



# THE SUM OF ITS PARTS?

The Development of Integrated Community Schools in Scotland



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services

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improving Scottish education

A Report by HM Inspectorate of Education  
in Partnership with the Social Work Services  
Inspectorate and the Health Improvement  
Strategy Division of the Scottish Executive

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Astron B37102 9-04

ISBN 0 7053 1048 5

HM Inspectorate of Education

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## **FOREWORD**

Developing services for children that meet individual needs more effectively is one of the key challenges facing our public services. Six years ago, the publication of the New Community Schools prospectus was the start of a programme of pilot projects across Scotland intended to take this agenda forward. This report looks at how well authorities have developed new approaches to delivering children's services through integrated working among education, health, social work and other key partners.

We found sufficient examples of good practice to suggest a platform for further development. In many cases, the initiative has been a catalyst for more effective joint working. We encountered heartening examples of vulnerable young people who had clearly benefited from better teamwork amongst those providing support to them and their families. It is clear, however, that such positive evidence is patchy. We have, for example, yet to see evidence of significant gains in overall levels of attainment in schools. Too often the approach adopted operated in isolation from mainstream activity without the kind of leadership and vision at senior levels that is necessary for success. There remains a considerable way to go to transform how schools and other children's services work together to achieve significantly improved outcomes for all children.

Of course, change on this scale takes time. In many respects the initiatives evaluated in this report are still in their early stages. It is right to take stock at this point, however, if the goal of all schools becoming Integrated Community Schools by 2007 is to be realised. There is a clear need to learn the lessons from the very varied work that has taken place thus far, draw together the various strands in this and related initiatives, and focus more directly on achieving impact for all children.

Graham Donaldson  
Her Majesty's Senior Chief Inspector

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## CHAPTER 1: INTRODUCTION

### 1.1 Background

The development of Integrated Community Schools (ICS) in Scotland is a key element within the overall national strategy to raise young people's achievements and improve social inclusion in Scotland. It is based on a clear recognition of the important relationship between educational achievement, attainment, health and socio-economic factors, and the consequent need for the more integrated delivery of associated services. The ICS initiative aims to expand and integrate the range of educational, health, social work and other services offered to children and young people and families, including those offered by the voluntary sector. Through ensuring coherent assessment, and the planning and delivery of children's services, integrated team work can very effectively complement the discrete services provided by each partner agency to meet the wide spectrum of children's needs.

The initiative was launched in 1998 and was initially known as the New Community Schools (NCS) initiative. It was piloted over three phases from 1999 to 2003. A key objective of the pilots was to encourage local authorities and their schools to develop common objectives and more integrated ways of delivering services with other partner agencies that were also providing services to children and families. There was also a strong emphasis on local initiatives and innovative working. The pilot phases of the initiative involved 400 schools within 62 projects. This included individual schools as well as school clusters. A national evaluation of the NCS pilot programme was carried out by the University of London and published in August 2003. At the end of the pilot phase the Scottish Executive re-affirmed its commitment to the initiative and a strategy for rolling out the ICS approach across Scotland began in 2002. The Executive has set a target for all publicly-funded schools in Scotland to become Integrated Community Schools by 2007.

In some authorities there had been initiatives, such as the formation of learning communities, which paralleled the development of ICS. Whilst this review focused mainly on NCS/ICS it has the potential to inform all of these related developments.



### **1.2 Rationale for the review**

In 2002, the Minister for Education and Young People asked HM Inspectorate of Education (HMIE) to lead a multi-disciplinary team that included the Social Work Services Inspectorate (SWSI), Health Improvement Strategy Division (SEHD) and members of HMIE to evaluate the progress of the NCS initiative. In 2003 and early 2004, this multi-agency team evaluated the progress made by eight cluster projects in different local authority areas in Scotland. The projects covered a range of management and organisational models and rural and urban locations, and the clusters represented all three stages of the pilot programme. The size and composition of the clusters varied from urban clusters involving a large secondary school with a number of associated primary schools, to a cluster reflecting the needs of an island community. This demonstrated the extent to which projects had evolved differently to address local needs. In one case there was no involvement of a secondary school but rather the initiative consisted of a cluster made up of child and family centres, nursery schools and primary schools. There were also examples of free-standing ICS primary schools and of authorities which had adopted an authority-wide approach to the implementation of ICS initiatives. Further related evidence was gathered from HMIE inspection reports on schools and education authorities, statistical information, out-of-school care and learning initiatives, health improvement plans and children's services plans.

The review focused on both strategic and operational levels to evaluate the management, delivery and impact of each initiative. ICS partner organisations mainly included education, social work and health, and sometimes police and voluntary organisations. Members of the review team met staff at all levels in each partner organisation, children and young people, parents, voluntary organisations, further education staff and members of the community. They also observed a wide range of formal and informal activities which took place during or beyond the school day.

Following each review, the cluster was given detailed evaluative feedback on its provision. No reports of individual reviews were published but the evidence from the reviews, along with evidence from other sources such as relevant school inspections, has been collated to provide this national report.

This report aims to identify issues and good practice in the continuing development of ICS projects across Scotland. These projects have provided an indication of how aspects of children's services can be delivered through integrated working among partner agencies.

## Chapter 2: Leadership and management of the initiatives

### 2.1 Leadership, policy and planning

Leadership was most effective when managers at all levels in partner organisations shared common vision, values and goals, and a commitment to the concept of ICS. In good practice, ICS initiatives were clearly linked to objectives in community plans, children's services plans, joint health improvement plans and national priorities. Where service managers and partner organisations had established agreed vision and values, and gave clear leadership, there was effective integrated policy development and planning.

#### **Good practice**

*An integrated children's services team had been appointed at a strategic level in one authority as part of a wider commitment to an ICS approach and to social inclusion which was described in their Children's Services Plan. It had made good progress in ensuring that the values of 'For Scotland's Children – Developing Better Integrated Services' was being built into the developing integrated children's services resource. This involved establishing a single-service system building on multi-agency working. The team gave a good lead through clear planning and agreed objectives. They built effectively on existing good practice in developing award schemes for health promoting schools, in partnership with the local NHS Board and other partners. Schools were encouraged to work towards achieving health-promoting schools status. This multi-agency team was also extending the role of teachers in P6-S2 and was successfully developing links with families through its home-link staff. Members of the education directorate and other managers participated in a range of multi-agency development planning groups.*

However, more could be done in most authorities and boards in establishing a shared sense of leadership among senior managers in partner organisations. Chief executives did not always give a strong enough lead in promoting joint working. In the most effective authorities and boards, there was collaboration between senior managers of the different services and all partners within clusters were involved in the formation of the project submissions. Some felt that the timescales allowed by the Scottish Executive for project submissions were too short to allow full involvement of all partners in the planning process.

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Authorities had developed their corporate responsibility for planning children's services in line with the Children (Scotland) Act 1995. In the best practice, ICS planning took account of Children's Services Plans to avoid duplication and to share objectives. Planning was most effective where senior managers did not view the initiative as an 'add-on' but as a sustainable core development or a framework to bring together a range of related developments. Some positive developments in, for example, out-of-school care and learning, and health promotion could have been brought more systematically into the ICS initiative. The lack of co-terminous arrangements for service deployment, particularly with regard to local authorities and health boards, was not always well managed.

As the ICS initiatives were being developed across authorities there was growing evidence of more strategic leadership in budget and resource management. Budgets in the first year in almost all the initiatives had been used to appoint staff, to purchase equipment or to carry out adaptations to accommodation. Arrangements to distribute funds were most often through a bidding scheme, although the criteria for evaluating bids were sometimes unclear. Despite this, a number of innovative activities had been developed through the imaginative use of resources. A few authorities had been pro-active in addressing the need for more corporate working and some had been successful in obtaining funding from private companies for specific initiatives. Overall, however, there was a need for authorities to ensure that partners worked together with a common sense of purpose to achieve agreed objectives for sustainable provision. Authorities and partners argued that short-term funding arrangements for a range of Scottish Executive initiatives had, to some extent, constrained their ability to commit to firm plans over the longer-term.

In almost all of the clusters reviewed, the lead role for operational responsibility lay with an Integration Manager or equivalent post. Integration Managers had key roles in ensuring the effective development of the initiatives at a local level. All were highly committed but their impact varied. In the few elements of good practice seen, Integration Managers had well-defined management roles along with the necessary delegated responsibility to ensure fully effective decision making and deployment of resources. In addition, attention had been given to supporting their development needs.

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Integration Managers were often seen by teaching staff and some headteachers as having sole responsibility for the success of the initiative within the cluster schools. There was a clear need for staff in schools and other partner organisations to take greater ownership of the initiative. Impact was most effective where the Integration Managers had established constructive working relationships with headteachers and effective multi-agency working.

Some authorities were moving to appoint Integration Managers at higher directorate levels where they would have responsibility for developing joint working in a substantial number of clusters. Another approach was to add responsibility for cluster development to the remit of a number of senior management staff in a secondary school. In good practice, the officers responsible for cluster development held strategic management positions within the authority with dedicated time which enabled them to empower inter-agency working, to manage the use and deployment of resources, to disseminate an agreed vision for ICS and to carry out rigorous quality assurance of the impact of implementation.

All of the initiatives reviewed had set up a local steering group to oversee ICS developments at a strategic level. In almost all cases an operational management group consisting of senior managers from each of the partner organisations had also been established. However, the strategic and operational responsibilities of these groups were sometimes not well defined and often did not include representation from the voluntary sector, police, young people, parents and other members of the community. In the best practice, the groups met regularly to agree joint tasks and to provide clear leadership and policy guidance to ensure the development of shared vision and values. Some groups did not become mainstreamed due to the lack of long-term funding or the transfer of ICS staff to different posts at the end of the pilot initiatives.

Some headteachers made good contributions to leading and managing clusters. Where there was a strong sense of partnership among headteachers in a cluster, there was evidence of good leadership and effective curriculum development and, to a lesser extent, effective learning and teaching approaches. In the few elements of good practice there was clear mapping of existing provision and a shared understanding of the aims of the initiative so that existing good practice contributed to the stated objectives of a cluster. There were some effective examples of clusters and schools having developed a clear set of shared aims and objectives linked to authority, partner agency and national policies. A number of clusters and schools were benefiting from enhanced access to the resources and expertise of other agencies. This was most effective where joint audit and planning led to the effective identification and agreement of targets for improvement.

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At primary school and pre-school levels in particular there were some examples of effective planning, through partnership with parents, to incorporate out-of-school hours care and learning activities. There was a growing recognition by partner organisations of the potential of these activities to support the key aims of their ICS initiative.

### **Good practice**

*In one cluster, heads of pre-school establishments and headteachers of their associated primary schools had developed very effective joint planning. The cluster had achieved most of the objectives it had set in its original prospectus. Key aims had been to establish sustainability of the ICS initiative through effective joint working and to deliver services which were targeted on more vulnerable children. Parents had been effectively supported to take over responsibility for a range of out-of-school activities. This included a summer programme and after-school classes which supported fitness.*

In the few examples of good practice, targets stated by authorities in their ICS prospectus documents were reflected in cluster, school or local ICS plans. In some cases, Integration Managers, clusters, schools and other key partners had not always used these documents as a basis for measuring progress.

The eight ICS Clusters visited during this review were located within the geographical boundaries of six National Health Service (NHS) Boards. In Scotland, 8 of the 15 NHS Boards relate to more than one local authority area. From a strategic planning perspective there were advantages in terms of capacity and cohesion when NHS Boards and local authorities were co-terminous. Where there was strong leadership for the Community Planning process, partner organisations had a greater understanding of the different systems in operation, and this resulted in a more cohesive approach to the planning and delivery of ICS initiatives.

NHS involvement was limited primarily to health-promotion departments, school nursing managers and staff, health visitors, public-health practitioners and community dietitians. These staff made a valuable contribution to achieving ICS objectives. The delivery of these services through an ICS approach was recognised within the NHS as one of the primary strategies for achieving national and local targets for health and social justice. Other NHS staffs' awareness of, and involvement with, ICS was more limited. There was little evidence of ICS being reflected in General Practitioner practice development plans. A few examples of good practice in engagement with existing NHS monitoring and evaluation systems were seen.

Social work services were involved to variable extents at a number of levels in the ICS initiative. Most of the social work departments had long-standing commitments to multi-agency working and to community involvement. However, their involvement in ICS developments was often hampered by staff shortages. Senior social work managers were generally members of ICS steering groups and made some contributions to policy making and planning at this level. In the best practice, their contributions resulted in clear leadership and direction for the integrated delivery of agreed ICS objectives. In some authorities, social workers and care staff made valuable contributions to planning and delivering ICS services at cluster level. Where practice was good, they worked effectively with teachers and staff from partner services to assess and meet the needs of vulnerable children and young people. In many cases, however, there was a need for improved planning by senior managers and by Joint Assessment and Support Teams to ensure best use of the often limited numbers of social work staff.

In a few clusters the involvement of schools with community police, and of police in ICS management group meetings, had led to constructive links with a range of support agencies and with school staff. This had helped to address problems and issues through more effective use of resources and joint working.

Many voluntary agencies had been involved in local projects to support vulnerable children. There was a need to give greater consideration to the role of voluntary agencies in planning and delivering ICS services in clusters.

## **2.2 The provision and management of staff**

Staffing levels had been enhanced as a result of direct funding of the ICS initiatives. In almost all of the ICS clusters, staffing levels and staff's professional backgrounds had been appropriate to support the initial aims of the pilot projects. The dedicated ICS teams generally developed a strong sense of teamwork and an awareness of each other's roles and responsibilities. However, the sustainability of staffing levels was an issue in a number of clusters. This was particularly evident when pilot initiatives were being extended or restructured as authorities involved a wider range of schools and spread staffing more thinly. The national shortage of social work staff was also a serious constraint on many of the projects. Some authorities had appointed a full-time Integration Manager supported by a multi-agency team, mostly made up of community learning and development, health and social work staff. A number of these teams were very effective but their impact overall was variable, partially due to short-term contracts, part-time appointments and staff vacancies. In some authorities, part-time Integration Managers were expected to carry out a similar range of activities as their full-time counterparts, often without the support of a multi-agency team. In the best practice, senior managers and partners gave consideration to mainstreaming new appointments or redeploying core ICS staff to support innovative practice after the pilots.

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Some secondary schools and most primary schools and pre-school centres had responded positively to the initiative. Special schools often made a valuable contribution to ICS cluster developments that were often not formally included within the ICS framework. In the most effective practice, heads of these establishments had managed the initiative in such a way as to ensure the involvement of teaching and non-teaching staff in taking it forward. In these cases staff felt fully included and there were clear signs of improvement in the effectiveness of partnership between schools, partner agencies and parents. This was most evident when school senior management staff took account of the contribution of pupil support and the quality and impact of out-of-school care and learning.

Initiatives were most effective where there were sufficient opportunities for the professional development of staff in schools and partner agencies. In these cases, staff were aware of the key principles of the ICS initiatives and the roles of managers within various ICS teams. Joint working and team-building activities played a major role in developing the skills and expertise of the multi-agency ICS teams appointed in a number of clusters. In some clusters the responsibility for staff development lay with the Integration Managers, some of whom had insufficient time for this role. In good practice, senior managers made adequate provision to meet the staff development needs of ICS team members and Integration Managers. In some authorities, Integration Managers met as a group to discuss and share experiences, and this provided valuable opportunities for staff development. Good practice included opportunities for joint training among staff from partner agencies, but this was not always available.

### **Good practice**

*There was clearly-targeted staff development in one cluster where school staff and partners had agreed to undertake 'Framework for Intervention' Training as a start to ensuring a more coherent approach to identifying and supporting the needs of children and young people.*

### **2.3 Integration of service delivery**

In some cases, partner agencies were working together effectively in coordinating and integrating aspects of service delivery. However, partner agencies, in particular social work and health staff, were not always sufficiently aware of the overall aims of the ICS initiatives. Integrated service delivery was effective when clusters and schools worked together to assess the needs of children and young people, and to plan service delivery which reflected the aims of the children's services plan. This was particularly effective where an authority had a youth strategy or community plan, or had made progress in

developing a community learning and development strategy to support effective assessment within a community planning framework.

Provision of social work staff in an ICS team generally improved mainstream school staff's understanding of the social work role and assisted integrated delivery. The time for social workers to work directly with children, young people and their families was sometimes curtailed by the volume of referrals and through requests from school staff that did not need social work involvement. Their contribution was most effective when clear professional and line management support was provided and when roles and priorities were successfully negotiated. In most cases, social workers enhanced links between school staff and the local community social work offices. They also facilitated networking and opportunities for developing joint initiatives in integrated delivery. Social workers were often key contributors to the development of joint assessment models and to improving joint working.

### **Good practice**

*In one authority the ICS cluster initiative had very successfully promoted integrated working among front-line staff from different professional backgrounds. Support was given to children and their families by a team of school staff, social work services staff, community staff and health professionals. Joint training had been very successful and had included imaginative sessions with families on a range of appropriate topics.*

Overall, clusters and schools were still developing integrated approaches to assessing children's needs. In most clusters there were some examples of developing a coordinated approach to identifying the needs of potentially vulnerable children and young people in the pre-school, primary and secondary sectors. This resulted from improved communication between professional support services and schools, often through enhanced joint assessment teams. In some clusters, partner agencies were working to meet needs through the more integrated planning and delivery of services. There were some positive examples of inclusion and support for children, young people and families. This was most effective where schools and other partners pursued the same objectives and had established common values.

Improved service delivery was often seen in the developing role of health professionals working more directly with school staff to enhance health-promoting activities for children and young people. A number of these initiatives showed potential but were at an early stage of development.



### **2.4 Evaluation and development of services**

The quality of evaluation and development of ICS initiatives varied considerably across the clusters. Some clusters had produced evaluative reports on individual projects and a few authorities had commissioned external evaluations of the pilot phases. Most reports of either pilot initiatives or individual projects contained evidence of impact derived mainly from user responses and participant uptake. Some authorities had made some use of ICS Steering Groups to monitor progress. Whilst the impact of some initiatives would require further time to become evident, there was a need to ensure the more systematic evaluation of short-term targets along the way. Most authorities had made insufficient use of the experience gained from pilot ICS phases to inform future planning and development. Overall, there was a need for more rigorous evaluation of the impact of initiatives at both strategic and operational levels.

Partner organisations had difficulty in accessing performance data relating to areas of health, and pupils' and families' social development. This was often due to a lack of systematic baseline information against which progress might be measured. In most cases, clusters and schools had established some baseline information but this was often limited in range. The general absence of baseline information made it difficult to measure the impact of support for social and health needs, and for improving pupils' attainment and achievement. Information from evaluations was only occasionally used to inform future planning or to prioritise staff and resource deployment. This led to some innovative and potentially effective practices remaining undeveloped after funding for the pilot phases ceased.

Most headteachers set and monitored progress towards targets for pupil attainment in their own schools as part of their general approach to supporting self-evaluation and continuous improvement. This approach had not generally been extended to headteachers agreeing and monitoring joint ICS targets for attainment and broader achievements across clusters. Strategies to improve pupils' achievement within individual schools were also generally not widely shared across clusters. There would be benefit in further sharing existing examples of effective practice in relation to out-of-school care and learning, breakfast clubs or art and sports-based activities, within and between clusters in an authority.

Progress in ensuring coherent development of ICS initiatives varied considerably. In almost all cases there had been a lengthy delay in establishing the initiatives following the successful submission of project bids to the Scottish Executive. This was due to the time taken to appoint staff and to establish accommodation and related resources. In the most effective clusters, additional staffing had been used to develop existing provision such as the extension of health-promotion initiatives and the augmentation of guidance roles in secondary schools, as well as to develop new services. In some authorities the initiatives had led to some innovative longer-term strategies for staff and school resource deployment aimed at supporting effective learning communities. However, there needed to be more redeployment of existing staff and resources to ensure sustainability and ongoing development in the longer term.

The development of some ICS initiatives was under threat or had been reduced due to staff shortages, unfilled vacancies or the effects of short-term funding. Where ICS teams had been withdrawn, the exit strategy was not always sufficiently developed to prepare other professions and service users for the relatively abrupt loss of services. There was a need in almost all clusters to ensure that the design and development of services included suitable strategies for sustainability.

### Chapter 3: Improving the achievements and wellbeing of young people through the curriculum

#### 3.1 Improving the curriculum, learning and teaching and attainment

The evidence suggested that the ICS initiative had not directly influenced learning and teaching in schools. There was also little evidence that the initiative had led to widespread improvements in attainment as measured by examinations results and 5-14 attainment levels across schools, although there were several instances of improvements in broader achievements through extra-curricular involvement, out-of-school activities and activities which enhanced citizenship skills. While there were promising trends developing in some schools, overall improvements in both attendance and attainment were generally in line with national averages rather than significantly ahead of them. Authorities and cluster schools required to ensure that, where positive trends were developing, the strategies in use by staff and partners were fully evaluated to provide models of good practice.

Several positive developments effectively enriched and extended the curriculum, and children's learning, in the area of personal and social development and healthy living. However, these improvements were not always consistent across schools in a cluster. In a number of cases the initial gains had not been sustained beyond the pilot phase. Some of the initiatives involved effective joint working between staff from different services. In one case, the school nursing service worked with the clinical effectiveness team at the local primary care trust to evaluate a revamped sexual health and relationships curriculum package for personal and social education (PSE). In another cluster, parents, school staff and partners commented favourably on the impact of a joint education and social work peer education programme. Programmes of this type were being used successfully to develop the potential of pupils identified as being at risk from underachieving at school.

#### **Good practice**

*The ICS initiative in one cluster had resulted in a very effective focus on extending the curriculum to support health improvement. The cluster had established a number of multi-agency projects aimed at promoting well-being and supporting the needs of all children and young people. This included pupils from a school for pupils with additional support needs accessing tutor/teaching expertise and swimming and physical education facilities from a local Red Cross House and secondary school. These activities formed part of the cluster's commitment to promote healthy living and active citizenship.*

A small number of disaffected pupils in some secondary schools benefited from following an amended school curriculum. This included opportunities for S4 pupils to have some experience of vocational courses in Further Education (FE) colleges or extended work experience, enterprise education activities and the further development of personal and social skills. In addition, pupils studied a reduced number of Standard Grade courses, including some National Units and core skills units. Two of the amended curriculum programmes were supported by the European Social Fund and organised through ICS projects. These programmes were popular and highly successful.

In some cases, young people were responding positively to the range of alternative or extended curriculum arrangements developed by individual schools or clusters to meet the needs of identified groups of pupils. This included a focus on vocational courses through the growing links with FE colleges or through involvement in national programmes supported by community learning staff and voluntary organisations. Where alternative courses and extended curricular programmes were well planned the small targeted groups of young people involved had demonstrated significant improvements in their attitudes to attendance, behaviour and learning. These benefits now needed to be translated into improved attainment through setting appropriately high expectations of pupils' performance. In addition, staff and partners required to monitor the progress and continued involvement of young people as they moved beyond school.

### **Good practice**

*In two clusters there was considerable improvement in vulnerable young people's self esteem and confidence through their participation in a mechanics course. They also benefited from taking part in national initiatives, provided in partnership with a range of agencies, to boost their motivation and develop skills for the world of work. The attendance and motivation of most of this small targeted group of S4 pupils had significantly improved.*

## **3.2 Developing pupils' skills and attitudes outwith the formal curriculum**

Access to the curriculum was enhanced and extended in a number of clusters through developing the skills that pupils required to make the best of their learning opportunities. Initiatives such as breakfast clubs had ensured that some pupils were no longer hungry in school, reduced lateness and helped pupils with their preparation and readiness to learn as well as developing social skills. Pupils' confidence and skills were developed through peer support programmes, buddy arrangements, group work promoting positive behaviour and effective procedures for ensuring a smooth transition at critical stages in pupils' education. Related initiatives included activities to develop self-esteem and anger management, and to reduce the incidence of bullying.

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### **Good Practice**

*During 2000-2001 a successful Thinking Skills project had been carried out through the NCS pilot initiative in one authority. Pupils showed significant gains in achievement and self-esteem, and in their readiness to learn. These approaches had not yet been extended to other local schools.*

### **Good practice**

*Evidence from an ICS pilot project in one authority indicated that since 1999 total pupil absences had fallen relative to the other schools in the authority and pupil exclusions had considerably decreased. There were notable improvements in attainment across the range of data for 5-14 levels and National Qualification awards.*

### **Good Practice**

*In one secondary school, S5 and S6 pupils worked with a project worker from a voluntary organisation addressing aspects of mental health. Using a peer education approach pupils delivered sessions to their own peer group as well as engaging with younger pupils. Responses from staff, young people and their parents were very positive. There was evidence of increased confidence in those delivering the programme as well as the response from younger pupils who attended sessions. Pupils from this secondary school were subsequently involved in the development and launch of new guidelines on positive mental health and young people in Scotland.*

Several clusters had effectively extended pupils' learning experiences outwith the normal school day. In many cases, children benefited from well-attended lunchtime and after-school study support groups and homework clubs. These groups provided pupils with a quiet working environment where they had access to specialist teachers who helped to address individual learning needs. Examples of extra-curricular activities provided within ICS projects included swimming lessons for primary and secondary pupils, fitness training for pupils and other members of the community, riding for the disabled and summer residential camps for vulnerable pupils in P7 to ease their transition into S1. Many of these well-supported activities were provided through effective partnership working.

## **Good practice**

*In one cluster, pupils who had been given fresh fruit, water and healthy snacks were aware of the benefits to their overall health and wellbeing. There was also evidence of benefits from initiatives such as increased numbers of children and families swimming at weekends, an alternative curriculum for Christmas leavers involving college courses and contacts with the world of work and an increase in out-of-school activities. The provision of horse-riding lessons for children with additional support needs was successful in building confidence and self-esteem.*

## **Good practice**

*The use of arts activities in one authority was a key component in supporting ICS objectives. Carefully-planned activities for pupils included summer schools for literacy and dance, digital video activities, and dance and music workshops. Staff ensured that participating pupils, including targeted vulnerable young people, were given challenging but appropriate activities. Pupils had grown in self-confidence and in their desire to learn through the positive impact of these activities.*

## **Good practice**

*Innovative projects developed by one ICS initiative, in partnership with other services, included an Active Breaks pilot in which the Scottish Executive's Better Behaviour-Better Learning funding was being used to deploy youth workers in primary and secondary schools. The initiative was proving successful in giving support to vulnerable and isolated pupils, reducing absenteeism, developing social skills and improving behaviour.*

Many initiatives to extend the learning and broaden achievements of children, including those who are vulnerable, were related to authority schemes for providing out-of-school care and learning. Although these initiatives were not all provided under the aegis of the ICS initiative, many illustrated good practice which was clearly relevant to the development of ICS provision. In one case, large numbers of P6 and P7 pupils took part in a ten-week choral programme and instrumental instruction. Primary pupils who were involved in an arts project to improve the local environment developed environmental awareness as well as active citizenship skills. In another project, both primary and secondary pupils benefited from their experience in creative dance workshops. Two authorities had organised masterclasses in drama, science and sport in cooperation with local theatres and universities. Children's interest and expertise in science was also fostered through a number of school science clubs. A number of authorities provided children with a wide range of opportunities for outdoor pursuits. These included Duke of Edinburgh Award Schemes offered in partnership with outdoor education units, summer sports leader programmes and Scottish Football Association training courses for coaches.

### **3.3 Personalising pupils' learning**

Some good initiatives placed a closer focus on identifying and meeting the needs of individual pupils through negotiating individual learning targets with pupils and involving them in systematically reviewing their progress. This was done in a number of clusters through the use of Personal Learning Plans (PLPs) with the close involvement of pupils, parents and staff from a range of services. The concept of PLPs was highlighted strongly as a key characteristic of NCS in the original prospectus document. The pupils and staff in these schools reported a better understanding of both the process and the outcomes of establishing individual plans. Many pupils showed a readiness to discuss their PLP targets effectively and showed understanding of the steps taken to achieve them. In many cases, the operation of PLPs was very time consuming and relied upon additional staff funded through pilots. For this reason, the use of PLPs was often discontinued beyond the ICS pilot phase. The principle of personalised learning embodied in the use of PLPs was sound and valued by children and their parents but ways needed to be found to make implementation sustainable.

## Chapter 4: Improving the achievements and wellbeing of young people through removing barriers to learning and increasing expectations

### 4.1 Removing barriers to learning

In most ICS clusters improved support from a range of services had helped reduce barriers to learning for groups of particularly vulnerable young people and their families through helping to meet their social, emotional and health needs. In many cases, care files and related documentation had been used effectively to plan and monitor the effectiveness of support. Some authorities had introduced projects which helped to improve pupils' confidence, social skills and anger management so that they could make better use of learning opportunities. These included health-promoting school initiatives, after-school activities and alternative and enhanced curriculum opportunities which helped to reduce barriers to learning. However, there was often no clear strategy to support the learning of pupils withdrawn from the formal curriculum due to behavioural or related social issues. This led in some cases to insufficient planning for the reintroduction of these pupils to the mainstream curriculum.

#### Good practice

*In one secondary school within an ICS cluster a Surviving School group had been established to support pupils in danger of exclusion. Pupils' participation had helped them become more skilled at interacting positively with others. The direct support provided by a mental health worker and youth social worker had helped this targeted group of pupils address anger management issues and had developed in them a more positive attitude towards school.*

Across the clusters there was little evidence of the ICS initiative having had a direct impact in improving the quality of support provided through learning and teaching in mainstream classrooms. The few instances of positive impact of this sort related to pupil support in the primary sector or to the work of support for learning and guidance staff in the secondary sector. There was a need for a greater focus on providing targeted support to raise the expectations and attainment of vulnerable pupils, particularly in the secondary sector. Support for children with specific learning difficulties was enhanced in some clusters through specialist training provided for teachers and others involved in meeting the children's needs.



## THE SUM OF ITS PARTS?

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### **Good practice**

*In one cluster school, staff undertook additional training to better understand conditions such as epilepsy and dyslexia. This enabled them to work more closely with the children and families involved, and to raise expectations of performance.*

Support for children and young people was most effective where schools and other partners pursued a shared agenda as the result of establishing clear common objectives. This included joint working between education and health professionals to identify and support the needs of children with medical problems which impeded their learning.

### **Good practice**

*In one cluster the school nursing service was changing to place a greater emphasis on targeted intervention of health surveillance. The child health clinical services had been reviewed and improved. Protocols for medical review of children with additional support needs had been agreed with the education department and sent to headteachers. Plans were in place to establish a new service to support an early diagnosis of Attention Deficit Hyperactivity Disorder.*

## **4.2 Raising expectations**

In most clusters, pupils identified as being at risk of underachieving had responded positively to the range of approaches developed by staff and partners. These approaches included encouraging young people to expect more of themselves through celebrating their achievements, developing their self-confidence, enhancing their interests in learning and being encouraged to set targets for further improvement. Whilst there was, as yet, little evidence of improved attainment across the board, teachers reported that some pupils' attitudes had improved and that they were showing more interest in, and application to, their learning.

### **Good Practice**

*In one cluster, parents, school staff and partners commented favourably on the impact of a joint education and social work peer education programme. The programme was successfully developing the potential of pupils identified as being at risk from underachieving at school. The use of PLPs was developing well. Staff across the cluster reported a better understanding by pupils of both the process and the outcomes of establishing individual plans. Pupils were able to discuss their targets effectively and show understanding of the steps taken to achieve them. There were initial indications that participation in this process resulted in pupils adopting a more focused and purposeful approach to their learning.*

Some ICS initiatives had made a positive impact on the attitude of particular groups of vulnerable young people and their families. There were a few instances of reductions in exclusions, vandalism and offending, increased attendance and improvements in attainment in some targeted groups of pupils. Such improvements were not evident in all clusters, however, and authorities needed to ensure that support for these particular groups was introduced more widely.

### **Good practice**

*In one cluster, two primary schools had effectively supported the achievement of a targeted group of vulnerable young people through their involvement in a Junior Achievement Award Scheme offered during school holidays. This combined both formal school activities with out-of-school experiences and had led to vulnerable young people developing their skills and confidence in their ability to learn.*

### **Good practice**

*One school had a very active and effective ICS steering group which included a local community constable in its membership. As a result of well-planned joint action among the various services, vandalism had fallen dramatically in the local area and had been maintained at a low rate for three years. Referrals to the Reporter of young offenders under 16 years old had reduced by two-thirds over the same period. While these reductions were not wholly ascribed to the ICS initiative, it was considered to be a major contributory factor in giving vulnerable children and young people a sense of ownership of the school and their local area.*

In some clusters, particular support was given to increasing identified pupils' own expectations through addressing issues of anger management and behaviour. This dedicated support, often provided by non-teaching staff, had led to some positive changes in pupils' attitudes and behaviour. The effective contributions from staff in other partner services were not always shared effectively with teaching staff.

### Chapter 5: Improving the achievements and wellbeing of young people through community and family support

#### 5.1 Engaging the community

The ICS initiative had made little impact in terms of increasing the capacity of communities through involvement of pupils, School Boards, parents, voluntary organisations and members of the community in decision making. Many cluster and school development plans contained ethos statements but there was little evidence of these statements having been developed and agreed on a joint basis. Despite the active involvement of these groups within individual schools, they had almost no influence on decision-making regarding the setting of priorities for development, resource deployment or service provision within ICS clusters.

Education authorities had promoted the development of pupil councils and many schools had established these groups. Pupils were often consulted effectively by headteachers and staff on a range of matters but this rarely related to decision-making in relation to identifying and achieving ICS objectives. In some schools, pupils were encouraged to take more responsibility for decision making through contributions to pupil councils and by suggesting ways in which their school might improve. In good practice these contributions enhanced the overall ethos through allowing pupils to influence the development of their school and to share a sense of ownership in its work. The absence of school councils in some schools, particularly within the secondary sector, had a negative impact on the extent to which pupils felt ownership of their schools.

#### **Good practice**

*In a few primary schools, pupils were being encouraged to develop a sense of empowerment and responsibility through being directly involved in contributing to their schools' development plans. In one primary school the pupil council had made a measurable impact on the life and ethos of the school. They had identified gaps in security and suggested how extra playground space could be acquired. In another primary school, the pupil council had surveyed the views of their fellow pupils on how part of the ICS budget should be spent. In one cluster, pupils had been consulted on aspects of the authority's 5-14 health education and child protection policies.*

In most clusters there was a positive ethos of raised expectations as a result of the promotion of ICS objectives by Integration Managers and other partners. The development of a positive ethos was particularly effective when there was good communication with all involved and strong leadership from heads of establishments and Integration Managers. There were some examples where the ethos experienced by staff, partners, young people and their families had been improved by the ICS initiatives. This was most evident within individual primary schools and pre-school centres, but there were also some positive examples at secondary school and cluster level. However, the enhanced ethos was still often associated with only those members of school staff and other partner services most directly involved in ICS projects. In most clusters, many teachers, parents, pupils and members of the community were unaware of the aims of the ICS initiatives. Families had been consulted to varying degrees but had not been engaged enough, in most clusters and schools, through appropriate awareness-raising activities.

### **Good practice**

*In one primary school the headteacher and Integration Manager focused on ensuring attitudinal change amongst staff as a pre-requisite for effective planning and delivery of services. Most staff within the school had positively changed their attitudes and approaches towards supporting a more community-based ethos and approach to learning. This had been achieved through involving staff in discussing and agreeing strategies for enhanced community involvement, in consultation with parents.*

In some cases the initiative had effectively built on an existing positive ethos within a cluster.

### **Good practice**

*The provision of arts, sports and residential outdoor education activities had been very effective in one authority in helping pupils to raise their expectations of achievement and to address issues of social exclusion. The resulting increase in pupils' self esteem led to their feeling greater involvement in the school community and a consequent improvement of the general school ethos. In two primary school ICS projects, breakfast clubs and summer school developments had also been very effective in supporting the needs of pupils and their families. As a result, pupils, parents and staff had benefited from activities which contributed to an enhanced ethos of achievement.*

### 5.2 Supporting parents and families

In almost all clusters and schools there were cases of individual vulnerable young people and their families who reported an increase in confidence and improved attitudes to school as a result of support from multi-agency teams. There was some evidence of improved awareness of health issues among parents and young people as a result of various ICS sports activities and initiatives to promote healthy eating through provision of fresh fruit and water. In one case, the local dentist indicated that an improvement in children's dental health appeared to be linked to the provision of free fruit and drinking water in school. In another cluster, the formation of a Health Promoting Schools Steering Group further enhanced children's and families' knowledge and understanding of health issues. Several schools reported that vulnerable young people and their families were actively engaging in a range of enhanced health-promoting initiatives and social interaction taking place during and after school.

A range of activities developed by ICS projects provided opportunities for parents to experience and contribute to a purposeful learning ethos, particularly where there were opportunities for engagement with staff to support children's learning. Some clusters had organised adult education classes, based in one or more of the schools, on topics agreed with parents. These included classes on the curriculum and early intervention to support children's learning, and the enhancement of computing, art and parenting skills. Some classes were provided jointly for children and parents. For a number of parents this provided a first opportunity for post-school learning, and a few went on to take up college or university places. Parents were involved in running some pre-school and after-school clubs and activities organised as part of the ICS initiatives. They were also involved in paired reading and homework support schemes. Parents were often used as volunteer tutors in adult classes or were given training in how to support their children's learning. These initiatives helped parents to become more involved with the school, to increase their confidence, knowledge and skills in helping their children learn and to identify more closely with its work. They also provided valued support for children.

However, individual projects were often at too early a stage of development to measure any added value in comparison to similar initiatives in other schools outwith the ICS initiative.

## **Good Practice**

*In one primary school a support for learning teacher, supported by the community nurse for ICS, organised sessions on cooking skills and healthier eating for parents and pupils from vulnerable families. Those parents who took part reported increased confidence and improvement in their communication with their children. Food that was prepared and cooked, especially by the children, was taken home and responses from family members were recorded as being very positive. One result of this initiative had been the completion of a food hygiene course by some of the parents.*

In a number of clusters, support for identified young people and their families had been improved through enhancing the work of joint assessment teams and through the deployment of home-link workers. While this had led to enhanced support for identified groups some partner services had difficulty meeting the additional demands made on their staff. There was often tension where the secondment of a social worker to an ICS team was at the expense of the more general demands made on local social work services.

## **Good Practice**

*One cluster ensured that vulnerable families were supported well by the ICS social worker and the home-link worker. Two family support workers employed by social services provided practical and emotional support where appropriate. The home-link worker focused on vulnerable families who were insufficiently engaged with the education system. The worker took referrals from all schools in the cluster related to attendance, learning difficulties, behavioural and health issues. She also undertook some daily transporting between home and school on a short-term basis to encourage a more committed approach by parents and pupils towards attendance.*

## THE SUM OF ITS PARTS?

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In good practice, joint assessment teams with representatives from all partner services had ensured a sustained and focused level of support for looked after and accommodated children. However, there was considerable variation across authorities in the extent to which the progress of looked-after children had been monitored. In good practice a specialist education and social work team had been established and had developed a reliable database for monitoring the progress of looked after children. A focus on the whole child had been developed and there were community interventions and alternative support for education. The development of initiatives such as home support or support in care placements and intensive support packages showed a commitment to ensuring that looked after and accommodated children had access to equal educational opportunities. In some cases, such opportunities applied only to looked after and accommodated children. In one authority, children on home supervision, homeless children, and children in need were also included in these strategies.

### **Good Practice**

*The Looked After Children's Team in one authority had worked collaboratively with the ICS cluster. The team was innovative in the breadth of its approach and worked with children with home supervision requirements and with those whose families were homeless as well as those who were looked after and accommodated. Support was mainly provided for looked after children within their current school but there was a small unit for very disaffected young people. These young people were encouraged to undertake qualifications and were beginning to have some success. Overall, the attainment of looked after children in this authority was some of the best in Scotland and they had nearly three times the national average (90% rather than 31%) of their children on home supervision achieving some qualifications.*

## Chapter 6: Key factors for success

The previous four chapters have described a wide range of strengths and weaknesses in the development of the ICS initiative in its various forms across Scotland. This chapter aims to summarise some of the key factors which consistently appeared to underpin the development of good practice in the ICS clusters visited. It also indicates ways in which good practice can be further developed.

### 6.1 At Local Authority and Health Board level

#### *Shared leadership*

Good practice in the partnership was characterised by a number of factors. Leadership, commitment and a clear set of ICS objectives agreed between chief executives and senior managers in partner services led to purposeful and productive initiatives in ICS clusters. The membership of steering and management groups included representatives from all partner services including the police, the voluntary sector, young people, parents and other members of the community.

#### *Sustainability*

A further key feature of successful provision was the best value use of funding to ensure sustainability. Representation of ICS objectives in community plans and children's services plans, and in the development plans of partner agencies and schools, generally led to effective concerted action. Involvement of all partners in integrated policy making, planning and delivery ensured a sense of joint ownership at all levels. This sense of ownership was enhanced when pupils, School Boards, parents, voluntary organisations and other members of the community were involved in decision making.

#### *Integration with mainstream*

It was notable that the most successful ICS-related initiatives were promoted and evaluated as integral aspects of mainstream provision, rather than add-ons. All related initiatives, such as health promotion, promoting positive behaviour and out-of-school care and learning, were included within ICS planning and provision. In addition there was wide involvement of NHS departments and social work services in contributing to the achievement of ICS objectives. Dedicated ICS staff operating at cluster level showed a strong sense of teamwork and awareness of each other's roles and responsibilities. Partner agencies and schools worked together through a coordinated approach to identifying and meeting the needs of potentially vulnerable children and young people, including those who were looked after and accommodated.



### *Evaluation, review and planning*

In good practice there were clear systems for evaluating the progress and impact of ICS and related initiatives, and all partner services and stakeholders contributed to these evaluations. Good practice identified through evaluation was shared among schools and partner services. Good practice in ICS initiatives was frequently enriched through contributions from a range of NHS services. These contributions would be further enriched if ICS activities were more consistently reflected within NHS plans including General Practice locality/practice development plans. There would be further advantage if health service monitoring and evaluation systems were also used consistently to assess the impact of ICS initiatives. In order to extend joint-service training it would be useful if staff from partner services had access to appropriate NHS staff development activities.

## **6.2 At school and local cluster level**

### *Leadership*

Good practice was evident in schools and clusters where headteachers gave a clear lead in the implementation of ICS initiatives, and staff at all levels contributed to, and felt ownership of, the initiatives. Good practice was further enhanced where headteachers in a cluster worked in partnership to identify, plan and deliver ICS objectives linked to national policies and those of partner services. In these cases, all appropriate cluster activities, including out-of-school care and learning, and health promotion initiatives, were included as contributions to ICS cluster objectives. All teaching and non-teaching staff were aware of the ICS objectives and of how they could contribute to meeting them. They took account of these objectives in their interactions with children and young people in order to contribute to improving their attainment, achievement, health, care and social development. Cluster targets were reflected in school plans and were used systematically to measure progress. Cluster schools evaluated the success of ICS initiatives and shared examples of good practice.

### *Clear management roles and lines of communication*

In the most effective clusters, the roles and responsibilities of ICS managers were clearly defined and provided appropriate scope for decision making and the allocation of resources. There were appropriate arrangements to meet the development needs of ICS managers, other dedicated ICS staff and all staff in cluster schools and partner agencies to ensure awareness of the key aims of ICS initiatives. Staff from partner services trained together to reinforce the integrated nature of their work. ICS managers had constructive working relationships with the headteachers of all schools involved and with managers of partner services.

## *Curriculum flexibility*

In good practice, pupils' programmes were drawn from a curriculum which had a range of formal and informal components including extra-curricular activities, health-promotion initiatives and out-of-school care and learning opportunities. Core curricula were extended and supported in a number of ways including links with further education colleges, and provision of breakfast clubs, homework clubs and study support groups. Appropriately customised curricular programmes were made available for disaffected pupils or those who had missed out on learning for other reasons. Staff from voluntary organisations and partner services such as health, social work and the police contributed to pupils' learning, health and social development directly and through helping to provide teaching materials and learning opportunities.

## *Personalised learning*

Practice was good where pupils' learning was personalised to meet individual needs and to remove barriers to learning. Personal learning plans were drawn up in consultation with pupils, parents and staff from a range of partner services. Targets for pupils' learning and development reflected high expectations, and progress towards them was monitored systematically.

## *Barriers to learning*

In ICS clusters, partner services worked closely together to identify barriers to learning and put in place strategies to remove them. Partner services provided coordinated support for vulnerable young people and their families to ensure that their educational, social, emotional and health needs were well met. Initiatives were in place to raise the expectations, confidence and self esteem of these young people and their families, and to ensure that they gained the maximum benefit from opportunities for learning and wider development.

### Chapter 7: Conclusions

Overall it was clear that the ICS initiative has been a catalyst for beginning to enhance joint working between schools and other agencies to provide support for young people, particularly the most vulnerable. Whilst no local authority/NHS partnership had implemented all of the characteristics indicated in the original NCS prospectus successfully, there were many examples of good practice in specific areas. For some partnerships involved in the third phase of piloting, initiatives were still in their early stages and further developments were likely.

It was equally clear however, that the ICS initiative had not been fully successful in its aim of establishing a new over-arching vision and framework for the delivery of education and other children's services, using schools as the hub. ICS initiatives often sat alongside a range of other initiatives and activities, such as health promotion, out-of-school care and learning and Better Behaviour – Better Learning initiatives, rather than acting as a coherent, integrative rationale within which these other more specific initiatives were brought together and given greater coherence. Often these other relevant initiatives had not been directly linked to ICS developments in any clear way.

Similarly the vision and ethos underpinning ICS initiatives had often not had sufficient impact in engaging the commitment of all relevant practitioners in the area. Whilst dedicated ICS team workers were well aware of the aims of initiatives there was often very limited awareness amongst mainstream staff in schools and mainstream professionals in other agencies. This inhibited the extent to which pupils could benefit.

However, the potential of the ICS approach was clear. Whilst, as yet, there had been little effect on overall levels of pupil attainment in schools, there was clear evidence that the broader achievements of some pupils had improved, as had some aspects of health and personal development. The challenge for all involved is to ensure that these benefits are extended to all of our children and young people.

#### 7.1 Moving forward

The ICS initiative was deliberately designed to encourage local authorities and their partners to develop their own approaches to taking forward the general aims outlined in the original prospectus. This promoted innovation and resulted in practice developing at varying paces and in very varied ways across the country as a whole.

It is now time to take stock of the good practice that has emerged from this period of innovation and development, as outlined in this report. There is a need to re-focus the vision of an integrated community school as we move towards every school adopting the characteristics of the ICS approach by 2007. Authorities and their schools were increasingly looking for a clearer national lead in this respect. To a large extent it is becoming clear that the concept of the ICS is best defined in terms of how associated clusters of schools, including special schools, work together with each other and with other local agencies and establishments to support the education and development of all children and young people, and their families and communities. It is less appropriate to define it as applying to individual schools in isolation.

In re-focusing the national vision for ICS the time is also opportune for rationalising and integrating many other more specific strands of project funding in related areas, locating them more firmly within an over-arching strategy for supporting the development of the ICS vision.

There are a number of other steps which should be taken to support ICS development. Consideration should be given to improving the national availability of, and access to, clear baseline data on health and social needs. The national availability of improved data, analysed to local level, would help schools, communities and partner organisations in prioritising the needs of children and young people, and in establishing effective quality assurance procedures for evaluating the work of ICS. It would also be beneficial if national requirements for annual reports from authorities, partner services and individual ICS initiatives were more closely focused on improvements resulting from ICS initiatives meeting their objectives. Continuing efforts, both in the short and medium term, to increase provision of social work staff will be valuable in ensuring that sufficient staff are available on the ground to meet the demand for better multi-agency working.

Local authorities, Health Boards and other partner services now need to build on existing good practice by working more closely together to support all Scotland's children and young people to reach their full potential. With clear guidance from the Scottish Executive, local agencies need to work more closely together at all levels to plan and deliver more integrated provision. Audits of existing provision should take account of the full range of initiatives which contribute to ICS objectives, and all stakeholders, including pupils, parents and other members of the community should be involved in deciding the direction of future development.

## THE SUM OF ITS PARTS?

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All staff in schools now need to become conversant with the aims, principles and benefits of the ICS approach so that they can draw on them to enrich their provision for children, and can capitalise on the greater range of support available for children outwith the classroom. Schools need to build further on emerging good practice in personalising pupils' educational programmes. The considerable potential of curriculum flexibility should be further explored to extend children's learning through customised programmes which draw on informal as well as formal learning opportunities. Staff in partner agencies also need to become more conversant with the aims, principles and benefits of the ICS approach and to strengthen arrangements for jointly assessing and meeting the needs of the most vulnerable children and their families.

The clear aim for all partners should be to learn from good ICS practice that has developed thus far, and use this experience to build integrated learning communities which can meet the educational, social, health and care needs of our children and young people more effectively than ever before.

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ISBN 0-7053-1048-5



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