

## Response from Children 1st to draft child protection guidelines

January 2021

Children 1st is Scotland's national children's charity. We have over 130 years of experience of working alongside families to prevent problems from escalating to the point of crisis, to protect children from harm and to help children and families to recover from the trauma associated with childhood adversity by providing relationship- based practical, financial and emotional support.

### Summary of key points:

- We have welcomed the opportunity to engage in the development of the draft guidance. We strongly support the initial principles set out at the beginning of the document.
- Although we recognise that the intention was clearly to begin to reframe the guidance to focus much more on early help and support for families and a strengths based approach, we do not think that the current draft achieves this as it stands. We believe that much more could be done to bring the language and practice in line with The Promise and to place family and children's rights at the centre of our work protecting children and working in partnership with families.
- The first principle ("the most effective protection of children involves early support within the family, before urgent action is needed and purposeful use of compulsory measures are necessary. If children do require placement away from home, real protection involves attuned, trauma- informed and sufficiently sustained support towards re-unification, or towards an alternative secure home base when this is not possible") is entirely in line with the UNCRC, The Promise and our own aspirations at Children 1st. However, we do not feel that the description of the processes and procedures that follow throughout the document take as much full cognisance of this principle or clearly set out the transformational system change required to meet this ambition.
- We believe there should be an emphasis on not blaming and shaming parents, but instead on building strong, honest and trusting relationships where concerns and worries are shared openly and practical steps taken to address together the issues; personal, structural and external factors that prevent children from being safe, loved and protected. Although we understand that there are circumstances where quick and decisive action is required in order to protect children at immediate risk, the guidance should be clear that even in those circumstances the processes should uphold children's rights and children and families should understand what is happening.
- A greater focus on children and families' rights would be helpful in order to create the respectful relationships needed with parents and carers to protect children. Much more context and reference to the impact of intergenerational trauma on family relationships and parents' capacities and a clear outline of the need for trauma- responsive help and support in creating safety for children would also be helpful. This is a massive knowledge and service gap that has to be addressed to effectively protect children, their right to family life and their parent's right to recover.
- We would welcome much stronger reference to challenging the external factors contributing to family circumstances, including poverty, and to what a strengths- based approach looks like in practice.
- The revision of this guidance must align with the implementation of The Promise, the incorporation of the UNCRC, the child poverty goals, the work of the Scottish Government's Family Support Delivery Group and other workstreams that have the *same* goals for the *same* families. We must all work to challenge the deeply damaging

siloes way we are currently working and, crucially, to invest resources into the implementation of visionary new Child Protection guidance that, first and foremost, upholds children's right—where it is safe for them to do so—to stay at home with their family.

**Q1: Advice and Accessibility – This guidance seeks to provide advice to local partnerships and agencies to inform the development of local guidance, and has been structured in sections that are intended to be standalone and accessible to practitioners seeking advice on particular aspects of practice.**

**a) In your view, does the guidance fulfil these objectives? Yes, To Some Extent, No, Don't Know**

To some extent.

**b) If you do not think the guidance fully fulfills these objectives, or if any sections are not sufficiently standalone please explain your view and suggest how improvements could be made.**

Although we understand that the guidance is designed to have sections that are standalone, it is still very lengthy and in some places the language is quite complex and academic. When sections are read independently, some of the core principles relating to children's rights, prevention and a strengths- based approach are lost.

Our practitioners have also reflected that this document may not be accessible to all partners and agencies due to the complex and—in some places—technical language. For example, Safeguarding in Sport (the partnership between Children 1st and **sportscotland**, which supports sports organisations and individuals across Scotland on matters relating to child wellbeing and protection) has reflected that volunteers, coaches and staff in the sports sector may be prevented from fully utilising the guidance given its current level of accessibility.

We are also curious about whether this document is intended to be accessible to children and families, so that they too can understand what their rights are and the processes and procedures that will impact upon their lives. If the intention is for families to be able to understand and access this document, we believe that it needs a considerable review to reframe it in this context. If that is not the intention, then we strongly encourage the Scottish Government to consider what accessible documents could sit alongside this so that there is a clear understanding amongst families what these processes are. Families are not able to access their rights if they do not know what they are—it is clear that overwhelming systems and processes have a negative impact on developing relationships between families and those working to support them. We must have ways of helping families to understand what is happening to them and to their children so that they do not feel lost in this complex machinery and bureaucracy.

Although much of this information is relevant and important, taking a step back it is also striking to see how much complexity surrounds the systems we have created to keep children safe, when they tell us what matters the most is having a strong and trusted support person in their life.

**Q2: Legislative and Policy Development – This revised guidance seeks to reflect legislative and policy developments since 2014 and include relevant learning from practice and research.**

**a) Are you aware of any additional legislative or policy developments, research or practice that should be included? Yes, To Some Extent, No, Don't Know**

Yes

**b) If so please provide further details.**

The revised guidance should include reference to the Domestic Abuse Bill, currently at Stage 1 at the Scottish Parliament, which will make provision for domestic abuse protection notices and orders. It should also reference the important changes implemented through the Children (Scotland) Act 2020, given the high numbers of proceedings in the civil courts which include families experiencing domestic abuse.

Given that the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill has now passed, with amendments, and that there are ongoing developments to embed the Clinical Pathway into practice, some updates will be required to the current drafting. We note that there is also no reference in the entire document to Barnahus. Given that Children 1st and partners are currently in the process of setting up a test, learn and develop Barnahus pilot (House for Healing) in East Renfrewshire and the stated intention of the Scottish Government to develop Scottish Barnahus Standards and to consider a nationwide approach to Barnahus in Scotland, we believe that this should be included as part of the guidance.

We note the reference on Page 150 of the document to the Children (Equal Protection from Assault) (Scotland) Act 2019, but believe it would be helpful for the document to be much clearer in terms of how practitioners are expected to respond to families where an incident has taken place.

Our Safeguarding in Sport service welcomes clear reference to the service, as well as to the role of sport organisations, volunteers and coaches. We are keen to see some minor changes to these references on Page 62 to recognise the development and implementation of the National Standards for Child Wellbeing and Protection in Sport, which have recently been revised to more explicitly take account of children's rights. We are keen to work with the Scottish Government on revised wording for these sections—please do get in touch with us at [safeguardingsport@children1st.org.uk](mailto:safeguardingsport@children1st.org.uk).

Finally, and most crucially, we strongly encourage significant revisions to the guidance in the context of both The Promise and UNCRC incorporation to reflect our understanding of what children and families have told us works for them, including working together in partnership with services. Children 1st's view is that, wherever possible, children should remain safely at home with their family. We believe that with relationship- based support, many families can work through and overcome the problems in their lives. Holistic whole family support should be universally available to all families that need it, available early to avoid unnecessary and expensive 'interventions' when problems reach a point of crisis. This means investing in emotional, financial and practical support for families that is trauma- responsible, rights- based and driven by families themselves when they need it, for as long as they need it.

No child should be taken into care due to poverty and no child should be removed from the care of their family due to the inadequacies of the 'system' to properly support their family.

Statutory intervention from services must be a last resort and we must avoid labelling children—or their parents—as 'mentally unwell' when they are exhibiting signs of distress due to a lack of relationship- based support to help them to recover from past experiences. All of this requires a significant shift in the way that 'child protection' currently operates. The Promise specifically challenges us to reconsider our understanding of 'risk' to include the risk of the impact of removing children from their families. Families themselves must be seen as the most significant resource that is available. Most often children's emotional wellbeing is most often compromised within family relationships—and it is also protected and recovered within family relationships.

Following incorporation of the UNCRC this year, Article 18 (“States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children”) will be a legally-binding right. The guidance must make much clearer what the expectations are for duty bearers in terms of upholding this right, and the others set out in the UNCRC, and how they can ensure children and families are aware of their rights and able to claim them in order to address the balance of power that currently sits with statutory services. The section on safety and rights (Page 21) is welcome—but our view is that a rights-based approach must be much more explicit across the document as a whole, rather than specific sections (often in ‘boxes’).

Although it is clear that the underpinning principles (Pages 1&2) of the draft guidance are early help and support, the protection of children’s rights, a relationship-based approach and taking into account families’ strengths and the structural inequalities that impact on their lives, these principles do not seem to thread throughout the document in the way that we had expected. It is not enough to set them out as ‘guiding principles’—they must be reflected on every page.

The starting point for this guidance remains the system as it currently exists. We are left wondering how the ambitious calls to action set out within The Promise can be fully realised within the context of the current system. We think the guidance needs to be more visionary, rather than referencing the changes that need to be made within the confines of the current status quo.

For example, the definition of ‘Child Protection’ on Pages 14-15 is not set out within the framework of children’s rights (a child’s right to be safe from harm, for their parents to be supported, etc) and it does not clearly outline the Promise’s challenge to readdress the balance of risk to understanding the risk of a child being *removed* from their family. It is process-driven rather than being clear that harm and adversity occur when families are under pressure, lack resources and are unable to access the support that enables them to meet their child’s needs. On Pages 15-16, the definition of harm and significant harm does not reference external or structural factors and does not refer to families. The section on ‘roles and responsibilities’ does not refer to children or to families themselves—which seems a significant omission, given the stated initial principles to work in partnership with families themselves. Being clear about the role and responsibility of families and how they can understand and claim their rights is central to that.

This all feels like ‘interventions’ and doing things ‘to’ families rather than the partnership approach alongside families outlined in the guiding principles at the beginning of the document. There are numerous examples of this across the entire document, where there are missed opportunities to identify where a strengths-based, partnership approach with families sits alongside the described processes and procedures. Children 1st would be happy to work alongside the Scottish Government to share the areas that we have identified.

As set out in Page 2, para 16, the Care Review found that “when children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent”. However, the existing system does not enable this. Many of the current processes simply do not realise children’s rights in terms of ensuring full and fair participation approaches, involving families in decision making processes, allowing time and space for one (rather than a number of professionals) trusted worker to develop a relationship with the family and taking into account the impact of structural challenges such as poverty on parental capacity to care for their children. These are all things that children and their families have told us again and again and again make a difference.

We know that the current system creates a culture of parental pathology and there is a lack of inaccessible services. We operate at all levels (including within Scottish Government) in deeply damaging siloes, dividing children up into different ‘themes,’ instead of considering children as part of families and families as part of communities.

Children 1st's sense is that much more needs to be done in practice to ensure families right to emotional, practical and financial support is met at an early stage and that where statutory intervention is necessary it does not unintentionally cause additional harm and trauma so that this guidance meets its intended aims. This means looking again at the guidance to remove any sense of 'shaming and blaming' parents and fully embedding a rights- based, strengths-based approach that puts families (rather than systems and processes) first. And, crucially, it means ensuring that there is funding in place so that practitioners are able to provide early help and support for families when they need it, for as long as they need it.

The families that we work alongside at Children 1st are most often very disadvantaged, they have experienced complex trauma and inequality over generations and this can—and does—impact on their abilities to keep their children safe and protected. These families are, however, also hopeful, resourceful, dynamic, loving and fiercely protective of their children. With the right child- centred, family- minded support we believe that families can and do make the changes required to ensure their children's rights to safety, love and security at home are protected.

Children and parents tell us the current system is overwhelming and confusing, leaving them powerless and without agency. We must create relationships that help protect children and help their parents and carers to recover from whatever unhelpful coping strategies impact on their ability to do so. This guidance is an opportunity to clearly set this out, helping services to develop a clear understanding of how they are expected to uphold children and families' rights.

**Q3: GIRFEC Practice Model – Our aim is to ensure that the guidance is fully integrated with the language and core components of the Getting it right for every child (GIRFEC) practice model. a) Do you think the revised National Guidance for child protection is integrated with the GIRFEC practice model?**

**a) Yes, To Some Extent, No, Don't Know**

Yes.

**b) Please explain your answer**

The use of the continuum concept is useful in enhancing the idea that GIRFEC is relevant throughout the entire child protection process. However, as we have stated above, Children 1st thinks that there are missed opportunities to explicitly set out the need for practice to shift towards prevention and early help and support in the way envisioned by The Promise in order to uphold children's rights—including in this section.

Reference to the National Practice Model and GIRFEC components (Pages 69-72) is welcome, although we do understand that there is ongoing work to develop GIRFEC Guidance and Policy. Children 1st's view is that it would be helpful for this review to consider how the family can be included much more in implanting the GIRFEC National Practice Model. Although we welcome reference to children's rights and the Independent Care Review in Page 69 (in the blue box) it would be much more helpful to integrate understanding of children's rights in the context of child protection throughout the document.

In terms of information sharing (Pages 25-27) it would be helpful to be more explicit about the role of education colleagues and the third sector.

As we understand other colleagues have pointed out, there is a need for additional clarity regarding the role and expectations around the named person given the complexities and changes to the statutory provision of the role following the 2014 Act.

**Q4: Practices and Processes – Part 3 seeks to accurately and proportionately describe the practice and processes critical in the protection of children.**

**a) Are there any practices or processes that are not fully or clearly described in the guidance? Yes, To Some Extent, No, Don't Know**

Yes

**b) If so, please state which processes/practices are not fully or clearly described and suggest how the description could be improved.**

We note that there is a section on **strengths- based approaches** (Pages 73-74), however—like with most of the broader references to children's rights—it is set out within a box, rather than embedded throughout the document. The examples of Signs of Safety and FGDM are welcome, but taking a strengths- based approach should be reflected much more across the guidance as a way of working alongside families. As stated above, the principles at the beginning set out this way of working but that is not then included in the processes and practices described.

In terms of the other references to **Family Group Decision- Making**, we are disappointed that the expectation is not much clearer that no life changing decision about a child should be made without considering whether an FGDM is appropriate for the child and their family. For example, Page 172, para 233 is particularly weak, stating: "family group decision- making can be a helpful vehicle in some circumstances."

Having pioneered FGDM in Scotland over 20 years ago, the evidence is very clear about the impact that this rights- based approach makes for children and their families—for example, this July 2019 research by Dr Mary Mitchell: <https://onlinelibrary.wiley.com/doi/full/10.1111/cfs.12676>. Children 1st has also co-authored briefings to share the implications of Family Group Decision Making for empowering families and communities and for children's services more generally (Mitchell, M., Tisdall, K., Riddell C., Learning from Family Group Conferencing, September 2018: [https://www.researchgate.net/publication/329655221\\_Learning\\_From\\_Family\\_Group\\_Conferencing](https://www.researchgate.net/publication/329655221_Learning_From_Family_Group_Conferencing); Mitchell, M., Ali, S., Adaptive Family Group Conferencing practice: keeping families at the heart of decision- making during COVID 19, July 2020: <https://sw2020covid19.group.shef.ac.uk/2020/07/14/adaptive-family-group-conferencing-practice-keeping-families-at-the-heart-of-decision-making-during-covid19/>).

FGDM it was included explicitly in the calls to action in the Independent Care Review (Page 33 of The Promise: "Family group decision making and mediation must become a much more common part of listening and decision- making) as well as in the guidance for Part 12 of the Children and Young People (Scotland) Act 2014. (FGDM is described as a 'relevant service' outlined in the 2016 Order in National Guidance on Part 12: Services in Relation to Children at Risk of Becoming Looked After, etc., Dec 2016).

Children 1st would welcome revisions to the section that describes FGDM/ FGC (Page 73) so that it is clear that it is a rights- based approach rather than an "intervention". It would be helpful for the guidance to be clear about the benefits of FGDM in a range of circumstances, and the cultural and structural changes required for the approach to be successfully embedded as part of our child protection system.

For example, this section also states that FGDM can be applied in "a wide range of urgent circumstances", but we would be keen to be clear that FGDM is evidenced to work effectively as part of early help and support in addition to urgent circumstances. For example, FGDM could be beneficial at the initial CPCC before a child is placed on the CPO register to give families the opportunity to draw on the strengths in their own network before statutory intervention is deemed necessary. FGDM can also be effective at IRD stage in both de-escalating and diverting statutory child protection processes, including case conference and children being looked after away from family.

FGDM approaches can (and do in some local authorities) support children and their families to create a plan that supports the repair and maintained of relationship that can happen after being accommodated, which then increased the chance of a positive rehabilitation home and can reduce the impact of the trauma of being removed (e.g. Page 24, para 119). There is evidence of FGDM being effective in pre-birth child protection processes and in returning children home or removing children's names from the child protection register as a result of a safe, appropriate, resourced family plan, resulting in a more effective, empowering, efficient and cost effective process and outcome.

It would therefore be helpful to widen the detail of this reference much more and to ensure that the guidance is clear about the value and role that FGDM can play in children and families' lives. For example, Children 1st have also been working closely with SCRA to pioneer a new approach linking FGDM to the Children's Hearings—it would be helpful to reflect on the findings from this approach, and the way that this could be incorporated into the guidance.

We would also welcome changes to the reference to the family plan not being "safe" (Page 74). In FGDM the 'bottom lines' of assessed risk are provided by the social worker to the Coordinator in the preparation phase of FGDM so the family are not creating a plan that will fail. A coordinator wouldn't progress an FGDM without the clear risk factors and any inappropriate family members are ruled out by the social worker at this time. If a family plan did not sufficiently address the risk, the Coordinator would ask the family to go back into private family time to address these risks until a plan was made that was able to be supported.

We'd be happy to work alongside the Scottish Government on revisions to this section, and to consider what additional practice resources might be helpful to consider, as well as to ensuring the guidance fully reflects the impact that FGDM can make in helping to realise children and families' rights.

Although the underlying principles on Page 1, para 5, make clear reference to the need for trauma- responsive support for families, there is an absence of any real consideration of the **impact of trauma** on children and families. The evidence is clear that many of the problems and breakdowns that families experience is due to the failure of services to adequately support parents and carers who have experienced childhood trauma. Many families using unhelpful coping mechanisms to deal with this unresolved trauma, including drugs and alcohol, tell us that what they need is a trusting, reliable support framework that is not comprised of a multitude of different 'professionals' and—crucially—that they are provided with the financial support they need to help support their recovery. Although there are references to training for practitioners- particularly with respect to Joint Investigative Interviews- and the Psychological Trauma Framework and Trauma Training Plan, and passing references to trauma more broadly, our view is that it requires further consideration in the document. This is in the context of both a child and an adult's right to recovery and also the impact that trauma may have on parental capacity. Trauma should be clearly taken into account throughout the document, including in the sections on assessment and responding to concerns.

As stated above, there is no reference to **ongoing work relating to Barnahus** and the importance of working to ensure the current processes do not re-traumatise child victims or witnesses. The section on child witnesses is heavily process- driven and does not appear to take into account the holistic needs of the child and recovery support for the child and their family.

We would also welcome further thought about how **domestic abuse** is reflected throughout the document. There appears to be a lack of coherence in terms of how it is presented and (as we state below in answer to the question about Part 4) we would welcome the principles of Safe and Together being clearly embedded throughout the document.

Finally, the processes and practice relating to things like IRD are very clearly set out in Part 3, but the section is heavily weighted towards professionals and does not reflect **the partnership**

**approach with families** described in the principles. The process is formal and does not include learning from parents and from The Promise about empowering families and enabling family networks to be supported to care and protect children. It very much feels as though things are being done 'to' families, rather than with or alongside them. There are clearly circumstances when this formal approach is required, but there must be stages before this when child protection concerns can be addressed in a more family- friendly way with support in real time, rather than being driven by the process.

**Q5: Assessment Section – A new section of this National Guidance (Assessment part 2b) provides advice about child protection assessment practice.**

**a) Is this section sufficiently clear and does it cover all of the aspects you would expect? Yes, To Some Extent, No, Don't Know**

No

**b) If No or To Some Extent, please suggest how this section could be improved.**

As stated elsewhere, while reference to children's rights is welcome on Page 69, it would be more useful for a rights-based approach to be integrated throughout the guidance, rather than in a box.

In line with our comments above about the box on 'strengths based approaches' on Page 73, we believe that much more can be done throughout the document to reflect the overarching principles and indicate what a strengths- based approach looks like in practice. Our view is that section 2b does not emphasis sufficiently the preventative response, even when there are child protection concerns. The emphasis should be on enabling and empowering family networks to care for and protect children.

The process described remains intimidating, alienating and complex. Whilst there will be circumstances that require a robust approach and an immediate response in order to keep children safe, many families will benefit from a more relational, supportive approach, which where possible should always be attempted first.

As stated elsewhere, this section should also include Safe and Together and the impact of trauma and intergenerational trauma.

**Q6: Description of child protection processes and procedure – This National Guidance covers the consideration, assessment, planning and actions that are required, when there are concerns that a child may be at risk of harm. It also provides direction where child protection procedures are initiated. This is when Police, Social Work or Health determine that a child may have been abused or may be at risk of significant harm and an Inter-agency Referral Discussion (IRD) will take place.**

**a) Are the processes and procedures that lead to and follow IRD clearly described within the Guidance? Yes, To Some Extent, No, Don't Know**

Yes

**b) Please provide additional comments.**

It would be helpful for the guidance to consider the role of other agencies, such as sports organisations or third sector organisations in IRDs. Our practitioners state that lack of inclusion in these discussions has sometimes been an issue. Our colleagues get to know families well and have a strong sense of risks, strengths and the stories of their lives. Involving partners in capturing and understanding these stories can lead to a fuller understanding of what is going on in families lives.



**Q7: Integration of health guidance – We have integrated previously separate guidance for health practitioners into the revised guidance and more clearly defined the key role of health in protecting children at risk of harm from abuse or neglect. Do you have any comments on specific aspects for health practitioners?**

**Q8: Neglect – The draft National Guidance defines ‘neglect’ as child abuse, where it: “Consists in persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs.”**

**a) Do you agree with this definition? Yes, To Some Extent, No, Don’t Know**

Yes

**b) Please provide additional comments.**

While we agree with this definition, we are concerned about some of the framing in the guidance around neglect—particularly in the context of domestic abuse. For example, Page 13, para 42 talks about a parent “failing to provide adequate food, clothing and shelter, to protect a child from physical and emotional harm or danger, to ensure adequate supervision (including the use of inadequate caregivers), or to seek consistent access to appropriate medical care or treatment.” We think this needs careful revision to move away from blaming and shaming parents, especially when domestic abuse is involved. Children 1st know from our own services that sometimes the impact of external circumstances beyond parental control (such as poor housing and inadequate income) can impact on parental capacity to care for their children. It is also important for the guidance to recognise the dynamics of domestic abuse and the impact that coercive control can have on the non-abusing parent.

Although Page 139 states that “the causes and effects of neglect filter into all the other sections in Part 4 of this guidance”, we think that there needs to be a greater emphasis on the importance of early help and support for families, the impact of poverty and other structural inequalities and the impact of trauma. The guidance should make clear the links between lack of support and stress, overwhelm and disadvantage which can lead to escalating need and risk. This, in our view, would be much more helpful than a blaming discourse around distinct categories of abuse and harm. The guidance must reflect the complexity and inter-relatedness of structural factors and lack of early support as well as the nuanced trajectory in reality of need to risk of abuse.

Crucially, we must shift away from child protection being such a complex network of systems and processes that children and families must give their views to, towards considering how to work alongside families to provide the help and support they need to prevent harm from occurring or escalating.

**Q9: Neglect – Recognising that it is a complex area we also include some discussion about whether neglect should be defined as abuse where it is “a consequence of systemic stresses such as poverty.”**

**a) Do you agree with this approach? Yes, To Some Extent, No, Don’t Know**

Yes.

**b) Please provide additional comments**

It is important to reflect here the research (for example, the Child Welfare Inequalities Project: <https://www.coventry.ac.uk/research/research-directories/current-projects/2014/child-welfare-inequality-uk/>) that demonstrates that children in the most deprived small neighbourhoods in the UK are over 10 times more likely to be in foster or residential care or on child protection plans than children in the least deprived areas. There are considerable (known) gaps in services' ability to take poverty into account which must be addressed through both this guidance and additional resourcing, in coordination with the implementation of The Promise. Although the Scottish Government has committed to rolling out the Scottish Child Payment, there is still much more to be done to ensure that children's right to live an adequate standard of living is upheld.

As part of the End Child Poverty Coalition, Children 1st has supported a number of calls to the Scottish Government including a need for investment in holistic, whole family support that addresses financial as well as emotional need (<https://www.povertyalliance.org/end-child-poverty-coalition-launches-holyrood-election-manifesto/>).

It would be helpful for the guidance to be clear regarding what the expectation is regarding how services can work in partnership alongside families to address some of the external stresses and factors in their lives that can impact on their capacity to parent.

**Q10: Pre-birth assessment and support – Part 4 of the National Guidance sets out the context in which action is required to keep an unborn baby safe. Part 3 sets out the processes for this.**

**a) Do these parts of the guidance clearly and fully set out the context and processes?  
Yes, To Some Extent, No, Don't Know**

To some extent

**b) If answering To Some Extent or No, please detail why.**

In line with our previous comments, much of this section could be revised to take a rights and strengths- based approach. The reference to Family Group Decision Making on Page 172 para 233 should be considerably strengthened, given the importance and value that FGDM can have for families at this stage. See our comments above regarding the potential of FGDM at an early, even pre-birth, stage. Children 1st have examples of FGDM being successfully implemented in partnership with families even before children are born.

We are concerned about the statement on Page 172, para 233 that says "Evidence-based programmes can considerably increase successful outcomes." Children 1st has real concern about the notion of fixed "programmes" which "do" interventions to families. Whilst some can be effective in supporting and developing knowledge and skills in families, most do not take account of individual experience, stories and few are trauma responsive and recovery focussed. We are worried about investment in such programmes at the expense of investment in holistic, whole family support.

We would welcome inclusion of domestic abuse in the context of pre-birth planning.

**Q11: Specific areas of concern (Part 4) a) Do all sections of Part 4 of the National Guidance address the specific areas of concern appropriately?**

**a) Yes, To Some Extent, No, Don't Know**

No

**b) Please let us know any sections you do not think address the specific area of concern appropriately and suggest how these could be improved.**

The comments that we have made above regarding the importance of linking the rest of the document to the underpinning principles also apply to Part 4.

The section on domestic abuse (Pages 142-146) is helpful, but we believe some revisions are necessary. Although we welcome the box on Page 145 to highlight Safe and Together, as with the boxes on children's rights and FGDM elsewhere in the guidance, it would be helpful to ensure the Model is properly embedded across the entire document. For example, where domestic abuse is described the focus of the guidance appears to be mainly on the non-abusive parent and there is an absence of reference to the abusive parent. Domestic abuse is not described as a "parenting choice" and throughout the document language is used that 'absents' the perpetrator but does not consistently or explicitly include reference to a pattern of perpetrator behaviour and the impact of this. It is important not to minimise responsibility for abuse from the perpetrator and the significant longer-term impacts of coercive control on the non-abusing parent.

We would also welcome clear recognition that perpetrators of domestic abuse can seek to exploit systems and processes to continue to perpetrate abuse, including through the Court and the child protection system.

There are very significant risks relating to child contact where domestic abuse is involved, and it would be helpful for the guidance to talk further about how risk can be managed and monitored and how children's voices and experiences can be taken into account when contact arrangements are being made. As stated above, the transformational changes for children's participation rights set out through the Children (Scotland) Act 2020 must be included.

The section on preventing repeat removal of children (Page 176) requires further detail. Para 257 talks about "support to break the cycle, take control of their lives and develop new skills is essential." While this approach is in line with The Promise, our understanding is that additional resourcing would need to be made available to realise families' rights in this area.

**Q12: Implementation – The Scottish Government considers that Chief Officer Groups and local Child Protection Committees, supported by Child Protection Committees Scotland, the Scottish Government and a range of other partners, are the key fora for implementation of this Guidance.**

**a) Do you agree or disagree? Strongly Agree, Agree, Disagree, Strongly Disagree, Don't Know**

Disagree

**b) Please explain your answer.**

Whilst these current structures and Committees have a part in disseminating guidance to their organisations and setting expectations, they do not implement them directly. The implementers are the operational practitioners and frontline leaders and reviewing officers who work directly alongside families and within the cultures and traditions of the organisations. The Groups and Committees and other operatives described play a very important part in setting the culture for how the guidance is implemented and whether process or people are the priority.

**Q13: COVID-19 – During the COVID-19 pandemic, it has been necessary to adapt practice to ensure continuity of child protection processes. Learning from the pandemic and examples of best practice will be incorporated into the National Guidance.**

**a) Are there adapted processes that you would like to see continued? Yes, To Some Extent, No, Don't Know b) Please provide further information**

Yes

**b) Please provide further information**

For our services, we found the removal of some funding restrictions, flexibility of reporting mechanisms and the speed at which we were able to work in partnership to adapt to challenges and respond to children and families was transformational. We were able to move much more quickly to respond to offer practical and financial assistance for families, and would be happy to share some of the more unique and innovative ways we adapted our work with the Scottish Government.

With regard to FGDM, we were able to identify a number of opportunities for families to participate in and contribute to discussions and processes about their lives despite the constraints of the pandemic. We have shared some of our learning about delivering FGDM remotely with our partners and would be happy to share this with the Scottish Government if that would be helpful. In particular, there are many lessons about ensuring family members can participate in discussions more widely even when they cannot physically attend in person.

The need and use of online and virtual meetings and schooling has highlighted the inequity in relation to IT resources, broadband and data—but has also identified methods and routes to access these resources. Our learning is that children and families are willing and able to adapt and engage in a range of different ways.

**Q14: Do you have any further comments on the National Guidance?**

Children 1st has previously raised concerns regarding the unregulated sports/physical activity sector. Organisations sitting outside of the sports governing body network do not have access to the same level of safeguarding support and over-sight and may have less robust safeguarding governance in place. We have written to the Minister for Public Health and Sport to raise this, but believe it would be helpful to have consideration of this within the context of the current guidance.

As stated previously, in order to implement the changes to policy and practice envisioned in The Promise and necessitated by the incorporation of the UNCRC we anticipate that there will need to be a significant systems change. This must be fully resourced and services and practitioners must be fully supported. We know that for some colleagues in some agencies moving to a more relational way of working in partnership with families, moving to multi-agency information sharing and ensuring a non-stigmatising, non-shaming or blaming approach is embedded in existing static systems, processes and training will be a significant shift. If the aspirations set out in the initial guiding principles of this document are to be realised, it would be helpful for the Scottish Government to set out what support and resources will be available and how it will facilitate the cultural shift required so that we see real change for children and families on the ground.

Children 1st is fully supportive of ensuring that the guidance and practice covers all children under the age of 18 years old, in line with the UNCRC. However, we are aware that this presents some challenges within current systems. We believe that there is a need to review our current systems and processes to ensure that they meet the needs of 16 and 17 year olds, including listening to their voices.

Finally, we are keen to understand whether a Child Rights and Wellbeing Impact Assessment has been undertaken as part of the development of this guidance, and if not we strongly recommend that one is begun as a matter of urgency.

If you have any questions or comments about our response please contact our Policy Manager, Chloe Riddell, at [chloe.riddell@children1st.org.uk](mailto:chloe.riddell@children1st.org.uk).