

NSPCC Scotland response to the Scottish Government Debate: Integration of Adult Health and Social Care

March 2013

NSPCC Scotland welcomes the opportunity to contribute to this important debate on the future of adult health and social care services. We believe that integration must lead to the improvement of all services which impact, directly or indirectly, on the care, protection and wellbeing of children and young people in Scotland.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We are working with partners to introduce new child protection services to help some of the most vulnerable and at-risk children in Scotland. We are testing the very best intervention models from around the world, alongside our universal services such as ChildLine¹, and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

Systems theory allows consideration of the complex network of systems that may be involved in the care and wellbeing of children and young people. Adult health and social care services for parents play an important role in the identification, assessment and protection of vulnerable children and young people. A range of adult services have a direct impact on the safety of children, however, research has found that adult mental health, domestic abuse and substance misuse services are of particular importance, given that they support a high number of adults who have parenting responsibilities².

The importance of these services is illustrated by research which found that parental substance misuse accounted for 62% of children subject to care proceedings.³ An analysis of 230 call records to ChildLine Scotland showed that the most common problem children called about was physical abuse by parents/carers (2/5 of children) and NSPCC research on the prevalence of maltreatment of children found that 3.3% of under 11 year olds reported witnessing at least one type of domestic violence⁴. A raft of evidence demonstrates a link between mental illness and domestic abuse and substance misuse⁵.

¹ Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.

² Forrester D. Parental substance misuse and child protection in a British sample. *Child Abuse Review* 200;9(4): 235-246

³ Donald Forrester and Judith Harwin, *Parental substance misuse and child care social work* *Child and Family Social Work*, Vol 11:4, November 2006 p325

⁴ Taylor. J. NSPCC Scoping Report Physical Abuse in High Risk Families. NSPCC. London. 2010

⁵ Stanley, N. *Child Protection and Mental Health Services: Interprofessional Responses to the Needs of Mothers Health Services*. Bristol: Policy Press, 2003

We therefore support the proposals for further integration of adult health and social care services provided they can demonstrate improved access and better outcomes for adults to enable and enhance their ability to parent and protect their children more effectively.

NSPCC Scotland believes that aspirations of the Christie Commission on public sector reform should underpin the approach to integration. Reform should 'ensure that services are built around the needs of people and communities'; and 'encourage services to pursue preventative approaches, tackle inequality and promote equality'. NSPCC Scotland would like to stress the danger of being diverted solely into structural solutions, in the misconception that these can provide a 'magic bullet'. We seek reassurance from the Minister that focus will also be placed on outcomes, local delivery, leadership and front line staffing capacity, not structural reform alone.

We would urge the Government to take into consideration evidence of what is shown to work with regards to service integration. Evidence from successful partnerships, shows a clear focus on outcomes and front line team development. A report commissioned by Association of Directors of Social Work and prepared by Professor Alison Petch from IRISS states: 'the appropriate focus is on the dimensions that contribute to effective delivery across health and social care.

The extent of direction to partnerships should be based on an in depth analysis of what issues have hindered effective joint working in the past. It would be helpful in this context if the Scottish Government could summarise its key findings from the research on negative and positive factors from the integration of health and care in other areas.

In Highland the outcome of integration is that the NHS Board is now responsible for adult services whilst children's services – including community health – are now the responsibility of the local authority. The alternative model is the 'body corporate' option, in which both adult and child services are jointly administered. Proposals for change should be based on the best evidence of what works in improving outcomes for both adults in receipt of health and care services and children in their care.

NSPCC Scotland believes that current proposals present a range of opportunities within the current reform to strengthen Community Planning Partnerships. CCPs should have both strategic and operational links to adult health and social care services and should show leadership in the design and delivery of effective, integrated high quality services for children across Health, Social Work and Education.

However, we would stress the importance of upholding duties to ensure that children are consulted and co-operated with in the design and delivery of services provided through community planning (as is required through the Local Government in (Scotland) Act 2003). It is important that this commitment is not lost in any new Adult Care Act, we would therefore welcome some information on the Minister's intentions in this respect.

We would welcome the Minister's response to the following;

- Health and Social Care Partnerships focus will be solely on health and social care – but what about all the other service areas that link closely with this, for example housing and education?
- In England there have been separate directorates for children and adults in recent years. But these are now moving back together again. What lessons can be drawn from this?
- The Early Years Collaborative – is there a possibility this will be knocked off course by the major structural changes being planned? How will Health and Social Care Partnerships relate to this programme of work?

Conclusion

Numerous Significant Case Reviews and inquiries into Child Protection have reminded us of the fundamental importance of working across boundaries between adult/child/health/social care services.

NSPCC Scotland believes that current proposals present a range of opportunities within the current reform to strengthen Community Planning Partnerships; to exercise leadership in the design, delivery and oversight of effective, integrated high quality services for children to include the Health, Social Work and Education; and to embed effective strategic and operational links to adult health and social care delivery under a single public service approach.

NSPCC Scotland is supportive of the need for integration of health and social care services because we recognise it has the potential to improve the effectiveness, responsiveness and quality of these services. The current proposals must consider the risks of division that the proposed arrangements for adult's services carry in relation to children's services. We would urge the Minister to address the issues outlined above in his response to this important debate.

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