

Child Protection: National Inspection (HMIE)

Purpose

To enable the Board to be aware of the background to, and preparation for, the inspection of child protection provision by the NHS and relevant partners in Lanarkshire.

Background

The lead organisations for the protection of Lanarkshire children are the social work departments of North and South Lanarkshire. The NHS plays an important part given that it has important responsibilities for providing:

- maternity care for the mother and newborn child
- assessing the health and development of children and adolescents
- emergency care services to sick or injured children
- in-patient, out-patient and community children's healthcare services
- sexual health services to adolescents
- services to adults, some of whom may have an increased tendency to neglect or harm children, such as those who misuse alcohol or drugs

Other agencies that have important points of contact and/or important roles to play are education, housing, the police and criminal justice. All will be subject to the national programme of inspection being led by HMiE (Her Majesty's Inspectorate of Education). They will be assisted by other inspectorates such as: social work, NHS Quality Improvement Scotland and police.

The Nature of Child Protection

In 2006/07 the NHS in Lanarkshire has made 172 referrals to social work colleagues.

It is difficult to know if the problem is growing because of changes over the years in awareness, definition and data collection. The largest category of child protection concerns is neglect associated with drug or alcohol abuse by adults.

While child protection practice has improved significantly since the issue first became a public concern in the '60's, it still has a poor evidence base for its effectiveness. Practice development is largely experiential, often based on inquiries following tragic harm. Areas of vulnerability remain:

- awareness (distinct from expertise) of child protection issues amongst staff whose principal role is not child protection, e.g. the busy Accident and Emergency Department, the drug and alcohol misuse services
- assessment of cases where there may be a child protection concern where judgement and experience is as important as any technical assessment
- decisions and actions that are clear and understood by all parties (including the child and their “guardians”) and are acted upon as intended
- supervision and review of the management of cases by staff
- decision thresholds – the point at which safety or welfare risks cannot be tolerated without further intervention
- the support, training, confidence and motivation of staff by supervisors and senior managers

The Form of the Inspection

The inspection is expected to take place in February 2008 and it is hoped that North and South Lanarkshire will be inspected concurrently so NHS Lanarkshire (and other cross county agencies) will have only one period of inspection.

The inspection will take the form of reviewing more than 50 case records and interviewing more than 240 staff across all agencies for both Council areas. Children, parents and “guardians” will also be interviewed.

Services will be assessed against 18 national indicators from which derives 38 themes – these are attached as Annexe A. The assessment rating will have six descriptive points ranging from excellent to unsatisfactory. A “rule of thumb” score can be derived from this to give a possible maximum of 108. A number of inspections across Scotland have already taken place. Most of these have a point equivalent in the range 60 – 70. Our internal assessments lead us to expect a similar or higher range for Lanarkshire. One council area had a point equivalent of 36.

Preparation in NHS Lanarkshire

Staff are understandably nervous of a rigorous inspection of a service where there is never an easy answer. A key message for all staff is that the inspection is not an end in itself, but an opportunity to validate what we should know ourselves about our own good practice and the areas that require strengthening.

The NHS arrangements are being led by the Divisional Nurse Director (Primary Care) and obviously are being made in concert with other agencies. Widespread staff briefing, cycles of self-assessment and policy development and training are taking place. This has been helped by the founding of a policy and practice

development unit for Child Protection for the NHS, social work and police in a single location in Hamilton.

A key post, the Nurse Consultant in Child Protection, has been vacant for more than six months, but we are confident that we will be able to make an appointment in the near future.

Recommendations

The Board is asked to:

1. Note the current position on preparation for inspection of child protection services
2. Note that follow-up reports will be given to the Corporate Management Team every two months and to the Board every three months.

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