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CHILDREN'S SERVICES REFORM RESEARCH:

Scotland's children's services landscape: The views and experiences of the children's services workforce SUPPLEMENTARY REPORT

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CELCIS, the Centre for Excellence for Children's Care and Protection is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long lasting change in the services they need, and the practices used by people responsible for their care.

How to read this report

This report is a supplementary document to the main report - 'Scotland's Children's Services Landscape: The Views and Experiences of the Children's Services Workforce' (McTier et al., 2023) - and should be read alongside that report. This supplementary document is for everyone who wishes to gain a better understanding of the methodology that was applied for this strand of the Children's Services Reform Research study, look at more detailed quantitative findings from our survey, and read an overview of key findings from other relevant workforce surveys which have informed this study.

It is important to emphasise that it is not necessary to understand all aspects of the methods applied in this research to be able to understand what the key learning has been from this piece of work. Our key findings are provided in the main report alongside a more accessible overview of the methodology we used. A short summary report of our findings is also available.

The main report has a language section which explains some of the phrases and terms used in this research and this therefore applies to the language used in this supplementary document.

Findings from recent workforce surveys

There have been a number of surveys of Scotland's children's services workforce, or subsets of the workforce, in recent years that have been used to either inform future policy, services and practice for children, young people and families, or to help assess current service provision. We considered the key findings from these recent surveys to inform the development of our workforce survey.

The Independent Care Review's children's social work and social care research study (2020)

The first source we drew on was the Independent Care Review and, in particular, the findings from the review's study with the children's social work/social care workforce. It aimed to understand better their perspectives and experiences about the 'care system' in Scotland, its current strengths and challenges, and the structures and services which need to be in place to 'significantly improve the wellbeing of those children and families who become involved in the 'care system'' (Independent Care Review, 2020a, p. 1519).

The study was comprised of a national survey of the children's social work workforce (314 responses from across the statutory, third and private sectors), semi-structured interviews with 37 strategic leaders, and discussion groups involving 96 social workers, all of which were completed in 2019 (Independent Care Review, 2020a). The findings from this exercise are summarised in Table 1.

Perceptions of structures and services

The social work workforce reported that:

- The structures through which services are delivered varied considerably across the country. Key factors here were reported to be whether and how children's social work services had been integrated or not in light of wider health and social care integration; local geography and demographics; and whether services were delivered centrally or through locality-based teams (p.1529).
- There was strong commitment to early intervention and family support services, but their provision varied considerably across Scotland, with local budgetary decisions to invest in other, more reactive parts of children's services identified as a key factor in the availability of more preventative services (p.1530).
- People working in children's services were repeatedly described as passionate, dedicated and committed (p.1538), but the recruitment and retention of social work staff, foster carers and kinship carers was in flux and viewed as unlikely to be resolved in the short term (p.1530).
- Staff shortages and increasing levels of paperwork (electronic records) were reducing the time for supervision and reflection (p.1556).

Perceptions of where service and delivery improvements had been made

The social work workforce reported that:

- Multi-agency working had improved as a result of better communication and collaboration between services, and the development of a shared vision across the children's services workforce, facilitated by policies such as Getting It Right For Every Child and corporate parenting (p.1539). However, there were reported to be difficulties accessing mental health, specialist and therapeutic support for children and young people (p.1548).
- The extent to which services were engaging with children and young people and listening to their experiences of using services had been improving (p.1540). The voices of some children were, however, seen as missing, such as those of young children and children 'looked after' at home (p.1541).

What makes a difference

The social work workforce reported that:
- Relationships based on trust and respect which were child-centred and nurturing in approach were central to high quality practice and services (p.1538).
- Residential workers also referred to 'stickability' in relationships, which is the ability and capacity to support children and young people for a sustained period (p.1545).

What is getting in the way

The social work workforce reported that:

- The perception of an ongoing and constant pace of change in policy and legislation was seen as a key challenge, as this allowed little time for changes to be implemented (p.1548).
- Financial austerity, resources and limited options were impacting on services, the workforce, and crucially, families and communities (p.1552). Strategic leaders were seen to be in a difficult position of needing to save money, yet also providing the best support to children and their families (p.1553).

What needs to change

The social work workforce reported that:

- Change was needed in the 'care system', with this reported by 92% of respondents to the staff survey.
- Early intervention support, family support services, and services for care experienced children and young people were seen as the key service areas in need of significant investment (p.1559).
- There was also support for stronger leadership in the social work profession that provides a clear vision for the workforce and service (p.1566).
- Leadership should also advance a strengths-based culture that supports and emphasises professional autonomy and gives staff permission to do things differently and be creative in how they work with children and families. Such a culture should then sit within a supervisory framework of accountability and facilitated reflective practice (p.1546).

Table 1: Views of the children's social work workforce captured as part of the Independent Care Review, 2020

Building on the findings presented in Table 1 and other data and evidence captured as part of the Independent Care Review, The Promise report (Independent Care Review, 2020b) stated that the workforce needs support, time and care to develop and maintain relationships with children, young people, families and other professionals, with this articulated through the plea that *"Scotland must hold the hands of those who hold the hand of the child"* (p.20). Expanding on this, the report later stated that *"Scotland must support and empower its workforce to provide consistent, loving relationships for children. Many in the workforce already provide these caring relationships for children, but the Care Review has also heard of a frustrated, anxious and overwhelmed workforce struggling to meet the needs of the children in their care"* (p.96).

The Care Inspectorate's review of findings from the inspection programme 2018-2020

Surveys of the workforce are a central part of the Care Inspectorate's joint inspections of services for children and young people in need of care and protection. These surveys are open to multi-agency workforces in the local authority area being inspected, meaning the survey results are local and time specific. A national analysis of these workforce surveys which brings together the responses across all 32 local authority areas is not available. The closest approximation to a national picture is that offered by the Care Inspectorate's

triennial review of findings from the inspection programme 2018-2020 (Care Inspectorate, 2020). The triennial report brings together the inspection evidence across eight of Scotland's 32 local authority areas, representing a range of geographical and rural/urban areas, as well as size of local authority. Table 2 presents the key findings from the aggregation of the eight local workforce surveys.

Specifically, the eight local workforce surveys collectively received 7,897 responses from people working with children, young people and families across local authority (including social work, education and housing), the NHS (such as primary health and child and adolescent mental health services – CAMHS), Police Scotland, The Scottish Fire and Rescue Service, Scottish Children's Reporter's Administration (SCRA) and third sector services. In reporting their findings, the Care Inspectorate's triennial review collates the perspective of these workforces and refers to "staff" throughout. As such, Table 2 replicates this language.

Perceptions of structures and services

In relation to practice:

- Two thirds of staff surveyed had confidence that local child protection arrangements supported staff to respond in an effective and timely way to reports of child abuse, neglect and exploitation (p.16).
- Most staff said they were confident in recognising and responding to risk (p.16).
- Almost all staff said they knew what standards of practice were expected of them (p.45).

In relation to leadership:

- Just under two thirds of staff felt that local leaders had a clear vision for the delivery and improvement of services for looked after children and young people and those who were care experienced (p.41).
- Just under two thirds of staff felt that leaders knew the quality of work they delivered at the front line (p.45).

In relation to change and outcomes:

- Less than half of staff responding to the survey felt that change and developments were managed well and led to tangible improvements for children and young people (p.45-46).

Perceptions of where service and delivery improvements had been made

- Most staff surveyed agreed that Getting It Right For Every Child (GIRFEC), Scotland's approach to supporting children, was having a positive impact on the lives of children and young people. Many staff also said how GIRFEC had helped to improve working relationships at the front line over the period of inspection (p.25).
- Two thirds of staff surveyed believed their participation in regular multi-agency training had strengthened their contribution to joint working (p.16).

What makes a difference

- Three quarters of staff surveyed agreed that they received regular supervision. Where practitioner groups and networks had been established, staff were extremely positive about the peer support they received, which they regarded as a platform for learning, development and continuous improvement (p.26).

What is getting in the way

- Only just over a third of staff agreed that they had confidence that local leaders ensured there was the necessary capacity to meet the needs of care experienced children and young people (p.41).

What needs to change

- Almost two thirds of staff stated that independent advocacy support was not routinely made available to children and young people in need of protection (p.17).
- One in five staff reported that children and young people who had experienced abuse and neglect were not receiving the support they needed to recover from their experiences (p.22).
- Only one third of staff agreed that plans for care leavers supported their transitions to adulthood at a time and pace that was right for them (p.40).
- Just over half of staff who responded reported that their leaders were visible and communicated regularly with staff at all levels. However, in individual areas this ranged from just over one third to almost three quarters (p.45).

Table 2: Views of the children's services workforce captured as part of the Care Inspectorate's joint inspections of services for children and young people in need of care and protection, 2018-2020

Social Work Scotland's Setting the Bar report (2022)

In relation to the social work workforce, a key source is the Setting the Bar for Social Work in Scotland report (Miller and Barrie, 2022). Its findings are based on a survey that was open to all social workers in Scotland and received 1,588 responses, of which 1,552 were from practising fieldwork social workers employed by local authorities or Health and Social Care Partnerships (HSCPs) in Scotland. While the analysis provided in the report collates the responses of all social workers, 42% of responses were from children and families' social workers, meaning that the views of children and families' social workers will partially be reflected in the findings. The report's key findings and recommendations are set out in Figure 1, with sub-headings that reflect the focus of the Setting the Bar report.

Workforce views of working in social work

Most satisfactory aspects	Least satisfactory aspects
• Making a difference to people's lives (79% of respondents) • Relationships with the people and families I support (62%) • It's interesting (61%), and • Relationships with colleagues (58%).	• High administrative workload (78% of respondents) • Lack of time for preventative work (65%) • High caseloads (47%) • Focus on targets over what matters to people (43%), and • Inability to refer people on to other services (41%).

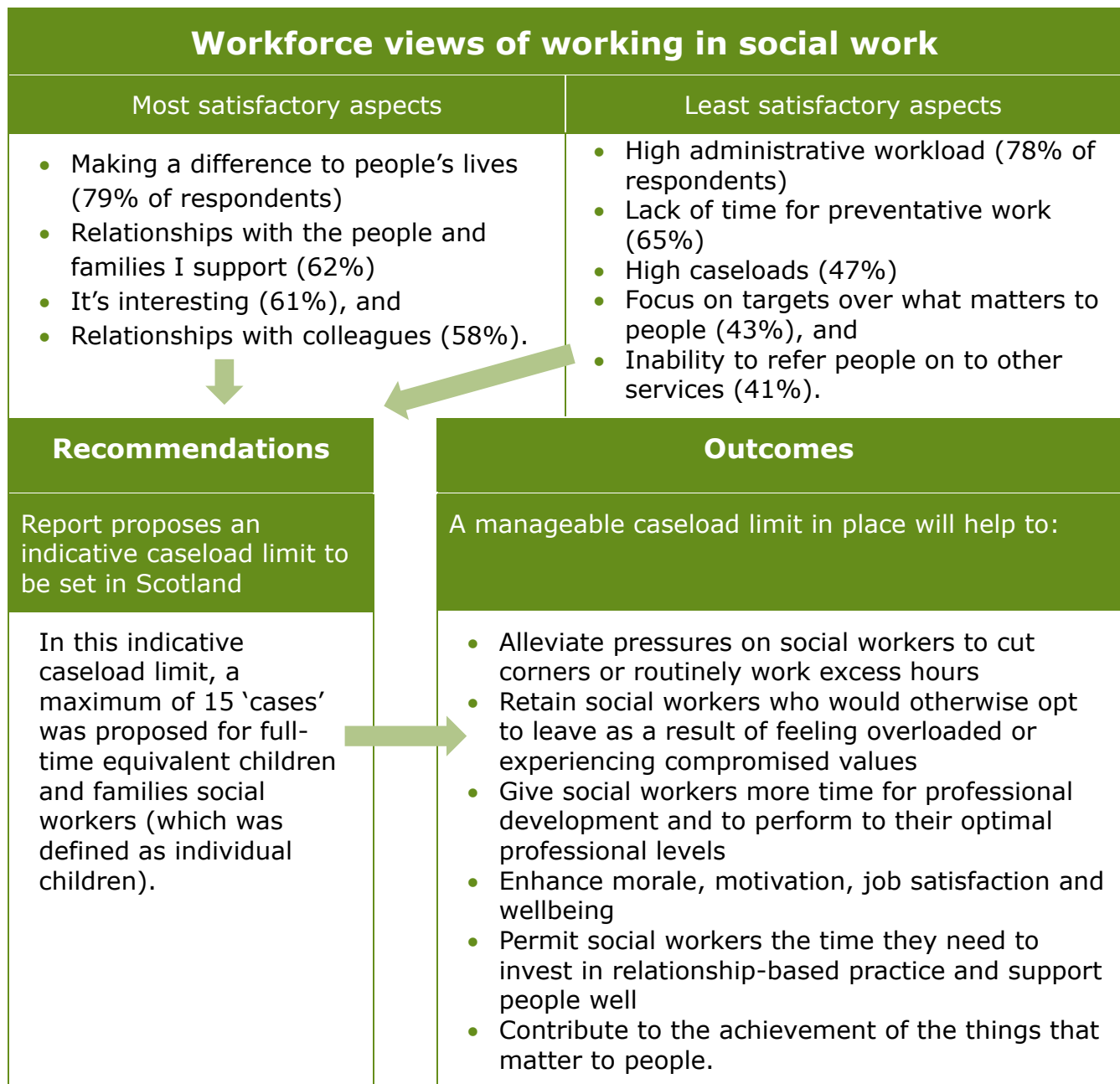| Recommendations	Outcomes
Report proposes an indicative caseload limit to be set in Scotland	A manageable caseload limit in place will help to:
In this indicative caseload limit, a maximum of 15 'cases' was proposed for full-time equivalent children and families social workers (which was defined as individual children).	• Alleviate pressures on social workers to cut corners or routinely work excess hours • Retain social workers who would otherwise opt to leave as a result of feeling overloaded or experiencing compromised values • Give social workers more time for professional development and to perform to their optimal professional levels • Enhance morale, motivation, job satisfaction and wellbeing • Permit social workers the time they need to invest in relationship-based practice and support people well • Contribute to the achievement of the things that matter to people.

Figure 1: Findings from the Setting the Bar report, 2022

Health workforce surveys: midwifery and health visiting

The Royal College of Midwives Scottish Survey Report 2022 (Royal College of Midwives, 2022) provides insights to the midwifery workforce but with the caveat that neither the number of respondents nor the full breakdown of the responses to the questions is given in the report. The key findings highlighted in the report are presented in Figure 2:
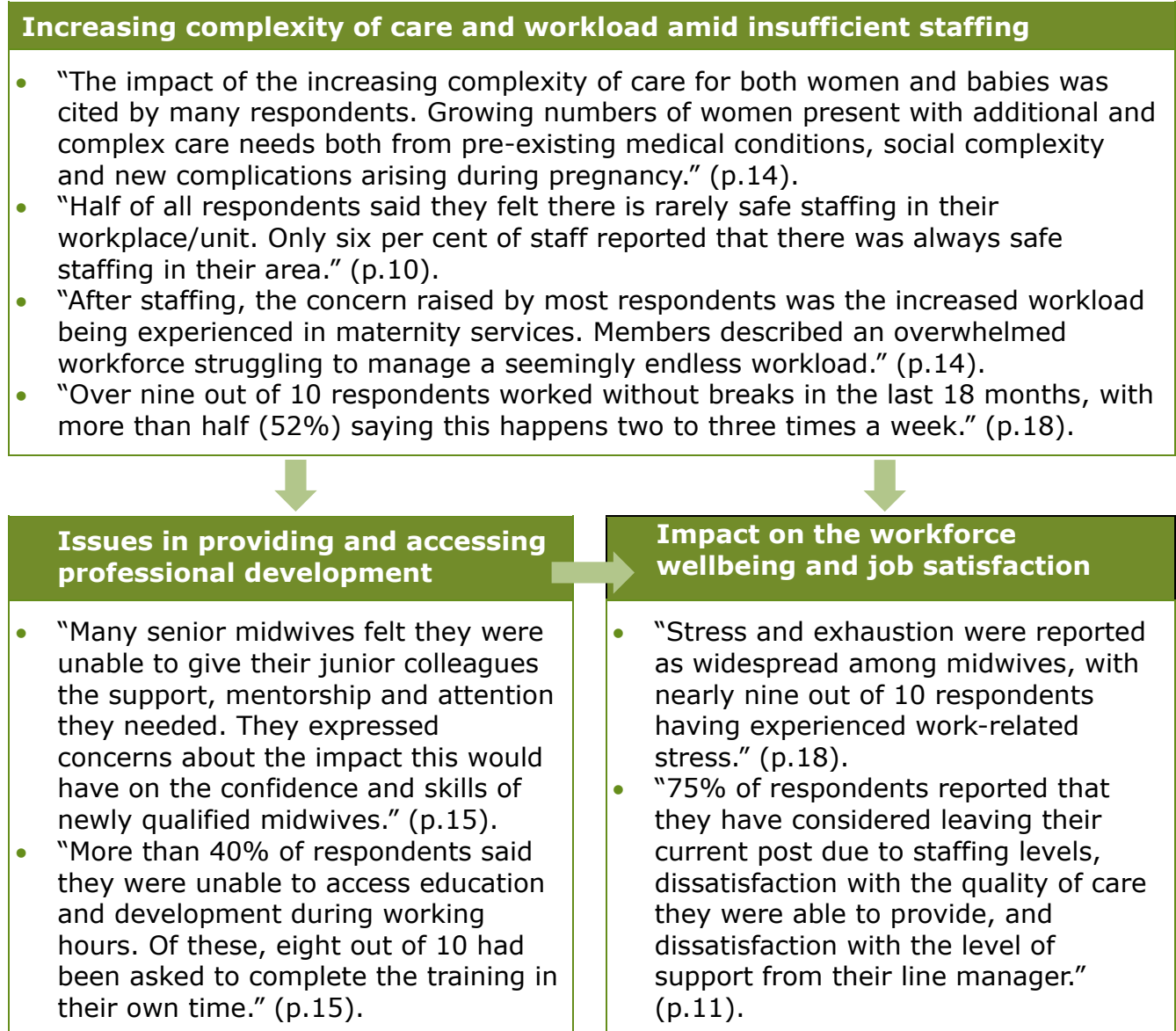
Increasing complexity of care and workload amid insufficient staffing

- "The impact of the increasing complexity of care for both women and babies was cited by many respondents. Growing numbers of women present with additional and complex care needs both from pre-existing medical conditions, social complexity and new complications arising during pregnancy." (p.14).
- "Half of all respondents said they felt there is rarely safe staffing in their workplace/unit. Only six per cent of staff reported that there was always safe staffing in their area." (p.10).
- "After staffing, the concern raised by most respondents was the increased workload being experienced in maternity services. Members described an overwhelmed workforce struggling to manage a seemingly endless workload." (p.14).
- "Over nine out of 10 respondents worked without breaks in the last 18 months, with more than half (52%) saying this happens two to three times a week." (p.18).

Issues in providing and accessing professional development

- "Many senior midwives felt they were unable to give their junior colleagues the support, mentorship and attention they needed. They expressed concerns about the impact this would have on the confidence and skills of newly qualified midwives." (p.15).
- "More than 40% of respondents said they were unable to access education and development during working hours. Of these, eight out of 10 had been asked to complete the training in their own time." (p.15).

Impact on the workforce wellbeing and job satisfaction

- "Stress and exhaustion were reported as widespread among midwives, with nearly nine out of 10 respondents having experienced work-related stress." (p.18).
- "75% of respondents reported that they have considered leaving their current post due to staffing levels, dissatisfaction with the quality of care they were able to provide, and dissatisfaction with the level of support from their line manager." (p.11).

Figure 2: Findings from the Royal College of Midwives Scottish Survey Report, 2022

The State of Health Visiting, UK survey report (Institute of Health Visiting, 2023) provides insights to the health visiting workforce. Overall, 258 Scotland-based health visitors responded to this UK-wide survey and, where Scotland data only was presented. Table 3 presents the key findings:

Perceptions of services and workload

- 60% of health visitors in Scotland reported feeling confident that they are providing a 'good' or 'outstanding service' that can adequately safeguard children.
- 69% of health visitors in Scotland reported having less than the recommended average ratio of 250 children per health visitor.

Job satisfaction

- In terms of intentions to remain in or leave the service: 32% plan to remain in health visiting; 17% plan to remain in health visiting with career promotion in the profession; 28% intend to leave health visiting in the next 1-3 years; 21% intend to leave health visiting in the next 3-5 years.

What gets in the way?

- 90% of health visitors in Scotland reported that there is not enough capacity in other services to pick up onward referrals.
- 59% of health visitors in Scotland reported that there were not enough filled student health visitor places to maintain health visiting workforce supply needs.

Table 3: Findings from the State of Health Visiting Report, 2023

Educational Institute of Scotland member survey, 2023

The 2023 EIS Member Survey: Workload, Health and Wellbeing, and The Cost of Living Crisis (Educational Institute of Scotland, 2023) report provides insights to Scotland's school teacher workforce and received 16,475 responses. The key findings are presented in Table 4:

Workforce wellbeing and job satisfaction

- 53% of respondents said they frequently feel stressed within their jobs; 20% stated that feel stressed all of the time.
- 43% of respondents were either satisfied or very satisfied with their job, compared to 35% dissatisfied or very dissatisfied.
- 15% of respondents were either satisfied or very satisfied with their workloads, compared to 71% dissatisfied or very dissatisfied.
- 2% of respondents stated that they can always complete their work within their contracted hours. 41% of respondents said that they work more than a full extra day each week.
- In terms of intentions to stay in teaching for the next five years: 52% of respondents stated they did intend to stay; 16% stated they intended to leave; and 32% stated that they did not know.

What gets in the way?

- The five biggest drivers of workload pressure for teachers were reported to be: completing paperwork/administration/bureaucracy; tracking and monitoring activities; managing the behaviour of certain students; responding to management requests; and additional tasks which require training/professional learning.

Table 4: *Findings from the 2023 Educational Institute of Scotland Member Survey*

Workforce Survey

Principles underpinning the survey

In the development of our workforce survey, there were a number of principles that were central to its design. These were:

- The survey would need to be completed by members of all parts of the children's services workforce in Scotland, for example, across social work, health, early learning and childcare, education, youth justice, police and the third sector services.
- The survey would be designed and disseminated as an online survey because this would enable completion by staff irrespective of where they work in Scotland and what hours they work.
- The survey would be anonymous to enable respondents to answer the questions in an open and confidential manner.
- The survey would ask for respondents' experience of a single local authority area in Scotland because this would enable the research team to assess whether the findings differed significantly based on health and social care structures. This complements the third strand of our research study which investigated the integration of services and its grouping of Scotland's 32 local authority areas into areas of full, partial and no structural integration for the period 2010-2021 (Anderson et al., 2023). The same categorisation would be used in this strand of our research as was used as in Strand 3, with the exception of Moray which has been re-categorised from 'no structural integration' to 'partial structural integration' for our analysis, after the delegation of children's social care services to its Health and Social Care Partnership in 2022/23. Figure 3 shows how each local authority area has been categorised.
- Likert-item and Likert-scale questions would be asked wherever possible because closed questions of this type are an effective means of asking a wide range of questions in a concise manner.
- Open questions would be used selectively but with the understanding that some open questions would be necessary in order to capture respondents' wider experiences and specific examples of service improvements or challenges.
- The survey would be the main mechanism for engaging potential participants in the research's subsequent focus groups, but the names and contact details of any interested focus group participants would be collected in a manner that could not be followed back to their anonymous survey responses.

The survey questions are in Appendix 1.

Full structural integration
Both children's health and social care services integrated along with adult services

Partial structural integration
Either children's health services or children's social care services integrated along with adult services, **or** children's health and social care services integrated but separate from adult services

No structural integration
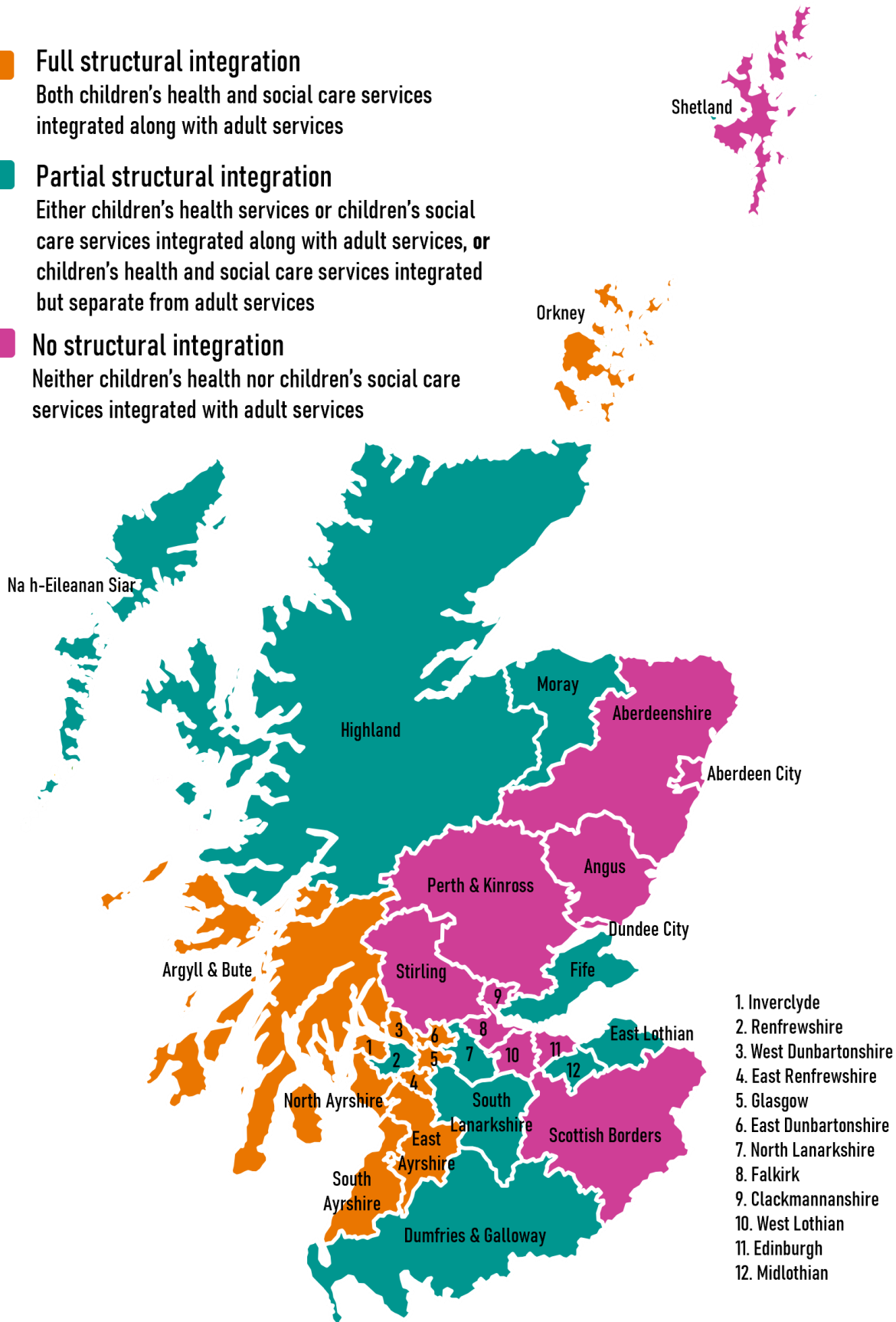Neither children's health nor children's social care services integrated with adult services

Shetland

Orkney

Na h-Eileanan Siar

Moray

Aberdeenshire

Highland

Aberdeen City

Angus

Perth & Kinross

Dundee City

Argyll & Bute

Stirling

Fife

9

East Lothian

3

6

8

1

2

5

7

10

11

12

4

North Ayrshire

South Lanarkshire

East Ayrshire

Scottish Borders

South Ayrshire

Dumfries & Galloway

1. Inverclyde
2. Renfrewshire
3. West Dunbartonshire
4. East Renfrewshire
5. Glasgow
6. East Dunbartonshire
7. North Lanarkshire
8. Falkirk
9. Clackmannanshire
10. West Lothian
11. Edinburgh
12. Midlothian

Figure 3: 32 local authority areas by level of integration (2023)

Survey dissemination

The survey was launched, using Qualtrics as the survey software, on 21 July 2023 and was open for six weeks before closing on 28 August 2023. Multiple routes were used to disseminate the survey across the Scotland's children's services workforce, with the aim being for recipients of information about the survey to both complete the survey themselves and to share it with their colleagues and networks. The main routes through which information about the survey was shared were:

- CELCIS's social media channels and electronic newsletters.
- A dedicated survey page on the CELCIS website.
- The newsletters and e-bulletins of key stakeholders (for example, Social Work Scotland, Child Protection Committees Scotland and the Centre for Youth and Criminal Justice (CYCJ)).
- Key stakeholders (for example, NHS Health Board Chief Executives, Scottish Social Services Council, The Alliance Scotland, Association of Directors of Education in Scotland (ADES) Children and Young People/ASN Services Network, and the Virtual School Headteachers Network) agreeing to distribute an email introducing the survey to its networks and encouraging its completion and further sharing.
- Direct asks of local authority chief social work officers to share the survey locally with multi-agency colleagues, with a target number of local respondents set ranging from 70 respondents in Scotland's local authorities with the largest workforces (Edinburgh and Glasgow) to 10 respondents in local authorities with the smallest workforces (Eilean Siar, Orkney and Shetland). In return, local authorities would be provided with analysis of their local quantitative data once the research was published, provided the number of local responses met or exceeded 90% of the target set. This approach not only helped to increase the number of responses but also helped to ensure we received responses from across Scotland's different geographies. While this indicative target allowed the research team to 'push' completion of the survey in local authorities where engagement was low, the survey remained open to all local authority areas even if they met or exceeded their target number.

Analysis of survey results

Figure 4 sets out the two parallel approaches we used to analyse the quantitative and qualitative data captured in our workforce survey.

All survey responses exported from Qualtrics into Microsoft Excel

In Microsoft Excel:

- All responses were screened to ensure that they were a valid response (for example, participants had progressed to the end of the survey, and there were no duplicate responses);
- Where responses to the 'About You' questions were 'other (please state)', the responses were reviewed and recoded into appropriate categories where possible;
- For the question on type of service within the 'About You' section of the survey, the recoding of responses also included:
  - Creating a single 'Health' category by merging 'Health-NHS' and 'Health-other' categories;
  - Creating a new category called 'Community and family-based care and support services' to which we recoded 'Social care (including community-based care and support)' category and also 'Other' responses where the job title indicated a role in family support, foster and kinship care, out of school childcare, youth work, advocacy and support for participation, community learning and development, and housing;
  - Creating a new category called 'Early learning and childcare' to which we recoded the responses where the job title indicated a role in early learning and childcare, early years and nursery;
  - Recoding as 'Other' the categories that received under 10 responses (i.e. 'Scottish Children's Reporter Administration / Children's Hearings' and 'Youth Justice'); and
- All Likert-item and Likert-scale question responses were re-coded into numeric data to facilitate analysis of the responses.

Once the data was cleaned and prepared in Microsoft Excel:

- The quantitative Likert-item and Likert-scale data was exported into the software Statistical Package for the Social Sciences (SPSS) for statistical analysis;
- The qualitative open question data was exported into the qualitative data analysis software NVivo for thematic analysis.

| Quantitative Likert-item and Likert-scale data analysis in SPSS | Qualitative open question data analysis in NVivo |

The first step was to individually analyse the 47 Likert-item questions. Consistent with Batterton and Hale (2017) and Boone and Boone (2012):

- The data was analysed as ordinal data;
- A frequency was run to calculate the number of respondents per rating;
- The resulting values were converted into a percentage of total respondents to that item; and
- The percentage data was presented in stacked and centred horizontal bar charts to show the distribution of respondents' ratings.

The first step was to import the open text data into NVivo, alongside the appropriate 'attributes' of respondents, making use of NVivo's Survey Import Wizard feature.

- Our criteria required at least one open ended question to be answered for the response to be included in the qualitative analysis, which resulted in the inclusion of 968 respondents;
- Blank rows of data were removed, so that no remaining cells in Excel were 'blank'. This ensured that NVivo could effectively process the data, as blank cells could disrupt the NVivo Survey Import Wizard tool and/or make the software slow to work with;
- The Excel file was reduced to remove extraneous content, so that only 23 questions were imported in NVivo; 7 questions about participants' characteristics, and 16 open ended questions; in addition, the respondent number (internal ID) was kept; and
- Once imported into NVivo, questions were identified as either 'closed-ended' or 'open-ended':
  - Closed-ended questions related to characteristics of individual survey respondents. These questions were assigned as 'attributes' in NVivo to allow the research team to employ Matrix coding and identify responses based on respondent number, local authority area, type of service, sector type, current role, time in current role, time in local authority area, and level of integration; and.
  - Open-ended questions consisted of all free-text responses in the survey. These open-ended questions became 'nodes' in NVivo, and allowed the research team to analyse the data by question type and code each
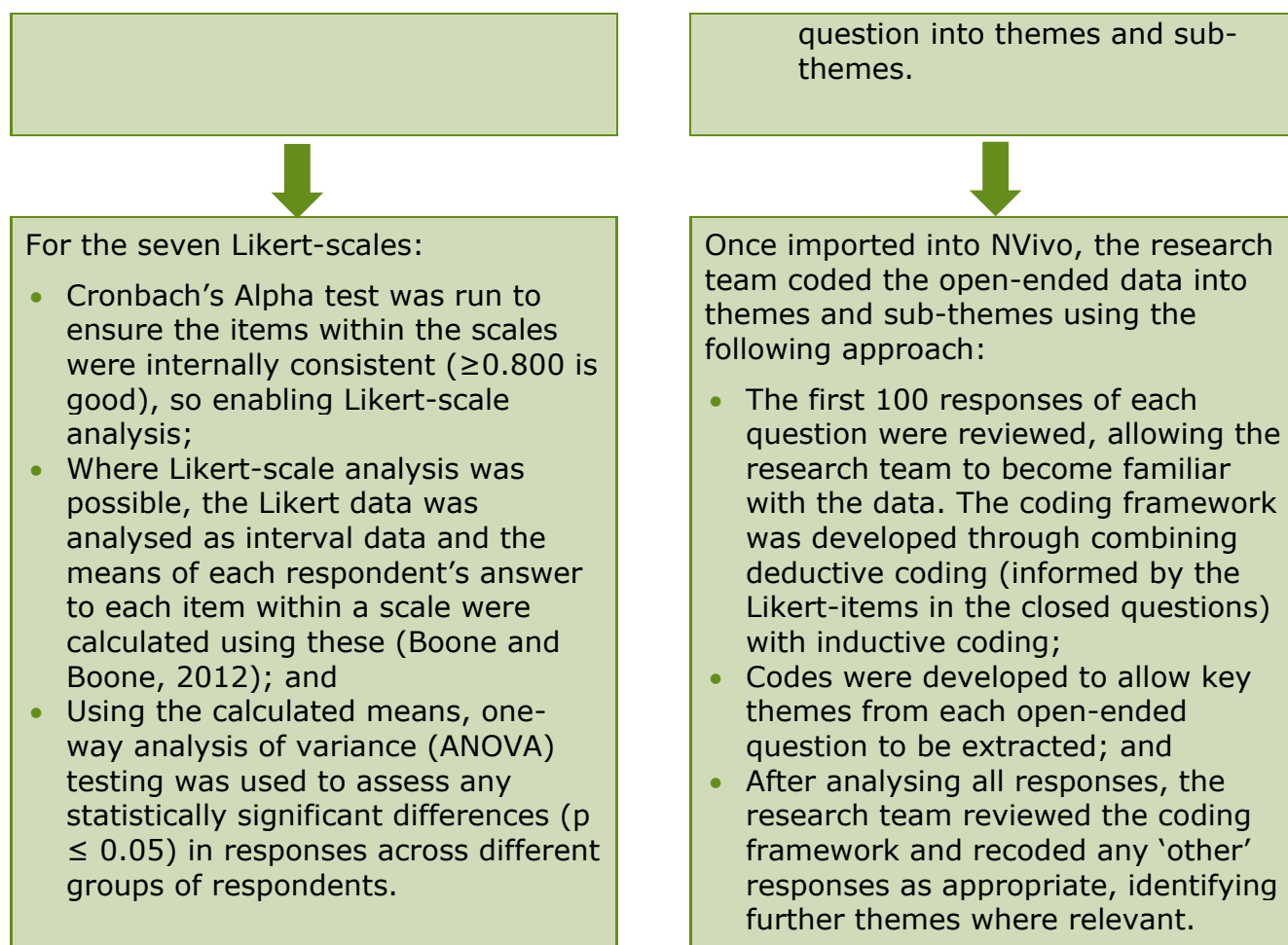
For the seven Likert-scales:

- Cronbach's Alpha test was run to ensure the items within the scales were internally consistent (≥0.800 is good), so enabling Likert-scale analysis;
- Where Likert-scale analysis was possible, the Likert data was analysed as interval data and the means of each respondent's answer to each item within a scale were calculated using these (Boone and Boone, 2012); and
- Using the calculated means, one-way analysis of variance (ANOVA) testing was used to assess any statistically significant differences ($p \leq 0.05$) in responses across different groups of respondents.

question into themes and sub-themes.

Once imported into NVivo, the research team coded the open-ended data into themes and sub-themes using the following approach:

- The first 100 responses of each question were reviewed, allowing the research team to become familiar with the data. The coding framework was developed through combining deductive coding (informed by the Likert-items in the closed questions) with inductive coding;
- Codes were developed to allow key themes from each open-ended question to be extracted; and
- After analysing all responses, the research team reviewed the coding framework and recoded any 'other' responses as appropriate, identifying further themes where relevant.

Figure 4: Means of analysing the quantitative and qualitative survey data

Additional characteristics of survey respondents

Table 5 supplements the information in the main report (McTier et al., 2023), setting out additional characteristics of survey respondents, which were collected through optional questions within the survey.

Contracted hours per week	Number	Percentage
1 to 29 hours per week	192	13.7%
30 hours or more per week	1,196	85.5%
Prefer not to say	11	0.8%
Employment status	**Number**	**Percentage**
Permanent	1,237	88.4%
Temporary / fixed term	124	8.9%
Agency	8	0.6%
Other	12	0.9%
Prefer not to say	18	1.3%
Time working in current role	**Number**	**Percentage**
Under 1 year	191	13.7%
From 1 to under 3 years	275	19.6%
From 3 to under 5 years	219	15.7%

5 years and over	706	50.5%
Prefer not to say	7	0.1%
Gender	**Number**	**Percentage**
Female	1,069	76.4%
Male	197	14.1%
Other / Prefer not to say / No response	133	9.5%
Age	**Number**	**Percentage**
24 years and under	16	1.1%
25-34 years	166	11.9%
35-44 years	328	23.4%
45-54 years	453	32.4%
55-64 years	267	19.1%
65 years and above	16	1.1%
Prefer not to say / No response	153	10.9%
Ethnic group	**Number**	**Percentage**
White – British / Scottish / English / Welsh / Northern Irish	1,192	85.2%
White – Other	75	5.4%
Asian / Asian British	6	0.4%
Black / African / Caribbean / Black British	1	0.1%
Mixed / multiple ethnicity	7	0.5%
Other / Prefer not to say / No response	118	8.4%
Physical or mental health illness(es) lasting or expected to last 12 months or more	**Number**	**Percentage**
Yes	169	12.1%
No	1,093	78.1%
Other / prefer not to say	137	9.8%
TOTAL RESPONDENTS	**1,399**	**100.0%**

Table 5: Breakdown of survey respondents by contracted hours per week, employment status, time in current role, gender, age, ethnic group, and physical or mental health illness(es) lasting or expected to last 12 months or more

Focus groups and interviews

Purpose of the focus groups and interviews

The main aims of our focus groups and interviews with the children's services workforce were to:

- Contextualise and provide more depth to the findings from the workforce survey about what is required to bring about high-quality experiences and outcomes for children, young people and families using services, and the challenges and barriers that get in the way;
- Increase understanding about multi-agency working between professionals across different services and transformational change in services;
- Produce additional insights to complement and contextualise findings from the third stand of our research (Anderson et al., 2023) regarding the relationship or association between integration and outcomes for children, young people and families and the wellbeing of the workforce.

Those working at all levels within health, social work and social care, education, police, third and independent sector, youth justice and non-statutory publicly-funded bodies were invited and encouraged to participate. The focus groups and interviews also allowed members of the children's services workforce, who work at a national level or across multiple local authority areas, to share their views and experiences, in contrast to the survey which asked respondents to share experiences of a single local area. The distinction between the focus groups and the interviews were that the focus groups were planned for groups of frontline practitioners and carers, and the interviews (or group interviews) were planned for senior leaders.

Development of the focus group and interview questions

The research team developed topic guides to shape the discussion within focus groups (see Appendix 2) and interviews (see Appendix 3). The topic guides were designed to balance consistency across all group discussions and interviews with flexibility to fully explore relevant, emerging issues raised by the workforce.

Participant recruitment

Two main approaches were used to recruit participants: recruitment through the workforce survey; and recruitment through professional networks.

Recruitment through the workforce survey

Whilst completing the survey, respondents were asked to register their interest in taking part in follow-up focus groups or interviews. To ensure that all survey responses remained anonymous, the method used to register their interest was not linked to their survey response. Everyone who registered was contacted and asked to confirm their interest and provide further details about their role, organisation and the sector in which they worked. Once this information was received, all of these respondents were

contacted and, depending on their role, invited to either a focus group or offered an interview.

By the close of the workforce survey, 233 people had registered their interest in taking part in a focus group or interview. From this, 108 confirmed their interest and were invited to take part in either a focus group or an interview. Through this route, 73 participants were recruited to the study: 64 took part in focus groups and nine in interviews.

Recruitment through professional networks

Recruitment to both focus groups and interviews was also undertaken in partnership with professional organisations and networks which shared information to colleagues working in social work, early learning and childcare, education, health, police, youth justice and the third sector services. We also worked with the study's Steering Group and key stakeholders on the Children and Families National Leadership Group in Scotland to identify senior leaders and those who could represent key services within the children's services landscape. These were considered along with notes of interest from individuals or organisations keen to participate the study's team received during the course of our research.

Senior leaders were approached by email to ask whether they would be interested in taking part in a group or an individual interview. Through this route, a further 34 participants were recruited to the study: 17 to focus groups and 17 to interviews.

All participants in our focus groups and interviews were sent a consent form to be signed and returned to the research team. The measures for keeping our research data safe are listed in Appendix 4.

Conducting the focus groups and interviews

Each focus group and interview was held virtually using Microsoft Teams, except one interview which was conducted by telephone due to technical issues with Microsoft Teams, and, with the consent of all, the interviews and focus groups were recorded to enable full transcription for research purposes.

Preparation of interview and focus group data for analysis

All recordings were transcribed for analysis by an external transcription service, approved by the University of Strathclyde and adhering to the Third Party Confidentiality Agreement and principles and guidelines of GDPR. Before being transferred to the external transcription service, all MP4 video files were converted to MP3 audio files, and all audio files were securely transferred using the University of Strathclyde's OneDrive facilities. Upon completion of a transcription, the external transcription service returned the Word document file to the CELCIS research team, encrypting it with a password for secure data transfer. The research team undertook a quality assurance process, listening to the audio or video files and checking the transcriptions for accuracy, adding additional details where relevant (for instance, if a participant had nodded in agreement, or added a comment in the 'chat' feature of Microsoft Teams, or made use of the 'reactions' feature

in Microsoft Teams). Transcriptions were then anonymised and identifiable details were removed before analysis progressed.

Analysis of focus group and interview findings

The approach we took to the analysis of the data was informed by Braun and Clarke's (2006) iterative process for thematic analysis of familiarisation with the data, developing and generating codes and themes, and then reviewing and confirming the themes. A hybrid or combined approach was taken to coding the focus group and interview transcripts.

Some deductive codes were identified in the development of the coding framework for the workforce survey. These deductive codes were aligned with the topic guides for the focus groups and interviews to develop an overarching coding framework. This overarching coding framework provided a structure to the analysis of the focus group and interview data and allowed for inductive coding to develop or to identify new themes as these were identified in the data.

Comparisons of survey theme means by service type, sector, role, length of time in role, and level of structural integration

For each theme in our survey, in relation to the closed-ended questions, we considered the individual Likert items as a single, combined scale (more information in Figure 4). This enabled us to understand whether respondents' assessment varied according to the service type, sector, role, length of time in role, and level of structural integration in which they work (we called these 'workforce groupings' in the tables below). This analysis is possible by converting the scale into numeric data (to explain, 'Very good' = 5, 'Good' = 4, 'Neither good nor poor' = 3, 'Poor' = 2, and 'Very poor' = 1) and using Cronbach's alpha test to check the items are reliable and internally consistent as a single scale (≥0.800 is good). The Cronbach's alpha test results for each scale were:

- Local services for children, young people and families: $a = 0.800$
- Multi-agency working: $a = 0.832$
- Continuity of support – young people's transitions to adult services: $a = 0.777$
- Children, young people and families' relationships with professionals: $a = 0.931$
- Support for the children's services workforce: $a = 0.791$
- Leadership of children's services: $a = 0.949$
- Shared assessment, planning, commissioning and impact analysis: $a = 0.893$

Tables 6-12 present the means (or the averages) for each theme as assessed by each workforce grouping, alongside highlighting where there are any statistically significant differences in the means.

Guidance on how to read the information in these tables, using the table below (Table 6: Local services for children, young people and families) as our example:

- We start with the first workforce grouping listed in the first column, namely service type.
- To see how practitioners from the eight service types rated the local services, we look at the mean (or average) ratings in the second column. For example, the mean rating provided by practitioners from community and family-based care and support services is 2.93, whilst that of practitioners from early learning and childcare services is 2.77. In this case, we see a slight difference, but in order to understand if this is statistically significant, we have to examine the data in the last column, which, in this case, indicates that the difference between the two groups is not statistically significant.
- If there is a 'yes' in the last column, it is important to pay attention to the text in that cell that indicates the group of practitioners who provided a substantially different rating (found to be statistically significant). In our example, the mean rating provided by practitioners from community and family-based care and support services (2.93) is significantly lower than that provided by social workers (3.23).

- If we look at the table line for social workers, we see that on average, they were significantly more positive about the local services for children, young people and families, compared to practitioners from the first four service types listed in the table.
- We then move to the next grouping, to examine the differences based on types of sector and use the same approach again.

Local services for children, young people and families

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	2.93	119	Yes – with social work
Early learning and childcare	2.77	114	Yes – with social work
Education	2.93	217	Yes – with social work
Health	2.90	205	Yes – with social work
Police	2.88	46	No
Residential care	3.06	81	No
Social work	3.23	555	Yes – with four service types denoted above
Other	3.23	45	No
Sector			
Public sector	3.09	1,201	Yes – with two other sectors
Third sector / voluntary organisation	2.76	129	Yes – with public sector
Private / independent organisation	2.53	41	Yes – with public sector
Role			
Senior leader	3.13	93	No
Manager / supervisor	3.12	462	Yes – with frontline staff
Frontline staff	2.96	746	Yes – with manager / supervisor and support role
Support role	3.35	79	Yes – with frontline staff
Time working in current role			
Under 1 year	3.16	189	Yes – with 5 years and over
From 1 to under 3 years	3.12	272	No
From 3 to under 5 years	3.05	216	No
5 years and over	2.98	697	Yes – with under 1 year
Structural Integration			
Full integration	2.98	272	No
Partial integration	3.09	518	No
No integration	3.04	592	No
ALL RESPONSES	**3.05**	**1,380**	**NA**

Table 6: Comparison of means for the single, combined Likert-scale item 'current local, multi-agency service provision for children, young people and families', by service type, sector, role, length of time in role, and level of structural integration

Multi-agency working

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	3.21	116	Yes – with social work
Early learning and childcare	3.25	114	Yes – with social work
Education	3.41	217	No
Health	3.42	206	No
Police	3.47	47	No
Residential care	3.48	81	No
Social work	3.56	558	Yes – with two service types denoted above
Other	3.47	45	No
Sector			
Public sector	3.49	1,205	Yes – with two sectors below
Third sector / voluntary organisation	3.19	127	Yes – with public sector
Private / independent organisation	2.93	41	Yes – with public sector
Role			
Senior leader	3.50	92	No
Manager / supervisor	3.50	460	No
Frontline staff	3.40	748	No
Support role	3.56	82	No
Time working in current role			
Under 1 year	3.56	190	No
From 1 to under 3 years	3.50	274	No
From 3 to under 5 years	3.45	214	No
5 years and over	3.40	698	No
Structural Integration			
Full integration	3.41	270	No
Partial integration	3.48	523	No
No integration	3.45	591	No
ALL RESPONSES	**3.45**	**1,384**	**N/A**

Table 7: Comparison of means for the single, combined Likert-scale item 'multi-agency working', by service type, sector, role, length of time in role, and level of structural integration

Continuity of support: young people's transitions to adult services

	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	2.26	52	Yes – with social work
Early learning and childcare	1.80	6	No
Education	2.75	50	No
Health	2.52	74	No
Police	2.51	15	No
Residential care	2.57	40	No
Social work	2.75	287	Yes – with community and family-based care and support services
Other	2.60	16	No
Sector			
Public sector	2.69	478	Too small? NA
Third sector / voluntary organisation	2.02	46	NA
Private / independent organisation	2.60	13	NA
Role			
Senior leader	2.82	49	No
Manager / supervisor	2.73	203	No
Frontline staff	2.52	217	No
Support role	2.84	17	No
Time working in current role			
Under 1 year	2.77	66	No
From 1 to under 3 years	2.65	89	No
From 3 to under 5 years	2.66	82	No
5 years and over	2.59	298	No
Structural Integration			
Full integration	2.62	109	No
Partial integration	2.66	196	No
No integration	2.62	235	No
ALL RESPONSES	**2.63**	**540**	**N/A**

Table 8: Comparison of means for the single, combined Likert-scale item 'transitions', by service type, sector, role, length of time in role, and level of structural integration

Children, young people and families' relationships with professionals

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	3.91	116	No
Early learning and childcare	3.71	111	No
Education	3.94	216	No
Health	3.89	203	No
Police	3.63	44	No
Residential care	4.05	81	No
Social work	3.80	548	No
Other	3.92	43	No
Sector			
Public sector	3.84	1,186	No
Third sector / voluntary organisation	3.99	126	No
Private / independent organisation	3.80	39	No
Role			
Senior leader	3.96	87	No
Manager / supervisor	3.89	458	No
Frontline staff	3.82	741	No
Support role	3.88	74	No
Time working in current role			
Under 1 year	3.85	184	No
From 1 to under 3 years	3.86	270	No
From 3 to under 5 years	3.89	214	No
5 years and over	3.84	686	No
Structural Integration			
Full integration	3.86	265	No
Partial integration	3.83	513	No
No integration	3.87	584	No
ALL RESPONSES	**3.85**	**1,362**	**N/A**

Table 9: Comparison of means for the single, combined Likert-scale item 'children, young people and families' relationships with professionals', by service type, sector, role, length of time in role, and level of structural integration

Support for the children's services workforce

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	3.80	118	Yes – with early learning and childcare
Early learning and childcare	3.03	114	Yes – with all other service types
Education	3.63	218	Yes – with early learning and childcare
Health	3.66	205	Yes – with early learning and childcare
Police	3.75	47	Yes – with early learning and childcare
Residential care	3.88	81	Yes – with early learning and childcare
Social work	3.69	565	Yes – with early learning and childcare
Other	3.96	44	Yes – with early learning and childcare
Sector			
Public sector	3.63	1,212	Yes – with third sector / voluntary organisation
Third sector / voluntary organisation	3.89	128	Yes – with public sector
Private / independent organisation	3.58	41	No
Role			
Senior leader	3.98	91	Yes – with manager / supervisor and frontline staff
Manager / supervisor	3.69	460	Yes – with senior leader
Frontline staff	3.58	750	Yes – with senior leader
Support role	3.79	89	No
Time working in current role			
Under 1 year	3.98	191	Yes – with all other durations
From 1 to under 3 years	3.69	274	Yes – with under 1 year
From 3 to under 5 years	3.65	218	Yes – with under 1 year
5 years and over	3.55	700	Yes – with under 1 year
Structural Integration			
Full integration	3.59	270	No
Partial integration	3.71	530	No
No integration	3.63	592	No
ALL RESPONSES	**3.65**	**1,392**	**N/A**

Table 10: Comparison of means for the single, combined Likert-scale item 'support for the workforce', by service type, sector, role, length of time in role, and level of structural integration

Leadership of children's services

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Service type			
Community and family-based care and support services	3.00	100	Yes – with early learning and childcare
Early learning and childcare	2.36	108	Yes – with all services, except police
Education	2.94	206	Yes – with early learning and childcare
Health	2.84	192	Yes – with early learning and childcare
Police	2.80	45	No
Residential care	3.17	79	Yes – with early learning and childcare
Social work	3.01	526	Yes – with early learning and childcare
Other	3.24	34	Yes – with early learning and childcare
Sector			
Public sector	2.92	1,141	No
Third sector / voluntary organisation	2.90	104	No
Private / independent organisation	2.86	34	No
Role			
Senior leader	2.80	37	Yes – with support role
Manager / supervisor	3.13	452	Yes – with frontline staff
Frontline staff	2.76	722	Yes – with manager / supervisor and support role
Support role	3.34	78	Yes – with senior leader and frontline staff
Time working in current role			
Under 1 year	3.22	171	Yes – with 5 years and over
From 1 to under 3 years	3.03	253	Yes – with 5 years and over
From 3 to under 5 years	2.93	204	No
5 years and over	2.80	654	Yes – with two durations denoted above
Structural Integration			
Full integration	2.88	248	No
Partial integration	3.00	491	No
No integration	2.88	551	No
ALL RESPONSES	**2.92**	**1,290**	**N/A**

Table 11: Comparison of means for the single, combined Likert-scale item 'leadership of children's services', by service type, sector, role, length of time in role, and level of structural integration

Shared assessment, planning, commissioning and impact analysis

Workforce groupings	Mean	Responses	Statistically significant difference (One-Way ANOVA test less than 0.05)
Structural Integration			
Full integration	3.01	26	No
Partial integration	3.12	27	No
No integration	2.63	33	No
ALL RESPONSES	**2.90**	**86**	**N/A**

Table 12: Comparison of means for the single, combined Likert-scale item 'shared leadership functions', by level of structural integration

In this supplementary report we have included additional information on the existing evidence base relating to workforce views and experience, our methodological choices, and supplementary analysis to that which is presented in McTier et al. (2023).

When read in conjunction with the main report, this Supplementary Report will ensure that readers have a comprehensive understanding of the approach used to arrive at the findings and discussion presented in this strand of the Children's Services Reform Research Study.

References

Anderson, M., Soraghan, J., Bowman, A., Anderson, C.A., Young, E., McTier, A. and Ottaway, H. (2023) *Children's Services Reform Research: Mapping Integration and Outcomes across Scotland: A Statistical Analysis*. CELCIS. Available at: www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-study-mapping-integration-and-outcomes-across-scotland-a-statistical-analysis

Batterton, K.A. and Hale, K.N. (2017) 'The Likert Scale What It Is and How To Use It', *Phalanx*, 50(2), pp. 32–39. Available at: www.jstor.org/stable/26296382

Boone Jr, H.N. and Boone, D.A. (2012) 'Analyzing Likert Data', *Journal of Extension*, 50(2), p. 48. https://doi.org/10.34068/joe.50.02.48

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. https://doi.org/10.1191/1478088706qp063oa

Care Inspectorate (2020) *Joint inspections of service for children and young people in need of care and protection: review of findings from the inspection programmes 2018-2020*. Available at: https://www.careinspectorate.com/images/documents/5817/Review%20of%20findings%20from%20inspection%20programme%20for%20CYP%202018%20to%202020.pdf

Educational Institute of Scotland (2023) *2023 EIS Member Survey: Workload, Health and Wellbeing, and The Cost of Living Crisis*. Available at: https://www.eis.org.uk/Content/images/Research/2023MemberSurvey.pdf

Independent Care Review (2020a) *Evidence Framework Feb 2017 – Feb 2020*. Available at: https://www.carereview.scot/wp-content/uploads/2020/07/ICR_Evidence_Framework_v2-1.pdf

Independent Care Review (2020b) *The Promise*. Available at: https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf

Institute of Health Visiting (2023) *State of Health Visiting, UK survey report: A vital safety net under pressure 9th iHV Annual Health Visiting Survey: data year ending November 2022*. Available at: https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf

McTier, A., Manole, M., Scott, J., Young, E., Fowler, N., McIver, L., Anderson, C.A., Porter, R. and Ottaway, H. (2023) *Children's Services Reform Research: Scotland's children's services landscape: The views and experiences of the children's services workforce*. CELCIS. Available at: https://www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-scotlands-childrens-services-landscape-views-and-experiences-childrens-services-workforce

Miller, E. and Barrie, K. (2022) *Setting the Bar for Social Work in Scotland*. Social Work Scotland. Available at: https://socialworkscotland.org/wp-content/uploads/2022/05/Setting-the-Bar-Full-Report.pdf

Royal College of Midwives (2022) *Scottish Survey Report 2022*. Available at:
https://www.rcm.org.uk/media/6081/scotland-survey_report_2022_digitalfinal.pdf

Appendix 1 – Workforce survey questionnaire

Children's Services Reform Research Study

Workforce survey

The survey window is now open to all workforces until Monday 28 August 2023. Please continue to read about the survey and decide if you would like to take part.

About the research project

CELCIS has been asked by the Scottish Government to carry out a research study to better understand how children and families can get the support they need, when they need it. The study aims to improve understanding of the current Children's Services landscape in Scotland, including the range of service structures and delivery models, and how services can best support the needs of children and their families. It will also look at how public services are provided and configured elsewhere, drawing on a range of international evidence.

The study has five different strands of work, one of which is this survey of the Children's Services workforce. You can find more information about the study and each of the five strands of work here: https://celcis.org/our-work/research/childrens-services-reform-research.

Dr Heather Ottaway is leading the study, and Dr Alex McTier and Mihaela Manole are co-leading this workforce survey. If you have any questions about the survey or other aspects of the study, please contact us at celcis.csr-research@strath.ac.uk.

About this survey – we want to hear your views and experiences

Thank you for your interest in taking part in this survey. It is focusing on the experiences and views of Scotland's Children's Services workforce to help us understand more about the factors that bring about:

- high quality experiences and outcomes for children, young people and families using services
- close multi-agency working between professionals across different services
- continuity of support when young people transition to adult services
- high quality support for the workforce
- transformational change of services.

Your experiences and insights will be vital in helping to understand the everyday realities of working to support children, young people and families. This includes the things that work well as well as the things that can get in the way of people receiving the support they need, when they need it. The findings from this survey will be used alongside the study's other strands to inform the Scottish Government's decisions about the future structure and delivery of Children's Services in Scotland.

Who can take part?

You can complete this survey if you or your organisation provide support, care and/or protection to children, young people and their families who need the support of services. This includes working in the following roles and services:

- Senior leader, manager and supervisor, support staff, frontline worker, carer or volunteers
- Social work, health, early learning and childcare, education, youth justice, police or third sector.

For professionals who do not work specifically with children, young people and families who need the support of services, please note that there will be other opportunities for people to engage with the future delivery of Children's Services in Scotland, and these will be publicised on our study's website as they become available.

The survey window is now open to all staff listed above until Monday 28 August 2023. The information below will help you to decide whether or not you would like to take part in this survey.

What will it involve?

The survey will take around 30 minutes to complete and asks questions about your experiences and views of:

- Local services for children, young people and their families
- Multi-agency working
- The different elements that support or hinder integrated working
- Young people's transitions to adult services
- Relationships with children, young people and their families
- Support for the workforce
- Leadership and culture

We would encourage you to take your time completing the survey as we would like you to reflect on and share your experiences in your own words.

At the start of the survey, we will ask you some questions about your role, location and working pattern. This will help us analyse the survey results according to the different services, jobs and local areas in which people work. At the end of the survey, we will also ask for some additional information about you. These questions are optional but will help us understand whether the people responding to the survey are representative of Scotland's children's services workforce.

The survey is anonymous, and you do not have to answer every question. We encourage you to complete the survey in one go because some devices will not save your answers if you exit your browser window.

What are your rights in taking part?

If you decide to take part in this survey it is important to know that:

- **It is up to you whether you take part**

- **If you complete the survey and then later decide not to take part, that is OK.** You can request that your answers are withdrawn from the study at any time until the report is being written, and we ask that you let us know by 01 September 2023 via the research study's dedicated mailbox: celcis.csr-esearch@strath.ac.uk. As you will not be asked for your name in the survey, you will be allocated a randomly generated 'Response ID' number at the beginning of the survey, which can be used to identify a response, but not a respondent. The 'Response ID' number will be displayed to you at the beginning of the survey (on the next page), please note it for your records if you think you may want to withdraw your response. Without the 'Response ID' number, we will ask you some information (e.g. date and time you completed the survey, the local area you work in, your job title etc.), but if we cannot identify your response based on that, we will not be able to withdraw your answers.
- **Your involvement in the study will be kept confidential.** We might include quotes that you have written in your own words within our reports and materials but if we do, we will make sure that nothing that personally identifies you is included. Any information that could potentially identify you will be kept confidential, will only be accessible to the research team, and will not be included within any of our reports or materials. What you say will not be attributed to you and will remain anonymous unless something you say indicates that you or someone else are at risk of harm. In this situation, we will endeavour to identify the relevant authorities whom to share that information with, based on the details you shared, such as the local area you work in or other essential information you included in your answers.
- **You will be asked at the end of the survey whether you would like the opportunity to take part in the final strand of our study**, which will involve focus groups and interviews with the workforce to help us contextualise and build on the findings from this survey. If you would like to take part, we will ask for your name and email address. This ensures that the information you give us will be held separately and securely from your survey responses, so that they remain anonymous.
- **We will only use what you share with us for research purposes**. These purposes include using the information we collect for writing reports, publications, presentations, and for sharing what we have learned with other people with the aim of improving services and support for children, young people and their families.
- **You have the right to ask us about, and see, the information we have about you**. For this, we will ask you to provide us with your 'Response ID' number, to be able to identify your data.

How will the information you share with us in the survey be used?

The information that you and others share with us will be analysed and written up in a research report and a shorter summary report. We may create other ways to share the information, such as presentations, animations and academic articles so that the findings reach as wide an audience as possible.

This survey asks about your experiences and views based on the local area you work within. We will prepare summary reports for every local authority based on the data we receive from the workforces in each area (i.e. social work, health, early learning and childcare, education, 3rd sector, justice, police). These reports will protect the confidentiality and anonymity of everyone who completes the survey, so individuals will not be able to be identified. The purpose of these reports will be to support local areas to proactively respond to local issues and needs.

Data Protection

All responses received will be stored securely on University of Strathclyde IT servers for five years and only analysed by research staff at CELCIS, University of Strathclyde. We will also remove any potentially identifying information from all the data and securely archive it within the University of Strathclyde archives for a period of 20 years, until 2044. Archiving the data will allow us to undertake future research. We hope to run a similar survey to this one in the future so that we can understand how things might have changed.

We will keep the information you tell us safe, and for more details please download [embedded document, available in Appendix 4], but if you have any questions about how we're using it or think we should do it differently, you can email: dataprotection@strath.ac.uk.

You can read more information on how your information is kept safe, by downloading this document: https://www.strath.ac.uk/media/ps/rkes/ethics/Privacy_Notice_Research_Participants_v0.8.docx

The University of Strathclyde Ethics Committee has approved this study. If you are not happy about the study, you can talk to someone from the committee by phoning 0141 444 8629 or emailing: ethics@strath.ac.uk.

Thank you for thinking about participating in this research and please contact the CELCIS research team at celcis.csr-research@strath.ac.uk if you have any questions about the survey or wider research.

Your wellbeing

This survey is focusing on your professional experiences of integrated working. However, if you feel distressed in any way as a result of completing the survey, please do speak with your line manager in the first instance, or your agency's wellbeing service.

Ready to take part?

Are you a member of the Children's Services workforce?

As a reminder, if you are a social work, health, early learning, childcare, education, youth justice, police, or third sector professional whose role specifically involves working with children, young people and their families in need of support, care and protection you can complete the survey.

By selecting the 'Yes, take me to the survey' option you agree that you:

- **have read the information above**
- **understand what the survey is and why it is being done**
- **understand your rights and how the research team is safely protecting your data**
- **agree to take part in the survey.**

○ **YES, take me to the survey**
○ **NO, exit the survey**
  We thank you for your interest in the research!

PLEASE NOTE:

Your response is collected anonymously, but if you decide to withdraw your participation in this study, you can do so by contacting us and quoting the following ID for your response. This number is unique to your response and has only been shown to you. We can use the ID to identify a response, but not a respondent.

Please note this for your records now if you think you may want to withdraw your response in the future. Your Response ID is: [random ID is generated]

Section 1: ABOUT YOU

These questions ask about the service, role, job and local authority area that you currently work in. The answers provided will then be used to analyse the survey results according to the different services, roles, jobs and local authority areas in which people work.

<u>**The service that I work for is best described as:**</u>
(If none applies please provide details in the free text box)

○ Social work
○ Residential care
○ Social care (including community-based care and support)
○ Health – NHS
○ Health - other
○ Education
○ Police
○ Youth justice
○ Scottish Children's Reporter Administration / Children's Hearings
○ Other (please state)

The questions in this survey are designed for teachers or school staff who have **a distinct role in supporting children and families**, such as being in a promoted post, holding a designated child protection, safeguarding, designated manager for looked after role, named person, pupil and/or family support, or educational psychologist role.

Please confirm below, if you hold this type of role:

○ YES, and continue the survey
○ NO, and exit the survey   [Survey ends]
    We thank you for your interest in the research!

Are you employed in the public, third or private / independent sector?
(If none applies please provide details in the free text box)

○ Public sector
○ Third sector / voluntary organisation
○ Private / independent organization
○ Other (please state)

What is your current job title?
(Please leave blank if you would prefer not to say)

How would you best describe your current role?
(If none applies please provide details in the free text box)

○ Senior leader (e.g. chief executive officer, head of service etc.)
○ Manager / supervisor (e.g. lead nurse, area or service manager, headteacher or depute etc.)
○ Front line staff (e.g. social worker, health visitor, residential worker, family support worker, teacher, educational psychologist etc.)
○ Support role (e.g. data, learning and development, improvement, administrative, HR officer etc.)
○ Other (please state)

How long have you been in your current role?

○ Under 1 year
○ From 1 to under 3 years
○ From 3 to under 5 years
○ 5 years and over

○ Prefer not to say

On average, how many contracted hours per week do you work in your current role?

(If none applies please skip this question)

○ 1 to 29 hours per week
○ 30 hours or more per week
○ Prefer not to say

Do you have a permanent or temporary contract in your current role?

(If none applies please skip this question)

○ Permanent
○ Temporary / fixed term
○ Agency
○ Other
○ Prefer not to say

Which local authority area do you mainly work in?

*We appreciate that you may work in more than one local authority area but we ask that you **select one local authority area** and answer the survey questions for that one area. We will analyse your survey responses to the closed questions according to that local authority area. However, you can make comparisons with or refer to other local authority areas in the open questions.*

*If **you feel unable to answer for one local authority area, please select the final option** in the drop-down menu. If you have selected this option, thank you for your interest in the research and please feel able to provide your email address in taking part in future focus groups for this research.*

How long have you worked in the local authority area you selected?

○ Under 1 year
○ From 1 to under 4 years
○ 4 years and over
○ Prefer not to say

Section 2: LOCAL SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

These questions ask about your views and experiences of the local services for children, young people and families in the local authority area you mainly work in.

How would you rate **current local, multi-agency service provision** for children, young people and families on the following aspects?

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. The range of **preventative / early intervention services** available locally	O	O	O	O	O	O	O
b. The range of **statutory / reactive services** available locally	O	O	O	O	O	O	O
c. The **quality of practice** within local services	O	O	O	O	O	O	O
d. The **geographic / local accessibility** of services	O	O	O	O	O	O	O
e. The **length of time** it takes for children, young people and families to access the services they need	O	O	O	O	O	O	O
f. The extent to which local services are able to **respond to** the needs of children, young people and families	O	O	O	O	O	O	O
g. The **links with adult services** (e.g. mental health, domestic violence, alcohol and drugs, housing, etc.) when parents'/carers' needs are identified	O	O	O	O	O	O	O

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think **local, multi-agency service provision for children, young people and families has or has not improved?**

- O Improved A Lot
- O Improved A Little
- O No Change
- O A Little Worse
- O A Lot Worse
- O Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area <u>before the COVID-19 pandemic</u>, do you think **multi- agency service provision for children, young people and families in your selected local area was or was not improving**?

○ Was Improving A Lot
○ Was Improving A Little
○ No Change
○ Was Getting A Little Worse
○ Was Getting A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience <u>over the last 3 years</u> (i.e. during the COVID-19 pandemic and recovery), do you think **local, multi-agency service provision for children, young people and families has or has not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples of local, multi-agency service provision meeting children, young people and families' needs that you would like to share?
Please provide a brief descriptor of any example(s) shared

Are there any challenges or issues related to the local, multi-agency service provision for children, young people and families that you would like to share?
Please provide a brief descriptor of any example(s) shared

Section 3: MULTI-AGENCY WORKING

These questions ask about your views and experiences of **professionals from different services working together** in the local authority area you mainly work in.

Thinking about your experience of working locally, how would you rate the current extent to which professionals from different local services...

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. **Understand each other's roles** and ways of working	○	○	○	○	○	○	○
b. Are **equally respected** when working together to meet the needs of children, young people and families	○	○	○	○	○	○	○
c. Use **shared language and terminology** within their practice	○	○	○	○	○	○	○
d. Have a **shared vision** for what you collectively want to achieve for children, young people and adults	○	○	○	○	○	○	○
e. Appropriately **share information** about individual children, young people and families	○	○	○	○	○	○	○
f. Contribute to a **shared assessment** of individual children, young people and families	○	○	○	○	○	○	○
g. Contribute to **joint planning** to meet individual children, young people and families' needs	○	○	○	○	○	○	○
h. **Work closely together in delivering support** to meet the needs of children, young people and families	○	○	○	○	○	○	○
i. Come together to **review and assess the progress** of individual children, young people and families	○	○	○	○	○	○	○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think **the extent to which professionals from different local services work together has or has not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change

○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Thinking about your experience of working in the local area <u>before the COVID-19 pandemic</u>, do you think **the extent to which professionals from different local services work together was or was not improving**?

○ Was Improving A Lot
○ Was Improving A Little
○ No Change
○ Was Getting A Little Worse
○ Was Getting A Lot Worse
○ Don't Know / NA

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think **the extent to which professionals from different local services work together has or has not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples regarding professionals from different local services working together to meet children, young people and families' needs that you would like to share?
Please provide a brief descriptor of any example(s) shared

Are there any challenges or issues related to professionals from different local services working together that you would like to share?
Please provide a brief descriptor of any example(s) shared

Section 4: CHILDREN AND YOUNG PEOPLE'S TRANSITIONS INTO ADULT SERVICES

The next section asks about children and young people's transitions to adult services.

Do you have any experience or insights into children and young people's transitions from children's services to adult services that you would want to share?

○ Yes
○ No – JUMP to Section 5

How would you rate the transitions that key groups of children and young people **currently** experience into adult services?

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. The transitions for **young people with mental health needs**	○	○	○	○	○	○	○
b. The transitions for **disabled young people**	○	○	○	○	○	○	○
c. The transitions for **neurodiverse young people**	○	○	○	○	○	○	○
d. The transitions for **young people with chronic health conditions**	○	○	○	○	○	○	○
e. The transitions for **young people leaving care**	○	○	○	○	○	○	○
f. The transitions for **young people involved in youth justice**	○	○	○	○	○	○	○
g. The extent to which **children's services professionals work closely with adult services professionals** to meet the needs of young people	○	○	○	○	○	○	○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think **children and young people's transitions into adult services have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse

○ A Lot Worse
○ Don't Know / NA

Thinking about your experience of working in the local area <u>before the COVID-19 pandemic</u>, do you think **children and young people's transitions into adult services were or were not improving**?

○ Were Improving A Lot
○ Were Improving A Little
○ No Change
○ Were Getting A Little Worse
○ Were Getting A Lot Worse
○ Don't Know / NA

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think **children and young people's transitions into adult services have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples regarding high quality transitions that have helped children and young people move into adult services that you would like to share? *Please provide a brief descriptor of any example(s) shared*

> [ ]

Are there any challenges or issues related to children and young people's transitions into adult services that you would like to share? *Please provide a brief descriptor of any example(s) shared*

> [ ]

Section 5: CHILDREN, YOUNG PEOPLE AND FAMILIES' RELATIONSHIPS WITH PROFESSIONALS

Thinking about the relationships children, young people and families have with professionals, how would you rate the **<u>current</u>** extent to which children, young people and families in your service.

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. Experience **consistent relationships** with professionals	○	○	○	○	○	○	○
b. Are **informed of and aware of their rights and choices** in terms of the care and protection they receive	○	○	○	○	○	○	○
c. Are **supported to share their views**	○	○	○	○	○	○	○
d. Are **actively listened to and included** in the decisions made about their care and/or protection	○	○	○	○	○	○	○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think the **relationships children, young people and families have with professionals in your service have or have not improved**?

- ○ Improved A Lot
- ○ Improved A Little
- ○ No Change
- ○ A Little Worse
- ○ A Lot Worse
- ○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area before the COVID-19 pandemic, do you think the **relationships children, young people and families have with professionals in your service were or were not improving**?

- ○ Were Improving A Lot
- ○ Were Improving A Little
- ○ No Change
- ○ Were Getting A Little Worse
- ○ Were Getting A Lot Worse
- ○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think the **relationships children, young people and families have with professionals in your service have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples of positive practice regarding children, young people and families' relationships with professionals that you would like to share?
Please provide a brief descriptor of any example(s) shared

Are there any challenges or issues related to children, young people and families' relationships with professionals that you would like to share?
Please provide a brief descriptor of any example(s) shared

Section 6: SUPPORT FOR THE WORKFORCE

These questions ask about your views and experiences of the workforce supports and opportunities available to you in your current role.

Thinking about the __current__ support and opportunities available to you as a professional, how would you rate the following?

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. The **training, learning and development opportunities** available to you	○	○	○	○	○	○	○
b. The amount of **supervision** available to you	○	○	○	○	○	○	○
c. The **career progression opportunities** available to you	○	○	○	○	○	○	○
d. The quality of **support you receive from your line manager / supervisor**	○	○	○	○	○	○	○
e. The **support you**	○	○	○	○	○	○	○

receive from your senior manager(s)

f. Overall, the support to help you feel **confident and competent in your role**

○   ○   ○   ○   ○   ○   ○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think the **workforce support and opportunities available to you have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Question displayed only if, respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area before the COVID-19 pandemic, do you think **the workforce support and opportunities available to you were or were not improving**?

○ Were Improving A Lot
○ Were Improving A Little
○ No Change
○ Were Getting A Little Worse
○ Were Getting A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think the **workforce support and opportunities available to you have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples of helpful workforce supports that you would like to share?
Please provide a brief descriptor of any example(s) shared

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Are there any challenges or issues related to workforce supports that you would like to share?
Please provide a brief descriptor of any example(s) shared

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Section 7.A. is displayed only to respondents who said that their role is NOT 'senior leader'

Section 7.A: LEADERSHIP

These questions ask about your views and experiences of leadership in your local authority area and leaders' effectiveness in making change happen.

Thinking about **local leaders (e.g. chief executive officers, heads of service and senior managers)**, how would you rate their current approach to change in relation to their...?

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. **Involvement of the workforce** in designing changes	○	○	○	○	○	○	○
b. Communication of change in terms of explaining **'what the change is'**	○	○	○	○	○	○	○
c. Communication of change in terms of **'how the change is to happen'**	○	○	○	○	○	○	○
d. Communication of change in terms of **'why the change is needed'**	○	○	○	○	○	○	○
e. **Management / oversight** of changes to local services	○	○	○	○	○	○	○
f. **Provision of resources** (e.g. staff, funding, time) to deliver change	○	○	○	○	○	○	○
g. **Support for innovation** (such as	○	○	○	○	○	○	○

for the workforce to try new things)

h. **Seeking of feedback from the workforce** on 'what works' and 'what doesn't work'

○ ○ ○ ○ ○ ○ ○

i. **Seeking of feedback from children, young people and families** on 'what works' and 'what doesn't work'

○ ○ ○ ○ ○ ○ ○

j. **Acting on feedback and learning** of 'what works' and 'what doesn't work'

○ ○ ○ ○ ○ ○ ○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think **local leaders' approach to change has or has not improved?**

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area before the COVID-19 pandemic, do you think **local leaders' approach to change was or was not improving**?

○ Was Improving A Lot
○ Was Improving A Little
○ No Change
○ Was Getting A Little Worse
○ Was Getting A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think **local leaders' approach to change has or has not improved**?

○ Improved A Lot

○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples regarding local leaders driving and/or supporting change that you would like to share?
Please provide a brief descriptor of any example(s) shared

> [blank text box]

Are there any challenges or issues related to leadership that you would like to share?
Please provide a brief descriptor of any example(s) shared

> [blank text box]

Section 7.B. is displayed only if respondent is senior leader (e.g. chief executive officer, head of service etc.)

Section 7.B.: LEADERSHIP PROVIDED BY THE CHILDREN'S SERVICES PLANNING PARTNERSHIP

These questions ask about your views and experiences **of multi-agency leadership of children's services** in your local authority area and its effectiveness in bringing about change.

Thinking about the local **Children's Services Planning Partnership**, how would rate the partnership's **current** approach to change in relation to...

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. **Involvement of the workforce** in designing change	○	○	○	○	○	○	○
b. Communication of change in terms of explaining **'what the change is'**	○	○	○	○	○	○	○
c. Communication of change in terms of **'how the change is to happen'**	○	○	○	○	○	○	○
d. Communication of change in terms of **'why the change is needed'**	○	○	○	○	○	○	○

e. **Management / oversight** of changes to local services	○	○	○	○	○	○	○
f. **Provision of resources** (e.g. staff, funding, time) to deliver change	○	○	○	○	○	○	○
g. **Support for innovation** (such as for the workforce to try new things)	○	○	○	○	○	○	○
h. **Seeking of feedback from the workforce** on 'what works' and 'what doesn't work'	○	○	○	○	○	○	○
i. **Seeking of feedback from children, young people and families** on 'what works' and 'what doesn't work	○	○	○	○	○	○	○
j. **Acting on feedback and learning** of 'what works' and 'what doesn't work'	○	○	○	○	○	○	○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think the **Children's Services Planning Partnership's approach to change has or has not improved**?

- ○ Improved A Lot
- ○ Improved A Little
- ○ No Change
- ○ A Little Worse
- ○ A Lot Worse
- ○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area <u>before the COVID-19 pandemic</u>, do you think the **Children's Services Planning Partnership's approach to change was or was not improving**?

- ○ Was Improving A Lot
- ○ Was Improving A Little
- ○ No Change
- ○ Was Getting A Little Worse
- ○ Was Getting A Lot Worse

○ Don't Know / NA

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think the **Children's Services Planning Partnership's approach to change has or has not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples regarding Children's Services Planning Partnership driving and/or supporting local change that you would like to share?
Please provide a brief descriptor of any example(s) shared

Are there any challenges or issues related to the Children's Services Planning Partnership that you would like to share?

Please provide a brief descriptor of any example(s) shared

Section 8: SHARED ASSESSMENT, PLANNING, COMMISSIONING AND IMPACT ANALYSIS

These questions ask about your views and experiences of the shared assessment, planning, commissioning and impact analysis of services for children, young people and families by senior, multi-agency leaders.

Thinking about the **Children's Services Planning Partnership**, how would you rate **current** levels of shared strategic working in relation to…?

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Not applicable
a. **Shared assessment** across multi-agency leaders of children, young people and families' needs	○	○	○	○	○	○	○

b. **Shared planning** across multi-agency leaders of services to meet children, young people and families' needs

○ ○ ○ ○ ○ ○ ○

c. **Shared / joint commissioning and funding** of services to meet children, young people and families' needs

○ ○ ○ ○ ○ ○ ○

d. **Shared analysis of the impact** of services for children, young people and families

○ ○ ○ ○ ○ ○ ○

Question displayed only if respondent said that they have worked in the local authority area for LESS THAN 4 years:

Overall, in the time you have worked in the local area, and appreciating it overlaps with the COVID-19 pandemic and recovery, do you think the **levels of shared assessment, planning, commissioning and impact analysis have or have not improved**?

○ Improved A Lot
○ Improved A Little
○ No Change
○ A Little Worse   A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience of working in the local area <u>before the COVID-19 pandemic</u>, do you think the **levels of shared assessment, planning, commissioning and impact analysis were or were not improving**?

○ Were Improving A Lot
○ Were Improving A Little
○ No Change
○ Were Getting A Little Worse
○ Were Getting A Lot Worse
○ Don't Know / NA

Question displayed only if respondent said that they have worked in the local authority area for 4 years and over:

Thinking about your experience over the last 3 years (i.e. during the COVID-19 pandemic and recovery), do you think the **levels of shared assessment, planning, commissioning and impact analysis have or have not improved**?

○ Improved A Lot

○ Improved A Little
○ No Change
○ A Little Worse
○ A Lot Worse
○ Don't Know / NA

Are there any improvements or specific examples regarding local children's services leaders working together to assess, plan, commission and analyse the impact of services that you would like to share?
Please provide a brief descriptor of any example(s) shared

Are there any challenges or issues related to local children's services leaders working together to assess, plan, commission and analyse the impact of services that you would like to share?
Please provide a brief descriptor of any example(s) shared

Section 9: ADDITIONAL OPTIONAL QUESTIONS ABOUT YOU

These **optional questions** about you enable the research team to understand whether the people responding to the survey are representative of Scotland's children's services workforce.

What is your gender?

○ Female
○ Male
○ Other (please state)

○

○ Prefer not to say

How old are you?

○ 24 years and under
○ 25-34 years
○ 35-44 years
○ 45-54 years
○ 55-64 years
○ 65 years and above
○ Prefer not to say

What is your ethnic group?

○ White - British / Scottish / English / Welsh / Northern Irish
○ White – Other

○ Asian / Asian British
○ Black / African / Caribbean / Black British   Mixed / multiple ethnicity
○ Other (please state)

[   ]

○ Prefer not to say

Do you have any physical or mental health illnesses lasting or expected to last 12 months or more?

○ Yes
○ No
○ Other (please state)

[   ]

○ Prefer not to say

USE OF YOUR DATA FOR FUTURE RESEARCH

We hope to run similar surveys in the future to see how things have changed. To allow comparison of information between surveys, we will remove all potentially identifying information from the survey responses and securely archive the data within University of Strathclyde archives for 20 years/until 2044 for future analysis.

Do you consent to your responses being stored for 20 years/until 2044 and used for future research
(noting all identifying information will be deleted)?

○ Yes
○ No

Redirect to contact details form

We are planning to hold follow-up focus groups and interviews over the next few months to help us understand and contextualise the findings from this survey in more depth.

Would you be interested in taking part in follow-up focus groups/interviews?

○ Yes
○ No

Text displayed only if respondent said 'Yes':

To enable us to contact you about future focus groups/interviews, **please click on this link to provide your name and email address.**

Please note that your contact details will be recorded and stored separately from your survey response so that your responses remain anonymous.

Please submit your responses to this survey by clicking next.

We thank you for your time spent taking this survey.

[End of survey]

Appendix 2 – Focus group topic guide

Children's Services Reform Research

Topic guide for focus groups

The topics or questions to explore with participants in the focus groups are:

Experiences of working with other professionals

- Main question: What does 'integration' look like locally? What are your experiences of 'integration' within your local area?
- Prompts if needed:

  o How closely do you work with colleagues from other services and agencies when it comes to getting it right for every child? Who do you work most closely with? Who would you like to work more closely with?

  o What are your experiences of the transition between children and adult services?

  o In what ways (if any) has the approach to integration in your area influenced building and maintaining relationships with colleagues across different teams and agencies?

  o What is working well, are there any barriers, what would you change to improve working relationships?

Perceptions of the influence of integration on outcomes for children, young people and families

- Main question: What are your perceptions of the relationship between integration and outcomes for children and families?
- Prompts if needed:

  o How do your local multi-agency arrangements impact on meeting the needs of children and families?

  o How do local funding and commissioning arrangements impact on service delivery and outcomes for children, young people and families?

  o Where do you (or would you expect to) see the impact of integrated services? For example, joint multi-agency working, improved transitions, improved outcomes?

  o How are children, young people and families' voices represented in assessment, decision-making and support?

Support for the workforce

- Main question: What do you need to ensure that you feel confident and competent in your role?
- Prompts if needed:

- o   To what extent do you receive this support already and what could be done better?
- o   What further support do you need from your team or organisation?
- o   What further support from senior leaders do you need?

Shaping the future structure and delivery of services

- Main question: Looking ahead, what is needed to ensure that children, young people and families get the support they need when they need it?
- Prompts if needed:

  - o   What delivery arrangements are most effective is supporting children, young people and families (multi-agency working, relationships, funding and commissioning of services)?
  - o   At what level are integrated (adult and) children's services best designed and delivered? For example, nationally/Scotland, regions/Health Boards, local authorities, or local communities?
  - o   What is key in a developing a culture in which children, young people and families get the support they need? What is needed from leadership to support this?

Appendix 3 – Interview topic guide

Children's Services Reform Research

Topic guide for interviews with senior leaders

Senior leaders invited to be interviewed will include senior leaders in local contexts and leaders of national organisations. The same topics will be explored in all interviews, but framed slightly different to reflect their role and perspective.

Leaders in local contexts

Rationale and vision for integrated working

- How clear is the vision for integrated structures locally, and is this shared across partners?
- What is the rationale for the level of integration and how is this working locally?
- What can or should be done at the national level to support high quality practice for children, young people and families at the local level?

Improving outcomes for children, young people and families

- What structures are needed to help deliver national and local strategic objectives to improve outcomes for children and families?
- How does implementation of national legislation and policy impact on service delivery and outcomes for children, young people and families?
- What are your perceptions of the relationship between integration and outcomes for children and families?

Leadership support for the workforce

- What kind of strategic leadership does integrated care need? What might be the demands of leaders? How can leaders support the workforce? What are the enablers and barriers?
- How does it feel as a senior leader to navigate this context? Where do you get support?

Shaping the future structure and delivery of services

- Looking ahead, what is needed to ensure that children, young people and families get the support they need when they need it?
- At what level are integrated (adult and) children's services best designed and delivered? For example, nationally/Scotland, regions/Health Boards, local authorities, or local communities?
- What conditions are necessary for structural integration? What conditions are necessary for service integration?

Rationale and vision for integrated working

- From your perspective, how clear is the vision for integrated structures in local areas?
- How explicit is the rationale for the levels of local integration? Have you a sense how this might be working locally?
- What can or should be done at the national level to support high quality practice for children, young people and families at the local level?

Improving outcomes for children, young people and families

- What structures are needed to help deliver national and local strategic objectives to improve outcomes for children and families?
- How does implementation of national legislation and policy impact on service delivery and outcomes for children, young people and families?
- What are your perceptions of the relationship between integration and outcomes for children and families?

Leadership support for the workforce

- What kind of strategic leadership does integrated care need? What might be the demands of leaders? How can leaders support the workforce? What are the enablers and barriers?
- How does it feel as a senior leader to navigate this context? Where do you get support?

Shaping the future structure and delivery of services

- Looking ahead, what is needed to ensure that children, young people and families get the support they need when they need it?
- At what level are integrated (adult and) children's services best designed and delivered? For example, nationally/Scotland, regions/Health Boards, local authorities, or local communities?
- What conditions are necessary for structural integration? What conditions are necessary for service integration?

Appendix 4 – Measures for keeping the research data safe.

Information regarding the workforce survey

Children's Services Reform Research

Information on how and where data will be stored, who has access to it, how long it will be stored and whether it will be securely destroyed after use:

1. A secure, restricted-access folder will be set up on the university i-drive for storage of all electronic data. This folder will only be available to the research team (researchers and necessary IT administrators).
2. All contact details for the potential participants for individual interviews or focus-groups will be stored electronically in a sub-folder within the secure folder, and will be held separately from the survey data. The contact details will therefore not be linked at any time to the individual survey responses.
3. A second locked cabinet in the CELCIS office will be used for storage of any hard-copy raw data that we acquire (e.g. printouts of survey qualitative and quantitative data). Any hard copies will be securely destroyed at the end of the project.
4. After data analysis, any quotes or data excerpts extracted for inclusion in any form of reporting will be fully anonymised and checked by two researchers to ensure there is no potentially identifiable information within them. For example, any identifying features of participants' responses in free-text boxes, such as references being made to specific people, local authorities, health boards, educational establishments or third sector organisations will be changed to a general category, with careful attention being paid not to change the context.
5. All survey responses received will be stored securely on University of Strathclyde IT servers for five years to allow for the production of research outputs and the sharing of learning. Electronic data will remain in the secure folder, and all hard copies will be securely destroyed at the end of the research project.
6. We will remove any potentially identifying information from all the data and securely archive it within the University of Strathclyde archives for a period of 20 years, until 2044. Archiving the data will allow us to undertake future research. We hope to run a similar survey to this one in the future so that we can understand how things might have changed.

All data storage and archiving will comply with current GDPR and University guidelines.

Information regarding the focus groups and the interviews

1. A secure, restricted-access folder will be set up on the university i-drive for storage of all electronic data. This folder will only be available to named researchers (plus necessary IT administrators).

2. All contact details for the potential participants for focus groups and interviews will be stored electronically in a sub-folder within the secure folder, and will be held separately from the survey data. This data will therefore not be linked at any time to the individual survey responses to maintain anonymity for those responses.

3. A second locked cabinet in the CELCIS office will be used for storage of any hard-copy raw data that we acquire (e.g. printouts of transcriptions). Any hard copies will be securely destroyed at the end of the project.

4. After data analysis, any quotes or data excerpts extracted for inclusion in any form of reporting will be fully anonymised and checked by two researchers to ensure there is no potentially identifiable information within them. For example, any identifying features of participants' responses in the focus groups and interviews, such as references being made to specific people, local authorities, health boards, educational establishments or third sector organisations will be changed to a general category, with careful attention being paid not to change the context.

5. A professional transcription service will be used to transcribe the focus groups and interviews. The transcription service will be required to sign a confidentiality agreement, and we will follow University of Strathclyde requirements regarding the secure transfer of the audio files to and from the transcription service.

6. All transcribed material received will be stored securely on University of Strathclyde IT servers for five years to allow for the production of research outputs and the sharing of learning. Electronic data will remain in the secure folder, and all hard copies will be securely destroyed at the end of the research project. All audio files will be destroyed once the data has been transcribed and subsequently checked by the research team.

7. We will remove any potentially identifying information from all the data and securely archive it within the University of Strathclyde archives for a period of 20 years, until 2044. Archiving the data will allow us to undertake future research as we hope to run a similar study to this one in the future so that we can understand how things might have changed.

All data storage and archiving will comply with current GDPR and University guidelines.

See also the University of Strathclyde's [Privacy Notice for Participants in Research Projects](#).

About CELCIS

CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

For more information

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