## Third Sector Adult Services and Child Concerns 21 May 2013



Voluntary Health Scotland organised a meeting between the Third Sector and the Scottish Government on 21 May 2013 to discuss the Children and Young People Bill and the implications for adult services. Details of attendees can be found in Appendix 1.

## Introduction

The Children and Young People Bill was introduced to Parliament on 18 April 2013. It is expected that this will receive Royal Assent in 2014 and will then be enacted. The Bill focuses on putting children and young people at the centre of planning and services and ensuring their rights are respected across the public sector.

Key concepts in the Bill, specific to the Getting it Right for Every Child (GIRFEC) programme, include:

- Ensuring that all children and young people from birth to 18 years old have a Named Person;
- Requiring a single planning process be put in place to support those children who require it;
- Placing a definition of wellbeing in legislation; and
- Placing duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

The Scottish Government is currently drafting guidance to accompany the GIRFEC aspect of The Bill.

## Themes

The main themes and questions arising from the discussion on 21 May are detailed below:

#### **Named Person**

The named person will be the child's midwife or health visitor up to the age of 5, this responsibility will then transfer to the child's primary and secondary school. The Named Person will be responsible for holding and maintaining the child's record and will be the initial point of contact should a concern arise about a child. However, where a child requires the co-ordinated support of two or more agencies working together, one of these agencies will take on the role of a Lead Professional. This will ensure that there is clarity surrounding the co-ordination and monitoring of delivery of care.

#### Duties

The Scottish Government highlighted that there will be duties on public bodies, including Local Authorities, NHS boards, Police Service of Scotland, Scottish Prison Service etc, to co-operate with the Named Person. This will extend to the third sector through an extension of responsibility where public bodies have commissioned their services – the expectation is that these will sit within service level agreements and service contracts. Discussion highlighted the need for good practice guidance around relationships and communications between the third sector and public bodies.

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#### Notification

The group discussed a range of issues surrounding notifying a Named Person. These included:

- Who to raise a concern with?
  - If there is a serious concern about the likely risk to children in general on the part of an adult using a service, this should be reported through the police in the regular manner.
  - If there is a concern relating to a specific child, this should be through the Named Person. The Named Person can be identified, if not already known, via the relevant NHS board or Local Authority.
- How can services ensure information is acted upon? Some in the group had significant experience of raising concerns with relevant authorities but these repeatedly not being acted on. The perception is that concerns raised by the third sector are not always treated seriously.
  - The Named Person has responsibility to make sure concerns are addressed.
- What are the thresholds for action?
  - The Named Person will collate all information and using that to advise others for action.

#### Information sharing

- How can we balance confidentiality and sharing concerns?
  - Work should be undertaken to ensure that everyone is aware of what can be shared across organisations. This will always be down to professional judgement, but the emphasis should be on sharing information where there is a direct implication on child safety, rather than on preserving confidentiality.
- How will the Named Person know if an adult caring for a child is receiving support?
  - This can only be known if individual organisations share information with the Named Person.

The group also discussed managing expectations in information sharing and the scope for linked policies, for example, in a case where there are allegations of historic abuse where the person still has access to children.

#### Prevention

- The group posed the question of how the Bill can help public bodies focus on preventative action. For example, sometimes the welfare of a child could be due to familial circumstances, rather than a direct child protection concern. Would the Named Person support this action?
  - Concerns should be dealt with as early as possible to prevent them escalating to a stage where social services intervention becomes necessary or inevitable. Most concerns about a child can be dealt with appropriately by the universal services of health and education, who know the child and their family best. Redirecting early concerns in this way will relieve pressure on social services and focus attention on prevention not crisis intervention. The Financial Memorandum to the Bill will outline the resource implications to implementation. It was noted that there is no consideration of the role of the third sector in this financial

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memorandum. However, this has significant impact on third sector organisations, not least in training staff to understand and comply with the legislation.

#### Assessing vs. Implementation

- How much time will be spent assessing children rather than implementing actions/interventions?
  - The introduction of a Named Person will reduce the number of assessments. All agencies will be using a standardised framework and common language, meaning that each agency can build on existing work and not undertake a separate assessment each time a child comes into contact with a service.

#### Local vs. National

There needs to be some consideration of the effect that this legislation will have on national third sector organisations, as this will mean that there are legislative differences between Scotland and the rest of the UK.

#### Conclusions

For the majority of organisations at the meeting, their focus is on supporting people with their life circumstances, but little focus on supporting people to parent well. It was suggested this was an area third sector organisations could usefully look at themselves. It was suggested that Commissioners of adult services should give greater recognition to the potential of service providers to impact more widely not only on the adult's life but on children in the adult's life. The third sector's track record and capacity to take a holistic approach to the whole person could be usefully recognized in contracts. There was also agreement that policy links between third sector adult services and the National Parenting Strategy, Early Years Collaborative and the National Third Sector GIRFEC Initiative would be useful.

## **Next Steps**

There are opportunities to engage with the parliamentary process - there will now be a call for evidence through the education and culture committee. The third sector should consider submitting a co-ordinated response through intermediary bodies, such as SCVO or Children in Scotland. Voluntary Health Scotland to cascade messages to members and other national intermediary bodies.

The Scottish Government is keen to engage further with the third sector. A consultation event, on the guidance that accompanies the Bill, will be held on Friday 21 June at Victoria Quay. To request a place email <u>timothy.honisett@scotland.gsi.gov.uk</u>. There will also be ongoing existing dialogue through the GIRFEC agenda.

Mike Mawby will also answer any direct questions, he can be contacted at <u>mike.mawby@scotland.gsi.gov.uk</u>.



## Appendix 1

Bob Fraser, Health Lead, GIRFEC Team, Scottish Government Nigel Henderson, Chief Executive, Penumbra Faye Keogh, Policy and Business Development Officer, Turning Point Scotland Marion Logan, Director of Operations Scotland, Phoenix Futures Susan Lowes, Policy and Engagement Officer, Voluntary Health Scotland Brian Magee, Chief Executive, COSCA (Counselling & Psychotherapy in Scotland) Mike Mawby, Third Sector Lead, GIRFEC Team, Scottish Government Fiona McRae, Manager, North East Edinburgh Counselling Service Andrew Sim, Executive Director for Scotland, Samaritans Frances Simpson, Chief Executive, Support in Mind Scotland Claire Stevens, Chief Officer, Voluntary Health Scotland Marj Stewart, Implementation Lead, GIRFEC Team, Scottish Government Claire Tester, Third Sector Unit, Scottish Government George McNeilly, Head of Service, CrossReach