



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC AUDIT COMMITTEE

Wednesday 8 December 2010

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PUBLIC AUDIT COMMITTEE
22nd Meeting 2010, Session 3

CONVENER

Hugh Henry (Paisley South) (Lab)

DEPUTY CONVENER

*Murdo Fraser (Mid Scotland and Fife) (Con)

COMMITTEE MEMBERS

*Willie Coffey (Kilmarnock and Loudoun) (SNP)

George Foulkes (Lothians) (Lab)

*Jamie Hepburn (Central Scotland) (SNP)

Mr Frank McAveety (Glasgow Shettleston) (Lab)

*Anne McLaughlin (Glasgow) (SNP)

*Nicol Stephen (Aberdeen South) (LD)

COMMITTEE SUBSTITUTES

Derek Brownlee (South of Scotland) (Con)

Linda Fabiani (Central Scotland) (SNP)

*James Kelly (Glasgow Rutherglen) (Lab)

John Farquhar Munro (Ross, Skye and Inverness West) (LD)

*attended

THE FOLLOWING ALSO ATTENDED:

Barbara Hurst (Audit Scotland)

THE FOLLOWING GAVE EVIDENCE:

Leslie Evans (Scottish Government Director General Education)

Janine Kellett (Scottish Government Children, Young People and Social Care Directorate)

Fiona Robertson (Scottish Government Children, Young People and Social Care Directorate)

CLERK TO THE COMMITTEE

Jane Williams (Clerk)

LOCATION

Committee Room 5

Scottish Parliament

Public Audit Committee

Wednesday 8 December 2010

[Willie Coffey opened the meeting at 10:06]

Temporary Convener

Willie Coffey (Kilmarnock and Loudoun) (SNP): Good morning and welcome to the 22nd meeting in 2010 of the Public Audit Committee. We have received apologies from the convener and deputy convener, who cannot be here because of adverse weather conditions.

The Parliament's standing orders require that as the oldest member of the committee in attendance I convene the meeting for the purpose of choosing a temporary convener. I invite nominations for that duty.

Anne McLaughlin (Glasgow) (SNP): I nominate Nicol Stephen.

Willie Coffey: I second that. Over to you, Nicol.

The Temporary Convener (Nicol Stephen): Thanks very much. As a result of unexpected circumstances, we have received quite a few apologies and I ask Jane Williams, the committee clerk, to read them out. Before she does so, though, I welcome to the meeting the press, the public and the Scottish Government representatives from whom we are about to take evidence. Once we get through the list of apologies, we will carry on with the agenda.

Jane Williams (Clerk): We have received apologies from Hugh Henry, George Foulkes, Jamie Hepburn, Frank McAveety and James Kelly, but we hope that Murdo Fraser will join us later.

The Temporary Convener: Thank you very much. I also welcome Audit Scotland staff and remind everyone present to switch off their mobile phones to ensure that they do not interfere with the recording equipment.

Decision on Taking Business in Private

10:08

The Temporary Convener: It is proposed that we take item 6 in private. Are members agreed?

Members *indicated agreement.*

Section 23 Report

"Getting it right for children in residential care"

10:08

The Temporary Convener: The next item is our second evidence-taking session on the section 23 report "Getting it right for children in residential care". I welcome from the Scottish Government Leslie Evans, director general for education; Fiona Robertson, head of the care and justice division; and Janine Kellett, head of the residential and secure care branch.

Do any of you wish to make an opening statement before we move to questions?

Leslie Evans (Scottish Government Director General Education): Yes, I will, if that is possible.

The Temporary Convener: Over to you, then.

Leslie Evans: First of all, I thank you for the invitation to give evidence. I want to concentrate on two areas: first—and very briefly—my role as accountable officer and, secondly, the report itself.

The £250 million that is referred to in the report that is spent each year on placing children in residential and secure units is allocated by local authorities and forms part of their Scottish Government support grant. I am not the accountable officer for that expenditure; that responsibility falls to my colleague Andrew Goudie, who is director general for economy. Moreover, as with other local services, local authorities are accountable for how those funds are spent and managed and are subject to financial and best-value audits and scrutiny by the Accounts Commission.

However, I am the accountable officer for education and lifelong learning portfolio spend on residential child care—£4 million for improving outcomes for looked-after children and £3 million for our centre of excellence, the Scottish institute for residential child care—and I am also responsible for driving outcomes and the policy direction that has been set by Scottish ministers in this policy area so, in that context, it is entirely appropriate that I am here this morning.

As for the report, although it addresses how effectively councils use their residential child care resources for looked-after children, it is not a strategic review of residential child care services. Equally, however, it recognises that the quality of residential care is only one aspect of a much wider and more complex picture for looked-after children. I know that the committee's considerations to date have demonstrated its interest in that matter.

The report contains some tough messages but it also endorses, strengthens and gives further impetus to the Scottish Government's efforts to promote an effective and strategic approach to services for Scotland's most vulnerable children. It also correctly differentiates between the roles of Scottish Government and councils.

As you know, the Government is not responsible for delivery of day-to-day services, but plays a fourfold role. That fourfold role is first, to champion the Scottish Government's purpose and the life chances, outcomes and interests of Scotland's children and young people in whatever way they feature; secondly, to challenge and improve services for children and young people in residential care by working with the Improvement Service and the Convention of Scottish Local Authorities and through the work of the Social Work Inspection Agency, Her Majesty's Inspectorate of Education and the Scottish Commission for the Regulation of Care; thirdly, to lead an improvement agenda including measuring trends, evidencing progress and professionalising the workforce; and fourthly, to engage with and influence those who are responsible for delivery, including local authorities, community planning partnerships and the wider statutory and third sectors.

I will pick out three of the report's key themes and give the committee a flavour—a snapshot, if you like—of how the Scottish Government is endeavouring to address them. First of all, the report speaks of the urgent need for a strategic, joined-up and well-informed approach to commissioning and purchasing of services. In that, it echoes the findings of the Scottish Government commissioned and sector-led strategic review of residential child care, the national residential child care initiative, which published its report in December 2009 and recommended that commissioning be driven by informed strategic planning and analysis rather than by a purely contracting approach.

In keeping with that, the Scottish Government has established a national commissioning steering group that for the first time brings together commissioners and providers to address the issue and to produce an outcome-based approach to commissioning. The result is a draft national contract and service specification for secure residential care, on which we will enter a tendering process shortly. We have also funded a national commissioning officer for children's services, based at COSLA, and a regional child care commissioning post in Renfrewshire and the Clyde valley to develop, test and support strategic commissioning in specific service areas.

Secondly, the report addressed the need to focus on longer-term outcomes for children and

young people. The Scottish Government is not, and should not be, complacent about this issue. The outcomes and life chances for the children and young people who are considered for residential care might already have been compromised by their pre-care experiences, and we know that poor outcomes apply equally to looked-after children in other care services and care placements, not just in residential care. As a result, the Scottish Government is focusing on outcomes and early intervention through its early years framework and getting it right for every child, both of which are mentioned in the report.

Although our national role is to focus on and invest in early intervention to prevent more children and young people from coming into care, we must also ensure that looked-after children's interests are reflected in the policies that guide service provision for them, such as curriculum for excellence and the additional support for learning legislation.

The Scottish Government has overseen work to identify key sticking points in a looked-after child's care journey and, as a result, has agreed how authorities can speed up decision making and shorten the time to reach a permanent placement, for example. We know that early decisions and stability are key influences on longer-term outcomes for young people.

10:15

The Scottish Government is gathering individual-level anonymised data. That means that we can track the movement of individuals into, out of and through the care system and trace a picture of their care history and their aftercare lives. Over time, we can discern trends and provide a data baseline to measure accurately long-term progress and to inform our improvements.

We are reviewing the role of the Scottish institute for residential child care—our centre for excellence—to focus on outcomes and on the further application of research and evidence. We are also funding corporate parenting training for every elected member in Scotland, and for other corporate parents.

The report talks about creating a shared sense of responsibility and about addressing pace and impact. We know that working in partnership makes a difference to that. The Scottish Government's concordat with local government and the single outcome agreements set out national outcomes and priorities, which include putting early years at the heart of single outcome agreements.

The Scottish Government has a role and a responsibility to challenge progress towards better outcomes for looked-after children. Earlier this

year, the Minister for Children and Early Years wrote to all councils to urge action following the publication of the March 2010 statistics on looked-after children. He met councils throughout Scotland this summer to raise specific issues that relate to looked-after children by drawing on inspection reports and so on. I have met 30 of the 32 local authority chief executives since taking up my post at the end of last summer.

The increased pace that we seek has been addressed by developing a better-qualified workforce. We are on track for all residential care workers to be reregistered as appropriately qualified by 2012. We are raising the minimum qualification for the workforce to degree equivalent.

The Scottish Government has created a new body—Social Care and Social Work Improvement Scotland, or SCSWIS, as it is sometimes called—to build on the roles of the Scottish Commission for the Regulation of Care and the Social Work Inspection Agency and on aspects of the work of Her Majesty's Inspectorate of Education. From April 2011, the new body will undertake coherent and strategic inspection and improvement activity and it will build on and appraise councils' own self-evaluation. It will be outcome-focused and will inspect together and collectively the contributions of all agencies that are responsible for supporting looked-after children and their outcomes.

We recognise that children who come into residential care have increasingly complex needs that require increasingly specialist services. Better services in better facilities with better-trained staff will cost more, which is challenging in the current financial context. However, improvement is not necessarily about spending more—it is also about strategic spending that is supported by systematic and effective planning and decision making.

The Scottish Government welcomes the opportunity that the report presents to raise the profile of this crucial policy area, to reflect and engage on our individual and collective responsibilities as part of the process and to work towards improving outcomes for some of Scotland's most vulnerable children and young people.

The Temporary Convener: Thank you for that comprehensive introduction, which helps members. I will start the questions.

To give each of you an opportunity to speak and to introduce your responsibilities, I ask each of you to explain the structure in the Scottish Government for dealing with the issue. How big is your team? How much do you spend each year on the subject? What are your priorities? For example, I understand that Leslie Evans is the head of education, but I am not clear about how everyone

else co-ordinates, although it is obvious that the responsibilities go across Government. Who is responsible for co-ordination? How often do you meet? How many staff work on the issue? It would be helpful to have a bit of background from each witness.

Leslie Evans: I agree that the arrangements can sometimes look as though they are a rather tangled web. I will talk about my role as director general and the senior management role. Fiona Robertson will then talk a bit about her team and the responsibilities that each of us has.

As director general for education and lifelong learning, my portfolio responsibilities are broad and go from the cradle to the grave. On residential care, the person who leads and who reports to me is Sarah Smith, the director for children and young people. She and her team have responsibilities for children and young people's interests, which span the education and justice portfolios and which have strong links with the health portfolio. Michael Russell, supported by his two ministers, is the cabinet secretary for the portfolio and I report to him, but we work together. As you will imagine, we have to do that, given the breadth of outcomes in the life chances of children and young people.

Sarah Smith, the director for children and young people, is the senior manager who reports to me. Several division heads report to her on various aspects relating to children and young people, including some of the policy areas to which I referred. For example, there are people who look after getting it right for every child and the early years framework. Fiona Robertson is one of the division heads who reports to Sarah Smith, so she can give her perspective.

Fiona Robertson (Scottish Government Children, Young People and Social Care Directorate): I am deputy director for care and justice in the children, young people and social care directorate. As Leslie Evans said, I work alongside colleagues who are responsible for getting it right for every child, the early years framework, the work to reform the children's hearings system and workforce development for social care staff. My particular area of responsibility is on improving outcomes for looked-after children and preventing offending by young people—youth justice issues.

In effect, there are two parts to the division. I have a team of about 25 people, approximately 15 of whom work on improving outcomes for looked-after children. There are team leaders on both elements of the work. My colleague Janine Kellett, who is also here, is the team leader who has responsibility for policy on residential child care, which includes children and young people who are in the secure estate.

On budgetary responsibility, Leslie Evans outlined the relevant budgets. We have a small budget of £1.355 million that relates to improving outcomes for looked-after children. As Leslie Evans mentioned, our priorities include work to improve corporate parenting throughout Scotland and supporting elected members and others to take that work forward. The budget also covers important work on improving throughcare and aftercare for children and young people who leave care, in order to ensure that they go on to lead successful lives.

There are other specific grants, largely to third sector bodies, including the Fostering Network and Citizens Advice Scotland, for kinship care support. So, a range of issues are covered. Budget responsibility also includes £2.5 million for secure care and alternatives, as Leslie Evans outlined, which is for providing support to the secure estate and developing alternatives to secure accommodation.

Janine Kellett (Scottish Government Children, Young People and Social Care Directorate): There are six people in my team, including me. Five of us are civil servants. To complement the in-house expertise, we have a secondee from the residential sector to bring sectoral expertise. She is from West Lothian Council and previously managed two residential units. As well as policy on looked-after children in residential and secure care, we cover policy on the rights of children of asylum-seeking families.

Anne McLaughlin: Good morning and congratulations on making it here. In fact, I think you should congratulate me as well.

The thing that struck me in the report—I was not hearing it for the first time, but sitting down and reading the report brought it back to me—was the point that is made about long-term outcomes for looked-after children. One of the key messages from the Auditor General for Scotland is:

“Looked after children are much more likely to have negative experiences as adults, such as homelessness, being in prison or having mental health problems. Many do not achieve the same educational standards as other children and do not go on to further education, training or employment when they leave school. While some do receive the support they need to go on and lead successful lives, others are not getting enough help.”

On care planning, paragraph 38 states:

“The majority of care plans do not clearly focus on the outcomes intended for a child. While many address very short-term outcomes, for example controlling disruptive ... behaviour, only a third ... identified any longer-term outcomes”.

Those longer-term outcomes are things such as returning to mainstream schooling or developing relationships with the birth family. None of the care plans that the Auditor General's team sampled

addressed long-term goals. That is one of the most significant points in the report.

Leslie Evans and Fiona Robertson both talked about the work that is being done on throughcare and aftercare, but Tam Baillie said in his evidence that one of the most frustrating things is that not enough is being done. He talked about what he was doing 20 years ago. He said that this happened and that that report came out, but it struck me that there have been so many reports like this one over the years. What are we doing now that is different from what we did five, 10 or 20 years ago? We cannot keep on like this. It is not fair that children whose lives have been disrupted through no fault of their own have a higher chance of having a chaotic lifestyle as an adult.

Leslie Evans: I absolutely agree. In fact, Fiona Robertson and I were talking only yesterday about the number of reports that greeted her when she took up post. I will talk about a couple of aspects at the high level and I will then ask Fiona and Janine Kellett to contribute.

We now have better alignment and a better understanding of what makes a difference to the longer-term outcomes of children and young people. We are still working on some aspects in which we need better data and information in order to be able to prove whether the outcomes are improving or not. I can talk a little bit more about that in due course.

However, we have an early years framework, we have getting it right for every child embedded in our policy DNA, if you like, and we are increasingly working at rolling that out with the partners who are working on delivery. That gives us a strong framework and a much more fertile soil on which to build other specific initiatives, because the work is all about early intervention. It is all about spotting problems and issues as early as possible in the child or young person's life, taking rapid joined-up action to address those, and making that action child-centred in its approach. We are in a much better position now that we have that approach. It is not perfect, but it is a much better framework and foundation to work on.

Anne McLaughlin: I am sorry to interrupt, but do you mean early intervention before the child becomes a looked-after child?

Leslie Evans: Yes. We know that some of the key factors that influence the outcomes for children and young people are to do with early intervention and quick and decisive decisions. They are also to do with the stability that the children encounter when they are in care and the support that they receive during their transition to independence. We know that those three aspects are crucial. That is one of the reasons why

GIRFEC and the early years framework are so important. They are already addressing one of those fundamentals.

The other reason why I think that we are in a better place than we were before is that the early years framework is at the heart of the single outcome agreements that we have with local government. We now have an outcome-based agreement that looks at longer-term goals for a wide range of services. It does not cover only the early years framework, of course, but it places it at the very heart of our expectations and our joint working and planning with local authorities.

10:30

As I said, we are taking specific initiatives on corporate parenting training. There is also our investment in the work on strategic commissioning, which may sound like a rather dry and technical issue but is, as you know from previous evidence, at the core of the matter because it provides an opportunity to get a much more outcome-focused, joined-up and cohesive approach. Work that has been done in the Clyde valley and at national level has enabled us to produce a draft template contract for secure care. That is testament to the fact that we have managed to get people round the table who would previously not have been very interested in doing that: independent providers, public sector commissioners and so on are now round the table with sector-led expert working groups to ensure that we are examining the impact of these technical but important matters on the outcomes and the long-term quality of care that is received.

Fiona Robertson and Janine Kellett may want to put more flesh on the bones.

Fiona Robertson: As Leslie Evans said, there are three well-established areas that are important in improving outcomes for children. The first is early years and early intervention. As Leslie Evans outlined, that is about both universal provision in the earliest years and more targeted intervention at the earliest stage. The getting it right for every child model, which is very much child centred, with one plan that endures over time, is used to ensure that that happens and that the stability that Leslie Evans spoke about, which is the second area, is established, because we know that young people can drift through the system and that permanent decisions are not made. Children therefore go in and out of different care settings, which does not provide the stability that they so desperately need.

Finally, as I said, on the transitions out of care, we are taking forward a throughcare and aftercare programme, which is a bilateral programme with individual local authorities, to help them to ensure that pathway planning, as we call it, out of care is

sufficient and that we do not stop looking after children when they turn 16 but continue the care beyond their 16th birthday.

Anne McLaughlin: I will ask a bit more about that. Michelle McCargo from Renfrewshire Council talked about how difficult it is once a child is 16. More often than not, no matter what the people providing the care say to them, they want to go back to their families, because they believe that it will work out. They are old enough to do as they like, so they often leave, but it is too early and it does not work out. It is very hard to get them back in, because another child has taken their place. What specifically is being done about that?

It strikes me that early intervention is great and, obviously, I support it, but if early intervention does not work or somehow the child ends up in residential care, what happens when they are making the transition to independence? Sixteen is a very young age. Michelle McCargo talked about irrational parenting and how it makes such a difference to a child's life, but they do not have that if they leave care at 16 and, although that is not the end of the story, it is more or less the end of the story. Can you say a wee bit more about that?

Fiona Robertson: Local authorities can ensure that they continue to be corporate parents until the young person turns 21. In some ways we could argue quite positively that we are seeing looked-after children beyond the age of 16; 16 is not the cut-off point and councils have a responsibility to ensure that they remain responsible when the young person is beyond the age of 16, that the care plan endures beyond that point and that it can continue until the age of 21. The work that we are doing with councils on the throughcare and aftercare forum is ensuring that what Anne McLaughlin described becomes more the norm so that there is not that cliff edge, if you like, at age 16. That is not what we would want for our own children: we do not stop being parents when our children turn 16. The whole concept of corporate parenting is about seeing local authorities and other service providers as parents.

Anne McLaughlin: What enthusiasm or commitment do you detect from the local authorities? We are all—the Scottish Government and everybody else—having our budgets cut. If local authorities are legally allowed to end their corporate parenting role when people are 16, it must be tempting for them to do that. Leslie Evans said that she has met 30 of the 32 chief executives to speak about the general issue. Are you detecting a commitment to corporate parenting?

Fiona Robertson: We are. We are doing work to help local authorities to consider the issues in more detail. There are sometimes specific issues, such as the one you highlighted. In many

respects, we are talking about an invest-to-save decision; it is not simply a matter of what the up-front costs might be. I do not detect a step back from that commitment.

That said, we were concerned by the statistics that were published early in the year on the number of pathway plans in place. The pathway plans endure for people beyond the age of 16 and deal with transitions out of care. The Minister for Children and Early Years took action following the publication of those statistics. Since then, we have had meetings with service heads to try to understand and unpick issues that they face, including the issue that you mentioned.

Leslie Evans: We are investing around £300,000 in corporate parenting training over three years, which *Who Cares?* Scotland is carrying out for us. The training started in October, so there have already been some sessions. We would like to see a further impetus and more pace in the take-up of that training. I think that two councils have already taken up training opportunities.

Anne McLaughlin: It is for elected members.

Leslie Evans: It is, although senior officials can also take part in it; indeed, I know that senior officials have done so. Members of national health service boards and some other individuals are also encouraged to take up the training on the corporate parenting role.

Fiona Robertson: Crucially, the corporate parenting training involves trainers who have been in care. It involves young people who have recently been in the system. It is important that they are involved in raising awareness about the issues that young people in care face.

Leslie Evans: But the take-up of the training has not been as rapid as we would like it to be.

Anne McLaughlin: Two councils have taken it up.

Leslie Evans: To be fair, it has been happening only since October, and it is being staggered over a period of time. However, we encourage all elected members, not only those who are responsible for the service area, to take it up because it is all-invasive and pervasive in respect of the services that councils provide for young people.

Anne McLaughlin: I suppose that the purpose is to raise awareness among elected members for when they make decisions that will impact on the lives of looked-after children as they go into adulthood.

Leslie Evans: Yes. That is a role that we also play in the Government. We look out for the interests of looked-after children in policy areas

that are not necessarily our own, but which we think might inadvertently or overtly have an impact on looked-after children. It is about awareness raising in Government and with elected members and local councils.

Janine Kellett: It is important not to paint too bleak a picture. We know that hundreds of children are successfully cared for in residential care every year. Children in residential care will have noticed differences. They will have noticed a better-qualified workforce, as there has been strategic emphasis on raising the status, skills and qualifications of the workforce since 2000 through our funding of the centre of excellence, and they will have noticed that staff have a better understanding of trauma and of what leads to behavioural problems. Staff have greater educational aspirations for the children in their care, children have increased access to independent advocacy, and there are looked-after children's nurses in units. As I say, the child or young person in residential care will have noticed improvements.

The Temporary Convener: Are those improvements being reflected in outcomes and in the statistics that you gather? Are there improving trends?

Leslie Evans: That is debatable. That is probably the best answer to that question.

The Temporary Convener: Tell us about the debate, then.

Leslie Evans: I will talk about the data that we gather, as there is something of a moving picture. I said in my opening remarks that we now collect individualised, anonymised data on every child and young person in care. Those data are a huge asset and collecting the information is a huge step forward—we have not been doing it for very long, and that is another reason why we might not be picking up trends yet. The trends tend to be long lasting, and they move slowly, as you know, but we published the information in February 2010 for the first time, from 2008-09 data. This is the first time that we have had that level of granularity or detail.

The Temporary Convener: This is the first set of results from the data.

Leslie Evans: Of this kind, yes.

The Temporary Convener: Will we have this information every year?

Leslie Evans: Yes—we will publish it every year. It is a really rich resource. Interestingly, local authorities have already commented on the benefits of being able to access such high-quality data. You can see why the information is such a fabulous resource. We have information on

educational attainment and on absence and exclusion from school.

The Temporary Convener: The data have been collected for some time. Is that correct?

Leslie Evans: Yes, although not, I think, at individual level—although I may be wrong. The individualised nature of the data is what is new.

In his evidence, Scotland's Commissioner for Children and Young People expressed some frustration: we have information on educational attainment, but what else? We have other information on those young people who receive aftercare services, some of whom we have just been speaking about. We have data on the levels of homelessness, and on positive destinations. My colleagues will keep me right on this but I think that, of those who receive aftercare services, about 5 per cent experience homelessness, which is quite a high figure for such young people.

The level of positive destinations was about 35 per cent. If we compare that with the level of positive destinations for all 16 to 19-year-olds, which is around 85 or 86 per cent, we can see that the gap is marked. Again, my colleagues will keep me right here, but I think that the level has reduced: it has gone down compared with previous statistics.

Fiona Robertson: Yes.

Leslie Evans: That is a massive challenge for us.

The Temporary Convener: So that figure has moved the wrong way.

Leslie Evans: Yes.

The Temporary Convener: How long have those data been gathered for?

Leslie Evans: This is the first set of individualised data. We previously had information on a non-individualised basis, and we have to ensure that we compare like with like. The figure has not been moving in the right direction, anyway.

The Temporary Convener: Can you give us an overview of the trends from the non-individualised data that you have been collecting for some time?

Leslie Evans: I cannot, but Fiona Robertson might be able to.

Fiona Robertson: I would describe the trend as one of slow improvement. For example, although it is absolutely disappointing that there has been a reduction in the number of young people who are eligible for aftercare services going on to positive destinations, there was a slight decrease for the population as a whole. Effectively, that was related

to the downturn. Still, the gap between the figures is very significant.

Similarly, there has been a reduction in the number of exclusions from school among looked-after children, but the figure is still significantly higher than the figure for the broader population of school pupils.

The Temporary Convener: Are the figures for attainment gradually improving?

Fiona Robertson: The situation with attainment is similar. There has been a small improvement, but the gap remains.

The Temporary Convener: So the situation there is still very poor.

Anne McLaughlin: I have two follow-up questions. Leslie Evans was speaking about children in aftercare—people who are still being looked after in some way at the age of 16, and possibly up to the age of 21. The statistics are based on what is happening with those young people.

Leslie Evans: Yes.

Anne McLaughlin: Are there any statistics on the others—those who are no longer within the system and who simply leave it? My instincts tell me that the outcomes for them could be even worse, because they do not get that support.

Secondly, you are right about what Tam Baillie, the children's commissioner, said. He was glad that we were starting to monitor outcomes, although they relate mainly to educational attainment. We have considered homelessness, but what about all the other life outcomes?

10:45

Leslie Evans: Perhaps I can pick up on that and refer your first question to Fiona Robertson or Janine Kellett.

In terms of where else we might go with the data, which is the next stage, now that we have this granularity—this detail—we are looking at where we can make links with other forms of data and cross-match or cross-connect the data. The area where we want to make progress most quickly is health. I am not an analyst by profession, but we know that there are a lot of data for health. We need to cross-connect and link the data that we have for individual looked-after children with, for example, the community health index, for which a great deal of detailed data is produced. That is one of the areas that we are looking at at the moment and want to advise ministers on.

The Temporary Convener: Do you have data on levels of criminality? I am thinking of links to the

justice department as well as to the health department.

Leslie Evans: Yes. There are some voluntary data on that, which Fiona Robertson might want to talk about.

Fiona Robertson: The general question is whether we are able to track young people over a period that extends beyond the time for which they are in care. At the moment, the answer to that question is no. However, as Leslie Evans has outlined, the scope of the individualised data means that, by connecting the social work number to the CHI number or the national insurance number, there is scope to consider whether we might be able to do more of that over time. Longitudinal studies are often quite difficult and expensive, but the progress that has been made with the statistics so far at least allows us to consider the scope for doing some of that work over time and understanding rather better what the longer-term outcomes are for children who have been in the care system.

There have been some studies—a couple of studies were mentioned in the Audit Scotland report—on the prison population and on health outcomes. Some studies have provided links but, in common with many other areas, this area has not been strong on longitudinal data. The development of the statistics has been a positive step forward in thinking about whether such analysis may be feasible over time. As Leslie Evans said, the first step is to look at the health data, as the health outcomes for these children are an area of concern.

The Temporary Convener: The committee is trying to understand whether the new, individualised data will give you all that you need adequately to understand the outcomes for looked-after children in order to address the concerns that were expressed to us by the children's commissioner, or whether there will still be gaps in the data, especially on the wider life outcomes of the children post 16. Will the gaps still exist? Does more need to be done to get good-quality data to address Tam Baillie's point that we could do a lot better when it comes to information about life outcomes?

Fiona Robertson: The statistics that we have provide the basis for closing those gaps, but I do not think that the gaps have closed yet.

The Temporary Convener: Therefore, the area merits more attention and work over the coming years. We will start to get the trends from the individualised data, but there may still be some gaps where specific work will need to be done to fill those gaps.

Leslie Evans: Yes.

Fiona Robertson: That is right.

Leslie Evans: In the meantime, although that will take a bit of time, we cannot all sit on our hands. We need to draw on both the information that exists in the research and the personalised data on what is happening to real people. We know from research, as Fiona Robertson has said, that the health outcomes of the young people are severely compromised, that they are often exposed to drugs and alcohol and that they are more likely to suffer mental health issues. We must, therefore, supplement the data that we have at the moment with evidence from both international and United Kingdom-based research.

The Temporary Convener: Is it for you in the education department to commission that work, or is it for colleagues in health or justice? How will that be co-ordinated over the coming months and years?

Leslie Evans: That is a good question. There are two roles. We have a role to play in commissioning data and research, which we do. We must ensure that we connect, link and enhance data collection by other parts of the Government. As you know, Governments are not always the most joined-up entities, but we are working hard at that. We have referred to the fact that health is an important area. That is one reason why we are talking to our colleagues in health about the community health index.

We have other areas of expertise; we have mentioned the Scottish institute for residential child care, which we fund. We are looking to refocus its role on being responsible not only for children in residential care but for looked-after children more broadly, and on research and enhancing the evidence base, with a view to improving outcomes. It is not only our role but the role of those with whom we work in partnership to commission evidence and research.

The Temporary Convener: Do you see it as your responsibility to champion or lead all that work?

Leslie Evans: Yes. That is an important role for us.

Fiona Robertson: Absolutely. In her opening statement, Leslie Evans mentioned the fact that, following the national residential child care initiative, we established a strategic implementation group on looked-after children. It is part of each of the group's five work streams to determine whether there are research needs. The work streams are on culture change in care planning, improving health outcomes, improving learning outcomes, workforce issues and commissioning. I am happy to say more about them, but it is important to highlight the fact that research needs are embedded in that work. The

role of the Scottish institute for residential child care is important.

As part of our broader work, we are looking to link the data systems of, for example, the children's hearings system and the court system with prison statistics, so that we have knowledge about what happens over time to young people who, unfortunately, go into the criminal justice system from the children's hearings system. Some of those children will have been looked-after children.

The broader issues that are associated with linking up data are part of work on the getting it right for every child project, which is about establishing a partnership approach to children's services. Such an approach requires information and data to be shared across different service providers. GIRFEC relates to all children, not just looked-after children, so there is a much broader programme of work on the issue. I do not lead on that area of work, but we feed into it to ensure that the needs of looked-after children are part of the discussion.

The Temporary Convener: Willie Coffey has been very patient. He has some questions to finish off this section and will lead us into questions on planning, commissioning and joint working.

Willie Coffey: Good morning. I have a broader question. My attention is drawn to the graph on page 8 of Audit Scotland's report, which shows us that, over the past 10 or so years, the number of children in residential care has remained fairly constant—at about 1,600 children a year—but the costs have spiralled. I understand that last year those costs were about £250 million.

If we look further into the detailed information that we have, we see that average costs can be anything between £1,500 and £4,000 a week; in some cases, they are £5,000 a week. If we are going to get it right for every child in residential care, will those numbers come down, or will we just get it right for the same number of children every year? Will we expect 1,600 children to be in residential care every year, or will we reduce that figure? If we achieve the better outcomes for which we hope, will we reduce costs?

Leslie Evans: I will make a couple of broad comments about that. Some of the work to which Fiona Robertson referred on the strategic commissioning of services that we are now considering will help to get best value out of the money that we are spending.

As I think I said in my opening statement, we recognise that better regulation and a more highly qualified workforce will cost more money. That is part of the answer to your question. We know that, if we are to get better services and better experiences in better facilities, that will cost more.

Equally, we can drive down some costs through a more strategic and outcome-focused approach to the commissioning that local authorities and their partners undertake as part of planning strategically for the care that they provide locally.

There is some big work going on at a national level that will help to drive down some costs. We are helping to co-ordinate that as a catalyst for driving down the costs and to test some of the strategic commissioning approaches—at the Clyde valley level, for example, as a pilot.

On your more specific question about whether costs will continue to escalate, I will pass you over to my colleagues, who might want to add some more detail.

Fiona Robertson: It might be worth talking a little bit about the work on commissioning. Part of it is about gaining a much greater understanding of the costs in the system, but its key feature is to ensure that service providers and purchasers understand whether a service meets the needs of the individual child. Whether the numbers are 1,600 or more or less than that, the most important thing is that services meet the needs of the individual child. The key thing is early intervention and whether it can ensure that further intervention down the line is not required.

Following the securing our future initiative, which predated the national residential child care initiative but was also part of it, we set up a children's services national commissioning steering group, with a focus very much on the secure estate. That was part of the recommendation of the NRCCI commissioning report.

In that working group, we have everyone round the table—purchasers of services and all the providers of secure care in Scotland, including local authority and independent providers—and have developed a draft contract and service specification for secure care. The needs and outcomes of the children who require secure care and whose needs it best meets are at the heart of that work.

That is a significant step forward because, as the Audit Scotland report highlights, to date, the contractual underpinning of the purchasing of services has been quite weak. With the work that has been going on, there is an absolute understanding among purchasers and providers of what the service exists to provide.

The broader work on commissioning, which is being carried out in parallel, is also considering a toolkit—a draft contract and service specification—for residential care. Another part of the report highlighted the fact that the relationship between the purchaser and provider is often a spot-purchase arrangement, which does not have much

paperwork behind it. That work is an important part of trying to encourage an understanding of the individual child's needs and of what influences the child's longer-term outcomes.

Leslie Evans: One of the issues on which the report comments widely is how well local authorities are able to capture the full costs associated with the services. We recognise that the figures are broad and substantial, but they might not capture the entire cost across the whole local authority for children in care.

In response to the report, we have been discussing whether we can adapt or adopt elements of the Loughborough University model, which provides a way of doing a more thorough analysis of true costs in a service area. Our analysts are looking at whether we could produce a cost calculator model that we could test out with local authorities in Scotland to see whether it could be adapted to our policy, which is different, and to our legal framework, which is also different. If it could be adapted for use here, that would be a tangible outcome of the impact of the report.

11:00

Willie Coffey: Are you saying that, because of the approach of joint planning, commissioning, earlier intervention and assessing needs properly, it will cost more to deliver the kind of service that will get it right for those children?

Leslie Evans: Fiona Robertson might want to come in on this, but there might have to be continuing efforts to invest in the infrastructure of provision, by which I mean training, qualifications and so on, if we are to achieve the long-term quality of service that we seek. There is not a lot of fluctuation in the number of individuals who come into residential care, but we are trying to drive up service quality for those individuals and wrap the right kind of service around them. I cannot give a concrete assurance that continued investment will not be required in that area at national and local levels.

Fiona Robertson: Understanding the costs is key. As the report highlights, the range of costs is significant—from below £1,000 to in excess of £5,000 a week. It is important for the purchasers of a service to have a much better understanding of the costs, and to ensure that the service meets the needs of the individual child.

Some of the service provision that we are talking about is highly specialised, and it is expensive because of the complex needs of some of the children. Having a much better understanding of the costs is part of ensuring good planning of care and of the service, which will benefit not only those who are purchasing the service but those who provide it.

We have made some progress on the work on the secure care contract. As Leslie Evans said, we are interested in looking at the Loughborough model to see whether it might further assist local authorities in how they purchase their services.

Willie Coffey: The Audit Scotland report shows that the costs of the service have gone up by about £100 million in 10 years. That is without the model that involves joint commissioning, planning, SCSWIS, corporate parenting and all those other great things that are going to help. Forgive me, but if those things are going to help, why is the service going to cost more when the same number of kids are going to be going through the system? With that kind of early intervention, I would expect the number of kids who are going through the system to begin to dwindle. Is that naive?

Leslie Evans: No, it is not naive. We certainly intend that early years intervention and getting it right for every child should drive down the number of children and young people who are required to be taken into any kind of care, whether residential or otherwise. That is our intent, and the evidence of the benefit that we have gathered to date is that the intervention has an impact, and that GIRFEC saves on costs and officials' time. Early investment has benefits not only for the outcomes of the service that young people have applied to them or which they access, but for the public purse later on.

There will always be some children and young people who will require that kind of care and service. We talked earlier about our duty and the challenge of commissioning research and providing data, but we also have a responsibility to make sure that we invest in the right quality and calibre of services, particularly in relation to the workforce.

You are right about the costs, but we will always have to invest in high-quality services for vulnerable children who need safe refuge and to be looked after in secure residential care.

The Temporary Convener: Thank you. We will pause for a moment, as I am very pleased to see that Murdo Fraser, the deputy convener, has arrived after a long and tortuous journey. I will hand over the convenership to Murdo and swap seats with him so that he can sit beside the committee clerk.

I should explain that we are going through three main areas of questioning. We have covered outcomes for looked-after children and young people. We have just been discussing costs and are coming on to planning, commissioning and joint working, on which Willie Coffey will kick off our questions. I have more questions on costs and quality of services, so we will perhaps return to that, but the logical next section is the one on

planning and commissioning. I hope that that is helpful to Murdo Fraser.

The Deputy Convener (Murdo Fraser): Good morning. My apologies to the witnesses for my late arrival, which it is fair to say was down to matters that were outwith my control, but I made it. I thank Nicol Stephen for standing in and convening the meeting thus far.

Willie Coffey: I want to continue on the theme of costs and commissioning. I ask the witnesses to tell us a wee bit more about the Clyde valley initiative that is funded by the Government. How will the scheme ensure better commissioning? Can you assure the committee that it will result in better outcomes, not only for the Clyde valley but for Scotland in general?

Leslie Evans: Again, I can give an overview. As you know, the Clyde valley project incorporates eight local authorities and two health boards, with other service providers engaged in the work. We have funded a full-time post in one of the local authorities until the middle of next year, to ensure that a full-time post is devoted to what is an important issue and that the duties were not added to somebody's job description or time. The project covers three service areas: fostering, support for children with autism and their families, and diversions from secure care. It allows us to measure and map supply and need across a region and, in doing so, to consider the opportunities for collaborative commissioning across that region. The project also allows us to collate financial information from local authorities and health boards across the region.

The project has provided us with rich data, which to my knowledge has not been done before. It has also allowed much better business partnerships to develop between public and private providers and those working in the third or independent sector to provide services. The quality of commissioning is often directly influenced by the quality and calibre of business partnerships, the partnership working that takes place between the key players and how early on they are brought into the process as stakeholders.

We hope that the initiative will provide evidence that strategic commissioning is effective and can influence the design and procurement of quality services for looked-after children. More than that, it should be able to test a regional and/or consortia approach to commissioning, which is important because, among other benefits, we start to get economies of scale and wider experience is brought to the table. It should also enable us to share learning. We want to be able to apply the learning from the Clyde model and consider how it can be brought to bear and used by other parties that commission services, either regionally or locally or in other service areas—not necessarily

in the service areas that have been selected for the project.

It is an opportunity to test the ground locally in real time, to share that learning with other parties and local authorities and to spread the word on the benefits, techniques and capacities that are required. The approach involves a different way of commissioning that is based on outcomes and on planning and analysis rather than having a purely contractual basis.

The project should help to inform the scrutiny and improvement regime that might be brought to bear by SCSWIS. It should also help us with prevention, which we talked about earlier. The GIRFEC principles are embedded in the strategic commissioning approach that is being tested. It is an holistic approach that involves consideration of the child's whole experience and early intervention wherever possible.

Willie Coffey: How applicable to the rest of Scotland will the model be? It involves eight local authorities in the Clyde valley area. How transferable will it be? Will other areas and local authorities be able to use it for joint commissioning and so on?

Leslie Evans: I think that it is more likely to produce a template than a perfect fit. It will try out techniques, processes and ways of working, and will look at capacities and training needs. It will involve testing out all those circumstances that come with a different way of working. I do not see it as a blueprint that would fit every circumstance. It has the power to influence and to allow best practice to be shared, but it will also be powerful from the point of view of allowing people to find out what does not work, as is often the case with such projects.

Fiona Robertson: It is a specific objective that learning from the work of the pathfinder project is disseminated, so that we can test the feasibility of its application elsewhere. Some interesting challenges have already been encountered around cross-boundary working, collaborative working and data issues, some of which we have discussed. It is a question of creating capacity and expertise on strategic commissioning across local authorities and health boards, and of understanding and coming to a collective view on the present and future service needs of the councils and health boards in the group.

Some interesting issues have emerged even in the first half of the project. We are keeping close to the work that is going on in Renfrewshire because it is a pathfinder project that we are strongly committed to.

Janine Kellett: The postholder at Renfrewshire Council, Karen Nowland, is a member of the commissioning activity hub, which is part of the

looked-after children strategic implementation group. That is where she is sharing what works and what does not work. She has presented to that group on what the challenges have been to date, so the learning is already being disseminated.

Leslie Evans: Just to explain, that hub is part of a national framework that is looking at specific themes that we know are particularly important in the looked-after children world. One of those themes is commissioning. The hub is a national, sector-led group of key experts. Karen Nowland is being linked into that, so her learning is already coming in at the national level as well as benefiting the local pathfinder.

Willie Coffey: I hear what you say about the focus on outcomes, which I hope we all agree is the way to go. In addition, we are sharpening our thinking on joint planning and commissioning, service specification and so on. Is that leading to a change in how service providers think about delivering the service to authorities? My fear was that, if we sharpen our thinking on that and define more closely what it is that we want from a service provider, there might be a possibility that children whom we wish to place with an external provider could be placed anywhere within, for example, the Clyde valley region. Is it possible that children will be placed further away if we are not satisfied that services can be provided locally? I would not like to think that that would be an outcome of the present process.

Leslie Evans: No, I do not think so, if we get the specification and the outcome focus correct in the first instance. That is based on what is best for the children and what outcomes we need to get in the long term. We would work back from that to come up with the service specification. That approach is based on the GIRFEC principles and the SHANARRI—safe, healthy, active, nurtured, achieving, responsible and respected, and included—model. There are a number of principles that we see as being very important for all children and young people, not just those in looked-after care. The fact that those are embedded in the process should help us to test, through the pilot, how that informs the strategic specification and the commissioning that would fall from there.

Fiona Robertson: It is important to highlight that providers are very much part of the conversation—it is not just a tendering process. It is not just about shared services but about a partnership approach to the commissioning of services in which both the purchaser and the provider are part of the process. I have been closely involved in the work on secure care, and having the providers round the table has been important in determining the nature of the draft contract and the service specification. At times,

they know more about the needs of the young people than the purchasers do. It is an iterative process that involves mutual learning.

Willie Coffey: Okay—thank you for that.

11:15

The Deputy Convener: Does anyone else want to come in with any questions on that aspect?

If not, we will move on to the cost and quality of services, on which Nicol Stephen has some questions.

Nicol Stephen (Aberdeen South) (LD): It was discussed at the previous evidence session on the report that the cost per individual is on average more than £150,000 per year. We have touched on that already today; to many people it is a surprisingly high figure, and it has increased greatly in recent years. You have suggested that it could go higher still. What can be done to give the committee a good understanding of whether it is a fair and reasonable average cost? Can you tell us about costs in other parts of the UK and in other European countries? Is that an acceptable average cost per year for Scotland's looked-after children to be properly looked after and supported, given the poor outcomes at present?

Leslie Evans: I am not sure that I would ever be able to put a cap or a bottom line on a figure that we think is right for providing the quality that we constantly seek to improve.

Nicol Stephen: Obviously, that figure is not capped; it is the average.

Leslie Evans: Indeed.

Nicol Stephen: In some areas, the costs are substantially higher than that, as we have identified. I will move on to ask about that. The figure that I mentioned is the average cost across all the looked-after children who are in residential care in Scotland.

Leslie Evans: We cannot afford to be complacent about that. Some of the things that we have mentioned with regard to strategic commissioning on a regional basis are important, such as getting better at knowing what we are purchasing and what the money buys in order to get better value for money.

We have said—and the report mentions—that we do not know what the total costs are in some instances. That accounts for some of the variations in the figures that we are quoting. The total costs are not reflected or captured in some local authorities as they are in others. It is important that we have a much clearer and more consistent model to capture the true costs. We are interested in the possibility that the Loughborough University model will give us a greater grip on

some of those aspects and enable us to take a more consistent approach to capturing the costs.

Nicol Stephen: Can you tell us more about that? How will it change or improve the situation?

Leslie Evans: My understanding of the model, which the report mentions, is that it advises us on a certain way in which we can dig deeper than the service provider department in a local authority, and look across the piece at where other on-costs—as we might call them in local authority language—contribute to the total bill for looked-after children. It is about being a bit more forensic and thinking more laterally about the costs that might be incurred not only in buying a place and paying for the staffing but in paying for legal services, property services and so on. Those are costs that might be incurred by other parts of the council but which are not currently added to the true costs of the service base or the services that are being provided. I am not an expert on the Loughborough model, but it provides a framework that, if applied consistently throughout Scotland, would enable local authorities to capture those costs more consistently. We would first have to find out if we were able to amend it and use it appropriately in a Scottish context.

Nicol Stephen: The model has not yet been commissioned, funded or approved.

Leslie Evans: The report was issued earlier this year and we have asked our analysts to look at it. I have asked them to consider whether we can identify a local authority area in which to test the model in the new year. We want to move on that as quickly as possible.

Nicol Stephen: That would be a pilot in one local authority—that would be the start.

Leslie Evans: The model would be tested. Like others, I am always slightly anxious about endless piloting, but we must ensure that measures will be fit for purpose. If the model has attributes that are obviously transferable—or if the whole of it is transferable—to the Scottish landscape, we want to find that out as quickly as possible.

Nicol Stephen: On comparability with costs in other parts of the UK and in other European countries, which also have looked-after children in residential care, do we know whether the costs in those places are higher or lower?

Janine Kellett: I cannot tell you about costs, but I can tell you a little about numbers. Scotland takes proportionately more children into care than the UK does. However, Denmark takes twice as many children into care as Scotland does. What conclusions can be drawn from that? I cannot tell you about costs—we have not evaluated the different costs.

Nicol Stephen: Have you examined outcomes in Denmark, for example? How are outcomes monitored there? How do they compare with those in Scotland?

Janine Kellett: The Scottish Government has not examined those matters.

Nicol Stephen: It might be interesting for us to draw attention to comparisons. It would be at least informative and might have a major impact on policy and costs if we drew comparisons with other countries—some of which have a better reputation in residential care than Scotland perhaps has.

Fiona Robertson: I understand that costs for residential care in the UK are broadly comparable. We need to remember that only 10 per cent of all looked-after children are in residential care. The number has remained at about 1,600 for several years, but the proportion of the total number of looked-after children who are in residential care is relatively small. The majority of looked-after children are in a home setting.

Nicol Stephen: The number is small, but it costs £250 million per year.

Fiona Robertson: Absolutely. Quite a lot of work has been done to determine and understand better the costs of secure care. Typically, a secure unit has 18 beds and provides 24/7 wraparound care. It is also a school that must offer the full curriculum for a small number of pupils. That gives you a flavour of the reason for the sums of money, which are very significant.

I understand that research has been done on international comparisons, which can be difficult, because different countries have different care systems and different means of taking children out of or keeping children in the home setting. It is difficult to compare and contrast, but perhaps we can provide the committee with more information on that. Some international evidence is available on outcomes for looked-after children.

Nicol Stephen: That information would be much appreciated.

The Deputy Convener: I welcome Jamie Hepburn to the meeting—we can compare horror stories on our journeys later.

Jamie Hepburn (Central Scotland) (SNP): What horror stories?

The Deputy Convener: On Nicol Stephen's point, I have had experience over the years of working with parents of children who have autism. Often, the parents of children who have severe autism press for their children to have residential care with education, but local authorities resist that because of the cost. Local authorities—at least some that I have come across—do not have a clear understanding of the benefits of the

residential model of care over trying to keep children at home, to support them there and to provide education on a day basis. If there was a way of providing better guidance at a national level on the pros and cons of going down that road and the costs compared with the outcomes for the child, that would be extremely helpful. I do not know whether any work has been done in that area.

Fiona Robertson: I do not know the answer to the particular question in relation to autism, but decisions about where a child's needs can best be met are often taken by a combination of people, including the children's hearing, the social work department and the chief social worker.

Your point about understanding the costs and the evidence that we have on the outcomes is valid, but we have to be careful about the extent to which we provide guidance on decisions that need to be taken by professionals in individual circumstances.

Leslie Evans: One thing that we are encouraging—it has been a flavour of the discussions that we have had with local authorities and providers—is a focus on the fact that getting it right for every child is about getting it right for every child, as opposed to the bill that is to be paid in the end. Funding is clearly not open-ended, but our focus has to be what is appropriate for the child's circumstances at the current stage in their life and the care that will best meet their needs, be it residential or not.

The Deputy Convener: You are absolutely right, but the suspicion among many parents is that local authority social work departments often go for the cheaper option because of the financial pressure—that is entirely understandable, because no one has a bottomless pot of money to spend.

Leslie Evans: Yes. We talked earlier about the different inspection and improvement regime that will be brought to bear from next April, which will combine the expertise of the care commission, SWIA and elements of HMIE. That should help us to get a more holistic approach to the inspection regime and the improvements that we encourage local authorities and their partners to make. I am not sure that there will be a forensic analysis of the circumstances that you mention, but I am sure that that will highlight some of the difficulties such as the tensions that exist between the financial cost and the best decision for the child at the time.

The Deputy Convener: Do members have any further questions?

Nicol Stephen: Will you give us an outline of the number of secure beds in Scotland and how secure accommodation is structured? You mentioned the typical 18-bed unit. Is that provided

everywhere? What variations are there, for example, for secure accommodation for young girls?

Fiona Robertson: I will provide an outline and Janine Kellett might wish to come in with a bit more detail. There are five independent providers of secure care, each of which has 18 beds, so there are 90 in total. There are also two local authority providers, one in Edinburgh and one in Dundee, which I think have 16 beds in total. That is the broad configuration of the estate.

On provision for girls, the Good Shepherd Centre is a girls-only establishment. It is one of the 18-bed units that I mentioned.

Nicol Stephen: Would all girls in Scotland go to that single unit?

Fiona Robertson: No. There are also mixed units, one of which is St Mary's Kenmure in Glasgow.

Nicol Stephen: Okay. At our previous evidence-taking session on the report, I asked about what happens when somebody with a particular behaviour problem or perhaps a health problem has consistently run away from the place where he or she is being looked after and they get to the stage where it is agreed that secure accommodation is required. That individual—it could be a boy or a girl but, in the example that I gave, it was a girl—will be put into secure accommodation alongside individuals who could and most likely will have a background of, in some cases, quite extreme, serious criminality. Is that the only option? Are there alternatives, or is that the way in which we in Scotland in the 21st century deal with the problem of an absconding young girl who, perhaps, has anorexia and has been treated for that in hospital but is consistently running away?

11:30

Fiona Robertson: Secure accommodation will provide accommodation for those who pose a risk to themselves as well as for those who pose a risk to others. It is a needs-based system that is based on the needs of the individual child; it is not a deeds-based system.

Secure accommodation would be one option in the case that you outlined, but we have been looking at alternatives to it. For example, we are providing funding for a project that is specifically for girls, who tend to have different needs from those of boys within the secure estate. That project provides support for young girls outwith the secure estate. For those girls who require secure accommodation, it is appropriate that a risk assessment is undertaken and consideration is given to where might be the best place for them.

Nicol Stephen: If it were decided that secure accommodation was appropriate, it would be either the Good Shepherd Centre or St Mary's Kenmure.

Fiona Robertson: Yes, it would be for a young girl.

Nicol Stephen: Where are those centres?

Fiona Robertson: St Mary's Kenmure is in Bishopbriggs, in Glasgow, and the Good Shepherd Centre is in Bishopton. I also highlight the local authority providers, one of which is in Dundee and one of which is in Edinburgh.

Nicol Stephen: The two local authority providers provide secure accommodation for girls.

Fiona Robertson: Yes.

Janine Kellett: Yes. Usually, they take children from within those local authority areas—that is, Edinburgh and Dundee.

When the decision is made to place a young person in secure care, it is not just the chief social work officer who makes that decision; it is made with the agreement of the head of unit. The head of unit will assess the young people who are currently there and consider whether it is safe and appropriate for the young person to come into that secure unit, given their particular needs. That happens only with the head of unit's agreement. There are separate house units within secure units, so it is not strictly accurate to say that the young people are kept alongside each other. They are in the same building, but they are not necessarily in the same immediate living area.

Nicol Stephen: Can you assure me that they are not? Can you assure me that, when a young girl in the situation that I have outlined, who is potentially a threat to herself or who has an illness such as anorexia, is put into secure accommodation, she will be kept separate from other girls who have committed serious crimes?

Janine Kellett: There is a responsibility on the chief social work officer and the head of unit to make the right decision for the child.

Nicol Stephen: That is not my question.

Janine Kellett: I cannot guarantee that. It is the responsibility of the chief social work officer and the head of unit to assess the risks, the child's needs and how best to meet those.

Nicol Stephen: Thank you.

Fiona Robertson: The point about the assessment is really important, though, as is the point that I made about the system being based on need. Although I completely understand your point that, in principle, two young people who are in secure accommodation for very different reasons

could be housed together, it is important to recognise that a professional judgment will be applied to the decision. All chief social work officers to whom I have spoken take the decision to place any young person in secure accommodation very seriously, whatever the reason—it is not just about cost. It is, in effect, taking a young person's liberty away from them. It is very much about the secure unit meeting the needs of the individual young person and ensuring, through the risk assessment that is undertaken, that the situation that you outline does not arise. It is less about where individuals are accommodated and more about ensuring that there is an appropriate wraparound service for the young people, whatever the reason they are there for.

Nicol Stephen: My point is that the approach should be about what is in the best interests of the child—

Fiona Robertson: Absolutely.

Nicol Stephen: —but the options are extremely limited. It is very likely that a young person will be placed in secure accommodation a long way from home, and they could be placed alongside 17 other individuals with a very mixed range of backgrounds. Some of them may have a criminal background and others may be there because of their vulnerability or illness. I am not sure that that represents an approach that is in the best interests of the individual. We have talked a lot this morning about changing our approach and targeting it on the individual. I cannot see that that represents best practice for some of these very vulnerable individuals—particularly, for example, young girls who are self-harming or who have serious health problems.

The Deputy Convener: There are no further questions. Thank you for coming and giving evidence. I am sorry that the committee was a little light when we started, but it has filled up as the morning has gone on. We are grateful to you for your time.

11:36

Meeting suspended.

11:40

On resuming—

Public Audit Committee Reports (Responses)

“Overview of the NHS in Scotland’s performance 2008/09”

The Deputy Convener: Agenda item 3 is to consider a response from the Scottish Government’s accountable officer to our report “Overview of the NHS in Scotland’s performance 2008/09”. It is a comprehensive response on a wide range of issues and the clerk has provided a note on it.

Before members comment on the response, I have a couple of points of information. At our next meeting, we will consider the overview report of the NHS in Scotland’s performance for the next financial year. If members want to pursue any issues from the Government response before us, they can do so as part of the process next week. We can go back to the Scottish Government again if members wish, or we can include in our legacy paper any issues to take forward. We can ask the Government to provide updates on issues in its regular progress reports.

I note with interest the Government’s response to the procurement question, on which we raised a number of issues, particularly the success or otherwise of the national procurement initiative. I would like to see an update on that in the next progress report. Do members have any other comments?

Willie Coffey: My attention was drawn to the reference in the Government’s response to the national estate management system for NHS assets. Mr Feeley notes in that section that the NHS has £5 billion worth of assets and 4 million square metres of floor space. The estate management system represents perhaps the first opportunity to collect information on all the assets in order to understand what we have and what it costs, and how to procure new equipment and services.

I was surprised to read that the NHS is just beginning that process, because it has been fairly common elsewhere for some time. Nevertheless, I am pleased that it is happening. For an asset base of such value, we must have such a system and get better at using it for the future. Time will tell, of course, whether the system of asset management will yield the level of savings that we hope for so that we can reinvest them in front-line care. I will follow that process with great interest. I suppose

the issue can be included in our legacy paper for the next parliamentary session.

The Deputy Convener: We can ask that the Scottish Government in the next parliamentary session updates the committee on that work in its progress reports.

Willie Coffey: I think that we should.

Nicol Stephen: The impact of public sector cutbacks on the NHS is an issue that we will inevitably be drawn back to. I am sure that it will be debated regularly in the health committee and in the Parliament, but from our point of view it will be important to monitor issues such as efficiency savings, service redesign and staff and consultant salaries, and keep a careful eye on whether the efficiency savings are genuine or represent a real cut in the quality and level of service. I agree that those issues should be included in the legacy paper as important ones to return to.

The Deputy Convener: Audit Scotland could pick up on those issues as well in its future reporting on this area.

Nicol Stephen: Indeed. The overall NHS spend in Scotland is clearly a substantial part of the Scottish Government’s budget.

The Deputy Convener: I welcome James Kelly, who is the latest member to arrive at the meeting.

James Kelly (Glasgow Rutherglen) (Lab): I apologise for my late arrival, convener.

The Deputy Convener: That is quite all right. You are not the only one.

If members are happy, we will add this issue to the list of items for the progress report.

“Progress on Planning for the Delivery of the Commonwealth Games 2014”

11:45

The Deputy Convener: Agenda item 4 is consideration of the accountable officer’s response to the committee report on progress on planning for the Commonwealth games. Again, it is a comprehensive response from the Scottish Government. I remind members that Audit Scotland is planning to conduct a second progress report on the Commonwealth games as part of its forward work programme for 2011-12. I ask Audit Scotland when that report is likely to be ready.

Barbara Hurst (Audit Scotland): We are likely to start it mid-2011 and report by the end of the year. On the Government’s response to the current report and the items that we think that we will look at, we will certainly revisit the inflation and contingency issue, we will keep an eye on the staffing issues and we will look at the marketing

strategy for ticketing and at some of the capital projects. We will keep a watching brief on some of the issues on which you asked the Government for information.

The Deputy Convener: Thank you. So, a year from now we should have an updated report from Audit Scotland. That is very helpful. In light of that, rather than pursue the Government's response further, do we want just to wait for next year's Audit Scotland report?

Nicol Stephen: We should just be pleased that we are not organising a winter games.

The Deputy Convener: We would be complaining about the lack of snow.

Are members happy with the suggested approach?

Members *indicated agreement.*

Section 23 Report (Response)

"Emergency departments"

11:46

The Deputy Convener: Agenda item 5 is consideration of another response from the accountable officer on the section 23 report "Emergency departments". Do members want to pursue the response further? If not, do members agree to note the response and refer it to the Health and Sport Committee for information?

Members *indicated agreement.*

11:47

Meeting continued in private until 11:56.

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