

Report to the Education and Skills Committee on key issues

Child protection

Social Work Scotland members have a fundamental role in protecting children. This is a collective responsibility, shared with partners across public services in Scotland. The current Scottish Government child protection improvement programme is an opportunity to ensure that child protection is at the heart of the Getting it Right for Every Child framework. Future policy and planning must sit within this context to ensure that there is a visible continuum from early prevention and promoting well being, to supporting welfare and protection.

Child protection and prevention must be of the highest priority for national and local government. A Scottish Government approach which locates this issue within the context of public health would assist in achieving parity with other whole population health concerns. This approach has seen significant improvements in the outcomes for the groups where this has been applied. Recent media reports have also indicated a sharp rise in the sharing of indecent images¹. The impact for children and young people is significant and their prolific engagement with social media platforms only heightens the risk for children and young people.

In his statement to Parliament on Thursday, 8th September 2016, the Deputy First Minister set out a revised timescale for the commencement of the Children and Young People (Scotland) Act 2014. We welcome the intention to have a three month intense period of engagement with stakeholders and note that it is in the interests of Scotland's children that we have clarity as quickly as possible regarding both information sharing and the position of 16 and 17 year olds.

Looked After Children

The most recent published statistical information indicates that children are becoming looked after earlier and are also ceasing to be looked after at a younger age². This in part may be attributed to the sharper focus on permanence³. Whilst work continues for us to ensure that consistently, decisions are made within the right timescale for the child, the number of children continuing to be looked after indicates that the Children's Hearing system will continue to be a significant contributor to the protection of children⁴.

Although there have been visible improvements such as school attendance, many looked after young people continue to leave formal education around their 16th birthday⁵. For some, earlier trauma has led to disruptions in their education. We must continue to work in partnership to provide flexible positive destinations, recognise achievement in all its forms and understand that for some, a traditional higher education route may not be what meets their needs at that time. We need to ensure that support is tailored to the individual, within a timeframe that meets their needs. There is a need to ensure that there is investment in trauma recovery services for our looked after children

¹ <http://www.bbc.co.uk/news/uk-scotland-37235507>

² <http://www.gov.scot/>

³ <http://www.careinspectorate.com/index.php/news/3362-joint-inspections-of-services-for-children-and-young-people-2014-16>

⁴ <http://www.gov.scot/>

⁵ <http://www.gov.scot/>

particularly at times of transition and especially into adulthood where the manifestation of this is more acute.

Neglect

Public services in Scotland have strengthened performance in relation to keeping children safe⁶. However, in order to progress an agenda of prevention, we need a renewed focus on neglect. We welcome the current Scottish Government work stream on neglect. This needs to be underpinned by a robust response to key underlying issues which increase the risk of abuse and neglect; poverty, inequality, the impact of alcohol, drugs, mental illness violence and domestic abuse on children's lives. This requires in particular to be linked to child poverty and the opportunity to re-balance income distribution as a consequence of the impending reforms, particularly acknowledging Scotland's commitment to address the inequalities as a consequence of welfare reform.

Intervention at the earliest stage

Facilitating robust and effective investment around early support and engagement with families is critical. The additional funding in relation to provision for vulnerable 2 year olds and the additional resourcing of health visiting have been welcome developments, although we continue to require flexibility in the delivery of these resources to meet local and individual need. A mixture of nursery provision and supported play at home sessions for example may more effectively reduce risk in the longer term than extended nursery provision alone.

Mental health

In our recent evidence to the Health and Sport Committee⁷, we noted some concern with respect to the current mental health provision for children. Investment in acute services alone will not bring about improvement. Addressing and preventing the reasons for poor mental health is imperative. There is also a need for a recovery approach as being the core to improving the emotional and mental well-being for our most vulnerable children and young people. We would wish to emphasise the need to develop tiered two mental health services across the board and where possible shifting the balance and focus on up-stream services to downstream preventative approaches. The need to develop trauma recovery services nationally with the associated funding again is fundamental to ensuring that we are giving our parents of the future the best possible start and reducing the predictability factors associated with intergenerational family poverty, dysfunction and poor outcomes. Promotion of good family mental health needs to be rooted in core universal service provision. We welcome the Scottish Government's intention to develop longer term mental health strategic thinking and note that this should take account of changing and emerging needs resulting from concerns including child sexual exploitation and unaccompanied asylum seeking children.

Domestic abuse

Children experiencing domestic abuse has continued to be a significant reason for child protection registration⁸. Nationally, culturally and socially it is our biggest challenge. As we have seen in the wearing of seat belts or attitudes towards hitting children, we require a whole population change in attitudes towards relationships and domestic abuse. This needs to start in the earliest education settings and be based on healthy relationships.

The impact of health and social care integration and the interface between child and adult services

It will be important to review the new health and social care arrangements both at a local and national level to ensure that children have not been marginalised as an unintended consequence. Child protection must be included in the strategic planning and governance frameworks of public bodies that all have a role in children's lives and this should include Integrated Joint Boards and Community Planning Partnerships. There also needs to be consideration given to the role of Child

⁶ <http://www.careinspectorate.com/index.php/news/3362-joint-inspections-of-services-for-children-and-young-people-2014-16>

⁷ <http://www.socialworkscotland.org/>

⁸ <http://www.gov.scot/>

Protection Committees in informing such bodies on matters relating to child protection⁹. It would be useful for the Scottish Government to ensure that future policy and guidance affecting partnerships within adult structures which impact directly on children (such as Alcohol and Drugs and Gender Based Violence) are given clear direction as to what is required in relation to protecting children.

For children who require to transition to adult based services, we need to ensure consistency in arrangements so that children and their families have clear support pathways in place. The relationship between children's and adult services are of prime importance to managing these successful transitions and national direction that supports this relationship would be useful.

Resources

Social workers provide a robust, evidence based understanding of the range of factors that affect children and their families and as a profession, they have the line of sight to the most vulnerable children in Scotland. It is however well acknowledged that the many complexities of child protection work can have a significant impact on practitioners¹⁰. We need to ensure that any future workforce development takes cognisance of this. We require appropriately trained, competent and resilient practitioners who have the right tools for the complexity of the task and job that they undertake. This should include being provided with the level of professional supervision commensurate with the role and experience, access to the most up to date and best evidence available and practice assessment frameworks which support engagement with families. The size and complexity of the workloads for social workers at times can be overwhelming and are a significant challenge. For many local authorities within the context of austerity and budget savings, there are hard decisions to be made. Unlike other professionals, where there is national protection and or a framework i.e teachers and health visitors, as a work-force social workers remain vulnerable as a direct consequence of the financial pressures. This is despite providing the complex assessment, planning and interventions that keep Scotland's children safe. There needs to be assurances sought from local authorities about the impact of future savings proposals to ensure that, despite diminishing resources, safeguarding children is at the centre of financial decision making.

There has been a clear shift across children's services towards prevention and earlier intervention. However, local partnerships are finding it increasingly challenging to identify resources to invest in new approaches¹¹. The reduction in budgets to local authorities and third sector providers impacts on the ability of services to carry out child protection functions. If the protection and support of vulnerable children is a priority this has to be addressed and requires to be undertaken in partnership with third sector.

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⁹ <http://www.careinspectorate.com/index.php/news/3362-joint-inspections-of-services-for-children-and-young-people-2014-16>

¹⁰ <http://www.careinspectorate.com/index.php/news/3353-significant-case-reviews-in-scotland-2012-to-2015>

¹¹ <http://www.careinspectorate.com/index.php/news/3362-joint-inspections-of-services-for-children-and-young-people-2014-16>