SCRA response to the Scottish Government’s consultation

Background

The Children's Hearings System is Scotland’s distinct system of child protection and youth justice. Among its fundamental principles are:

- whether concerns relate to their welfare or behaviour, the needs of children or young people in trouble should be met through a single holistic and integrated system
- a preventative approach, involving early identification and diagnosis of problems, is essential
- the welfare of the child remains at the centre of all decision making and the child's best interests are paramount throughout
- the child’s engagement and participation is crucial to good decision making

SCRA operates the Reporter service which sits at the heart of the system. SCRA employs Children's Reporters who are located throughout Scotland, working in close partnership with other professionals such as social work, education, the police, the health service and the courts system.

SCRA’s vision is that vulnerable children and young people in Scotland are safe, protected and offered positive futures. We will seek to achieve this by adhering to the following key values:

- The voice of the child must be heard
- Our hopes and dreams for the children of Scotland are what unite us
- Children and young people’s experiences and opinions guide us
- We are approachable and open
- We bring the best of the past with us into the future to meet new challenges.

Response

SCRA welcomes the opportunity to contribute to this important debate on the future of adult health and social care services. Our key concern is the improvement of services which have a direct or indirect impact on the care, protection and support of children and young people. A range of adult health and social care services fall into this category – but in particular adult mental health, learning disability and substance misuse services are of real importance, supporting as they do a high number of adults who have parenting responsibilities towards children and young people.

The importance of these services is exemplified by SCRA research\(^1\) which shows that 39% of children referred to the Reporter had parents who abused alcohol and 35% of children had parents who misused drugs. Parental drug and/or alcohol misuse is even more prevalent in the lives of very young children.

referred to the Reporter. Our research\(^2\) also found that two thirds of children under two years old referred to the Reporter had parents with drug and/or alcohol addictions. The direct impacts that this can have are exemplified by the fact that alcohol was often the dominating factor in domestic abuse incidents in these children’s homes, particularly when their father was intoxicated.

In the context of this consultation, we would also like to draw attention to the fact that the same two pieces of research also showed that:

- 36% of children referred to the Reporter\(^3\) had parents with identified mental health problems
- Parental mental health issues were a significant factor in the lives of children aged under 2 years who were referred to the Reporter\(^4\)

We therefore support the proposals for further integration of health and social care services in so far as they can demonstrate:

- Improved access and better outcomes for adults, in turn allowing adults to parent and safeguard children more effectively
- Better use of professional expertise, skills and knowledge in service design, delivery and quality at community level
- Better, more flexible and creative use of resources, less professional and administrative barriers to services and a step change in the quality of experience for all health and social care users
- A shift in the balance of care towards services grounded in, and accountable to, communities and which are sensitive to, and aware of, the intergenerational nature of needs in our most hard pressed areas
- Singularity of, and vastly improved leadership and vision for health and social care services, replacing structural division, professional protectionism and defensiveness with a genuine drive for improvement, excellence and quality outcomes
- Structural cohesion that supports and enables integrated working, innovation and inter-professional co-operation

At present adult care health services are mainly run by Community Health Partnerships, as are NHS community child health services, with single lines of accountability and delivery mechanisms. Similarly, Local Authority Social Work Services in the main deliver both adult, criminal justice and children’s services under single accountability and management arrangements. The proposals in relation to the creation of Health and Social Care Partnerships for adult services run the risk of fragmenting the arrangements between adult, criminal justice and children’s services and in particular the oversight of a structured and responsive interface between key adult services (mental health/substance misuse) and children’s services. Numerous Significant Case Reviews and Inquiries into Child Protection have reminded us of the fundamental importance of working across boundaries between adult/child/mental health/criminal justice domains.

We recognise that much of this work will be delivered by the review and engagement being undertaken by the Chief Social Work Adviser. In our view this might usefully include:

- Ensuring that Jointly Accountable Officers are sufficiently influential and structurally placed to ensure that fragmentation between adult, criminal justice and children’s services does not occur and that arrangements between these services are specifically strengthened
- Partnership agreements and the related ‘community of governance’ between NHS Boards and Local Authorities need to have children’s services within their scope to ensure that fragmentation does not occur and arrangements are strengthened

\(^2\) Children aged under two years referred to the Children’s Reporter (2009)

\(^3\) Social Backgrounds of Children Referred to the Reporter: A Pilot Study (2004)

\(^4\) Children aged under two years referred to the Children’s Reporter (2009)
• Health and Social Care Partnerships should be enabled to widen their scope to include the integrated management and delivery of all community health and social care services – older people, adults, criminal justice and children’s services and this expectation should be strengthened
• Opportunities within the current reform and strengthening of Community Planning Partnerships to exercise leadership in the design, delivery and oversight of effective, integrated high quality services for children to include the NHS, Social Work and Education – with dynamic strategic and operational links to adult health and social care delivery under a single public service umbrella

Conclusion

In summary we are supportive of the need for integration of health and social care services because it has the potential to improve the effectiveness, responsivity and quality of these services. The current proposals must consider and be mindful of the risks of fragmentation that the proposed arrangements for adults services carry in relation to children’s services. We would suggest that these issues be brought forward as a matter of urgency for debate and resolution.

SCRA
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