

LETTERS OF ASSURANCE 2: CHILDREN AFFECTED BY DRUG-MISUSING PARENTS AND DRUG MISUSE

INTRODUCTION

1. In March 2006, the Ministers for Justice, Health & Community Care and Education & Young People wrote to leaders of Health Boards, Chief Constables, Council Leaders and Chief Executives of local authorities, raising two issues relating to child protection services.

2. First, they sought assurances that Chief Officers had implemented the guidance issued for Child Protection Committees (CPCs) by the Scottish Executive in January 2005, and that they were confident that the new functions required of the Committees were being effectively undertaken.

3. Second, Ministers sought assurances about the specific position of children in Scotland affected by their parent's drug misuse and drug misuse generally. In May a further letter of guidance was issued by officials clarifying what the responses should include. Agencies were asked:

- to provide evidence that they had systems in place to ensure that children affected by drug misuse could be consistently identified; and
- to set out the extent to which they had in place up-to-date assessments of the needs of children known to be adversely affected by drug misuse, and detailed plans to ensure that these needs were being met.

4. Where agencies were unable to provide either of these assurances, they were asked:

- to provide evidence that they were taking the necessary action to establish effective systems; and
- to identify any local and national barriers that prevented them from taking the necessary action, and set out what the Executive might do to help alleviate these problems.

5. These letters followed up on an exercise undertaken in November 2003 whereby Ministers sought assurances from CPCs that the services within their remit were working individually and jointly to protect children in need of help and protection.

6. By 31 May 2006, we received 27 collective responses from health boards, police forces and local authorities responsible for services in local areas.

A. IMPLEMENTATION OF CHILD PROTECTION COMMITTEE (CPC) GUIDANCE AND LEVELS OF CONFIDENCE WITH UNDERTAKING THE FUNCTIONS REQUIRED OF CPCs

7. CPCs are designed to reflect the Executive's priorities on keeping children safe and ensuring they are protected from abuse, neglect and harm. They are the primary strategic planning mechanism for inter-agency child protection work within their areas. Chief Constables and Chief Executives of health boards and local authorities are responsible for ensuring that agencies individually and collectively work to protect children and young people as effectively as possible. All single, inter and multi-agency child protection work

undertaken throughout local authority areas should evolve around and be accountable to the structures put in place and maintained by the local CPCs. Guidance for CPCs issued in January 2005, as part of the 3-year Child Protection Reform Programme in order to:

- identify and protect children in need;
- provide more strategic leadership of activity to protect children;
- improve cooperation between agencies at a local level to better protect children;
- ensure clearer understanding of the functions and key tasks that each agency should undertake in order to fulfil those functions; and
- improve connectedness in developing and delivering local child protection services and in contributing to child protection service delivery across Scotland.

8. All 27 LoA responses confirmed that the CPC guidance was, and continued to be, fully implemented in terms of these objectives, and that the agencies in all CPC areas have in place specific plans and objectives which are designed to contribute to the work plans of their CPC. A number of respondents provided a copy of their CPC's annual review and constitution as evidence to Ministers that this work had been undertaken, and that the roles and responsibilities of Chief Officers under this guidance were clearly understood.

B. RESPONDENTS' ASSURANCES ABOUT IDENTIFYING AND MANAGING THE NEEDS OF CHILDREN AFFECTED BY DRUG MISUSE AND DRUG-MISUSING PARENTS

9. Section B details the assurances provided in response to the questions posed by the March and May 06 LoAs, in terms of some of the specific responsibilities of CPCs to deliver services to children in need of protection.

Evidence of Systems in Place to Ensure that Children Affected by Parental Drug Misuse Can be Consistently Identified

10. The LoA responses show that the vast majority of CPC areas experience difficulties in consistently identifying those children affected by parental drug misuse.

11. It should be borne in mind that, in responding to the LoA, CPCs were being asked to provide assurances rather than hard information about numbers in their area, ie, the LoA exercise was not synonymous with a national scoping study. Hence, CPCs should treat the feedback provided in this part of Section B extremely cautiously. In their responses, some provided information about the numbers of children affected by their parents' substance misuse, and this information is mentioned below. We appreciate that these figures, where provided, are estimates that reflect the position at the time (May 2006). Nor is there any consistency about what is being reported by the figures cited in this section – some refer to children living with a drug-misusing parent; some refer to children affected by their parent's drug misuse; and often drugs misuse and substance misuse are used interchangeably.

12. Nationally, our estimate is that there are around 40,000 to 60,000 children affected by parental drugs misuse, and 80,000 to 100,000 children affected by parental alcohol misuse.

13. Glasgow City Council provided an estimate of the number of substance misusers in the area with dependent children, using data from a study undertaken by Glasgow University

for the Council. Glasgow estimates that 3.12% of children in Glasgow under the age of 16 are living with at least one parent who could be classified as a problem drug user. This includes 1,739 children living with a drug-misusing mother; 2,077 children living with a drug-misusing father; and 324 children living in a home where both parents are problem drug users. At any given time, between 250 and 300 children in Glasgow are identified as being at risk of significant harm, and, over the course of a year, 700 children are placed on the Child Protection Register with parental drug misuse being a factor in the decision to register.

14. The figures reported by Glasgow University for the Glasgow authority area are understandably soft. The Glasgow researchers were “not in a position to give an assurance that agencies are aware of every case of drugs misuse, and hence cannot ever be confident we have identified all children who might be affected”. They note that there are a substantial number of children in Glasgow who are not being cared for by their parents who have a drug or alcohol problem, nor are they being cared for directly by the local authority. The Glasgow study provided very little information on who is thought to be caring for these children.

15. Other local authority areas also provided estimates of the number of drug and/or alcohol misusers with dependent children in their areas, often using ‘substance misuse’ and ‘drug misuse’ interchangeably.

- Lothian and Borders police estimate that in 2005-06 up to 12,000 children in Edinburgh & Lothians were living with the impact of substance misuse (alcohol and drugs).
- Edinburgh City Council identified 290 such children living in Edinburgh who needed an inter-agency Child Protection Plan to help safeguard their wellbeing.
- In Argyll and Bute, 27 children out of the 68 on the Child Protection Register are registered as being affected by drug and/or alcohol misuse.
- Orkney, Shetlands and East Dunbartonshire reported low levels of drug misuse.

16. A number of authority areas confirmed that the prevalence of drug misuse in their area has risen significantly since 2000, but were unable to provide firm evidence on the number of children affected. South Lanarkshire, for example, reinforced the point that identifying those who misuse drugs is problematic: they estimate that at any one time only 45% of adults with problematic drug use are engaged in services, thus making the identification, assessment and support of children living with the other 55% of those adults difficult.

17. The Association of Directors for Social Work (ADSW) reinforced a point made by several authority areas, ie, that putting arrangements in place to identify the children of all adult drug misusers is challenging - most particularly for NHS and voluntary sector service providers. Universal services have a major responsibility to assist both in identifying these children and in putting in place the support services within their control which can make a difference to a child. ADSW noted that poor information-sharing can make these tasks particularly challenging.

18. In summary, it is clear that agencies across Scotland face similar problems which hinder them from identifying children affected by drug misuse. The following themes emerge:

- **Hidden Harm.** Drug misuse is characteristically a hidden problem, as those involved in illegal drug misuse are often not involved with service providers. This results in some children remaining unknown to those who may be able to help.

- **Information sharing.** Professionals continue to lack confidence about when and with whom to share sensitive information about a child indirectly affected by illegal drug misuse. Some report feeling constrained by data protection legislation. The independence of GPs is also seen as a barrier. Overall, the LoA responses suggest that relevant information originating from health settings is less accessible than information coming from other sources.
- **Identifying the links between substance-misusing adults and their children.** A reported difficulty is that drug misusers often create disjointed family structures. Mothers may have different surnames to their children, and links between them are often difficult to identify and validate. Furthermore, parents and children regularly attend separate health practices, which hinders the easy transfer of relevant information.
- **Resource constraints.** A number of respondents noted that they did not have the resources to undertake a study to assess the scale of the problem in their CPC area. Some of the LoAs also report shortages of experienced social workers, mental health workers and public health nurses. This creates further difficulties in identifying those children in need of help as a consequence of their own or their parents' drug misuse.

Plans to Ensure that Children's Needs are Being Met

19. In their responses, all agencies stated that they were **working effectively, as individual organisations, to protect children in their areas at risk or in need.** Individual agencies could assure Ministers that quality assurance mechanisms were in place, which would monitor the work undertaken in line with the CPC national standards. Some sector-specific examples are set out below:

20. For Health:

- In NHS Lanarkshire, a range of child protection posts have been identified and individuals have been appointed, including a Nurse Consultant for Child Protection and Vulnerable Children.
- An Early Screening Group has been formed in NHS Lothian which sets out referral procedures for unborn babies where problem substance use is identified and/or babies are born with neonatal abstinence syndrome. Senior staff are becoming directly involved in the child protection agenda, and appropriate awareness raising is in place for all health service staff.
- An initiative toward improving child protection services is being developed by NHS Greater Glasgow. A new Child Protection Unit has been created to help staff tackle child abuse and neglect through the provision of training and advice to staff to raise awareness of child protection issues.
- A youth addiction network has been developed by NHSGG&C which supports extensive numbers of children directly affected by drug and alcohol issues.

21. For Police:

- The Scottish Police College provides single agency child protection awareness raising and specialist training to probationary constables, detective officers at initial and advanced detective training. A specialist child protection course is also provided.
- Lothian and Borders Police have revised their CP Awareness training for non-specialist police staff, with emphasis on the effects of parental substance misuse.

22. For Social Work:

- A number of authorities have made significant investments to retain and recruit qualified social workers. Revised salaries have been introduced in some areas to retain key staff at the frontline of operational activity and improvements have been sought on information sharing.
- Several local authority responses noted they provide training, on a single agency basis, to increase CP awareness and develop in-house knowledge and expertise.

23. For Housing:

- Training has been provided to some housing teams, to help ensure that this group can identify children at risk, and can make referrals as appropriate.

24. The Framework for Standards calls for **improved cooperation between agencies** to protect children. The LoA responses indicate that there have been several reviews of CP services and practice within and across local agencies, and that significant and increasing inter-agency work is being undertaken throughout CPC areas in line with the Framework for Standards and the Guidance for CPCs. Some examples are given below:

25. Inter-Agency Working between Social Work and Health:

- A Special Needs in Pregnancy service is being developed throughout a number of local authority areas. This is a service coordinated and provided by health and social work to identify pre-birth situations relating to substance-misusing women. In Dundee, a 'New Beginnings' service has become operational. This is a joint Social Work/NHS programme which offers intensive work with all pregnant women known as having a substance misuse problem. The aim is to ensure that new-borns can be safely cared for and do not need to become involved in the child protection system.
- A number of respondents reported increased cooperation between problem drug services within Health, community drugs teams and Children & Family social work services which are facilitating early referral of vulnerable children.
- East Dunbartonshire Council and their health partner NHSGG&C jointly manage a Community Addiction Team, delivered through the Council's social work services.
- Glasgow Council's addiction social work staff and children's social work staff work in tandem, conducting joint case reviews and, investigations where appropriate. Glasgow also reports that its integrated social work/health community addiction teams have increased the numbers of adults seeking treatment and care services.
- NHS Forth Valley routinely gathers and uses information about the person's family circumstances when a drug misusing adult arrives in hospital or at a GP surgery.
- Strong links exist between East Renfrewshire CPC and other strategic planning groups including the local Alcohol and Drugs Action Team, Community Planning, Children Service Planning, and the West of Scotland Managed Clinical Network.
- In Dumfries and Galloway, inter-agency connections within the CPC have been strengthened through the establishment of the posts of Nurse Consultant for Child Protection, Specialist Health Visitor on Substance Misuse and Senior Clinical Governance Project Officer (NHS).

26. Inter-Agency Working between Social Work and Police:

- Drug and Alcohol Action Teams in a number of local authorities work with police in developing services for children affected by substance misuse. Police services report

that there are clear mechanisms in place for referrals to social work, established through training and awareness raising.

- Strathclyde Police often work with addiction and children's social work services staff in Glasgow Council. Joint case reviews are conducted and supports and safeguards are put in place, where appropriate. In Glasgow, children living with drug misusing parents are identified via electronic relationship links, and, in this respect, the co-location of Addiction and Children & Families social work services has had a positive effect. This has been further improved by Glasgow's integration of addiction-related social work and health services reported in para 23.

27. Inter-Agency Working between Social Work/Police and Education:

- Many of the LoAs report education and police routinely working across agencies to provide health education and information through the curriculum and police officer presentations in schools.
- 'Choices for Life' is a drugs event for children and young people delivered by Inverclyde Council and their 'Safe Kids' initiative provides wider exposure to children around safety issues including substance misuse.
- In Dumfries & Galloway, inter-agency connections to the CPC have been strengthened through the establishment of a Senior CP Officer post based in education and community services, linking schools, community services and the CPC.

28. A number of agencies have developed partnerships that **cross organisational boundaries** within the CPC geographical area itself and/or through consortia with neighbouring CPCs. Some examples are:

- The Community Health Partnership mechanism has helped to establish formal and informal partnerships between local authorities and their local health boards. The LoA responses suggest increased effectiveness of communications at the front line of service delivery.
- As part of an overall service improvement strategy, a tiered intervention approach to the provision of addiction services has been introduced in a partnership between NHS Ayrshire and Arran, East Ayrshire Council and Turning Point Scotland.
- A High Level Information Management System pilot links Lothian and Borders Police, Fife Constabulary and Strathclyde Police via a single data warehousing system. This means that officers are alerted if a child residing in their area has previously been the subject of any type of CP referral within another police area.
- Northern Constabulary operate an Arrest Referral Scheme which offers alcohol/drug users who have been arrested an opportunity to access drug treatment or other intervention services.
- Edinburgh City Council has established a co-located CP Investigation and Review Team which includes staff from social services, police, health and education to improve service provision.
- East Ayrshire Council is working with North and South Ayrshire Councils and NHS Ayrshire & Arran towards implementing the Integrated Assessment Framework.
- North and South Lanarkshire Council have jointly invested in inter-agency training, to ensure consistency across Lanarkshire and Greater Glasgow.
- North and South Lanarkshire's CPCs are working jointly to develop a Pan-Lanarkshire Integrated Action Plan, which sets out an agreed joint approach for the two councils, NHS Lanarkshire, the Scottish Children's Reporter Administration and the police in respect of *Getting Our Priorities Right* and data sharing.

29. The Framework for Standards encourages **clearer understanding of the functions of CPCs through increased training** in child protection issues. The LoA responses suggest significant improvement in general CP training since the previous (2003) LoA. A number of councils noted that the inexperience of newly-graduated social workers (a number which has grown substantially in recent years) has required them to provide intensive training, including CP training, and on-going supervision for these new staff especially. The majority of CPCs provide specific CP training to individual agencies. Training and guidance has also been comprehensively provided to agencies such as housing inspectors, who may have close and regular contact with children at risk. Child protection awareness/information 'wallet cards' have been issued to NHS staff, teachers and housing workers throughout the majority of CPC areas, providing guidance on how to identify when a child is in need or at risk.

30. In respect of CP training as it has a bearing on drugs misuse, some examples are:

- Highland Council have developed and implemented a Substance Misuse Training Strategy which enhances skills and supports the strategic development of services within health, education, social work and the voluntary sector.
- The Lanarkshire authorities pursue cross-authority training (see also para 26). Standard training procedures for awareness raising have been undertaken throughout different agencies, covering health, education, social work, pharmacists prescribing methadone and the voluntary sector, providing all agencies with an equal basic knowledge. More specialised training has been provided to some which provides greater depth for specific kinds of work.
- CP guidance has issued to pharmacists responsible for methadone prescriptions, recognising the key role pharmacists play in day-to-day contact with children of drug-misusing parents.

31. The CPC guidance calls for agencies to have in place their own up-to-date policies and procedures and to **maintain and develop protocols** around key issues where there is agreement that they are required. Three kinds of protocols are mentioned in the LoAs:

- LoA responses would suggest that *protocols for information-sharing* are widespread across CPC areas, and there is a reported emphasis on ensuring that all agencies – whether in the public or independent sector - are aware of their duty to protect children. The pan-Lothian partnership 'General Protocol for Sharing Information' which is intended to be a comprehensive and over-arching interagency information-sharing protocol, was in the final draft stage at the time of submission of the LoA2.
- The Highland Drug and Alcohol Corporate Plan includes CP guidance and associated agency *protocols relating to substance misuse*, within an overall Pan-Highland information-sharing protocol. This is being achieved through working with communities and young people, providing education to them and encouraging the provision of alternative activities. The Pan-Lothian interagency *protocol for Protecting Children Living in Families with Problem Substance Use* was published in 2005. This protocol aims to ensure that service users are provided with an appropriate level of care and supervision to enable them to meet the needs of the child, as far as is reasonable and possible.
- Argyle & Bute CPC has developed a *self-evaluation/quality assurance protocol for CP services*. Progress on using this protocol will be subject to regular review as part of the CPC's annual report and planning process. A suite of 6 related protocols were being developed at the time of the submission of the LoA2, with a target date for publication of December 2006, for responding to incidents of domestic violence

involving children; safeguarding young people at risk of sexual exploitation; protecting vulnerable missing children and young people; investigating and reporting under age sexual intercourse and pregnancy; inter-agency working with children and families affected by substance misuse; and internet offending.

32. The Framework for Standards calls for each CPC to identify the key links that are required to be made with **voluntary sector bodies** to ensure that duplication is avoided and that action is taken to address issues relating to children in need. The LoA responses suggest that, on the whole, agencies enjoy a positive relationship with voluntary sector bodies, although the extent of this cooperation varies. However, one large national voluntary sector organisation reported that the CP Reform Programme, taken as a whole, has failed to realise the full involvement of the voluntary sector in local CPC area activities: it states that allegedly standardised reforms have been inconsistently applied to the delivery of child protection services, especially when good service delivery involves cross-over activity between voluntary and statutory organisations.

33. The majority of local authorities stated that training opportunities for agencies were open to the voluntary sector to attend (often at low or no cost), in order to ensure standards are kept at a consistent level. This is typically done to enable such organisations to meet their responsibilities under the Protection of Children (Scotland) Act (POCSA). Reported examples include:

- Argyll & Bute CPC in partnership with Argyll & Bute Substance Misuse Strategy Group has commissioned Children 1st to deliver an interagency training strategy, and this partnership with the voluntary sector is a key feature of this CPC area's delivery of drug and alcohol services at local level. They have designed a Training Needs Analysis to assist the voluntary sector in awareness raising to meet their responsibilities under POCSA.
- Glasgow City Council host a Child Protection Shared Interest Group which includes representation from several voluntary organisations, to ensure close networking with and amongst the voluntary sector and to improve voluntary sector links to Glasgow CPC. This is being done under the auspices of the Children's Services Providers' Forum.
- East Dunbartonshire report a positive relationship with the voluntary sector. Women's Aid provides a service to women and young people affected by domestic abuse within the area, whilst the Childcare Partnership provides a forum to consult on childcare issues, comprising representatives from social services and voluntary childcare providers. The National Children's Home (NCH) provides intensive family support which focuses on children who are accommodated or at risk of being accommodated or who are affected by addiction.
- South Lanarkshire provides CP training for the voluntary sector at no cost to meet POCSA responsibilities. Improving the involvement of the voluntary sector has been identified as a priority: in 2005, funding was made available for a Voluntary Sector Development Officer, with responsibility for increasing the involvement of the voluntary sector in relation to children's services, and with an emphasis on child protection.

Barriers which Hinder Effective Action Being Taken

34. In general, there were concerns that the LoA terminology in some respects was both too narrow (e.g. the focus on drug misuse as opposed to substance misuse or CP practice more broadly) and yet too vague. Many mentioned that they could not reply in a consistent way about whether a child was ‘adversely affected’ by their parent’s drug misuse. If a child lives with a drug misusing parent, that need not necessarily signify that they are in danger of being harmed. Whether there is an ‘adverse effect’ will depend on an array of factors which were not specified in the LoA, including the type of drug use and intensity of use. Hence, some respondents were concerned that their response to the LoA may not correspond to the same baselines adopted by other respondents. Certain common themes emerge from analysis of the LoA responses, principally:

35. Information-Sharing

- When a child and family move district, only a summary of the social work file is provided by the holding authority to the receiving authority. This rarely covers every issue and that can have significant repercussions.
- There is a lack of clarity on sharing information about unborn babies.
- Reporting concerns about a child while working within the terms of the Data Protection Act is felt to be problematic.
- Electronic solutions to information-sharing continue to pose challenges for agencies at local level.
- There are specific information-sharing concerns about individuals who abuse both alcohol and drugs, because policies for these two issues are developed by different departments within the Executive.
- The very term ‘child protection’ may be encouraging professionals to hold off sharing information, particularly in the area of health. All professionals, including health professionals, need to be clearer that a child can often be better protected by sharing his/her information.
- Currently, there is no system for national information-sharing between Accident and Emergency departments of different hospitals. The result is that children attending different hospitals do not register as displaying a pattern of attendance.

36. Resource and Staffing Concerns

- More resources are required for residential and fostering services, kinship care and skilled and experienced practitioners.
- Social workers find it difficult to establish and maintain contact with drug misusers, let alone make regular checks on the children of drug-misusing parents.
- *Hidden Harm* will increase the volume of referrals of children to CPCs without the necessary framework being in place to ensure appropriate interventions can be taken.
- The rising level of referrals to SCRA results in additional resource pressures on SCRA itself as well as social work services and the police to meet additional assessment report requests.

37. The Definition of ‘Child Protection’

- Agencies sometimes assume that child protection refers to protecting those children who have already been identified as needing assistance. Less emphasis is

given to plans which may pre-empt children affected by parental drug misuse from entering the child protection system in the first place.

38. Practical Difficulties

- The courts often prefer to give parents "another chance". This can result in children moving between home and carers a number of times prior to permanent options being considered, resulting in a reduction in the child's capacity to become attached to adoptive families.

What Action Should the Executive Take to Address Barriers to Effective Action?

39. Agencies were asked to comment on what action the Executive might take to enhance local authorities' ability to identify children affected by drug misuse, and to implement new child protection guidance. The following issues emerged:

40. Information Sharing

- There is a need for legislative clarity and/or national protocols about when and where to share information, particularly in circumstances where parents withhold consent to share. Effective measures should also incorporate information about adults since this is often vital to the protection of children.
- The Scottish Executive should ensure that all legislative and regulatory barriers that inhibit proper access to relevant health information in children and adults are removed.
- The Framework for *Getting it Right for Every Child* needs more detail, and the timescales need to be realistic.

41. Resources/Workforce

- Underfunding of children's services and national staffing shortages within Children & Families social work teams continue to be barriers in all areas of work, including supporting children adversely affected by parental drug misuse.
- There are serious difficulties identifying how many children in Scotland are adversely affected by parental drug misuse. There were some calls for the Executive to fund similar studies to the one commissioned by Glasgow Council.
- Ensure that funding for the *Hidden Harm Action Plan* is adequate.

42. Joined-up Policies

- Authority areas which do not have significant drug problems nevertheless have concerns about children affected by parental alcohol misuse. National policy should not distinguish between drug and alcohol misuse, and its effect on children.

43. Inter-agency Training

- The Executive should consider reviewing pre-qualification undergraduate training for health visitors, social workers, teachers and youth workers. These groups need to improve their core assessment skills and need to recognise the importance of inter-agency networking.
- Inter-agency training should not be left to local discretion. National resources are required to develop and implement training and awareness raising programmes. National resources should be allocated according to the needs of specific areas.

- The Executive should put in place quality assurance systems to monitor the effectiveness of joint working.

C. SOME ASPECTS OF WHAT THE EXECUTIVE IS DOING – A SHORT UPDATE

44. Since the return of the LoA responses in summer 2006, we have continued to work with agencies, the voluntary sector, practitioners, children & families and representative bodies to develop and deliver projects which improve outcomes for children, including children adversely affected by parental drug misuse.

45. The Protection of Vulnerable Groups (Scotland) Bill contained provisions to introduce statutory duties around information-sharing when there are concerns that a child is risk of harm. The Parliament did not support these provisions and Ministers agreed to their withdrawal from the Bill. However, in doing so, Ministers signalled their intention to press on with the development of a Code of Practice highlighting that it could in future be given a statutory basis. The draft *Code of Practice for Sharing Information when a Child is in Need of Protection* aims to ensure that all workers treat the safety, welfare and wellbeing of the child as being of paramount importance. The Code is intended for all those who work with children and their families. It should also be used by those working with adults who, in the course of their duties, identify information that relates to a child at risk of harm. A Working Group comprised of major stakeholders has met a number of times since November 2006 to discuss the structure, principles and text of the draft Code, and it is proposed to consult on the draft very shortly with the intention that the Code will come into active use amongst relevant staff as early as possible.

46. Building on the work of the *Hidden Harm – Next Steps* report (published May 2006), the Executive has driven forward a suite of robust actions across a range of areas designed to tackle the issues of children in substance-misusing households. Actions include the development of contracts between substance-misusing parents and service providers, the investigation and promotion of existing social work powers to enter and inspect premises for signs of substance misuse, and improved drugs education in schools. Progress has been made in all areas, and consideration is currently being given to piloting various aspects of the agenda as well as engaging in additional policy development and research work, with work in hand to establish resources as needed. *Hidden Harm* is a clear, child-centred approach, in which the key issue is the effect on the child not the nature of the addiction. However, the Executive recognises that alcohol misuse needs to be taken seriously, and for this reason the *Updated Plan for Action on Alcohol Problems*, published on 22 February 2007, seeks to effect long-term culture change around Scotland's relationship to alcohol.

47. The *eCare Framework* currently under development will enable the secure electronic sharing of personal data between agencies. The Executive is working with 14 multi-agency data sharing partnerships covering all of Scotland and including NHS, local authority, police and other partners. One of the first priorities for the partnerships is the roll out of eCare child protection messages. This is a system, piloted in Lanarkshire, whereby a standard message can be automatically generated to all relevant and involved professionals wherever there is a formal child protection activity recorded on a child. The next priority is to provide the multi-agency information sharing infrastructure to support the *Getting it Right* agenda (see next

para). Officials are working with the Highland pathfinder and other areas to ensure that the technical and data standards are identified for this purpose.

48. *Getting it right for every child* is a developing programme of change. It seeks to ensure that integrated and effective action is taken to improve outcomes for all children. The programme will take place over several years and the tools and guidance to support practice change will be refined in the light of experience of implementation. Initially, they will be drawn on the experience of the pathfinder activities and will build on the work agencies are undertaking to take forward the integrated assessment agenda. Emerging lessons from pathfinders will be disseminated as they become available. In the meantime, the Scottish Executive has issued guidance on the child's or young person's plan and is supporting implementation of Ministers' expectation that every child going to a Children's Hearing by December 2007 has a plan in line with *Getting it Right for Every Child*. Practitioner advisers and link persons are being identified from every local authority and Health Board area to help achieve this target. A learning network is also being established to share developments and best practice across agencies.

49. The Executive has taken a range of actions to support the *recruitment of social workers*. This has included establishing the Social Work Fast Track Graduate Scheme which will produce 380 additional new social workers till 2008. The majority of the first graduates of this scheme have moved into Children & Families posts. Other actions have included increasing the number of postgraduate bursaries, creating an Incentive Scheme for hard-to-fill posts and media campaigns to promote opportunities in social work. The number of Children & Families social workers has increased significantly in recent years, with 18% more being employed over the 3 years to October 2006. In the year to October 2006, the number of vacancies also fell by 30% and the current vacancy rate stands at 7.5%. While there is still room for improvement, this is an excellent achievement which demonstrates the Executive's commitment, and that of employers, to meet the needs of vulnerable children. *Changing Lives*, the report of the 21st Century Social Work Review, is aimed at making social work an even more attractive career option than it is already proving, and the current recruitment needs of the sector are being considered in implementing the report.

50. The level of Grant Aided Expenditure (GAE) allocated to social work has increased by 80% since 1999 to £2 billion. By the end of the current Spending Review period, overall core funding to local government will have increased by over £3 billion compared to 1999-00. In addition to core funding for social work, there are also specific funding streams such as the Changing Children's Services Fund, Sure Start and the Children's Services Development Fund, worth around £180 million per annum, which can be used to support services for vulnerable children and families. Local authorities have considerable flexibility to allocate these resources to meet local needs and priorities.

51. We have produced a range of *web-based child protection training and learning materials* which enables professionals to share CP knowledge and information. In 2005 we funded Scottish Training on Drugs and Alcohol (STRADA, University of Glasgow) to work in partnership with the Centre for Child Care and Protection (CCCP, University of Dundee) to deliver a programme of joint training in child protection for all Criminal Justice social workers, Community Care social workers whose work entails significant contact with parents and Children and Families social workers. The programme was designed to examine the interface between child welfare and protection, parental drug and alcohol misuse, mental health and domestic violence and to further develop skills in work in this area. The

programme has now reached about 3,000 social workers and we will consider the evaluation of the project with a view to what further action may be required.

52. In December 2006 *Key Capabilities in Child Care and Protection* was published. These capabilities were developed by the Scottish Institute for Excellence in Social Work Education (SIESWE) and set out the learning outcomes and competencies in relation to child care and protection expected in social work degree programmes so that social workers at the point of qualifying are aware of their roles and responsibilities in respect of children and young people. However, meeting the key capabilities does not qualify social workers to undertake child protection investigations as this is rightly the domain of continuing professional development, post-qualifying.

53. Quality assurance systems are in place to monitor the effectiveness of joint working. *How well are children and young people protected and their needs met?* (HMIE 2005) outlines an approach self-evaluating the quality of CP service provision, including joint working. It can be used by senior managers, operational managers or practitioners who work directly with children, young people and families. It builds on ongoing work across all sectors to evaluate services and plan for improvement. At the heart of the document is a set of quality indicators, which help professionals identify the strengths in their practice and where further development is required. The same set of quality indicators is used by inspectors in external evaluation of services thus developing a partnership approach to internal and external evaluation of services. In recent months, HMIE have published full Joint Inspections reports on East Lothian, Midlothian and Angus CPC areas, and further reports will appear throughout 2007 and 2008.

**Scottish Executive
Children & Families Division
March 2007**