Children in need

Citation for published version:
Education Department, Scotland, Tisdall, EKM & Plows, V 2007, Children in need: examining its use in practice and reflecting on its currency for proposed policy changes. Scottish Executive, [Edinburgh].

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Publisher's PDF, also known as Version of record

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Submission to
the Sponsored Research Programme
Scottish Executive Education Department

Final Report

CHILDREN IN NEED:
Examining its use in practice and reflecting on its currency for proposed policy changes

Submitted by
Dr Kay Tisdall (Reader in Social Policy) and Vicky Plows (Research Associate), The University of Edinburgh

March 2007 version
ACKNOWLEDGEMENTS

The research was possible due to the support and access granted by the Association of Directors of Social Work in Scotland, Departments of Social Work (or their equivalent) in the 32 local authorities, and individuals within social work services. Individuals cannot be named, to protect their anonymity, but their assistance was much valued as they made considerable efforts to facilitate the research when their own workloads were very busy.

Numerous academics and researchers across the UK assisted in providing information for the literature review and their communications with the research team were extremely useful.

Particular assistance was given by those working in social work policy and practice in developing and piloting the questionnaire; due to their institutional affiliations, they have not been named here. Dr Gary Clapton (Social Work Subject Group, University of Edinburgh) also gave comments. All their views assisted in improving the survey.

Sue Milne (Research Associate with the Centre for Research on Families and Relationships (CRFR), University of Edinburgh) provided research support for one group discussion. CRFR also assisted in providing recording equipment for the discussions.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefing Paper</td>
<td>1</td>
</tr>
<tr>
<td>Part A: Introduction</td>
<td>8</td>
</tr>
<tr>
<td>Part B: Methodology</td>
<td>10</td>
</tr>
<tr>
<td>Part C: Literature and Research Review</td>
<td>14</td>
</tr>
<tr>
<td>Part D: Analysis of Integrated Children’s Services Plans</td>
<td>26</td>
</tr>
<tr>
<td>Part E: Analysis of Self-Report Postal Survey with ‘Practice Team’ Managers</td>
<td>33</td>
</tr>
<tr>
<td>Part F: Analysis of Group Discussion with Fieldwork Social Work Teams</td>
<td>59</td>
</tr>
<tr>
<td>Part G: Overview</td>
<td>68</td>
</tr>
<tr>
<td>Bibliography</td>
<td>72</td>
</tr>
<tr>
<td>Appendix A: Definition of Children in Need</td>
<td>76</td>
</tr>
<tr>
<td>Appendix B: Self-Report Postal Survey</td>
<td>78</td>
</tr>
<tr>
<td>Appendix C: Outline for Group Discussion</td>
<td>83</td>
</tr>
<tr>
<td>Appendix D: Self-Report Survey for Group Participants</td>
<td>84</td>
</tr>
</tbody>
</table>
BRIEFING PAPER

CHILDREN IN NEED: Examining its use in practice and reflecting on its currency for proposed policy changes (March 2007)

Dr Kay Tisdall (Reader in Social Policy) and Vicky Plows (Research Associate), The University of Edinburgh

Local authorities were given the duty to 'safeguard and promote' the welfare of 'children in need' in their areas, by the Children (Scotland) Act 1995. This project sought to examine the use of 'children in need' in Scottish local authority policy and practice, and its currency for proposed policy changes in children's services.

A number of planning requirements, for children’s services, have now been combined in Integrated Children’s Services Plans. The Scottish Executive expects plans to address children in need, amongst other groups and services.

The project had four components: a literature and research review; a content analysis of all local authorities’ Integrated Children’s Services Plans; a survey of ‘practice team’ managers in children’s social work services; and discussions with fieldwork teams in two local authorities, selected on the basis of their active use of children in need in plans and reported by managers.

Main findings

Children in need did not seem to be ‘leading’ planning nor practice.

- Only 5 out of 32 local authority Integrated Children’s Services Plans made explicit use of children in need and used it as an organising concept.
- According to managers, children in need was sometimes used to justify service provision, but ‘children at risk’ was far more commonly used.
- Children in need was rarely used explicitly by fieldwork teams.

Children in need -- as a status and a legal category -- could be used successfully to claim resources within social work or from other agencies, according to managers and fieldwork teams.

Children in need had greatly enhanced social work attention to children affected by disabilities and their families.

Fieldwork teams described children in need as a minimum threshold to ‘get through the door’ of children’s services but further prioritisation was often necessary for children and their families to receive support.

Social work research elsewhere continues to find children in need services ‘squeezed out’ by the demands of child protection. This was also found here in social work practice: ‘statutory work’ was often prioritised over children in need. The latest plans, however, covered a much broader range of children and services.

Although the children in need duties apply to all local authority services, fieldwork teams thought they were largely perceived as belonging to social work. Definitions of children in need were not always common across services, according to managers and fieldwork teams.

Managers and fieldwork teams were reluctant for children in need to be replaced. Certain advantages of the category were described: it was holistic; it was tied to assessment, which social workers saw as one of their core skills; and it was flexible. A large minority of respondents suggested the duty and definition be revised.
Policy Context
The Scottish Executive (SE) has consulted upon proposals for improving children’s services and new legislation is being proposed. These proposals include new statutory duties for ‘relevant agencies’ to:

- Do their best in identifying children who have unmet needs, assessing needs, and ensuring appropriate action is taken, with respect to children’s well-being.
- Promote the well-being of children and be alert to matters adversely affecting such well-being.
- Take action should they be aware of a child who has or may have unmet needs. This may involve collaboration with other agencies, which requires an agreement of an action plan and designating a person to take responsibility for ensuring the plan is implemented.
- The views of the child and relevant persons (e.g. parents and carers) must be given due regard in any material decisions about the child’s well-being.

(paraphrased from Sections 1, 2, 4 and 5 of the Children’s Services (Scotland) Bill)

A partial definition of well-being is provided by Section 1(4), which lists issues that agencies should have particular regard to: health (whether physical or mental); welfare (including care and neglect); development (whether personal or social); harm, abuse and ill-treatment; emotional and behavioural issues.

These requirements for individual children sit alongside the introduction of a new inter-agency framework for assessing need and revised guidance for Integrated Children’s Services Plans.

These proposals are building upon the Children (Scotland) Act 1995 and thus the definition of ‘children in need’ (CIN) and accompanying duties. Section 93(4) defines CIN as:

A child is under the age of 18 and ‘in need’ because:
(i) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development unless services are provided;
(ii) the child’s health or development is likely significantly to be impaired, or further impaired, unless services are provided;
(iii) the child is disabled; or
(iv) the child is affected adversely by the disability of another family member.

Each local authority must provide a range and level of services to safeguard and promote the welfare of children in its area who are ‘in need’ and to promote the upbringing of CIN by their families (Section 22).

The latest consultation document asks whether CIN needs to be changed:

…The Bill will place obligations on all agencies to be alert to and act on children’s needs as best they can. Given these duties and the expanded definition of “need” is there a requirement to have a separate definition of “in need”? We believe the rationalisation of definitions would both avoid confusion and require those working with children to focus more on the needs of children and action to address them rather than whether they fit into a category.
Policy and practice around children’s services have changed dramatically since the CIN category was introduced into Scotland. The focus on social inclusion and social justice sets out an inclusive, radical agenda that has a considerable emphasis on children and their families, while Closing the Opportunity Gap has again underlined the need to address inequalities and poverty. The Scottish Executive has an increased focus on early intervention and tackling social disadvantage and has strongly promoted integrated children’s services. There has been substantial legislative changes for special educational needs, with a more inclusive category of ‘additional support needs’ and a set of duties and rights surrounding co-ordinated support plans. Children’s welfare has a place in mental health and housing legislation. CIN and its accompanying duties now sit within a very different context than they did in 1995. What is CIN’s potential, as a basis for future developments in children’s services?

Research Aim and Questions
This project examined the use of ‘children in need’ (CIN) in local authority planning and practice, and its currency for proposed policy changes in children’s services. It asked the following research questions:

- How has CIN been defined – explicitly and/or implicitly – in the most recent Integrated Children’s Services Plans (2005-08)?
- How does the definition of CIN and accompanying duties sit alongside other statutory definitions?
- How useful (and in what ways) is the definition of CIN and accompanying duties for: planning, prioritisation of services, and meeting the needs of individual children?
- What alternatives to, or modifications of, CIN would assist development of Scottish children’s services?

Research Design
The project had four components

1. An up-to-date literature and research review on CIN and its implementation elsewhere in the UK, and through Scottish research that may be available in the ‘grey’ literature or as a minor component of other projects. The review concentrated on research published after 2000.
2. A content analysis of the Integrated Children’s Services Plans
3. A postal survey of local authority children’s services ‘practice team’ managers (54 surveys analysed)
4. Concentrating on two local authorities, selected on the basis of components 2 and 3, seven group discussions were held with fieldwork social work teams (involving 47 participants). Individual surveys were filled in by 37 of these participants.

Further information on the methodology, data management and analysis, and ethics is available in the full report, available at the project’s website (see address below).

Findings

1. Literature and research review
Most research has been undertaken in England. No new research was identified directly on CIN from Scotland, through the search methods; some research (e.g. on the piloting of the integrated assessments) has some relevancy.

Broadly, the review found:

- Despite the English ‘re-focusing’ debate in the mid 1990s, child protection continued to crowd out CIN/ family support services. Child protection structured how social work children’s services functioned.
Considerable difficulties in establishing an agreed CIN definition across agencies, although English research suggested the assessment introduced in 2000 had improved this.

Despite the specific listing of children with disabilities in the CIN legal definition, this group could still be neglected in service provision.

Narrow definitions of CIN failed to take a broader, more preventive approach. These narrow definitions of CIN have often been swallowed into other categories, such as children at risk of social exclusion or vulnerable children.

Disproportionate attention to children under the age of five, with limited attention to teenagers’ and their parents’ needs.

Poor needs analysis by local authorities, in planning for children’s services. What analysis was done was unconnected with published action plans.

Heightened recognition of the need to consult with children, young people and their parents in individual assessments and in service planning.

Poor record keeping for social work assessments, found in both English and Scottish research. Most local authorities failed to meet the time targets, for the English assessments introduced in 2000.

A range of English research found that parents/carers (usually around 80%) and children/young people were broadly satisfied with the assessment process and services provided, although a notable minority was not. It could be difficult to access social work services and many families wanted more services.

2. Content analysis of Integrated Children’s Services Plans (ICSP)

ICSP were analysed from all 32 local authorities, using a coding framework. Drafts or final versions were accessed.

According to the Executive’s guidance, the plans must include references to “services for vulnerable children and children in need, including arrangements for early intervention and support within universal services and targeted additional support where required”. Plans do not have to make specific reference to the category of CIN. The question remains, then, over how useful CIN is for planning and practice.

The analysis found:

- Plans made little use of CIN:
  1) 6 plans made no explicit mention of CIN, in terms of the legal category or accompanying duties.
  2) 21 plans mentioned CIN in introductory comments but did not use it as an organising concept.
  3) 5 plans made explicit use of CIN and used it as an organising concept for all or part of their ICSP.

- For those plans that did use CIN, they frequently oscillated between using CIN as an umbrella term or as a separate category amongst others (e.g. children affected by disability or looked after children).

- Rather than CIN, the term ‘vulnerable’ children, young people and/or families was regularly found in many plans. In only two plans was this term given some definition. It could be found across action plans and services, suggesting its currency for interagency services.

- Across virtually all plans, particular groups of children were identified as service priorities: children or young people affected by parental substance misuse; children or young people with mental health needs; children or young people who offend; children or young people affected by domestic abuse; children or young people affected by disability or disabled children; young carers.
• Very little mention was made in most plans to minority ethnic groups. It may be, however, that the needs of such groups would be addressed by the general prioritisation of inclusion.

• Plans varied considerably in the extent and integration of statistics and research, to determine need. Most plans described consultation with children, young people, parents and carers, although it was exceptional for the impact of this to be stated on the plan.

• While not a particular focus of the analysis, the plans were considerably more inter-agency than earlier versions. This was evident symbolically, in the use of multiple signatures and logos. It was evidenced in the action plans, which tended to cover a range of services and types of need. Education, health and social work continued to be the most named, but housing was also specified in half of the ICSP and leisure/sport had a far higher profile than in the past.

3. Survey of ‘practice team’ social work managers in children’s services

The survey distribution was hampered by the lack of a national list of managers at this level. Based on local authority information, 150 surveys were sent out but some recipients did not consider them relevant to their work. 54 surveys were returned, some representing more than one respondent. The return rate ranged from 36% to 47%, depending on how it is calculated. Surveys were completed from 27/32 Scottish local authorities.

According to the respondents:

• Nearly all (50/54) would locate their authority’s definition of CIN in the Children (Scotland) Act 1995 and guidance. Over half (28/54) would locate the definition in their ICSP.

• A shared definition of CIN was most likely to be identified with the Children’s Reporter (40/54) and far less with other services (e.g. 16 and 25 respondents ticked ‘always’ or ‘somewhat’ respectively, in regards to education). The respondents were least likely to see leisure and housing as having a shared definition.

• Almost all respondents reported that CIN was actively used, at least ‘somewhat’, across planning and service provision.

• In giving examples of where CIN had been effective for individual children and their families, there were four themes: disabled children receiving services; CIN allowed for early intervention, in contrast to child protection; financial support for families; and accessing and providing services across agencies.

• ‘Children at risk’ continued to be a high priority for local authorities, potentially ‘crowding out’ CIN.

• Planning was most likely to be based on service referrals (43/54) and information collected on children currently using the services (43/54), and least likely to be based on asking people in the community what they wanted (11/54).

• Information and training on CIN were most likely to come from the ICSP (46/54) and departmental policy or guidelines (42/54).

• Social work or joint assessment was most likely to ‘always’ determine service options for CIN (32/54), with availability of resources/services determining options 16/54 ‘always’ or 19/54 ‘frequently’.

• CIN had several advantages. Most notably, it was considered flexible for service planning (34/54) and for individuals (35/54), and helped focus on prevention and preventative services (40/54). The most commonly identified disadvantage was the demands of child protection outweighing the duties towards CIN (41/54). Few respondents thought the category was stigmatising to children and their families (4/54).
The CIN duty and definition should not be replaced, according to most respondents. A large minority thought they should be revised. (see table below)

4. **Group discussions and surveys of fieldwork teams, in two local authorities**

Group discussions were held with a range of teams (family centre, area teams, disability teams and those who work with young people who offend) in two local authorities. Individual surveys were filled in after each discussion.

Overall, the analysis concluded:

- CIN was not common terminology with professionals outwith social work. It was rarely used with children, young people and their families, except in relation to financial help.
- CIN was seldom used overtly in front-line social work, by social workers themselves. It had a background role: the legal justification for their work; a minimum requirement to access social work services; CIN was defined and tied to assessment, and assessment was a central skill of social workers; Section 22 allowed families to access financial help.
- CIN could gain children and their families a place on social work’s waiting list but did not ensure they received a service: further prioritisation was required. A disability and family centre team described having to resist this in their work. Other statutory work was a higher priority -- not just child protection but also children’s hearing or other work with young people who offend.
- CIN could be used tactically by social workers to argue for resources from their managers. Here, the flexibility of the category could be ‘filled in’ by the social workers to make this claim.
- Social workers saw other agencies as largely not having the same value systems. Other agencies were described as focusing on behaviour and ignoring the child’s context, rather than considering a child’s needs holistically. But social workers identified *individuals* in other agencies who did share their values.
- CIN could be used to remind agencies of their duties and to claim other resources, or to ‘downgrade’ external concerns that a child was ‘at risk’. But interagency work was difficult because other agencies frequently saw CIN and the Children (Scotland) Act 1995 as belonging solely to social work.
- When asked, teams aware of additional support needs largely described it as an educational category, with education making demands on social work services. One disability team saw potential in the new category, for re-definition of need across agencies and a more inclusive approach.
- The CIN duty and definition should not be replaced, according to most participants. In their surveys, a large minority thought they should be revised (see table below).
- Two advantages were perceived of CIN: its inclusion of children affected by disabilities and its holistic emphasis.
- Other associations were more ambivalent, being seen as advantages by some and disadvantages by others. These included: the broadness and flexibility of the category; whether or not the category was stigmatising; CIN could be used to claim resources from other agencies but its failure to be interagency was noted by several participants.
Table: Survey responses of managers and fieldwork teams, to changing the duty and definition of CIN (Valid percent used)

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<th>Should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed?</th>
<th>Should the legal definition of ‘children in need’ be changed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managers</td>
<td>Fieldwork teams</td>
</tr>
<tr>
<td>No, it is useful as it is</td>
<td>28 (52%)</td>
<td>20 (57%)</td>
</tr>
<tr>
<td>Yes, it should be revised (but not replaced)</td>
<td>17 (32%)</td>
<td>14 (40%)</td>
</tr>
<tr>
<td>Yes, it should be replaced</td>
<td>3 (6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6 (11%)</td>
<td>1 (3%)</td>
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ACKNOWLEDGEMENTS

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Particular assistance was given by those working in social work policy and practice in developing and piloting the questionnaire; due to their institutional affiliations, they have not been named here. Dr Gary Clapton (Social Work Subject Group, University of Edinburgh) also gave comments. Sue Milne (Research Associate with the Centre for Research on Families and Relationships (CRFR), University of Edinburgh) provided research support for one group discussion. CRFR also assisted in providing recording equipment for the group discussions.

FURTHER INFORMATION

For further information about the project, contact Kay Tisdall k.tisdall@ed.ac.uk, 0131 650 3930. The project’s website is at http://www.childhoodstudies.ed.ac.uk/research.htm#cin
PART A: INTRODUCTION

The Scottish Executive (SE) has consulted upon proposals for improving children’s services and new legislation is being proposed (SE 2006a and b). These proposals include new statutory duties for relevant agencies to:

- Do their best in identifying children who have unmet needs, assessing needs, and ensuring appropriate action is taken, with respect to children’s well-being
- Promote the well-being of children and be alert to matters adversely affecting such well-being
- Take action should they be aware of a child who has or may have unmet needs. This may involve collaboration with other agencies, which requires an agreement of an action plan and designating a person to take responsibility for ensuring the plan is implemented.
- The views of the child and relevant persons (e.g. parents and carers) must be given due regard in any material decisions about the child’s well-being.

(paraphrased from Sections 1, 2, 4 and 5 of the Children’s Services (Scotland) Bill)

A partial definition of well-being is provided by Section 1(4), which lists issues that agencies should have particular regard to: health (whether physical or mental); welfare (including care and neglect); development (whether personal or social); harm, abuse and ill-treatment; emotional and behavioural issues.

These requirements for individual children sit alongside the introduction of a new inter-agency framework for assessing need (SE 2006a) and revised guidance for Integrated Children’s Services Plans (SE 2004/2005).

These proposals are building upon the Children (Scotland) Act 1995 and thus the definition of ‘children in need’ (CIN) and accompanying duties. Section 93(4) defines CIN as:

A child is under the age of 18 and ‘in need’ because:

(i) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development unless services are provided;
(ii) the child’s health or development is likely significantly to be impaired, or further impaired, unless services are provided;
(iii) the child is disabled; or
(iv) the child is affected adversely by the disability of another family member.

Each local authority must provide a range and level of services to safeguard and promote the welfare of children in its area who are ‘in need’ and to promote the upbringing of CIN by their families (Section 22). Further details on these provisions are contained in Appendix A.

Policy and practice around children’s services have changed dramatically since the CIN category was introduced into Scotland. The focus on social inclusion and social justice sets out an inclusive, radical agenda that has a considerable emphasis on children and their families (see Tisdall 2001), while more recently Closing the Opportunity Gap (SE 2004a) has again underlined the need to address inequalities and poverty. The Scottish Executive has an increased focus on early intervention and

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1 Section 7 of the proposed Bill contains a definition of relevant agencies. Social work, education, housing authorities are named, as are the police and health boards and trusts. Other non-public and public bodies may be specified, through a particular process, by Scottish Ministers.
tackling social disadvantage and has strongly promoted integrated children’s services (e.g. *For Scotland’s Children* SE 2001). There has been substantial change in legislation for special educational needs, with a more inclusive category of ‘additional support needs’ and a set of duties and rights surrounding co-ordinated support plans. Children’s welfare has a place in mental health and housing legislation. CIN and its accompanying duties now sit within a very different context. What is its potential, as a basis for future developments in children’s services?

In Scotland, no systematic research had previously been commissioned on CIN, on how it is being defined within local authority policies nor on how it is being implemented in practice. This project sought to fill these gaps.
PART B: METHODOLOGY

As stated in Part A, the Scottish Executive has proposed new duties for children’s services. These proposals build on the Children (Scotland) Act 1995 and thus its definition of ‘children in need’ (CIN) and its accompanying duties. Yet there has been no substantive research on CIN in Scotland, particularly on how it has been defined in local planning and practice.

Research aim and questions
This project examined the use of ‘children in need’ (CIN) in local authority planning and practice, and its currency for proposed policy changes in children’s services.

It asked the following research questions:
- How has CIN been defined – explicitly and/or implicitly – in the integrated children’s services plans (2005-08)?
- How does the definition of CIN and accompanying duties sit alongside other statutory definitions, such as additional support needs and duties (e.g. Section 12 of the Social Work (Scotland) Act 1968)?
- How useful (and in what ways) is the definition of CIN and accompanying duties for: planning, prioritisation of services, and meeting the needs of individual children?
- What alternatives to, or modifications of, CIN would assist development of Scottish children’s services?

Research Design
The project had four components:

1. An up-to-date research review on CIN and its implementation elsewhere in the UK, and through Scottish research that may be available in the ‘grey’ literature or as a minor component of other projects.
2. A content analysis of the most recent children’s services plans.
4. Concentrating on two local authorities, selected on the basis of components 2 and 3, to undertake group discussions with social work teams involved in fieldwork.

The research design did not include two aspects that would be highly beneficial to answer the research questions, but were outwith the project’s resources:
- Research with other service providers (e.g. education, health, housing, leisure, voluntary agencies), although they are central to the implementation and potential of CIN.
- An analysis of social work records for children, to judge how CIN is being recorded and used in individual cases.

Beyond the support of the Executive, permission was sought from the Association of Directors of Social Work in Scotland and of local authorities. It was granted in all cases.

1. Up to date research review
Building on research reviews already taken by the research team in relation to CIN, the project sought recent research related to CIN:

- Contacts were made with a variety of academics throughout the UK, for their identification of relevant research. This has resulted in some very recent references and particular connections with Jane Aldgate, Ann Buchanan, Kate Morris and Trevor Spratt.
• Contacts were made with social work departments in Scottish Universities, particularly to identify any relevant PhD work. This has not resulted in any unknown work.
• Contacts were made with relevant organisations in Scotland. This has been undertaken but has not resulted in any unknown work.
• An e-mail inquiry was sent out through the Centre for Research on Families and Relationships’ mailing list.

Literature searches have been undertaken as follows, and relevant material subsequently accessed:

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<tr>
<th>Search terms</th>
<th>Database</th>
<th>Other details</th>
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<tbody>
<tr>
<td>'children in need'</td>
<td>ASSIA plus/ Social services abstracts</td>
<td>Restrict until after 2000</td>
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<tr>
<td>'children in need'</td>
<td>Social care online, SCIE</td>
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<td>'children in need'</td>
<td>Web of science</td>
<td>Restrict until after 2000</td>
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<tr>
<td>'children’s services plan*'</td>
<td>Web of science</td>
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The research team are aware that considerably more research is available on particular groups of children – such as those with caring responsibilities and/or who are disabled – which is not included in this review. The rationale was the research’s focus on CIN as a legal duty and definition, and its implementation in policy and practice.

2. Children’s services plans
Efforts were made to obtain the most recent children’s services plans 2005-08. This was successful in nearly all cases, but draft versions were sometimes only available and two final plans were still outstanding as of September 2006. A draft or final plan has been accessed from all 32 Scottish local authorities.

A coding framework was developed after an initial reading of the plans and reflecting on the above literature. Further details are given in the analysis of the plans, in Part D.

3. Self-report postal survey
A questionnaire was drafted and then circulated amongst social work academic colleagues. It was then piloted with 3 external contacts, who were currently or recently managing practice teams in social work. The contacts came from 3 different councils. These steps resulted in certain changes to the survey, including much deliberation on the title to whom the survey would be directed: it appears that there is not a common title for this level of post, and practice team managers seemed to be the most commonly understood. A copy of the final survey can be found in Appendix B.

It was considered essential to keep the survey short, to increase the chance of return. It was also recognised that a lack of interest in CIN might result in a low return rate, so advice was taken on how best to ‘sell’ the survey to potential respondents. This led to amendments in the survey’s front page and cover letter.

All local authority Directors of Social Work, or equivalent, were contacted for permission to send out the postal survey to their practice team managers. Permission was obtained for all 32 Scottish local authorities.

No national list was obtainable for practice team managers. It was thus necessary to create one, based on contact with each local authority. The Scottish Executive statistics publication in 2005 identified 109 children’s services managers in Scottish local authorities. When in contact with each Scottish local authority, 150 contact details were identified.
The self-report surveys were sent out initially by mail and e-mail, to these identified contacts. The majority were administered in January 2006, although there were some delays in access in certain local authorities. Reminders were set on two occasions to those who had not responded, with the last responses arriving in May 2006 to be included in analysis. In total, 54 surveys were returned (with one latter one received in August 2006). Further details are contained in Part E.

4. Two local authorities
Research by Wright (2002) indicated the differing uses of CIN by social work practitioners and, at that time, their limited engagement with children’s services plans. Thus, this project proposed to undertake concentrated research in two local authorities.

Group sessions with social work staff in front-line work were organised, to discuss how CIN was implemented in practice. Assistance of a key manager contact in each local authority resulted in groups discussions with different types of teams. In total, seven group sessions were held with 47 participants in total: groups varied from four to nine participants.

After the first group, the starting question was modified so as to allow participants more room to discuss their services before concentrating on CIN. The discussion outline can be found in Appendix C. With the permission of participants, all groups were recorded and transcribed.

At the end of each group, participants were asked to fill in a short survey (see Appendix D), asking about their use of the provisions in their daily work as well as basic information on their professional background and experience. Thirty-seven surveys were completed, a 76% response rate. The surveys were entered into an excel spreadsheet and analysis subsequently undertaken based on categorised responses and thematically on more open questions.

Local authorities were selected on the basis of (apparent) engagement and use of CIN. The selection process was based on answers from components 2 and 3:

A. Local authorities where survey respondents answered ‘yes’ to whether “children in need is regularly talked about in team meetings”
B. Of group A, respondents who also indicated ‘children in need’ was actively used in local authorities (question C1) and there were shared definitions across education and health services and the Scottish Children’s Reporter Administration (question B2.1)
C. Of groups A and B, respondents were in local authorities that made active use of ‘children in need’ within their latest ICSP. As is described in Part D, very few local authorities actually did, leaving a small number of potential local authorities to approach.

Ethics
Informed consent to participate was essential for components 3 and 4. Information included the purposes of the research, how responses will be used, anonymity and feedback. Discussion of CIN may be sensitive in group sessions and staff had to be free not to participate and able to withdraw their involvement at any time. Only the research team had access to the original data, which was kept in confidential computer files or in locked rooms. Audio-recording will be erased once the report is accepted by the Executive.

The analysis has made every effort to protect anonymity, in reporting on the surveys and group discussions. Identifiers have been used and identifying information avoided.
As public documents, the analyses of children’s services plans may well allow for the identification of certain local authorities. Care has been taken to avoid such identification in turn leading to the identification of individuals responding to surveys or involved in group discussions.

Feedback will be provided to all interested participants and contacts, at the end of the project.
PART C: LITERATURE AND RESEARCH REVIEW

‘Children in need’ (CIN) is now a category found across UK children’s legislation. First introduced in the Children Act 1989 for England and Wales, it was subsequently included in the parallel legislation for Northern Ireland (Children (Northern Ireland) Order 1995) and for Scotland (Children (Scotland) Act 1995). Scotland, though, had a different legislative past than other parts of the UK.

Unlike elsewhere in the UK, Scotland had the ‘general welfare duty’ in Section 12 of the Social Work (Scotland) Act 1968. The Review of Scottish Child Care Law (1991) praised the 1968 Act for encouraging preventive work and seeking to maintain children in their families, and suggested revisions to underline these benefits. A more positive formulation was promised by the Government (Scottish Office 1993, p. 9).

When the Children (Scotland) Bill was introduced into Parliament, the definition was seen as very stigmatising, however, rather than a more positive formulation (Tisdall 1997: p. 63). The definition was:

… being in need of care and attention because –

(i) no one has parental responsibility for him;
(ii) he is lost or abandoned;
(iii) for whatever reason, the person who is or has been caring for him is not safeguarding or promoting, or is not adequately safeguarding or promoting his welfare; or
(iv) he is disabled.

The Scottish Office was willing to change the definition – which it did to the one listed in Part A – but not to delete it entirely and retain a more general welfare duty. While the Government underlined its commitment to support services for children and their families, Government Ministers said it was necessary to target attention on priorities, in the face of increasing demand. Intervention in families’ lives had to be justified:

… we need a suitable trigger. We do not want a local authority to have carte blanche to intervene when it is not necessary. Some assessment of need is surely appropriate and we cannot expect local authorities to promote the welfare of children where such action is not required and, perhaps more importantly, where it is not desired by the child’s family. (Lord Fraser, Hansard 6.6.95, Col. 51)

The Scottish Office guidance on the 1995 Act underlined that the duties for CIN fell on the local authority as a whole, including social work, education, housing and other relevant services (1997: p.1-2). The Guidance recognised that “a wide range of children” could fall into the Act’s definition of CIN (p. 2). Thus children’s services planning, also introduced as a legislative requirement on local authorities, should be centrally about identifying: needs, their main features, diversity and service priorities (p. 11). The Guidance gave the list of the main needs of children which call for services (see Appendix A), although this list was intended to be indicative rather than exhaustive. Thus, plans were intended to facilitate local identification of needs, to be prioritised locally, and services planned so as to best meet the particular needs found in different communities.

Thus, Scotland gained a duty towards, and a definition of, CIN which was very similar to that found elsewhere in the UK. The phrasing of the general duty “to safeguard and promote the welfare of children” occurs almost word-for-word across the Children Act 1989 (Section 17), the Children (Northern Ireland) Order 1995 (Article 18) and the Children (Scotland) Act (Section 22). The definition is also largely replicated across the
legislation, except for the addition of children “adversely affected by disability” in the Scottish legislation. This could have judicial weight because of its specificity but ‘young carers’ or other young people affected by disability could be included in other jurisdictions under the more general ‘arms’ (i.e. (i) and (ii) of the CIN definition). Indeed, this latter group has since gained rights to assessment through other legislation.

The Children (Scotland) Act 1995 has other legal differences, in relation to CIN:

- Only the 1995 Act contains the principle of giving “due regard to a child’s religious persuasion, racial origin, and cultural and linguistic background” when local authorities are providing their services for CIN (Section 22(2)). This is not specified in the other UK legislation.

- ‘Health’ and ‘development’ are not defined for CIN in the 1995 Act, although they are in the other UK legislation. For example, the Children Act 1989 defines health as meaning physical or mental health, and development as meaning “physical, intellectual, emotional, social or behavioural development” (Section 17(11)).

- The Children Act 1989 was amended by the Children Act (2004), so that a local authority must consider a child’s views before providing a service. The particular details are given in Section 17(4A):

  Before determining what (if any) services to provide for a particular child … a local authority, shall, so far as is reasonably practicable and consistent with the child’s welfare:

  (a) ascertain the child’s wishes and feelings regarding the provision of those services; and

  (b) give due consideration (having regard to his age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

  No such legal requirement exists for CIN in either the 1995 Act or Order. (Note that an expanded provision is being suggested in the Children’s Services (Scotland) Bill. This is further discussed in Part G.)

- Local authorities must provide day care for CIN aged five or below, and after-school and holiday care for CIN (Section 27). These are the only services specified in the Act. In contrast, extensive lists of required services are listed in Schedule 2 of the Children (Northern Ireland) Order 1995 and Part I of Schedule 2 in the 1989 Act.

This last difference allows Scottish local authorities more flexibility than their counterparts elsewhere, and thus the possibility of using scarce resources to better effect. On the other hand, it allows for a very limited range of services to be offered and considerably less than might be available in other parts of the UK to CIN.

The Children Acts were legislated for in a very different governmental context than that found in 2007. New Labour gained power in Westminster, in 1997, and subsequently introduced devolution across the UK. The new Scottish Parliament began in 1999, with the Scottish Executive taking on devolved powers. Children and children’s services have been the focus of considerable policy attention since, introducing new concepts, new initiatives, and new policies.

An influential report, For Scotland’s Children, was issued by the Scottish Executive in 2001, resulting from an inter-professional action group seconded to the Executive. Pertinent to this project, the CIN definition was not commonly understood across local authorities:
There is a general problem in that, although local authorities have a statutory responsibility in relation to Children in Need, no one has defined exactly which groups fall within the category of “Children in Need”. There is certainly no common understanding of which groups we are actually talking about. So from the outset there is disagreement on definition. (p. 33)

More broadly, For Scotland’s Children sets out six action points for local agencies to improve services:

1. to consider children’s services as a single service system;
2. to establish a joint children’s services plan;
3. to ensure inclusive access to universal services;
4. to co-ordinate needs assessment;
5. to co-ordinate intervention; and
6. to target services.

These points capture recent policy trends. Children’s services were at the forefront of the ‘joined up services’ debates, with the Scottish Executive encouraging education, health and social work in particular to improve the ways they work together. The report picks up the long standing issue of poor inter-agency working and service fragmentation, which can lead to some children and families facing multiple assessments while others ‘fall through the cracks’ of services. Thus initiatives such as Sure Start (for children aged 0-3 years), New/Integrated Community Schools, and the Changing Children’s Services Fund all encouraged integrated working between services.

Planning was particularly noted as a problem, with a plethora of plans required since the introduction of the Children’s Services Plan in the 1995 Act. A new regime of information sharing and joint assessments is now being rolled out across Scotland, under the Getting it right for every child implementation plan.

According to For Scotland’s Children, a revised balance was needed between universal and targeted services, with an expansion of preventive services. ‘Early intervention’ was a buzz phrase early on in the administration, with the idea that ‘investing’ in young children would lead to improved outcomes later (Lister 2003). New Labour used ‘social exclusion’ as the key organising theme of its social policy when it first came to power in 1997. In Scotland, the terminology evolved from ‘social exclusion’, to the establishment of the ‘Social Inclusion Network’, to the phrase used within the published policy agenda ‘social justice’. Social justice is “at the heart of the work of the Scottish Executive” (Scottish Executive 2001b: p. 5), as a long-term strategy for tackling poverty and injustice.

The first Scottish Executive’s social inclusion agenda, set out under the title Social Justice: A Scotland where everyone matters (2001b), is replete with targets for children and young people. Since 1997, the UK Government has attached high priority to reducing child poverty, the Prime Minister pledging to eradicate it by 2020. The Scottish Executive developed its own child poverty strategy, has targets to ‘close the opportunity gap’ and most recently published a strategy to diminish the proportion of young people not in education, employment or training (2006c).

The usefulness of CIN, as the most general welfare provision under the 1995 Act, needs to be evaluated in light of these considerable policy changes.

Research on implementing ‘children in need’
Research on CIN can be divided broadly into two time-frames: earlier research undertaken soon after the legislation was implemented; and later research, particularly that undertaken to evaluate a new assessment regime for England and Wales. As
stated in Part B, this review concentrates on research published after 2000 although it does give an overview of certain key findings from earlier research.

The table below summarises the methodology of key research reviewed here:

Table: Summary of selected studies on CIN and their methodology

<table>
<thead>
<tr>
<th>Authors/Research team</th>
<th>When research undertaken</th>
<th>Brief details of methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCrystal et al.</td>
<td>1998-99</td>
<td>A self-report survey was completed by child care managers across Health &amp; Social Services Trusts in Northern Ireland. Research interviews were subsequently held with four child care managers from each of the 11 HSS Trusts. Two focus groups were then carried out.</td>
</tr>
<tr>
<td>Wheeleghan et al.</td>
<td>1998-99</td>
<td>Stage 1: an overview across Scotland, including interviews with those directly responsible for children’s services plans in all local authorities and with respondents from a sample of voluntary organisations, of different sizes and remits. Stage 2: in-depth case studies in 4 local authorities, including interviews with key local authority staff, a sample of voluntary organisations, consideration of relevant documentation and attendance at relevant meetings.</td>
</tr>
<tr>
<td>Wright</td>
<td>1998-2000</td>
<td>70 self-report questionnaires were undertaken in 3 Scottish local authority social work departments, with supervisors/ managers and with fieldwork social workers, followed by 33 semi-structured interviews. The local authority policy documents were also analysed.</td>
</tr>
<tr>
<td>Spratt et al.</td>
<td>Stages 1 and 2 1998-99; Stage 3 2001</td>
<td>Research with two health and social services trusts in Northern Ireland. Stage 1: 17 senior social workers coded 34 case vignettes. Stage 2: 154 case files were examined and semi-structured interviews were held with 26 social workers. Stage 3: interviews with 12 families, who had been referred for the first time with concerns about child welfare.</td>
</tr>
<tr>
<td>Tunstill and Aldgate</td>
<td>Mid 1990s</td>
<td>Research within 7 English local authorities. 93 children were identified, whose primary referral to social services was neither child protection nor disability. Parents/ carers were interviewed, as were 41 of these children.</td>
</tr>
<tr>
<td>Cleaver et al.</td>
<td>1999-2001</td>
<td>Research within 24 English local authorities. (1) Audit approximately 100 referrals from each 24 councils and all subsequent records; (2) postal questionnaire with 93 social work managers, 215 practitioners and 153 other relevant professionals; (3) interview study of core assessment experiences of 52 families, resulting in 50 interviews with parents/ carers, 8 children over the</td>
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2 Not all research publications are clear on the timeframe of their research, so best attempts have been made to find out, including efforts to contact lead researchers on the teams.
<table>
<thead>
<tr>
<th>Studies</th>
<th>Year</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby et al.</td>
<td>Unclear</td>
<td>Interviews with 34 families (parents/ carers) who had initial or core assessments, in one English local authority. Focus groups were held with 40 practitioners carrying out assessments.</td>
</tr>
<tr>
<td>Commission for Social Care</td>
<td>April 2003-March 2005</td>
<td>Based on inspections undertaken of English local authorities. Examined 1014 case files, visited range of services and attended panels and meetings. 927 questionnaires completed by children and young people and 1605 parents or guardians.</td>
</tr>
<tr>
<td>Lord et al.</td>
<td>2006</td>
<td>Interim analysis of 50 English local authority Children and Young People’s Plans. This was followed by an analysis of 75 plans, from a ‘representative’ sample of local authorities based on authority type and 2005 Annual Performance Assessment score on improving outcomes for children and young people.</td>
</tr>
<tr>
<td>Gibson et al.</td>
<td>May-Sept 2005</td>
<td>The integrated assessments were piloted in two areas (West Lothian and Ayrshire). First stage: interviews with staff and managers establishing pilots and undertaking assessments. Second stage: evaluation of assessments and some interviews with parents and staff. 7 assessments were completed in West Lothian and 16 started in Ayrshire but only 14 completed by the end of the evaluation.</td>
</tr>
</tbody>
</table>

Further, a range of Social Services Inspectorate (SSI) reports summarise findings from inspections and special inquiries and the Audit Commission has published some influential research. Such publications are referred to below.

**Early Research**

Early research³, predominantly undertaken in England but also Wales, showed distinct trends:

- Considerable difficulties in establishing an agreed CIN definition across agencies
- Significant discrepancies across local authorities in the kinds and range of CIN
- Despite the specific listing of children with disabilities in the legal definition, this group was not always recognised by local authorities
- ‘Narrow’ definitions of CIN that failed to take a broader, more preventive approach
- Inadequate means to assess need and unmet need, both for individuals and for service planning. Those most ‘in need’ did not necessarily receive services
- Disproportionate attention to children under the age of five, in comparison with children aged 7 to 12 or over age 15

Research undertaken in Northern Ireland by McCrystal (2000) found that most child care managers felt they were familiar with the CIN definition, but 60% viewed the

definition as inadequate for professional practice. Child care managers working in the disability field were more positive, because disabled children were included in the definition. Northern Ireland directly addressed issues of definition and categorisation of CIN, with indicators and categories centrally provided to local planners (McCrystal 2000; McTernan 2003). However, McCrystal (2000) found that the initial indicators (since revised) gave ‘direction’ but were still open to interpretation. Those who criticised the indicators thought they unduly categorised children. Over 53% of child care managers reported difficulties in working with other statutory agencies, in relation to CIN.

A prevalent finding in England and Wales, which led to the ‘re-focusing debate’ in the 1990s, was the prioritisation of child protection over CIN. This is captured by the following quotation:

A common pattern is that families and young people who ask for help, especially those who are vulnerable by reason of homelessness, are turned away, only to be pulled into the system, where things deteriorate and protection becomes a serious concern. In some cases it is the other professionals such as health visitors or teachers, and in other cases family members themselves, who feel obliged to exaggerate the risk of abuse in order to receive a service to which they have failed to gain access in other ways. (Thoburn 1995: p. 77)

McGhee and Waterhouse (2002) suggest a similar process in the Scottish context. Children were processed through children’s hearings, and gained compulsory measures of supervision, in order to access welfare resources.

Early Scottish CIN implementation was studied by Wright (2002), in three local authorities. She found wide variation in fieldwork social work staff’s definitions of CIN. Social workers focused on individual assessment and preferred not to identify groups of children as ‘in need’. Fieldwork staff and social work managers found the category useful when claiming services for individual children, both within social work services and outwith, and in creating a corporate approach to children’s services.

When researching children’s services plans and voluntary agencies in 1998-99, Wheelaghan and colleagues (2000) chose to explore the planning process for CIN, in its four case study local authorities in Scotland. An attempt was made to track the development of CIN services, through following a documentation trail, detailing the process, and garnering respondents’ views. The research was only able to access the latter. Interviews sought to discuss potential stages of planning, such as establishing a common definition, assessment of needs and unmet needs, prioritisation of needs, planning services to meet needs, and identifying performance indicators. Despite different approaches and repeated attempts in interviews, respondents tended to return to the confusing and problematic definition of CIN and answers were rarely elicited on the other planning stages for CIN. A similar ‘pre-occupation’ was noted in Northern Irish research, when exploring service planning shortly after children’s legislation was implemented (Higgins et al. 1997).

In the Scottish research, doubts were raised about CIN’s currency outwith social work. This is captured by one lead officer’s remark

The central problem is that the Plan is about ‘children in need’. But various people are thinking that all children are in need, and in the beginning need didn’t get talked about until page 19 [of the children’s services plan]. … [The public] don’t see there’s a cut off between ‘in need’ and all children. In social work it’s clear. But from education, health, they don’t see these categories. So it becomes quite difficult to narrow it down. Some people were just seeing it as a list of services we needed.
In having definitions of 'need' that did not necessarily match across different departments or statutory agencies, there was more opportunity for confusion or obfuscation by departments reluctant to give up control over their own budgets or resources. Voluntary organisations largely wanted a broader definition, which they felt matched the legislation.

All four case study local authority plans contained a section on defining CIN. All four considered the needs of all children but specified that the plan would take a narrower focus on those children with more specific needs. One plan contrasted with the other three in identifying a geographical component (i.e. identifying an area of need) to its definition of need, rather than focusing on groups of children. All plans recognised the need for common definitions across different agencies, with this an area for future action. Preventive services were much discussed in all four plans.

In the plans, the links were not clear from the definition of need, to the working groups which formulated the plans, to the resulting chapters. One authority, for example, listed various sub-groups of children in need but these were not the same as working groups or chapters. Instead, working groups were based on service areas. In terms of data to establish need:

- Local authorities recorded attempts to garner service users' views but their contribution to assessing needs was unclear.
- One authority’s plan referred to local community members’ views with some links to proposed changes, whereas the other three plans did not.
- All plans sought to provide a population profile from national data and research findings.
- Certain chapters contained information on service use (although this was not necessarily 'demand').
- Types of family backgrounds etc. were sometimes available for children receiving particular services but a comprehensive ‘aggregation of needs’ was not presented.

Plans recognised the importance of improving their needs’ information, especially across different agencies. The relationships between needs’ data, service priorities and targets were rarely traceable. For example, population statistics were regularly provided on black and minority ethnic groups but not followed through with service recommendations in two out of four plans. Instead, working groups and their resulting chapters provided a ‘needs’ context and service developments were listed. The internal process of the working groups may have done the ‘work’ of matching perceptions of need with which services could meet those needs, but this was not recorded in the plans.

Research undertaken in Northern Ireland compared two sets of children’s services plans and other associated documents, in 1997 and 1998 (McCrystal and McDowell 2000). They found a further refining of the CIN definition and agreed thresholds for accessing services. There was an increased emphasis on preventive work, a needs-led approach, and redesigning family support. Services were developed for children with disabilities, and dedicated disability teams were frequently established. However, the researchers note the inhibiting effect of limited resources.

**Subsequent Research**

Early research, then, suggested that ‘children in need’ was not reaching its potential as a duty or a definition in most parts of the UK. Subsequent research largely continued this critique, with some additional themes:
• Family services were frequently for younger children, so that older children must reach ‘crisis’ point before they could access services. (DfES 2004)
• Poor provision for disabled children and their families and for children affected by parental disability. The DfES (2004) described the “lottery of provision” (p. 30) for disabled children and their families, depending on where the families lived and how hard families demanded services. Links were poor in the transition from children’s to adult services. (Commission for Social Care Inspection 2005; Audit Commission 2003)
• Service fragmentation and problems with interagency working (Hare et al. 2002; Morrison 2000; Morris 2005; SSI 2004; Ward 2002). The Commission for Social Care Inspection (2005) reported that initiatives, such as Sure Start or the Children’s Fund, were not always engaging with ‘mainstream’ social services.
• Varied spending and provision on ‘children in need’, according to the annual Children in Need Census (which has since ceased to be undertaken in England and Wales) (e.g. see Hayes 2002)

Despite the intended policy shift towards preventive services and family support in the mid-1990s, research undertaken by Spratt and colleagues questioned its success. Undertaking research in two Northern Irish Health and Social Services Trusts, Spratt (2006) concluded:

One of the main themes is that a preoccupation with child protection risks tends to pervade and restrict children in need work and that social workers and organisational managers play vital roles in creating a culture where work with children in need becomes possible.

Child protection thus continued to dominate social services, squeezing out the potential for family support. A SSI report in 2004 stated that CIN was a low allocation priority for social work, in England, and some children were allocated to unqualified staff. Local authorities may have improved service quality for looked after children and those in need of protection, but at the expense of supporting the wider group of CIN (Commission for Social Care Inspection 2005). The 21st Century Social Work Review, in Scotland, recognised the pressures facing child and family social work, with a shortage of social workers resulting in unallocated cases, high thresholds before services were provided, and a culture of crisis intervention (SE 2006d).

Concentrating in seven English local authorities, Tunstill and Aldgate (2000) were more positive. The local authorities had expanded the range of prioritised groups of CIN from their first study, to include families under stress and children who had behaviour problems. Yet Aldgate (2002) concluded that the policy of locally defining CIN has failed:

It was the intention of policy makers to encourage local interpretations of this definition of need in order to ensure that any predetermined groups of vulnerable groups could be identified and thus be targeted for priority services. With hindsight this was a mistake. Many local authorities were not at a sufficient level of sophistication in their thinking to respond appropriately to this challenge. (p. 149)

Once families gained access to the assessment process, Tunstill and Aldgate found that over 86% of parents thought social services were sympathetic and helpful but three-fifths of the parents wanted more services. Almost half of the children were pleased that social services were involved, with a further third ‘not bothered’ and the rest unhappy. These findings broadly paralleled those found in other research. For example:

• SSI (1999) reported that 80% of families were positive about services.
• Reporting on small-scale projects, Buchanan et al. (2002) found evidence that families (involving both CIN and child protection cases) were critical about
services received. Many parents however thought that social workers were ‘doing a good job’ and both they and their children were benefiting.

- When undertaking detailed analysis of 10 cases of initial CIN assessments, Platt (2001) found family members generally appreciated the service received and the manner of its provision.
- When looking at particular family support services in two Welsh local authorities, Statham and Holterman (2004) found two-thirds of families reporting that the service they received had helped their situation.
- Of the 12 families interviewed in Spratt and colleagues research (Spratt and Callan 2004) in Northern Ireland, three families thought they had been offered inappropriate services and a further two families considered continued social work intervention neither needed nor appropriate. Thus seven families were positive about services provided.

Gaining access to services, however, can be problematic (Aldgate 2002; Buchanan et al. 2002). Families with disabled children could be particularly frustrated about lack of access (Aldgate 2002).

A focus of research in England and Wales was the ‘initial’ and ‘core’ assessments, required following the publication of the Framework for the Assessment of Children in Need and their Families (Department of Health et al. 2000). The framework is based on ‘an ecological model’, with three domains that intersect: a child’s developmental needs; parenting capacity; and family and environmental factors. Initial assessments must be completed within 7 days, while core assessments must be completed in 35 days. The core assessment are led by social services, but “invariably” involve other agencies and professionals (Department of Health et al. 2000: p. 32). Records for both assessments are published, to guide social services staff through the assessments.

Corby and colleagues (2002a and b, 2003) interviewed 34 parents or carers, in one local authority in England, about their experiences of assessments. The majority of parents were satisfied with their initial assessments, while a third were negative or had little recollection of them taking place. Two-thirds of parents were generally positive about core assessments. Parents of disabled children tended to appreciate that their children were valued and validated, and the empathic understanding shown by social workers. About half of the parents thought they had some influence over the assessment outcomes, while six had mixed views and six felt they little impact. Two-thirds of parents were satisfied with the resources they received. The research team found that the least satisfied parents were those with older children who had behavioural problems. These parents felt the assessments focused too much on the children and ignored parental views. Corby and colleagues commented that the assessment records were used sometimes as a checklist (see also Cleaver et al. 2004a). Nonetheless, the researchers identified that a particular benefit of assessment could be the process itself, when the social worker and parent generated a common understanding of the family’s situation.

Cleaver and colleagues (2004a and b) had similar findings when undertaking research in 24 English local authorities. Assessment frameworks were reported as appropriate for disabled children, by their parents. Parents were much more involved in assessments than before, and most were very satisfied with how the assessment was conducted and the resulting decisions and plans. However, over one-third (38%) of parents expressed uncertain or negative views about the plan. Young people reported far less understanding of, and involvement in, the assessments (see also Commission for Social Care Inspection (2005)). Interagency collaboration was reported as improved or remaining at a high level, by professionals from agencies other than social services (73.9%). Two-thirds (67%) of these other professionals also reported good or improved understanding of the criteria used to define a CIN. But the research team concluded that the delivery of collaborative services was not at a similarly high level.
Calder (2004) undertook a conceptual review of the assessments and concludes they have several failings. Amongst these was a failure to coordinate the assessment of CIN with guidance issued around the same time, on child protection (Department of Health 1999). Too little guidance was given on how to analyse and plan following the assessment (Sinclair and Little 2002 also make this criticism). The timescales were “ill-founded and randomly selected” (p. 232, a conclusion also raised by Rose 2002). More broadly, Calder was critical that the assessment only partially adopts an ecological framework, failing to see societal and international dimensions (see also Cleaver et al. 2004b and Houston 2002). The consultation had been limited to social services and the guidance was not widely distributed, which limited its potential to enhance interagency working. Howarth (2001), citing joint publications with Calder, wrote that social workers have tended to take responsibility for assessments while other professionals take on monitoring and information-gathering roles.

Preston-Shoot (2003) sought to analyse case files in one English social services department, but was unable to undertake this research because of poor recording. Summarising the problems, Preston-Shoot wrote:

Gaps in records made it difficult to track understanding and action, or to conclude whether all the required procedures had been followed. In nine of twenty-one cases where there was a plan, case notes did not record outcomes. Monitoring a situation was a common response where the need to protect was recognised but feedback from this activity was not carefully and explicitly structured within record keeping. Case notes in a few instances indicated that social workers had an established view of the situation and/or of relationships, which was not easily revised in the light of contrary evidence. Equally, in other instances there was information in the files from earlier periods that did not seem to have been utilised. There were also examples of incomplete or inaccurate recording, of files that were difficult to read or follow, and of missing relevant information, such as the quality of inter-agency collaboration or the capacity and views of older people who were being abused. (p.46)

Poor recording was problematic legally, where the Human Rights Act 1998/ European Convention of Human Rights requires intervention to be demonstrably proportionate and necessary (see Preston-Shoot 2003: p. 36 for discussion). Cleaver and colleagues (2004) also found gaps in recording: for example, only one-fifth of records contained family members’ views and only a third of records recorded a plan.

Government publications themselves reflect on the mixed implementation of the assessments (DfES 2004 and SSI 2004). Local authorities varied in the proportion of referrals receiving initial assessments (from 100% in some authorities down to 9% in others). Only a small majority of initial and core assessments were completed within the timescales, with very slight improvements over the years. “Serious concerns” were reported about the quality of assessments in some cases, across most local authorities (DfES 2004: p. 33).

An integrated assessment framework has been piloted in Scotland, with an evaluation undertaken by Gibson and colleagues (2006). The findings echo those in England, in relation to problematic recording. For example, the quality of assessment records was variable, with gaps in information including the child’s experiences and reactions. Most records did not document analysis and future plans. A substantial number of parents, though, were positive that the assessments had led to “clarity of purpose” and, in most cases, an improvement in partnership between parents and professionals in service delivery.

Research continues to report poor knowledge and information in many local authorities, in relation to planning children’s services (Axford and Little 2004; Hare et al. 2002; SSI
A recent analysis by the National Foundation for Educational Research (NFER) (Lord et al. 2006) gave up-to-date information on the overarching Children and Young People's Plans from a representative sample of 75 English local authorities. The research found:

- **Recognition** of the need for local partnerships and responding to local needs, although not always implementation of this in the plans (e.g. around one-quarter use a comprehensive range of data for needs analysis; under half of the plans have joint commissioning teams, although most have pooled or aligned budgets)
- More detailed coverage under some themes than others, and inconsistent coverage of key groups of children across themes
- The most commonly covered groups were children who are looked after and children with learning difficulties and/or disabilities
- Priorities were frequently linked to proposed action but not to targets
- One-third of plans specify groups of children and young people involved in the consultation process, with all but one plan citing intentions to involve children and young people in future developments

These plans were not concentrating on CIN, but following the five priorities of Every Child Matters (be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic wellbeing). Indeed, no mention of CIN was made in the NFER analysis.

The Commission for Social Care Inspection report (2005) also commented on planning, based on inspections undertaken between 2003 and 2005. Procurement did not follow analysis of local population needs. Many councils’ strategies were not supported by plans nor implementation programmes. Partnership work might be in place strategically but not operationally, so that children and families were not always receiving consistent support and advice. Thresholds to access social services were generally perceived as having been ‘raised’, while there were only a small number of successful agreements, across agencies, on common thresholds.

Morris (2005) charted the evolution from CIN to ‘children at risk of social exclusion’, in English policy. She recorded the implementation failure of family support services, based on the 1989 definition of CIN, and the relocation of CIN within a broader group of children at risk of negative outcomes. Yet, she concluded, this move will not necessarily improve preventative services for children:

> The evidence from the implementation of the Children Act 1989 shows the difficulty in providing needs-led, negotiated services. The foundations on which to build the next set of preventative services developments are therefore shaky. (p. 76)

**Conclusion**

Research on implementing CIN, wherever undertaken in the UK, demonstrates certain improvements over time and certain advantages of the duty and category. For example, the need for better interagency working, reduced service fragmentation and improved information has been widely recognised and sometimes addressed. Many families report satisfaction with both the assessment process, following the new framework introduced in England and Wales, and resulting service provision. Far greater attention is being given within social services to disabled children and their families. The participation of children and young people, in both individual and collective decision-making, is now frequently recognised in planning and service delivery.
But the research continues to show considerable problems with CIN and its associated policies. The need for interagency working may be recognised but still is not always delivered at strategic, operational or service levels. Equally, the needs of disabled children and their families may be acknowledged but services are not always there to meet such needs. Needs analysis remains poor even in the most recent English strategic plans and links are not always evident from needs analysis through to actions and targets. The recording of individual assessments continues to be poor. Preventive services have been given a considerable boost since 1997, but child protection continues to crowd out CIN within social services. Services and assessment quality and availability can differ considerably across local authorities.

As Morris (2005, Morris and Barnes (2007)) described, CIN continues to exist as a legal category but has increasingly been submerged into other policy categories and initiatives – such as social exclusion, the Children’s Fund and Every Child Matters in England, and Sure Start for younger children across the UK. The question thus remains: how useful is it for today’s agenda for children’s services?
PART D: ANALYSIS OF INTEGRATED CHILDREN’S SERVICES PLANS

Contextual analysis was undertaken of the recent Integrated Children’s Services Plans (ICSP). Draft or final versions were accessed from all Scottish local authorities. Some Scottish local authorities have already updated their plans from 2005-08, and in one case the 2006-09 ICSP was the one accessed and analysed.

The analysis was restricted to the ICSP themselves. With the growth of planning requirements over recent years and the encouragement of the Scottish Executive to co-ordinate these, many ICSP cross-refer to other documents and plans. These were not accessed.

A coding framework was created to analyse the ICSP, following an initial review of several of the ICSP and taking into account key issues from the literature review and the ICSP guidance (SE 2004/2005). This coding framework addressed:

- Basic information about the plan (e.g. draft, page numbers, who issued by)
- In depth information about ‘children in need’ (CIN), if mentioned
- Organising policy, particularly relevant to CIN (e.g. For Scotland’s Children)
- Other organising concepts to CIN (e.g. ‘vulnerable’, ‘additional support needs’, ‘at risk’)
- How need is identified (e.g. what statistics or local evaluations are used) and in what ways such information is linked to service priorities
- Whether particular groups of children are identified for service priorities

All plans have a narrative discussion and action plans, with the latter commonly presented in tables. Following a reading of each plan, text was extracted from the plans and put into the coding framework. Open spaces for researcher comments allowed for the ‘narrative’ of the whole ICSP to be considered. Most plans were available electronically, which allowed for computer searches for key words.

The ICSP are public documents. Thus, where useful to exemplify certain points, quotations have been used from ICSP that could be traced back to local authorities. However, the analysis has not concentrated on naming particular local authorities and, as stated in Part B above, the team sought to protect the anonymity of respondents involved in subsequent research stages.

In considering the analysis below, it should be remembered that the Scottish Executive guidance (2004/05) does not require ICSP to make specific mention of CIN but rather to include “appropriate specific references to services for vulnerable children and children in need, including arrangements for early intervention and support within universal services and targeted additional support where required” (para 7). An Annex lays out the 1995 Act definition and an indicative list of groups.

The ICSP are explicitly intended to address the needs of all children, and the particular needs of vulnerable or ‘in need’ children, bringing universal and more targeted service planning together. The guidance requires ICSP to:

- Draw together a list of statutory and other planning requirements into the ICSP – although reference can be made to other documents
- Contain an outline of the relevant local context and information on the planning process and delivery
- Local partners’ agreed improvement objectives, with clear strategies for delivery, outcomes, measures of performance and timescales
- Consider specific issues, such as training/ workforce development, ‘closing the opportunity gap’ and mainstreaming equality.
The guidance highlights the importance of engaging with children, young people and their families and having robust local management information.

Thus, this project’s focus on CIN is not an evaluation of how well the ICSP match the Executive’s guidance; the Executive has undertaken this and fed back individually to local authorities. Rather, the analysis explored to what extent and how CIN is used within the ICSP.

**Children in Need**

CIN had very little presence in the large majority of ICSP. Plans can be divided into three types in their use:

1. 6 plans made no explicit mention of CIN, in terms of the legal category or accompanying duties.
2. 21 plans mentioned CIN in introductory comments but did not use it as an organising concept.
3. 5 plans made explicit use of CIN and used it as an organising concept for all or part of their ICSP.

In group (2), there were certain trends to how CIN was used. A common one distinguished between universal and targeted services, and was frequently found in the introductory pages of the ICSP. An example of this was given in local authority A’s ICSP in its introductory pages:

> Although [name of plan] addresses the universal needs of all children and young people, the particular focus continues to be on services which are aimed at supporting the most vulnerable children and young people in [name of local authority], as defined in the Children (Scotland) Act 1995 as “children in need” (see Appendix [x]).

CIN was thus tied to the targeting of services, a particular sub-group of children and young people. References implied that the previous children’s services plans were those for CIN, in contrast to the ICSP which drew this targeted plan together with more universal services. Local authority B’s ICSP stated this clearly:

> The plan draws together existing planning requirements for children in need, statements of education improvement objectives, youth justice strategies and the child health elements of local health plans/ NHS priority implementation statements.

The quote from local authority A was somewhat unusual, in that it made reference to the 1995 Act. A computer search of the plans found that, in fact, the 1995 Act was not regularly mentioned in ICSP. This included no listing within the relevant policy context. If the 1995 Act duty and category were mentioned, the typical presentation was in an appendix – as with local authority A above – and a paraphrasing or exact restatement of Section 22 of the 1995 Act, a repeating of the CIN category found in Section 93(4), followed by a copy of the ‘non-exhaustive’ list of potential categories of children that can be found in the Scottish Office guidance (1997) and repeated in the ICSP guidance (SE 2004/ 2005) (see Appendix A).

Thus, for the large majority of plans, there was little use of CIN as an organising concept for analysis or service planning. These ICSP did not further detail how CIN was defined within services, with local consideration of needs and priorities.
There were exceptions. While two local authorities’ ICSP were grouped within (2), they did provide a slightly different list than that of the Scottish Executive. Both, for example, added in children and young people seeking asylum.

A small minority of ICSP, group (3), did actively use the CIN category and more extensively defined it. Local authority D went the furthest in its ICSP in providing a specific and localised definition of CIN:

**Children in Need** are those who:

- Are affected by disability, that is, where they have a learning difficulty or physical disability which calls for additional support needs provision
- Are affected by the disability of a sibling or parent, for example, a child or a person who is a carer
- Have social needs, that is, where a child or young person:
  - has social, emotional and behavioural difficulties
  - is affected by the misuse of alcohol/substances
  - is homeless
  - is looked after in/outwith their community
- Are in need of protection, that is, those who are:
  - At risk of abuse
  - Affected by violence in the home
- Are at the pre-school stage and where any of the above would apply to the child
- Have specific health needs
- Children who offend

Two other local authorities explicitly referred to CIN as part of their corporate or interagency service provision. For example, local authority E contained this objective within its action plan: “To work in partnership with other agencies to identify and support children and young people in need”.

At times, however, two of these ICSP oscillated between whether CIN was an umbrella term (as in the list above from Local Authority D) or a separate category alongside others, such as children affected by disability or children who are looked after. This was exemplified in local authority F, which had a section on ‘children in need/ vulnerable families’ and nine further sections including ‘children and domestic abuse’ and ‘young carers’, all under the heading of ‘children, young people and families who need more support’. Local authority F was thus using CIN to refer to a particular subset of children and families who did not neatly fall into the other categories but still should receive provision.

Two local authorities (one each in categories (2) and (3)) particularly stressed the contingent nature of CIN and ambivalence about its use. This was demonstrated most clearly by local authority G, who reported asking key stakeholders to respond to particular groups of children and young people but:

> We recognise that children and young people’s needs change and that their lives may be affected by family circumstances which also change. Some children and young people’s lives are affected by a combination of inter-woven circumstances. In additional many children and young people do not wish to be identified in particular ways which do not always reflect their individual circumstances.

Two local authorities used circle diagrammes to describe visually their category typologies, which follows the categories contained within the 2000 English policy document *Framework for the Assessment of Children in Need and their Families* (Department of Health et al. 2000: p. 3), copied below
The English policy document thus created an explicit category of ‘vulnerable’ children. The ‘vulnerable’ group is not one identified in statute, despite the 2000 document stating that “it is the duty of the State through local authorities to both safeguard and promote the welfare of vulnerable children” (p. 4, emphasis in original). The duty in the Children Act 1989, as it is in the Children (Scotland) Act 1995, is to CIN and not ‘vulnerable’ children. The 2000 document goes on to use this broader ‘vulnerable’ group as being the focus of interagency assessment and possible support. Similarly, the two ICSP using the diagramme addressed services for vulnerable children, along with universal services.

**Particular categories of children**

There was notable commonality across the ICSP in identifying particular groups of children and young people as service priorities, both in the ICSP narratives and in the action plans. These groups were:

1. Children or young people affected by parental substance misuse
2. Children or young people with mental health needs
3. Children or young people who offend
4. Children or young people affected by domestic abuse
5. Children or young people affected by disability or disabled children
6. Young carers

The last three categories (i.e. 4-6) garnered particular attention across the ICSP, in terms of having narrative discussion and separate sections addressing their needs. A particular connection was made in a number of ICSP, stating that children affected by domestic abuse should be considered CIN. This followed the suggestion in the *National Strategy to Tackle Domestic Abuse* (SE 2000).

The concentration on children or young people affected by disability, and young carers, demonstrated development over the versions of children’s services plans since 1997. These groups were explicitly specified within the definition of CIN (see Tisdall 1997), both to ‘mainstream’ services to disabled children and to ensure their needs were met. While the plans tended to discuss these groups outwith the CIN definition itself, the groups were not forgotten. Children with and affected by disabilities had become a

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4 This is the terminology most frequently used in ICSP.
substantial focus of ICSP, across all local authorities without exception, and had specific planning priorities associated with them. This did frequently accompany recognition that services remain inadequate for such children.

Categories 1 to 4 have been the subject of particular policy attention, which are noted within the SE guidance (2004/2005) as well. ICSP frequently cited national policy documents, that highlighted these groups.

Given the requirements on local authorities to have regard to “each child’s religious persuasion, racial origin and cultural and linguistic background” (Section 22(2) of the 1995 Act) as part of the duty towards CIN, ICSP were analysed for their specific attention to this. Very little mention was made in most ICSP to minority ethnic groups: i.e. this was rarely discussed in ICSPs' narratives, only in a few ICSP were population statistics provided on minority ethnic groups, and action plans seldom had explicit priorities. A handful of ICSP did specify their local authorities’ commitment to addressing racial discrimination and implementing antidiscrimination legislation. A selection of these had this commitment included within their action plans. However, one of Scottish Executive’s seven categories is ‘inclusion’ and local authorities might address such issues under this more general priority. Thus one could argue that due regard was given to these issues, in a broader agenda to promote and ensure inclusion.

**Alternative terminology**

With CIN being so rarely used in ICSP as an organising concept, the analysis looked at alternative concepts. It was anticipated that two concepts might be more common than CIN. One, it was hypothesised that children ‘at risk’ might be more used, due to the consistent finding in literature review (see Part C) that child protection concerns risk crowding out the preventive work for CIN. Second, the new category of ‘additional support needs’ might be popular, both because of its newness and because the category is broad. In fact, neither concept was particularly common.

‘At risk’ was rarely used in any ICSP. When it was used, it was not necessarily used in relation to child protection; it was as frequently used to describe children at risk of offending, homelessness or school exclusion. This was one indication amongst others that child protection services did not dominate the plans. ‘Additional support needs’ (or very similar phrases) was more frequently referred to than children ‘at risk’, but often this was simply in association with the new Act rather than as an organising concept for services. A number of plans used this phrasing rather than the previous legislative category of ‘special educational needs’. Some plans wrote of ‘disabled children and children with additional support needs’ while others could be said to have replaced ‘disabled children’ with ‘additional support needs’. Few ICSP wrestled with the extensive potential definition of ASN, which could/ should include children who were looked after or children of asylum and refugee families amongst many others (SE 2005). It may have been that the Act and its categories were too new to have impacted on ICSP or that local authorities did not see it as central as other categories.

The most common alternative concept to CIN was ‘vulnerable’ children, young people and/ or families. ‘Vulnerable’ was almost invariably undefined in ICSP, although with exceptions (e.g. the two local authorities using the circle diagrammes described above). Also, as mentioned above, CIN and ‘vulnerable’ were sometimes used interchangeably or to define each other. The phrase ‘most vulnerable children and families’ was often found within ICSP, suggesting the use of ‘vulnerable’ was along a continuum and the ‘most vulnerable’ justified particular attention. This phraseology mirrored national policy trends to refer to vulnerable children and their families (e.g. SE 2001a, 2003a), as well as the requirements in the ICSP guidance itself: “Integrated
Children’s Services Plans must continue to include appropriate specific reference to services for vulnerable children and children in need” (2004/2005: para 7).

Notably, the use of ‘vulnerable’ was frequently found within the action plans themselves and across services. In other words, ‘vulnerable’ was a term that could be found in priorities that related to health, education, housing needs etc. and correspondingly to these services. In contrast, additional support needs was most commonly found relating to education services.

**Analysis of need and subsequent service priorities**

ICSP varied considerably in the extent and integration of statistics and research, to determine need within their local authorities. All made use of national data from the census and Scottish Executive, to provide broad information such as population numbers and deprivation. Some made use of local evaluations, to identify service needs, but this was in a minority of ICSP. Most ICSP had a separate section on such information and the connections between this section and service priorities were not explicitly made. This contrasted with the few ICSP that presented their data in the same narrative for a particular group of children and young people or service, where the links were implicitly clearer.

Local authority H was unusual in quantifying its services for CIN under Section 22, while CIN was listed as a category under a particular funding stream for local authority F. These exceptions underline that CIN as a category was not a primary organising concept and there was a lack of specification of who might be included within it or spending associated with it.

Another way of analysing needs and identifying service priorities is through involvement and planning groups. As required by guidance (SE 2004/2005), ICSP reported on their planning groups and frequently wrote about involving a range of service stakeholders. There was also frequently text describing consultation with children, young people, parents and carers. Local authority J was notable in its specification of how consultation had influenced the ICSP. More common was a reference to such consultation but no links to how it changed service prioritisation. This of course might be done elsewhere or through other means (e.g. separate feedback to those consulted). Several ICSP made specific commitments to future consultation, both in terms of decision making for individual children and in service development. These commitments were frequently found under the Scottish Executive category of ‘respected and responsible’.

Thus, ICSP would seem to meet the basic requirements for statistical presentation and consultation but the ICSP themselves did not tend to state explicitly how such data connect to service priorities. This might be work done in other documents or as background discussions: further investigation would be required to identify this.

**Conclusion - overall trends**

Compared to earlier children’s services plans, there was greater commonality across ICSP in their structure and content in three ways. First, virtually all ICSP and action plans within them were structured around the Scottish Executive’s seven categories: safe; nurtured; health; achieving; active; respected and responsible; included. Second, there was frequently the same narrative, to set the scene for the plans: starting from *For Scotland’s Children* and then repeating the Scottish Executive’s vision. Most plans claimed to balance universal and targeted services. Third, specific policy initiatives and demands were cited across plans – like *Hidden Harm* (SE 2004) in relation to children affected by parental substance misuse. Such commonalities trace back directly to the ICSP guidance.
While not a particular focus of the analysis, the ICSP overall demonstrated the push towards integrated services much-emphasised nationally. This could be seen symbolically, with most ICSP having multiple signatures and logos from such partners as the police, health, the Children’s Reporter as well as local authorities. It is evidenced in the action plans, which tended to cover a range of services and types of need. The trinity of education, health and social work were well represented but so were certain services that also could have considerable impact on children, young people and their families but were not regularly found in past children’s services plans. Housing, for example, was specified in half of the ICSP. Leisure and sport had a far higher profile than in the past. A small number of plans listed specific priorities in terms of benefit advice and other measures to address child and family poverty.

Active use of CIN was not one of these commonalities. It is hypothesised that, for many local authorities, this was ‘old’ terminology and not perceived as relevant to specify in plans as other concepts and more recent policy requirements. After all, the Executive’s guidance did not require its active use. The Executive’s seven categories were the most common way to structure the action plans and ‘vulnerable’ more frequently used as terminology across these categories and across services. If CIN was intended to be defined loosely nationally in order for local prioritisation, ICSP were not explicitly describing this process nor basing their service priorities on it. The exception would be the attention to children affected by disabilities, which was subject to considerable scrutiny and service prioritisation in the ICSP 2005-08.
PART E: ANALYSIS OF SELF-REPORT POSTAL SURVEY WITH ‘PRACTICE TEAM’ MANAGERS IN CHILDREN’S (SOCIAL WORK) SERVICES

In total 54 surveys were returned. A further nine people responded, saying that the survey was not relevant to them. In contact with local authorities, it became apparent that ‘children’s services manager’ was not a standardised position in Scottish local authorities and local authorities had very different structures. It could be anticipated that a further number of people did not respond because they did not think the survey was appropriate to their positions. Four surveys were returned that were labelled as a joint effort or on behalf of the department:

- one of these represented the views of four people;
- one represented the views of three people;
- one represented the views of two people; and
- one represented the views of ‘the whole department’

With these variations in mind, the response rate could be considered to range from 36% to 47%. These joint responses are each treated as a single unit within the analysis.

At least one survey was completed by 27 out of the 32 Scottish local authorities. The response rates across local authorities varied (see Table below). Different numbers of surveys were sent out to local authorities depending on the number of contact details given for children’s services managers. This has led to some local authorities returning more surveys than others.

Table: Sent out and completed surveys by local authority

<table>
<thead>
<tr>
<th>Name of local authority</th>
<th>Number of surveys sent</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City Council</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aberdeenshire Council</td>
<td>2</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Angus Council</td>
<td>3</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>Argyll and Bute Council</td>
<td>4</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>City of Edinburgh Council</td>
<td>5</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>Clackmannanshire Council</td>
<td>2</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Comhairle nan Eilean Siar</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway Council</td>
<td>17</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Dundee City Council</td>
<td>6</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
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<td>4</td>
<td>7.4</td>
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<td>East Dunbartonshire Council</td>
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<td>0</td>
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<tr>
<td>East Lothian Council</td>
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<td>1.9</td>
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<tr>
<td>Fife Council</td>
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<td>1.9</td>
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<tr>
<td>North Lanarkshire Council</td>
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<td>2****</td>
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</tr>
<tr>
<td>Council</td>
<td>Count</td>
<td>Respondents</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Orkney Islands Council</td>
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<td>Perth and Kinross Council</td>
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<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>West Lothian Council</td>
<td>2</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>54</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* One survey was returned stating it represented the views of four people.
** One survey was returned stating it represented the views of three people.
*** One survey was returned stating it represented the views of two people.
**** One survey was returned stating it was on behalf of the department.

The councils that returned the highest number of surveys were: Glasgow City Council with 9 completed surveys, East Ayrshire Council and Renfrewshire Council with 4 completed surveys each, and Stirling with 3 completed surveys. The 5 local authorities who did not return surveys were: Aberdeen City Council, Comhairle nan Eilean Siar, East Dunbartonshire Council, Perth and Kinross Council, and Scottish Borders Council.

Due to the differing terminology and titles of the respondents who completed the survey they are referred to throughout this Part as ‘respondents’ rather than children’s services managers. The exception is when reference is made to respondents’ position in the local authority.

Responses reflected the respondents’ knowledge and views. It is possible that respondents were unaware of certain activities– e.g. interagency training being provided.

The surveys were inputted into a SPSS frame. All of the charts (aside from the pie charts) represent the actual count of respondents rather than a percent. Smaller number of respondents can skew the results visually. Valid percents are shown in tables.

Analysis of descriptive statistics has been undertaken. Cross tabulations have been considered but they cannot be treated as statistically significant because of the small numbers in particular cells. Some comments are made about certain groupings but further research would be required to know if these were representative responses.

Answers to open questions have been inputted into the SPSS frame as written and then thematically analysed below.
A. Background

A1. Title of current post

There were many variations in the titles given for current positions. Most of the titles included ‘manager’ in them, the most common being either ‘team manager’, service manager’ or ‘operations manager’ of some kind. Other common titles included ‘team leader’ and ‘senior social worker’. The titles that stand out as different are ‘youth justice coordinator’, ‘principal officer’ and ‘reviewing officer’. These results underline the multiplicity of positions that may deal with CIN.

A2. Council department

The name of the council department, where respondents were located, also varied. However the majority of departments listed refer to ‘social work’ and ‘social services’.

- 19 out of the 54 respondents (35.2%) wrote ‘Social Work’
- 41 out of the 54 respondents (76.0%) had ‘Social Work’ or ‘Social Services’ in the department’s title
- Other council departments included ‘Children’s Services’, ‘Children and Families’, ‘Education’ and ‘Community’ services

This variation reflects changes in local government restructuring, some of which have involved bringing together education and social work services for children.

A3. Years in post

The number of years the respondent had been in the post ranged from 1 month to 10 years. One respondent did not fill this question in. Chart A3 below show the responses to this question.

Chart A3

The large majority of respondents (46 out of 53, 86.8%) had been in their current position between 1 month and 5 years. The relevant sections of the Children (Scotland) Act 1995 were implemented in 1997, which was nine years from the time of the survey. Only two people were in their present post, at the time of implementation; most respondents had taken up their post after implementation. This may be due to local government/service reorganisation as well as individual career movements.
A4. Professional qualifications
The respondents were asked to list the professional qualifications that they held.

- All of the respondents held some professional qualifications.
- 40 out of the 54 (74.1%) respondents listed more than one qualification.
- For the 14 respondents who held only one qualification, they all held the CQSW.
- The most common qualifications held were CQSW, Diploma/Advanced Diploma/Masters Social Work and a qualification in Child Protection. These are shown in the table below.

Table A4: Most common professional qualifications held

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQSW</td>
<td>40</td>
</tr>
<tr>
<td>Diploma Social Work/Diploma Advanced</td>
<td>18</td>
</tr>
<tr>
<td>Social Work *</td>
<td></td>
</tr>
<tr>
<td>Child Protection qualification **</td>
<td>15</td>
</tr>
</tbody>
</table>

* Some respondents held 2 of these  
** This qualification was never held alone; it was usually with one of the 2 others listed in the table.

- 3 out of the 54 respondents (5.6%) did not have a CQSW or other qualification in social work. The qualifications they listed were educational:
  - PGCE, PG Cert Youth and Community Work
  - Dip Physical Education, Dip Education
  - Dip Ed, PQ Youth and Community

Virtually all respondents had a social work training background and thus presumably initial training on needs assessment and related legislation.

The number of respondents without social work training backgrounds was too small to provide conclusive findings. However, all three thought that the CIN category was useful as it was and did not require revision nor replacement (question D3) whereas other respondents were more varied.

A5. Years in children services
The number of years the respondents had been in children’s services ranged from 1 year to 35 years. Two respondents did not fill in this question.
Chart A5 shows that just over half of the respondents (28 out of 52, 53.8%) had been in children’s services between 1 and 20 years and just under half of the respondents (24 out of 52, 46.1%) had been in children’s services between 21 and 35 years.

Chart A5 suggests, as might be expected, that the majority of those working at the level of ‘children’s services manager’ were experienced practitioners in children’s services. Most respondents (all but 3) were thus working in children’s services at the time the Children (Scotland) Act 1995 was implemented and thus should have been exposed to training and changes due to this legislation. For most, however, their initial training would not have included the 1995 Act.

**B. Definition of ‘children in need’ in your local authority**

**B1. Locating definitions of ‘children in need’**

**B1.1**
The respondents were asked where they went to locate their authority’s definition of CIN. The respondents were given four possible choices and they could say yes to as many as applied. Table B1 and Chart B1 below show the number of respondents who responded positively to each option.
Table B1: Where respondents locate their authority’s definition of CIN by count and percentage.

<table>
<thead>
<tr>
<th>Options (can select all options that apply)</th>
<th>Number of respondents</th>
<th>Valid percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (Scotland) Act 1995 and guidance</td>
<td>50</td>
<td>92.6</td>
</tr>
<tr>
<td>Local authority's children's services plan</td>
<td>28</td>
<td>51.9</td>
</tr>
<tr>
<td>Departmental policy or guidelines</td>
<td>23</td>
<td>42.6</td>
</tr>
<tr>
<td>Do not actively use a definition of 'children in need'</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>13.0</td>
</tr>
</tbody>
</table>

Table B1 and chart B1 show that nearly all (50 out of 54, 92.6%) of the respondents would locate their authority’s definition of CIN in the Children (Scotland) Act 1995 and guidance. Further, of the 19 respondents who only ticked one box, 16 of those selected the Act and guidance.

Over half (28 out of 54, 51.9%) of the respondents said that they would locate the definition of CIN in their local authority’s ICSP. Yet, as Part D describes, few plans defined CIN. Thus, it would seem that respondents were working with a generalised notion of CIN with little specificity to guide decision-making via the plans. This is underlined as no respondent only identified their local authority’s ICSP as the location for a definition.
Slightly less respondents but still over half (23 out of 54, 42.6%) would locate the definition in departmental policy or guidelines. Given the above discussion about the lack of detailed definitions in national guidance and ICSP, it would seem that more than half of respondents lacked specific guidance to frame their professional and service decisions.

A small number of the respondents (6 out of 54, 11.1%) said that they did not actively use a definition of CIN. This would match the analysis in Part D, which notes that concepts such as ‘vulnerable’ were more commonly used in the plans and, in particular, more commonly used in the action plan tables.

**B1.2**
The respondents were also given a space to write in where they would go to locate their authority’s definition of CIN.

Seven of the respondents chose to specify an alternative place they would turn to locate their authority’s definition of CIN. These were:

- Child protection procedures and training manual
- Presently working on own policy
- Referral criteria based on degree of risk and need
- Through assessment (2 respondents)
- Whilst we make frequent use of S22 definition and guidance, do not use the term
- Children in need in relation to diversion from child protection

At least three of these responses suggest CIN’s relationship with child protection. This is an issue arising out of the literature review.

**B2. Shared definitions of ‘children in need’**

**B2.1**
The respondents were asked their view on the extent to which, in working with other services, there was a shared definition of CIN. The respondents were asked to answer in relation to five specific services. The responses are shown in table B2 and chart B2 below.

Table B2: The extent to which respondents share a definition of CIN with services they work with

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
<th>We do not actively use ‘children in need’</th>
<th>Don’t know</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>16</td>
<td>25</td>
<td>9</td>
<td></td>
<td>3</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Health</td>
<td>13</td>
<td>34</td>
<td>4</td>
<td></td>
<td>2</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Housing</td>
<td>4</td>
<td>17</td>
<td>24</td>
<td></td>
<td>2</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Leisure</td>
<td>2</td>
<td>15</td>
<td>25</td>
<td></td>
<td>1</td>
<td>9</td>
<td>54</td>
</tr>
<tr>
<td>Children's Reporter</td>
<td>40</td>
<td>9</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>54</td>
</tr>
</tbody>
</table>
Table B2 and chart B2 demonstrate that respondents did not always think that there was a shared definition of CIN with other services. This is also reflected in the comments in section D below.

The respondents were most likely to share a definition with the Children’s Reporter, with 40 out of 53 (75.5%) respondents ticking ‘yes’ they did find a shared definition with the Children’s Reporter. This high level of a shared definition stand out on the chart compared with the low numbers of respondents stating ‘yes’ in relation to the other 4 services. Less than a third of respondents perceived a shared definition of CIN with Education (16 out of 54, 29.6% of the respondents answered ‘yes’) or Health (13 out of 54, 24.1% of the respondents answered ‘yes’).

The difference in shared definitions is less, when combining answers ‘yes’ and ‘somewhat’, when working with the Children’s Reporter (49 out of the 53 respondents, 92.5%), Education (41 out of the 54 respondents, 76.0%) and Health (47 out of the 54 respondents, 87.0%). These are probably the services that respondents were most likely to work with, with some of the respondents working in departments whose title may include social work and education (see question A2). Only one respondent ticked
‘yes’ across all services, while equally only one respondent from a different local authority ticked ‘no’ for all services.

The respondents were least likely to share a definition of CIN with leisure and housing. Only 4 out of 53 respondents (7.5%) said ‘yes’ they found a shared definition of CIN when working with housing and even less, 2 out of 52 respondents (3.8%), for leisure. The respondents were also more likely to ‘not know’ whether they had a shared definition with leisure and housing. These results imply that they may work less closely with these services than with the other three and/or have less agreement in relation to services for CIN. These findings match the analysis of Part D: there was considerably more evidence of collaborative planning between education, health, social work and the Children’s Reporter than with other local authority services such as leisure and housing (although there were notable exceptions to this).

B2.2
The respondents were also given the option of writing in two other services they work with that they felt they shared, to some extent, a definition of CIN with.

Seven respondents named other services. These were:
- Children 1st
- NCH
- Vol. [presumably indicating the voluntary sector]
- Police (4 respondents)
- Voluntary sector
- Aberlour CCT
- Educational psychologist
- Psychological services

Voluntary organisations were thus mentioned by 5 respondents, alongside the 4 respondents mentioning police.

C. Using ‘children in need’ in your service

C1. Active use of ‘children in need’
The respondents were asked to what extent (if ever) a definition of CIN was actively used in their local authority. The respondents were asked to rate the extent CIN was used in four planning and provision areas. The results for this are shown in table C1 and chart C1.

Table C1: The extent to which a definition of CIN is actively used in local authorities

<table>
<thead>
<tr>
<th>Number of Respondents</th>
<th>Yes</th>
<th>Somewhat</th>
<th>Not at all</th>
<th>Don’t know</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning across children's services</td>
<td>28</td>
<td>21</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>54</td>
</tr>
<tr>
<td>Planning social work services</td>
<td>34</td>
<td>15</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Providing social work services to individual children and their families</td>
<td>37</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Providing inter-agency services to individual children and their families</td>
<td>25</td>
<td>23</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>54</td>
</tr>
</tbody>
</table>
Table C1 and chart C1 show that a definition of CIN was actively used across the four planning and provision areas.

Most respondents said ‘yes’ their local authority actively used a definition of CIN in providing social work services for individual families and their children, and the least in providing inter-agency services to individual children and their families.

All respondents ticked ‘yes’ or ‘somewhat’, for planning social work services, except for those who did not know if their local authority actively used CIN. The number of respondents who said ‘not at all’ to their local authority using CIN, across all four options, was very low.

These responses suggest that CIN was used in localised planning and practice, particularly within social work. However, in most local authorities, this was without further local definition and only within the broad generalities of the legal definition and national guidance. The responses show high use within social work services but also a fairly high usage across services.

C2. Where the category of ‘children in need’ has been effective for children and/or their families in the local authority

The respondents were asked to describe two or more examples where the category CIN has been effective for children and/or their families: 79 examples were provided from the 54 respondents.

While the examples given were wide-ranging, at least four themes are evident. First, certain categories of children had increased prominence for service provision. The most commonly named was disabled children, followed by young carers and children adversely affected by substance misuse. This matches the analysis in Part D, which
reports on similar prominence in planning. No respondent, however, noted services for children affected by domestic abuse; this may reflect a more recent development in ICSP, following the recent national guidance, which has not yet impacted fully on practice.

The inclusion of children with and affected by disabilities, within the CIN definition, does seem to have been helpful in raising their profile within children’s services. Such a conclusion was specifically pointed to by one respondent, who wrote:

Creation of the Children and Disability Team, in recognition that disabled children and children affected by disability are ‘Children in Need’. As a consequence children with and affected by disability have a better service, as they are referred to specifically in the law. (respondent 47)

Second, respondents commented on the relationship of CIN to ‘children in need of care and protection’. This often dovetailed with access to resources for ‘non-statutory cases’: i.e. families who took up voluntary services or those who might otherwise not have accessed services because they did not meet compulsory intervention criteria. An exemplar of this response is:

It has maintained a focus on children for whom child protection is not overt but who have ‘welfare’ needs. (respondent 3)

CIN allowed for ‘early intervention’.

Third, certain respondents referred to providing financial support for CIN, as Section 12 of the Social Work (Scotland) Act 1968 had allowed for.

Four, a number of respondents reported the usefulness of the category for accessing and providing services across agencies. Two examples of this are:

Allowed referrals to various external agencies: family centre placements, psychological services, fast track to drug agencies. (respondent 8)

In negotiating with housing officers who are wishing to pursue eviction proceedings. (respondent 14)

C3. Categories used to justify service provision

C3.1

The respondents were asked to write how often they used five categories to justify service provision to individual children and families. The results are shown in table C3 and chart C3.

Table C3: The extent to which different categories are used by services to justify service provision to individual children and their families

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Children in Need’</td>
<td>12</td>
<td>31</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Additional support needs</td>
<td>8</td>
<td>18</td>
<td>15</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td>54</td>
</tr>
<tr>
<td>Children affected by disabilities</td>
<td>21</td>
<td>21</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Vulnerable children</td>
<td>21</td>
<td>22</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Children at risk</td>
<td>32</td>
<td>13</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>54</td>
</tr>
</tbody>
</table>
All of the five categories were ‘always’ used by at least some of the respondents. Children at risk was the most commonly noted by respondents (32 out of 50, 64.0%). When combined with it being frequently used by a further 13 respondents (90.0%), it would seem that children at risk continued to be a high priority category for local authorities. It raises, again, issues commonly found in the literature: whether a focus on child protection ‘crowds out’ provision and services for CIN; and whether child protection becomes the primary means to access services.

Children affected by disabilities and vulnerable children were both ticked by 21 out of 51 of the respondents to ‘always’ be used to justify service provision. These two categories, as well as the category children at risk, were ‘always’ used by the respondents more than the category CIN. Only 12 out of the 51 (23.5%) of the respondents said they would ‘always’ use CIN.

CIN as a category to justify service provision was used ‘frequently’ by 31 of the 51 (60.8%) respondents. This was the highest by far in the ‘frequently’ used category.

‘Additional support needs’ was the category most infrequently used by respondents, perhaps because it is a relatively new category in relation to the others. It is also the category that was left blank by the respondents more often than the other categories.

C3.2
The respondents were also given the opportunity to name two other categories that they used to justify service provision to individual children and families. Two respondents made one suggestion each:
C4. Collection of information on children’s needs

C4.1
The respondents were asked in what ways their service collected information on children’s needs, to feed into service planning over the past year. The respondents were provided with seven possible ways they might have done this. They could agree with as many of the options as applied. The results are displayed in table C4 and chart C4 below.

Table C4: The means by which services collect information on children’s needs, to feed into service planning

<table>
<thead>
<tr>
<th>Information Method</th>
<th>Agree</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>By asking people (in the community) what they want</td>
<td>11</td>
<td>20.8</td>
</tr>
<tr>
<td>By asking children and their families who use our service</td>
<td>24</td>
<td>45.3</td>
</tr>
<tr>
<td>Through referrals to our service</td>
<td>43</td>
<td>81.1</td>
</tr>
<tr>
<td>Through information collected on children currently using our service</td>
<td>43</td>
<td>81.1</td>
</tr>
<tr>
<td>From census data</td>
<td>22</td>
<td>41.5</td>
</tr>
<tr>
<td>From other national data</td>
<td>23</td>
<td>43.4</td>
</tr>
<tr>
<td>From local survey findings</td>
<td>21</td>
<td>39.6</td>
</tr>
</tbody>
</table>
Chart C4

The means by which services collect information on children’s needs, to feed into service planning

- From local survey findings
- From other national data
- From census data
- Through information collected on children currently using our service
- Through referrals to our service
- By asking children and their families who use our service
- By asking people (in the community) what they want

Table C4 and chart C4 show that, according to respondents, their service was most likely to collect information on children’s needs to feed into planning, through referrals to their service and through information collected on children currently using their service. Forty-three out of 53 (81.1%) respondents said that services would collect information in these two ways. This implies that service planning across the local authorities was based heavily on how the services were being used. The question then arises about ‘unmet need’ and how this was incorporated into service planning. Such information could be accessed through the other options.

The respondents were roughly equally likely to note that information was collected from census data (22 out of the 53 respondents, 41.5%), other national data (23 out of the 53 respondents, 42.6%), local survey findings (21 out of the 53 respondents, 39.6%) and by asking children and families who used their service (24 out of the 54 respondents, 45.3%).

On the whole, the respondents were least likely to think people (in the community) were asked to feed into service planning. Only 11 out of the 53 respondents (20.8%) said this had been done. This runs counter to the encouragement to consult communities, as evidenced in a range of planning guidance. It should be noted that these responses were not (necessarily) from children’s service planners but managers of teams.
C4.2
The respondents were asked to specify any other way that information on children’s needs fed into service planning, in the past year. Five respondents stated another source. These were:

- Currently reviewing the service of the Children and Disability Team including consulting children and their parents who use the service.
- Multi-agency seminars in the formulation of Children’s Services Plan
- Specifically the Multiple Deprivation Index and local health data.
- Through assessment (2 respondents)

C5. Information and training on ‘children in need’
The respondents were asked what information and training on CIN had been provided to fieldwork teams, over the past five years. Seven options to tick or leave blank were given and the respondent could tick as many as they wanted. The results are shown in table C5 and chart C5.

Table C5: Information and training received on CIN provided to fieldwork teams, over the past five years, number of respondents and valid percent

<table>
<thead>
<tr>
<th>Information Provided</th>
<th>Agree</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>They receive copies of the local authority’s children's services plan</td>
<td>46</td>
<td>85.2</td>
</tr>
<tr>
<td>They receive departmental policy or guidelines</td>
<td>42</td>
<td>77.8</td>
</tr>
<tr>
<td>They participate in interagency training on 'children in need'</td>
<td>20</td>
<td>37.7</td>
</tr>
<tr>
<td>They participate in departmental training on 'children in need'</td>
<td>13</td>
<td>24.5</td>
</tr>
<tr>
<td>'Children in need' is regularly talked about in team meetings</td>
<td>19</td>
<td>35.2</td>
</tr>
<tr>
<td>No information is provided</td>
<td>6</td>
<td>11.3</td>
</tr>
<tr>
<td>No training is provided</td>
<td>10</td>
<td>18.9</td>
</tr>
</tbody>
</table>
Fieldwork teams were most likely to receive training and information on CIN through copies of their local authority's children's services plan: this was stated by 46 out of 54 (85.2%) of the respondents. However, extensive definitions of CIN were not likely to be found in ICSP, as evidenced in Part D. When cross tabulating with question B1.1, 20 respondents received training and information through their ICSP but did not identify it as a source for defining CIN. The second most likely way that fieldwork teams received training and information on CIN was through copies of departmental policy or guidelines. This was stated by 42 out of 54 (77.8%) of the respondents. Therefore, the two most likely ways that fieldwork teams gained information and training on CIN -- children's service plans and departmental policy and guidelines -- were written information about CIN rather than person-to-person training or personal communication on CIN.

Respondents wrote that fieldwork teams were provided with information and training on CIN through interagency training (20 out of 54 respondents, 37.0%) and/or departmental training (13 out of 53 respondents, 24.5%).

19 out of the 54 respondents (35.2%) said that CIN was regularly talked about in meetings. This suggests a more active engagement with the concept of CIN than distribution through information from 'above'.
Respondents from six authorities ticked all the options, as sources of information and training. This was not always common across respondents from the same local authorities.

The respondents were given the option of saying that no information and/or no training is provided to fieldwork teams on CIN. Six of 53 respondents (11.3%) said that no information was provided and 10 of 53 respondents (18.9%) said that no training was provided. For these local authorities (who were in the minority), respondents did not report that their fieldwork teams were provided with departmental guidance in regards to CIN.

It should be noted that the above responses reflect the awareness and/or experiences of those responding to the survey; it is possible that training had been provided, for example, of which respondents were not aware.

C6. Determining service options for children identified as being ‘in need’

C6.1
The respondents were asked to rate the extent to which, in practice, five different factors determined service options for children identified as being ‘in need’. The results are shown in table C6 and chart C6.

Table C6: The extent to which different factors determine service options for children identified as being ‘in need’, in practice:

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work or joint assessment of individual child and family</td>
<td>32</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Other service’s assessment of individual child and family</td>
<td>4</td>
<td>15</td>
<td>27</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>54</td>
</tr>
<tr>
<td>Availability of resources/services</td>
<td>16</td>
<td>19</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>54</td>
</tr>
<tr>
<td>Child’s views/wishes</td>
<td>7</td>
<td>21</td>
<td>22</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>54</td>
</tr>
<tr>
<td>Parents’ or carers’ views/wishes</td>
<td>8</td>
<td>21</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>54</td>
</tr>
</tbody>
</table>
The extent to which different factors determine service options for children identified as being ‘in need’, in practice

Three out of five respondents (32 of 53, 60.4%) stated that social work or joint assessments of the individual child and family ‘always’ determined the respondents service options for children identified as being ‘in need’. This is at least double the number of respondents that agreed that any of the other options ‘always’ determined service options. For those who did not tick ‘always’ for social work or joint assessment a further 16 respondents said that they thought in practice, it ‘frequently’ determined service options for these children. Assessment, then, largely continues to be the ‘gate’ to CIN services. This underlines the initial intention of such services to be targeted rather than universal (see Part C). It also underlines the individualisation of CIN and the emphasis on professional assessment, which will be further encouraged with the proposed Integrated Assessment Framework and the 21st Century Social Work Review (SE 2006d).

Assessment by other services played a role in determining service options for CIN but this was more likely to be only ‘sometimes’ rather than ‘always’ or ‘frequently’. This suggests that CIN remained closely tied to social work, which may bring in other services but not necessarily.
The extent to which the availability of resources/services determined options was spread across the row. Over two-thirds of respondents felt it ‘always’ or ‘frequently’ determined service options. This does raise questions about whether provision was service-led or needs-led, which is a frequent debate from the literature review. Where there was more than one respondent from a local authority, five local authorities had all respondents ticking either ‘always’ or ‘frequently’.

In practice, the respondents stated that the child’s views and wishes determined the service options for children identified as being ‘in need’ around the same as the parents’ or carers’ views did. Such views were likely to determine service options ‘frequently’ or ‘sometimes’. This may reflect a suitable balance between such views and other assessment inputs; it may also reflect that such views were not adequately incorporated, as was a concern in a significant minority of responses to the recent consultation *Getting it right for every child: proposals for action* (Stevenson et al. 2006) and found in English assessment research (see Part C).

Overall, it is the social work’s own or joint assessment that seemed to have the most and consistent influence in determining service options. However, a range of other factors were identified as ‘always’ or ‘frequently’ playing a role in determining service options, such as the availability of resources/services.

**C6.2**
The respondents were invited to specify any other factors that played a role in determining service options for children identified as being ‘in need’. Two respondents replied, with one suggestion each:

- Prioritisation scheme
- Referrals to team from Children and Families team

**D. Your own views on ‘Children in Need’**

**D1. Main advantages of ‘children in need’**

**D1.1**
The respondents were asked whether they agreed or not with statements on the main advantages of CIN. The respondents could agree with as many as they wanted to. Two respondents did not agree with any statement.

The results are shown in table D1 and chart D1.

---

5 “While a majority of respondents said they felt there is currently sufficient emphasis and guidance about children’s involvement, over 40% said that this was not currently the case.” (para 3.7)
Table D1: Main advantages of ‘children in need’ that the respondents agreed with:

<table>
<thead>
<tr>
<th>Respondents that agreed</th>
<th>Count</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a flexible category, that can be adapted to local needs for <strong>service planning</strong></td>
<td>34</td>
<td>63</td>
</tr>
<tr>
<td>It is a flexible category, that ensures services are provided for <strong>individual</strong> children and families</td>
<td>35</td>
<td>64.8</td>
</tr>
<tr>
<td>It avoids the stigma of other categories</td>
<td>26</td>
<td>48.1</td>
</tr>
<tr>
<td>It helps focus on prevention and preventive services</td>
<td>40</td>
<td>74.1</td>
</tr>
<tr>
<td>It is specific enough to ensure individual children (and families) receive services</td>
<td>25</td>
<td>46.3</td>
</tr>
<tr>
<td>It facilitates inter-agency planning</td>
<td>26</td>
<td>48.1</td>
</tr>
<tr>
<td>It facilitates inter-agency service provision</td>
<td>25</td>
<td>46.3</td>
</tr>
</tbody>
</table>

The statement that the highest number of respondents agreed with was ‘it helps focus on prevention and preventive services’: 40 out of the 54 respondents (74.1%).

Nearly two-thirds of the respondents felt that the following statements were true: ‘it is a flexible category, that can be adapted to local needs for service planning’ and ‘it is a flexible category, that ensures services are provided for individual children and
families’. The high number of respondents who agreed with these statements suggests that flexibility was valued.

The other three statements were thought by just under half of the respondents to be an advantage of CIN. These referred to facilitating inter-agency planning, service provision and in avoiding the stigma of other categories.

Overall, there was a high positive response to these possible advantages of CIN. Taking together with the response to question D3.1 about revision (see below), it suggests that any revision of the category should seek to maintain these advantages.

D1.2
Respondents were invited to comment further on their answers: 15 respondents chose to comment further.

A number of these responses echoed the examples in C2 (see above): i.e. the increased recognition of children affected by disabilities; the emphasis on preventive services and/or early intervention.

Resources were mentioned by four respondents but in different ways. While one respondent wrote positively about the targeting of finite resources on the most needy and vulnerable, three respondents indicated problems with insufficient resources to meet need.

Other respondents expressed criticisms of the concept. Three respondents had doubts about its use in ensuring other agencies’ involvement. An example of this is provided by respondent 21: “With the exception of children with disabilities, other agencies do not necessarily appreciate their responsibilities”.

Two respondents commented that it was a generalised term, although potentially beneficial.

D2. Main disadvantages of ‘children in need’

D2.1
The respondents were asked whether they agreed or not with some statements on the main disadvantages of CIN. The respondents could agree with as many as they wanted to. The results are shown in table D2 and chart D2. Six respondents did not tick any boxes.

Table D2: Main disadvantages of ‘children in need’ that the respondents agreed with:

<table>
<thead>
<tr>
<th>Respondents that agreed</th>
<th>Count</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is too vague to be useful for planning services</td>
<td>14</td>
<td>25.9</td>
</tr>
<tr>
<td>It is too vague to ensure that individual children (and families) receive services</td>
<td>19</td>
<td>35.2</td>
</tr>
<tr>
<td>Children and families find the category stigmatising</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>The demands of child protection outweigh the duties towards 'children in need'</td>
<td>41</td>
<td>77.4</td>
</tr>
<tr>
<td>It fails to ensure that preventive services are provided</td>
<td>16</td>
<td>29.6</td>
</tr>
<tr>
<td>It is not useful in inter-agency planning</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>It is not useful in inter-agency provision</td>
<td>8</td>
<td>14.8</td>
</tr>
</tbody>
</table>
In comparison with chart D1, it appears that less respondents overall agreed with the statements on the disadvantages of CIN than with the statements on the advantages. This supports the findings in D3 that are supportive of CIN or suggest it be revised, rather than replaced.

A large proportion of the respondents (41 out of 53, 77.4%) agreed that the main disadvantage of CIN was that ‘the demands of child protection outweigh the duties towards children in need’. This stands out on the chart, as the next highest number of respondents agreeing with any of the other statements was 19 out of the 54 (35.2%), a much smaller number. This was for the statement ‘it is too vague to be useful for planning services’.

Although CIN was thought by 40 of 54 (74.1%) of respondents to help ‘focus on prevention and preventive services’ in section D1.1 above, 16 of the 54 respondents (29.6%) felt that CIN ‘fails to ensure that preventive services are provided’. Such responses can be reconciled, if respondents felt that the category had helped shift services towards prevention – but not far enough, when faced with the demands of child protection or other crises services.

The statement that the least number of respondents felt was a disadvantage of CIN was that ‘children and families find the category stigmatising’. Only 4 out of 54 respondents (7.4%) agreed with this.

Overall, it appears that the main disadvantage of CIN in the view of these respondents was that ‘the demands of child protection outweigh the duties towards CIN’. This is the only disadvantage that over half of the respondents felt was true.
D2.2
Respondents were invited to comment further on their answers. 17 respondents chose to comment further and their comments echoed responses to previous questions. Seven respondents wrote about other agencies failing to perceive their responsibilities towards CIN. Eight respondents expressed concerns about unmet need and the low prioritisation of CIN due to pressures to provide for child protection and looked after children.

D3. Changing the duty to ‘safeguard and promote’ the welfare of children ‘in need’

D3.1
The respondents were asked if the duty to ‘safeguard and promote’ the welfare of children ‘in need’ should be changed. The results are shown in table D3 and chart D3.

Table D3: Responses to the question ‘should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed?’

<table>
<thead>
<tr>
<th></th>
<th>No, it is useful as it is</th>
<th>Yes, it should be revised (but not replaced)</th>
<th>Yes, it should be replaced</th>
<th>Don't know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>28</td>
<td>17</td>
<td>3</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Valid percent (%)</td>
<td>51.9</td>
<td>31.5</td>
<td>5.6</td>
<td>11.1</td>
<td>100.1</td>
</tr>
</tbody>
</table>

Just over half of the respondents felt that the duty to ‘safeguard and promote’ the welfare of CIN should not be changed, as it was useful as it was. Only 3 respondents of 54 (5.6%) felt strongly enough to suggest that the duty should be replaced with something else. 17 respondents (31.5%) did however feel that the duty should be revised (but not replaced).
This suggests that the respondents felt that there was some value in the duty to ‘safeguard and promote’ the welfare of CIN but that there would also be some support for a revision of the duty.

D3.2
The 20 respondents who answered ‘yes’ were asked to comment further on their answer. 14 of these respondents provided a further comment. Again, trends were evident that matched previous comments:

- The need for other agencies to take on this duty
- For clarification of the duty, which was too imprecise

One respondent wrote that the duty should be revised in relation to subsequent legislative changes, such as the Additional Support for Learning legislation.

D4. Changing the legal definition of ‘children in need’

D4.1
The respondents were asked if the legal definition of CIN should be changed. The results of this question are shown in table D4 and chart D4. One respondent did not tick any boxes.

Table D4: Responses to the question ‘should the legal definition of ‘children in need’ be changed?’

<table>
<thead>
<tr>
<th></th>
<th>No, it is useful as it is</th>
<th>Yes, it should be revised (but not replaced)</th>
<th>Yes, it should be replaced</th>
<th>Don't know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>26</td>
<td>18</td>
<td>3</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Valid percent (%)</td>
<td>49.1</td>
<td>34.0</td>
<td>5.7</td>
<td>11.3</td>
<td>100</td>
</tr>
</tbody>
</table>
Just under half of the respondents felt that the legal definition of CIN did not need to be changed, as it is useful as it is. Only 3 of the 53 respondents (5.6%) felt the definition should be replaced, but 18 (34.0%) thought it should be revised. A further 6 respondents (11.3%) did not know whether it should be changed or not. The responses to this question are almost identical to the responses for question D3 above.

These responses, with the comments below, suggest that there would be a large minority who would support revising the legal definition of CIN or replacing it but that there was no overwhelming call for this.

D4.2
The 21 respondents who answered ‘yes’ were asked to comment on their answer. Twelve of these respondents provided further comments. The themes were consistent with previous questions, such as the need for all services to be responsible for CIN and the need for provision. In addition, one respondent particularly recommended that the definition become more outcome focused (respondent 5) – which matches the national agenda to do so – and to have a term meaningful to professionals, families, children and young people (respondent 32).

D5. Further views on ‘children in need’
At the end of the survey, the respondents were invited to elaborate further on any questions or to contribute any additional views on CIN. Only one respondent chose to comment further:

The local authority and social work department needs to more explicitly describe a family support strategy to children in need – that does exist e.g. in [name of local authority] through Family Centres/Outreach Services in practice. (respondent 9)
Conclusion
According to survey respondents, CIN was at least somewhat used across planning and service provision. Most would look to the 1995 Act and guidance for their local authority definition, while over half would look to their ICSP. Yet the legislative and its guidance only gives a framework and most (but not all) ICSP give little further definition of CIN. Thus the original governmental intentions of CIN — that it would be filled in by local needs assessment and locally prioritised — are not being fulfilled, at least under the umbrella definition of CIN.

Shared definitions can enhance interagency working and ensuring services are available to meet needs. Most respondents identified the Children’s Reporter as having a shared definition of CIN, but other agencies were far less likely to have this. Leisure and housing services were seen as the least likely.

As found elsewhere in the UK, children at risk continue to be a high priority and could ‘crowd out’ providing services for CIN. The most commonly identified disadvantage of CIN was that the demands for child protection outweighed the duties towards CIN. CIN, though, was seen as having several advantages. It was considered flexible for service planning and for individuals, and did help focus on prevention and preventive services. It had raised the priority of children adversely affected by disability, with many of the examples given by respondents of CIN success referring to this group of children.

There was no overwhelming demand to replace CIN. A large minority thought it should be revised. This parallels the findings of social work team managers and practitioners, as explored in Part F.
PART F: ANALYSIS OF GROUP DISCUSSION WITH FIELDWORK SOCIAL WORK TEAMS

Three local authorities met the criteria for apparent engagement and use of children in need (CIN), based on their ICSP and managers’ survey responses (see Part B for further details). All three local authorities were willing to support group discussions with fieldwork teams, but one local authority was only able to facilitate this at a later date. Thus the research team organised fieldwork with the other two local authorities.

Each local authority was asked if group discussions could be held with 3 different teams, of different types. In the end, 4 groups were held in Local Authority 1 and 3 groups in Local Authority 2. They ranged from family centres, to area social work teams, to disability teams, to those working with young people who offend. As stated in Part B, 47 participants were involved in the group discussions while 37 chose to fill in a self-report survey.

All groups were audio-recorded, with participants’ permission, and fully transcribed. Thematic analysis was undertaken, based on research questions and issues that arose otherwise from the discussions. Surveys were entered into an excel spreadsheet, with answers to open-ended questions thematically analysed and quantitative answers totalled. The group discussions were not group interviews, so their discussions do not necessarily represent the views of all group members; surveys allowed for key questions to be answered individually. The surveys were filled in after the group discussion, so the responses might be influenced by the previous discussion. By no means did all participants from the same group have the same survey answers however: for example, participants within groups differed on the usefulness of CIN.

Consideration was given in analysis to differences between: team types, position of the participant (e.g. team leader, resource worker), training of the participant (e.g. social work or educational background), time in this position or in children’s services, and local authority. Such differences largely did not seem to have an effect on the issues discussed below – an interesting finding in itself (and one also largely found in Part E). To help protect participants’ anonymity, therefore, such characteristics are only mentioned when they did have analytical significance. The analysis has been careful to ensure that no one group or respondent has been more often quoted or given undue prominence in the data presented.

The analysis is organised around four central themes: how CIN is defined; prioritisation of CIN in social work services; working with CIN across agencies; and advantages and disadvantages of CIN.

Definitions of Children in Need
The following excerpt captures issues found across social work teams:

Researcher: ... Do you actually use the category? Do you... does any health visitor sort of phone up and say, ‘I might have a child in need?’, or?

Participant 24: No.

Participant 26: No. They wouldn’t use that terminology, and I think if you look at it, we probably don’t overtly use ‘children in need’. We’re certainly working within Section 22 because first and foremost we’re looking at assessment. Is it feasible for the child or the young person to remain with the family? And that’s always within Section 22, children in need.

... And we also use material, financial and other kinds of assessments, to promote the welfare of children so most people probably don’t say it as...
Participant 24: The terminology is used in like courts and assessment, for assessment purposes, if you're writing clear definitions. But need is generally … that's a bigger category within that, the levels of assessment go from very minor to extreme.

First, CIN was not common terminology across professionals outwith social work. Despite the legal status of CIN, which could be a claim on social work services, all groups said that other professionals did not volunteer the category when liaising with social work. (see below for further discussion).

Second, CIN was rarely used overtly in front-line social work, by social workers themselves. It did have a background role, however, in several ways. CIN was acknowledged as the legal plank for social services, the background category and duty that informed what they did more generally with children and their families. In describing the assessment process, in all area teams and in some other teams, CIN was a category that was a minimum requirement for social work services. In other words, if the assessment form did not ‘tick the box’ for CIN, the child and family would not be eligible for social services.

Even more fundamentally, CIN was what social work ‘did’ with children and their families, implicitly rather than explicitly. This was aptly described by another social worker in an area team:

“… its our bread and butter, its our client group, we don’t always use the label children in need but if you actually look at in respect of it’s a duty that comes in the door we have firmly identified the case as a child in need and then see where it goes so I think we encapsulate this in our practice.” (Participant 32)

Third, CIN was defined and tied to assessment, just as assessment was seen as central to the skills and task of social workers. The central role of assessment was described across all groups, whatever the type of team, and in both local authorities. Participant 5 particularly made this connection in her discussion: “I would say the social workers are doing assessments first of all and then they decide which category of children in need that they come into”. Indeed, discussion in two groups suggested that social workers were willing but concerned to share their assessment role with other professionals; they saw themselves as particularly skilled in assessment and able to make a holistic plan on the basis of this assessment. The central role of assessment was also found in the survey responses, in Part E.

Fourth, CIN could be used particularly to access financial help for families. This was mentioned in four out of seven groups. Participant 31, for example, discussed how the category (often described as Section 22) could be used to access money:

“…folk haven’t got the finances to buy a school uniform. And that's where the children in need category probably that you’re touching on can come in quite good because we can go and get the school uniform. So that's like a monetary …”

In survey responses, four other participants cited access to finances as an example of where CIN had been effective for children and/or their families. Such use of CIN was the only one that would be familiar to, and used by, families, according to one group. One team used CIN and Section 22 as part of their discussion with young people, on where they were on the ‘tariff’ in relation to the children’s hearings. Otherwise, CIN was a professional term and one used predominantly by social workers.

Groups were asked where they would go to, to find out their local authority’s working definition of CIN. Members in three groups had a response: two teams in local authority 1 stating they would turn to their children’s services plan; a team in local authority 2 said they would look it up in the legislation. Many groups expressed anxiety, in
agreeing to participate in the research, that the research team would be ‘testing’ them on their knowledge of CIN and their definition; clearly neither was used actively in detail in their everyday work, so they did not have the definition to hand nor was it so familiar that it could be recited. All groups felt they knew where they could find the definition, if they wanted to find it.

Groups were asked if they used other terminology instead of CIN. Disability teams in both local authorities reported using disability expressly in their work, actively with families, and did not use CIN in day-to-day work. Such express and daily use of the term ‘disability’ thus contrasted with the (lack of) use of CIN. A social work manager in one area team emphasised that they used the category ‘at risk’ far more than ‘in need’, in part due to the need to prioritise (see below). Another area team had a discussion between members, about alternative categories. This is encapsulated by the following excerpt:

Participant 33: A child at risk or a child that's vulnerable. I certainly don't use children in need. And it's more about the issues we were talking about the families, and what the family's experience is, it's more about pointing out you're just looking for support. And you see they need support, but they're not saying that their children are in need pointing out the issues to them, what those issues are and how they can support them. But I don't tend to use children in need.

Researcher: And how powerful is the term ‘vulnerable’? [Participant 31] said that she sometimes used children in need to get a service, does vulnerable work equally as well?

Participant 32: I don't think it does. I think legally using the definition, and I think that's when I use it to identify this in relation to the pecking order of priority and categorising it, then I would use that as opposed to vulnerable. Almost every child is vulnerable that we work with. So it's like, ‘no this is a child in need' under the definition.

Participant 33: But I think those argue that a child in need, there's a lot of children that can be in need. I think you can also argue that as well. ...

Participant 33 appeared to prefer the category of ‘vulnerable’ to avoid families feeling their children were categorised as CIN. This social worker argued that both ‘vulnerable’ and CIN were wide categories that could cover a large range of children. But her team leader argued for a category backed by legislation, which she stated even more clearly later on in the discussion, supported by another team member:

Participant 32: Children in need for me is a definition, it’s a definition and vulnerable doesn’t have the same power or categorisation.

Participant 34: And there is not legal definition for child welfare in legislation, absolutely not.

Participant 32 was like all other team leaders in groups, where the legal definition of CIN was something they mentioned as relevant to their teams’ work.

CIN was invariably described as distinct from ‘children at risk’. In most groups, it was discussed as if on a continuum of child protection: if children’s needs worsened, they may well become a child at risk and in need of child protection. The exception was with disability teams, where their client group was seen as distinct from potential child protection.

**Prioritisation within social work services**

While CIN might be the minimum threshold to get ‘through the door’ of social work services, it did not mean that all CIN received a service. A further prioritisation tended
to be required. Only two out of seven teams described being able to resist this. One family centre team member described having to “fight hard to hang onto our children in need” (Participant 3). They had to resist being asked to take on statutory child protection work. This issue was discussed at length by the team, as clearly a problematic and central issue to their work. A disability team did not discuss having to prioritise their work with disabled children, although saw themselves as ‘protected’ from the demands of child protection work because of being a separate team.

A disability team, however, in the other local authority found themselves having to prioritise within the group of children with and affected by disabilities, due to demand, and had worked out an assessment process to do this. As the team manager described:

“… it's the gate keeping, our definition is a gate keeping process. It helps us to decide certain you know resources and it's how we actually turn that around and how do you categorise and evidence what we're doing and why we are doing it …”

Assessments, and the recording of these, provided an evidence base to justify how resources were spent by this disability team.

Similarly, assessments were used to prioritise needs and children had to be 'more' than CIN to gain a service. Being a 'child in need' was enough to be on a waiting list, but not enough to get off the waiting list and receive a service (described in three groups, across both local authorities). Instead, groups tended to discuss at length how child protection, offending and/or children’s hearing demands were crowding out work more generally with children in need. One area team particularly discussed the contrast between what had attracted them to social work and what they were trained to do, with the reality of focusing on child protection:

“I think the definition's [of CIN] what you think you're coming into social work to do and this is what social work's about and when you do your training you're taught methods of intervention and preventative work and things, but the reality is you don't necessarily use them when you come to actually do the job and it is more about doing a risk assessment than it is about doing, intervening in situations and things. It's like managing risk.” (Participant 19).

While research undertaken elsewhere in the UK has tended to discuss the tension between child protection and CIN services (see Part C), other demands were seen as equally diverting as child protection in this Scottish research: i.e. children’s hearings more generally, youth offending and antisocial behaviour. But discussions in three groups argued that not addressing CIN meant that the children and their families reached crisis point – when services were then given. CIN was explicitly associated by three groups with early intervention and prevention: something that was desirable but often “squeezed out” by statutory demands. The research team expected more groups to mention early intervention and prevention in relation to CIN, given the responses to managers' surveys (see Part E).

CIN could be used tactically to argue for resources from managers above (social workers argued this in regards to their team leaders, and team leaders argued this in relation to their managers). Participant 35 provided a telling story of her process:

“… the only way I can put it is quite often I go to [my team leader] for money for so and so and she will say, “Tell me why this child is going to be impaired if I don’t,” and you have got to really think about it. I have always though it [the CIN definition] sets out, it’s not clear what their definition is, it’s up to us to be able to make our own definition of it at times.”
Here, the flexibility of CIN was to the advantage of the social worker’s claim. CIN was a category that had currency between both the social worker and her team leader, one whose definition could be ‘filled in’ by the skill of the social worker.

**Children in Need and Working with Other Agencies**

The main agencies that the teams referred to as communicating and working with around CIN were: health (health visitors, midwives and hospital staff), education (teachers, senior management and educational psychologists), and housing as well as other social work teams within their local authority. They mentioned but discussed in less detail experiences of working with agencies in other local authorities or with private and voluntary agencies. The social work teams became involved with other agencies through referrals made to their services, claims made by other agencies on their services, instances when social work had claimed services from the other agencies and being involved in joint assessment procedures.

CIN was not considered a category team members used frequently with other agencies. When the teams did use CIN, other agencies did not have a common understanding. These two comments were representative of others across the social work teams:

> “When we talk about children in need this is a concept in our head which is very different from other people see that is.” (Participant 8)

> “I suppose the disadvantage [of CIN] would be that not everybody understands what it means and that other people that understand it completely in the context if you know what I mean.” (Participant 30)

The lack of common understanding could be a barrier to effective communication.

The teams saw other agencies, in particular education and health, as having almost antithetical value systems to social work. This led to “totally different value judgements” (Participant 3) when defining a child as ‘in need’ and in providing appropriate support for that child. The teams felt that as an agency social work looks at the child and a child’s needs holistically. In contrast the teams described other agencies as focusing purely on the presenting issue of concern with the child without looking at the wider context behind that issue.

Most groups at one point mentioned education as an agency that had different values, which caused difficulty for working with. As one participant said there is “an artificial tension between the child’s deeds [behaviour] and child’s needs” (Participant 21). Another participant felt that education was unable to consider educational problems as relating to the wider life situation of the child:

> “We wait how many months for children in need, to look at specific education needs? They looked at disabilities but they have educational difficulties for whatever reason, impact of drugs, alcohol, poor parenting, no boundaries, nobody to motivate them to get to school, not even the correct clothes to get to school, people not having any money when you get to school to get your play you know, time, your wee bus pass.” (Participant 16)

This quotation reflected the exasperation many team members expressed from their experiences of trying to find a common ground to work with education.

A participant felt that health agencies approached needs in a very different way to them. She saw health services as working with a very ‘medical model’ understanding of needs. The participant saw this as a problem as the ‘medical model’ did not correspond with the models of need that social work used:
“What we’d be looking at are a Maslow triangle of need you know but they are mainly looking at treating a medical condition. So they wouldn’t be looking outside of that.” (Participant 17)

Again, social work was seen as (positively) looking holistically at a child’s or family’s needs, while another agency was implicitly criticised for focusing more narrowly.

Referring more generally to other agencies some participants felt that other agencies would focus on risk when the issue was, in social work eyes, actually one of need:

“It’s [CIN] never something that... you’ll hear other agencies saying. ‘We think this child’s at risk’ or ‘This child’s been neglected’, but you get a certain feeling they’re saying, ‘This child is in need’.” (Participant 26)

The challenge of partnership working was discussed when services had a lower threshold of risk than social work services.

The group discussions focused heavily on the challenges of working in partnership with other agencies around CIN. However, within the surveys, CIN was frequently cited as allowing for services to be accessed for particular children (18 times, and more often than any other theme); thus, participants’ experiences of partnership working in this area were not altogether negative. A positive experience of CIN and working with other agencies was represented in the quotation below:

“Identifying a child being in need promotes multi-agency working through regular meetings and flow of communication between involved agencies.” (Participant 1)

CIN was used as a status – ‘identifying a child being in need’ – in order to claim a certain process of interagency working.

But some professionals from other agencies were seen as working from the same value base as them towards need – a distinction was made between services generally and individuals. Certain head teachers were mentioned who took a more ‘social work’ view of the child and primary schools were cited as taking a more holistic approach to a child’s needs. In these examples social work professionals expected the other agencies to adopt their understanding of needs and CIN. They were protective over how CIN should be understood and defined.

Many groups commented that interagency work was difficult because other agencies believed that CIN and the Children (Scotland) Act 1995 belonged solely to social work. They wanted other agencies to take some of the ownership and related responsibilities for CIN. This was the most frequent revision suggested for CIN, in survey responses.

The social work teams were asked their views on additional support needs (ASN) and how this category worked alongside CIN. As ASN was a relatively new category most of the social work participants were speculative in their responses. Two groups were not familiar with the term and discussion was thus limited. Participants in other groups held strong views. One view was that ASN was a category defined by and belonging to education. One of the area teams discussed how they were aware that the legislation placed an emphasis beyond education but that from the training and information they had received it had been clear to them that professionals from education would be “taking a lead role” (Participant 18). This view was echoed by another team member who stated that:

“Education were quite clear that the processes in order to identify somebody with additional support needs, they would have various meetings, assessments for someone to get to that level and they were basically advising us.” (Participant 20)
This process did not imply common ownership of ASN anymore than there was common ownership of CIN. One of the participants highlighted what they saw as the dangers of a distinction between ASN, as an educational duty and CIN, as a social work duty if there was to be inter-agency working and responsibility for either category:

“I think children in need I think people think of as a social work term and additional support needs is thought of as an education term and maybe even with the Act coming in has made the distinction even more that before when we were all under the same one.” (Participant 16)

A family centre team was particularly concerned that ASN was forcing them to categorise children’s needs in a way that was unhelpful to their working philosophy and practice:

“The additional support for learning is… they are… we’ve seen some of the information they pass on. The definitions are totally at odds perhaps with what we would say. Because they’re now asking us to identify children who… children in different categories.” (Participant 36)

This concern over being asked to categorise was reiterated by a different participant within the team who felt that ASN led to the categorisation of children as a problem rather than considering the holistic needs of the child.

But there were participants who saw potential in the introduction of ASN. The disability teams saw ASN as potentially having a positive effect on the way that needs were understood by agencies. One of the participants, from the disability team, felt that ASN was an interesting development in terms of inclusion and the way they worked with children with disabilities. ASN might have the potential to facilitate integrated practice across agencies.

The quotation below neatly summarised the way that CIN as a category was flexibly and strategically used by different agencies:

“So perhaps we are playing the same game as other services then, where their thresholds vary because they expect a service. Maybe we have to get into that game as well because it’s the only way we can access particular services. So children in need becomes a definition for what you assess as being required. It might not be an honest definition.” (Participant 21)

**Advantages and Disadvantages of Children in Need**

Participants were asked, in the surveys, whether the duty towards, and definition of, CIN should be kept, revised or replaced. The responses are tabulated below:

<table>
<thead>
<tr>
<th>Should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed?</th>
<th>Should the legal definition of ‘children in need’ be changed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, it is useful as it is</td>
<td>20</td>
</tr>
<tr>
<td>Yes, it should be revised (but not replaced)</td>
<td>14</td>
</tr>
<tr>
<td>Yes, it should be replaced</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
</tr>
</tbody>
</table>
Just over half of responses thought the duty was ‘useful as it is’ and just under half thought the legal definition was ‘useful as it is’. A large minority thought the duty and/ or definition should be revised. No one thought the duty should be replaced and very few responses wanted the definition to be replaced. In short, there was no overwhelming support for the duty nor definition – but nor was there a demand to replace them. This ambivalent response was captured by one participant’s suggestion:

“There needs to be something there which will enable children to get supports they require but perhaps wording could be changed but still be meaningful but not viewed negatively.” (Participant 9)

Two firm advantages were described for CIN: its inclusion of children affected by disabilities; and its holistic emphasis. Disability teams in both local authorities associated their creation as a result of the CIN definition. Participant 29 described this in her local authority:

“Prior to the Children Act there was not a dedicated disability team both services and field work cases were spread throughout children services and community care, so with the implementation of the Children Act specifically in response to children in need … when we reflect in practice what was in fact happening is what you suggested is the child protection, supervision, looked after children, became the priority and statutory duty and where the children’s needs were the greatest and the children with disabilities and their families continually got marginalised and it was felt that if in fact we provided a dedicated service that that in fact would support and resource more appropriately this group of children in need and so there was that purposeful decision.”

A very similar history was given by the disability team in the other local authority (Participant 12). Both participants explained that children affected by disabilities thus gained services, whereas previously they would have been ‘marginalised’ and not received a service. Survey responses from team members also frequently mentioned this as an advantage. The second advantage connects to the discussion of social work values above, and the holistic approach made possible by CIN. The category, and associated duty, was described as allowing for workers to deal with children and their families as a whole.

Other discussions were more ambivalent. Respondents in one group, for example, had different views on whether families found the category stigmatising or not. Participant 29’s deliberations captured this ambivalence:

“I mean it does stigmatise in some ways obviously but whatever you call it is going to stigmatise it in some way and if you’re asking me to come up with a different definition that won’t stigmatise, that would stigmatise less than children in need I can’t think of it.”

In surveys, two participants thought CIN did not stigmatise nor label while nine other participants thought it did. Participants also differed on whether the potential association with the Children in Need charity appeal on TV was positive or negative. Members of one disability team described the association as positive for families, while respondents in an area team concluded the association was negative. Participant 23 put this forcefully: “They have been told that they’re not as good as everybody else because their children are in need.” Five groups – all those who were not disability teams – discussed the broadness and flexibility of CIN both positively and negatively. It meant that it covered all children felt to require support but some respondents critiqued it for being “vague”, “such a vast category” as to have little meaning. This ambivalence was also reflected in survey responses. Finally, the survey responses again demonstrated the ambivalence of CIN’s success in claiming resources from other agencies. Four responses referred in some way to interagency working as an
advantage, while nine perceived CIN’s failure to work across agencies as a disadvantage.

Overall, the group discussions and the survey responses suggested widespread, but not fervent, support for CIN or a revised version. Most group participants understandably found it difficult to conceptualise an alternative definition.

**Conclusion**

The group discussions indicated that, for these front-line workers and their managers, CIN had two main uses. CIN could be used strategically. It could be used to claim resources and services, whether from other agencies (such as housing) or in making a case to managers. It could be used as a ‘status’ by social workers. CIN could justify a social worker’s work with a child and/ or their family. It could be used as an alternative to claims of a ‘child at risk’ from other agencies, which were described as precipitous within certain group discussions. Agencies could then be diverted from escalating a problem. CIN also was used bureaucratically, in two different ways. It was described in both local authorities as a category for assessment, a ‘tick box’ for an assessment which gained children entry into social services. CIN, or Section 22, was the short-hand descriptor for financial payments to families.

CIN was predominantly used between professionals. It was largely not used with nor used by families, with certain exceptions such as parents’ claims for financial assistance from one area team. CIN would be understood within social work. It was used sometimes, but only strategically, with other professionals. The use was only strategic because CIN was not widely known nor understood by these other professionals. But CIN could be used strategically, to remind other agencies of their statutory responsibilities to CIN.

Social work teams had engaged with other categorisations of children’s needs and some were vocal regarding ASN. ASN was perceived to be the responsibility of education. ASN was thought to show potential for reformulating the concept of needs, by some participants. There were concerns that the new category would further marginalise CIN as social work’s responsibility, that social work will have an increased workload and that social work may be forced to categorise and prioritise children in unhelpful ways.

An unexpected finding from the group discussions was the links between social work identity and CIN. CIN was seen as quintessentially a social work definition, even by those participants who remarked on the corporate responsibility of the 1995 Act towards CIN. Social work was about working with CIN, with its consideration of all of the child’s and/ or families’ needs, with its emphasis on assessment, with its potential for prevention and early intervention. CIN might not be a category respondents could recite without prompting or used in daily practice, but when they looked at the legislative definition and duties, they connected with the children and families it would include. Social workers were thus understandably reluctant to let the definition go, with its flexibility that allowed them to argue for support for children and families who needed it.
PART G: OVERVIEW

This project sought to examine the use of ‘children in need’ (CIN) in local authority policy and practice, and its currency for proposed policy changes in children’s services.

The Children (Scotland) Act 1995 introduced the duties towards, and a definition of, CIN. CIN was intended to replace Section 12 of the Social Work (Scotland) Act 1968, as the new positive welfare duty for children. The Government at the time argued it had to be targeted, rather than providing universal support, because state intervention in families’ lives had to be justified.

CIN was part of the overall strategy of the Scottish Office to promote inter-agency working, improved planning for children’s services, and better consultation with parents and children. As such, the Act deliberately defined local authority ‘corporately’: i.e. responsibilities for delivering on this duty were the responsibility of all services within the local authority. Other agencies, such as health, had the duty to co-operate. The Act contained the legal requirement for local authorities to produce children’s services plans. These plans were to encourage identification of children’s needs in their local communities, so that CIN as a legal definition was left with considerable flexibility.

How well has CIN delivered on these intentions? This project suggests limited success. The project was not interested in investigating this as a failure of either individuals or organisations but to explore how CIN has been used – or not used – in policy and practice and whether it is now ‘fit for purpose’.

CIN has not fulfilled its potential to be an inter-agency category and duty. Analysis of Scottish children’s services plans over time finds improved interagency working at this strategic level, as discussed in Part D. But, at least as documented in the current Integrated Children’s Services Plans (ICSPs), this interagency working was rarely organised around CIN. Instead, terms like ‘vulnerable’ were found across services, in action plans, and the ICSPs were almost invariably organised around the seven categories recommended by the Scottish Executive. Practice Team managers working in social services did not perceive a definition of CIN as always shared across most services, as described in Part E. Fieldwork teams in Part F described CIN as largely a social work definition, rarely used by other professionals, with most other agencies not perceiving a joint legal responsibility.

At the same time, social work did seek to claim on the corporate requirements. Both the discussions and the surveys with fieldwork teams contained examples where social workers had successfully claimed a resource for children and/or their families, by reminding other agencies of their duties towards CIN. The managers’ survey showed that some agencies were more likely to share a joint definition: for example, 40 out of 54 respondents thought social work always shared a joint definition with the Children’s Reporter.

The lack of interagency gathering around CIN was one of the greatest concerns expressed in the fieldwork with managers and practitioners. The most common recommendation for change was to ensure duties and definitions were recognised as inter-agency. It was beyond the remit of this project to research other professionals’ views, but as one survey participant wrote: “It would be useful to hear about our partner agencies’ perception of children in need to see if they differ greatly.” (Participant 37)

As discussed in the literature and research review (Part C), the enthusiasm for CIN in England and Wales lay in its potential to promote preventive services, family support rather than crisis intervention. But this promise does not seem to have been delivered by CIN in Scotland. Why? The managers’ survey and the research with fieldwork teams suggested that the CIN term was seen as a social work category and social work
services have predominantly had to prioritise ‘statutory work’. The tension between child protection and CIN was recognised by all teams (while the disability teams felt somewhat protected), with the addition of other statutory requirements for the children’s hearings and now for youth offending. It did not seem to have been acknowledged that duties towards CIN were themselves statutory – although legal analysis from English cases suggests it would be difficult to claim resources for an individual child under CIN (Hogg 2000). CIN as a duty or a definition were not seen by fieldwork teams as ‘owned’ by other services such as health or education. Without the engagement of such universal services, social work services’ need to prioritise resources meant that CIN were often left on waiting lists.

CIN now sits within a very different policy context than it did in 1995, and one that has gone much further in promoting a range of initiatives and policies emphasising early intervention and preventive services. Education has introduced its own broad category, ‘additional support needs’, which covers many if not all of the groups listed in the CIN guidance. Universal services have been encouraged to reach out, with health, education and early years engaged in their own ‘preventive’ initiatives from Health for All Children (SE 2003b), to (New) Community Schools, to Sure Start. The 21st Century Social Work Review (SE 2006d) recommends that health and education should take a greater role in delivering targeted services, while social work provides early intervention with highly vulnerable people. Initiatives based on geographical need have taken place, such as social inclusion partnerships and the Better Neighbourhoods Fund and their replacement, the Community Regeneration Fund. While CIN might have seemed as preventive in 1995, now the deficit-basis of its definition stands out against subsequent policies and emphases on positive outcomes and ‘well-being’.

The organised response to the Children (Scotland) Bill, as it went through Parliament, was strongly against the CIN duty and definition (see Tisdall 1997). It was not perceived as the positive welfare duty promised by the Review of Child Care Law and the subsequent White Paper. It was seen as a retrograde step from Section 12 of the Social Work (Scotland) Act 1968. Opinions of social work staff apparently have changed since then. There was no overwhelming support from managers in children’s services nor fieldwork teams to abolish the duty or category. The responses across the surveys are combined in the table below:

Table: Survey responses of managers and fieldwork teams, to changing the duty and definition of CIN, numbers of respondents and valid percent

| Should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed? | Should the legal definition of ‘children in need’ be changed? |
|---|---|---|---|
| Managers | Fieldwork teams | Managers | Fieldwork teams |
| No, it is useful as it is | 28 (52%) | 20 (57%) | 26 (49%) | 17 (52%) |
| Yes, it should be revised (but not replaced) | 17 (32%) | 14 (40%) | 18 (34%) | 11 (33%) |
| Yes, it should be replaced | 3 (6%) | 0 | 3 (6%) | 3 (9%) |
| Don’t Know | 6 (11%) | 1 (3%) | 6 (11%) | 2 (6%) |

Around half of respondents supported the duty and definition as they stood. A large minority supported revision but very few suggested replacement.

Yet CIN did not seem to be framing, let alone leading, social work planning nor practice with children and their families. Only five out of 32 local authorities’ ICSP made explicit
use of CIN and use it as an organising concept for all or part of their plan. Other plans either made mention of CIN in introductory commentary but then did not use it as an organising concept (21 plans) or make no explicit mention of CIN at all (6 plans). CIN could sometimes be used to justify service provision to individual children and their families, according to managers, but far more common was ‘children at risk’. Even in local authorities chosen because of their apparent active use of CIN, most fieldwork teams were self-conscious in working with the research team because CIN had little explicit place in their practice. CIN, they said, implicitly underlined the work but was rarely used explicitly. It seemed to be the minimum threshold to get ‘through the door’ of children’s services but it rarely was enough for children then to receive services or support. CIN was seen, beneficially by many, as a broad and flexible category that could cover all children with which social work services should work. But this broadness and flexibility was also seen as vague and somewhat meaningless, a criticism also made in the English context (see Part C) and even more relevant in Scotland where few services are specified for CIN in law.

The one clear exception was the focus on children with and affected by disabilities, which had been promoted through CIN. This was overwhelmingly underlined by the research undertaken. ICSPs were replete with action plans for this group of children. Managers’ surveys made frequent mention of this as, in particular, the setting up of disability teams in children’s services. The disability teams involved in the local authority fieldwork also saw their creation as a direct result of the CIN and 1995 Act, allowing these services to be somewhat protected from the demands of child protection. The inclusion of children (adversely) affected by disability within the duty and definition can be seen as a clear success: just as intended by the Government, it ensured that children with and affected by disabilities were seen as an important group in children’s social services. To a lesser extent, other groups have similarly gained recognition. In the ICSPs, groups such as those affected by domestic violence were now regularly mentioned. Children affected by parental drug or alcohol misuse were recognised in ICSPs, as well as by some survey participants.

Despite the lack of ‘leadership’ provided by CIN, managers and practitioners were clearly reluctant to see the duty or the definition go. There were advantages of CIN: it was frequently described as holistic and a counter to other professionals’ claims that a child was ‘at risk’ or an undue focus on behaviour rather than the context behind the behaviour. CIN was tied to assessment, which practitioners described as central to their work and something they were good at. It was social work’s definition. As certain practitioners described, it was flexible enough to cover the wider group of children that social workers wanted to be able to work with, something they had been trained for in their initial professional qualifications. As one participant wrote, “It can help some children not to slip through the net” (Participant 4, practitioner survey). It can be understandably very difficult for any respondent to consider alternatives to what exists, but only one respondent saw any attraction to a current alternative – additional support needs – and a few managers towards a more outcome based definition.

What was framing planning and practice in social work? From the ICSPs, it was demands from central government. Almost all ICSPs ticked off the requirements of the SE guidance, following the seven categories and mentioned the listed initiatives. Consultation with children and young people was far more often mentioned in ICSPs than in earlier plans. Rather than explicit statistical needs analysis, the ICSPs seemed most influenced by planning groups, which contributed sections of the plan. In short, the published ICSP suggested that services were framed by central policy demands and local planning structures and less so by explicit analysis of local needs resulting in local priorities and services.

Rather than CIN, terms like ‘vulnerable’ predominate in ICSP. But, as discussed in Part E, ‘vulnerable’ as yet has no legal definition in Scottish children’s legislation. It thus had
no legal claim on resources. Additional support needs, in contrast, does. One practitioner explored its potential in a survey response:

“The A S Fl [Additional Support for Learning] approach in education has a limitation on a focus on education. No doubt education see CIN as a similar focus on social care. There may be advantages of reviewing all definitions/approaches to allow an integrated response (health as well as sw [social work] and education) but this would require a much wider debate – and an integrated response from the Executive, who doesn't seem very joined up when dealing with children’s issues.” (Participant 26)

The Scottish Executive does seem to be taking up, at least in part, this challenge in its most recent consultation paper (SE 2006b: p. 33). It is proposing a new definition to guide service support – well-being – which would seem to meet some participants' desire for a more positive and inclusive duty and definition. It is seeking to enhance interagency duties in the Act, with all ‘relevant agencies’ having responsibilities for the duties rather than the Bill being framed around local authorities. It asks whether the new definitions of well-being should be rationalised with the definition of ‘CIN’:

…The Bill will place obligations on all agencies to be alert to and act on children’s needs as best they can. Given these duties and the expanded definition of “need” is there a requirement to have a separate definition of “in need”?

We believe that rationalisation of definitions would both avoid confusion and require those working with children to focus more on the needs of children and action to address them rather than whether they fit a category. (p.33)

This project suggests that, in any changes, the current advantages of CIN should be maintained: the place it has given to disabled children and their families in social work services, its holistic approach, and its ability to ensure children do not slip through the net. The challenge would be to avoid CIN’s disadvantages: its potential to stigmatise, its broadness to the extent of being meaningless, and the failure of all children’s agencies to own the duty towards CIN.

With the Additional Support for Learning legislation so recently enacted, it will be a challenge to ensure that any new interagency duty and definition dovetails with additional support needs. Otherwise, there will continue to be definitions owned by certain agencies, even though significant numbers of children cross-over. There is a risk that each agency sees itself as having its own ‘joined up agenda’: what is needed is to join up the joined up agendas. The ICSP were a clear attempt to ‘join up the joined up plans’, minimising the legal requirements for multiple interagency plans.

Arguably children’s legislation still needs to undertake such a joined up agenda, with sufficient thought to implementation to ensure its potential is realised. The Children (Scotland) Act was heralded as a major breakthrough for interagency services, which has been short on delivery in many areas. It suffered from lack of resources and was implemented as Scottish and UK policy was rapidly changing, with new demands on children’s services. Such problems could be avoided with the policy changes now proposed.
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APPENDIX A: DEFINITION OF CHILDREN IN NEED

Section 93(4) of the 1995 Act sets out the definition of children in need (CIN):

A child is under the age of 18 and ‘in need’ because:

(v) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development unless services are provided;
(vi) the child’s health or development is likely significantly to be impaired, or further impaired, unless services are provided;
(vii) the child is disabled; or
(viii) the child is affected adversely by the disability of another family member.

Each local authority must provide a range and level of services to safeguard and promote the welfare of children in its area who are ‘in need’ and to promote the upbringing of children ‘in need’ by their families. (Section 22)

Such services can be provided to the child in need, to the child’s family or a member of the family. Assistance can be in kind or, in exceptional circumstances, in cash (Section 22(3)(b)). The assistance can be free or families can be asked to repay, depending on their financial means (Section 22(4)).

Section 22 also requires local authorities to have regard ‘so far as is practicable to each child’s religious persuasion, racial origin and cultural and linguistic background’ in providing services for children in need.

Local authorities must also provide day care for children in need aged 5 or less, and after school care and holiday care for children in need (Section 27).

Under Section 19, local authorities are required to prepare, consult upon, publish and review children’s services plans.


1. The list which follows outlines the main needs of children which call for services and which should therefore be identified as a first step in planning services. The list is expressed in terms of children but they are as a rule associated with their families of which other members may also have needs and individual children may span more than one category of need.

2. The children listed will include children who are and who are not in need in statutory terms. If they do require assistance their needs may be special and require particular planning which should have regard to religious persuasion, racial origin and cultural and linguistic background.

3. The list is indicative rather than exhaustive. It is certainly not exclusive. Inevitably it shows areas of overlap and apparent omission. For example, children who have been adopted are included, but no special mention is made of children who may need to be adopted or who are in the process of being adopted. These children would be children looked after. Family conditions, like family breakdown or poverty and deprivation, may be factors underlying the needs in the list which follows.

Children who are looked after by the local authority
Children who need protection
Children/young people who are no longer looked after by the local authority
Young parents
Children who have disabilities/special needs (eg physical or learning disabilities, sensory impairments)
Young carers
Children who have been adopted (and those who are in the process of adoption)
Children/young people who misuse substances/alcohol
Children/young people who are affected by HIV/Aids
Children/young people who are homeless
Children/young people in poor housing
Children who are carers for relatives and who are in households affected by disability
Children who live in violent environments
Children whose parents suffer from a mental illness
Children whose parents misuse substances/alcohol
Children whose health or development is suffering
Children whose educational development is suffering (including those excluded from school)
Children who have emotional, behavioural and mental health problems
Children/young people who are in conflict with the law because of offending behaviour (including those who offend against other children)
APPENDIX B: SELF-REPORT POSTAL SURVEY
Survey of Practice Team/ Fieldwork Managers in Scotland

Children in Need:
Examining its use in practice and reflecting on its currency for proposed policy changes

This research is funded by the Scottish Executive. It is supported by the Association of Directors of Social Work and Directors of Social Work (or their equivalents) in Scottish local authorities.

The Scottish Executive will be putting forward revised children’s legislation in autumn 2006, with new duties based on ‘children in need’. This research seeks to inform these changes, as no systematic research has been undertaken on how ‘children in need’ has been used in Scotland. Your contribution will help create a sound base for these developments – we think it essential to hear from those using the category in practice.

We would be grateful if you would complete the following contact details, so that we will know which managers have completed the survey and we can inform you of the research results. We would stress again that only the research team will see the original surveys and no individual will be identified in the reporting of the research.

Local authority: ................................................................................
Your name: ......................................................................................
Address: ....................................................................................... 
.................................................................................................
E-mail address: ...............................................................................  
Telephone: .....................................................................................

If you would like to receive feedback on the research findings, please tick the box. □

Please return the questionnaire in the SAE provided to:
Dr Kay Tisdall, University of Edinburgh  
School of Social & Political Studies  
AFB George Square  
Edinburgh EH8 9LL

By February 23rd 2006  
Many thanks for your co-operation and assistance.
A. Your background
A1. What is the title of your current post? .................................................................
A2. What council department is your post in? ..........................................................
A3. How long have you been in this post? (Please write in years) ..........................
A4. What professional qualifications do you have?  (Please specify) .........................
A5. How long have you worked in children’s services? (Please write in years) ..........

B. Definition of ‘children in need’ in your local authority
B1. Where could you locate your authority’s definition of ‘children in need’? (Please tick all that apply)
   - We refer directly to the definition in the Children (Scotland) Act 1995 and guidance
   - Our local authority’s children’s services plan
   - Departmental policy or guidelines
   - We do not actively use a definition of ‘children in need’
   - Other (please specify) .................................................................

B2. In working with other services, do you find there is a shared definition of ‘children in need’ with: (Please tick one box on each line)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
<th>We do not use ‘children in need’</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
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<td>Health</td>
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<td>Housing</td>
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<td>Leisure</td>
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<td>Children’s Reporter</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

C. Using ‘children in need’ in your services
C1. Is a definition of ‘children in need’ actively used in your authority, when: (Please tick one box on each line)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>Somewhat</th>
<th>Not at all</th>
<th>Don’t know</th>
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</thead>
<tbody>
<tr>
<td>Planning across children’s services</td>
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<tr>
<td>Planning social work services</td>
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<tr>
<td>Providing social work services to individual children and their families</td>
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<td></td>
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<tr>
<td>Providing inter-agency services to individual children and their families</td>
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</tbody>
</table>

C2. Please describe two or more examples where the category of ‘children in need’ has been effective for children and/or their families, in your authority. Please let us know in what way the category was effective. Feel free to continue on a separate piece of paper.

(1) .....................................................................................................................................................

(2) .....................................................................................................................................................
C3. What categories do your service use to justify service provision to individual children and their families, who are not on supervision or court orders? (Please tick one box on each line)

<table>
<thead>
<tr>
<th>Category</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Children in Need’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional support needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children affected by disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C4. In the past year, how has your service collected information on children’s needs, to feed into service planning? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By asking people (in the community) what they want</td>
<td></td>
</tr>
<tr>
<td>By asking children and their families who use our service</td>
<td></td>
</tr>
<tr>
<td>Through referrals to our service</td>
<td></td>
</tr>
<tr>
<td>Through information collected on children currently using our service</td>
<td></td>
</tr>
<tr>
<td>From census data</td>
<td></td>
</tr>
<tr>
<td>From other national data</td>
<td></td>
</tr>
<tr>
<td>From local survey findings</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

C5. What information and training on ‘children in need’ is provided to fieldwork teams, over the past five years? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Information and Training</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>They receive copies of the local authority’s children’s services plan</td>
<td></td>
</tr>
<tr>
<td>They receive departmental policy or guidelines</td>
<td></td>
</tr>
<tr>
<td>They participate in interagency training on ‘children in need’</td>
<td></td>
</tr>
<tr>
<td>They participate in departmental training on ‘children in need’</td>
<td></td>
</tr>
<tr>
<td>‘Children in need’ is regularly talked about in team meetings</td>
<td></td>
</tr>
<tr>
<td>No information is provided</td>
<td></td>
</tr>
<tr>
<td>No training is provided</td>
<td></td>
</tr>
</tbody>
</table>

C6. In practice, what determines service options for children identified as being ‘in need’? (Please answer in relation to your service and tick one box for each line)

<table>
<thead>
<tr>
<th>Determination</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work or joint assessment of individual child and family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other service’s assessment of individual child and family</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Availability of resources/ services</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Child’s views/ wishes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents’ or carers’ views/ wishes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Your own views on ‘Children in Need’

Please answer the questions below on the basis of your own personal views. We recognise that these will not (necessarily) be the ‘official’ views of your council nor department.

D1. What do you see as the main advantages of ‘children in need’? (Please tick all that apply)

- It is a flexible category, that can be adapted to local needs for service planning
- It is a flexible category, that ensures services are provided for individual children and families
- It avoids the stigma of other categories
- It helps focus on prevention and preventive services
- It is specific enough to ensure individual children (and families) receive services
- It facilitates inter-agency planning
- It facilitates inter-agency service provision

Please comment further …………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

D2. What do you see as the main disadvantages of ‘children in need’? (Please tick all that apply)

- It is too vague to be useful for planning services
- It is too vague to ensure that individual children (and families) receive services
- Children and families find the category stigmatising
- The demands of child protection outweigh the duties towards ‘children in need’
- It fails to ensure that preventive services are provided
- It is not useful in inter-agency planning
- It is not useful in inter-agency service provision

Please comment further …………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

D3. Should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed? (Please tick one box)

- No, it is useful as it is
- Yes, it should be revised (but not replaced)
- Yes, it should be replaced
- Don’t know

If yes, in what way should the duty be changed? …………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

D4. Should the legal definition of ‘children in need’ be changed? (Please tick one box)

- No, it is useful as it is
- Yes, it should be revised (but not replaced)
- Yes, it should be replaced
- Don’t know

If yes, in what way should the definition be changed? …………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

D5. We would welcome any other views you have on ‘children in need’ or elaborations on any of the questions above; please feel free to send in additional comments on a separate sheet.

THANK YOU FOR FILLING IN THIS SURVEY. PLEASE RETURN IT IN THE SAE.
APPENDIX C: OUTLINE FOR GROUP DISCUSSION

1. Can you talk me through the process of a referral of a child, to your team?

Probe
- Does a child need to be a ‘child in need’ to access your team’s services?
- How do you determine if the child is a ‘child in need’? What factors do you take into account?
- Do you have a working definition of a ‘child in need’? Where is it located?
- One of the tensions often raised is between ‘children in need’ and child protection work. Is that an issue for you? In working with other organisations or professionals?
- Is the Scottish executive’s definition, in its guidance [see sheet] sufficient for you to use it in practice? Do you need more or less definition?

2. Are there other categories that you use alongside or instead of ‘children in need’?

Probe:
- Vulnerable children?
- Additional support needs?
- Children at risk

3. Is the category useful in working with other organisations, perhaps across education and health as well as social work?

4. What do you see as the advantages of the category?
What do you see as the disadvantages?

Probe:
- The new proposals for integrated assessment framework under getting it right for every child remain based on Children in Need. Is the category sufficient for this?
- One of the criticisms from the survey we’ve already done for this research is that the category could be too unspecific. Is that a problem, do you think?
APPENDIX D: SELF-REPORT SURVEY FOR GROUP PARTICIPANTS
We would like to collect basic information on who participates in our group discussions and your views on ‘children in need’. You can also let us know if you would like to receive feedback on the research results.

We would stress again that only the research team will see the original surveys and no individual will be identified in the reporting of the research.

Your name: .................................................................
Address: .................................................................
.................................................................
E-mail address: ..........................................................

If you would like to receive feedback on the research findings, please tick the box.  

Many thanks for your co-operation and assistance.

Contact details:
Dr Kay Tisdall
University of Edinburgh, School of Social & Political Studies
AFB George Square
Edinburgh EH8 9LL
K.Tisdalli@ed.ac.uk 0131 650 3930
E. Your background

A1. What is the title of your current post? ………………………………………………………………………

A2. What organisation do you currently work for? …………………………………………………………………

A3. How long have you been in this post? (Please write in years) ………………………………………

A4. What professional qualifications do you have? (Please specify)
…………………………………………………………………………………………………………………………………

A5. How long have you worked in children’s services? (Please write in years) …………………

B. Your experience of using ‘children in need’

Please describe two or more examples where the category of ‘children in need’ has been effective for children and/or their families. Please let us know in what way the category was effective.

(3) ………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………

(4) ………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
C. Your own views on ‘Children in Need’

Please answer the questions below on the basis of your own personal views. We recognise that these will not (necessarily) be the ‘official’ views of your organisation.

C1. What do you see as the main advantages of ‘children in need’?

C2. What do you see as the main disadvantages of ‘children in need’?

C3. Should the duty to ‘safeguard and promote’ the welfare of children ‘in need’ be changed? (Please tick one box)

- No, it is useful as it is
- Yes, it should be revised (but not replaced)
- Yes, it should be replaced
- Don’t know

If yes, in what way should the definition be changed? ………………………………………………

C4. Should the legal definition of ‘children in need’ be changed? (Please tick one box)

- No, it is useful as it is
- Yes, it should be revised (but not replaced)
- Yes, it should be replaced
- Don’t know

If yes, in what way should the definition be changed? ………………………………………………

Please Turn Over
C5. We would welcome any other views you have on ‘children in need’ or elaborations on any of the questions above; please feel free to write further comments on this sheet.

THANK YOU FOR FILLING IN THIS SURVEY.
PLEASE RETURN TO ONE OF THE GROUP FACILITATORS.