

# Response ID ANON-73DK-JS1N-N

Submitted to **Consultation on the revised National Guidance for Child Protection in Scotland**

Submitted on **2021-01-29 16:35:46**

## Questions

**1 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. In your view, does the guidance fulfil these objectives?**

To Some Extent

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

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

- Improved professional support, recognition and rights at work for social workers,
- Better social work for the benefit of people who need our services, and
- A fairer society

In preparing this response we consulted with members of the Association, particularly those social workers with extensive experience of engaging in child protection work. Our comments reflect the views of frontline social work practitioners.

SASW wishes to stress our overall support for the updated guidance. We particularly welcome the strong emphasis on children's rights throughout, made even more significant as Scotland moves towards incorporation of UNCRC into domestic law. We support the focus on relationships and strengths-based practice, and the holistic approach to working with children and their families. This reflects our commitment to relationship-based practice.

SASW is pleased to see the emphasis placed on partnership, shared approaches, and collaborative working throughout the processes and practices which relate to child protection. We welcome the incorporation of findings from the Independent Care Review and The Promise. Useful links are provided to particular tools and models which promote collaboration and a strengths-based approach. It appears to draw together much of the current thinking in the child protection arena in Scotland.

In terms of accessibility, we have some concerns over the size of the document, and whether this hinders accessibility for the whole range of practitioners involved in child protection. Our members asked questions as to how a document of this length will be kept current as we progress through the Pandemic and move towards full incorporation of the UNCRC and The Promise. We would like reassurance that there is both a strategy and resources in place to keep the guide up to date, as well as a process for ensuring practitioners across the public, independent and self-employed sectors are aware of updates and have access to the latest version in accessible formats.

It would be helpful for the guide to be divided in ways that make sense to those seeking to find particular information in it, and that there is adequate training to ensure practitioners are able to access and use it effectively. SASW suggests some of the detail, for example statistics and references, is removed into a separate document.

The introduction could be improved by a more concise explanation of the shared responsibility for keeping children safe, and who is involved in this.

Although children's rights are mentioned throughout the document it would be helpful if these rights in relation to child protection were more clearly framed from the outset, either in the main body or in a separate document or appendix.

**2 Legislative and Policy Development - This revised guidance seeks to reflect legislative and policy developments since 2014 and include relevant learning from practice and research. Are you aware of any additional legislative or policy developments, research or practice that should be included?**

To Some Extent

**If so please provide further details:**

SASW believes the guidance reflects legislative and policy developments since 2014 and as outlined above, draws together much of the current thinking in the child protection arena in Scotland. The content is comprehensive and detailed, but some members questioned why some legislation and policy is included in the main text and others in appendices. Given the volume of legislation and policy relating to child protection, it might be useful to have a separate document which lists everything. This would maintain consistency throughout the document, making it more accessible to practitioners.

**3 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. Do you think the revised National Guidance for child protection is integrated with**

## the GIRFEC practice model?

To Some Extent

### Please explain your answer:

The core components of the GIRFEC model, and the corresponding language, are in keeping with a children's rights approach. It is positive that the guidance advocates use of GIRFEC components and applies these to the assessment of risk and harm, with reference to both preventative and protective approaches.

However, SASW has some concern that the guidance assumes a level of knowledge about GIRFEC that might not exist for some groups of practitioners, for example those working in sports and cultural services. We suggest a clear explanation of GIRFEC in the introduction would remedy this.

The Independent Care Review and The Promise highlighted language and jargon as contributory factors to stigma often reported by children involved with looked after and child protection processes. The Promise calls for language that is easily understood and does not create or compound stigma. For this reason, it would be helpful for the Guidance to include a request for workers to avoid jargon. We also request that the Guidance avoids use of jargon where possible. If practitioners practice using plain language this should be transferred into direct work with children and families.

SASW would welcome clarity around who is classed as a child and asks that this be consistently reflected throughout the document and across legislation. There are inconsistencies in the definition of a child in Scotland– defined as under 16 (rather than 18) in some legislation, contrary to Article 1 of the UNCRC. The status of GIRFEC and the 'named person' would also benefit from increased clarity. From our conversations with partners and stakeholders across the sector, it is evident that there is still some confusion and lack of consistency in this area.

## 4 Practices and Processes - Part 3 seeks to accurately and proportionately describe the practice and processes critical in the protection of children. Are there any practices or processes that are not fully or clearly described in the guidance?

To Some Extent

### If so, please state which processes/practices are not fully or clearly described and suggest how the description could be improved:

In terms of a description of what should happen, it is clear and comprehensive, and the inclusion of preventive measures is welcomed. However, some members expressed a view that some of the content here is aspirational, and investment will be required to ensure this is adhered to from planning, through to review of services.

This section has the potential to be regarded as quite prescriptive, and we wonder how this will be received. It is an account of what should happen, but it is less certain whether all these processes and practices are followed consistently across Scotland. The danger with being too directive is that it loosens the focus on relationships and professional curiosity, which is promoted strongly in the rest of the Guidance. There is a concern that the sole responsibility to adhere to the guidance is placed upon the social worker without the required resources or changes within the agency to make this possible.

One of the findings of the Independent Care Review is that bureaucracy around the decision-making process and an over-emphasis on 'rules' can prevent social workers doing what they want to do in the best interests of the child. For this reason, policies and procedures need to be accompanied by clear guidance on how to interpret them.

The Promise calls for a single child's plan – this is not emphasised in the guidance and we recommend this is included.

## 5 Assessment Section - A new section of this National Guidance (Assessment part 2b) provides advice about child protection assessment practice. Is this section sufficiently clear and does it cover all of the aspects you would expect?

Yes

### If No or To Some Extent, please suggest how this section could be improved:

Members felt the advice provided in this section was thorough. SASW welcomes the focus on the context of harm, on collaboration and on resilience, and the inclusion of examples of strengths-based models and references. We also welcome the inclusion of contextual safeguarding (a relatively new concept here) which is positive in its ecological approach and takes into account complicating factors such as poverty. Inclusion of 'capacity to change' and the need for this to be done in collaboration with families is also welcomed, alongside early consideration of any need for specialist assessment.

SASW welcomes the focus on a learning culture, and the need to hear the voices of lived experience when evaluating what constitutes effective support and protection. This encourages reflection, analysis and evaluation.

The 7-point summary is a helpful, visual quick reference tool.

## 6 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. Are the processes and procedures that lead to and follow IRD clearly described within the Guidance?

To Some Extent

### Please provide additional comments:

In relation to timescales, the guidance and the logical process of the different steps is reflective of the experiences of our members. However, there is not enough emphasis on ensuring that parents and carers are fully informed of the processes, that their views are sufficiently represented at all stages, and that they are fully aware of the concerns about their child(ren). SASW would like to see more of an emphasis on ensuring parents are fully involved at every step.

While the processes and procedures are clearly set out, concern has been expressed that it is these rather than children's rights, the needs of families and

relational practice, which shape child protection practice (see Q 13, below). SASW suggests that placing Part 4 further up in the Guidance might go some way to placing children and relationships at the forefront, rather than procedures and processes.

There is some suggestion in the guidance that a CPPM will always arise from an investigation, whereas this might not always be necessary. The guidance should be clearer about this, and in line with minimum intervention principles.

Some of our members expressed concern that there is insufficient mention of the contribution education can make in the investigation process. Their role and that of the third sector could be better highlighted in this section.

**7 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?**

**Please explain your answer:**

Our members are positive that health guidance has been integrated and believe it will be useful to have the roles and responsibilities of health professionals clearly laid out. We hope that this will lead to improved communication between all parties and a shared clarity. There is a perception amongst those working in child protection that 'the buck stops with social work' and it is hoped that integrating health guidance will lead to greater understanding of the responsibilities of everyone.

Experience tells us that good partnership and collaboration in practice is dependent on leadership and learning cultures in particular workplaces and local authorities. When things work well, professionals can get to know about each other's roles and build relationships, which increases the likelihood of positive outcomes. The fact that the guidance sets out key roles and responsibilities for different parts of the workforce should help create a better understanding of each other's roles. We suggest this could be further strengthened by joint training as part of the implementation of the guidance.

**8 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." Do you agree with this definition?**

To Some Extent

**Please provide additional comments:**

Neglect has long been a term which is difficult to define when it comes to child protection. The word 'neglect' itself can seem to imply intentionality on the part of those with caring responsibilities. The inclusion of the word 'failure' in the definition adds to the potential for that implication.

The term persistence is open to interpretation, and SASW members request clarity on what constitutes 'persistent' and when it becomes 'persistent' enough to constitute abuse.

Situations in which a child appears to have been neglected, are often embedded in systemic stresses which are beyond the control of those looking after the child. For that reason, SASW welcomes the move to take account of 'systemic stresses such as poverty' and to consider these as an indicator of a need for support. Too often parents feel judged and penalised for situations, such as poverty, which are beyond their control. When children are perceived as experiencing 'neglect' due to such circumstances, a blaming approach is not helpful, and support is needed. Everyone involved in child protection needs to understand (through training and self-education) the impact of poverty on families. Poverty and other societal issues which are having an impact should be named in child protection reports and assessments. SASW suggests there is a need for training and development across agencies.

It should also be stressed that domestic abuse is often a feature in cases where neglect is suspected, and this must be taken into account in assessments. Training in domestic abuse (including recognition of the dynamics and the need to take into account patterns of abusive behaviour by the perpetrator and the impact of this on the child and family functioning, and recognition of the strengths of the non-abusing parent) should be available for all those working in child protection.

It is in keeping with the commitment to embedding children's rights, and with the assertion of The Promise that we must do more to recognise the context in which families live. The focus of our interactions must be to support families to care for their children. The guidance would be strengthened by a recognition that there will be some families who require long term support to keep their children safely with them, and that this should be made available if it helps create a loving, stable home for the child. Support might not always be needed only in the short-term, and if on-going, holistic support can sustain a family situation, then it should be provided.

SASW welcomes the reference to BASW's Anti-Poverty Guide in the guidance (part 4). Support to families at an early stage is crucial to help avoid a child protection situation emerging. Relationships and collaboration are crucial so that we know about and can try and keep on top of problems before they escalate. We welcome the move to take into account systemic stresses, such as poverty, as an indicator of support needs, not something that needs to be punished. SASW also welcomes the recognition of the early signs of neglect, such as failure to provide, and linking this to emotional needs and physical and developmental milestones - in teenagers as well as younger children. Reference to the 2017 research by Bywaters et al is helpful, recognising that children from the poorest areas have a greater chance of becoming looked after. We welcome the links to young people and consideration of the environment they are living in. It is important to have this focus.

**9 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." Do you agree with this approach?**

To Some Extent

**Please provide additional comments:**

Defining neglect as abuse suggests a proactive parenting choice. Implying a suggestion of choice, defining neglect as abuse where it is a consequence of systemic stresses' is not helpful or conducive to collaborative working with parents. Our understanding is that poverty can contribute to or exacerbate neglect, but further research into the contributory causes would be helpful.

As social workers, we are aware of the effect living in poverty has on the people we support. Many parents experiencing poverty also experience shame and stigma, and we need to understand how this can impact on how they interact with services. Sometimes behaviour is perceived as hostile or aggressive when in fact it is a reaction to stress and shame. We must look at the whole situation people live in and build relationships with them to fully understand what is going on and what their motivation is. This is clearly reflected in the book, *Poverty Safari* by Darren McGarvey which outlines how people from deprived communities feel unheard and misunderstood. This could be a helpful resource to signpost to.

It is essential that we ensure children experiencing poverty are not disproportionately represented in the child protection system, by ensuring the availability of emotional, practical, and financial support.

Support must be sensitive to issues of child poverty, without being stigmatising. Early and community-based support is crucial to resolve issues before the need for more powerful interventions. Our members would welcome more of an emphasis on the role of education in recognising, understanding and responding to poverty.

SASW acknowledges that some children will be particularly vulnerable to poverty, for example those in the immigration system. We must consider how poverty intersects with other factors in children's lives. Assessment must be holistic and give careful consideration to family functioning and involves families in share decision-making.

As outlined in *The Promise*, nurturing and supporting some families to stay together will take far more than the resource Scotland currently provides. Scotland must broaden its understanding and possibly its tolerance of risk if we are to prioritise stable and loving relationships.

The Care Review consistently heard that financial and housing were amongst the greatest concerns from children and families. In times of crisis some challenges can be solved if families have sufficient financial resources. Social workers are highly skilled in coming up with creative ways of obtaining funds so the people they support can have their needs met. Some of this is down to an individual social worker's capacity to influence and build relationships and advocate for family's needs in a respectful way. However, there are often many bureaucratic hoops to jump through to achieve financial assistance for a family. Some members have reported that during the pandemic some of these barriers have been removed or have become easier to navigate. Not only has this resulted in being able to respond to financial need more speedily, therefore easing pressure on some families during this difficult time, but it has contributed to improved relationships as social workers are viewed as more responsive and supportive.

Poverty is a mediating factor among various factors that increase the risk of child abuse and neglect. The stress of living in poverty can make life harder, and this stress can raise the risk of abuse and neglect. The impact poverty has on families must be discussed openly to support all children to grow up loved, safe and respected. Significant increases in the financial support to families struggling must be considered. Any consideration of support to families in poverty should go beyond an individual-level response, and look to how systems and society contribute and can potentially become part of the response.

**10 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. Do these parts of the guidance clearly and fully set out the context and processes?**

To Some Extent

**If answering To Some Extent or No, please detail why:**

Overall, we welcome the strong emphasis on early intervention. However, the often-high workloads of social workers and lack of specific resources in some Local Authorities leave us concerned that this might be aspirational for some and more realistic for others which would make the right support at the right time a postcode lottery experience for expectant mothers.

We agree with the encouragement to use FGDM to find family solutions and to allow the child, if possible, to grow up within the (wider) family. The same applies for early allocation of a social worker to a pregnant woman to ensure that timely, appropriate support is available in view of the recognition that pregnancy can be a turning point for a parent. The notion of specialist support for parents who are involved in alcohol and drug use and criminal behaviour is particularly welcome.

Point 225 mentions that the presence of an interaction of risk factors should 'tip professional judgement towards the need for an IRD.' It should be clarified that one of those risk factors on its own can still have a severe impact and IRD should not only be considered when there are interacting risk factors.

In Point 227, greater clarity is requested on the definition of a 'confirmed' pregnancy. Does this mean as soon as pregnancy is detected, or is it when it reaches the stage of being viable? In practice assessment is sometimes not begun until the pregnancy is deemed viable. In terms of timescales this would give only a few weeks to have a CPPM. Also, there is no mention of a pre-birth planning meeting, which takes place in some areas prior to commencement of a formal assessment.

In view of the timelines there are slight concerns that a CPPM very early in pregnancy might lead to a review CPPM even before birth, both of which could potentially increase the stress levels of the expecting mother unnecessarily. We do agree with a pre-discharge meeting for babies placed on the Child Protection register and feel they are still necessary despite the suggested rigorous pre-birth plan being in place, since orders cannot be granted prior to birth. It would also allow for a safe discharge if there were last minute changes required to the plan; for example: a change of mind by the parents, medical complications, or other unforeseen circumstances.

There is no mention of peri-natal mental health specifically. When mothers experience mental ill health during pregnancy or post-birth, there is often a need for close collaboration and specific guidance and input from specialist mental health professionals to guide understanding of the impact on both the baby and the mother, and on appropriate interventions.

There is no mention of domestic abuse in this section. We know that pregnancy is often a high-risk time for women experiencing domestic abuse and some discussion of this, and an emphasis on the need for training and awareness would be useful here.

## **11 Specific areas of concern (Part 4) - Do all sections of Part 4 of the National Guidance address the specific areas of concern appropriately?**

To Some Extent

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

SASW welcomes the inclusion of this section, and the acknowledgement of the diversity of children who may need protection. The pandemic has had a disproportionate impact on children in many of the areas set out in part 4, and on children at risk of harm or neglect in general. These concerns are exacerbated for children who fall under many of the headings in section 4, for example disabled children, children with disabilities and communication needs, those living in poverty, and those affected by mental ill-health.

SASW believes strong emphasis should be placed in the Guidance on the need to ensure the views and experiences of children who fall under many of these categories are heard. Professionals need the necessary knowledge, skills and understanding to support children's meaningful participation.

The inclusion throughout the guidance of the need for trauma-informed practice is welcome and must include the significance of children having access to supportive adults who can help them express their views. SASW suggests this section of the guide be moved nearer the beginning, to help readers better understand what can lead children to needing protection, offering some useful context before becoming immersed in the processes.

SASW suggests the following areas should be considered for inclusion in this section:

- Recognition of the particular needs of trans children or those who identify as LGBT+
- Young Carers
- Children in families with NRPF
- Children detained in secure or prison, including use of restraint
- Children experiencing homelessness
- Children (16- and 17-year-olds) in the Armed Forces
- Children with a parent in prison
- Child to Parent Abuse and the interface with child protection

We suggest inclusion of this recently published report <http://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/sibling-sexual-abuse/> in the discussion of sexual abuse between siblings. It offers a knowledge and practice overview.

Given the current COVID-19 crisis and lack of an end in sight, SASW suggest that discussion of the impact of this on children and the need for equitable access to high quality support services to help them recover from the trauma of lockdown and the pandemic is necessary. This is in keeping with a children's rights approach and should include support for the whole family when it is needed.

### **Impact of mental health of health problems on children**

This section appears to lack clarity and impact in comparison with sections on other specific areas of concern. As mentioned in Q 10, there is no mention of perinatal mental health and the specific considerations and interventions that might be required when this is a concern. Given that this involves very young babies, with high vulnerability, it is suggested that there should be specific guidance around this issue.

### **Domestic Abuse**

97. It can be difficult to achieve safe collaboration with a non-abusing parent/carer if they deny, or do not recognise, the risk posed by the perpetrator towards the child.

It should be stressed that in such a situation it is important to partner with the non-abusing parent/carer to try and identify why this is, which will involve an understanding of the pattern of abuse and the impact on the family.

The section on the Safe & Together Model should be strengthened by links to the model and a summary of the training involved and how to access it.

We suggest an emphasis on exploring patterns of abusive behaviour, and how these impact on child and family functioning, rather than an incident-based approach, and stronger emphasis on the fact that children do not need to be a direct witness to abuse for it to impact on them. Some discussion would be useful of the prevalence of domestic abuse, where it might not be the reason for referral and the need to have knowledge of the dynamics and how to take account of this in assessment (see Question 8).

## **12 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. Do you agree or disagree?**

Disagree

### **Please explain your answer:**

Clarification about who would be included in 'a range of other partners' would be helpful. We suggest that training needs to be provided across the sector, not just within local authority departments, to help reinforce that child protection is everybody's responsibility, not just that of social work, health and police.

Implementation should include training across the board which is child-centred, involves lived experience, is intersectional and recognises the diversity of children who are subject to child protection processes (Together Report). It should include training on children's rights and what these mean for child protection, as well as how to effectively facilitate children's participation in decision-making.

Further clarity is needed on what support is needed to help local authorities and other sectors in their implementation of the guidance. There is a lot of emphasis on training and ongoing development, supervision and the needs of workforce, which we welcome, but this is only one of many elements of successful implementation. This risks realisation of the intended outcomes of this Guidance particularly in the context of the current crisis, and with already limited public resource.

**13 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. Are there adapted processes that you would like to see continued?**

To Some Extent

**Please provide further information:**

Our members raised strong feelings that more reflection is needed on what has and has not worked during COVID-19, as we move through and hopefully beyond the pandemic. There is concern that some of the practices which have been adopted will remain that way, as they appear more cost-effective. With regards to Child Protection Planning Meetings, holding these virtually is not always beneficial for children or their families. Although conducting them on virtual platforms may save time in travel and might indeed have increased attendance of some professionals, there are myriad concerns about the impact on children and their parents, and the implications for having their rights upheld.

These include:

- Inability to read body language or make proper eye contact – crucial for relational practice.
- Issues with reliability of broadband/Wi-Fi, particularly in rural areas, where participants are sometimes asked not to turn cameras on as this affects the signal. This relates back to the point above about the loss of relational aspects.
- Safety of parents and children where domestic abuse is a concern. It is extremely difficult to assess a situation and know who is present and what the dynamic is when online.
- Balance of power. Often families do not have adequate devices, compared to those of professionals, and some may be joining by phone while others are on video.
- How do we truly hear the voice of the child and of the parents? How are their views being collected and represented?

This view is reinforced in recent research report by the Nuffield Family Justice Observatory, which identifies serious concerns about the impact of virtual meetings on parents and suggests that the disadvantages of holding case conferences virtually outweigh the advantages, especially for families taking part. A loss of relationship-based practice, lack of scope for reflection, concerns for parental safety, and difficulties in managing tensions were cited as concerns.

However, research by Harry Ferguson et al highlights some of the positive aspects of child protection practice which has been adapted during the pandemic, and points towards the benefits of a hybrid approach to some aspects going forward.

When considering whether we should continue with any adapted processes, SASW suggests we ask whether we would change this practice if it was not for the pandemic. If not, we need to be clear about the reasons for maintaining the changes beyond the pandemic. Whilst our members recognise that virtual meetings have a place, they believe that very careful consideration must be given to when, how and why we use virtual meetings in each individual situation. It is a tool that we have at our disposal as and when it is required, rather than a procedure.

The way we did things before COVID-19 was not without fault, however. Members expressed concerns that CPPMs were not conducive to effective, relational practice with families. Often, they were experienced as punitive and disempowering for families and, we believe, have become increasingly procedural over the last few years. Children's rights and the needs of families must be at the heart of what we do. We suggest that, currently, engagement with families can come second to bureaucratic procedure.

The pressure on social work services, even before the pandemic began, was found to be 'unsustainable' in the Audit Scotland Report 2018, without a significant increase in investment. The pandemic has created additional barriers around access to support, and we have real concerns about how families can access help, particularly early support. During the pandemic, the Third Sector has been significantly affected in terms of capacity and resource meaning the availability and choice of services has reduced. The impact of this is and will continue to be significant.

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

**Please explain your answer:**

Overall, the Guidance is thorough and comprehensive and serves as a useful reflection of what should be happening. However, without the financial backing to make it a reality, we are concerned that it will not have the impact it should and needs to have. SASW welcomes the inclusion of families who have no recourse to public funds and of asylum seeking and trafficked children within the guidance, making these vulnerable people visible.

Some of the language in the Guidance could be stronger. For example, 'partnership might not be attainable in a timescale which is needed to protect the child' could be better defined. In Part 1.10 the statement 'in rural and island areas same level of services might not be available' raised concern amongst members as it does not accurately reflect a children's rights-based approach, which is particularly problematic as we move towards UNCRC incorporation.

**References**

<https://www.thepromise.scot/assets/UPLOADS/DOCUMENTS/2020/10/The%20Promise%20Poverty%20Briefing%20Autumn%202020.pdf>

Child protection conference practice during COVID-19 | Nuffield Foundation ([nuffieldfjo.org.uk](https://nuffieldfjo.org.uk))

<https://www.researchinpractice.org.uk/children/news-views/2020/august/how-social-work-and-child-protection-are-being-creative-and-helping-children-and-families-during-covid-19>

## About you

### 15 What is your name?

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### 17 Are you responding as an individual or an organisation?

Organisation

### 18 What is your organisation?

**Organisation:**

Scottish Association of Social Work

### 19 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

### 20 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

### 21 I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

## Evaluation

### 22 Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

**Matrix 1 - How satisfied were you with this consultation?:**

Very satisfied

**Please enter comments here.:**

**Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:**

Very satisfied

**Please enter comments here.:**