

**Borders NHS Board**

Meeting Date: 3 December 2020

<b>Approved by:</b>	Nicky Berry, Director of Nursing and Midwifery
<b>Author:</b>	Rachel Pulman Nurse Consultant Public Protection
<b>CHILD PROTECTION UPDATE</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is to provide an annual update to the Borders NHS Board on the work being undertaken in respect to Child Protection to provide assurance that NHS Borders is compliant with its duties and responsibilities.</p> <p>This report provides an:</p> <ul style="list-style-type: none"> <li>• An update on the Child Protection Practice.</li> <li>• Assurance that NHS Borders is meeting its statutory obligations and working in accordance to local and national procedures.</li> </ul>	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the update.	
<b>Approval Pathways:</b>	
This report has been approved by Nicky Berry, Director of Nursing and Midwifery.	
<b>Executive Summary:</b>	
<p>Child Protection is about preventing significant harm and reducing risk to children within society. It is an issue of fundamental importance to NHS Borders and remains a top priority.</p> <p>Scottish Government guidance outlines the requirements which support the delivery of high quality safe and effective child protection services. The core functions for NHS Borders that support the development of this are detailed below and should be delivered across acute and community services.</p> <p><b>NHS Borders Public Protection Responsible Officers</b></p> <ul style="list-style-type: none"> <li>• The Chief Executive responsibility for delivery of high quality services to support child protection, including overall strategic direction and strategic management of services delivered.</li> <li>• Within NHS Borders the Chief Officer role is deputised, from the Chief executive, to the Director of Nursing and Midwifery and the Nurse Consultant for Child Protection is responsible for leadership, co-ordination and management of Child Protection services.</li> </ul>	

<ul style="list-style-type: none"> <li>• Provision of designated Lead Paediatrician for Child Protection</li> <li>• Provision of Child Protection/Looked After Children's Nurse x2</li> </ul>	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	<p>There are several key pieces of legislation and statutory guidance which co-exist that outline roles and responsibilities and support delivery of Child Protection Services.</p> <p>A Scottish Borders Public Protection Improvement Plan is in place, which includes the priorities for child protection for 2020-2021.</p>
<b>Patient Safety/Clinical Impact</b>	<p>Protecting children from harm and the assessment of risk is a fundamental part of patient safety and wellbeing.</p> <p>The aim of child protection is to reduce harm to children at risk through delivery of effective support and intervention. Management of risk frequently involves inter-linked issues such as Gender-Based violence and management of sexual offenders; none of which is addressed by a single agency or service.</p>
<b>Staffing/Workforce</b>	<p>There is a well established dedicated resource for child protection within NHS Borders. It should be noted that this is a small team which is strongly dependant on partnership working with multi-disciplinary colleagues across acute and community NHS services.</p>
<b>Finance/Resources</b>	
<b>Risk Implications</b>	<p>The current specialist resource is vulnerable to the impact of Covid should the team become unwell and this would impact the ability to support responsive and effective service delivery for Child Protection for NHS Borders. All appropriate measures are in place in terms of minimising this risk.</p>
<b>Equality and Diversity</b>	In Compliance
<b>Consultation</b>	Report will be shared with the Acute Services Business / Clinical Governance Board for noting.
<b>Glossary</b>	

## Aim

The aim of Child Protection is to reduce harm to children at risk through effective support and intervention. The Scottish Borders Public Protection Committee upholds the vision that 'Everyone in the Scottish Borders has the right to live free from abuse, harm and neglect' and supports a 'think family' approach across all elements of Public Protection practice.

The Think family approach aims to achieve better outcomes for adults, children and families by strengthening communication between different agencies, relating to risk, to enhance and improve processes and coordinate the support and delivery of services. This includes staff in adults' services being able to identify children's needs, and staff in children's services being able to recognise adults' needs.

NHS Borders is committed to continuing to work collaboratively with partner agencies and service users, at both strategic and operational level, to meet their duties and responsibilities, by promoting awareness and understanding of risk and co-ordinating effective responses to reduce risk through effective support, planning and delivery of services.

## Summary

The landscape across child protection is complex with some individuals being at risk of harm from several adverse experiences with the potential to negatively impact their health, wellbeing and safety. NHS employees provide universal and specialist services for children, and are often the first to identify those experiencing difficulties that could result in significant harm.

NHS Borders is a member of the Public Protection Committee which covers the key components of protection including Child and Adult Protection, Violence against Women and Girls (GBV), Multi Agency Public Protection Arrangements (MAPPA) for the management of offenders. Child protection. The multi agency Child Protection Delivery group supports the work of the Public Protection Committee and has a responsible for audit, performance, assessment of risk, quality assurance and service improvement.

## Reporting by themes

### Child Protection Delivery Group (CPDG)

Since February 2020 CPDG has focussed on:

- Providing 3 key items to the Public Protection Business Plan
- Creating a dissemination strategy to ensure all relevant staff are aware of the work of the group
- Finalising the agreement of a new dataset to capture some of the child protection data contained within the National CP Minimum Dataset
- Finalising the Joint Strategic Needs Assessment(JSNA)document and agreeing how the information in the JSNA can benefit the work of the Public Protection Committee
- Seeking sign off for the Child Sexual Exploitation Pathway document
- Obtaining reports on the Neglect Audit (feedback on the impact and use of the Neglect Toolkit) and the Parents Survey (feedback from parents who have been in the child protection process)
- Receiving update on the Pre-Birth process – a pre-birth group was set up to identify vulnerable pregnancies before 28 weeks of pregnancy.
- Monitoring referrals and changes within CP at the Public Protection Unit
- Sharing contingency plans for Covid-19

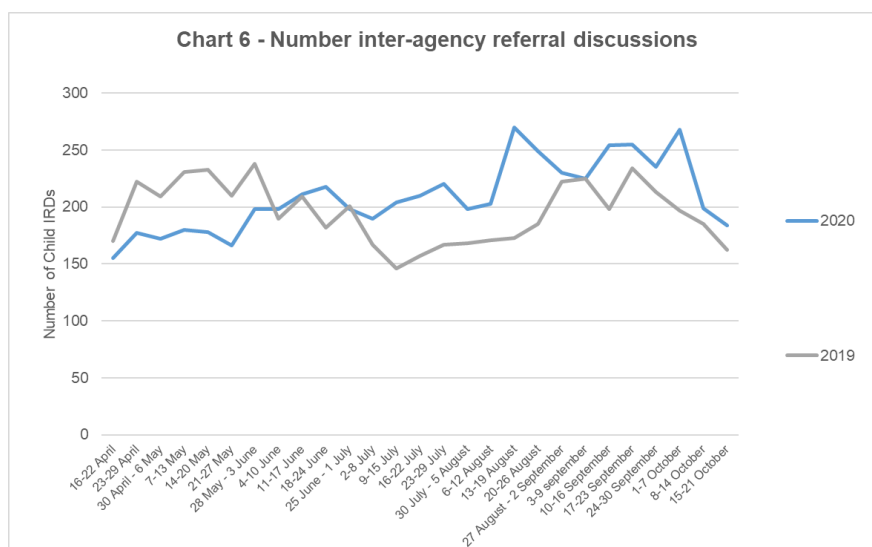
### Impact of Covid-19 Pandemic

The protection of children, young people and adults has continued to be prioritised during this pandemic. The rights of children have not altered, and nor has professional responsibilities in relation to child and adult protection. NHS Borders staff have continued to respond to child protection issues and make, complex decisions about managing risk within the dynamic context of the evolving C-19 crisis.

- In the first few weeks of Lockdown there was a significant reduction of child referrals in Scottish Borders and this was replicated in national data. This resulted in a media campaign both locally 'Keep Eyes and Ears open' to ensure that people

were taking action in respect to concerns. Partner agencies have worked together to share best practice during this time to share best practice and ensure that vulnerable children and their families continue to be seen.

- There has been a local and national increase in Police Referrals in relation to Domestic Abuse Incidents.
- It is anticipated that Child Protection Referrals may increase in formal concerns due to the wider public health issues that Covid presents to our families and communities such as poverty, decline in mental wellbeing. This is being considered within recovery planning.



National Data in respect to child IRDs 2019-2020

**In order to ensure we provide high quality, safe and effective Child Protection services NHS Borders has a responsibility to ensure the following:**

**Sufficient prioritisation of resources to ensure that the board meets its responsibilities for the protection of children at risk of harm.**

- There have been significant changes within the child protection team during 2019-2020. Recruitment was successful for two new Child Protection/Looked After Children's (CP/LAC Nurse) nurses who have joined the team. Is this same as 3<sup>rd</sup> bullet point?
- The Nurse Consultant for Public Protection started in post mid Dec 2019; this is a new role to NHS Borders and has been established to support the commitment to the development of a Public Protection model and 'think family' approach within Scottish Borders.
- There is a well developed model of service delivery for child protection with a dedicated resource of x 2 WTE Band 7 CP/LAC nurses and administrative support based in the co-located Public Protection Unit.

**Governance, accountability and reporting framework that promotes good practice in public protection across the whole lifespan.**

- In January 2020, Scottish Borders replaced the separate Child and adult Protection Committees with a new, Scottish Borders Multi-Agency Public Protection

Committee (PPC). The PPC, lead by an Independent chair, reports to the Scottish Borders Critical Oversight Group (CSOG) and is the strategic partnership responsible for the overview of policy and practice relating to Adult and Child protection, Violence Against Women and Girls and Justice Services (including MAPPA).

- The covid-19 pandemic has stalled the wider implementation of the Public Protection Model in Scottish Borders and it is acknowledged that a re-launch will be required to ensure that the Vision, Values, Aims and Objectives of Public Protection are clearly disseminated to staff as we begin the recovery from C-19.
- The aim of the Public Protection Model in Scottish Borders is to promote a 'Think Family Approach' which aims to achieve better outcomes for adults, children and families by strengthening communications, between different services within NHS Borders and their partner agencies, to enhance and improve processes and coordinate the support and delivery of services.
- NHS Borders has representation at MARAC (Multi Agency Risk Assessment Conference) and MAPPA (Multi-Agency Public Protection Arrangements).

**Ensure the “Vision, Value and Aims” of public protection is disseminated and known by all staff and incorporated within all policies and guidelines.**

- NHS Borders Induction programme for new employees has been updated and now includes a presentation and learn pro module on Public Protection which clearly articulates the vision that 'Everyone in the Scottish Borders has the right to live free from abuse, harm and neglect' and makes clear the roles and responsibilities of NHS staff.
  - Information is available on designated child and adult protection pages on the intranet.
  - The PPC and delivery groups have information dissemination strategies in place to ensure that information is shared with NHS staff as appropriate.

**A Quality assurance framework which improves outcomes for children, young people and vulnerable adults. This should include regular self-evaluation and audits in relation to child and adult protection and vulnerable families**

- Regular audits, in respect of critical information about child protection processes including Initial Case Review/Significant Case Review and Child Sexual Exploitation (CSE) meeting, are reported on a three monthly basis to keep abreast of numbers, emerging patterns and trends. Specific audits that have been undertaken include:
  - Missing Children from Home (ensuring protocol is fit for purpose and consistently used)
  - Parent and Children's Views from Case Conference (ensuring parent's views are reflected in Child Protection Case Conference minutes)
  - Status of children prior to Registration (informing the Joint Strategic Needs Assessment)
  - Neglect and the use of the Neglect
  - Core Groups

- Child Initial Case Reviews (ICRs) are undertaken where there has been a death or a near miss in respect to an adult or child with support needs or vulnerabilities. The outcome of an ICR determines if a Significant Case Review (SCR) is indicated or whether the case has learning for all agencies.
- There has been one Initial Case Review conducted in respect to a child (that did not require to proceed to SCR). There were recommendations for development/learning made and an action plan has been developed in response to actions required by NHS Borders which is being implemented.
- Between Aug 2019-Jul 2020 1 child protection practice review was completed and a briefing paper was disseminated to health staff re learning. 7 Child Sexual exploitation Strategy meetings were convened.

-Child Sexual Exploitation (CSE) Strategy meetings take place where a referrer has concerns that sexual abuse is as a result of exploitation. A CSE strategy meeting protocol is in place to ensure information sharing and protection in this complex area.

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**Child Protection information, guidance, protocols and procedures which are evidence based and are in line with local, interagency and national policy and are accessible to all staff.**

- The Revised National Child Protection guidance was released for consultation; between 21<sup>st</sup> October 2020 -17<sup>th</sup> Jan 2021. A multi-agency working group has been established, on behalf of the Public Protection Committee, to collate a response from the Scottish Borders.
- The Nurse Consultant is progressing work in relation to reviewing and updating NHS Borders Policies and Procedures to align them with the Public Protection Model.
- NHS Staff have awareness of and access to the key procedures /guidance/to be followed in the event they may be concerned a child is at risk of abuse and neglect. Accessible via NHS intranet pages.
- The Nurse Consultant Public Protection is a member of the National Lead Child Protection Networks which shares good practice.
- Robust information sharing systems that support the identification of vulnerable children, young people within health patient management systems.

**All staff have access to expert clinical advice on all protection issues**

- NHS Borders Child Protection/Looked after Children's Nurses and Nurse Consultant Public Protection provide consultation for staff on Child Protection matters. The service is accessed by a wide range of multi disciplinary staff across NHS services.
- Child Protection supervision is available and accessed as per the child protection supervision policy. Developments are in progress to further enhance the model for supervision to include formal group supervision. Group supervision will be child/family focused; encouraging reflection, to integrate knowledge of research into practice and to be supportive of challenge in order to enable learning and development of practice.

**Training is developed and delivered for NHS Borders staff to promote a competent workforce whereby protecting vulnerable children and adults is core business.**

- Health Staff have access to mandatory public protection training and other education and training appropriate to role and level of responsibility as per the NHS Borders Child Protection Training Strategy.
- Chronologies have been identified as a key area for improvement and improvement work, with a training programme, is ongoing within the health visiting and school nursing teams to promote best practice. This will be disseminated to wider child health practice teams.

**Services are in place so the health needs of all Looked After Children are assessed and their needs met.**

- An improvement project was carried out over 2019-2020 to embed Looked After Children's Health Needs Assessments within the school nursing service
- Initial Health Assessments for Children who are Looked After have continued to be offered throughout the pandemic period. There have been challenges to meeting the 4 week recommended timeframe due to competing priorities in terms of responding to Covid.