



North East of Scotland Child Protection Committee

Our Ref: NESPCPC/PR

Mr Peter Peacock, MSP, Minister for Children and Young People.
Ms Cathy Jamieson, MSP, Minister for Justice.
Mr Andy Kerr, MSP, Minister for Health and Community Care.

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30 May 2006

Dear Ministers,

LETTER OF ASSURANCE – CHILD PROTECTION.

We write as members of the Chief Executives Group covering the three local authority areas of Aberdeen City, Aberdeenshire, Moray, and NHS Grampian and Grampian Police in response to your joint ministerial letter re the above dated 22nd March, 2006. We also acknowledge and note the further guidance given in the additional subsequent letter from Colin McLean, dated 4th May 2006.

We would want here, in making our response, to acknowledge the assistance and support we receive from our colleagues in other agencies and the North East of Scotland Child Protection Committee (NESPCPC) in fully committing to the Child Protection agenda and the high standard of work in their approach to this priority field of practice.

Assurances.

1. Child Protection Committees.

In meeting the guidance for Child Protection Committees we can confirm that 2005 saw the restructuring of the NESPCPC to a strategic and focused group acting independently and with delegated authority. This structure achieves economy of scale, reduces duplication, and within this, meets the efficient requirement of the Gershon Review, whilst also recognising the requirement to link in with integrated children's planning mechanisms and drawing on, and involving, local practice and expertise.

In supporting this structure we have increased our complement of NESPCPC core staff and are presently exploring further staff increases to ensure efficient and effective use of quality assurance mechanisms throughout the Child Protection process.

The NESCPCC enjoys the benefits of working across three local authority areas, alongside NHS Grampian and Grampian Police and this enables greater sharing of practice, ensures clarity of messages and corporacy across all three areas, whilst acknowledging local issues and identity. We must also acknowledge the further cross boundary support that is apparent from other bordering agencies that continues to augment effective service delivery.

2. Issues Raised by Cases of Children Affected by Drug Abuse.

2.1. "Getting Our Priorities Right"

Since 2002 a strategic approach has been taken to develop multi-agency guidelines based upon "Getting Our Priorities Right" and relevant issues in "Hidden Harm". In this process, alcohol and drug issues have been given equal weight. This approach has been progressed in partnership with the joint Alcohol and Drug Action Teams of the three local authority areas and the NESCPCC. This Pan Grampian group produced the Grampian Framework "Children Affected by Drug or Alcohol Related Problems: A Framework for Reducing the Harm." This document emphasises the importance of adult services undertaking some level of screening / assessment of the children of their service users and passing on concerns when these are identified, as well as working closely with other services where they are involved with the children. Under the Grampian Framework all services for adults with drug or alcohol problems are required to produce individual service action plans outlining how "Getting our Priorities Right" can be taken forward.

To augment this framework, multi-agency training seminars were rolled out across Grampian in 2004 with the themes of raising the awareness of the risks to children of parental substance problems and encouraging staff to speak to other services involved with these families to pass on any identified concerns.

In addition, awareness raising for key groups of workers such as those in primary care and housing staff, has been made available and some new services for children affected by parental substance problems have been developed in some parts of Grampian. However, there is a need to ensure appropriate and comprehensive services are available throughout the whole region.

In Aberdeenshire an external consultant was commissioned to evaluate how successful the approach taken in respect of adults has been. The evaluation found that, whilst adult services are at different stages, all had made very significant progress towards implementing the recommendations in "Getting Our Priorities Right". This includes raised awareness of risks to children, screening of such risks in relation to the children, screening of such risks in relation to the children of their service users, a willingness to pass on the information where significant concerns are identified and clear understanding of the limits of confidentiality. These findings are being passed to the Pan Grampian Group and the NESCPCC to enable actions plans for further improvement to be initiated.

Grampian Police through the Learning for Life package which is delivered through the School Liaison Officers provides a comprehensive learning package on the issue of drugs including a fully comprehensive drug data base accessible to children, parents and professionals. Issues around drug use in today's society, including critical thinking around risk, bias, influence, consequences and decision making are also addressed.

2.2. Provision of Protocols

Following a significant case review there has been a robust review of systems between Social Work and Health at the Aberdeen Maternity Hospital relating to child protection with new practices and systems introduced. There are now a number of protocols and forums in place whereby women are picked up both at the ante-natal and post-natal stages in relation to their drug use. The mid-trimester review meeting brings together all professionals involved in the support of pregnant women who are drug using and develops through the CPCC multi-agency assessment plans and interventions for these new babies. There is a direct link between this service and the Neo-Natal Unit where assessments are progressed around discharge planning.

There are related protocols in place between Social Work Addiction Service and Dr Gray's Hospital in Elgin, which have been in place for some time and are currently under review and consideration is being given to the introduction of improved quality assurance mechanisms.

Hall 4 guidance is in place and children with child protection problems are selected for augmented services. In addition, a Child Protection Business Plan proposes named Child Protection Nurses for each clinical area and Link Nurses for each Primary Care Team to facilitate training and supervision. In addition, the Designated Doctor for Child Protection and the Nurse Consultant, Child Protection, read all the region's Child Protection Case Conference minutes to ensure that health issues are being appropriately addressed, and that there is evidence of communication

2.3. Research

A research project "Neonatal Abstinence Syndrome. A New Intervention: A Community Based Structured Health Visitor Assessment" has been undertaken by Drs Lloyd and Myerscough with Scottish Executive Substance Misuse Research (Scottish Executive Grant CH017 RGC1087).

This research project appears in the action plan of the Scottish Executive Response to Hidden Harm. The report has been approved by the Substance Misuse Research Department and is awaiting ministerial approval with publication anticipated in about six weeks. It contains detailed information about Grampian services from the multi-agency Specialist Antenatal Service through to Paediatric follow up. There is a continuous audit of infants born to SMS mothers and data from this is quoted in the report.

Recent research in Moray which focused on Child Protection and in particular inter-agency working highlighted good communication between agencies and a willingness to share information in the best interests of children and young people. However despite these positive comments agencies, not just in Moray, but across the whole region, are not complacent about the importance of good communication and all have endeavoured to ensure that inter agency working is the subject of regular review.

2.4. Developments.

The Pan Grampian "Getting Our Priorities / Hidden Harm" Group has met quarterly to co-ordinate initiatives across the whole Grampian area. Proposals are now progressing through the NESPC and the ADATs to further strengthen the membership and authority of this group to enable it to act as the "driver" across Grampian for all initiatives related to children affected by parental substance problems. A Joint Future Commissioning Strategy is presently being developed for Drug and Alcohol Services. This will include services being required to

have plans to deal with children in need of protection when parental drug use is affecting their welfare.

Where a young person under 16 is identified as having a significant problem with substances, this will be considered within the normal welfare, child protection or youth justice procedures for addressing the needs of vulnerable children. There is a need for specialist provision for such young people that is age appropriate and not an adjunct to adult services. With this in mind there has been some local specialist provision set up – but this requires further area dissemination, provision and resourcing.

Extensive developmental work has been taken forward on a multi-agency basis regarding awareness of the Children's Charter and Child Protection Standards. In Aberdeen, the Children and Families Social Work service has undertaken "self assessment against the Child Protection Standards and Quality Indicators." It is planned to do similar self evaluations with other services and partner agencies.

For front line children and families teams there is an established performance management system where Service Managers are expected to check with senior social workers regarding the completeness and adequacy of recording within child care records. Service managers are also expected to undertake direct spot checks on a sample of files every month. The consistency and quality assurance of assessments and risk evaluations are an ongoing issue for all partners within the North East of Scotland and this requires ongoing performance management. The new "Portfolio" structure of the NESCP, developing different elements of Child Protection across the partnership, will enhance greater openness and rigour in performance management.

3. Recommendations for Consideration by the Scottish Executive.

3.1. Substance Misuse and Alcohol Abuse.

Whilst it is helpful for children affected by substance misuse to be specifically identified as a high risk group, there are some careful balances that need to be retained.

It is of concern that emphasis is placed exclusively on drug misuse, and alcohol abuse is omitted. This is at variance with our local child protection experience. We are aware that whereas "alcohol" has remained with the Health Department, "substance misuse" is now sited within the Criminal Justice Department at the Scottish Executive. This potentially places a barrier in terms of child protection strategy and guidance. In addition to this there are also concerns around "substances" which can have a detrimental effect on individuals and thereby family life. In particular misuse of some prescription medication and over the counter drugs can also present hidden risks and any approach to tackling these difficult and complex areas needs to bear this in mind. The NESCP is however clear that appropriate and strengthened attention must be given to children at risk from adults substance misuse in line with the Ministers' concerns.

It would be unfortunate if an impression ensued that substance misuse is the main cause of child protection problems. This might divert attention from those children affected by alcohol abuse, domestic violence, parental mental health problems, or other issues.

3.2. Other Areas of Difficulty.

The guidance on information sharing is well covered in existing documents and legislation. Mandatory reporting has been tried in other countries – not always with benefit. A careful and extensive consultation would be helpful prior to the introduction of new legislation. At least, clarification of existing legislation will be needed. For example, where no immediate concerns are identified through an initial screening / assessment would the law currently allow Social Work to undertake a fuller assessment if the parents stated that they did not want this to happen? This raises the question as to whether, in law, a child is “adversely affected” solely by virtue of being cared for by someone with a substance problem? The whole difficulty is in determining to what extent. Whilst increased intervention may result in the removal of a number of children at risk from substance misusing parents, it will also undoubtedly remove a number who need not have been removed from their families possibly leading to long term damage to them, their family and their life chances. No intervention tool can be 100% accurate or safe – there are dangers in moving too far in either direction on the intervention scale and this needs to be recognised.

The need for robust parenting assessments and decisions about children’s placements is well recognised by practitioners. There is a very significant shortfall in foster carers. Family Centres can offer parental assessments, support and advice, and child care: such resources are limited. Steps taken to date do not include the systematic full assessment of every child whose parents are known to have substance problems. To implement a policy whereby every child living with parental substance problems automatically received a comprehensive assessment would require both a significant increase in resources to undertake such assessments and a review of service provision to meet the needs of children identified as requiring support. Additional specialist projects for such children / families may be needed, possibly along with resources for more parents and children to attend residential rehabilitation projects.

From our experience of joint working, we have learned that a sensitive approach is necessary. Stigmatising or demonising parents who abuse substances can lead to them withdrawing entirely from services which can help them and their children. This has to be held in careful balance with the undisputed concept that children’s needs are paramount. Alongside this there is the difficulty in identifying individuals or parents who have substance misuse problems as by its nature it is a covert and at times very dangerous activity. This has the associated danger of some individuals being badly physically assaulted or worse, killed, by the criminal racketeers who profit from drug misuse. This kind of environment increases the difficulty of identifying individuals.

The issue of barriers to effective practice is a constant source of discussion because one is often not aware of a particular barrier until faced with it. The report into the death of Carla Nicole Bone, for example, highlighted a potential barrier that continues to be a source of concern. Unlike health or education files, Social Work files tend to remain in an authority when a child or family moves into another area. Whilst there is an attempt to ensure that an adequate summary of key issues is shared with the receiving authority this never, inevitably, covers every issue. There is, therefore, a need to consider how more detailed information might be shared with the Social Work authority that receives information about a child on the register or about whom there are particular concerns.

At present, where children are identified as being in need or at risk, then Social Work Children’s Services considers their circumstances in line with the concept of “children in need “ as per the Children’s Act guidance. Currently, assessment is undertaken using “The Assessment of Needs of Children Framework” adapted from the model used by Aberdeen

City. An "Integrated Assessment Framework" is currently in the developmental phase. Consideration will need to be given to the best model for implementing such assessments and who is able to undertake them. There are particular difficulties for less formal, voluntary sector services in respect of this and such difficulties need to be considered. Careful consideration too will need to be given as to how to introduce such a process with sensitivity to ensure that parents are not discouraged from seeking help, thus making the children themselves less accessible. This should include greater emphasis on early intervention and the supportive approach.

3.3. Children and Young People Themselves.

With regard to children and young people who themselves have problems with drugs and alcohol it might be a useful exercise to draw upon the guidance issued by the Effective Interventions Unit and combine this with the findings from the Lloyds TSB Partnership Drugs Initiative. This in turn could lead to the development of a Scottish guidance document along the lines of those produced in the 1990s by the Health Advisory Service in England. Alongside this all ADATs should be encouraged to audit all services providing for children and young people and then move to fill the identified gaps in service provision. This is likely to require further additional resources.

4. Conclusion

The high profile accorded to child protection by the Scottish Executive is welcomed: it is hoped that this will translate into greater public understanding and support for front line staff, and the identification of funding for staffing and new services.

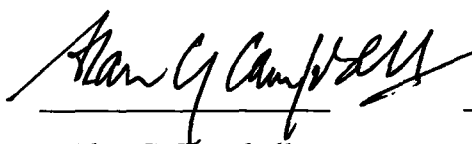
We believe in the North East of Scotland we can demonstrate strong commitment to this vital area of work and look forward to working further in partnership with the Scottish Executive towards achieving the desired outcomes for which we all hold a joint responsibility.

We await further correspondence and guidance on this matter and look forward to your continued support,

Yours sincerely,



Douglas Paterson
Chief Executive
Aberdeen City



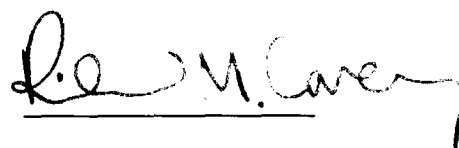
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