Public Health Approaches to Youth Violence in Policy and Practice in Scotland and England

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Introduction

The public health approach to youth violence in Scotland has been heralded by practitioners and the media as a crucial innovation in responding to Scotland's high levels of violence in the early 2000s, and since its implementation has become a key reference for other countries in the United Kingdom to adapt similar strategies to youth violence reduction (Brooks, 2010, 2018). Particularly associated with Glasgow, Scotland's largest city, and its Strathclyde Violence Reduction Unit (SVRU), the public health approach is now considered to be a key pillar in the country's strategy to tackle youth and other forms of violence. Glasgow became the centre of the public health approach because of its epidemic levels of homicides and knife crime in the early and mid-2000s which gave Glasgow the unfortunate label of 'Europe's murder capital'. In response to the escalating violence in the city, Scottish authorities and practitioners started to rethink their approach to this public health issue (Carnochan, 2015).

This report discusses how the public health approach to youth violence reduction evolved in Scottish policy and practice. Public health approaches frame violence not as the outcome or problem of individual pathology but rather "as a public health epidemic, with a range of social, cultural and economic causes" (Fraser and Irwin-Rogers, 2021: 8). Public health approaches build on the understanding of violence prevention outlined by the World Health Organization (WHO) as a multi-step, interdisciplinary task where many people,

organisations, and systems are involved simultaneously to address and prevent violence (see Box 1).

Box 1: Four main steps of public health approaches to violence reduction by the WHO

1. Definition of the problem: In step one, the focus lies on identifying the problem that needs to be prevented, including what data is available to describe the scope and impact of the problem. Such data can refer to number of people affected by the identified problem, who is experiencing it, and when and where it occurs.

2. Identification of risk and protective factors: Step two seeks to determine why violence occurs, using existing and available research, and to pinpoint factors that increase or decrease the risk for violence to occur.

3. Development and testing of existing strategies: The focus of step three lies on the identification of existing practices and strategies in preventing violence and the risks of violence. What kind of interventions and prevention strategies have worked in the past elsewhere?

4. Adoption (dissemination and implementation) of strategies: In the final step, the goal is to adopt those strategies identified as successful and promising in the prevention of violence as widespread as possible by also identifying who would benefit from these strategies (e.g., parents, educators, policy makers, etc.). Step four also refers to the monitoring of the strategies adopted, including ongoing evaluations of their cost-effectiveness correlation.

This report focuses on how Scottish authorities started to rethink Scotland's approach to tackling youth violence in the early 2000s which mostly relied on policing strategies and interventions to stop spiralling levels of knife crime in the city (Carnochan, 2015). In doing so, this report seeks to decipher which institutional developments within Scottish Government paved the way for the evolution and adoption of the public health approach to youth violence. It is less concerned with evaluating the effectiveness of the public health approach to youth violence in Scotland, nor with understanding policy mobility and transfer from the United States – the country where public health approaches first emerged.

Although praised as effective in addressing youth violence and much discussed in policy, research, and the media, the evolution of the public health approach in Scottish policy and practice remains under-researched. Despite a personal account by one of the founders of the Scottish Violence Reduction Unit (SVRU), John Carnochan (2015), little has been said about how Scotland's governmental agencies, institutions and departments set the course for the implementation of the public health approach to youth violence in the early 2000s. This report seeks to provide correctives to this lacuna in academic research. Three research questions guided this analysis:

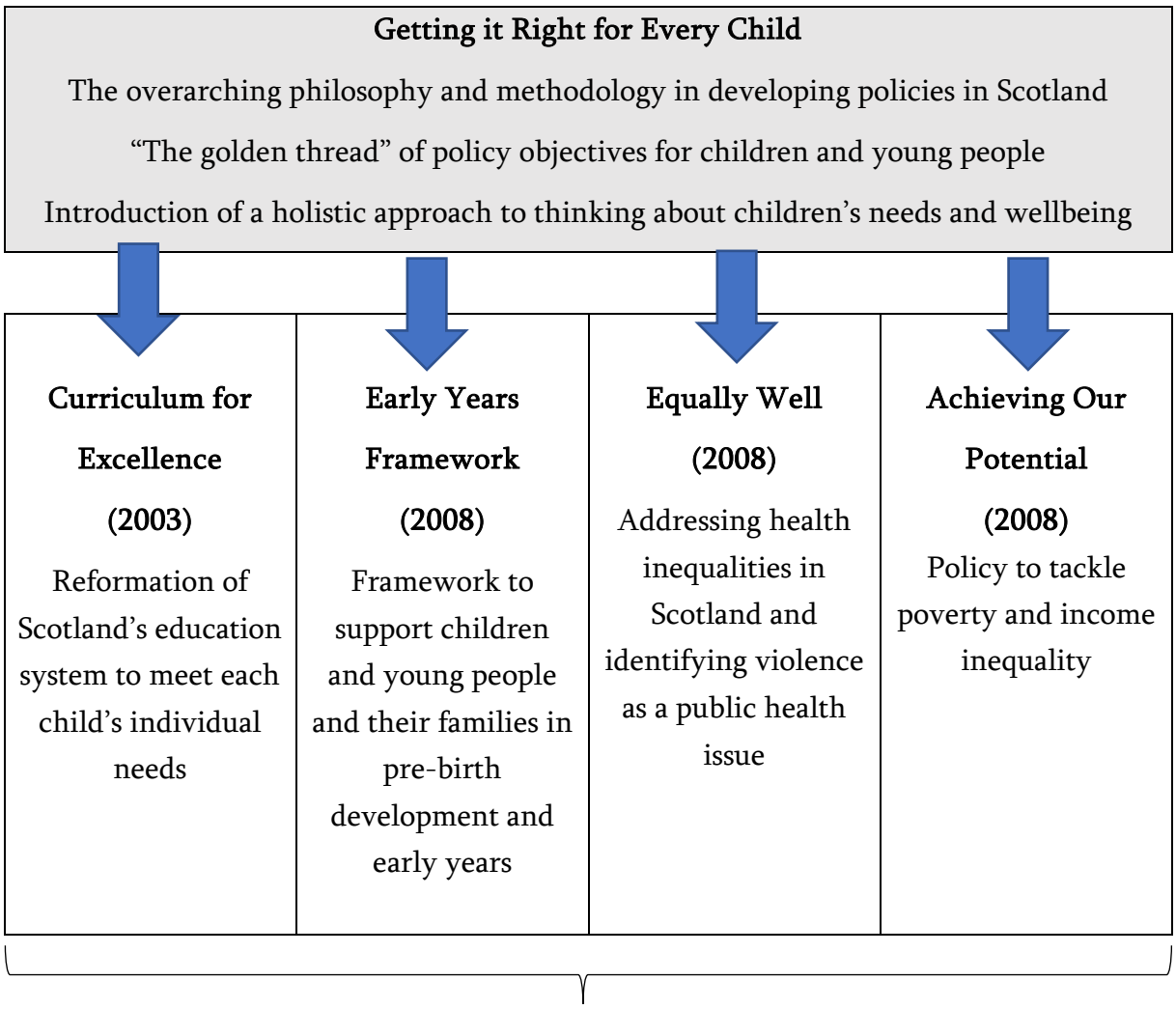
1. How have public health approaches to violence reduction evolved in policy and practice in Scotland?
2. Who were the key actors, institutions and networks involved and what were their roles?
3. What were the social, political, and cultural conditions in which violence reduction occurred and how did it come to be defined in terms of a public health approach?

I argue in this report that the evolution of the public health approach to youth violence did not happen overnight in Scottish policy and practice but rather developed over a period between approximately 2000 to 2008. This evolution was a concerted effort by various institutions, national and local authorities, as well as researchers. Crucially, the adoption of a public health approach to youth violence was the result of a long process within Scottish policy and practice to redesign the ways in which Scottish Executive (which became Scottish Government in 2007) and social service agencies sought to address children's and young people's wellbeing. What later became known as the 'public health approach to youth violence', particularly associated with the SVRU, was the result of a broader paradigm shift within Scottish Executive to position children and young people at the centre of *all* future policy initiatives and developments within social and welfare services and provisions.

Positioning children and young people at the heart of policy and practice took place through the adoption of Scotland's *Getting it Right for Every Child* (GIRFEC) policy in 2006. GIRFEC introduced a holistic approach to thinking about children's needs and wellbeing. It recognised that addressing problems and challenges in children's families and

communities at the earliest time possible is critical for their development in later life. I argue in this report that GIRFEC comprised the philosophical and methodological backbone of the public health approach to youth violence, and it informed a variety of policy initiatives which, taken together, introduced the policy framework from which the public health approach emerged (see Figure 1).

Figure 1: The development of the public health approach to youth violence in Scottish policy and practice



Each of the four policies depicted in Figure 1 focuses on children's and young people's wellbeing, and each of them introduced key elements and aspects of the public health approach to youth violence, foregrounding the importance of education, family, healthcare, and poverty in preventing youth violence. These four policy initiatives also reflect the understanding and definition of health by the WHO as "a state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity."[1] Thus, the promotion of children's and young people's *wellbeing* comprised the central goal of Scottish policy and practice in developing its public health approach to youth violence.

Methodologically, this report builds on a systematic policy document analysis of reports published by Scottish Executive and Scottish Government between 2000 and 2008. I focused on this period because the SVRU was founded in 2005 which has become the primary institution associated with the public health approach in Scotland (see chapter ??). I wanted to better understand what happened within Scottish policy and practice *prior* to its establishment and how policy and practice evolved in the immediate period after the SVRU started to operate in Strathclyde, Glasgow.

Arguably, it is a difficult task to identify within hundreds of policy reports and documents published by the Scottish Government over a period of eight years which ones are relevant for a better understanding of the evolution of the public health approach to youth violence. Since this report does not build on qualitative empirical data obtained through, for example, interviews with key stakeholders within Scottish Government, who would have been able to point to relevant documents, the question of where to start my analysis was particularly difficult. Luckily, a brief email correspondence with someone in the Violence Reduction Policy, Community Safety Unit, Justice of Scottish Government pointed me in the right direction for my research:

> The 'Getting it Right for Every Child' policy was placed at the centre of all policies and practice, thinking holistically to put children's needs at the centre of all that we do. At the same time, the new Curriculum for Excellence was developed and implemented for Scotland's schools with a key focus on early learning (including increased preschool funded hours), early literacy and numeracy skills and health and wellbeing as everyone's agenda in the schools, not just one person's responsibility (personal communication).

Starting from this helpful insight, I began researching how, prior to the founding of the SVRU in 2005, Scottish policy and practice had started to focus more and more on prevention and early years intervention in responding to social problems, including youth violence. I started by looking for policy documents and reports relevant for understanding how GIRFEC evolved in Scottish policy and practice. Here, the official homepage on GIRFEC by Scottish

[1] WHO Constitution, available at: https://www.who.int/about/governance/constitution (accessed 16 September 2021)

Government[2] and its web archive of documents published prior to 2018[3] were particularly helpful in developing a cartography of relevant policy documents. In a first step, I reconstructed the evolution of GIRFEC in Scottish policy and practice in much detail, starting in and around the years 2000 and 2001 where Scottish Executive began publishing reports which contained key references to a child-centred, early years policy orientation. Besides reconstructing the history of GIRFEC, I also focused on terminologies used in policy documents and reports which would later also become critical for public health discourses around youth violence.

This historical reconstruction of GIRFEC's development – discussed in more details in chapter 2 – was critical for better understanding how Scotland's policy landscape started to recognise the relevance of children's early years in understanding their life trajectories, including violent behaviour. In combination with reviewing some of the academic literature published on GIRFEC, it also allowed me to identify other policy initiatives which built on GIRFEC and which, as argued above, were crucial for the evolution of the public health approach in Scottish policy and practice (see Figure 1). Thus, in a second step, I started to systematically evaluate policy reports and documents on the *Curriculum for Excellence*, the *Early Years Framework*, *Equally Well*, and *Achieving Our Potential* to better understand how these policy initiatives, too, used public health terminologies and approaches to children's and young people's wellbeing.

The following chapters discuss each of the above-mentioned policy initiatives in more details. Chapter 2 begins by outlining GIRFEC's key principles and how it evolved in policy and practice. This is followed by four chapters which discuss the *Curriculum for Excellence*, the *Early Years Framework*, *Equally Well*, and *Achieving Our Potential*. Each chapter will introduce the basic premises of the respective policy and will detail how they contribute to the evolution of the public health approach to youth violence in Scotland. Chapter 7 then discusses the establishment of the VRU in Strathclyde with a particular focus on how the paradigm shifts in Scottish policy and practice towards early years had informed the founding of the VRU. This report concludes with a brief summary of the evolution the public health approach to youth violence in Scottish policy and practice.

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[2] This website is available here: https://www.gov.scot/policies/girfec/?msclkid=f91a073db9c011ec914e938f7b5e8c93 (last accessed 11 April 2022)

[3] This website is available here: https://www.webarchive.org.uk/wayback/archive/20180529151707/http://www.gov.scot/Topics/People/Young-People/gettingitright (last accessed 11 April 2022).

2. *Getting it Right for Every Child*: putting children's needs first

This chapter chronicles how the *Getting it Right for Every Child* (GIRFEC) policy became the dominant framework for *all* policies by Scottish Executive. This chapter shows how the public health approach to youth violence and offending needs to be contextualised against the backdrop of GIRFEC and its holistic approach to children's needs and wellbeing. Through GIRFEC, Scottish Executive initiated a re-orientation towards policy frameworks which positioned the child at the centre of all actions and legislative procedures in Scotland. Thus, the evolution of 'public health' as a conceptual framework for tackling youth violence and offending needs to be understood against this paradigm shift in Scotland's government.

In the first section of this chapter, the central principles and values of GIRFEC will be outlined. This is followed by providing a historical overview of how GIRFEC developed in policy and practice in Scotland between 2001 and 2006. The final section details how GIRFEC has become the key reference object and framework for *all* policy initiatives and actions of Scotland's government, thereby comprising an analytical, conceptual, and philosophical framework for violence reduction, prevention, and intervention strategies.

GIRFEC's principles and values

In 2006, GIRFEC was officially introduced by Scottish Executive, outlining a wide set of proposals for how to change children's services in the country, including the Children's Hearing System. GIRFEC positions children's rights at the centre of all policy and practice, introducing a holistic approach to thinking about children's needs and wellbeing (Education Scotland, 2020; Scottish Government 2008a, 2012). GIRFEC, in other words, is "the golden thread that knits together […] policy objectives for children and young people" (Scottish Government, 2010: 3). It is "Scotland's flagship children's policy framework" and represents "a wider shift from child welfare to child well-being" (Coles et al., 2016: 336).

The policy has been labelled as one of the most comprehensive approaches to children's and young people's wellbeing and rights in Europe. It is unique in its approach

because it introduces a holistic approach to the wellbeing of *all* children across all of Scotland. It provides a coherent strategy and programme of action to improve children's and young people's wellbeing and rights which builds on a combination of early intervention strategies, universal service provision, and multi-agency coordination.

GIRFEC is built around ten core components which can be applied to all settings and circumstances concerning children's and young people's wellbeing (see Box 2).

Box 2: GRIFEC's Core Components

1.	A Focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing
2.	A common approach to gaining consent and to sharing information where appropriate
3.	An integral role for children, young people and families in assessment, planning and intervention
4.	A co-ordinated and unified approach to identifying concerns, assessing needs, and agreeing actions and outcomes, based on the *Wellbeing Indicators*
5.	Streamlined planning, assessment and decision-making processes that lead to the right help at the right time
6.	Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7.	A *Named Person* for every child and young person, and a *Lead Professional* (where necessary) to co-ordinate and monitor multi-agency activity
8.	Maximising the skilled workforce within universal services to address needs and risks as early as possible
9.	A confident and competent workforce across all services for children, young people and their families
10.	The capacity to share demographic, assessment, and planning information – including electronically – within and across agency boundaries

Source: Scottish Government (2012)

These Core Components build on and reflect the United Nations Convention on the Right of the Child (UNCRC) of 1989, which the UK signed in 1990, as well as Scotland's Children's Charter (Scottish Executive 2004d, 2004e). This Charter "reflects children and young people's own views regarding what they need and the standard of care they expect when they have problems or are in difficulty and need to be protected" (Scottish Government, 2014: 22). Furthermore, GIRFEC "translates the UNCRC approach to special care and assistance by embedding UNCRC Articles within the GIRFEC values and principles" (Scottish Government, 2013: 4) (see Box 3). All practitioners involved in day-

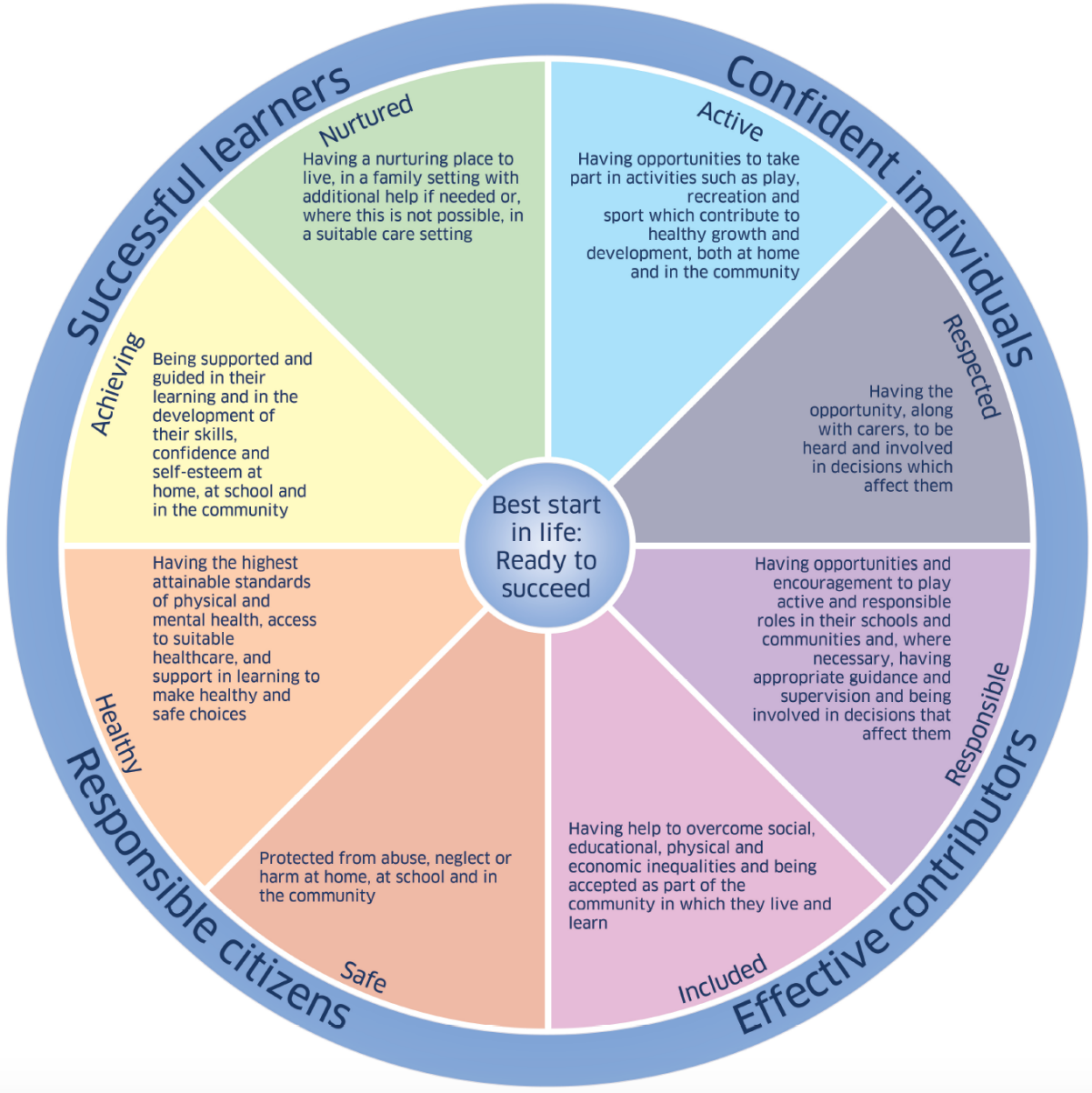
to-day practice with children are therefore required through GIRFEC to apply the UNCRC approach in their work.

At the heart of GIRFEC is the promotion of children's and young people's wellbeing. Wellbeing, for GIRFEC, encompasses eight areas within a child's social environment in school, at home and the wider community: Safety, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI) (see Figures 2 and 3).

Box 3: GRIFEC's Values and Principles

1. **Promoting the wellbeing of individual children and young people**
   This is based on understanding how children and young people develop in their families and communities, and addressing their needs at the earliest possible time
2. **Keeping children and young people safe**
   Emotional and physical safety is fundamental and is wider than child protection
3. **Putting the child at the centre**
   Children and young people should have their views listened to and they should be involved in decisions that affect them
4. **Taking a whole child approach**
   Recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life
5. **Building on strengths and promoting resilience**
   Using a child or young person's existing networks and support where possible
6. **Promoting opportunities and valuing diversity**
   Children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity
7. **Providing additional help that is appropriate, proportionate and timely**
   Providing help as early as possible and considering short and long-term needs
8. **Supporting informed choice**
   Supporting children, young people and families in understanding what help is possible and what their choices may be
9. **Working in partnership with families**
   Supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what might be less helpful
10. **Respecting confidentiality and sharing information**
    Sharing information that is relevant and proportionate while safeguarding children and young people's right to confidentiality
11. **Promoting the same values across all working relationships**
    Recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues
12. **Making the most of bringing together each worker's expertise**
    Respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities
13. **Co-ordinating help**
    Recognising that children, young people and their families need

Figure 2: GIRFEC's SHANARRI principle for ensuring children's wellbeing



Source: Scottish Government, Available at: https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/

Figure 3: UNCRC Articles and the GIRFEC Well-being indicators

Source: Scottish Government (2013: 8)

The intention of the SHANARRI wellbeing indicators is to "help make it easier for everyone to be consistent in how they consider the quality of a child or young person's life at a particular point in time" (Scottish Government, 2018: 3) as well as to implement the UNCRC's Articles into policy and practice.

The GIRFEC framework for successfully protecting, enhancing and supporting children's wellbeing consists of two key elements: (1) the Named Person and Lead Professional programme and (2) the National Practice Model. These core elements are substantiated by the GRIFEC's Core Components (see Box 1). The Named Person programme is designed to support children, young people and their families in accessing support when needed by providing a contact person who can assist in difficult situations. "Depending on the age of the child or young person, a health visitor or senior teacher, already known to the family, usually takes the role of Named Person. This means that the

child and their family have a single point of contact who can work with them to sort out any further help, advice or support if they need it" (Scottish Government, 2012: 13). Following the eight SHANARRI wellbeing indicators, the Named Person is responsible to take action or arrange help and support to the child.

Similarly, the role of the Lead Professional is to establish and coordinate cooperation between two or more agencies to work together and to help a child or young person, including the family. The Lead Professional is responsible for ensuring that the child or young person and the family understand what is happening at every stage of the process, acts as the first and main contact point for the child or young person, practitioners and family, ensures that agencies involved in the promotion of the child's or young person's wellbeing cooperate with each other, and ensures that the child's or young person's plan to enhance wellbeing is implemented at all stages of the process (Scottish Government, 2012).

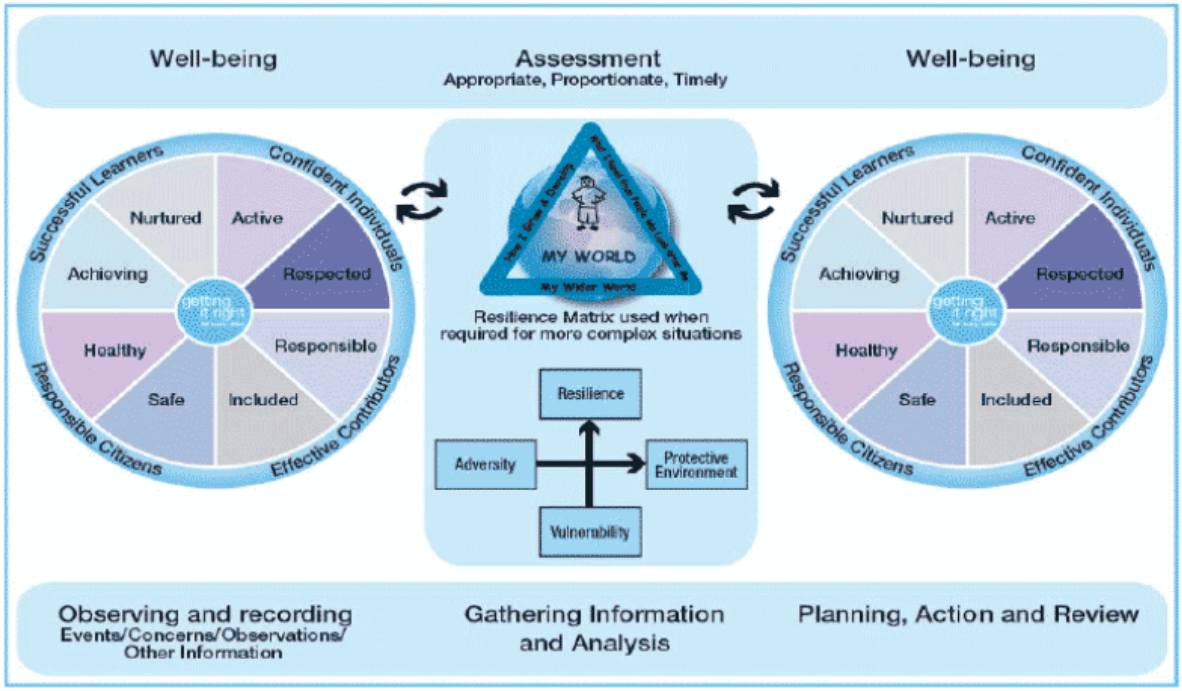
The original plan of Scottish Government was to introduce a scheme where every person under the age of 18 would automatically have a Named Person assigned. This scheme was also part of the Children and Young People (Scotland) Act 2014 of which GIRFEC provisions represent 3 of the 18 parts (Coles et al., 2016). Yet, the idea "to appoint a 'named person' who would monitor the wellbeing of each and every child in Scotland, from birth to the age of 18" (BBC, 2019) was criticised and opposed by several advocacy and interests organisations as too disruptive and undermining to privacy.

After unsuccessful challenges to the Named Person scheme at the Outer House and the Inner House of the Court of Session, four registered charities with an interest in family matters, and three individual parents appealed to UK's Supreme Court in 2016, challenging the Named Person scheme for all young people under the age of 18. The Supreme Court ruled this scheme as unconstitutional because some proposals breached rights to privacy and family life under the European Convention on Human Rights. Although the judges stated that the aims of the Children and Young People (Scotland) Act 2014 are "unquestionably legitimate and benign, […] the information-sharing provisions of Part 4 of the Act are not within the legislative competence of the Scottish Parliament" because it is "perfectly possible that information, including confidential information concerning a

child or young person's state of health (for example, as to contraception, pregnancy or sexually transmitted disease), could be disclosed" (The Supreme Court, 2016: 39, 41, 46).[4] As a result, the Scottish Government was required to redraft the Named Person scheme in such a way that it conformed to existing law. However, an attempt to do so via the *Children and Young People (Information Sharing) Bill 2017* failed because Members of the Scottish Parliament voted to stall the Bill (BBC, 2017). On December 2019, the Children and Young People (Information Sharing) Bill was withdrawn and the mandatory Named Person scheme was repealed (BBC 2019). Nevertheless, the Named Person policy remains a critical component of GIRFEC in cases where children, young people and their families require support and advice to improve children's and young people's wellbeing. The second pillar of GIRFEC is its National Practice Model (NPM) which constitutes "a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people" (Scottish Government, 2012, 15). Within either a single or multi-agency context, the NPM seeks to support practitioners in meeting GIRFEC's core values and principles. The NPM is built around a four-step assessment and evaluation process which allows practitioners involved in children's wellbeing to observe, assess, and plan required actions for supporting children or young people and their families (see Figure 4).

[4] The Ruling by the Supreme Court can be found here: https://www.webarchive.org.uk/wayback/archive/20180530002322/http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec/where-girfec-came-from (last accessed 09 July 2021).

Figure 4: GIRFEC's National Practice Model



Source: Scottish Government, Available at: https://www.gov.scot/publications/girfec-national-practice-model/

In a first step, the NPM uses a mix of different observational and recording tools to identify potential and possible wellbeing concerns. At this stage, multiple agencies involved in children's wellbeing also share their information about concerns about the wellbeing of individual children and young people.

In a second step, the NPM mobilises the so-called 'My World triangle' which is designed to help "practitioners understand a child or young person's whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world. In assessment, it can be used to explore needs and risks" (Scottish Government, 2012: 16). Information included in the "My World Triangle" are, for example, about the child's or young person's health or learning, offending behaviour or issues affecting parenting. But it is not only about foregrounding negative behavioural traits but also to equally emphasise positive features in their lives.

If a specific case is more complicated, practitioners can draw on the 'Resilience Matrix' to organise and analyse information about the child's or young person's wellbeing. The 'Resilience Matrix' is intended to provide practitioners with guidance for what

'resilience' in the context of children's wellbeing include. According to GIRFEC, resilience is broadly defined through three core principles: (1) A *secure base* of the child or young person which includes having people around them that can be trusted and who support and love the child or young person unconditionally, who set limits for the child or young person in order to avoid danger or trouble, who give advice in how to act correctly in different situations, who support the child or young person with learning to do things on their own, and who generally help and support the child or young person if they are in danger; (2) *Self esteem* of the child or young person which includes being a person who others can like and love, who is happy and able to support and help others, who is respectful to others and to themselves, who is willing to take responsibility for their action, and who ensures that things work out in the way they are anticipated; (3) *Self efficacy* of the child or young person which refers to their ability to talk to others about things that concerns or frightens them, to find solutions and ways to challenges and problems, to control their behaviour and actions in situations that are unanticipated or even dangerous, and to figure out when it is a good and right time to seek advice and help from others (Scottish Government, 2012: 22)

In a final step, the NPM uses a 'Wellbeing Wheel' to develop a plan of action for the child or young person. The 'Wellbeing Wheel' can draw on the wellbeing indicators outlined in SHANARRI principles to identify and develop priorities in ensuring that the child's or young person's wellbeing needs are met through specific and apposite measures and strategies.

GIRFEC positions children's and young people's rights at the centre of all policy and practice, introducing a holistic approach to thinking about children's and young people's needs and wellbeing which requires inter-agency cooperation and coordination to ensure that children and young people receive the support they need. Its development in policy and practice in Scotland took place over a longer period that began shortly after Scotland's devolution in 1999. The following section details the historical development of GIRFEC within Scottish Executive.

GIRFEC's history in policy and practice

The development of GIRFEC within policy and practice in Scottish Executive took place over a longer period. A key moment, as will be detailed below, was the review of Scotland's Children's Hearing System between 2004 to 2006 from which GIRFEC proposals emerged (Scottish Executive, 2006c: 7). The review of the Hearing System generally "showed support for the principles of the system but revealed concerns about aspects of its operation, particularly that children were being drawn into the Hearings system unnecessarily and not getting the support they required" (Vincent, Daniel, and Jackson, 2010: 441). This review resulted in in the publication of the first proposals for GIRFEC by Scottish Executive in 2006.

Yet, as this chapter outlines, the development of a child-centred policy framework, which subsequently resulted in the publication of GIRFEC, already started in policy and practice within Scottish Executive in the late 1990s and early 2000s. Up until the review of the Children Hearing System between 2004 and 2006, several key policy documents and reports were published by Scottish Executive which comprised key milestones in developing a framework for policy and practice which, in line with Scotland's tradition of welfarism since the *Kilbrandon Report*, centred around children's and young people's wellbeing. Thus, this section is not just concerned with identifying how GIRFEC emerged in and around 2006, but also seeks to embed its development in longer trajectories of policy change that started to emerge shortly after Scotland's devolution.

The 'For Scotland's Children' report, 2001

The *For Scotland's Children* report was a landmark report which re-positioned children's needs and welfare at the heart of Scotland's policy framework. The starting point of this report was the identification of various challenges and problems that children and young people in Scotland faced. From high levels of child poverty in comparison to other developed countries, high numbers of homelessness among children under the age of 16, staggering numbers of school exclusion, particularly among boys, increasing numbers of

child abuse cases, and high incidences of mental health problems amongst children and young people, to name a few, were identified by the report as a warning and wake-up call that welfare policies needed to re-focus their attention towards children's and young people's needs. From these concerning developments in child welfare in Scotland, the Scottish Executive set up an Action Team with the goal to examine "children's services in Scotland by visiting a wide range of settings from South Uist in the North to Girvan in the South, to identify issues in current practice" (Scottish Executive, 2001: 16). Central to this research was to hear from service users about their experiences as well as to identify examples of services that were working well in specific areas of Scotland which could lead to spill over effects in other regions.

A lengthy description and representation of voices from service users and service providers on problems and challenges they encountered followed the initial introduction of the report's goals. Here, service users raised issues with basic human courtesies such as missed appointments, non-punctuality, poor communication, but also more structural problems such as high levels of school exclusion and eviction among children. On the side of services providers, problems with policy development and policy translations into plans and strategies, issues with defining needs, lack of financial and staff resources, and a fragmentation of services were addressed in detail.

The *For Scotland's Children* report explicitly recognised that children and young people needed to have rights in determining and shaping policies which concern them: "Increasingly the child is being viewed as an active agent in his or her world. The right of the child to participate in decisions which are made which impact on their lives is being increasingly recognised and where decisions are made on behalf of children their best interests are being seen as paramount" (Scottish Executive, 2001: 19). In this context, the report also directly referenced the United Nations Convention on the Rights of Child which, as detailed above, became a key reference point for GIRFEC later on as well (Scottish Executive, 2001: 19).

Chapter 5 of the *For Scotland's Children* report was particularly important in this respect insofar as it positioned children and young people at the centre for developing

future policy agendas. As stated on page 42, "[t]he Executive commitment to **a Scotland in which every child matters** is much needed and to be commended" (Scottish Executive 2001, original emphasis). The report further acknowledges that "[a] view is emerging across policy and practice that every child is an individual, that their best interests demand that we view their lives *holistically* and that in doing so we articulate and accord them a set of intrinsic human rights as well as rights as service users" (Scottish Executive, 2001: 42, my emphasis). Explicit reference to a *holistic* approach to children's welfare and wellbeing constituted a key policy recommendation of this report which, as discussed above as well as further below, have also shaped policy developments within GIRFEC as well as the public health approach to youth violence. The emphasis on holistic approaches to children's welfare and wellbeing was considered in line with "the best of recent research" (Scottish Executive, 2001: 42), and it acknowledged that children and young people needed to be considered as active agents in the development of policy and practice.

The report emphasised a rights-based approach to the provision and broadening of services for children and young people. What this meant was that instead of merely focusing on those children and young people who are most disadvantaged and impacted by poverty, policy and practice also needed to focus on those children and young people who had until then risked falling through the cracks of child service provision because they had other needs outside of the dominant frames of poverty and disadvantage. In other words, the report demanded a widening of service provision toward those children who, for example, are affected by disability or who have caring responsibilities, thereby directly responding and referring to the UNCRC's framework of "rights which every child should have from birth to the age of 18 years" (Scottish Executive, 2001: 43). At the heart of this rights-based approach outlined by the UNCRC's 54 articles are the *participation* rights of children and young people, the *protection* of children against discrimination, neglect and exploitation, the *prevention* of harm to children and the *provision of services* to ensure an adequate standard of living which all were reflected in the *For Scotland's Children* report (Scottish Executive 2001).

Besides the UNCRC's framework, the *For Scotland's Children* report also explicitly referenced and drew on *The Children (Scotland) Act 1995*, the *Scotland Act 1998*, and the *Human Rights Act 1998* which all stated that children and young people, too, have rights enshrined in law. Through explicit reference to the principles of these three Acts, the *For Scotland's Children* report shifted the "view of our child from vulnerable and needy, as passive recipient of services, to an individual with rights including the right to services which work in the best interest of the child and operate at the highest of standards" (Scottish Executive, 2001: 44), thereby becoming a crucial policy document for the development of child-centred policies and practices in Scotland which cumulated in GIRFEC.

In fact, the *For Scotland's Children* report already used a terminology similar to GIRFEC when, in chapter 6, it outlined the policy framework for the future of service provisions for children and young people. Quoting the Scottish Executive Programme *Making it Work Together* from 1999 (Scottish Executive 1999a, 6, my emphasis): "*Getting it right in the early years* lays the foundation for the whole life of a child" became the starting point for the reorientation of Scotland's approach to children's wellbeing.

Besides providing an ideological and methodological reorientation of Scotland's approach to children's wellbeing, The *For Scotland's Children* report also suggested concrete action points that should be implemented by agencies involved in the provision of social services. First, children's services should from now be considered as a single service system where children, young people and their families have access to a single service network where financial planning, the provision of services and expertise are centralised.

Second, the establishment of a Joint Children's Services Plan was suggested which "stressed the need for children's services plans to be seen as a joint task for local authorities and other partners, especially NHS Boards" (Scottish Executive, 2001: 77). Recommended was also "the establishment of a single workforce planning exercise which sets out arrangements for the recruitment, training, and professional development of the entire children's service workforce in Scotland" (Scottish Executive, 2001: 81), thereby further

emphasising the need for a centralisation and homogenisation of children's services across Scotland.

Third, the report demanded that access to universal services for children and young people needed to be as inclusive as possible, ensuring that *all* children and young people have access to services. The report identified that particularly eviction and subsequent homelessness, GP de-registration, and school exclusion were the main reasons why children and young people lost access to universal services, and therefore these issues required particular close attention by service providers in the future.

The fourth action point was particularly important insofar as it comprised a precursor of one of GIRFEC's key pillar; the Named Person scheme (see above). The *For Scotland's Children* report demanded a co-ordinated needs assessment for all children and young people, and a named individual was considered to be critical for achieving this goal: "At every stage, every child should have a **named individual** who can function as the main point of information/reference for the child, and who can co-ordinate arrangements for considering whether other, more specialist, services are required for the small proportion of children who will need these" (Scottish Executive, 2001: 90, original emphasis). Thus, the Named Person programme, so central to GIRFEC, was already laid out much earlier in policy and practice within Scottish Executive.

In this respect, action point 5, too, pronounced a key element of what became later a key pillar of the public health approach to youth violence: *co-ordinated, multi-agency and multi-service intervention* which built on the co-operation between various social service actors, including social worker, guidance teachers, educational psychologists, child and adolescent psychiatrist, paediatricians, and other professionals (Scottish Executive, 2001: 93). The rationale behind this intervention strategies was that "[t]he development of a multi-disciplinary, multi-agency model of staged/tiered intervention will enable more rational consideration of the optimum response to the child/family from within the service network" (Scottish Executive, 2001: 94).

Sixth, and finally, the *For Scotland's Children* report identified that children and young people might suffer under "multiple marginality" (Vigil, 2002) and that the local

agencies needed to be aware of the complexity of children's and young people's needs when providing services. Thus, the report recommended that all agencies needed to arrive at a "common understanding of the characteristics of Children in Need" (Scottish Executive, 2001: 95), thereby anticipating a key assumption of the public health approach that youth violence and offending are the result of various factors within a child's or young person's social environment, including their community, family, and peer network.

Overall, the *For Scotland's Children* report was a key milestone within policy and practice in Scotland to arrive at a holistic understanding of and approach to children's and young people's wellbeing. It comprised a critical moment towards an integration of Scotland's provision of children's services which cumulated, as outlined above, in the publication and implementation of GIRFEC in 2006.

Early Childhood Protection: The 'Growing Support' and 'It's Everyone's Job I am Alright' reports, 2002

The previous section demonstrated that the *For Scotland's Children* report (Scottish Executive 2001) set the tone for Scottish Executive's agenda of positioning children at the heart of its policy approach in social service provision and welfare. In 2002, Scottish Executive published two more extensive reports which were concerned with describing, analysing and evaluating social work and health service provisions in Scotland to support families with very young children between the age of 0-3 (*Growing Support. A Review of Services for Vulnerable Families with Very Young Children*, Scottish Executive (2002b)) as well as with reviewing the practice of protecting children by police, medical, nursing, social work, Scottish Children's Reporter Administration, and education staff ('*It's everyone's job to make sure I'm alright'. Report on the Child Protection Audit and Review*, Scottish Executive, 2002c)). Both reports, this section shows, were also critical for the development of a holistic and child-centred policy approach to children's and young people's wellbeing in Scotland.

The *Growing Support* report (Scottish Executive 2002b, 4) described and analysed "the findings and conclusions of an inter-disciplinary review of social work and health services in

Scotland to support vulnerable families with young children aged 0-3 years." Focusing on a sample of 147 families with children below the age of 3, this report identified that an extensive range of social services were offered to vulnerable families with children between the age of 0-3 and that these services were mostly considered helpful by receiving families. In particular, family centres and services, which sought to help both, parents and children, in improving their skills and development, were considered helpful.

Yet, the report also showed that social workers were often perceived negatively by vulnerable families insofar as families were concerned that local authority social workers, with whom families directly interacted, might take away their children if problems within the family were identified. Social workers were seen as powerful and threatening particularly by those parents

> who had little or no experience of area team social workers and those whose children has been the subject of professionals' concern to the extent that there had been child protection enquiries, their children had been named on the Child Protection Register, or in a small number of cases, the local authority had removed their children from their care (Scottish Executive, 2002b: 32)

Thus, some parents did not seek help because of the negative perception of social workers and were concerned with how others would perceive of them if they had a social worker.

Another important finding of the *Growing Support* report (Scottish Executive, 2002b) was that agencies involved in the provision of social services did not manage to coordinate and cooperate with each other in such a way that "the family's wider needs and the impact of other professionals" were at the heart of their action (Scottish Executive, 2002b: 46). The report concluded that

> [t]here was little evidence of focused work towards change with clear goals and regular review and evaluation of the effect of agencies' intervention. Joint planning and liaison on a regular basis was limited to those cases in which there was a formal framework for inter-agency planning and review (Scottish Executive, 2002b: 46).

Consequently, the report recommended a reformation of local authority social work services which needed to be coordinated alongside health, education and voluntary social

services with the goal "to deliver integrated family support for children in need as well as children at risk" (Scottish Executive, 2002b: 50).

Besides its analysis and review of the social work and health services in Scotland to support vulnerable families with young children, the *Growing Support* report was important for the development of GIRFEC and, subsequently, the public health approach to youth violence because it explicitly discussed the importance of holistic approaches to social service provisions, including the role of prevention strategies. Appendix C of the report contained an extensive literature review of the effectiveness of social work and health services. This review was produced by Clare Armstrong and Malcolm Hill who, at the time, worked for the Centre for the Child & Society at the University of Glasgow. The review's goal was to identify what international and national research had so far found on the "effectiveness of interventions aimed at assisting vulnerable families with children aged under 3 years" (Scottish Executive, 2002b: 67).

The literature review identified four primary frameworks for intervention and prevention within research which all position the child at the centre: (1) cumulative factor approaches; (2) attachment theory; (3) ecological models; and (4) social construction approaches. I forgo a deeper summary of each of these frameworks here but rather want to emphasise that the two authors explicitly pointed out that child protection through prevention can take place via four different prevention strategies: primary, secondary, tertiary and quaternary prevention. These prevention strategies resemble those that also undergird the public health approach to youth violence outlined by the WHO and were considered by the two authors as key pillars in successfully protecting young children from abuse and neglect.

Further, their literature review identified that research suggests that child protection and welfare programmes require an integrated, holistic and co-ordinated approach between all actors involved in the provision of children services:

> child abuse/maltreatment is not the result of a single factor but is a multiply determined circumstance, event or in some cases a series of events – stress, poverty, psychological problems, parents' own poor childhood history, lack of social support, etc. (Scottish Executive, 2002b: 102).

Although this literature review was 'only' attached to the *Growing Support* report by Scottish Executive (2002b) in its Appendix, it is nevertheless critical for understanding how Scottish Executive, prior to the implementation of GIRFEC in 2006, was more and more influenced by holistic and evidence-based strategies to improve children's and young people's wellbeing. The literature review concluded that multi-level and multi-method approaches have the most impact and success for improving children's and young people's wellbeing, that skills-based and social or cognitive learning approaches are particularly valuable, that much care is required to access families with various difficulties, and that input and support by social service providers can*not* be short-term, but "[need] to last months, if not years, to have lasting effects on families with serious multiple difficulties" (Scottish Executive, 2002b: 118). A holistic, child-centred and welfarist approach to children's and young people's wellbeing was clearly fleshed out in this report and subsequently informed policy-making and implementation for GIRFEC.

The second report ('*It's everyone's job to make sure I'm alright'. Report on the Child Protection Audit and Review*, Scottish Executive, 2002c), too, was characterised by a research-led approach to establish whether and to what extent the child protection system in Scotland managed to protect children and young people from neglect and abuse:

> The central part of the review was an audit of the practice of police, medical, nursing, social work, Scottish Children's Reporter Administration, and education staff. The audit was based on a sample of 188 cases which covered the range of possible concerns about children from early identification of vulnerability to substantiated abuse or neglect (Scottish Executive, 2002c: 7).

I forgo a deeper summary and analysis of the responses by agencies involved in child protection. Instead, I wish to emphasise that the '*It's everyone's job to make sure I'm alright'* report, like the *Growing Support* report, foregrounded that systemic and institutional pressures and shortcomings were responsible for inadequate delivery of social and welfare services to children and young people: "effective service delivery is often as a result of extraordinary efforts by individuals and sometimes despite, not because of, the system structures" (Scottish Executive, 2002c: 142). Further, the report identified that the

Children's Hearing System was often misused by agencies as a route to access resources to children who, in theory, should not be dealt with by the Hearing System but rather should receive services through other providers and agencies; a key finding that later also led to the reform of the Hearing System between 2004 and 2006 (see below).

Consequently, the report stated that effective services for children and young people who have been abused or neglected needed to

> incorporate preventative strategies; be part of wider provision of family and child support; build on community and family strengths; be trusted by children and young people to act in their best interests; be easy to access and simple to understand; offer help as and when it is needed; treat children and parents with respect; act quickly and reliably; continuously improve its inter-agency work and assessment processes; and match resources to children's needs (Scottish Executive, 2002c: 142)

Positioning children's and young people's wellbeing at the centre of all actions and service –GIRFEC's key principle – was also explicitly outlined in this report by providing one key question that, according to (Scottish Executive 2002c), should guide all agencies' approach: "'what can I do, or my agency do, to help this child?' This question should be the cornerstone of all agency practice" (Scottish Executive, 2002c: 145). [5]

Starting from this principle, the report asked all agencies involved in the provision of social services to children and young people to review their approaches and procedures to ensure that they met this overarching principle. In more concrete terms, this meant, for example, that

> [l]ocal authorities' plans for integrated children's services, as the overarching plans and drivers for all local children's services, should develop positive childhood initiatives. These should be lead [sic] by a children's rights rather than a public service perspective and should promote <u>every</u> child's rights to life, health, decency and development (Scottish Executive, 2002c: 153, original emphasis).

[5] With this guiding principle, the report also followed the *Building a Better Scotland* report (Scottish Executive, 2002a) which outlined Scotland's spending proposal for 2003-2006 and which also explicitly stated that children and young people and their family should come first: "Closing the opportunity gap by: putting children and young people and their families first; ensuring they are safe and do not threaten the safety of others; promoting equality, inclusion and diversity; and developing values and citizenship" (Scottish Executive, 2002a: 23).

Here, the centrality of children's and young people's rights, key to GIRFEC as well as the UNCRC, was explicitly foregrounded, emphasising that children and young people should also be able to influence which and how social services should be provided. In other words, the focus in policy implementation shifted from focusing on service providers and their interests and perspectives *towards children and young people as beneficiaries of such services*.

Furthermore, the report demanded greater coherence between all agencies in their social service provision because, as concluded by the report, "[t]he three main aspects of child protection – protection services, criminal justice and children's hearings – are not well aligned" (Scottish Executive, 2002c: 156). Inter-agency weaknesses in communication and information sharing, intra-agency problems for practitioners to access relevant information for making informed decision, and too much duplication of efforts to help children and young people, to name a few, were some of the key challenges and problems identified which made a coherent, holistic and integrated system a key recommendation of this report.

Following in the footsteps of the *For Scotland's Children* report (Scottish Executive, 2001), the *'Growing Support'* (Scottish Executive, 2002b) and *'It's Everyone's Job I am Alright'* (Scottish Executive, 2002c) reports were therefore important research-informed policy documents which further developed the idea of a children-centred policy framework within Scottish Executive. GIRFEC and its welfarist approach to children's and young people's needs was therefore the outcome of a longer process of policy development within Scottish Executive that particularly took place amongst those officials with an interest in research-led and research-informed best practices for children's and young people's welfare and wellbeing. Both reports discussed in this section clearly demonstrated that an evidence-based approach to the wellbeing of children and young people was long in the making before GIRFEC became the official policy for all governmental agencies in 2006. Furthermore, what became later key pillars of the public health approach to youth violence, such as the differentiation between different stages of prevention as well as the acknowledgement that offending behaviour needs to be addressed holistically through

inter-agency and inter-method approaches, were already outlined and explicitly mentioned in these policy documents.

The reformation of the Children's Hearing System, 2004-2006

As briefly discussed above, the *It's everyone's job to make sure I'm alright'. Report on the Child Protection Audit and Review* report (Scottish Executive 2002c) already found that the Children's Hearing System needed to be reformed because it was frequently misused by agencies to access resources to children who, instead of referring them to the Hearing System, should have sought to provide services through other means and resources. Furthermore, the adoption of the United Nations Convention on the Right of the Child (UNCRC) in 1989 as well as the incorporation of the terms of the European Convention on Human Rights and Fundamental Freedoms (ECHR) into UK domestic law by the *Human Rights Act 1998* had made the situation of the Children's Hearing System more complicated because "the philosophy of the welfarist Children's Hearings System and the individualist, rights-based culture of the European Convention" (Miller, 2000: 25) needed to be married together. These two factors, combined with persistent concerns with youth offending at the time, "led the Scottish Executive to comprehensively review the system that ha[d] survived 'largely unchanged for almost thirty years' (Hallett, 2000: 31), in its consultation papers (2004/5) entitled *Getting it Right for Every Child*" (Griffiths and Kandel, 2006: 140, original emphasis).

This section analyses the review process of the Children's Hearing System that took place between 2004 and 2006. The focus will be on seven major reports and policy documents by Scottish Executive which were at the heart of this review process:

(1) *Consultation Pack on the Review of the Children's Hearings System* (Scottish Executive 2004b);

(2) *Getting it Right for Every Child: A Report on the Responses to the Consultation on the Review of the Children's Hearing System* (Scottish Executive 2004c);

(3) *Getting it Right for Every Child. Proposals For Action* (Scottish Executive 2005a);

(4) *Getting it Right for Every Child. Proposal for Action. Analysis of Consultation Responses* (Scottish Executive 2006f);

(5) *Getting it Right for Every Child. Children and young people's experiences of advocacy support and participation in the Children's Hearings System* (Scottish Executive 2006c)

(6) *Getting it Right for Every Child. Implementation Plan* (Scottish Executive 2006e); and

(7) *Getting it Right for Every Child. Draft Children's Services (Scotland) Bill Consultation* (Scottish Executive 2006d)

According to (Scottish Executive 2004b), a review of the Children's Hearing System was needed for several reasons. Besides not being reviewed for 33 years since its establishment, Scottish Executive saw the need to review the System in light of changes in society, family structures and legislation. Further, as mentioned before, Scottish Executive identified that the System could be improved in its delivery and provision of support services to children and young people, particularly since the System "had experienced a shift in the balance of referrals to the Reporter to care and protection (i.e. non-offence grounds) (60% in 2002-03 compared to 16% in 1976)" (Scottish Executive 2004b, 4), including a doubling of non-offence referrals since 1992. Besides problems with the quality of the provided service, (Scottish Executive 2004b) also identified regional differences and local variations in support, practice, and practice of delivery across Scotland. Another major area of concern was that Scottish Executive did not have a commonly agreed source and system for successfully and effectively tracking results and evaluations of provided services to children and young people.

In response to these challenges, (Scottish Executive 2004b) sought to identify ways to improve the System. In a first phase, (Scottish Executive 2004b) published a list of key questions about the current Children's Hearing System which were intended for actors, practitioners, local authorities and organisations involved in the Hearing System. In total, 22 questions about the objectives and principles of the Children's Hearing System, its outcomes and institutional structure as a single system, the role of parents, and the involvement of local

communities were sent out for consideration.[6] By 21st July 2004, 732 responses were submitted (Scottish Executive 2004c). Respondents overwhelmingly supported to maintain the principle of a child-centred system which main objective is to meet the needs of children and young people (Scottish Executive 2004c). The welfare of children and young people was considered to be the overarching principle and should continue to inform how the System should operate in the future. Furthermore, widespread agreement among respondents for a single system within which a generalist Panel deals with all of the needs of an individual children or young person in an integrated manner was also a major outcome of this survey. The question whether the Hearing System should also balance the rights of family members alongside the interests of the child and young person was opposed by most respondents who considered the Children's Hearing System mainly as a system for the welfare of children and young people. Finally, a problem that practitioners and actors involved in the Hearing System identified was the inability of the System to deal with more persistent and serious offenders.

Whereas the first phase of the Hearing System's review was mainly concerned with some broader and fundamental considerations and questions of the System's overall agenda and approach to children's and young people's welfare, the second phase was primarily concerned with the more detailed changes necessary for ensuring that the System continued to have the capacity, resources and procedures to ensure that its aims and objectives were achieved. In 2005, (Scottish Executive 2005a) published its *Proposal For Action* for reforming the Hearing System. This report was significant insofar as it outlined key premises and values of what later became GIRFEC'S SHANARRI framework. Early in the report, (Scottish Executive 2005a) published its vision for children which outlined that children needed to be safe, nurtured, healthy, achieving, active, respective and responsible, and included – all aspects of children's and young people's welfare that were later reorganised into the SHANARRI policy. Furthermore, and significant to GIRFEC's overall development, the second phase of the review set out *how* "to make sure that a child receives a co-ordinated support which delivers help when needed" (Scottish Executive 2005a, 14). To do so, Scottish Executive set the goal of developing a "child friendly system which makes sure that, where the child needs a plan, there is one plan of action which is underpinned by co-ordinated assessment of the child's needs" (Scottish Executive 2005a, 14). Crucially, this new system should ensure that children and their families understand what is expected of them, how these expectations will be met,

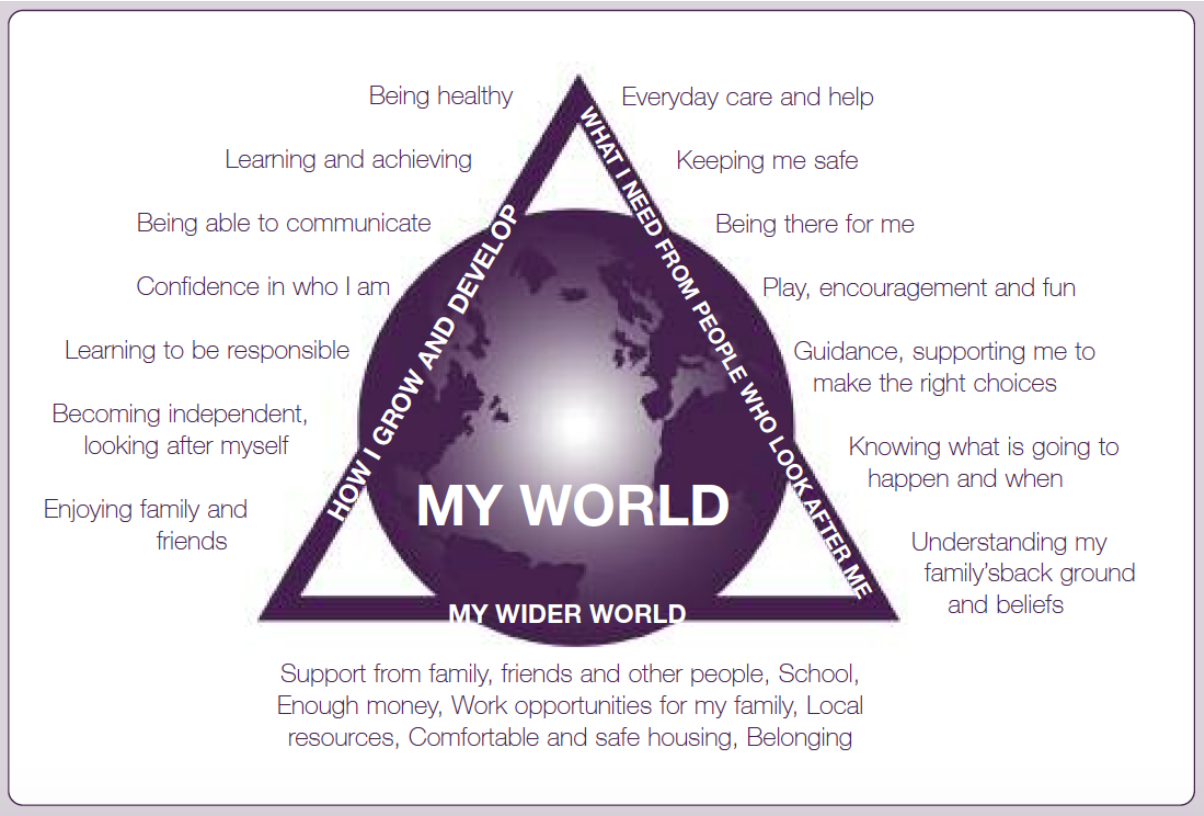
[6] The list of questions can be found here: https://www.webarchive.org.uk/wayback/archive/20180602204418/http://www.gov.scot/Publications/2004/10/20021/44114 (last accessed 05 August 2021).

and how outcomes and milestones will be reviewed. Further and responding to the critique that inter-agency cooperation had, at times, been difficult and ineffective, children and their families will know which agencies coordinate their action plan to improve children's and young people's welfare.

Such goals and aims demanded a restructuring of the current system of social service provision to children and young people. The report therefore suggested that, building on the *Children (Scotland) Act 1995*, all agencies have statutory duties "to identify children who are in need; to seek and record the child's views; to co-operate so that agreed action happens; to act on Children's Hearings decisions; to appoint a lead professional to plan and coordinate activity where a child requires multi-agency input; and to be accountable for their actions" (Scottish Executive 2005a, 14). The goal of these duties was also to ensure that referrals to the Hearing System were only made in those cases where significant need and the likely need for compulsion were necessary. In all other cases, the Principal Reporter of the Hearing System will "have the authority to send the child' case back to the agencies to fulfil their duties" (Scottish Executive 2005a, 14).

Besides restructuring the bureaucratic procedures of the Hearing System to re-position the child's needs at its heart and to reduce and facilitate administrative procedures in the delivery of social services, the *Proposal For Action* report (Scottish Executive 2005a) also suggested an Integrated Assessment Planning and Recording Framework (IAF). The new IAF applied to everyone involved in working with children and young people (from education, primary health care to the police) to ensure that everyone is accountable for and acknowledges their responsibilities for the wellbeing of children and young people. Further, the IAF required agencies to share all relevant information about a child or young person to ensure the promotion of their best interests and wellbeing. The IAF also set out a coherent assessment plan for children's and young people's wellbeing. Crucially, the IAF introduced the so-called 'Assessment Triangle' which, as mentioned earlier, later became part of GIRFEC's National Practice Model (see Figure 4 again). This Triangle identified those "generic areas important in the development of all children, which should be taken into account when assessing children and young people" (Scottish Executive 2005a, 37) (see Figure 5).

Figure 5: The Assessment Triangle



Source: (Scottish Executive 2005a, 37)

The assessment triangle is intended to guide all professionals involved in a child's development and remind them of their responsibilities for the child's total wellbeing.

As with the first round of evaluation, the *Proposal For Action* report (Scottish Executive 2005a) also included a list of questions to organisations and individuals involved in the delivery of social services within the Children's Hearing System. The intention was to openly discuss the ideas and suggestions for reforming the Hearing System outlined in the *Proposal For Action* report. The results of this consultation were published in March 2006 as part of the *Getting it Right for Every Child. Proposal for Action. Analysis of Consultation Responses* report (Scottish Executive 2006f).

I forgo a detailed analysis of the responses received in this second phase of evaluation which were published in the *Getting it Right for Every Child. Proposal for Action. Analysis of Consultation Responses* report because "[t]he vast majority of comments received are concerned with the detailed arrangements for implementing proposals" (Scottish Executive 2006f, 72). Instead, and for the purpose of this report, it is sufficient to emphasise

that respondents generally saw the need to develop an integrated approach towards meeting the needs of children and young people by building upon existing good practices, structures and systems. Instead of fundamentally restructuring the existing Children's Hearing System, respondents saw the need to overcome those substantial technical, legislative and cultural barriers that prevented achieving the level of coordination and information sharing necessary for building a system that is entirely dedicated to the wellbeing of children and young people. Crucial for achieving this goal was to implement a more focussed and targeted approach in referrals to the Hearing System whilst avoiding to put too much emphasise on offending at the expense of looking at the wider wellbeing of children and young people (Scottish Executive, 2006c: 48). Although one of the challenges and shortcomings of the existing Children's Hearing System, as outlined before, was that the current System was overburdened with referrals of children and young people who should have received support and services from other agencies, "[a] significant number of respondents […] suggested that setting the threshold for referral to a Children's Hearing too high could result in some children or young people not receiving the support they require" (Scottish Executive, 2006c: 48).

As stated before, the overall goal and aim of GIRFEC has been to position children and young people at the centre of policy and practice in Scotland. The reformation of the Children's Hearing System, too, identified that positioning children and young people at the heart of the System required a better understanding of what children and young people thought about the current Hearing System. Thus, Scottish Executive commissioned a research report – the *Getting it Right for Every Child. Children and young people's experiences of advocacy support and participation in the Children's Hearings System* report (Scottish Executive 2006c) – which was published in April 2006 and which sought to

> find out how advocacy for children in the Children's Hearings System compares with arrangements in other UK systems of child welfare and youth justice and those internationally, and what children and young people and the professionals who work with them think about advocacy arrangements in the Children's Hearings System and how these can be improved (Scottish Executive 2006c, 7)

The goal of this research report was to identify what children and young people thought about the existing advocacy provision within the Hearing System, how it could be improved, and how adults account of children's and young people's experiences with the advocacy provision within the Children's Hearing System. 29 children and young people from urban Glasgow and rural Argyll between the age of 5 to 18 (seventeen were boys, twelve were girls) were interviewed in 2005. Table 1 provides a summary of the key findings of this report.

Table 1: Summary of findings from *Getting it Right for Every Child. Children and young people's experiences of advocacy support and participation in the Children's Hearings System* report

Who provides advocacy support in the Children's Hearings System?	**Children's and young people's experiences with advocacy**	**What children and young people want from advocacy support**
Social workers considered by children and young people as most common source of advocacy support. Experience with social workers' advocacy support varied significantly among children and young people with some emphasising more positive, others more negative experiences. The presence of family members during hearings was perceived as very important, although their advocacy role was limited.	Helpful factors according to children and young people were: • Providing papers which are accessible • Preparation and discussion before the Hearing • Knowing what to expect • Evidence of listening • Providing explanations • Creating a comfortable environment • Asking for views about possible decisions Adult behaviour that children and young people described as inhibiting participation included:	The following qualities of an advocate were identified by the children and young people interviewed as important: • Someone who listens • Someone who explains things • Somebody known • Somebody who can be trusted • Someone who is loyal • Someone who is flexible • Someone who is sensitive • Someone who is approachable • Someone who can communicate with children and young people

	• Talking over children and young people • Using language and terminology that is not understood • Repeating statements or questions • Directing questions to others • Asking difficult or awkward questions • Talking about children and young people rather than to them • Being discouraged from speaking Feelings that children and young people described included: • Feeling shy or embarrassed • Feeling suspicious of adult motives • Feeling that adults did not listen to answers • Feeling that adults did not believe answers • Fear of an unknown process • Fear of outcomes (Scottish Executive 2006c, 37)	• Someone who will challenge the panel members at the Hearing (Scottish Executive 2006c, 43)

The report concluded that it is critical to listen to children and young people when providing advocacy and to ensure that they are informed about the hearing processes in an accessible way. Further, those providing advocacy support needed to be confidential, good listeners and able to communicate effectively with children and young people (Scottish Executive 2006c, 44). Crucially, the report suggested that advocacy required an active participation of children and young people to ensure that their voices, perspectives, and

needs are considered in the Hearing System: "It is therefore necessary to see the provision of advocacy as a process which is negotiated and re-negotiated with the child or young person rather than something that is fixed and determined at the outset of their involvement in the System" (Scottish Executive 2006c, 46).

The implications for policy and practice of this research report were that, firstly, instead of providing a 'national system' of advocacy within the Children's Hearing System, "the needs and wishes of children and young people could be met by devising a common advocacy standard" (Scottish Executive 2006c, 47). The goal of this common advocacy standard was to enable all agencies involved in the Children's Hearing System to operate on a shared understanding and basis of what advocacy meant and required which, at the same time, also considered the experiences and perspectives of children and young people. Actively including children's and young people's perspectives and experiences into advocacy provision also enabled adults involved in the Hearings processes to ensure that gaps in the current provision of advocacy are closed and met.

Secondly, the report suggested to implement 'personal advocacy plans' for children and young people which could be drawn on and reviewed at each stage of the Hearing's process. These plans should outline those packages of advocacy support considered important for each child or young person, thereby reflecting the child's or young person's individual circumstances, needs, and wishes.

Based on this second phase of consultation and evaluation, including the findings from the research report on children's and young people's participation in the Hearing's processes, (Scottish Executive 2006e) published its *Implementation Plan* for GIRFEC in June 2006 which outlined the key steps in introducing and implementing the policy across Scotland. A three-pronged approach was suggested that included, firstly, the development of tools that professionals within children service needed for doing their job which included a single assessment record and plan, practice guidance and skills development. The development of these tools will be done via a number of 'pathfinder projects' in the Highlands (see below). Second, legislative changes were announced which "place[d] new duties on agencies to co-operate with each other and share information" (Scottish Executive

2006e, 1) and which were later incorporated into the *Getting it Right for Every Child. Draft Children's Services (Scotland) Bill Consultation* (Scottish Executive 2006d) (see below). Third, it was agreed to remove barriers that were in the way for a coordinated and integrated approach to ensuring children's and young people's wellbeing.

The final policy document in the reformation of the Children Hearing System was the *Getting it Right for Every Child. Draft Children's Services (Scotland) Bill Consultation* (Scottish Executive 2006d). The draft bill was "intended to support this wide programme of reform and to place the child at the centre of service provision in Scotland" (Scottish Executive 2006d, 2). In the first part, the document provided a summary of the policy consultation and changes that took place since 2004 in reforming the Children Hearing System, and it outlined how existing policies and documents will be aligned with the principles of GIRFEC "to ensure that each child gets the help they need when they need it" (Scottish Executive 2006d, 12). In its second part, the consultation draft of the *Children Service (Scotland) Bill* was outlined which was "[a]n Act of the Scottish Parliament to confer functions on certain bodies in relation to the wellbeing of children; to amend the Children (Scotland) Act 1995; and for connected purposes" (Scottish Executive 2006d, 35). Thus, the draft Bill sought "to implement the legislation required to deliver *Getting it right for every child*" (Scottish Executive 2006d, 67).

Part 1 of the draft Bill outlined its overarching provisions which reflected GIRFEC's key principle of positioning children's and young people's wellbeing at the heart of policy and practice in Scotland; which stated that all relevant agencies needed to work towards the common goal of children's and young people's wellbeing; which reinforced that children's and young people's views should be considered and heard in decision-making processes; and that all agencies should collaborate to ensure the wellbeing of children and young people.

Part 2 outlined various changes to the *Children (Scotland) Act 1995* including changes in the criteria for referring children to the Children's Hearing System as well as strengthening the Children's Hearing System. I forgo a detailed analysis of these changes here. The draft Bill also acknowledged that GIRFEC is a long-term process and that this draft Bill only comprised the first step in a longer process of implementing GIRFEC. Before any concluding evaluation of GIRFEC's current policies and legislative changes can be made, the pathfinder projects had to be evaluated.

In summary, the review of the Children's Hearing System took place between 2004 to 2006 and introduced GIRFEC into policy and practice in Scotland. It identified the need for a coherent approach to children's and young people's wellbeing where inter-agency cooperation and coordination, the active consultation and inclusion of children and young people into the Hearing's System, and, most importantly, the positioning of children and young people at the centre of all policy and practice within Scotland were introduced as key pillar of a new approach to children's and young people's wellbeing.

Conclusion: GIRFEC's implication for policy and practice in Scotland

Since its official implementation in 2006, GIRFEC has become the leading methodology in formulating new social service policies in Scotland. Figure 6 provides an overview of some of the major policies that have been developed based on GIRFEC's principles. Early evidence from the pathfinder projects in the Highlands (2006-2009), which sought to establish whether GIRFEC is a successful policy strategy for improving children's and young people's overall wellbeing, also suggested that GIRFEC's key principles work in promoting children's and young people's overall wellbeing (Scottish Government 2009b). On a general level, the pathfinder projects between 2006-2009 showed that through GIRFEC, "children and young people are safer than they were in 2005" (Scottish Government 2009b, 138). More specifically, for example, the Named Person scheme proved to be successful in promoting children's and young people's wellbeing and in ensuring that social services are delivered in an inclusive way with children's and young people's families actively included in planning and decision-making processes. The pathfinder projects also observed changes in the professional culture for social service provision where the evaluation report identified the emergence of a "sense of ownership of Getting it right for every child" (Scottish Government 2009b, 136) among professionals.

For the evolution of the public health approach to youth violence, GIRFEC was not only important for re-centring social service provision towards children's and young people's needs and wellbeing and introducing a holistic understanding of children's and young people's wellbeing, but also because it informed a variety of further policies which, too, became critical pillars in the development and implementation of the public health

approach. From education (chapter 3), the early years of children (chapter 4), healthcare provision (chapter 5), to poverty and income inequality (chapter 6), GIRFEC provided the overarching methodological framework that informed these policy initiatives which all played a critical role in the formulation and evolution of the public health approach to youth violence.

Figure 6: Policies that build on GIRFEC

3. *Curriculum for Excellence*

Around the same time when GIRFEC was developed in policy and practice, Scottish Executive also initiated a major reform project of Scotland's curriculum for pupils aged 3 to 18. What came to be known as the *Curriculum for Excellence* (CfE) was another major milestone in Scotland's approach to position children and young people at the heart of its approach in delivering social, and in the case of CfE, educational services. Much has been written about the success and challenges of CfE, and this report forgoes a deeper evaluation of this programme which has been done elsewhere extensively (see Priestley and Biesta 2013; Humes 2013a). Rather, and in line with the intended goal of this report to reconstruct how the public health approach to youth violence developed in policy and practice in Scotland and England, this chapter sets out how CfE has contributed to a child-centred approach in addressing youth violence and offending by considering children and young people as active agents in shaping and delivering social and educational services.

This chapter therefore reconstructs the historical development of CfE within Scottish Executive by focusing on how CfE, similar to and in line with the premises of GIRFEC, reinforced an understanding that social service agencies need to position children and young people at the centre of their work. In a first step, the historical context for the development of CfE will be outlined which is followed by a discussion of the key premises and goals of CfE.

Historical context

The development of CfE needs to be understood against the backdrop of Scotland's devolution of 1999 and how Scotland's national education had always developed independent of other countries within the UK: "National political consciousness was heightened with the re-establishment in 1999, after more than 300 years, of a Scottish Parliament in Edinburgh, with a range of devolved powers" (Humes, 2013b: 13). The development of CfE began in December 2000 when Scotland's five priorities for education

were set by the Education (National Priorities) (Scotland) Order 2000: *Achievement and Attainment; Framework for Learning; Inclusion and Equality; Values and Citizenship; Learning for Life.* These five principles comprised the backbone of Scotland's approach to education after devolution of 1999.

Fast forward to March 2002, the Scottish Executive, more specifically the Minister for Education and Young People, launched an extensive consultation of the state of school education through its *National Debate on Education* which lasted for three months. This debate was intended to hear people's views and opinions on the current state of Scottish education and how it can be improved. It is difficult to quantify how many people participated in the debate and provided feedback to the questions of Scotland's education by Scottish Executive. Munn et al. (2004: 435) states that

> [a]t least 800 events took place and over 1500 responses were sent in. Events varied in size from small discussion groups of three or four people to major seminars and conferences involving 100 or more. The best estimate from information supplied by organizers of events is that over 20,000 people were involved in the debate.

The debate was different to previous public consultations on policy initiatives insofar as it did not ask

> for responses to a specific policy proposal. Rather it was asking in a fairly open way some important questions about what schools in the future should be like. What should pupils learn? How could pupils learn more effectively? What were the best and worst things about the current system? What were the priorities for improvement? (Munn et al., 2004: 434)

One of the key findings of the debate was that overall satisfaction with the structure of the educational system was high among respondents. There was therefore no demand to fundamentally change the existing structure of Scotland's education system, but rather to address those areas that required improvements through adjustments of the curriculum. For example, respondents emphasised that the curriculum needed greater flexibility to meet the individual needs of children and young people, for example those with special educational needs and those who were particularly talented.

In response to the *National Debate on Education*, Scottish Executive (2003b) summarised its priorities in reforming Scotland's education system in order "to meet each

child's individual needs" (Scottish Executive, 2003b: 3) which included, *inter alia*, an increase in pupil's choices in choosing their subjects within the curriculum, simplifying and reducing the amount of assessments, a reduction of class sizes and an improvement of the teacher/student ratio, improving school buildings, and a better involvement of parents in their children's education. Crucially, Scottish Executive (2003b: 6) identified that a "[c]omprehensive education means meeting all pupils' learning needs, not putting all pupils through the same system, delivering according to local needs and priorities", thereby identifying the need to position children and young people at the heart of education provision.

CfE was formally introduced by Scottish Executive in its report of the curriculum review group (Humes 2013b, 16) but developed over a timespan of several years during which a series of progress reports on different aspects of CfE were published (Scottish Executive 2006b; 2007a; Scottish Government 2008c; 2009a; 2011). Against the backdrop of the *National Debate on Education*, a Review Group was established in November 2003 with the goal "to identify the purposes of education 3 to 18 and principles for the design of the curriculum" (Scottish Executive, 2004a: 7). The views expressed during the National Debate were taken into account by the Review Group which also considered how macro-economic and structural factors, such as changing labour markets, patterns of work and new technologies, would require an adaptation of the curriculum. Furthermore, "the Group was asked to take a broad view of children's development, within the wider framework of Integrated Children's Services, bearing in mind the wide range of adults directly involved in the education of children and young people, in early years centres, schools, colleges and out of school learning" (Scottish Executive, 2004a: 7). The result of the Review Group's work was the *Curriculum for Excellence*.

Key premises and goals of CfE

At the heart of the CfE are those objectives and visions for children and young people already set out and identified in GIRFEC: "all children and young people should be valued

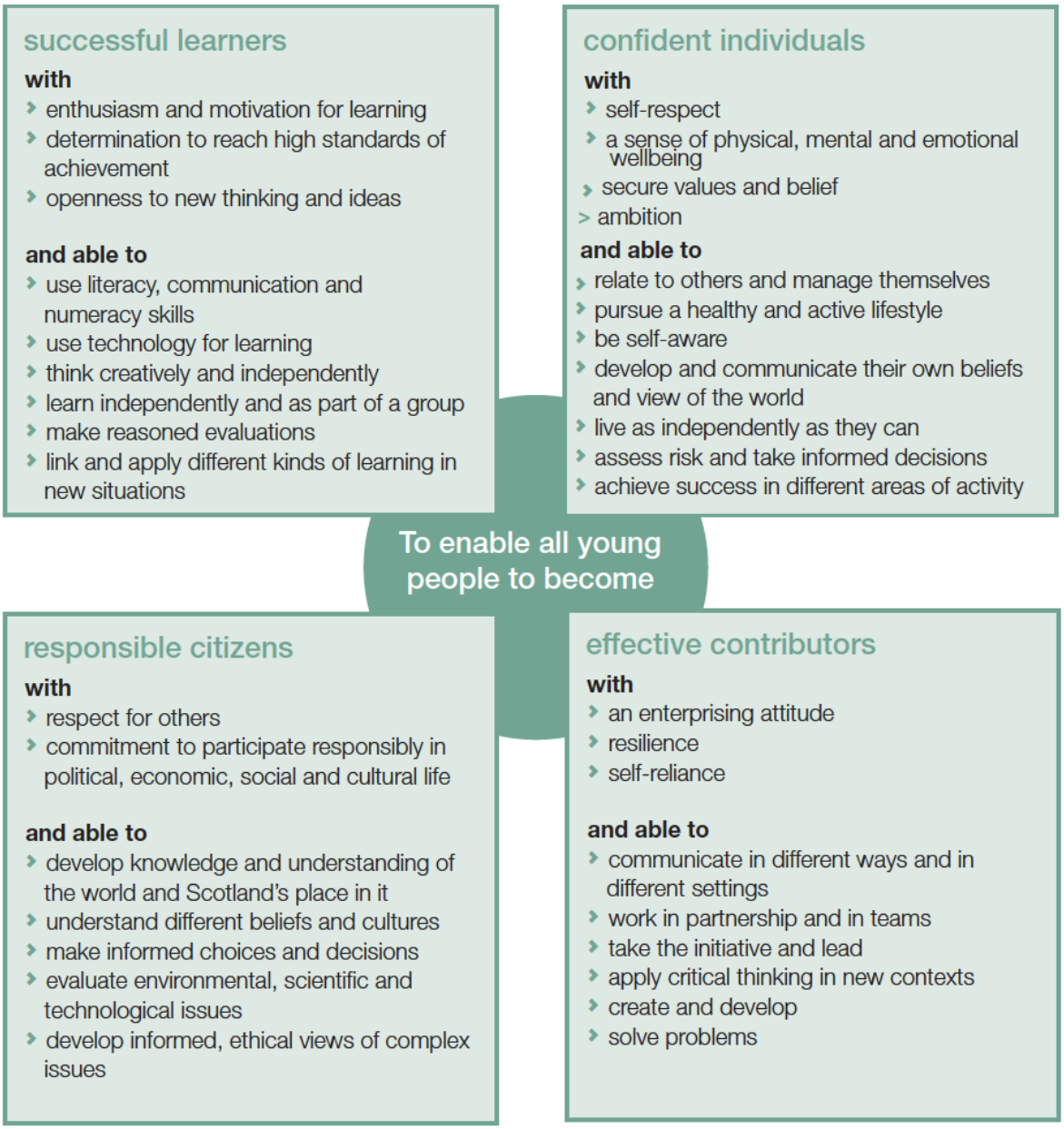
by being *safe*, *nurtured*, *achieving*, *healthy*, *active*, *included*, *respected* and *responsible*" (Scottish Executive, 2004a: 3, my emphasis). Through the CfE, GIRFEC's goal of promoting and ensuring children's and young people's health and wellbeing was extended to schooling and learning. According to the CfE, it is important for children and young people to "develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future" (Education Scotland, n.d.: 1).

In order to unlock children's and young people's potentials and capacities for society, the school curriculum needs to enable all children and young people to benefit from their education through reaching the highest possible levels of achievement and by equipping them for work and learning throughout their lives. Scottish Executive tried to achieve these goals through the implementation of a single framework for development and learning from 3 to 18 years of age which, at the same time, allowed for individualising the curriculum to meet children's and young people's specific needs:

> The framework needs to allow different routes for progression from one stage of learning to the next, and promote learning across a wide range of contexts and experiences. It should equip young people with high levels of literacy, numeracy and thinking skills and support the development of their health and wellbeing. […] Individualised educational programmes, co-ordinated support plans and any other plans which are used to support individual children should sit within the single framework (Scottish Executive 2006b, 9)

The overall goal of CfE has therefore been to ensure that all children and young people become "successful learners, confident individuals, responsible citizens and effective contributors to society and at work" (Scottish Executive, 2004a: 12) (see Figure 7).

Figure 7: The four capacities of CfE



Source: (Scottish Government 2008c, 22)

With regards to the overall goal of CfE to make children and young people 'effective contributors' to society, Tisdall (2013) has commented that this goal also extends to children's and young people's ability to participate in and contribute to their own schooling and learning. Although the notion of 'effective contributors' is not defined and discussed within official policy documents for the CfE, it needs to be viewed within the broader shift within Scottish Executive to view children and young people as active agents and stakeholders within policy and practice. In the *Standards in Scotland's School etc. Act 2000*,

for example, children and young people were already explicitly considered active agents whose opinions and views should be taken into account when decisions about their education are made. As stated in section 2 *Duty of education authority in providing school education* of the Act, "an education authority shall have due regard, so far as is reasonably practicable, to the views (if there is a wish to express them) of the child or young person in decisions that significantly affect that child or young person, taking account of the child or young person's age and maturity." Furthermore, the UNCRC also finds application within the CfE where children's and young people's rights extends to their right and ability to influence their schooling and education (Tisdall, 2013: 120).

Thus, CfE, building on GIRFEC, too, has been an important policy initiative within Scottish Executive to place children and young people at the heart of the policy and practice and consider them active stakeholders in decision-making processes. Yet, as Tisdall (2013) emphasised, children's and young people's ability to participate in decision-making concerning their schooling and learning should not be confused with their self-determination. "Much of the drive for children and young people's participation is for them to be recognized as stakeholders,

alongside other adults, that their views should be part of decision-making and an important influence when decisions impact on them greatly" (Tisdall, 2013: 122). For example, the role of teachers for the successful implementation of the CfE has repeatedly been foregrounded by Scottish Executive (see Scottish Executive, 2006a). Yet in the broader picture of policy change within Scottish Executive in the early 2000s, CfE, too, was an important milestone for introducing a holistic approach to thinking about children's needs and wellbeing in Scotland.

Although references to youth violence and offending did not feature in those policy documents that described and outlined the CfE, the CfE nevertheless had important implications for the evolution of the public health approach to youth violence insofar as it recognised that educational attainments in the early years are critical for later developments in the lives of children and young people. Through the CfE, Scottish Executive understood that only by providing education that considers children's and young

people's individual abilities, interests, needs, and social contexts, is it possible to ensure that children and young people are adequately prepared for future employment opportunities and career development. Thus, causes of violence such as "disadvantage and inadequacy of structures (education, employment) to support individuals" (Arnot and Mackie 2019, 2) identified by the public health approach were implicitly already outlined in Scotland's CfE.

4. Early years and early intervention: the *Early Years Framework*

One key area of the CfE has been the development of recommendations and policy frameworks for early years education and early intervention. In 2007, Scottish Executive (2007) published its 'active learning in the early years' guideline as part of its continuing development of CfE. Active learning focuses on how young children can develop their thinking and learning through real-life and imaginary situations that centre around the use of play as a learning method. Scottish Executive (2007: 6) considers active learning as a key tool in ensuring that children and young people learn, for example, how to bounce back from setbacks, deal safely with risk, respect themselves and others, tackle problems through communication, and respect the opinion of others. Primary prevention through educational attainments therefore guides early years education strategies of CfE.

With its focus on early years education, the CfE needs to be viewed as part of the broader development within Scottish Executive to position early years development at the centre of its policy initiatives to children's and young people's wellbeing. This orientation towards early years in policy and practice reflected broader developments in early childhood education and care within European policy where a trend towards an investment in early years, including the professionalisation of those actors involved in the management and provision of early years services, emerged (Wingrave and McMahon, 2016). As outlined in previous chapters, Scottish authorities had already realised in the early 2000s that more emphasis needed to be put on children's and young people's welfare and wellbeing and that the reasons for youth violence and offending are often found in children's and young people's early years' social environments within families and communities. David's story, for example, which became the leading example of the Violence Reduction Unit (VRU) in Strathclyde in promoting its holistic public health approach to youth violence (see chapter 10), was also used by Scottish Government within early years strategies to highlight how violent behaviour is often the result of exposures to alcohol, drugs, violence within the family, exclusion from education, among others, in children's early lives and prenatal development (Scottish Government 2008k).

The focus on early years cumulated in the publication of Scotland's *Early Years Framework* in 2008 (Scottish Government 2008k) which explicitly sought to develop a framework for early years development and which highlighted that children's and young people's early years experiences are crucial for their subsequent life opportunities and development (Jung et al., 2010: 224). According to Dunlop (2015: 266) "[t]he Early Years Framework heralded a fundamental shift in philosophy and approach that embraces the role of parents and communities and supports them with engaging in high-quality services that meet their [children's] needs." Building on the key premises and principles of GIRFEC, the *Early Years Framework* comprised another important moment in Scottish policy and practice in the development of the public health approach to youth violence because it highlighted that it is during children's and young people's earliest years and even pre-birth where large parts of future behavioural patterns, including violent behaviour, in adult life are set (Scottish Government 2008k).

The *Early Years Framework* arose out of a cooperation between Scottish Government with the Convention of Scottish Local Authorities (COSLA) and a variety of other actors from NHS Scotland, local government, and the voluntary sector. It was one of the first examples of joint policy development between local and national government which became more and more important within Scottish Government since it had published a concordat for a new relationship between national and local authorities on 14 November 2007 (Scottish Government 2008d, 2–3).

The *Framework* comprises a milestone in evidence-based policy development (Jung et al., 2010; (Scottish Government 2008e) which, following in the footsteps of GIRFEC, focuses on how children and young people can be supported in their very early lives through holistic and child-centred prevention and early intervention policies. It is an evidence-based policy insofar as the *Framework* has been built on findings from early childhood research. For example, the advancement of research in neuroscience in recent decades has shown how the development of children's brains is critically influenced by environmental factors and that "prolonged parental stress, trauma and neglect can impact negatively on babies and young children in respect of brain development" (Learning and

Teaching Scotland, 2010: 16). Such scientific research findings informed the development of the *Framework*.

Early years are defined by Scottish Government as the time between pre-birth to 8 years old because this timeframe also recognises "the importance of pregnancy in influencing outcomes and that the transition into primary school is a critical period in children's lives" (Scottish Government 2008k, 3).

Four principles guide early intervention strategies outlined in the *Framework*: (1) providing children and young people with the same outcomes and opportunities; (2) identifying those at risks of not achieving those outcomes and lacking access to opportunities in order to take preventative steps for minimising risks within their environments; (3) taking effective action where risks have already materialised; and (4) supporting and helping parents, families and communities in developing their own solutions by using and building on existing public services (Scottish Government 2008k, 3). Crucially, the *Early Years Framework* sought to "move away from a focus on 'picking up the pieces' once something has happened, towards prevention, becoming better at early identification of those individuals who are at risk and taking steps to address that risk" (Scottish Government 2008d, 1). Thus, the *Framework* has been outcome-oriented with the goal to help parents develop their parental skills within antenatal and postnatal care, to further integrate social services for education and childcare, to improve children's opportunities, to provide more consistent access to intensive family support services in the early years, and to ensure that adult services such as housing, transport and development planning put a greater focus on the needs of young children and families (Scottish Government 2008k, 5).

The *Early Years Framework* needs to be viewed within the broader development of child-centred, outcome-focused services already developed through GIRFEC and the CfE. Similar to GIRFEC, the *Early Years Framework*, too, builds on UNCRC and its focus on rights of children and young people. Further, the *Early Years Framework* has been developed as a response to the ambitions of Scottish Government to deliver an economically more successful and sustainable Scotland (Scottish Government 2008d, 2; 2008k, 7). In its first *Government Economic*

Strategy in 2007, for example, (Scottish Government 2007b) emphasised the importance of investments in early years for Scotland's economic development and performance:

> Investment by all individuals and by the state in early years, school, further and higher education has a proven impact on the employability and productivity of individuals and, in turn, business growth. […] There is increasing evidence around the return on investment from early years intervention. On top of benefits to the individual, Scotland's Scandinavian neighbours offer lessons about the potential positive impact of high quality, affordable and widely available early years provision on labour market participation and population (Scottish Government 2007b, 22).

Beyond its importance for Scotland's economic development and performance, the *Early Years Framework* has become an important pillar in Scotland's overall strategy to tackle youth violence and offending. The *Framework* recognised that a "business as usual approach" (Scottish Government 2008d, 3) – that is, a focus on risk management and policing only – would not have the desired effect for violence reduction. Instead, "[i]mproving the early years experiences of […] children is […] a central element of our strategy for regenerating communities, reducing crime, tackling substance misuse and improving employability" (Scottish Government 2008k, 8). The focus of the public health approach to youth violence to move away from the management of violent behaviour and offending through policing towards prevention, early identification and early intervention was explicitly spelled out in The *Early Years Framework* (Scottish Government 2008k, 8) and, as chapter 10 will detail, also inspired the VRU in Strathclyde. The *Early Years Framework* therefore comprised a paradigm shift in Scottish Government – a shift that had already started through the implementation of GIRFEC as well as CfE – which foregrounded positive opportunities, empowerment, capacity building, a focus on prevention, risk identification and early intervention, and opportunities for action at individual, environmental (family, community, society) and service level (Scottish Government 2008d, 3).

The importance of early intervention was further highlighted in the *Framework* by discussing David's story, which later became a key example in the promotion of Scotland's public health approach to youth violence through the VRU. In the case of David and many other children and young people, Scottish Government acknowledged that early

intervention would have potentially prevented violent behaviour in later years of their life. The idea to "mov[e] from intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems materialise" (Scottish Government 2008d, 8) did not happen in David's case but needs to dictate future policies and practices in reducing and preventing violent behaviour. Thus, understanding that violent behaviour and offending in later years are often rooted in early childhood trauma and abuse (Scottish Government 2008k, 13) was explicitly acknowledged in the *Early Years Framework* and therefore comprised an important moment in policy and practice within Scottish Government to develop its public health approach for violence reduction.

5. *Equally Well*: Addressing health inequalities among children and young people

GIRFEC's key principle is to ensure that social services focus on children's and young people's overall wellbeing. As outlined before, educational attainments form part of a holistic understanding of wellbeing and were addressed through the *Curriculum for Excellence*. Another major pillar in wellbeing provision has been health care. Good health, Scottish Executive and later Government concluded, is also critical for children's and young people's success in life and overall wellbeing. Consequently, and following the implementation of GIRFEC as the overall methodological framework for social service provision in Scotland, health care became another major area of concern which also had important implications for the evolution of a public health approach to youth violence.

This chapter analyses the role of health care by particularly focusing on the *Equally Well* policy initiative by (Scottish Government 2008g) for health inequalities among children and young people. *Equally Well*, it is argued, explicitly recognised violence as a public health concern for Scotland and demanded a reorientation of policy and practice towards a holistic, multi-agency approach that builds on the public health approach to violence spelled out by the WHO. *Equally Well* identified that health inequalities are a critical driver for violent behaviour and offending and that alcohol and drug misuse often contributes to higher levels of violence. As such, *Equally Well* contributed to the evolution of the public health approach to youth violence because it positioned health and health inequalities at the centre of violence prevention strategies.

Historical context of Equally Well

Before this chapter turns to a more detailed analysis of *Equally Well*, it is necessary to understand the broader political context in which *Equally Well* emerged.[7] In February

[7] I will limit the historical contextualisation of how *Equally Well* emerged in policy and practice to the more immediate period when GIRFEC and the reformation of the Hearing System were more clearly and explicitly spelled out by Scottish Executive and when the public health approach to youth violence started to emerge in policy and practice. This is not to suggest, however, that health and healthcare were not important issues

2007, (Scottish Executive 2007b) published its report *Delivering a Healthy Future. An Action Framework for Children and Young People's Health in Scotland*. The goal of this report was "to bring together in a single, focused and accessible format the principal challenges facing the provision of children and young people's health services and the actions required from the NHS in Scotland and its partners in healthcare provision" (Scottish Executive 2007b: viii). *Delivering a Healthy Future* identified that children and young people in Scotland suffer disproportionately under specific health conditions in comparison to other European countries. For example, incidences of Type I (insulin dependent) diabetes had tripled in the last 30 years and cancer rates among children and young people had also increased by over 20% between 1975-79 and 1995-99. Moreover, drug and alcohol misuse among parents had developed into a major public health crisis with estimates suggesting that 40-60,000 children in Scotland lived with drug abusing parents and up to 100,000 in households where one or more parents had an alcohol problem. The number of looked after children had also increased (see also the report *looked after children & young people: we can and must do better*, (Scottish Executive 2007c)), including the number of children with mental health problems. 35 percent of 15-year-olds reported occasional drug use with 4 percent using drugs on a regular basis (Scottish Executive, 2007b: x-xii).

Children's and young people's health therefore became a major concern to Scottish Executive and required "an approach that embrace[d] all the agencies and systems that

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to Scottish Executive prior to that. In fact, as early as 1996 did Scottish Executive put health and healthcare at the top of its political agenda. For example, the report *Eating for Health: a Diet Action Plan for Scotland* (Scottish Executive 1996) criticised people's unhealthy diet in Scotland and sought to develop a framework for healthier eating habits. The 1999 reports *Towards a Healthier Scotland* (Scottish Executive 1999b) and the 2003 report *Improving Health for Scotland* (Scottish Executive 2003b) identified the need for early years strategy for health with the goal to improve resilience among children and young people through, for example, a reduction of exposure to unhealthy environments (e.g., alcohol and drug misuse by parents as well as during pregnancy) and improving children's and young people's diet. Furthermore, *Improving Health for Scotland* recognised the importance of supporting children and young people in their teenage transition where issues like smoking, drugs, sexual health, alcohol, mental health and well-being were identified as important topics. The focus on early years in healthcare was also explicitly spelled out in the *Our National Health. A plan for action, a plan for change* report (Scottish Executive 2000). Health was also considered critical by Scottish Executive (2002e) in its *Social Justice* framework for Scotland.

impact on the health and well-being of children and young people" (Scottish Executive, 2007b: xii). As a response to the multiple needs of children and young people in their health care, Scottish Executive (2007b) implemented a 10-years strategy to deliver health care to children and young people more effectively and efficiently by positioning the needs of children and young people at the centre of their approach. Focus was put on providing care locally to children and young people in their communities, ensuring that emergency services for children and young people, including secondary and tertiary hospital services, are locally accessible, that specialist and mental health services are put in place, and that children and young people with complex needs will be able to access services that follow GIRFEC's principles.

A couple of months after the publication of the *Delivering a Healthy Future* report, the SNP took over government in Scotland and set out its new overarching purpose and political strategy for Scotland that consisted of five key objectives: (1) make Scotland *wealthier & fairer* by increasing businesses' and people's wealth and share that wealth more fairly; (2) make Scotland *smarter* by expanding opportunities for (life-long) learning; (3) make Scotland *healthier* particularly in disadvantaged communities by providing faster and better access to health care; (4) make Scotland *safer & stronger* by supporting communities in their development; and (5) make Scotland *greener* by improving Scotland's natural and built environment.

As part of its objective to make Scotland *healthier*, (Scottish Government 2007a) published its *Better Health, Better Care* policy and action plan in December 2007 which highlighted the importance of health inequalities in Scotland and how such inequalities need to be addressed at a very early stage in someone's life:

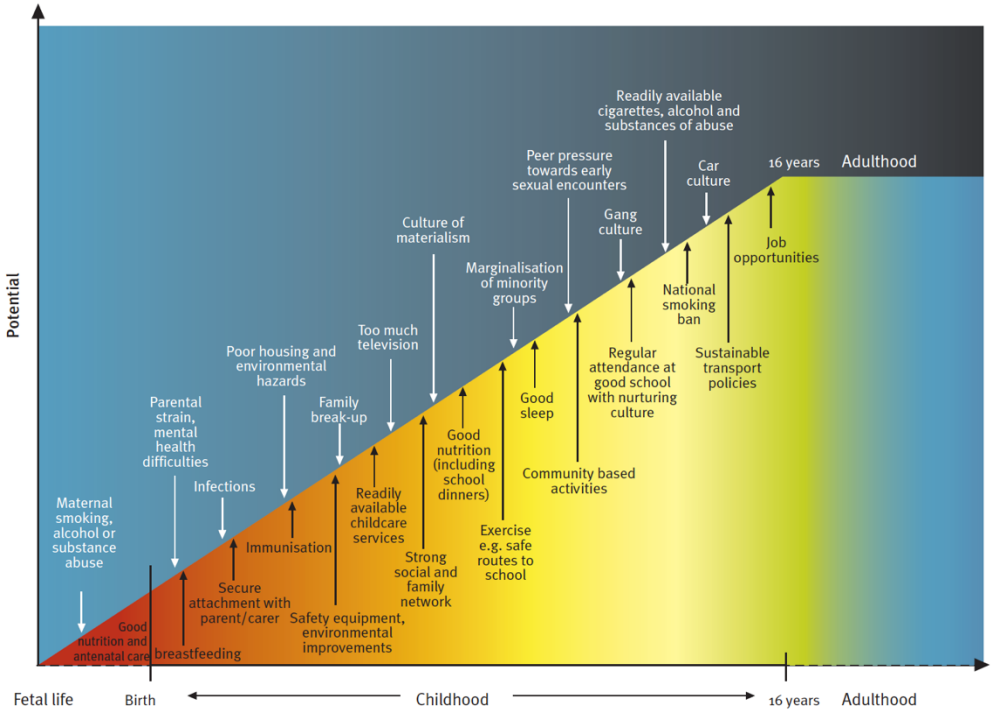
> We need to ensure a particular focus throughout early years and childhood on children who we know to be the most vulnerable in terms of health and wellbeing. These include disabled children, children who offend, children in homeless families, who are looked after or accommodated, who live in substance misusing households, are at risk in situations of domestic abuse and violence or live with parents who have mental health problems or learning disabilities (Scottish Government 2007a, 26).

Poverty and deprivation were considered major factors for health inequalities among children and young people, and *Better Health, Better Care* recognised that early prevention is critical for successfully improving their health.

With regards to early prevention, *Better Health, Better Care* followed earlier recommendations by the Royal College of Paediatrics and Child Health (RCPCH) which, since 1989, has published its *Health for All Children* report. Its latest report at the time was its fourth edition, commonly referred to as *Hall 4*, which recommended to "move away from a wholly medical model of screening for disorders, towards greater emphasis on health promotion, primary prevention and targeting effort on active intervention for children and families at risk" (Scottish Executive 2005b, 3). *Hall 4*, like all other policy initiatives at that time, was informed by GIRFEC and the ongoing reformation of Scotland's Hearing System (see above), and explicitly drew on an early version of GIRFEC's SHANARRI framework in delivering health care services to children and young people.

Better Health, Better Care recommended healthcare provision for children and young people that focuses on all potential health risks during children's and young people's development into adulthood (see Figure 8). Different points in a child's life carry with them different health risks, and healthcare provisions needed to be prepared for each of them. Through its focus on early prevention, *Better Health, Better Care* provided the methodological foundation for the *Equally Well* policy initiative by (Scottish Government 2008g) which also focused on health inequalities among children and young people and which explicitly identified violence and offending as a public health concern.

Figure 8: Influences on Health from Conception to Adulthood



Source: Scottish Government (2007a, 30)

Equally Well: viewing violence as a public health issue

Similar to other policies for children's and young people's wellbeing, *Equally Well*, too, built on scientific evidence to "explain how deprivation and other forms of chronic stress lead to poor health" (Scottish Government 2008g, 2). Emphasis was once again put on children's earliest experiences because they were considered to be important for brain development, to build secure and consistent relationships with other people, and to learn and adapt to their surroundings.

As a response to prevailing health inequalities in Scotland, Scottish Government set up a Ministerial Task Force to identify ways in which these inequalities can be addressed and the overall health of children and young people improved. The results of this Task Force were published in the report *Equally Well* (June 2008) (Scottish Government 2008g) as well as in the *Equally Well Implementation Plan* (December 2008) (Scottish Government 2008f). The Task Force identified four priorities where action was most needed:

1. The very early years of children which are critical for influencing the rest of their lives.
2. Mental illness and mental wellbeing more generally which has high economic, social and health burden on society more generally.
3. Cardiovascular disease and cancer, including their risk factors such as smoking, are strongly linked to deprivation.
4. Drug and alcohol problems that are directly linked to violence, particularly among young men and where inequalities are widening.

The *Equally Well* policy was important for the evolution of the public health approach to youth violence insofar as it explicitly recognised that violence is a public health issue and the result of socio-economic inequality, drug and alcohol abuse, as well as long-term factors of deprivation and marginalisation from very early years onwards. Health inequalities were seen as an intergenerational problem that are passed on from parents to children, thereby preventing children and young people from having the best possible start to their lives.

In its examination of health inequalities in Scotland, the Ministerial Task Force adopted a broad understanding of the term 'health' that followed the definition set out by the World Health Organization. Health, in this understanding, is "'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'" (Scottish Government 2008g, 11). With this broad and holistic approach to health, the *Equally Well* policy recognised that one's health is influenced by broader socioeconomic, cultural and environmental conditions such as unemployment, housing, education, or work environment. Further, and specifically with regards to violence as a health issue, gender was also considered an important factor for someone's health and health inequalities: "Gender, and masculinity in particular, contributes to problems of violence, to the reluctance of men to seek help for problems and may make men more likely to resort to alcohol and drugs than to seek help for a mental health problem" (Scottish Government 2008g, 12).

As a result of this broader and holistic understanding of 'health', the *Equally Well* policy and its Task Force identified that approaches and policies to address and overcome health inequalities need to reflect the complexity and multiplicity of factors that contribute to poor health. Consequently, the report suggested that responses to health inequalities needed to address structural changes in someone's environment (e.g., installing affordable heating in damp cold houses); legislative and regulatory controls (e.g., smoking bans in workplaces); fiscal policies such as increased prices of tobacco and alcohol; income support through tax and benefits systems and welfare policies; improving accessibility to health care services and prescriptions; prioritising disadvantaged groups, offering intensive and long-term support through, for example, home visiting; and starting young, including pre- and post-natal support and interventions, home visiting in infancy, and good quality pre-school day care (Scottish Government 2008g, 14).

Similar to and in line with the *Early Years Framework*, the *Equally Well* policy, too, identified early years as critical in children's and young people's health development. For the Ministerial Task Force, it was therefore important to address "the cycle of health inequalities which passes from parent to child" (Scottish Government 2008g, 18) by providing a range of services that support and help children and their families, particularly among vulnerable and disadvantage groups where alcohol and drug abuse require particular attention and help.[8]

The *Equally Well* policy was important for the development of the public health approach to youth violence because it identified violence as a public health concern. The

[8] Drug and substance misuse became a central focus of Scottish Government's view on health at the time. In 2008, it published its new approach to tackling Scotland's Drug Problem called '*The Road to Recovery*'. This policy approach was labelled 'new' insofar as it sought to tackle the problem of drug use based on the concept of recovery. "Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society" (Scottish Government, 2008l: vi). For the purpose of this report, *The Road to Recovery* policy was important insofar as an entire chapter was dedicated to children's and young people's wellbeing in the context of substance misusing families. Based on GIRFEC's principles, the focus was on early intervention in families with drug problems and misuse through better supported "practitioners in universal and specialist services who see children affected by their parents' substance misuse at first hand" (Scottish Government 2008l, 51), on stronger cooperation between national and local authorities, on the incorporation of communities as key stakeholders in children's and young people's development, and on "the creation of integrated services to provide equality of access to treatment for all drug users across Scotland" (Scottish Government 2008l, 52), to name a few.

report by the Ministerial Task Force included an entire section on the relationship between violence, health and alcohol and drug misuse. According to the Task Force's report, more effective drug and alcohol treatment are needed to address violence, including domestic violence, at an early stage (see Box 4). "Violence is often linked with use of alcohol and drugs. Recorded violence is also significantly linked to deprivation. The death rate from assault in the most deprived communities is nearly four times that of the Scottish average and over 10 times that in the least deprived communities" (Scottish Government 2008g, 31). In line with the risk factors for violence identified by the WHO in its public health approach to violence, *Equally Well* also understood that "[t]he fundamental causes of violence and drug and alcohol misuse are the same as the causes of other health inequalities: poverty, poor educational attainment and lack of opportunities for young people" (Scottish Government 2008g, 33). David's story as well as a brief overview of the VRU's approach to violence prevention (see also chapter 10) featured in the *Equally Well* report as well, and the three approaches to violence prevention spelled out by the WHO, primary, secondary, and tertiary prevention, were discussed. *Equally Well* therefore needs to be viewed as a policy initiative that explicitly built on public health understandings of violence.

Box 4: *Equally Well* policy and practice recommendations for 'harms to health and wellbeing: alcohol, drugs and violence'[9]

1	Local authorities, Third Sector organisations and other partners should increase programmes designed to support and engage with those young people who have started on the cycle of offending but not yet escalated to serious violence.
2	Local authorities and their partners should provide more positive activities for young people including improved access to existing facilities.
3	NHS drug treatment services, which will incorporate the new emphasis on recovery, should be required to link locally to other forms of support that address clients' wider problems and life circumstances.
4	The Government should ensure more effective local delivery of joined-up services for problem drug and alcohol users, through reform of the current Alcohol and Drug Action Team (ADAT) arrangements. The resources that member agencies

[9] Besides those recommendations for violence reduction, *Equally Well* included several other policy and practice recommendations for other areas of health care services which can be found in the Appendix of the *Equally Well* report.

	contribute to ADAT activities should be more targeted to deprived groups and communities.
5	Strong leadership for joint working addressing the underlying causes of violence at local level is required through, for example, greater NHS involvement in local community safety partnerships and police participation in relevant health and education forums. Such partnerships should be built on effective cross-agency information sharing to ensure risk is identified early and managed effectively.
6	The Government should support improved data collection, analysis and sharing by all agencies, to ensure that the true level of violence and opportunities for joint solutions are identified. The National Injury Surveillance Model currently being trialled by NHS Lanarkshire should be evaluated and then rolled out, in order that hospital injury data can be shared across agencies, to ensure more effective enforcement and prevention action.
7	NHS Boards should ensure that all women attending key NHS services are asked routinely if they are or have been a victim of domestic abuse.
8	NHS Boards and community health partnerships, with other local organisations, should ensure a swift and effective response to the needs of women and children experiencing abuse.

Source: (Scottish Government 2008g, 71)

In the same month (June 2008) when the *Equally Well* report was published by the Ministerial Task Force, Scottish Government also published its *Preventing Offending by Young People. A Framework for Action* (Scottish Government 2008h). This framework recognised that the only way to prevent youth violence and offending is to address the needs of children and young people. Following and building on the principles of GIRFEC, the *Early Years Framework*, the *Curriculum for Excellence*, and *Equally Well,* the *Preventing Offending by Young People* report reiterated the importance of early prevention for violence and offending. Echoing, although not explicitly mentioning, the public health approach to violence spelled out by the WHO, the report stated that addressing youth violence and offending "is about moving from intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems materialise" (Scottish Government 2008h, 8). The *Preventing Offending by Young People* report recognised that particularly health services play a critical role in violence prevention: "The Health Service, as the only universal service at the critical early stages of life (antenatal and early years), has a key role to play in supporting the best possible start in life, and identifying and addressing risks early" (Scottish Government 2008h, 8).

In October 2008, Scottish Government (2008f) published its implementation plan for *Equally Well*. The goal of this plan was to identify and discuss several local test sites across Scotland where policy and practice recommendations for health improvement could be taken forward and implemented. The plan described "how the test sites will transform and redesign public services, to improve client pathways through services that have a big effect on their health and wellbeing" (Scottish Government 2008f, 4). Eight test sites across urban and rural Scotland were chosen which covered the *Equally Well* priority areas of children's early years, the harm caused by drugs, alcohol and violence, mental health, and risk factors for cardiovascular diseases and cancer. The tests sides were:

- Whitecrook, West Dunbartonshire – with a focus on high prevalence of smoking in the area.
- East Lothian – where health inequalities in early years in Prestonpans, Musselburgh East and Tranent were a major area of concern.
- Govanhill, Glasgow – where community regeneration and development through the adoption of a neighbourhood management approach involving all key community planning partners was the focus of *Equally Well* policy and practice.
- Blairgowrie – as a rural area it was chosen to see how people with multiple and complex needs can be supported by delivering health inequality sensitive services.
- Lanarkshire – emphasis was put on sustained employment and supporting people to find decent work.
- Fife – addressing anti-social behaviour as a result of alcohol misuse and under-age drinking.
- Dundee – focusing on methods of improving wellbeing.
- Glasgow City – a focus was put on how to integrate health and health service provisions into current and future city planning (Scottish Government 2008f, 24).

I forgo a deeper analysis of each of these policy and practice areas as well as test sides here but rather want to focus on how the implementation plan for *Equally Well* sought to address youth violence and as a public health issue.

First, the implementation plan for *Equally* Well recognised the importance of the *Preventing Offending by Young People* report (see above) as a key pillar in addressing youth violence and offending through public health services. The principle of the *Preventing Offending by Young People* report to address youth violence and offending by moving away from intervention when a crisis happens towards prevention, building resilience and providing support before problems materialise was considered to be a major pillar for *Equally Well* to respond to youth violence. Furthermore, the VRU in Glasgow, which had started its operation around the same time when the implementation plan for *Equally Well* was published (see chapter 10), was also considered as an important coordinator "of all services and community and voluntary groups to reduce gang-related violence" (Scottish Government 2008f, 7). By "provid[ing] fast-track referral to education, employment, diversionary activities, programme work and support services for young men who wish to stop being involved in violence and gang fighting" (Scottish Government 2008f, 48), the VRU as a multi-agency Glasgow anti-gangs project was viewed to be the key actor in addressing violence as a public health issue. Finally, "Medics against Violence" (Goodall, Devlin, and Koppel 2010), which was founded in November 2008 in response to high levels of violence in Glasgow, also became a key pillar in the public health approach to violence spelled out in *Equally Well*.

Overall, the *Equally Well* report was an important milestone in Scottish policy and practice for the evolution of the public health approach to youth violence insofar as it explicitly recognised violence as a public health concern. Health in Scotland, *Equally Well* emphasised, is a complex topic that covers 'traditional' health risks and hazards such as cardiovascular diseases and cancer, but which also needs to consider the relationship between substance misuse and violence. The Ministerial Task Force behind the *Equally Well* report understood that intervention into alcohol and drug misuse is important to address violence but that this alone cannot solve the problem of violence. Instead, the Task Force argued in favour of a more holistic, multi-agency approach to violence reduction building on the WHO's public health principles which also recognise socio-economic inequalities as drivers of violence and offending:

> The Task Force endorses the World Health Organization's (WHO) public health approach to violence which is to work across agencies and focus on prevention, rather than reaction. In the shorter term, innovative approaches to enforcement by the police, local authorities

> and other criminal justice partners may help. For example, the police, prosecutors and judiciary have worked together on knife crime to establish a much firmer regime built on the foundation of tougher legislation. This has included doubling the maximum sentence for carrying a knife. The long-term solution, however, depends on us looking much earlier to those interventions that are effective in stopping violent behaviour developing in the first place (Scottish Government 2008g, 32).

Thus, *Equally Well* has set the policy framework for Scotland's health system to view violence as a public health issue which requires a collaborative response from various agencies to reduce health inequalities as a major driver of violence and offending.

6. *Achieving Our Potential*

The *Achieving Our Potential* policy, also introduced in 2008 (Scottish Government 2008b), addressed another important aspect of a holistic approach to violence reduction in Scotland: poverty and income inequality. In line with the broader policy agenda of the SNP at the time to make Scotland a wealthier and fairer country, poverty and income inequality were considered critical pillars in "help[ing] more people in Scotland to fulfil their potential; increase economic growth and participation in our labour market; and create greater social equity across Scotland" (Scottish Government 2008b, 3). Addressing income inequality and poverty was viewed as a multi-agency and multi-scalar task between Scottish Government and local government. The newly established Concordat (November 2007) between national and local government comprised the institutional basis and framework through which poverty and income inequality should be addressed via Single Outcome Agreements to ensure that those goals and target for fighting poverty and income inequality will be reached across all Scotland.

Achieving Our Potential was explicitly introduced by (Scottish Government 2008b) as a complementary policy to the *Early Years Framework* and *Equally Well*. *Achieving Our Potential* recognised that "[t]here is a strong positive relationship between having the best start in life, enjoying good health, a good education, and having enough money to provide for yourself and your family" (Scottish Government 2008b, 4). Prior to the publication of *Achieving Our Potential*, (Scottish Government 2008j) had published its *Discussion Paper on Tackling Poverty, Inequality and Deprivation in Scotland* which subsequently informed the formulation of *Achieving Our Potential* as the new overall framework for tackling income inequality and poverty. In the *Discussion Paper*, poverty was not defined purely in terms of income, but rather encompassed other key material and non-material resources such as education, health and housing (Scottish Government 2008j, 3). The *Discussion Paper* emphasised that "poverty acts as a drag on economic growth and both contributes to, and derives from, a range of other social problems" (Scottish Government 2008j, 4) including greater likelihood of crime, being a lone parent, having poorer health, being a

substance abuser, and becoming homeless (Scottish Government 2008j, 4). For example, housing affordability was explicitly mentioned as an important factor for achieving better income equality and reducing poverty (Scottish Government 2008b, 14–15) (see also the *Responding to the Changing Economic Climate: Further Action on Housing* policy by (Scottish Government 2008i)).

Following the premises of GIRFEC, *Achieving Our Potential* viewed child poverty as a major problem in Scotland, identifying for example that, in 2006-07, 201,000 children and 17 percent of Scotland's entire population lived in relative poverty (Scottish Government 2008b, 5). *Achieving Our Potential*, as all other policies discussed before, recognised that the prevention of poverty and tackling its root causes, including educational disadvantage, poor health, and (inter-generational) unemployment, to name a few, needed to start at an early stage in people's lives. The early years were once again considered critical in the prevention of income inequality and poverty as well as their knock-on effects including youth violence and crime.

In addressing the causes of income inequality and poverty, *Achieving Our Potential* built on Scotland's *More Choices, More Chances* (Scottish Executive 2006g) policy initiative as well as its *Curriculum for Excellence* (see above). *More Choices, More Chances* was developed two years prior to *Achieving Our Potential* to address the problem of young people who are not in education, employment or training (NEET). It identified that financial incentives and the removal of barriers to enter employment are needed to reduce the number of NEET in Scotland and that societal costs, including crime, substance abuse, and poor health, are high when NEET numbers are high (Scottish Executive 2006g).

Achieving Our Potential was important for the evolution of the public health approach to youth violence because it recognised that violence is also the result of socio-economic precarity, joblessness, poverty and income inequality. Without addressing such challenges in people's lives, particularly in their early years, (Scottish Government 2008b) realised that any efforts to reduce violent offending will not be successful. Income inequality and poverty were identified as driver for unequal exposure and experience of violence:

> Violence affects all of Scotland but it does not do so equally. We know that the death rate from assault in the most deprived communities is nearly four times that of even the Scottish average, and over ten times that in the least deprived communities. The Scottish Government will support the Violence Reduction Unit to deliver its 10 Year Violence Reduction Action Plan – launched on 17 December 2007 – in order to reduce significantly violence in Scotland (Scottish Government 2008b, 14).

Thus, *Achieving Our Potential* emphasised that only by looking at the socio-economic situation and challenges of those living in Scotland's most deprived communities, it is possible to successfully address and prevent violence and crime. With its *Achieving Our Potential* policy, Scottish Government complemented its focus areas of education (*Curriculum of Excellence*), early years as a critical time for life-course development (*Early Years Framework*), and healthcare (*Equally Well*) with a policy initiative that viewed poverty and income inequality as critical indicators and factors for social problems including violence and crime.

7. Implementing the Public Health Approach: The Violence Reduction Unit in Strathclyde

The development of a holistic, child-centred, and early years policy framework within Scottish Government fundamentally influenced the implementation and founding of the Violence Reduction Unit (VRU) in Strathclyde which became the institution most associated with the public health approach to youth violence in Scotland. In response to high levels of youth violence, knife crime and a reputation for gangs, the then Strathclyde Police Force in Glasgow set up its VRU in 2005 to address and respond to these epidemic levels of violent crime. Inspired by violence reduction policies in Boston, MA and Cincinnati, OH, the VRU in Strathclyde developed a holistic approach to violence reduction that combined police enforcement with a broader public health agenda of social service provision and community outreach programmes which became known as the 'Community Initiative to Reduce Violence' (CIRV) established in the East End of Glasgow in October 2008. The leitmotif of the VRU and CIRV became that violence was *not* inevitable and something that communities have to bear with, but rather something that is preventable through inter-agency cooperation and a focus on early years social welfare (see Table 2).

Table 2: The three pillars of the VRU and CIRV in Glasgow

Enforcement	Services and Programmes	Moral Voice of the Community
Disruption of dynamics within gangs involved in violent disputes through law enforcement interventions. Intelligence gathering Gang violence analysis Group targeted enforcement The entire gang becomes focus of police enforcement if only one individual gang member commits an act of violence, also known as "focused deterrence"[10]	Provision of a variety of social and welfare programmes and services to gang members who have agreed to alter their lives and who recognise the need for change Cooperation with an existing network of services already in existence in Glasgow as well as the establishment of services specifically targeted for gang members	Communication with gang members by affected communities by telling gang members that the communities care about them, that the violence must stop, and that the communities do not tolerate violence

[10] The focus deterrence framework first emerged in Boston, MA in the 1990s under the name "Boston Ceasefire" (Kennedy, Piehl, and Braga, 1996; Braga, Anthony A. et al., 2001; Braga, Hureau, and Papachristos, 2014; Whitehill et al., 2013; Barthelemy et al., 2016). The goal of focused deterrence is to prevent violence by directly reaching out to gang members and other groups involved in certain violent behaviours such as shootings. Reaching out to gangs directly seeks to clearly communicate that their violent behaviour is no longer tolerated and that a swift response to any future form of such behaviour from law enforcement will follow (Braga and Weisburd, 2012). At the same time, youth workers, probation officers, members of churches, and community groups reach out to gang members to provide services and other kinds of help. Focused deterrence has also been described as "pulling-levers policing" (Braga and Kennedy 2021), and since Boston it has been applied to various cities across the United States with varying success and mixed evaluation results (e.g., Skubak Tillyer, Engel, and Lovins, 2012; Roman et al., 2019; Fox and Novak, 2018; Corsaro and Engel, 2015; Circo et al., 2020; Braga, Apel, and Welsh, 2013; Aspholm, 2020).

Source: Strathclyde Violence Reduction Unit (2009, 5)

One of the two founders of the VRU in Strathclyde, John Carnochan, discussed the importance of the early years for the VRU's understanding of how violence works in his book *Conviction. Violence, culture and a shared public service agenda* in which he chronicles the development and implementation of the VRU. Reflecting on how the research by American economists and Nobel laureate, James Heckman, on the role of early years in a child's development influenced the VRU's thinking of and approach to violence, Carnochan (2015: 46) states that

> Heckman's longitudinal research showed the importance of a person's early years experience for their future development and trajectory in life. He concluded that the first few years in life were so important that for every pound spent on a child in the 0-5 age group, the state would have to spend seven pounds later in that person's life to achieve the same outcome. In other words, public investment was best made early in a child's life when it was likely to have most impact and therefore be cost effective. […] Soon we could see that the policy we needed to develop to prevent violence was about the early years.

This chapter discusses how the development of the public health approach to youth violence in Scottish policy and practice, particularly its methodological framework through GIRFEC, also influenced the practical implementation of the public health approach to youth violence first in Strathclyde and later across Scotland via the VRU. The goal here is less to describe what the VRU is about, how it seeks to prevent youth violence on Scotland's streets, and whether it was successful in reducing youth violence. Rather, it seeks to foreground how elements of those policies outlined in the previous chapters were influential in developing a violence prevention and intervention strategy that emphasised the importance of early years development and investment. It is argued in this chapter that the VRU managed to translate policy developments around early years within Scottish Executive and later Scottish Government into a coherent strategy for the prevention and reduction of youth violence. Although policy transfer from the United States, where public health approaches had already been implemented in Boston, MA and Cincinnati, OH was also important for the implementation of the VRU and the adaptation of the public health approach in Scotland, it is argued here that the methodological and ideological foundation

of a public health approach to youth violence was laid *within* Scottish Government. GIRFEC, in combination with its associated policies in poverty reduction (*Achieving Our Potential*), education (*Curriculum of Excellence*), early years (*Early Years Framework*), and healthcare (*Equally Well*), laid the groundwork for the successful implementation of the VRU's public health approach to youth violence (see also Deuchar (2013, 109)).

A successful implementation of an early years-focused anti-violence strategy was only possible because political actors and authorities within Scottish Government had already recognised that a focus on early years was needed in order to address Scotland's social problems, from drug abuse, underperformance in educational attainments, to violent behaviour. This recognition made the adoption of a radically different anti-violence prevention strategy promulgated by VRU possible in the first place. The idea for founding the VRU with its public health approach happened at a time where various actors involved in youth service provision and violence reduction had already realised that their previous approaches and attempts to achieve reductions in levels of violence had failed (Carnochan, 2015). Thus, the methodological reorientation towards early years through GIRFEC as a radical new approach to social service provision and violence prevention was a welcome change, and the VRU was able to build on and capitalise from this paradigm shift in Scottish policy and practice.

The following sections critically engage with how the VRU's approach reflects the broader methodological and ideological orientation within Scottish Government to foreground and prioritise social services for the early years, to emphasise that violence prevention strategies need to be evidence-based, and to recognise that only multi-agency cooperation can achieve successful violence reduction initiatives.

Evidence-based, early years approach

The development of GIRFEC in policy and practice, as chronicled in the previous chapters, was significantly influenced by research on the cognitive development of people in their early years. For the implementation of the VRU in Scotland, research on why violence

occurs and how it can be prevented also informed the ways in which the goals and operational strategies of the VRU were set out. For example, Carnochan (2015: 38-39), in his chronicle of the VRU in Scotland, reflects on how research on prisons has demonstrated that a criminal justice approach to violence reduction cannot continue:

> The criminal justice model of dealing with crime is particularly ineffective as a response to violence. […] We detect them, they go to prison, they get out of prison, they commit another act of violence, we detect them, they go to prison and so on *ad infinitum*. Anti-social behaviour legislation is a recent example of our collective belief in this criminal justice model. Evidence to date suggests that making it illegal has not resolved the issue of anti-social behaviour.

With regards to research on early years, the VRU has also demonstrated a strong receptiveness to evidence-based approaches. For example, such non-cognitive skills as planning and organising, customer handling, problem solving, team working, and oral communication, research shows, are particularly learned during the early years, and the protagonists behind the VRU understood that emphasis on the development of these skills needed to be done to achieve their intended goals of violence prevention (Carnochan 2015: 45).

When the VRU was set up initially in Strathclyde in 2005, John Carnochan and Karyn McCluskey, the founders of the VRU in Scotland, were also actively engaging with members of Scottish Government who were behind such significant policy developments as, for example, *Equally Well* (see chapter 8). Reflecting on this meeting, Carnochan (2015, 58) states that "[p]resenting to the Equally Well group was a real opportunity for us to influence opinions and national policy development". David's story featured in their presentation and was subsequently picked up by the *Equally Well* group (see chapter 8), as well by the *Early Years Framework* (see chapter 7), in their promotion of health equality and early years support.

Inter-agency cooperation

The example of John Carnochan and Karyn McCluskey presenting at the *Equally Well* group foregrounds another important similarity between the VRU and previous policy developments; namely, the need for inter-agency cooperation for violence prevention. Again, Carnochan's (2015, 37) accounts are helpful in elucidating this element. Reflecting on how the WHO public health model to violence reduction informed the setting up of the VRU in Scotland, he stated that "[w]e needed to find interventions that worked and we realised too that police or criminal justice agencies do not deliver many of the interventions that can help prevent violence." Instead, "[o]ur new strategy required real partnerships with those working in education, social work, prisons, courts, health and other organisations or individuals with a genuine interest in reducing violence" (Carnochan, 2015: 27).

Following GIRFEC's emphasis on the need to coordinate and monitor multi-agency activities through its *Named Person* and *Lead Professional* schemes, the VRU, too, realised that only through close relationships and cooperation with social and health service providers would a holistic, prevention-centred approach to violence reduction be successful. Consequently, violence was described by Carnochan and others as a "'shared agenda'" (Carnochan 2015: 44) which required close collaborations between law enforcement, social service providers, public health authorities, and community stakeholders.

As with the emphasis on evidence-based research and early years, the identification of inter-agency cooperation as critical to violence prevention has been the result of a long process of policy development within Scottish Executive and Government which can be traced back at least to 2001 and the *'For Scotland's Children'* report (see chapter 5). As outlined in chapter 5, the *'For Scotland's Children'* report demanded a co-ordinated, multi-agency and multi-service intervention approach to violence reduction which should build on the co-operation between various social service actors, including social worker, guidance teachers, educational psychologists, child and adolescent psychiatrist, paediatricians, and other professionals (Scottish Executive, 2001: 93). The VRU's emphasis on inter-agency cooperation therefore continues and builds on Scotland's key approach to

provide social and welfare policies through a concerted, inter-agency effort which acknowledges that issues such as violence cannot be addressed by one agency alone.

Summary

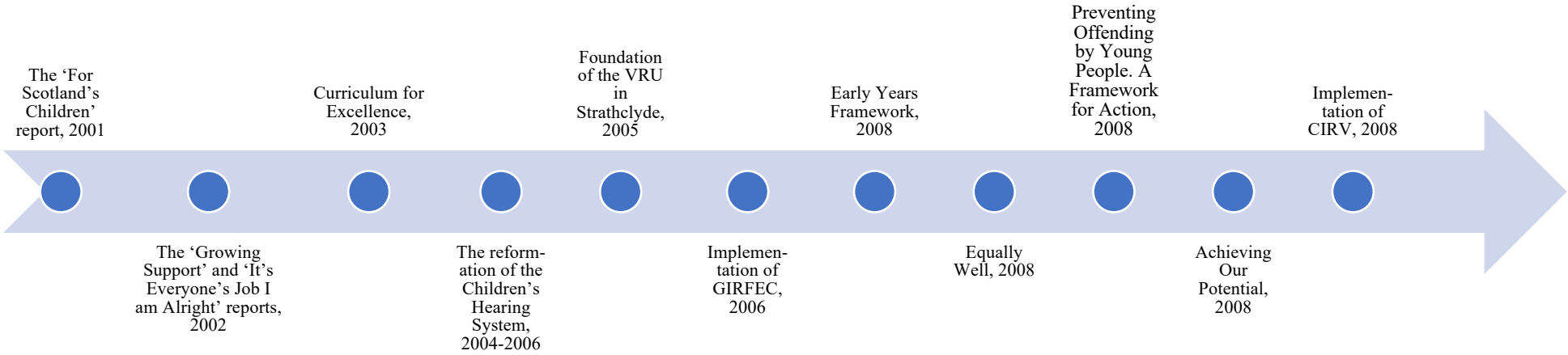
It is certainly correct to point out the role of policy mobility from the United States, where public health approaches to violence reduction had been tested and implemented since the mid-1990s, to Scotland for the development of the VRU's public health approach to violence. Carnochan (2015), for example, describes his interactions with American colleagues as fruitful inspirations for his own understanding of violence as a public health concern, and Deuchar (2013: 109) writes that "[l]earning from the innovative practice initiated in Cincinnati and developed from earlier interventions in Boston, Massachusetts, the Scottish VRU drew upon focused deterrence principles, POP [Problem-oriented Policing], and a public health approach towards violence-prevention to underpin CIRV."

Yet, as this chapter has outlined, it is also important to consider that the establishment of the Scottish VRU was only possible because of significant changes in Scottish policy and practice where evidence-based, early years, and inter-agency approaches to social service provisions became prioritised from the early 2000s onwards. Without this paradigm shift, any attempt by the VRU to frame and address violence as a public health issue and not as a criminal justice concern would not have been successful. The openness towards change and 'doing something different' about violence within Scottish Government was therefore critical for successfully setting up the VRU and convincing other actors involved in social service provisions to do something different about youth violence.

8. Conclusion

The evolution of the public health approach to youth violence in Scottish policy and practice, Part 1 of this report has demonstrated, took place over a period of approximately 8-9 years between 2000 to 2008. At the heart of this evolution was the recognition that social services needed to focus on children's and young people's wellbeing as the overarching goal of and leitmotif for policy and practice. A critical point in this evolution was the implementation of GIRFEC in 2006 which was the result of a longer reform process of the Children's Hearing System between 2004 to 2006. GIRFEC introduced an entirely new methodological framework and vocabular to Scottish policy and practice which made the promotion of children's and young people's wellbeing the overarching goal of Scottish Executive and later Scottish Government. GIRFEC further inspired reform initiatives within the areas of education, public health, and income inequality which, in turn, contributed to the recognition that children's and young people's wellbeing can only be promoted by adopting a holistic, multi-agency, and evidence-based approach (see Figure 9).

Figure 9: Timeline of the development of the public health approach to violence reduction in Scottish policy and practice



Against this policy backdrop, local authorities also started to view youth violence as the result of multiple deprivations within children's and young people's social environments, communities and families. As the case of the VRU has demonstrated, the early years are now considered to be of critical importance for the prevention of violence in later stages of life. Inspired by the WHO's approach to violence as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[11], as well as its tripartite approach to violence prevention, the VRU was able to build on and capitalize from developments within Scottish Government which re-positioned policy and practice towards children's and young people's wellbeing and needs. GIRFEC and related policy initiatives promoted a political culture within Scottish Government where punitive approaches to youth violence were considered ineffective and subsequently were replaced with a holistic, welfarist approach that reflects Scotland's long history of welfarist tradition. The fact that a public health approach to youth violence managed to become the dominant framework for addressing violence is therefore the result of a longer process of policy change as well as a realisation among Scottish authorities that a criminal justice approach to youth violence does not work. Yet, this realisation did not happen ad hoc but, as chronicled in the previous chapters, took place over several years of policy reform and change which, ultimately, laid the foundation for the VRU to establish a coherent public health strategy to violence reduction.

[11] WHO Constitution, available at: https://www.who.int/about/governance/constitution (last accessed 16 September 2021)

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