

## Safeguarding children and improving their care in the UK

The Health and Social Care (Safety and Quality) Act 2015 came into force after it received Royal assent in the UK Parliament on March 26, 2015.<sup>1</sup> One of its purposes is to enable integration of information for the users of adult health and social services in England and allow sharing of an individual's information for the purposes of providing health or social care services to that individual. The Act specifies that a consistent identifier for the individual must be included in the information processed provided that it facilitates the provision of services to the individual and is in his or her best interests. However, this provision only applies to information sharing between health and adult social care. Although an amendment was introduced in the House of Lords for similar use of a consistent identifier in children, it was not accepted.<sup>2</sup>

Integration of information from child health and social services is important for the effective delivery of individual care and for safeguarding children; it also allows parents and carers to have complete information about the needs of, and services for, their child. Currently in the UK, relevant information about an individual child resides in various health organisation silos and often in other agencies, such as social care and education. Care plans for complex conditions increasingly cross organisational and geographical boundaries.

The UK's Children and Young People's Health Outcomes Forum, an independent expert advisory group, has repeatedly emphasised the importance of information sharing as a priority for children's health and wellbeing and proposed the National Health Service (NHS) number as the consistent link identifier.<sup>3,4</sup> A 2014 survey by NHS England showed that the NHS number is used in more than 95% of NHS clinical correspondence.<sup>5</sup> The NHS number is proposed as the consistent identifier for adults although not specified in the Health and Social Care (Safety and Quality) Act.

A recurring problem identified in serious case reviews after the death or serious injury of a child is the absence of information sharing.<sup>6</sup> In England in 2009–11, neglect was identified as a background factor in 60% of reviews; in 2009–10, an estimated 50–55 child deaths were directly caused by violence, abuse, and neglect

with maltreatment a contributory factor in a further 30–35 deaths.<sup>7</sup> In 2003, Lord Laming in his review of the death of Victoria Climbié<sup>8</sup> recommended that a database, which became known as ContactPoint, should be created to link records for all children, but this had not happened by 2007 when Peter Connelly died. Lord Laming reviewed Peter's death and reiterated his recommendations but ContactPoint was abandoned in 2010.

After much effort and lobbying, a new initiative, the Child Protection Information Sharing project (CPIS),<sup>9</sup> is now being implemented across England; this project uses the NHS number as a link identifier between unscheduled health-care settings and local authorities. Staff in such settings as emergency departments, walk-in health centres, minor injury units, primary care out-of-hours' services, ambulance services, or maternity and paediatric wards are alerted when children who are subject to a child protection plan or are looked after attend, as well as pregnant women who have a prebirth child protection plan for their unborn child. The local authority is notified electronically of such an encounter which, if frequent, could be a marker of neglect. No clinical information or detailed local authority information is exchanged.<sup>9</sup> By the end of 2015, social care safeguarding business processes will include recording the NHS number and most local authority child care information systems will have been modified to record the NHS number

For the Child Protection Information Sharing project see <http://systems.hsc.gov.uk/cpis>

For the Children and Young People's Health Outcomes Forum see <https://www.gov.uk/government/groups/children-and-young-peoples-health-outcomes-forum>



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This sharing of information will help health professionals improve their assessment of whether they could be dealing with abuse or neglect, as well as identifying vulnerable children to improve their care. However, there are other situations in which sharing and integrating information to maximise care for children and young people is important. Young people aged up to 25 years who have special educational needs need support from health, education, and social care and this requires shared information for an adequate Education, Health and Care Plan to be formulated and put into practice.<sup>10</sup> Since Sept 1, 2014, school governing bodies in England have a legal obligation to support pupils with long-term medical conditions, such as asthma, epilepsy, and diabetes, in schools so that their potential educational achievements are fulfilled.<sup>11</sup> School attendance and educational achievement are important outcomes of good health care, but this information cannot currently be linked to individual care plans. Information sharing is a key element in proposals for integrated review for children aged between 2 years and 2.5 years that combines the Healthy Child Programme assessments for health and development and the Early Years Foundation Stage progress checks.<sup>12</sup>

In these examples a consistent identifier is needed to share information efficiently, accurately, and safely and to provide the basis for multiagency working and information sharing with parents and young people. As yet the use of the NHS number by the education sector to enable this sharing has not been agreed. Can we capitalise on the opportunity presented by CPIS? Despite the withdrawal of the amendment to include an identifier for children in the House of Lords, we welcome the assurance that was given that the Department of Education will report by the end of 2015 on the impact of adopting a consistent identifier for the types of provision detailed above.<sup>2</sup> We trust this report will be positive and further progress made in implementing linkage of information for individual children and young people.

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- 2 UK Parliament. Daily Hansard. Clause 3: duty to share information. March 13, 2015. <http://www.publications.parliament.uk/pa/ld201415/ldhansrd/text/150313-0002.htm> (accessed July 7, 2014).
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