

## JUSTICE COMMITTEE

### CHILDREN (SCOTLAND) BILL

#### SUBMISSION FROM NHS HEALTH SCOTLAND

##### About Us

NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health. In April 2020 we will become part of the new national public health body, Public Health Scotland, together with Health Protection Scotland and Information Services Division.

Our corporate strategy, [A Fairer Healthier Scotland](#), sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Our mission is to reduce health inequalities and improve health. To do this we influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

##### Statement of Support for the Children (Scotland) Bill

NHS Health Scotland broadly supports the Scottish Parliament's Justice Committee's proposed changes to existing legislation through the Children (Scotland) Bill. The proposed changes are welcomed in relation to putting the needs of children at the heart of the legislation by ensuring that both the voice of the child (question 1) is heard and that the best interests of the child (question 2) are considered where there are breakdowns in families. NHS Health Scotland welcomes the overall aims of the Bill which are to:

- ensure the views of the child are heard in contact and residence cases;
- further protect victims of domestic abuse and their children;
- ensure the best interests of the child are at the centre of contact and residence cases and Children's Hearings; and
- further compliance with the United Nations Convention on the Rights of the Child (UNCRC) in family court cases.

Specifically, we welcome the proposal to take into consideration personal relations between the child and other people (question 4). A recent evidence synthesis conducted by NHS Health Scotland<sup>1</sup> demonstrated that young people consistently view the trusted adult role as positive and indicate that it can help achieve outcomes such as higher educational attainment, optimism, self-efficacy and reduced internalising symptoms.

As such, we particularly welcome any actions which will promote and maintain relationships between the child and adults with whom they have a voluntary, informal supportive relationship such as teachers, coaches or youth workers. We feel that the

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<sup>1</sup> Whitehead, R., Pringle, J., Scott, E., Milne, D. and McAteer, J. [The relationship between a trusted adult and adolescent health and education outcomes](#). Edinburgh. NHS Health Scotland. 2019.

following changes to existing legislation identified within the Bill will support children to maintain their choice of child-adult informal supportive relationships:

- **Promotion of contact between looked after children and siblings:** we welcome the modification of the Children (Scotland) Act 1995 to include a requirement to '(d) take such steps to promote, on a regular basis, personal relations and direct contact between the child and any person mentioned in subsection (1A) as appear to them to be, having regard to their duty to the child under paragraph (a), both practicable and appropriate'.
- **Factors to be considered before making order:** we welcome the amendment of the Children (Scotland) Act to include a requirement to consider '(ii) the child's important relationships with other people'.

We welcome (special) measures contained within this Bill which would add to the level of support and protection for children in a court situation (question 6). Studies have repeatedly shown a relationship between adverse and traumatic experiences in childhood and the risk of a range of negative health and social outcomes in later life.<sup>2</sup> For example, experiences of trauma and adversity in childhood increases the risk of health conditions, including cardiovascular disease and type 2 diabetes,<sup>3</sup> as well as increasing the risk of low educational attainment and involvement with the criminal justice system.<sup>4</sup> Also, there is considerable evidence<sup>5</sup> about the trauma experienced by children and families when facing an abusive perpetrator in court who is using self-representation as a means of continuing to harass and intimidate witnesses. We therefore support the proposed addition set out in section 22D of the Bill.

Furthermore, we are supportive of the use of other special measures, such as the use of a live TV link or screen, in contact and residence cases where the witness is a witness or 'complainer' of, for example, domestic abuse. In addition to the reasons outlined above, we believe the introduction of these special measures will afford victims of domestic abuse giving evidence in family proceedings the same protection as is available to victims of sexual and other offences giving evidence in criminal proceedings.

## Conclusion

NHS Health Scotland welcomes the overall aims of the Bill. We welcome efforts to give a voice to children as well as supporting them to maintain informal supportive relationships. We also support specific special measures aimed at protecting children and families from further harm during family proceedings.

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<sup>2</sup> [Adverse Childhood Experiences in Context](#). NHS Health Scotland. 2019

<sup>3</sup> Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. and Galea, G. [European report on preventing child maltreatment](#). WHO Europe. 2013

<sup>4</sup> Bellis, M. A., Ashtoni, K., Hughes, K., Ford, K., Bishop J. and Paranjothy, S. Welsh Adverse Childhood Experiences (ACE) Study. [Adverse Childhood Experiences and Their Impact on Health Harming Behaviours in the Welsh Adult Population](#)

<sup>5</sup> Birchall, J. and Choudhry, S. ["What about my right not to be abused?" Domestic abuse, human rights and the family courts](#). Bristol. Women's Aid. 2018

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