a lot of the younger children, from birth to three years old, are more than adequately catered for. That is where the pre-school groups in the voluntary sector have a role to play, and we engage with local authorities to provide those services—they are not lost to the system. The statistics show that the voluntary sector movement has lost out: there is no doubt that that has been a reality in Scotland for the three-to-five age group; however, overall, from zero to five, children are still benefiting.

We wish to promote the concept that all sectors have a part to play, and we believe in and are committed to the mixed-market economy of voluntary sector, private and statutory provision. We are looking for a greater share of that market to ensure that we maintain our slice of the pre-school cake.

**Fiona Hyslop:** If there is to be a variety of providers, it comes down to funding and the different streams. As part of the committee's inquiry, the convener and I visited Finland, where the equivalent of childminders, family day care, is provided through the public sector. Do you have any views on that? That obviously provides continuity of service. The Scottish Childminding Association has concerns about the continuity of care for children and thinks that it is important to ensure the funding to allow that continuity of service rather than to have children dropping in and out. Do you have any views on the Finnish model?

**Maggie Simpson:** In other countries, there are all sorts of models of family day care. I am not suggesting that the self-employed childminders that we have in Scotland are necessarily the best model in the longer term. As I suggest in my written submission, those people struggle with their self-employed status because they are regarded under the Regulation of Care (Scotland) Act 2001 as the managers of their service; therefore, they have to be treated in exactly the same way as a large nursery. They inevitably have vast quantities of paperwork to manage and get caught up with planning permission, environmental health and goodness knows what else. That does not help them to dedicate their time to the provision of quality care.

The Finnish model eliminates that side of child care, but it does not incentivise the service. Somebody who wants to develop a unique childminding service has the flexibility to do that in Scotland. There is not quite the same incentive to be as flexible, adaptive and innovative in a public sector model such as there is in Finland. As usual, it is matter of weighing up the benefits and the downsides of each model.

**Fiona Hyslop:** Funding is an issue in particular. There are now tax credits and different forms of funding. Would allowing the mixed market that you talk about, but having some kind of managing system for the funding, so that there was a single stream, help to relieve the pressure?

**Maggie Simpson:** Yes, it would make things easier in terms of the payment side. Childminders are private providers, so the parent largely has to meet the full cost of the service.

The tax credit scheme can assist people. It has made a big difference for people who have consistent work. There is a problem in maintaining continuity of care for some people if they get a three-month contract, have to stop work for a few weeks and then get another three-month contract. They cannot afford to retain the child's place, so inevitably they give it up, go back and hope to start again. That cannot be good for the child, and it must be pretty stressful for the parents.

The use of child care vouchers is finally increasing. Tax breaks mean that many more employers assist with child care costs. They do not directly subsidise those costs; the parent benefits by being able to offset part of their salary against their child care costs and they do not have to pay national insurance on that amount. That has been happening since April. In that relatively short time we have seen a dramatic increase in the number of childminders who report that they receive child care vouchers from parents as payment. That has to be a good thing; it is infinitely flexible because parents do not have to pay the whole cost and childminders do not have to subsidise costs if they feel that the parent cannot afford to pay. That shows that some things are new.

**Fiona Hyslop:** The First Minister has talked about the importance of the older generation in many areas of life. We heard last week that 30 per cent of grandparents look after children. Given that, do you distinguish between paid and voluntary childminders? What support is available or could be given to the many grandparents who help their own children by looking after the grandchildren?

**Maggie Simpson:** I would love to say that parents are making a positive choice by choosing grandparents as their first child care option, but I do not honestly think that that is necessarily the case. If people were honest, they would say that they use that child care choice because in many cases it is free and safe. They and their children know the person, and it is flexible to their child care needs.

That is not necessarily my idea of the first-choice option for the parent or for the grandparent, who might provide the child care out of a feeling of



duty rather than because it is their first choice. I want such people to make a positive choice to provide child care and for the parent to be encouraged to make that choice. However, I want to give the grandparents who have not made that choice a break and ask whether they really want to do the job. Is it the best thing for the children? Could that child care be provided in a way that meets everybody's needs? I have no problem with the grandparent who makes a positive choice to look after the child.

Grandparents are not childminding if they are not registered, not working under the Regulation of Care (Scotland) Act 2001 and not doing the things that they need to do. They may be looking after other people's children, but they are not considered as childminders and therefore do not come under our umbrella. At the moment, there is insufficient support for them. They need to come within the process, and we encourage them to register and to get the benefits of having done that.

**Fiona Hyslop:** A proper child care service could liberate all those grandparents from their responsibilities.

**Maggie Simpson:** I think so.

**Mr Kenneth Macintosh (Eastwood) (Lab):** You talked about qualifications. There is no requirement for childminders to be qualified, although you referred to the burden of regulation that is imposed on individuals. Does the Scottish Childminding Association think that a requirement to have a qualification is a good thing? Is there a danger that that requirement would remove people from childminding who otherwise would be attracted to it and be good childminders?

**Maggie Simpson:** It might remove some people who are still in childminding, but I would have to ask whether, if someone is unprepared to take on any basic or continuous professional development in something as basic as first aid, I want them in childminding. I do not think that they would be safe enough to do the job.

The requirement to take on basic continuous professional development should not deter good quality childminders. If the profile of the sector and the quality of the service are to be raised, people should be encouraged to meet the minimum requirements. However, as I say, that is not currently required.

We have found that the requirement to train is not a disincentive. Indeed, we have clear evidence that childminders who train prior to registration—we provide a course that lasts about 12 hours—are more likely to register, to stay in childminding and to demand continuous professional development. They are the people whom we want

to encourage into the sector but, at the moment, there is no incentive for them to train.

10:30

**Mr Macintosh:** Are you saying that there is overwhelming support among your members not simply for the opportunity to train, but for a requirement to do so? Does that apply to the period before a childminder enters the sector or after they have registered?

**Maggie Simpson:** There is no requirement on either side: there is no requirement for a childminder to have any training prior to registering or to do any training once they are registered. There is no requirement for training, never mind any requirement to work towards a qualification, so we miss out on everything.

At our annual general meeting two years ago, we put to our members—80 per cent of childminders are members of the association—a resolution on a requirement for training and qualification and they voted strongly in favour of it; they had no doubts about that. There is much debate in the country about how training and qualifications are achieved and about the accessibility of training, which is an issue for childminders because they work through the day, but, when they were asked whether they should be required to undertake basic training prior to registration and undertake continuous professional development, our members said yes to the principle.

**Mr Macintosh:** The sure start programme was singled out in submissions from the Scottish Childminding Association, the Scottish Pre-School Play Association and Amicus, whose representatives will speak to us at a later meeting. Will you expand on why the programme has been so successful? There is difficulty with funding streams in general, but sure start funding seems to be a success.

**Maggie Simpson:** Funding streams are a difficulty. I have a host of people who spend almost their entire lives juggling funding applications to the sure start programme, workforce development, the working for families fund, the New Opportunities Fund and European funding streams—you name it, we can pull it down. It is arguable whether that is a good use of their time, because I could get them to do other things if funding were more streamlined.

The sure start programme targets the nought-to-three age group specifically, and childminders come into their own in working with that age group. Very young children ought to be in a family setting, and the ratios that childminders have make their care ideal. They look after no more than three children under school age, of whom no

more than one can be under one year old, so they provide quality care for very young children.

In most cases, the sure start programme targets families who are in need. A host of people come into that category. It could be something as basic as somebody who has just had twins needing assistance with another child. The family do not necessarily need to be in crisis to qualify; they might need some additional support at a particular moment.

The programme operates flexibly and targets families with young children so, from our point of view, it works well. It allows childminders to be used not only for working parents but for families who are in need at a particular moment. That need can be as extreme as preventing reception into care for a short period while families are being dealt with and solutions are found. Making use of childminding means that there is a short-term means to provide on-going support, which avoids employing some of the more dramatic measures, such as taking a child into care.

Sure start funding has been used in extreme cases. It has been innovative and good for the parents, the children and the childminders. Because it gives childminders an additional way of using their skills, they become a much more valuable resource and are more likely to stay in the service.

**Ian McLaughlan:** One of the key comments that Maggie Simpson made was about the innovation and creativity of the sure start programme. It has been a success throughout the country because it has enabled creative projects to take place and allowed child care partnerships to try new ways of working not only with children, but with parents and—although not exclusively—with vulnerable families.

Some of our projects throughout the country have enabled parents to think of themselves as the key educators. They might not use that term, but many of the parents who have worked with their children alongside professional staff from a variety of agencies now understand the valuable contribution that they can make to their children's learning and development at a time when their own self-esteem and confidence have been dented because of their social circumstances.

My colleagues often tell me about the work that goes on. It is a real joy to see a person's value and self-worth being richly enhanced as a result of projects. Everyone likes sure start—it is a real winner.

**Maggie Simpson:** Similar work is being funded through new opportunities funding. The only problem with sure start is that things depend on how the local authority is structured. Sure start funding is not always held in a single children's

services pot because not all local authorities operate in such a way.

If there is a downside to sure start funding, it is that it is sometimes held in a budget such as the social services budget while the workforce development fund and other funding streams are held in the budget for education services. As a result, there are parallel lots of funding and two lots of applications.

New opportunities funding can be put on top of that. In that context, I should mention that we have a project running up in the Highlands that is similar to some of the sure start projects. The same outcomes will be achieved, but through a separate funding stream. We can do the work, but the amount of time that is spent monitoring and reporting back should be considered. It cannot be the best approach.

**Mr Macintosh:** The multiplicity of funding streams has already struck us as worrying and unnecessarily cumbersome for people such as you. Irrespective of whether sure start should apply across the board, would it be fair to say that it is a good model for delivering funding? Does its flexibility make it work?

**Maggie Simpson:** The flexibility of outcomes is important. Local authorities can be more innovative in how they use such funding, which has not been as tied down. As I said, the best approach is to consider sure start as part of a whole budget. Local authorities can then consider the whole funding stream, what the outcomes are and where those are shared. We submit applications on the basis of what we aim to achieve and we will apply to a variety of sources of funding so that we can make things work. There is a lot of overlap with respect to outcomes.

**Mr Adam Ingram (South of Scotland) (SNP):** I want to pick up on a point that Ken Macintosh made about sure start and a point that the witnesses made. Sure start is important for funding playgroups in deprived areas, for example, but the problem is that it is geographically limited. Deprived areas must be defined in order that they can receive such funding, but there are families in need throughout the community. How can sure start be used to roll out help beyond the so-called deprived areas?

Secondly, I am interested in early intervention in families with support needs. We seem to have a particular problem with children who have social, emotional and behavioural difficulties for whatever reason. A main theme of our inquiry is how to tackle that problem early so that children do not have the problems in later life that, unfortunately, they seem to have. What are your views on that? How can people in your organisations tackle that problem? To what extent are you working with

other professionals to identify and tackle such problems?

**Ian McLaughlan:** The sure start programme model could be rolled out across the country. My organisation would want universal services, with targeted services that work with the most vulnerable families in deprived communities. We wish to work with every family and with children from all backgrounds in our community, and sure start is a good model for enabling that to happen.

There may be a lack of empirical evidence to back this up, but the anecdotal evidence is that, where we are funded—which is in slightly more than half of the local authority areas in Scotland—our staff work on early intervention alongside agencies from throughout the spectrum, such as health, social work and education. Our local staff are at the sharp end of enabling early intervention. However, I must say that the situation is patchy. The issue is worthy of further research as part of the committee's inquiry. The committee could consider the ways in which early intervention by a multiplicity of agencies could be developed further.

**Maggie Simpson:** Ken Macintosh said that sure start is targeted at certain areas. However, we do not set up projects simply with sure start funding; instead, we match it with other funding to allow us to work throughout a local authority area. That approach works, although it depends on the funding system of the local authority concerned. If an authority puts together the two streams of funding, it will not have a problem with putting together a community childminding project, because it can consider the outcome for the whole area.

As was said, families that are in need of additional support for whatever reason can be all over the place, so we cannot just concentrate on one area. Also, because childminders are all over the place, too, we need to mix and match funding to achieve the desired outcomes. That may not be ideal, but it works. We have models in which that operates well. In most local authority areas in Scotland, we have developed projects that link in with the key professionals. There are many good examples of that, including nought-to-three projects and projects for school-age parents who want to return to education and who need child care. In that sense, the funding is flexible.

The issue of early intervention links to that. A group of childminders in a community childminding project who have been given additional training will be able to take in children who are referred by health visitors or social work staff. A placement is made so that a child is within the childminding setting alongside other children for a certain number of days per week. One big advantage of that is that the child is not labelled and isolated in some other place, but is instead put into a normal

family setting so that we can see how they start to develop and settle down. Of course, local services will still be used. The childminder will take the child to playgroup or nursery, or to school when that stage comes. That gives a mix of using local community services together with the core of a standard family setting. However, if the system is to work well, the childminder should have had additional training and additional support. There are lots of examples of that model working well.

**Mr Ingram:** Are there growing training needs and, if so, to what extent are you addressing them with the childminders who are members of your organisation?

**Maggie Simpson:** We have childminders out there, including those in community childminding schemes, who are perfectly willing to take on whatever training comes their way. One frustration is that, in most cases, we deliver training that does not lead to qualifications. We put together specialised packages for people's continuing professional development, which extends to the people in community childminding networks. We can deliver that training, but if people want to take a Scottish vocational qualification or some other qualification that meets their needs, we generally pass them on to a college.

We are developing training packages. The scheme of excellence is now linked into the qualifications framework. If people complete that scheme with us, it will be levelled on the framework and they will receive credits that can be used towards a formal qualification.

10:45

**Mr Frank McAveety (Glasgow Shettleston) (Lab):** In their submission, Ian McLaughlan and Mandy Mayo, under the section on parent and community involvement, raise concerns about the impact of the closure of voluntary managed groups on broader social and community development. The submission states:

"Community infrastructures have been eroded and community development opportunities weakened, particularly for women, many of whom used community pre-school groups as a springboard; to community involvement".

What evidence do you have for that?

**Mandy Mayo:** Although the evidence is mainly anecdotal, there is strong evidence that women have used playgroups as a springboard to community involvement. For example, if one talks to women at local authority meetings, one will often discover that their experience began at playgroups. That extends to Scottish ministers. The former MP Helen Liddell has been heard to say that being on a playgroup committee is the best training for Parliament. Given some of the

issues that arise at playgroup committees, she is probably right.

With more parents returning to work and with fewer spaces for children in playgroups, parents are not necessarily getting as involved in the management of playgroups as they did in the past. Due to time constraints, many parents do not have the opportunity to get involved and to join peer groups and make friends. In turn, there is no push for them to become involved in further community development. That is demonstrated by school board membership where there are not as many volunteers as in the past. The evidence, however, is anecdotal.

**Ian McLaughlan:** On the plus side, we find that parents still want to engage with their children's learning and development. However, that engagement is taking a different shape because society has changed in the past 40 years. In the traditional playgroup, parents who had time on their hands would have engaged to help their children in their learning outcomes. Such engagement has now largely gone and we endorse that change. Child care and pre-school education, learning and development should be led by professionally trained staff.

We believe in enshrining the best benefits that can be gained from supporting parents to engage with their children's learning. That can be achieved in a variety of ways in the voluntary sector. A pre-school group could engage parents through the governance and management of the service. Parents can get involved in the backshop operations of the service such as fundraising. A key issue is to offer practical opportunities for fathers to get involved in child care. Getting parents to engage in a variety of ways, as opposed to the traditional way of just engaging mothers, is a key issue.

**Mr McAveety:** That skills learned at pre-school playgroups were an inspiration for Helen Liddell is an intriguing allusion. They must be very gentle and compassionate arenas.

There is some truth to what has been said. In Glasgow Shettleston, I know that many people have developed their social development skills through playgroups. Playgroups have been the basis for the emergence of formidable community leadership, although that may have happened less in recent years. That area should be researched.

One issue that emerges in written submissions and contributions from witnesses concerns the cautious use of the term "professionalisation". It relates to the level of qualifications that gives one status as someone who looks after children. Maggie Simpson states in her submission:

"A move to integrated training which covers the core skills required by all staff working in early years and other

care services would begin to move people closer together and give more transferability throughout the sector".

That is a welcome vision. How will we deliver it, given the potential seething discontent that can exist in pre-school activity as much as in any other profession, such as politics?

**Maggie Simpson:** We have to be bold. Everybody in early years services and throughout the care services has many shared core values. The issue is just that initial training is separate. That does not appear to have any logic, because the outcomes of that training and the qualifications are very similar. I have worked with the Scottish Executive on its review of early years services, for which I was a member of the qualifications and training working group. Matching the care, play and early years SVQs is a quick exercise and it does not take the brain of Britain to do that. However, everybody goes off to obtain separate qualifications, most of which are not transferable. The result is that if someone has a qualification from one sector, they may well have to start from square one in another sector.

**Mr McAveety:** How do we shift that? You say that the qualifications have commonality. The barriers might exist because things have always been done that way, because of professional status or because of the institution that provides the training. Who can make that shift?

**Maggie Simpson:** We are probably nearing that position, because people are now required to register with the Scottish Social Services Council, so the question is what an acceptable qualification to enter a sector is. As I say, we need to return to the SQA or another body and consider how qualifications are built up and the reason for the separation. I do not see how integrated services can be achieved when there is such a lack of understanding of what people do. Worse than that is the fact that professional jealousies build up and people think, "My bit in education is better than your bit in social services" or vice versa—they think that what they do in social services, for example, is unique.

The people who do the jobs work across the sectors. If we track the career of a childminder, we often find that they started in one sector—in an early years nursery, for example—then registered as a childminder, worked in playgroup out-of-school care and worked as a care assistant. People do all the jobs. We do not have many people to play with, so we are not using the expertise. We face the danger of losing people from the sector if they cannot transfer easily.

**Ian McLaughlan:** Frank McAveety's first question was about professionalisation through training in our sector. A hearts-and-minds exercise must be undertaken at all levels of civic society to

change the approach to the training and learning of key professionals who work with children in their most formative years.

No other profession in our society would be content for professional staff to work with SVQs at level 3 or 4. Among our colleagues in Northern Ireland, a higher percentage of early years workers are progressing towards or have gained a graduate qualification. Perhaps that is one step too far for Scotland, but we must raise our sights higher and look differently at what we expect from our early years professionals.

The youngest children in our society deserve the best care and learning experience that they can have. That will be achieved only through a higher level of training and by having core elements to training—I agree entirely with what Maggie Simpson said—to provide transferability throughout different parts of the sector.

**Mr McAveety:** Ian McLaughlan articulates a big vision. If we wanted to move in that direction and the committee was exploring those ideas, how long would it take to reach a firm recommendation or a ministerial direction?

**Maggie Simpson:** Pick a number—it could be 20 years, at least. Such a change cannot be made quickly.

The worst thing is that although there is a good workforce, who have done a lot of training, that training is not linked into a qualifications structure. We do not want to lose all those people, so the problem is how to retain them and transfer their knowledge and skills. Basic things such as recognition of prior learning are not there. Someone can come into the sector and leave it without ever having anything by way of a passport that they can take somewhere else. Those are the challenges. Even after 10 years of someone's career, they might still have only a basic qualification, because they start at such a low level.

**Ms Rosemary Byrne (South of Scotland) (SSP):** Many of the child care partnerships between voluntary organisations, your organisations and local authorities have problems in maintaining themselves because of the fact that many schools are now built for purpose and are integrating those services, which in many ways is a good thing. The other day I spoke to someone who works in a pre-school setting, who told me about the new school that was going to be built. She said, "We don't know what's going to happen to our position and our jobs". It struck me that we have valuable services. The written submissions refer to integrated services, which have been discussed already. Such situations must cause unrest in the sector and mean that we lose good people with experience, who could have a career

in the sector. The woman to whom I spoke had a wealth of experience, because she had worked in the sector for many years. Such situations must be uncomfortable for people, although we welcome integrated community schools. What is being done to ease those situations and bring those services together that we could highlight as best practice?

**Ian McLaughlan:** We would like to see education authorities working alongside the head teachers of new community schools and voluntary sector providers to find creative and innovative ways of working together. That can be done; indeed, it is being done in some areas. Unfortunately, we do not have a lot of evidence about what is happening in many parts of the country. We want to see partnership working at all levels. The community school is an ideal vehicle for that.

Frank McAveety talked about the richness of communities developing and engaging with their children's learning. There is no better vehicle for that than the voluntary-led playgroup. There is a role for the voluntary sector pre-school groups to contribute to the overall provision of community schools. We do not have an answer this morning, because we believe that the community schools initiative has been put on the back burner. We would like awareness to be raised to see whether there are ways in which we can support further the work that is going on in community schools.

**Mandy Mayo:** Is there any reason why community provision cannot be moved into the community school setting? The school does not need to develop its own provision. It could integrate what is already there.

**Ms Byrne:** That makes sense.

**Maggie Simpson:** Integration could be a godsend to a playgroup that has been struggling away in a church hall. With regard to the registration requirements, that could make a big difference to the conditions that the playgroup has to meet. It could be the saving of the playgroup rather than its downfall.

The real danger would be to assume that we know best. In the initial planning there should be talks with the community and parents to see what the needs of the child are. There might be consultation between the local authority and other organisations, but we should not forget about the people for whom the service is being provided. They should be talked to first, to find out what is needed for the area. In rural areas it becomes much more obvious that there is no point in having a beautiful new community school when everybody lives at least 50 miles from it.

Childminding has integrated well with the community school set-up. Children's needs are varied. Childminders look after children not just in

the nought-to-three age group. Older children do not necessarily want to be in the community school setting, because they want to do other things such as joining clubs and doing activities outwith the school. We need to have childminding services that allow those children to access other services when their parents are working. There is not just one solution. We have to be flexible and to consider the needs of the parents and children.

**The Convener:** That concludes questions from members. Thank you all for coming along and for your helpful evidence, which I am sure will help illustrate our inquiry report when we finally get round to writing it in a few weeks' time.

Members should have received a late submission from the Amicus community practitioners and health visitors association by e-mail and in hard copy. This morning we circulated a reply from Glasgow City Council to the letter that I wrote to it on behalf of the committee regarding potential changes to its nursery provision. We will take a short break while the witnesses change over.

11:01

*Meeting suspended.*

11:05

*On resuming—*

**The Convener:** I welcome Heather Gunn, from Dundee City Council, who is representing the Association of Directors of Social Work, and Gavin Fergie, the professional officer for the Community Practitioners and Health Visitors Association, which is a subdivision of Amicus. I invite you to make some brief opening remarks, after which I will open up the discussion to questions.

**Heather Gunn (Association of Directors of Social Work):** I am a member of the ADSW's early years subgroup, which involves a number of mainly east coast local authority social work managers. It is important to point that out, because the authorities that we represent split early years and child care services between social work and education departments. On the west coast, local authority education departments organise and deliver early years services. However, on the east coast, the situation is slightly different. What we describe as family support services are more often provided by social work departments in the form of family support centres or teams. I can explain that structure more fully later, but that is the perspective that we are bringing to the table this morning.

**Gavin Fergie (Community Practitioners and Health Visitors Association):** All I can say is that I hope that I can answer the committee's

questions in the same insightful way that my colleagues answered them earlier. Thank you for the opportunity to make some opening remarks, but I think that I can make better use of the time if we go to straight to questions.

**The Convener:** Ken Macintosh looks very keen to ask the first one.

**Mr Macintosh:** I am poised, convener.

I have to say that I found Heather Gunn's opening comments very interesting. I did not realise that there was such a division in Scotland.

How do local authorities deliver services? Following on from my earlier questions, could the witnesses give me their thoughts—whether as a provider or as someone in charge of funding—about sure start as a funding source and, indeed, about the multiplicity of the funding streams that they have to juggle to deliver a joined-up service effectively?

**Heather Gunn:** Broadly speaking, the ADSW subgroup has recognised the contribution of that additional funding in developing, in particular, new services for children under three. However, the ways in which different authorities have used the funding have depended on existing infrastructure and services on the ground.

In Dundee, sure start has helped to join up well-established family support services and pre-school nursery provision by funding early intervention programmes and helping to expand outreach services from existing facilities. However, I should point out that the money is targeted at the under-threes and does not benefit services in Dundee and in other local authorities that are targeted at children up to the age of eight or 12. We value the funding for services for the under-threes, but there is no additionality for older age groups.

That said, because sure start has focused people's attention on very young children, local councils, the voluntary sector and health providers have shown a lot of creativity and resourcefulness in using the funding to develop new and innovative partnership initiatives. As a result, it is very much welcomed.

The best way of answering your second question, on how sure start fits with other funding streams, is to say that local authorities have found it a major challenge to bring the separate streams together because each of them targets a particular area. Our job is to integrate the different funding streams to benefit families rather than just one child within a family. Organisationally and from a reporting point of view, that has made demands of local authorities.

In my service, sure start funding was used to establish what we call family support development workers. Their job is to develop new services out

in the communities, in partnership with communities and other providers. Five years on, we are seeing significant benefits from that initiative. However, as we could not get additional sure start funding, we used money from the changing children's services fund to bring in another two development workers. Therefore, we have an integrated initiative that is funded from separate sources. More recently, we have used community regeneration moneys to support that initiative. What that has meant for reporting arrangements is that we now have to say something about the changing children's services fund and outcomes and outputs, something about sure start and outcomes and outputs and something about community regeneration funds and outcomes and outputs.

For many families, the situation does not make sense, although they do not necessarily need to know about it—they would not understand it if they did. From an organisational and operational point of view, such funding arrangements place additional demands on us. The funding is very welcome and we use it well, but it creates organisational issues.

**Mr Macintosh:** I ask Gavin Fergie to expand on the comments that he made in his submission on the benefits of sure start projects in the health field.

**Gavin Fergie:** For many of our members and for many practitioners, sure start allows health visitors—it is usually a health visitor who jumps ship from what are primarily health board responsibilities to work for a sure start project—to use the skills that many of them have, such as imagination and creativity, which have been mentioned.

If a health visitor were able to disengage from a lot of their routine work—"Delivering for Health" and the recent Hall report should allow that to happen—and become employed in a sure start project, they would have the opportunity to educate people about health, to promote health and to target the needs of people who do not generally engage with mainstream services.

From our perspective, sure start generally offers a very good way of working. The approach obviously differs in different parts of the country, but where it is seen to work, it works very well and allows our practitioners to roll up their sleeves, get in there and do what they hoped that their experience and training would allow them to do.

**Mr Macintosh:** On a slightly different point, we have had evidence from various witnesses about where the biggest potential for improvement is. Some of the written evidence that we received this morning said that expanding the statutory hours provided in pre-school education for three and

four-year-olds would not necessarily provide the best outcome for young children.

From the witnesses' social work and health perspectives, if we are to increase our investment in early years, where are the biggest gains to be had? Would they come from investing in family centres or from expanding the flexibility of health care or social workers to join up work? Perhaps Heather Gunn will go first.

**Heather Gunn:** The secret to making a difference in children's lives is by ensuring that we join up to work around families. If we invest only in pre-school education, only in family centres or only in extending health visitor provision, we will miss the point.

How we then strengthen the overall infrastructure becomes a major challenge, and how we join up the different areas of service is an even bigger challenge. As I have said, the way in which authorities have tackled that so far is by building on the infrastructure that they have in place. One of the major issues is the balance between universal and targeted provision. That is a particular issue for social work, because our main responsibility is inclusion and supporting the most vulnerable children—those who are at greatest risk of harm. From social work's perspective, our priority is to ensure that all the children who are in greatest need receive services and are included. The challenge is to ensure continuity of provision for three and four-year-olds, particularly in places such as Dundee, where there is a separation between the under-three services that the family centres offer and the over-three services that are provided by education. That is one of the themes that emerged earlier.

11:15

I will give an example of the thinking of Dundee City Council and other local authorities on family support services. Such services are not building dependent but can be taken to families wherever they are or into facilities where there are children and families. We must ensure that children who receive pre-school provision or who are in other settings in which they get access to services—I emphasise that that applies not just to three and four-year-olds, but to children across the age spectrum, including children in school—get access to other types of services.

As has been mentioned, many local authorities are doing that through the integrated community schools initiative. Throughout the country, planning is being done on how services can be brought together around schools in communities. Some of that is not necessarily about structures but about how we work together. We need to create frameworks within which people from

different professional backgrounds and perspectives who have specific responsibilities can come together to identify and talk about need and to plan and deliver services. Integrated community schools provide such a focus; they are places where professionals can come together. As we say in our submission, we need to create a framework within which effective planning can take place at a senior level so that the right culture for change can be generated and people from all professional backgrounds understand what we are trying to do. There needs to be an openness to both sharing of information and working together.

You asked whether we should invest in family centres or in pre-school provision and I guess that my answer has gone much wider than that. We continue to need more investment, because working together involves more time, and that additional time is costly. We need to give much more thought to the wider context within which we provide services to ensure that we target more effectively the children who most need those services and that we bring the services to them. The major challenge for us is to ensure both that universal services are provided effectively to children and that children have the opportunity to access additional support services as and when they require them.

**The Convener:** You mentioned a submission, but the committee does not seem to have received one from you.

**Heather Gunn:** I was referring to the ADSW submission.

**The Convener:** I am afraid that we do not seem to have received it.

**Heather Gunn:** I offer our apologies; I assumed that you had received it. I have it with me, so I will ensure that it is made available to the committee later.

**The Convener:** Perhaps you could let us have a copy after the meeting.

**Heather Gunn:** I was assuming that you had all the information already.

**The Convener:** It does not appear to have been received, but not to worry.

**Gavin Fergie:** It is interesting that community schools have been mentioned a lot this morning. Traditionally, we have had school nurses; we are now moving towards having public health nurses. On our education side, we have the theory, the research base and the evidence to show that community schools work, but the reality is that when practitioners go into their workplaces, they cannot work in that way because the local education authority has not provided the necessary resources. The situation varies in different parts of the country, but although some

authorities thought that such working was a good idea, they have not seen it through. We can see the goal, but there is a thicket in front of us.

Our members have to work through what I would call not non-essential work but routine work or paperwork and still might not be able to achieve the good practice that would exist in a community school where services could be brought together and work done inter-professionally. Such good practice can happen outwith a community school, but it would be so much better if we shared the same geographical space and could liaise more closely. I was asked to provide some information on interagency working for our submission, and systems that would allow that work to happen would also be beneficial. There are many different systems: our members can use up to nine different record-keeping systems, within which are referral systems. Dealing with those systems is time consuming, but it is part of wading through the paperwork to try to benefit the families that we work with.

Many of the families that health visitors speak to say that they are after a full-time place at nursery because the parent wants to go back to work. They might say, "I want to put wee Johnny into nursery. I cannot get my mum to care for him because she lives in London, and I cannot get my husband's mum because she lives in Wick." However, they cannot get those places. Health visitors sit down with our school nurse colleagues and education colleagues to sift through a prioritisation process to identify who will get a full-time place at nursery. Places are limited, so some people will lose out. Those in greatest need usually get the full-time place. That is not the wrong approach, but are we being prejudiced against someone who would like to put their child into a nursery to start their education in a well-protected place so that they can get back into the workforce and contribute to society again? We face such situations quite a lot in our daily practice.

**Fiona Hyslop:** What percentage of health visitors' time is spent on children and what percentage is spent on the rest of the population?

**Gavin Fergie:** The profession is moving away from its tradition of serving the under-fives. It used to be that every mum had access to a health visitor when a baby was born. The health visitor would hope to see her antenatally and would definitely see her when the baby was born and at certain times during the first five years. They would then hand over the child to the school nursing service. The situation is now becoming more blurred because we work in partnership. Health visitors are working in transition projects and, in enlightened areas, are working with local schools that they have responsibility for and work



in partnership with. We are changing—perhaps not as quickly as some of us would like, but we are changing.

On the percentage question, it really depends on where one works and the population in the local area. It also depends on what is identified in the community development profile, in which health needs, and the time available to devote to meeting them, are worked out. For example, does the area have a large elderly population? Does it have a large population of children? What is the skill mix in the health visiting and public health nursing team? How can we make the best use of resources to meet the needs of the community?

The majority of our work still involves children, but it is not only about the child—there is also a mum or a dad or perhaps siblings and an extended family. The child is ideally a health visitor's route into the family. From there, we can work with other members of the family.

A great deal of our work revolves around dealing with difficulties that may arise for a mum because of the birth of the child. Post-natal depression is a huge problem. Recent evidence gained from our organisation's work and that of an organisation for parents called Netmums into post-natal depression indicates how much of it is unseen and unreported. We do not have the time to spend on one, three, four, five or six visits with the mum and the family to help them to work through the problem and help them through that acute phase in their life. We have to do other things—or perhaps there are just not enough of us. Despite the figures from the Health Department that show that the number of health visitors and school nurses is increasing, we are faced with an aging demographic. People are leaving at one end of the career path, but new people are not coming in at the beginning, so there are not enough of us.

We also have to deal more and more with interventionist child protection work. We are not running away from that but we are really there for health education and promotion, and if we can get into a family, perhaps we could try to remedy some of the situations that cause a child to be in an unsafe environment.

Adam Ingram asked about a child's educational, physical and social development. Everyone has a health visitor; we are perhaps the only non-stigmatising service. We can go in and help the family to engage in a more appropriate way with health care and we can identify resources. We can sit and devote regular sessions to help the family to get through a particular phase in the child's life, or in a family member's life as it affects the child, and that is what health visitors and school nurses are supposed to do.

**Fiona Hyslop:** There is a real tension between targeted and universal services. The health visitor sector is obviously concerned that there should be less general universal provision of health checks for young children so that they can focus on child protection issues. If we recognise that parents have the lead responsibility for their children's educational and learning development between the ages of zero and three, which statutory organisation—after the parents—has responsibility for the learning development of children in that age group across Scotland?

**Gavin Fergie:** Health visitors are ideally placed for that work because everyone has one and can access one. You talked about universal versus targeted provision. Some authorities are using the proposals in Hall 4—the recent report on child development and screening—as a stick to beat people on to a certain path. However, it should allow practitioners to target those who are in greatest need, such as people who are socially and economically deprived, or the mum in Morningside who has post-natal depression. Those people require acute intervention during that period in their lives. Just because they are not in the right postcode area or income bracket does not mean that they should be cut off from services. It comes down to the practitioner having the confidence and assertiveness to make that clinical decision, and having the support of their local and health board management to work through the situation.

I mentioned breastfeeding in our submission. Scotland is not great at it but we are better at it than any other place in the UK. The fact that we have taken legislative steps to support breastfeeding is seen as a tremendous achievement—that is what I am told when I go around the UK and meet colleagues from elsewhere. Having a breastfeeding support group or an infant feeding group—depending on the terminology that you want to use—would be a way of helping the health of the nation and would also help mums and dads to get through that period in their child's life. However, when it comes down to the practitioner having to find a space to hold a breastfeeding or parenting group, they have to negotiate with churches, community centres or coffee shops, because there are not enough suitable health board premises. We also have a real problem with finding the resources required to help the practitioner to find a space. For example, if we want to use a church hall, we have to get involved in finances and risk assessments. That takes the practitioner and their experience and expertise away from delivering the service to doing other things that they are not really trained to do.

**Fiona Hyslop:** I am conscious of the fact that I appeared as Miss April in a calendar promoting breastfeeding. I am very supportive of it, but I

know that it is difficult to keep breastfeeding groups going in small rural areas.

I suppose that the point of intervention is that it is an opportunity to start the continuous development of interest in a child's development. In many ways, health visitors are child development workers in the broadest sense. They are concerned not just with health but with learning. If health visitors have a key responsibility for children aged zero to three, child development workers on the social work side tend to be targeted at vulnerable groups.

**Heather Gunn:** Yes—children who are in need.

11:30

**Fiona Hyslop:** In modern Scotland, is it too much to expect universal provision of child development workers who look at a child's learning development from the ages zero to three in particular, or, because we will never be able to have that, will we have to have targetting? This goes back to the debate about universal and targeted provision and how we ensure that we have—

**Gavin Fergie:** The child development programme is assessed every few years, and we now have the fourth edition of David Hall's report—Hall 4. Medical technology changes, the way to assess children changes and the needs of society change. Therefore, in all elements of health care and social care, we have to change with the times. We need to use positively the opportunities that have been presented, rather than concentrate on the lower socio-economic groups and those in greatest need—those who form the dependent culture. We should still allow practitioners—whether they are attached to the general practitioner's surgery, part of a multi-professional team or in sure start programmes—to look at what is required in their areas and to consider working with social workers. They may say, "I have been to someone's house, and I should call the social work department." In an ideal world, they would not have to make that call because they would all be sitting at desks in a shared office, and they would speak to one another after lunch. A local practitioner who has just visited and assessed a family may want to discuss the family with their fellow professionals and, as a team, they could come up with a package that could help the family.

Community development workers are not public health workers. They do not have our expertise, and we do not have theirs. Traditionally, they have been trained as nursery nurses, and nursery nurses know far more about child development than health visitors do. However, we can bring our expertise in identifying needs and in identifying the

professional who is best suited to meeting those needs. We are becoming involved in parenting programmes more often because we are used to delivering programmes and dealing with adults and children. Therefore, we can deliver those programmes fairly positively and proactively.

I mentioned in my written submission that there is a huge selection of programmes. That is part of the problem: there are too many, and they all follow the same line. There is too much of a scatter-gun approach, as opposed to a more focused approach. Everybody can be offered the chance to go through certain programmes. That can lead to the drip effect—the generational knowledge that positive parenting is good. There was a recent debate about whether we need to smack children. We do not need to smack children if we have positive parenting, but people who have not had good role models do not know how to parent. That is where people such as me come in. I could spend an hour every week for a period of weeks—or months, depending on the programme I was employing—to work as a true partner with parents to benefit their child.

**Fiona Hyslop:** Is it reasonable to expect a universal service in child development for children who are aged zero to three?

**Heather Gunn:** Do you mean a universal service within health, or are you thinking more broadly?

**Fiona Hyslop:** In whatever area. Should Scotland aspire to deliver a universal service, or is that unrealistic?

**Heather Gunn:** It is certainly an aspiration that all children from the age of zero to three should have access to the right kind of support. Some require a lot more support than others. We need the right services in the right place, and people must be able to access them. I was listening to the earlier discussion about how easy it is for parents to access services—how available or accessible services are. I will speak from the social work perspective, so you will not be surprised to hear me say that we work with the most vulnerable, disadvantaged and excluded people and we know that, for a variety of reasons, they have the most difficulty in accessing and making best use of mainstream services. A lot of social work involves helping people to develop even the aspiration to access services on their own or on their children's behalf. We then help them to put that into action. Many of them have experienced poor parenting and have low self-esteem, low confidence and sometimes few social skills. Approaching a service to get access to help is a difficult hurdle for many.

In answer to your question about whether we can develop a universal service, at the very least we need to join up more effectively our existing

services. That means identifying some of the barriers that we have highlighted in our written submission, which we need to overcome.

**Fiona Hyslop:** I thought that it was just me who did not have that written submission.

**Heather Gunn:** Would you mind if I referred to a couple of those barriers? I assumed that you had received the submission.

**The Convener:** The submission will be circulated to committee members in due course and will form part of the evidence to the committee. You may briefly summarise the points in it.

**Heather Gunn:** They are quite brief. We identify three main barriers to true integration. The first one is a biggie. The major universal services of health and education need to be supported a great deal more to change their approach fundamentally. There is a focus on social work in the context of the 21<sup>st</sup> century review, which talks about the future direction for social work. From a social work perspective, we feel that fundamental shifts in culture, practice, delivery and orientation need to take place within universal services if progress is to go beyond where we are at the moment.

I will join that up with the second point, which is that a major change in culture is needed. That has to come from the most senior leaders in our community and must be demonstrated by chief executives and senior managers across health and local authorities, in particular. Without that, there will continue to be pockets of good co-operative working but no real consistency.

Our real challenge is not to make assumptions about what people understand by what is expected of them. For instance, when we talk about inclusion and integrated services, different perspectives are brought to the table about what is meant by education, social work and health. That strongly influences the way in which people see how things should be done. For example, education is a long-standing profession with a strong focus on learning. Until recently, that was almost exclusively in a school context, and the profession's view of the world is framed by that. Within health, there is a much wider perspective and a strong joining up with social work, but there is still very much a focus that revolves around a strong medical model. Health is probably on the fringes. As a newer profession, social work has probably done some joining up, but we still have some way to go in our understanding of how to achieve real social inclusion. The challenge is for us all to develop a common aim—a common vision of where we want to get to.

Getting back to your question about zero-to-three services, there is a real possibility that we

can create a universal service for children aged zero to three by bringing together the respective professions that are in place at the moment. However, that is a real challenge, as we have quite different starting points and views on the world.

**Ms Byrne:** I will be brief, as I think that we have had comprehensive feedback from you this morning, which has been helpful. I want to ask about the joining up of services, and take that a little bit further into all the different funding streams, which have been touched on, and the family support element, which is important. I see different funding streams providing family support at different levels, with people with different backgrounds and qualifications. Usually, the most vulnerable have been provided with that support, for obvious reasons.

I am concerned that a lot of the funding is not joined up, right through to the key people who can monitor whether the job is being done satisfactorily and whether there is interaction among the agencies, which is the most important element. Sometimes, in the case of parents with a drug misuse problem, for example, a family support worker is brought in through the better neighbourhood services fund or some other funding stream, but it does not last. That work may have limited success, but the opportunity for it to spread into other agencies, with the attention and focus on the family, may be missed. What is your view on that? How can we improve the services that are provided to the very vulnerable? In a way, that is part of child protection.

**Heather Gunn:** It is about the whole spectrum of child protection, including both the hard end and the preventive end. It is a major challenge. I manage a family support service that works with children in need. There is a broad spectrum within family support services: some children are very vulnerable and are at risk from significant harm; others may be vulnerable if they do not have additional supports. The challenge for our service is to ensure that needs are identified to us at points along the spectrum, so that we can prioritise those who are in greatest need.

Earlier, I talked about bringing professionals together around families to meet needs. That is the key to making a difference, because we need to ensure that we communicate effectively. It comes back to things such as developing a shared culture and a shared understanding about what we want to change. It is important that we make the best use of all the skills and resources that each of our respective disciplines brings to the table. That is being achieved to varying degrees across the country, in cities and in rural settings.

A good instance of disciplines working together is the integrated community schools, as they give

different professionals an opportunity to come round the table to discuss identified needs. The model might be a head teacher sitting round the table with people from health, social work, neighbourhood resources or housing backgrounds. People can bring referrals to the table, including their concerns about children who have specific needs. The professionals take a multidisciplinary approach to identifying the issues and the package of support that is built around a particular child's family. That is what professionals from different disciplines aspire to achieve at a local level. However, setting the framework in place to allow that to happen is the major challenge.

Someone said that things have gone rather quiet on the integrated community schools front, but there is a great deal of planning and discussion about how we set up the infrastructure in the big cities, for instance, to allow local groups of professionals to come together around individual families. The infrastructure has to be in place to allow groups of professionals to bring their respective resources with them, so that when they are sitting at the table they know that they can commit resources and services to individual families. Such groups are responsible for monitoring progress and any change that has taken place, and for including additional supports as time progresses.

The real key will be ensuring that the right framework is in place and that people are using resources effectively—sure start funding has been mentioned in that regard. If the people at the table know that they can commit sure start funding at a local level, or that they can at least go back to their managers to stream sure start funding towards the children whose needs have been identified, we will make a significant difference. However, it must not just be about children's needs; even more important is meeting parents' needs, so that they can better meet their children's needs. A framework and a commitment at senior and ground levels need to be in place.

**Gavin Fergie:** The model that was described is almost like a pupil support group. Under the pupil support group model, a teacher picks up something about a child at school. The family is identified, and the head teacher holds a meeting, to which he invites people who might be able to contribute to the support of the family.

The feeling is growing daily among members of our association that, because of the number of meetings that have to be held to support families, they are becoming people who just go to meetings to talk about supporting families.

**Fiona Hyslop:** As opposed to actually supporting them.

**Gavin Fergie:** Exactly. Meetings eat up more and more of our diaries, so we do not have enough time to work with families whose needs have been identified. Everybody wants to participate and contribute, and although the work gets done, time is squeezed, which, ultimately, has a detrimental effect on the person who is trying to meet the needs of the family. That is why we have a concern about going to all those meetings.

There are school nurses who are desperate to work in integrated community schools—or however one wishes to describe them—but we return to what one school nurse can do. Some school nurses have one or two high schools and their feeder primaries in their charge. That one practitioner must try to engage with the public health and health education issues for the huge number of children in that cluster of schools and, potentially, for the families who support the children. That is too much. The practitioners know the theory and have the experience and zest to tackle the challenges, but they simply cannot wade through all the work that exists in their daily life. We have committed members, but they just cannot get round to doing all that work.

I had another point, but I have forgotten what it was.

11:45

**Ms Byrne:** One issue on which I was probing was that, although we have a diversity of opportunities for family support from various funding streams, they are not integrated. We have well-trained people such as school nurses, but we might need to increase their number.

**Gavin Fergie:** We find the situation confusing. When a practitioner meets a family and decides that they need to work with other professionals, the outcome will come down to how busy the practitioner is and whether they have made good local contacts. When they telephone the local social work department, they might get a ringing phone because the social work department does not have enough staff to answer it unless the situation is acute. Therefore, the practitioner cannot discuss the family because their colleagues in social work are too busy. Alternatively, the practitioner might be too busy, or, if they want to discuss the issue with the school, the head teacher might be too busy. They cannot access people.

The level of support depends on where people work. If a person has just gone into a new position, how will they know what is available until they have done their community development, found out what is in the area and built up a network? Professionals have a problem finding out what is

available and who everybody is. When they get to grips with that, they will probably find one or two projects that receive different funding streams but which duplicate work. That is a worry for us, too.

If the professionals, who are meant to be educated and aware of how the system works, have that problem, how can families work their way through the maze? When we ask families whether they have tried a certain approach, they often ask what it is and say that they did not know about it. There is so much going on, which can be confusing for everybody who is involved.

**Dr Murray:** We recently visited the Whitdale early years centre, which is an excellent example—it has a health visitor and provides opportunities for different professionals to get together. However, it is obviously difficult to provide such a service in smaller communities, particularly in rural areas. As we heard from the first panel of witnesses, parents in rural areas are likely to be more dependent on the voluntary and private sector than they are on the public sector. Are you aware of examples of good practice on integrated working in smaller communities, perhaps through a different mechanism?

**Heather Gunn:** Obviously, I know Dundee best, but I know of one family centre in neighbouring Angus and two in West Lothian that deal with fairly big areas and a dispersed population. The approach there has been to develop family support teams that are similar to the teams in other family centres, but which are peripatetic if needed. The teams have a responsibility to develop, as well as deliver, services. They develop new services at the local level that build on those that are already in place.

Gavin Fergie referred to accessing premises. One job for such teams might be to identify appropriate premises and to work with local providers and the owners to get access to them, ideally without charge and with the minimum of work on risk assessments.

The key is to have the freedom to be flexible, to be as creative as possible and to build on what already exists, rather than try to impose a model in a situation in which it might not work because a culture already does something in a certain way or because services that do similar things already exist. We need to have the creativity and additional resources that will allow us to do that.

It might be worth while considering the city context. In a city, there are similar challenges in access to family support services. Dundee, Aberdeen and Edinburgh—the cities that I know best—all have a number of family centres in specific locations but, because there are not enough of them to serve all the communities throughout the cities, we need to take services out

of our centres. I referred earlier to family support development workers. Their job is to take the best of what we have to offer out into local communities so that those services are brought to the neighbourhoods of families that might otherwise not have had access to them because they were too far down the road or two bus stops away, for example.

In the city authorities, there are good examples of creative, joined-up working with community centres, health centres and church halls. We have an example of services running in a Territorial Army hall in an area of Dundee where there is little provision. The model that is applied in a rural context is transferable and is being replicated in a city context using the cities' resources.

**Dr Murray:** How do you ensure that the families know about your services? How do they know that the services are on offer? What is your mechanism for distributing that information?

**Heather Gunn:** We have two main means of doing that. The development workers have a responsibility to network. The only way in which they are able to identify what resources are already in place and what potential there is for developing new services is to network with other providers in each local area. That becomes their starting point and, through links with the professionals who are working in local areas, they can ensure that those professionals distribute information, join up the services and make referrals. There are good connections with health visitors in local authorities throughout Scotland. Health visitors are primary referrers for family support services so, in the contact that they have with families, they say, "What about this? What about that? Were you aware that that was available?"

The other means by which we ensure awareness is through the family support development workers' own contacts with local communities. It is part of their job to become known to local communities and make contacts with other providers and with families directly.

The approach is a bit like joining up a casework, social-working approach with a community development approach that would be more usual in community education.

**Fiona Hyslop:** In Finland, we visited a day care centre, but the services were not provided from there. It was only a space and it was fairly basic. Gavin Fergie made a point about accessing space and it occurred to me that we do not have much public space that is dedicated to children. As we do not have public space for children in Scotland, would you say that there is a disproportionate emphasis on day care provision for the elderly

compared to places for childminders, mothers or anybody with young children under five?

**Heather Gunn:** I am not so familiar with the community care services, so it is a bit difficult for me to make a direct comparison, but I think that the answer is yes. I suppose that, through the development approach, we have been trying to create local access points to services, and I think that that is what you are suggesting. We have spaces in which families can come together. That provision could be a parent and child group, but it could also be about accessing other types of service.

I guess that, in local communities in which such space does not exist, the challenge is to try to identify and develop it with others. I would challenge our development workers to do that. We have one example of that happening in a local area in Dundee, where we have just taken on the tenancy of a flat, which will become an access point for a range of services. Family support workers will offer direct services within the building to families that need them.

**Fiona Hyslop:** Perhaps we need a building or a wee room in every public park.

**Gavin Fergie:** In answer to Dr Murray's question, yes, there will be examples; however, I cannot give you any because, as a profession, we are not very good at shouting about what we do. That is partly because we are so busy on a day-to-day basis that we cannot sit down and write and have it published. I will endeavour to find some examples of best practice and will get them sent to you.

How do we make the information available to the families that we engage with? A lot of the time, it comes down to what the individual practitioner has put in. A lot of it starts off with basic information on sheets of A4 paper or on A4 paper folded over, containing a list of the various groups and resources. It then builds. An information sheet was published in Leith about 15 or 16 months ago that started off as just health visitors' notes to give to the families. Other agencies then got involved and different notes were put together, so that a free booklet is now given to everybody when they are visited. The booklet was designed by parents and the artwork has been supplied by older siblings, so it looks quite user friendly. It is all about engaging with the ultimate users of the service and asking them what kind of information they want us to provide. I can come along and tell them about anything, but is that really what they want? It is about listening to find out what people want to discover.

We have talked about space; Heather Gunn mentioned the community flat in Dundee. There were proposals for three community flats in

Edinburgh—I know Edinburgh, as it is where I used to practise. One of those, in the Fort, is still running; the one at Piershill has had a lot of problems; the other one, in Leith, is still to happen. It takes a long time to go through the protracted negotiations about who will be responsible for such a flat and who will finance it. There is another community flat in Edinburgh—it escaped my mind—up at Liberton, in one of the high flats. That works very well, but it works well because the local health visitor, who was largely the mover behind it, was allowed to leave their practice—there was backfill for that practice—to devote time and energy to using that flat space to meet the needs of the local community. A breastfeeding group, a young parents group and various other groups now meet in that flat.

We were asked whether there is more provision for the elderly than for children. I do not know but, God, I hope that we are not in a situation in which people have to send their children somewhere to get fed and have their toenails cut or just for company. When Scotland gets to the stage at which we have to send children somewhere for company because they live on their own, we will be in a desperate strait.

There are examples of community spaces, and they work. As to whether we need a van with a prefab that we can stick up in a local park, in some ways that is happening already, as we have playbuses that we can access. Do we need a bus? The London authorities have got rid of a lot of Routemaster buses. Should we get some of those and make them a mobile space where people like me could go along, book a space through a common point and use that for my group, knowing that a bus would come round to my area every week?

It comes down to speaking with the population about what they want and speaking with the practitioners who help to deliver the services. We must allow them the time and space to be creative and imaginative. On sure start—which my first question was about—that is what our members who are working on those projects do. They have the time because they are free from performing immunisations and ticking boxes on a child development sheet. They can look at what the people need, engage them in conversation, come up with solutions and then, having used their experience, disseminate to the rest of the team how we can deliver that. Someone else can deliver it, but they use their nursing knowledge to ask how they can address a health need and who can help them with it.

**The Convener:** That concludes our questions. I thank Gavin Fergie and Heather Gunn for coming along this morning to give evidence. I look forward to receiving a copy of the ADSW submission.

**Heather Gunn:** We will make sure that that is sent to you—sorry.

12:00

*Meeting continued in private until 12:25.*

**The Convener:** Any additional information that you can provide in response to today's questions would be very helpful.

That concludes today's evidence taking and the public part of the meeting. I remind members about the round-table session with the private sector providers next Tuesday evening. We will conclude our oral evidence taking at our meeting next Wednesday, which will start at the slightly later time of 10.15.





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