Scotland's Policy Architecture for Integrated Children's Services

Briefing 2 of 4 from the series: Joining Up Services for Children in Glasgow — Public Service Reform, Integration and Productivity in Children's Services in Scotland

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Purpose

This is the second in a series of four briefings developed from the Productivity Institute Insights Project, "Joining Up Services for Children in Glasgow". The aim of the series is to define the relational approach to productivity and to apply it to the design and delivery of public services, focusing specifically on the process of joining up children's disability services in one of the most deprived areas of Glasgow, mapping out relevant contextual factors, literature and recent policy developments, and to analyse the cultural and political context in which productivity is to be measured and integrated services are to be delivered. The first briefing set out the conceptual framework for the project, later briefings will draw out evidence from the research and make recommendations. This briefing sets out the Scottish policy context within which children's services operate, focusing on service architecture, and looks at how that policy is developing in the context of public service reform which is a top priority for the Scottish Government.

Introduction to Scotland's Policy Architecture

The Scottish Government holds devolved responsibility for the design and delivery of policy in matters involving health and social care services, education and training, housing, justice and policing, and some aspects of equality legislation. Reserved matters, decided by the UK government include policy on most aspects of equality legislation, and all immigration, asylum & visas and data protection policy (Scottish Parliament, 2026a). Other relevant policy areas, most notably social security matters, are distributed between the two governments, as a result of negotiated settlements following the Smith Commission enquiry, but remain a source of tension. The delivery of public service reform is exclusively managed by the Scottish government, and focuses on empowering staff, prevention in the future of public service development, and shifts away from the preservation of existing structures where they do not serve the goal of delivering excellent and sustainable public services (Scottish Parliament, 2026b).

Three main areas of policy have been identified for the purpose of the brief. The first, "Children's Services Policy", outlines the planning, delivery and governance of children's services through the framework of Scotland's Getting It Right for Every Child (GIRFEC) model and shared vision. Second, policies and programmes surrounding the concept of "Structural Disadvantage and Social Exclusion" are reviewed. An intersectional lens is essential to understanding the nature of how services are accessed for children and families, as disability is often experienced alongside poverty, migration and other forms of structural vulnerabilities. Lastly, "Localised Integration Policy" sets out existing programmes and frameworks in Scotland that focus on integrating services in community settings, focusing on empowerment and place-based design.

Children's services policy

GIRFEC: The Practice and Governance Core

The backdrop for children's services is the Social Work Scotland Act 1968 which sets out, amongst other things the professional responsibilities of social workers. Within the parameters of the Act, Getting It Right for Every Child (GIRFEC) has become the organising framework for Scottish

children's services, functioning simultaneously as policy framework, practice model and shared language across education, health, social care and the voluntary sector. Shared wellbeing indicators (SHANARRI) underpin professional practice and information-sharing guidance is provided via the National Practice Model to reduce the fragmentation that families otherwise experience when navigating multiple services.

Factors that impact relational productivity in the GIRFEC framework are noted in its structural alignment, particularly around the shared indicators which create the opportunity for coordinated planning. While the indicators alone cannot guarantee a supportive environment, the focus on communication and shared practice serves as a strong foundation and encourages a shared commitment to delivering better support that makes trust and coordination a realistic and necessary factor in service provision.

The Promise

The Promise is the most significant reform programme since GIRFEC was established. Following the Independent Care Review's 2020 report, Scotland committed to a transformation of how it cares for children, young people and care-experienced adults, structured around five foundations - Voice, Family, Care, People and Scaffolding - monitored through Plan 24–30 and the Promise Progress Framework. All local authorities have pledged to keep the promise and as a result have statutory duties to deliver for care experienced people. Co-ordination and delivery of the promise is largely concentrated in children's services, however this spans across the third sector, health care, justice, education and some private sector service providers. The intention is that keeping The Promise becomes a whole-system planning responsibility, not a task located solely within children's services, reflecting a shift away from traditional statutory children's planning and towards a model where multiple public systems are expected to align their planning, governance and commissioning arrangements with Promise commitments. The Promise has developed a whole-system reform architecture that seeks to align funding, commissioning and statutory planning across public services, with local authorities and COSLA being held responsible for ensuring local delivery of services remains aligned with the promise principles. However, not all local authorities are working in the same way to keep the promise, and there are variations in local area governance and delivery of services. In February 2025, the Promise Oversight Board published a halfway-point assessment concluding that Scotland is not yet halfway to keeping the promise, despite some progress. The Board has publicly cautioned that new legislation risks becoming, in its words, "a ready-made excuse to slow the process down" and has called instead for action on spending decisions and a willingness to measure what matters rather than what is easy. (The Promise Oversight Board, 2025) The Promise Oversight Board's caution — that structural and legislative change can substitute for delivery rather than enable it — is the same argument this paper and wider series makes about integration, versus collaboration.

Children's Services Planning and the Extension of Statutory Duties

Children's Services Planning provides the statutory mechanism through which local partners — councils, health boards, and increasingly Integrated Joint Boards — are required to plan jointly for children's wellbeing. The duty originates in the Children and Young People (Scotland) Act 2014, which requires each local authority and its relevant health board to prepare and publish a joint Children's Services Plan setting out how to improve wellbeing outcomes for children in the area and how planning, resourcing and delivery will be integrated across services. In principle, this creates a single statutory anchor point around which education, health, social work, housing and third-sector partners can align their contributions to children's outcomes.

In practice, the Scottish Government's 2025 review of Children's Services Planning found continuing variation in how the consistency of plans translated into tangible joint commissioning and shared accountability across local areas. (Scottish Government, 2025c) Some partnerships used the planning cycle to align budgets and agree shared outcome measures across agencies; while others produced plans that satisfy the statutory requirement without materially changing how resources are allocated, or how success is measured. The review's findings align with evidence from wider collaborative governance literature discussed in Briefing 1: that the existence of a shared plan does not, by itself, generate a movement from co-authorship of a document to the genuine co-ownership of outcomes, and therefore real collaboration.

There are distinct and recurring weaknesses to Children's Services Planning. First, joint commissioning — the pooling or aligning of budgets behind agreed priorities — remains the exception rather than the norm; most Children's Services Plans continue to sit alongside, rather than within each partner organisation's personal budgeting process. Second, outcome measurement is frequently benchmarked based on hard numbers and economic notions of productivity - such as numbers of joint assessments, and meetings held, as opposed to holistic or relational change experienced by children and families. This limits the extent to which plans can demonstrate and measure the notion of relational productivity defined within the briefings and by children's services; one that favours multidimensional, inclusive, end-to-end outcomes that are defined in a relational manner. Third, workforce turnover and capacity pressures in local authorities and health and social care partnerships mean that named leads for joint planning frequently change, eroding continuity and the trust on which effective collaboration depends.

The weaknesses set out above are likely to become more significant now that changes to the Children (Care, Care Experience and Services Planning) (Scotland) Act have been made. Having completed its Stage 3 vote in March 2026 and received Royal Assent in May 2026, what were statutory Children's Services Planning responsibilities are being shared with Integrated Joint Boards for the first time — directly linking the governance architecture to the Promise reforms. This is a substantive change, bringing health and social care commissioning bodies formally inside the statutory planning duty that has previously applied primarily to councils and territorial health boards. For Glasgow, with Health and Social Care Partnerships operating across a single local authority area, this raises immediate practical questions about how a single Children's Services Plan will align with distinct IJB commissioning cycles, each with its own governance timetable, budget pressures and reporting lines.

As a result, all accounts of Scotland's children's services architecture that treats Children's Services Planning and Health and Social Care Integration as separate policy streams, fail to recognise how closely the streams now converge in statute — and therefore risk dismissing the practical coordination

burden that convergence will place on local partnerships who are already reporting limits in capacity to deliver joint commissioning.

Structural disadvantage and social exclusion policy

Disability, Neurodiversity and Whole-Family Approaches

Scottish disability policy has moved decisively toward social and rights-based understandings of disability, in which disadvantage is understood to arise from environmental and institutional barriers rather than impairment alone. This shift is reflected across a series of strategies developed over more than a decade: A Fairer Scotland for Disabled People (Scottish Government, 2016) established a cross-government commitment to equality, participation and independent living; the Scottish Strategy for Autism and its successor action plans set out commitments on diagnosis, post-diagnostic support and workforce training; and the Keys to Life learning disability strategy has provided the framework for community-based support and de-institutionalisation since 2013. Each of these strategies has in turn fed into development work on the Learning Disabilities, Autism and Neurodivergence (LDAN) Bill.

The LDAN Bill: current proposals and their contingency

The Scottish Government's 2026 position paper sets out current thinking on LDAN Bill provisions in more detail than earlier consultation documents. The core proposals include a statutory definition of "neurodivergence" in Scots law, framed broadly enough to capture learning disabilities, autism, ADHD, dyslexia, dyspraxia, dyscalculia, Down's Syndrome and acquired conditions such as brain injury, without requiring formal diagnosis as a precondition of coverage. Also included is the proposal to publish a national neurodivergence and learning disabilities strategy, supported by local delivery plans and statutory guidance; and a duty requiring mandatory training for relevant employees in key public bodies, focused initially on health, social care and justice services, with a proposed phased rollout over three to five years due to the expected workload involved.

The accompanying partial equality impact assessment uses an intersectional perspective to frame implementation: it found that neurodivergent people and people with learning disabilities in areas of higher deprivation are less likely to access diagnosis and advocacy support and explicitly recommends that any mandatory training and statutory strategy be designed to reach those experiencing multiple disadvantage rather than assuming uniform need across the population. This is worth noting as data from the Scottish Index of Multiple Deprivation (SIMD) that focuses on the city of Glasgow, shows that deprivation and additional support needs are concentrated relative to the rest of Scotland and distributed unevenly across the city (Scottish Government, 2020).

The Scottish Government's position paper is explicit that these remain proposals only — narrowed down from a wider set of options following consultation specifically to focus on measures judged "most important, impactful, sustainable, and implementable" — and that continuing the Bill's development at all is a decision for the incoming government following the May 2026 election. The Scottish National Party have since returned to government in the election under the same First

Minister, and the Cabinet Secretary for Social Justice and Housing retains the same portfolio. No statement confirming or declining to proceed with the Bill has yet been made yet, and the position paper framing — that development would be for whichever government followed the election — means the Bill is considered to still be an open proposal. Local or regional planning that is reliant on the LDAN Bill's statutory strategy duty, local delivery plan requirement, or mandatory training duty should therefore be considered as awaiting further confirmation.

Whole-family approaches and the coordination burden on families

For children with disabilities and additional support needs, evidence supports the notion that families often become informal coordinators of care, managing support pathways across educational, health and social care systems that were not designed around them; often while simultaneously managing the everyday practicalities of caring for a disabled child. More than four in ten children in Scottish schools now require additional support for learning, a substantial increase on previous years, which means the coordination challenge discussed here is not a marginal concern affecting a small number of families but a mainstream feature of the education and social care system that local partnerships must plan for at scale. (Audit Scotland, 2025)

This burden falls disproportionately. Families with greater financial resources, stronger social networks, and more confidence navigating institutional systems are consistently better placed to secure diagnosis, assessment and support in a timely way; families affected by poverty, language barriers, or social exclusion and thus with less capacity to advocate for themselves typically wait longer for diagnosis and lack agency to ensure they get consistent support once a diagnosis is in place. This is precisely why disability provides one of the clearest indicators of whether Scotland's integration architecture is working as intended. A system truly working in a joined-up way would reduce the coordination burden on families regardless of their capacity to advocate for themselves, whereas a system that is integrated only in theory will tend to reproduce — and widen — these inequalities in practice.

The Child Poverty Policy Framework

The Child Poverty (Scotland) Act 2017 sets statutory targets for relative, absolute, persistent and combined low-income child poverty by 2030, and requires successive delivery plans setting out the measures intended to meet them. The third and final statutory delivery plan, Bringing Hope, Building Futures: Tackling Child Poverty Delivery Plan 2026–2031, was published in March 2026.

The plan's impact assessment projects that current policy will keep around 100,000 children out of relative poverty in 2026–27, rising to 110,000 by 2030–31 — however the assessment had cautioned that these projections did not account for the policy choices of whichever government was formed after the May 2026 election. That government has since been formed: the Scottish National Party was returned under the same First Minister, and the Cabinet Secretary for Social Justice and Housing, Shirley-Anne Somerville, retains the same. The continuity caveat attached to the plan's projections can therefore now be treated as substantially resolved, though resourcing for the later years of the plan remains subject to future annual budget decisions. The Poverty and Inequality Commission, Scotland's statutory advisory body on poverty, provided most recent formal advice on the draft

delivery plan in November 2025, which is considered essential context to fully utilising and delivering on the Act's objectives.

18 June 2026 statement

On 18 June 2026, the Cabinet Secretary confirmed to the Scottish Parliament the Government's latest annual progress report against the second delivery plan, and set out early delivery against Bringing Hope, Building Futures. Of direct relevance to the whole-family and prevention arguments made, the statement confirmed: "a Whole Family Support Third Sector Delivery Fund, now live and assessing more than 80 bids from third-sector organisations and partnerships; £19 million allocated to local employability and regional transport partnerships specifically to address transport barriers to work; and a commitment to a transformational expansion of funded childcare from nine months old to the end of primary school by the end of this parliamentary session" (Scottish Parliament, 2026c). Each of these deliverables supports the context of this paper's argument in the themes of prevention and necessary whole-family approaches. The Whole Family Support Third Sector Delivery Fund referred to above is a distinct, smaller-scale fund that channels additional resource to third-sector organisations; it should not be conflated with the wider Whole Family Wellbeing Fund discussed below (Scottish Government, 2026c). The Whole Family Wellbeing Fund was first committed to in the Scottish Government's 2021 Programme for Government (Scottish Government, 2021) and was given effect through the Promise's Plan 21-24 implementation programme.

Also significant is the Cabinet Secretary's confirmation of an intention to review the types of targets used to measure progress on child poverty. Many current policies are not captured by income-based targets alone, which can skew debate toward social security spend even where other action "drives systemic change across our public services." (Scottish Parliament, 2026c) A single ministerial statement cannot establish this systematically, but it is illustrative of the wider argument in this series: that in children's services, narrow output or income measures may understate the value generated by collaborative, preventative action.

Migrant and Asylum-seeking Families

Until 2022, Glasgow had been Scotland's sole asylum dispersal city for 23 years, following designation by the UK Home Office, and as a result has built more than two decades of accumulated infrastructure around refugee and asylum-seeking communities — local charities, social enterprises, and adapted healthcare provision. Regarding education access, access for the children of asylum-seeking and migrant families is governed by ordinary residence: responsibility transfers to the local education authority wherever a family is currently placed. This can disrupt continuity of support when a child's needs are most acute. Furthermore, families with no recourse to public funds face a severe form of coordination burden. The navigation of children's services, health and third-sector support without access to mainstream social security is both common and increasing, with families relying almost entirely on discretionary and charitable infrastructures.

The New Scots Refugee Integration Strategy is the primary vehicle through which this is addressed nationally, but it is rarely cross-referenced with the Children's Services Planning, GIRFEC, or Promise policies. Families experiencing language and cultural barriers should be treated as a distinct

and priority community for improving support, alongside families in poverty and families of disabled children, as their experiences cannot be captured by poverty-focused indicators alone.

Localised integration policy

Place-Based Governance: Community Empowerment, Community Planning and the Place Principle

The Community Empowerment (Scotland) Act 2015, Community Planning Partnerships and the Place Principle together discuss a shift away from viewing services as discrete organisational functions, and towards understanding delivery as a shared endeavour rooted in local places and systems. In productivity terms, this means a shift away from focusing on what individual organisations achieve, and towards understanding what local systems achieve collectively. The evidence on Community Planning Partnerships impact is varied. Formal partnership structures do not automatically produce the trust and shared priorities that collaborative governance depends upon; organisations can and do participate in joint planning while continuing to operate separate accountability systems.

Health and Social Care Integration: Architecture and Delivery Record

Health and Social Care Integration, established under the Public Bodies (Joint Working) (Scotland) Act 2014, created 31 Integration Authorities — 30 Integration Joint Boards and one lead agency arrangement in Highland — responsible for the strategic planning and commissioning of health and social care services across Scotland.

Audit Scotland has made periodic progress reporting on integration, and reporting could be described as cautious (Audit Scotland, 2015, 2018). Findings have identified that financial planning across Integration Authorities has not been genuinely integrated, long-term, or focused on the outcomes that integration was originally intended to deliver. This represents a fundamental constraint on the ability of Integration Authorities to achieve change that is meaningful in the perspective of this paper. More recent Audit Scotland analysis of community health and social care performance, published in early 2026, finds that Integration Authorities and Health and Social Care Partnerships are continuing to struggle to keep pace with rising demand, with funding gaps widening across almost all Integration Joint Boards (Audit Scotland, 2026).

Health and Social Care Integration is the single most direct precedent for what is being proposed for children's services: statutory joint governance intended to convert structural alignment into improved, coordinated outcomes. A decade of audit evidence suggests that structural integration has been necessary but has not been sufficient on its own – which strengthens the argument for increased and improved multi-sector collaborative practice (Audit Scotland, 2015, 2018, 2026). Any future iteration of children's services governance would benefit to understand how the integration progress has been impacted by local delivery context and take learning from the challenges that have occurred.

Fairer Futures Partnerships: A Live Test Case

The Fairer Futures Partnerships programme is the Scottish Government's current live test of joined-up, place-based family poverty services, working with eleven local authority areas — including Glasgow — to design holistic services for families in or at risk of poverty. It is referenced in the 2025 Public Service Reform Strategy as an exemplar of the joined-up services pillar of that strategy, and its evaluation evidence is cited directly in the supporting analysis for the 2026–2031 child poverty delivery plan. (Scottish Government, 2025d, 2026a). The Cabinet Secretary's announced in June 2026 that £19 million will be allocated to local employability and regional transport partnerships to address transport barriers to work, and is explicitly designed to enable locally tailored, place-based responses rather than a single national programme, consistent with the Fairer Futures model.

Early evaluation findings from related child poverty pathfinder work in Dundee and Glasgow found that combined crisis response and longer-term, underlying-issue support helped families move beyond immediate financial emergencies (Scottish Government, 2025a). A related evaluation of family payment support found reduced reliance on borrowing and improved capacity to save for unexpected costs (Scottish Government, 2025b). A separate evaluation of the Child Poverty Practice Accelerator Fund found improvements specifically in referral pathways, multi-agency collaboration and streamlined access to financial and social support (Scottish Government, 2026b). All of these outcomes can be mapped directly into the collaborative practice and evidence dimensions of the proposed relational ecology framework set out in the first paper.

Rather than purely asserting that relational productivity would improve outcomes in principle, evidence set out in the Fairer Futures Programme displays a live, evaluated, Glasgow-inclusive programme that is testing this proposition, with early evidence showing that multi-agency collaboration and streamlined referral pathways are the mechanisms producing better outcomes for families.

Conclusion and Policy Recommendations

Scotland’s policy architecture for children’s services demonstrates a longstanding commitment to integration, prevention and collaborative working. Across frameworks such as GIRFEC, The Promise, Children’s Services Planning, child poverty strategies, health and social care integration, and place-based approaches, there is a consistent policy ambition to organise services around children, families and communities rather than organisational boundaries. The breadth of this architecture reflects an understanding that children’s outcomes are shaped by interconnected social, economic and institutional factors and that no single agency can effectively address these challenges in isolation. The policy direction is therefore strongly aligned with the objectives of public service reform and with wider ambitions to create more preventative, responsive and equitable services.

However, the evidence reviewed in this briefing suggests that the principal challenge facing Scotland is no longer the absence of policy frameworks, but the difficulty of converting policy ambition into everyday collaborative practice. Reviews of Children’s Services Planning, assessments of health and social care integration, and findings from The Promise Oversight Board all point to a recurring implementation gap. Legislative reform, planning structures and governance

arrangements can create the conditions for integration, but they do not automatically produce shared accountability, trust, relational working or improved outcomes for children and families.

For children with disabilities, neurodivergent children, families experiencing poverty, and migrant and asylum-seeking families, this gap is particularly significant. These groups often interact with multiple services simultaneously and frequently bear the burden of coordinating support themselves. The effectiveness of Scotland's integration agenda should therefore be judged not simply by the existence of plans, partnerships or statutory duties, but by whether families experience services as coherent, accessible and responsive. A truly integrated system that embodies collaborative working should reduce the administrative, emotional and practical burden placed on families and ensure that support is delivered through coordinated pathways rather than fragmented interventions.

Recent developments also highlight the need to rethink how productivity is understood and measured in children's services. Existing performance frameworks continue to prioritise activity measures and organisational outputs, yet many of the outcomes most valued by children and families—wellbeing, continuity, trust, resilience and prevention—are relational and long term. The emerging emphasis within child poverty policy on recognising broader forms of public value provides an opportunity to develop measures that better capture the contribution of collaborative and preventative interventions.

The experience of programmes such as the Fairer Futures Partnerships demonstrates that place-based, multi-agency approaches can improve referral pathways, reduce duplication and provide more holistic support for families. These initiatives provide valuable real-world examples of how collaboration can move beyond structural integration and generate practical improvements in outcomes. Their continued evaluation will be important for understanding which mechanisms of collaborative practice deliver the greatest value for children and families.
In light of the evidence reviewed, five policy priorities emerge.

1. Children's Services Planning should be strengthened through greater alignment of commissioning, budgeting and accountability arrangements across local authorities, health boards and Integrated Joint Boards.
2. Scotland should develop a shared outcomes framework that measures relational and preventative outcomes alongside traditional performance indicators.
3. Investment should be directed towards collaborative workforce development, recognising that integration depends upon relationships, trust and shared professional cultures as much as formal structures.
4. Policymakers should prioritise reducing the coordination burden placed on families by creating more seamless pathways between education, health, social care and third-sector provision, with particular attention to disabled children, neurodivergent children, families experiencing poverty, and migrant and asylum-seeking communities. This should include improved navigation support, clearer information-sharing arrangements and strengthened key-worker or lead-professional approaches that enable families to access support through a more coherent system rather than multiple disconnected services.
5. Scotland should expand and embed place-based integration initiatives that have demonstrated promise in practice. Programmes such as the Fairer Futures Partnerships

provide important opportunities to test, evaluate and scale collaborative approaches that bring services together around the needs of families and communities. Future policy should support the systematic evaluation of these initiatives, encourage the sharing of learning across local areas, and ensure that effective models are incorporated into mainstream planning and commissioning processes rather than remaining as short-term pilots.

More broadly, three strategic recommendations emerge for the future development of integrated children's services in Scotland:

1. National and local government should move from measuring organisational performance primarily or exclusively through output and efficiency measures towards assessing system performance using relational productivity measures, focusing on whether services collectively improve outcomes for children and families.
2. Public sector reform should place greater emphasis on relational capacity-building, recognising that trust, continuity, shared learning and collaborative leadership are critical infrastructure for successful integration.
3. Future reforms should avoid creating additional layers of governance without clear mechanisms for implementation and delivery. The experience of both Health and Social Care Integration and The Promise demonstrates that transformational change depends less on introducing new structures and more on enabling organisations to work differently within existing structures.

Taken together, Scotland's policy architecture provides a strong foundation for integrated children's services.

The challenge for the next phase of reform is not the development of further policy frameworks but ensuring that existing frameworks translate into meaningful changes in practice. There is some movement in this direction, with The Cabinet Secretary's June 2026 statement on child poverty target types giving opportunity to move argument from conceptual proposition to practical influence, while The Fairer Futures Partnerships also provides a concrete, current, Glasgow-relevant test case that will guide future recommendations in this paper and the wider series. Success will ultimately depend on the ability of services to work collaboratively across institutional boundaries, address the lived realities of children and families experiencing multiple forms of disadvantage, and create forms of public value that extend beyond traditional measures of productivity. The evidence reviewed in this briefing suggests that the future of children's services lies not simply in structural integration but in developing integrated systems that are relational, preventative, place-based and centred on the experiences of children and families. These themes form the basis for the subsequent briefings in this series and provide the foundation for a broader understanding of productivity as the collective capacity of services, professionals, families and communities to achieve outcomes that no single organisation can deliver alone.

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