

## REPORT OF CAPSM SHORT-LIFE MINISTERIAL WORKING GROUP – MARCH 2011

### Purpose

1. This report sets out the findings of the Short-life Ministerial Working Group that was established in January 2011 to consider the programme of activity underway to support Children Affected by Parental Substance Misuse (CAPSM).
2. The specific remit of that Group was to advise on the implementation of the Government's programme of work and also to consider potential areas where other action might be required going forwards.

### Background

3. The establishment of this Group followed a meeting on 09 September last year between the Minister for Children and Early Years, the Minister for Community Safety and the Minister for Public Health and Sport to discuss the CAPSM agenda.
4. The purpose of that meeting was to consider the Scottish Government's 2010-12 CAPSM Strategy developed by the national Steering Group and its three priority themes around, early intervention (with a particular focus on pre-conception and pregnancy planning), Alcohol and Drug Partnerships (ADPs) and Child Protection Committees (CPCs) relationship, and prevalence.
5. It was also to agree key elements of the CAPSM priority work programme developed as part of that Strategy and which include a particular focus on strengthening national guidance and scrutiny.
6. Priority work is focusing on these two areas as, these actions should help set a strong national CAPSM guidance framework for local partners to work to, on the one hand, and tighten inspection of local performance and adherence with that guidance, on the other.
7. Ministers agreed at that time that it would also be sensible to establish a CAPSM Short-life Ministerial Working Group to test this work programme with a wide range of experts and also to consider what further action might be taken to support it going forwards.
8. The Group has, since then, met three times during January and February 2011 and its summary findings are described below.

### Summary Findings

9. The summary findings are that the Group **supports the CAPSM Strategy and priority work programme**. This is because many of the specific themes it has identified fit well with elements of that programme - such as the planned update of CAPSM guidance (*Getting our Priorities Right*) - or might easily be addressed by it going forwards.

10. Similarly, the Group considered that other themes identified by it might easily be taken account of by wider work underway, or planned, across Government. This includes specific work to improve performance management, risk assessment and also consider public awareness issues around child protection.

11. It also includes work around *Fetal Alcohol Spectrum Disorder* (FASD) that is being led by Child and Maternal Health colleagues.

12. The Group considered that this last, in particular, might help to address the priority theme that it had identified around the importance of sexual health and pre-pregnancy planning discussions where substance misuse is a factor.

13. A **key finding** was that the current CAPSM work programme, and also any future activity, could generally be reinforced by messages focused on achieving positive, strengths focused, outcomes for both children and also families and also describe how this links with wider *Getting it Right for Every Child* (GIRFEC) implementation.

14. As part of those discussions, it agreed that the forthcoming update of *Getting Our Priorities Right* would provide a significant opportunity to achieve this. This is because it would help embed GIRFEC and also generally include best-practice approaches for use by local practitioners.

15. The Group recognised that strong partnership working across child and adult services is challenging as it requires culture change and use of common language. The update of guidance and also scrutiny would generally help to encourage this, and also, improve consistency in good practice across the country. The Group agreed that these updates should take account of all of the themes that it had identified where possible.

16. The Recommendations of the Group are described in more detail below.

## **Recommendations**

17. A number of themes were considered relevant to this agenda and child protection more generally. These were grouped under the CAPSM priority theme headings, together with associated recommendations.

18. These recommendations are generally reinforced by the main finding of the Group that all activity here should use **strengths focused, and person centred, approaches** to achieve **positive outcomes** for both children, and **also for families**.

### *Partnership Working*

19. There was some discussion around partnership working at both the strategic and service delivery levels and associated training. The Group considered that these are most effective, where family, strengths and solution focused. This is because of the focus on existing capacity and resilience within families.

20. Improving strategic leadership between CPCs and ADPs as the main and relevant partners in Community Planning Partnerships was also discussed. Work here could perhaps build upon the recently formed relationship between lead officers in ADPs and CPCs.

21. Discussion here also covered developing partnerships with communities to build capacity and support the recovery agenda.

22. The Group also considered how mainstream or universal services (e.g. GPs, education and housing officials) understand, identify and respond to children at risk and also how these then connect with specialist services.

23. It also questioned what national levers there might be to influence the shape of training for all practitioners working with adults, and also with children and families. This was with a view to all pre-qualifying training, including compulsory alcohol, drug and child elements.

24. There was also some discussion around: how to assess effective interventions. This discussion focused on a need for evaluation to be embedded within services and for findings from research and evaluation to be interpreted (i.e. a need for skilled interpretation of research and evidence) and shared for use by policy and practice.

**The recommendations of the Group here were that:**

- **messages around all of these themes should generally be reinforced in the GOPR update;**
- **officials should *explore* available levers to *influence* compulsory alcohol and drug elements in training across disciplines;**
- **that national work underway to develop ADP and CPC partnership working – including specific work underway to consider governance arrangements with ADPs, in particular, to develop a series of outcomes and indicators – should take account of the findings of the SLWG where appropriate;**
- **that specific national Child Protection Public Awareness Raising work to be taken forwards should take account of;**
  - inspection findings, relevant research (e.g. the Institute for Research and Innovation in Social Services (IRISS) Outcomes Report, Stigma research) and good practice included on the MARS site, for example;
  - GIRFEC dissemination of learning, and also;
  - map and roll out existing best-practice approaches (including any learning from the Angus Learning Partnership) - including why these have been successful - instead of running more pilots, and
  - consider importance of community engagement and dialogue, and;

- consider how best to assess effective interventions and how to disseminate these.

### *Early Intervention*

25. The Group also considered a further series of themes around early intervention.
26. The involvement of children's views was generally considered to be a gap, particularly around their experience of services received. The Group's view was that access to this information would help to improve local service design and planning for children at risk.
27. Specifically, the Group considered that it was important **a)** for children's and young people's experiences and views to be sought as part of practice when working, for assessment, decision making and planning, **b)** for children and young people to be consulted as part of quality assurance, to help improve service design and delivery, and **c)** to distil messages from existing research to inform practice.
28. It also considered that *early* intervention should be clarified or broadened to *earliest* intervention to include work to support older children affected by substance misuse issues.
29. There was also discussion around **risk identification** and **management** and also, **responsive and adequate assessment**.
30. Discussion here covered how risk assessment might take account of family and also the wider community capacity when assessing a child's needs.
31. It also covered how to manage and respond to risk types consistently, to ensure quality and continuity of care on an equal basis. For example, taking a non-stigmatised approach to substance misusing adults, to ensure that they receive high quality specialist care and support. This was a **key message** - as was, general approaches to address inequalities.
32. The Group recognised that work was ongoing here to develop a national Toolkit for risk assessment and management in child protection and which would be relevant to CAPSM.
33. A further **key message** was around the importance of local services providing sexual health, pre-pregnancy and pregnancy planning discussions for all women and men and not merely those considered to be at high risk (e.g. for mental health reasons).
34. Also women, and men, can be highly motivated to make changes once they become or are set to become parents. Services need to be able to deliver supportive care that connects with other services to help them achieve this – e.g. to ensure follow-up parenting support etc.
35. There was some discussion around the importance of retaining the first contact person throughout to ensure this continuity of care, and also around, the importance of services being available when needed.

**The recommendations of the Group here were:**

- **that the national Risk Assessment Toolkit that is being developed to ensure a consistent approach to risk should take account of the following;**
  - approach to risk should be evidence based – reflecting real identified adult risk factors and actual impacts on child;
  - that quick, responsive and adequate assessment should also include the capacity of the family and community to support a child;
  - consideration should be given to any national Looked after Children work around assessment, and also;
  - that any risk assessment model should encourage services to think more widely about a child's wellbeing rather than child protection only.
  
- **that similarly, the national Public Awareness Raising work should also consider how best to access children's views and in doing so take account of;**
  - information gathered by CPCs, Children's Services Partnerships (e.g. Barnardos Scotland Hopscotch Service) and MARS;
  - seek to map available data sources (e.g. Local Authorities are signed up to View Point standard questionnaires) and consider standardised way of accessing and storing views;
  - consider what we are doing with the information we already have to develop services and scrutiny, and;
  - also consider how to engage with wider community to focus on solutions – perhaps through a public health campaign.
  
- **that the early intervention strand of the CAPSM Strategy should be clarified, or, broadened to *earliest* intervention to include work to support older children affected by substance misuse issues;**
  
- **that officials would consider what learning might be taken from the homelessness early intervention model and its links with LAs, CPPs and health;**
  
- **that the national Fetal Alcohol Spectrum Disorder work should be informed by the issues raised by this Group around pre-conception and pregnancy planning;**
  
- **links should be made with the Equally Well, Early Years (family nurse pilot learning) Mental Health etc. Strategies to consider health inequalities, and;**
  
- **messages around all of these themes should generally be reinforced in the GOCR update.**

### *Performance Management*

36. The Group lastly considered a series of themes around improving performance management.

37. The discussion principally covered the purpose and value of collecting data (i.e. to help plan and design adequate training and also to aid service design) and also options to encourage improved local data sharing and local performance management.

#### **The recommendations of the Group here were:**

- **that planned, specific national work around Child Protection and Performance Management should take account of the following;**
  - the general compulsion and requirements on local partners to collect data on child protection and CAPSM;
  - consider how to standardise forms for local data collection;
  - consider exploring improved national data collection with partners (for example, Health Scotland/ISD);
  - consider how to ensure that data collection (for service planning and/or operational needs) will support longer-term evaluation of children as they access a range of different services;
  - that is, how to gather inter-agency intelligence – e.g. from GIRFEC and domestic abuse pilots);
  - to note that a purpose of data collection is to help plan and design adequate training;
  - explore how universal services might be encouraged to make appropriate checks with social services etc. when dealing with a vulnerable pregnant woman, and also;
  - consider how services might be encouraged to record past difficulties with parenting etc. following earlier pregnancies, also;
  - the assumption is that planned performance management work will develop a suite of performance management tools focused on outcomes, and;
  - this will include an emphasis on improvement through self-evaluation.
- **that the GOPR update should include best practice examples as appropriate – possibly taken from inspections – where services are working well together.**

## Conclusion

38. That the CAPSM Short-life Working Group, **a)** supported the 2010-12 CAPSM Strategy and priority work programme, **b)** identified a series of themes that could be taken account of by that work programme going forwards and, **c)** identified other themes to be taken account of by other work underway across Government.

39. The timetable for delivery of key elements of the work programme – that should address many of these recommendations - is:

- Getting our Priorities Right A revised draft of this guidance is expected to be available for consultation later in 2011.
- Risk Assessment Toolkit The draft toolkit is due by the end of June 2011 and will be pilot-tested in selected areas with a view to finalising in early 2012.
- Performance Management As part of the development of a new model for children's services inspections to be taken forward from 1 April 2012 by SCSWIS, a national work programme to improve approaches to performance management is being developed over the summer 2011.
- Public Awareness A new Group with oversight of child protection public awareness is being set up by the Scottish Child Protection Committee Chairs Forum. This Group will set out its work programme over the summer 2011.

40. Going forwards, the intention is that the Working Group may be consulted again, in a reference capacity, to review progress against its recommendations.