

Briefing Paper: delivering children's services in the UK
and other parts of the world – a short policy context

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A rapid review of the policy context for delivering children's services in the UK and other countries

1 Introduction

1.1 Outline

This paper aims to articulate the variety of models for children's services delivery that exist internationally and places these in the context of current UK policy and practice.

The key sections present outlines of the different policy and service provision approaches to children's services in the UK and the top performing OECD¹ countries. This latter group comprises the Nordic countries (Denmark, Finland, Iceland, Norway and Sweden), and the Netherlands. Brief reference is made to other countries, where appropriate.

The dimensions for comparison of countries are broadly similar, but the literature sources accessed are limited, as this is a rapid review of that evidence. There is also little detailed information on the structure of services *per se*, although it appears through this review that service structure has much less influence on child outcomes than other features, which are discussed in detail here.

Lastly, it should be noted that much of the information presented is simply harvested from the literature sources used, and as such, this paper does not attempt to verify the data or draw fresh conclusions based on this.

1.2 Setting the scene

1.2.1 Child well being and inequality

Child poverty is a global problem, though in affluent societies, poorer scores on indicators of child well-being are generally associated with income inequality rather than with poverty. Consequently, conditions for children in low income families tend to be the focus of efforts to improve child well being in Europe and North America, including the Nordic countries.

The OECD (2009) overview of child well-being in rich countries puts the UK and the US towards the bottom of the ranking of 30 rich nations. The Nordic countries are all ranked highly. See Table 1 below.

¹ Organisation for Economic Co-operation and Development

Table 1. Comparative policy-focused child well-being in 30 OECD countries
(1 ranks the best performing country)

	Material well-being	Housing and environment	Educational well-being	Health and safety	Risky behaviours	Quality of school life
Australia	15	2	6	14	17	n.a.
Austria	5	9	18	27	27	11
Belgium	11	11	20	25	13	19
Canada	14	n.a.	3	23	10	16
Czech Republic	18	24	19	6	23	17
Denmark	2	6	7	4	21	8
Finland	4	7	1	7	26	18
France	10	10	23	20	12	22
Germany	16	18	15	9	18	9
Greece	26	19	27	22	7	24
Hungary	20	21	12	11	25	7
Iceland	8	4	14	1	8	1
Ireland	17	5	5	24	19	10
Italy	19	23	28	16	11	20
Japan	22	16	11	13	2	n.a.
Korea	13	n.a.	2	10	2	n.a.
Luxembourg	3	8	17	5	14	23
Mexico	29	26	29	28	30	n.a.
Netherlands	9	17	4	8	9	3
New Zealand	21	14	13	29	24	n.a.
Norway	1	1	16	17	4	2
Poland	28	22	8	15	20	15
Portugal	25	20	26	18	6	21
Slovak Republic	27	25	24	2	22	25
Spain	24	13	21	12	16	6
Sweden	6	3	9	3	1	5
Switzerland	7	n.a.	10	19	5	13
Turkey	30	n.a.	30	30	29	12
United Kingdom	12	15	22	21	28	4
United States	23	12	25	26	15	14

Note: To create the table, each indicator was converted into a standardised distribution. Then a within-dimension average was taken. This within-dimension standardised average was then used to rank countries in each dimension. Using standardised figures each country with half a standard deviation higher than the OECD average is coloured blue on that dimension, whilst countries in dark grey are at least a half standard deviation lower. n.a.: no country data.

Source: OECD

Version 2 - Last updated: 11-Sep-2009 - see www.oecd.org/publishing/corrigenda

Looking at this analysis, it is fair to make the point that countries like the United Kingdom and the US have more serious problems of poverty and inequality than the Nordic countries, which have more comprehensive welfare systems and greater income redistribution to families with children. Equally though, the economic crisis and international pressures are affecting all nations and services are being cut and re-focused. Furthermore, the prevalence of child poverty and inequality is dependent on the same general causes in all these countries (Tronvoll, 2010). Consequently, there is significant merit in looking to these countries to see where and how they work differently to the UK, and potentially learning some lessons from them.

1.2.2 Child welfare in the context of wider welfare regimes

In recent years, OECD Member States have increased investment in early intervention and prevention initiatives targeted at children, families and communities (Brody et al, 2009). However, the rationales for, and approach to, reform varies across welfare states, as does evidence for assessing policy effectiveness.

Blomberg et al (2010; 32-34) discuss a model proposed by Hetherington (2002) which looks at the organisation of child welfare in various countries through the context of child abuse reporting systems. Two idealised models are identified; a division between ‘child protection’ and ‘a family service’ orientation respectively.

- a. **Child protection model:** is typical of English-speaking countries and assumes an individualistic or moralistic approach to child abuse problems; the first interventions are legalistic in nature, the relationship between state and family is marked by conflict, and thus placements are made primarily against the will of the family.
- b. **Family service orientation:** is more specific to the Nordic countries and others in continental Europe. This is marked by a social or psychological approach to child abuse problems. The first intervention is focused on the needs of the family, the relationship between family and state is characterised by cooperation and placements are mainly made with the family’s consent.

Hetherington (ibid) makes a distinction between three types of factors that shape the functioning of child welfare systems – namely culture (i.e. the wider political philosophy of the country), structural differences in the systems of different countries, and professional ideology. She concludes that among these, it is the overriding political philosophy that is the dominant factor in determining the response of respective national systems (since there is differential variation at the structural level and cross national similarities in professional ideology).

Table 1: Hetherington’s model on welfare regimes and child welfare systems (*adapted here to show Nordic countries with mix of state/subsidiarity**)

Child welfare system	Welfare regime	‘Social democratic’	‘Conservative’	‘Liberal’
Family service orientation	State service delivery	Nordic countries*		
	Subsidiarity		Continental European countries	
Child protection orientation				English-speaking countries

Hetherington concludes that the English-speaking nations reflect the ‘liberal welfare state’ model, while the Nordic and continental European countries belong either to the ‘social democratic’ or ‘conservative’ models, depending on the role of the state in delivering services. In continental Europe, the idea of

‘subsidiarity’ requires that all interventions take place at the least formal level, and thus it is expected that services are primarily organised within local communities, but with state help available if necessary. These differences are expanded on in the respective sections that follow.

2 The UK approach to child services provision

In England, under the Labour Government (1997-2010) there was investment in preventive policies through programmes targeted at children, families and disadvantaged communities to reduce social exclusion, an attempt at ‘whole system change’ and intensive family interventions targeted at the ‘highest need’ groups. Churchill (2011) suggests these reforms reconstituted the relationship between the state, children, families and neighbourhoods and were a ‘radical departure’ in English child and family policies towards the ‘enabling state’ (Blair, 1998).

However, despite such major shifts, the approach to child welfare in the UK is still perhaps best characterised as *reactive* in the sense that the emphasis remains on meeting or offsetting ‘manifest need’ through the provision of services. It reflects a social policy focus in which the state intervenes largely when it feels obliged, and the cost of intervention is a significant factor in decisions about whether and to what extent intervention is necessary. In this culture, funds tend to be directed towards children with the greatest need.

While responsibilities for child protection rest with top tier and unitary local authorities, other programmes can largely be characterised by a centrally-led, integrated-delivery model which is reliant on levels of inter- and intra-agency complexity. For example, the Family Intervention Projects (FIPs) involved two government departments, 11 ‘quangos’, and countless charities and agencies in 150 local authorities. This may change; the “Big Society” programme launched by the Government in May 2010 states that “We want to give citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want. We want society – the families, networks, neighbourhoods and communities that form the fabric of so much of our everyday lives – to be bigger and stronger than ever before. Only when people and communities are given more power and take more responsibility can we achieve fairness and opportunity for all.”

2.1 England under Labour (1997-2010)

With the change of government in 1997, increasing attention was given to how services could respond to children who were not being served as children in need, but who were at the same time *vulnerable to becoming* children in need i.e. at risk of long-term health problems, educational underachievement and poor life chances. There was also recognition that Local Authorities’ social services responsibilities for

child protection would always demand resources that might otherwise be used for children with lesser need, and thus a need to enable other services to identify and respond in concert to children with emerging difficulties.

This focus led to government developing new ways to respond to the needs of these children through:

- The provision of early years support services
- 'Whole system reform', with an emphasis on 'universalism' and shared responsibilities for child outcomes
- A commitment to 'progressive conditionality' whereby more support to families is matched with more responsibilities.

2.1.1 Intervention & prevention programmes

From 1998, the cornerstones of Labour's policy priorities for child well being were: (1) more financial support for (deserving) low income families;(2) welfare to work, childcare and family friendly employment policies; (3) investment in Sure Start programmes; (4) more support for first time mothers; (4) investment in parent education; (5) policies aimed at strengthening marriage and promoting child welfare in divorce proceedings; and (6) initiatives to address domestic violence, school truancy, teenage pregnancy and youth offending. These agendas led directly to investment in a number of frontline initiatives i.e. Sure Start (and Children's Centres), parenting interventions and the Children's Fund.

- **Sure Start Local Programmes (SSLPs)** were established in highly deprived neighbourhoods and sought to 'break intergenerational cycles of poverty and social exclusion'. SSLPs served *all* families with young children in designated neighbourhoods; developed professional-community partnerships and had much local autonomy in service design. However, SSLPs remained subject to centrally defined targets and were expected to provide some core services
- **Children's Centres**, were later established to mainstream Sure Start and other initiatives into one combined model, but this delivered a more prescriptive core offer and less emphasis on community involvement and local diversity. Specifically, Children's Centres provided integrated early education and childcare for at least 5 days a week, 48 weeks a year and 10 hours a day, and employed at least one qualified early years' teacher. Alongside childcare, Children's Centres would provide child and family health services, family support services, outreach services and make links with JobCentre Plus, adult education providers or welfare benefit services.
- **Parent education** was delivered via universal forms of parenting advice (i.e. the Parentline telephone service and Parent-Know-How website) as well as investment in universal and targeted interventions. These were viewed as part of the 'solution' to problems of child neglect, youth offending and anti-social behaviour and educational underachievement. Initiatives aimed

at families where young people were at risk of educational failure and offending, however, took a more coercive and remedial approach.

- **The Children's Fund**, was introduced in 2001 to prevent children aged 5-13 years from 'falling into drug abuse, truancy, exclusion, unemployment and crime' – major risk factors associated with long-term social exclusion. The Fund was distributed to 150 local authorities in England and used to invest in local services and voluntary and statutory sector partnerships. These were required to assess local needs, identify priority 'at risk' groups and develop preventative services, and were subject to targets to reduce truancy, raise educational attainment, reduce youth offending and improve outcomes for young people in care.

Evidence suggests (Churchill 2011) these various programmes had significant but mixed impacts on neighbourhoods and communities, and on the voluntary sector. On the one hand, they provided new opportunities, training and resources for individuals leading to individual empowerment and community self help initiatives. On the other, there was evidence that not all professionals were able to subscribe to the inclusive and collaborative ethos required for success. Furthermore, there were mixed results in respect of promoting voluntary sector involvement and capabilities, with the emphasis on investing in evidence-based 'proven' interventions, sometimes threatening grassroots voluntary sector activities and provision. For example, playgroups and locally devised parenting programmes have dwindled as a feature of service provision (Lewis, 2003; Moran et al, 2004).

2.1.2 Service reform

Rowlands (2010) differentiates between two key conceptual features to policy development under new Labour; joined up or integrated services, and 'progressive universalism' (HM Treasury and DfES, 2005).

- **Joined-up services**

It was thought that individual specialised services acting separately were failing to catch vulnerable children and disaffected young people who were thought so often to have 'fallen through the net'. As such, and very much in line with OECD thinking at the time, a potential solution to effective intervention was thought to lie in greater service integration. The idea was that services working together would be better able to identify vulnerable children early on and before their situation worsened.

- **Progressive universalism**

In the context of children's services, this term is broadly used to refer to the view that universal services, in particular schools, could progressively handle children's difficulties within their own resources, ultimately reducing recourse to more specialised resources. As they are in touch with the vast majority of children over an extended timescale, schools are well placed to pick up early signs of childhood difficulties, and to respond from within. The intention was to reduce the need for elaborate

referral procedures and threshold criteria which also carry the risk of stigmatisation, but this raised also the question of 'how *extended* could schools become whilst maintaining the core function of education?' There was a similar expectation of health visitors. Here the intention was that disaffected young parents would find support from a service that was available to everyone and thus be seen as more acceptable than targeted intervention by social workers. These workers were hugely popular with families, but the number of health visitors diminished through successive reduction to PCT budgets (and again there is a re-focusing of policy towards those families most in need (Gimson, 2007)).

2.1.3 Every Child Matters and an increased outcomes focus

With the service reforms discussed above focusing on better integration of children's services, and the subsequent publication of the Every Child Matters (ECM) green paper in 2003, there has been a preoccupation in England on 'child outcomes'.

The ECM framework arose out of the core requirement to measure success in addressing universal child outcomes (i.e. the core issues relating to child wellbeing), and monitoring the Governments 'return on investment'.

Every Child Matters (DfES,2003) sets out five core outcomes and these are given statutory expression in the Children Act 2004. In this context, ECM became the 'conceptual cement' for service planning requirements, with all services for children expected to shape their contributions to each of the outcomes. While it was possible for specific services to emphasise one or more of these, the requirements was to address *all*. For example, health services aim to keep children learning by keeping them fit and enabling them to progress as much as possible when unwell. Conversely, educators help children understand their bodies and how to keep healthy.

Rowlands (2010) points to some specific tensions evidenced to date in respect of the aims and implementation of ECM. Not least is the continuing emphasis on educational attainment within schools (increasingly so under the current Coalition Government) which focuses on a relatively narrow band of accomplishments in English, maths and science (i.e. Key Stage 2, for children aged 7-11). Consequently, there is an inherent pressure on schools to maintain or improve their league table ranking by concentrating on these three subjects *and* embracing all children so as to support them to do well against the five outcomes. For example, in the case of a child who is seriously educationally disadvantaged, a school may be conflicted between resourcing this child's needs against attending to those children able to improve statutory test results.

2.2 England under the Conservative-Liberal Democrat Coalition (2010 -)

With the election of the Conservative-Liberal Democrat Coalition Government in May 2010, children's services reform entered a new phase. The evolving Coalition's agenda seeks a move from state

intervention in childhood and family life. Further, the Coalition seeks a greater role for citizens, voluntary organisations and the private sector in service commissioning, provision and delivery. By contrast, the social investment, social risk and 'family functionality' rationales for social interventions remain, leading to incremental policy development in some of the targeted social interventions introduced by Labour.

2.2.1 Service revisions in the context of 'austerity' and spending reductions

While it is clear that all of the three major political parties in English politics would have introduced extensive public spending cuts following the 2010 General Election, it is fair to say that the Coalition Government has introduced radical public spending reductions and asserted that 'reducing the national deficit' is its social and economic policy priority (HM Treasury, 2010). However, the Coalition Government also wants to see that 'essential' frontline services are maintained and to be seen as a 'child-focused, family friendly' government committed to meeting obligations set out in the various Children's Acts².

In October 2010, the Emergency Comprehensive Spending Review announced a programme of departmental spending cuts of between 14% and 25% by 2014/15 (although cuts in education, health, defence and overseas aid were lower)(HM Treasury, 2010). The spending cuts included the withdrawal of financial support measures for some families with children (such as the Health in Pregnancy Grant, the Sure Start Maternity Grant, Child Trust Funds, Educational Maintenance Allowance and controversially Child Benefit for higher earning families) and reductions in disability benefits and tax credits for some families.

Children's services are similarly facing severe cost containment measures, with proposed reductions identified in many services from community midwives, leisure and recreation services, youth centres, arts projects, library services, and many outreach and prevention initiatives brought in under the previous administration. Funding cuts also place pressures on children's services professionals, such as Health Visitors, to re-focus on a narrower set of health concerns under the demands of increasing.

The Coalition also significantly renamed the DCSF³ the Department for Education (DfE) indicating a return to education priorities. Reforms to schools have retreated from the Extended Schools agenda although some Local Authorities are currently retaining some of this work and funding related posts. Schools are now encouraged to become increasingly autonomous from LA control with a major programme of expansion in Academies and parent-run Free Schools. Focus on combating educational

² the 1989 Children Act, 2004 Children Act and 2009 Child Poverty Act

³ Department for Children, Schools & Families

disadvantage and addressing children's additional needs is, however, to be retained by the introduction of the Pupil Premium which provides additional funding to schools to address additional needs among disadvantaged pupils. Importantly though, schools have much autonomy over how to spend these funds (HM Government, 2010).

The controversial (if revised) reforms to health and social care seek substantial marketisation and efficiency savings. The reform of children's social care is likely to be informed by the findings of the Munro Report into Child Protection (Munro 2011) which advocates more relationship-based practice and multi-disciplinary team working, but commitment to these reforms is currently unclear.

The Coalition Government is likely to move away from two other aspects of Labour's approach: evidence-based policy and the preventative-surveillance, both deemed too costly and framed as symptomatic of Labour's 'Big Government' and 'social engineering' approach (HM Government, 2010).

Another important development is an apparent move by some top-tier and unitary councils to implement a management structure which deviates from having a statutory Director of Children's Services (DCS) with responsibility for children's social care and education. This requirement was introduced following the death of Victoria Climbié in 2000 and was intended to rest responsibility for ensuring the safety of children on a nominated individual. A significant minority of Authorities are moving to combine the DCS role with that of Director of Adult Social Services, while others have separated education from children's social care. Others are proposing shared services with a single Director of Children's Services across two or three councils (Community Care, April 2011)

<http://www.communitycare.co.uk/Articles/2011/04/08/116647/government-reviews-director-of-childrens-services-role.htm>

2.2.2 Continuing social investment

As noted above the core ideas of social investment to limit social risk have been retained and continue to inform development of specific social interventions initially introduced under Labour. Notably, family and community dysfunction have been cited as 'the root causes of disadvantage' (Cameron, 2009).

The current approach to social investment is more targeted (though this reflects continuities with Labour's third term whereby interventions are aimed at the most socially excluded). In specific terms, interest in early years and family interventions are retained, with the Coalition Government setting out plans to invest in extended statutory childcare entitlements for disadvantaged two year olds and all three year olds, as well as more Family Intervention Projects (FiPs) and Nurse-Family Partnership schemes (Allen, 2011).

The new policy context also champions a mixed economy of provision with a greater role for citizens, communities, voluntary agencies and the private sector in children's services commissioning and delivery. While it is believed this approach has the potential to add value to state-community-voluntary

partnerships and may lead to important service innovations, others suggest that public spending cuts undermine this potential since many voluntary and community initiatives are currently struggling to retain funding. Furthermore, the increasing marketisation of services has the potential to make access dependent to some degree on ability to pay, and inevitably, contracting out services may well require expensive state regulation and monitoring to ensure cost effectiveness and 'value for money'.

2.2.3 Emerging Practice Examples of Service Re-design in Children's Services

Stockport: A Supporting Families Pathway.

The need to re-design Children's Services in Stockport was driven by:

- increasing numbers of children reaching social care thresholds;
- addressing the numbers of children with needs that are lower than the social care threshold;
- a desire to understand the current offer to families that do not meet the social care threshold;
- a commitment from the Children's Trust to develop integrated working.

Re-design was planned in three phases: **Intensive Scoping and Analysis**, including meetings with managers and staff at the Contact Centre to explain the development of the *Supporting Families Pathway*, undertaking data collection, needs analysis and gap analysis; **Service Re-Design**, using the analysis to confirm that access to social care was robust and met the needs of Tier 3 and 4 Families, but that this could be improved for Tiers 1 and 2, and gaining agreement of the Children's Trust Board; **Implementing Service Re-design** including development of a multi-agency screening tool and supporting database, communicating proposed changes to Tier 2 staff and universal providers, and developing cultural change, integrating resources and a new information sharing protocol.

Achievements so far: 87 cases were submitted to the *Supporting Families Pathway* in the first four weeks. Early evidence highlights the beginnings of a cultural shift in partnership working, and that services are contacting families earlier in the customer journey. Potential savings of up to £96,000 per family.

Leadership Core Behaviours: *openness to possibilities; demonstrating a belief in team and people; ability to collaborate and learn continuously; focusing on results.*

Salford: *Establishing an Early Intervention and Prevention Service.*

In response to a need to strengthen and improve safeguarding processes and to make efficiencies across non-specialist services, a comprehensive re-design programme has been developed. This draws upon recent research and evidence-based programmes and focuses on whole family engagement, assessment and intervention for children and young people aged 0-19 years. The programme aims to improve outcomes at less cost by preventing the need for more costly interventions later on.

Clustering Children's Centres around four existing locality teams (restructuring from 16 individual centres with satellites) has led to a more sustainable hub model, supporting early intervention and prevention (EIP) locality teams. The number of Children's Centre managers has been reduced by 50 % and significant reductions have been made in other management costs. More agencies now operate through these structures providing holistic support to families, addressing the main causes of poverty, including housing, adult learning, skills and work, and health.

A shared outcomes framework will measure performance, informing commissioning arrangements and service specifications. Key performance measures are in development with aims likely to include:

- reducing the number of children living in poverty;
- improving school attendance and attainment;
- improving the health and wellbeing of children and families;
- improving the sustainability of housing tenancy;
- an increase in wider neighbourhood satisfaction and enhanced feelings of safety.

The service re-structure came into effect in April 2011 and, following a pilot in the West and South locality teams, is being rolled out to the remaining areas by December 2011. Current estimates are that the restructure of the service will reduce costs by £2.4 million (36 %) in the 2011/12 financial year. It will also increase the number of operational staff working face-to-face with children and families.

Leadership Core Behaviours: *ability to collaborate; personal tenacity and resilience; focusing on results.*

Oxfordshire County Council: *A Single, Fully Integrated Early Intervention Service for children, young people and families.*

The drivers for redesigning services were firstly to create a single early intervention service (EIS) for children, young people and their families, integrating the work of previously separate teams; and secondly, to support more effective and efficient use of resources and to deliver an evidence-based programme.

The research considered in designing the service included evidence from the Local Authority Research Consortium (LARC), recent government reviews, Oxford University and Bath University work on integrated working tools, and evidence gathered by NFER, RiP and C4EO.

A seven-stage process has been put in place supported by seven 'task and finish' groups, reflecting the key work streams necessary to design and implement the EIS. Senior managers were asked to present their re-design ideas in a 'Dragon's Den' style way. Three proposals were successful and informed the design of the agreed model which will be delivered by multi-disciplinary professionals, working from seven hubs using existing Young People's Centres. Satellite sites and outreach services will operate away from the hubs to meet local needs and will continue to provide targeted youth activity at weekends and in the evenings.

Success will be measured by levels of: persistent absence from school; exclusions from school; young people not in education, employment or training; first time offenders entering the criminal justice system; teenage pregnancy; children and young people admitted to hospital for non accidental injuries including self harm; educational attainment of children in care; and foundation stage profile results. A longitudinal study of children, young people and families accessing support from the EIS is also proposed.

Costs: Service budgets totalling £15.2m were included in the new service design. It is estimated that the redesigned proposals will save £3.7m. £11.5m is needed to fund the new EIS across the county.

Leadership Core Behaviours: *openness to possibilities; ability to collaborate; demonstrating a belief in team and people; focusing on results.*

2.3 Other UK nations

In Northern Ireland, Scotland and Wales, policy and provision is, in part, in line with that in place in England. Each of these has its own Children's Commissioner, though each has more autonomy and statutory powers than the Children's Commissioner for England.

2.3.1 Northern Ireland

Here the lead on children's services is taken by the Children and Young People's Unit (CYPU) within the Office of the First Minister and Deputy First Minister. The Supporting and Safeguarding Children Division, within the Department of Education (DE), works closely with this Unit and other agencies on the health and wellbeing strategy for the education sector; on policy on children at risk; on pupils' emotional health and wellbeing; and on pastoral guidance. 'Our Children and Young People - Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland (2006-2016)' sets out a ten-year plan to improve the lives of all children and young people in the province and to 'narrow the gap' between those who do best and those who do worst. This strategy aims to deliver improved outcomes linked to six key areas. A Commissioner for Children and Young People has been appointed to lead the implementation of the strategy.

2.3.2 Scotland

In Scotland, the Getting it Right for Every Child (GIRFEC) programme, is the equivalent of Every Child Matters. The Scottish Government continues⁴ to affirm its commitment to the integrated GIRFEC approach, which was described by the Minister for Children and Early Years as the 'golden thread through all policy, strategy and delivery for children and young people' (Scottish Government, 2008a). An important development since 2002 has been the commitment to roll out the 'integrated community school' approach to all Scottish schools. This approach aims to raise standards and promote social inclusion. Whilst there is no single model for integrated community schools the integration of services is the key feature, bringing several existing schools together to work as a cluster, with a team of professionals providing a range of services including education, social work, family support and health education.

The main sources of public funding for children's services are provided through block grants from the Scottish Executive to Local Authorities and NHS Health Boards. Local Authorities can also raise income for local services through the council tax. Local authorities and their local partners set out their total available resources and their funding priorities within their local integrated Children's Services Plan. Local Authorities can either provide services directly or purchase them from private or voluntary sector providers or from other Local Authorities.

2.3.3 Wales

In Wales, Local Authorities are required to develop a partnership of agencies providing services to children and young people across the age range 0-25 years. As in England, recent policy developments

⁴ This is assumed since the Scottish government website was accessed 21/08/2011

have focused on promoting better outcomes for children and young people through improved services and collaborative working.

2.4 The United States

The US has a predominantly *reactive* approach to child welfare services, typically seeking a limited role for the state and intervening only when need is explicit and when market forces are unable or unwilling to fill the gap.

That said, while education is the responsibility of the individual states, at national level there are separate federal Departments of Education and Health and Human Services which are focusing individually on outcomes similar to those expressed in ECM.

Similarly, some national programmes are aiming to ensure integrated provision of services. These programmes are particularly evident in the area of early years education and care, where they seek to prepare economically disadvantaged children and their families for the future. The federal Head Start and Early Head Start programmes aim to ensure joined up provision of educational, health, nutritional, social and other services. The Sure Start programme bears similarities to these.

There has been a proliferation of other intervention programmes such as Multi-systemic Therapy, Multi-dimensional Treatment Foster Care and Incredible Years. Some of these employ social pedagogues but, again, only in specific situations (Boddy et al, 2008), rather than as the 'key professional' working alongside other child welfare specialists as in European countries (see section 3).

It is interesting to note that while many of these US programmes have been evaluated and hailed as effective, both in terms of costs and outcomes for children, following randomised controlled trials in 'real world' situations, they have not been rolled out for widespread, let alone universal, application. Furthermore, a key element of 'successful' Nordic practice – that of the role of social pedagogue – is *not* a form of intervention that can easily be described or defined, and as such it does not lend itself to the type of evidence-based evaluation programmes promoted in the US.

The UK has historically tended to look across the Atlantic for its models of child welfare services, and in light of the Coalition government's emphasis on greater marketisation and the current emphasis on commissioning programmes evaluated by RCTs (Allen, 2011), this seems to be the direction also of future UK service transformations. Although pre-eminent in developing such interventions and in undertaking high quality evaluative research, the US, however, joins the UK as the two bottom ranked countries in the OECD (2009) ranking.

3 A 'Nordic model' of child welfare provision

As seen in Table 1, the Nordic countries of Denmark, Finland, Iceland, Norway and Sweden outperform the UK (and the US) in the OECD ranking, coming top on the various child well being indicators.

While it is fair to say that inequality is significantly less than in the UK and the US, it does not mean that social exclusion and poverty do not exist here. Lone mothers and people from minority ethnic communities are particularly at risk, facing barriers to achieve economic and social well-being for their children, youth unemployment is entrenched, divorce rates are high and the Nordic countries admit they have been slow to recognise and address the prevalence of violence faced by children and women in the family home (Forsberg & Kröger, 2010).

In addition, the Nordic welfare states are not immune to strong global and local pressures to reinterpret and change their welfare models. The current recession is affecting Iceland particularly, with Finland and Sweden also affected in the late 1990s. Inevitably, there are other international pressures, such as increasing globalisation, European integration and market forces bringing forward new approaches to the field of welfare.

It is also important to note that the Nordic region comprises five separate and independent nation states. Close historical and cultural bonds bring the five countries together, and there is continuous and extensive interaction between them. Today, however, EU membership divides the group; Norway and Iceland remain outside, while Denmark, Sweden and Finland are Member States. Finland is the only Nordic country to have adopted the Euro.

All that said, these countries are culturally supportive of taxation and welfare systems that afford good welfare services and which enable the state to be *proactive* in contributing to the upbringing of children, though redistributive policies that provide universal welfare and benefits systems available as of right.

In the Nordic countries, there is also a markedly different outlook on what is required to deliver child welfare compared to the UK and US. These countries see bringing up children as far more than formal education; it is a task shared by the family and state. It is a context in which families are thought to expect state help and to trust social workers, and where professionals ('social pedagogues') are trained in child development to work directly with children and families in a range of settings. By contrast, the UK and the US are much more reactive, seeking to minimise state intervention and primarily addressing explicit need.

Some researchers have spoken specifically of a 'Nordic uniqueness', and this idea is borne out by the research which follows. It is a notion characterised by Finnish academic Raunio (2004) who has talked of

the possibilities afforded by social work to improve the situation for people in difficult situations, in addition to reactive interventions to prevent the aggravation of problems, as a specifically Nordic feature. In other words, he describes the ambition of social work here as achieving 'normalisation of the life situation of clients' using child welfare social work as an example of this peculiarly Nordic orientation. (Blomberg et al, 2010; 34)

3.1 Social work

To further the question of whether there is indeed a 'Nordic model' of child welfare (as opposed to important differences between the individual countries), Blomberg et al (ibid p35-44) provide a comparison of legal and organisational frameworks in social work through case studies in four Nordic capital local municipalities (Oslo in Norway, Helsinki-Helsingfors in Finland, Stockholm in Sweden and Copenhagen in Denmark). Although the study is limited in scope, it aimed to provide some empirical evidence to test the validity of previously developed theory.

The authors report many similarities in the legal framework regulating child welfare work in the four offices studied. Legislation in all countries stresses 'the best interest of the child' and the importance of early intervention and support to families. Some differences in the overarching principles are, however, also found. For example, the 'biological principle' (that children should grow up with their biological parents) is stressed to a greater extent in Norwegian legislation than elsewhere. Although child welfare legislation is national, the local (Municipal) level is responsible for providing/ organising child welfare services. Social services, including child welfare services, are subordinated to the Municipal Councils and Boards, consisting of laymen elected through the local political process.

There are, therefore, similar principles of democratic control and political steering of the work in the different Nordic countries. On the other hand, there are some differences in this respect. In Finland and Sweden, politically chosen laymen (in the Municipal Social Welfare Board) have a more central role in making 'first' decisions about taking children into care, than in Denmark and Norway.

In terms of organisational frameworks, services are situated within their respective municipal welfare service and as such are guided by the conditions of activities and economic resources laid down by respective local governments. There is also some differentiation when looking at division of labour. In Finland, Sweden and Denmark, social workers (in the case studies) worked in an integrated manner – dealing with both investigations and interventions – while the approach was much more specialised and prescribed in Norway. The study also indicated considerable differences regarding workload and specifically the number of referrals being dealt with per social worker.

Blomberg et al also looked at referrals received in each of the four case studies during a selected period. A 'mandatory reporting system' exists in each of the four countries; with sources including, for example,

the police, and staff in schools, health care, childcare and social welfare. Mandated sources account for about 80% of referrals in Sweden, Finland and Norway and only about 60% in Denmark. Studies have suggested that referral rates in the Nordic countries are about average when compared to other countries, but it is noted that the reasons for making referrals may be somewhat different. Notably, the police must file a report to social services where an offender is a minor, which may explain the higher proportion of adolescents (aged 13-17) recorded for these countries compared to other international comparisons.

The origin of most non-mandated sources is the client him/herself. In the Danish office, social workers noted that many clients seek help from the authorities on their own initiative. This was seen as both a positive and negative phenomenon; positive because it shows the authorities are regarded as a 'partner' in child education, negative where social workers saw a risk of parents turning to the authorities as soon as problems occur instead of first trying to use their own existing resources and social networks.

The report also underlines the fact that there is a common emphasis on preventive measures across the four Nordic countries discussed. A 'preventive approach' was explicitly cited in many of the local plans and strategies, although it was seldom given a very precise definition, and each office was engaged in a variety of so-called 'preventative projects' including those aimed at supporting children at risk (together with school authorities), couples expecting a child or recent parents (together with health care personnel), and counselling.

3.2 Children in care

It is also worth noting research which contrasted the experience of children in care in Scandinavian countries and those in the UK and US (Petrie et al, 2006). In the UK, children in care as a group typically have low educational attainment, and much higher rates of pregnancy and offending. In Scandinavian countries, and despite a significantly higher proportion of children in residential care, they do not, as a group seem to experience the same disadvantages as their UK counterparts. Again, what seems to be at the heart of the difference is the way in which this issue is construed; in Scandinavia, residential care is seen as a way of bringing up some children, not as a seriously disadvantaged group to be managed. In this research, Petrie et al were unable to point to causal relationships between the type of care received and outcomes, but concluded that the 'professionalisation of the workforce, through pedagogic education', is associated with better life chances for looked-after young people, in terms of outcome indicators such as participation in education and employment, rates of teenage pregnancy and criminal behaviour.

3.3 Outcome focus

The study conducted by O'Donnell et al (2010) identifies Norway and Finland among 16 out of 54 countries/states said to be as *moving towards* increased collaboration, developing integration and 'joined-up thinking' in the provision of services and/or moving towards similar outcomes to those in ECM. In addition, the other Nordic countries (Denmark, Iceland and Sweden) are identified as '*making no move towards*' the ECM model.

While it seems appropriate to include this analysis here, in light of the earlier discussion concerning the UK shift towards greater integration and an outcome focus, the extent to which this comparison is useful remains moot. These countries are the top performers on the OECD child well being indicators, and as such their success seems to derive quite separately from the notions enshrined in ECM. More importantly, the features identified as peculiar to the 'Nordic model', such as the 'subsidiarity' tradition, which places responsibility for the full range of children's services in local authorities, with state back-up available, the integrative role of 'social pedagogue' and a common emphasis on prevention are key.

Table 3: Nordic countries *moving towards* increased service integration and/or outcomes similar to ECM

In Norway, the Ministry of Education and Research and the Ministry of Children and Equality collaborate closely and work with the county and municipality administrations towards the aims and programmes of both Ministries, which contain parallels to the ECM outcomes. There have also been recent moves towards ensuring improved collaboration and integration of services. In 2006, for example, responsibility for the administration of kindergartens for pre-school children was moved from the Ministry of Children and Family Affairs to the Department of Early Childhood Education and Care within the Ministry of Education and Research. This was intended to ensure a more comprehensive and cohesive education for children and young people. It appears, however, that although early childhood education and care have been consolidated within education services, services are not integrated in the sense that the Department does not have additional responsibilities in the area of health and/or for families.

Source: O'Donnell et al (2010)

In Finland, services and provision do not appear to be integrated in the way they are in England.

However, the cross-sectoral 'Policy Programme for the Wellbeing of Children, Youth and Families', 2007-2011 (Finland, Ministry of Education, 2008) is led and co-ordinated by the Ministry of Education and contains similar aims, objectives and outcomes to those of ECM. The programme also aims to cross administrative borders, to promote multi-disciplinary co-operation at a local level, to improve co-operation between sectors and to co-ordinate issues related to children, young people and families. The impetus for the programme is cited as the formidable challenge Finland faces in light of changes in the population structure, and the belief that survival requires a nation of people who are self-assured, trust each other and are willing to share responsibility. The foundation of such social policy comes from growth of educational communities and the wellbeing of children and young people.

Source: O'Donnell et al (2010)

Continental Europe

As seen in Table 1, European countries, particularly the northern European countries of the Netherlands, Germany, Belgium and France (as well as the Nordic countries described above) fare much better than the UK (and the US) in the OECD (2009) ranking.

3.4 Social pedagogues

One important feature that sets these countries apart from the UK is the role of social pedagogues. These professionals are trained in child development and work therapeutically with children and families in many settings. Philosophically, the approach has its roots in the idea of using universal educational methods to treat social ills, and as such there is some commonality with the idea of 'progressive universalism' discussed above. There are somewhat different models of education, training and roles, in different countries, which may relate to different forms of welfare regime outlined in Section 1, but there are many commonalities, particularly across the continental European countries.

These countries, typified by the 'conservative' welfare model (see Table 2) place the emphasis of social pedagogy on work with disadvantaged groups, albeit across a range of community and other 'special' settings and to a much lesser extent on mainstream settings. By contrast, social pedagogues in the Nordic countries form part of a large, educated workforce mainly employed in state provided, universal services (such as nursery education and out-of-school services).

3.5 Devolved responsibilities

In continental Europe, the idea of ‘subsidiarity’ requires that all interventions take place at the least formal level, and thus it is expected that services are primarily organised within local communities or at the regional/ municipal level, with state help available if necessary.

3.5.1 Germany

In Germany, for example, there are a plethora of ‘non-integrated’ agencies working in the areas of education, services for children, young people and families, health and social care. There are also separate federal and Länder Ministries covering these areas. While this type of fragmentation has resulted in a large proportion of non-governmental agencies, families do have a choice about the source of help they wish to accept, and thus voluntary engagement of families is pivotal.

Here also there is some attempt to cover similar outcomes to ECM and to seek to ensure some collaboration (O’Donnell, 2010).

3.5.2 The Netherlands

Alongside the Nordic countries, the Netherlands is identified as one of the top performers on child well being indicators. Interestingly, it is said to be on a similar path to England in developing a more integrated approach to service provision and/or an outcomes framework similar to that of ECM.

Here, the Ministry for Youth and Families was created in 2007 as an ‘umbrella’ ministry under which four other ministries – the Ministry of Health, Welfare and Sport, the Ministry of Justice, the Ministry of Education, Culture and Science, and the Ministry of Social Affairs and Employment – co-operate. The Ministry was established in response to growing reports of child abuse in the Netherlands, and increasing evidence of children with behavioural problems, the unhealthy lifestyle of some young people, the number of children who attend neither school nor work, and an increase in anti-social behaviour among the young. The principle behind the Ministry’s creation is the belief that a concerted and collaborative close working relationship between Ministries, the Municipal and provincial Authorities, youth care institutions, schools and other stakeholders is the only way to tackle such problems. The Ministry of Youth and Families has no civil servants of its own; staff working for the Ministry remain formerly employed by one of the four collaborating ministries, but receive direction from the Minister of Youth and Families.

‘Every Opportunity for Every Child: Youth & Family Programme 2007-2011 (Netherlands, Ministry for Youth and Families, 2007) has very similar outcomes to ECM. It aims to recognise the rightful place of the family in society and focus on prevention. It also defines clear aims for the childhood and upbringing of all children, regardless of their cultural background or physical capabilities.

In addition, a similar concept to that of extended schools has been introduced in the Netherlands. The 'Brede School Initiative', which literally means 'more broadly-based school', or 'community school' is an initiative whereby Municipal Authorities work with schools and other services including the police, health and welfare services, and sports and cultural institutions to enhance pupil's opportunities for development.

3.5.3 Other European countries

While the Nordic countries of Finland and Norway are identified above as '*making no such moves*' towards integration, they have very little in common with other countries in this group. Specifically, other European countries such as Bulgaria, Cyprus, Slovenia and Turkey have, as their priorities, reforming and modernising education and training systems to 'upskill' the population, strengthening the economy, meeting labour market needs and seeking alignment with more established EU countries and/or with the EU educational priorities.

4 Concluding remarks

This briefing paper is limited in its scope. Other commentators are better placed to draw conclusions based on the evidence. Based on the work presented here, however, John Rowlands conclusions in his paper 'Services are not enough: child wellbeing in a very unequal society' (2010), seem apposite.

He asserts that helping families by providing services is potentially swimming against the overwhelming tide of inequality which is increasingly being understood as possibly causative of social and personal malaise. He contrasts this typically reactive UK/US stance with the northern European outlook that sees education in terms of the total upbringing of children. This places the relationship between the parent and the State, and child development support in a universal welfare environment.

Rowlands further suggests that Sure Start came close to this proactive, universal pedagogic model, but the extended ideal of universalism did not progress because such an ideal is always likely to be compromised by a social, political and economic outlook that *accepts* considerable inequality.

In conclusion, Rowlands goes on to ask whether, in the UK, we wish to persist in reinventing and reconfiguring services for vulnerable children and families while allowing the impact of inequality to contribute significantly to the generation of such vulnerability. Taking a lead from our northern European neighbours might ultimately enable us to create a more equal society and ultimately better child outcomes. Such decisions rest with national and local policy makers, drawing on, wherever possible, local, national and international evidence of 'what works'.

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