NSPCC Scotland response to the consultation on proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006

February 2015

About NSPCC Scotland

The NSPCC is here to end cruelty to children. We do this in three ways: Protecting children who are suffering abuse today; preventing abuse from happening to children tomorrow; Transforming society so all children are safer in the future.

In Scotland, the NSPCC provides preventative services to help the most vulnerable children and their families. We believe that every childhood is worth fighting for and we make a difference for all children by standing up for their rights, listening to them, helping them when they need us and by making them safe.

Working with others, we are testing some of the very best models of child protection from around the world. As well as a UK-wide helpline for adults who are worried about a child or want advice, we also provide ChildLine – the UK’s free, confidential 24-hour helpline and online service dedicated to children and young people.

ChildLine gives children a voice. Whatever their worry, whenever they need help, we’re listening. It means we understand the problems they face, and we make sure that tackling them is at the heart of everything we do. It’s one of the things that make us unique as a children’s charity.

NSPCC Scotland response

General comments

NSPCC Scotland supports better use of routinely collected data to support children’s service planning, delivery and evaluation. We believe that linking administrative data can help to begin to identify pathways, the impact of services and outcomes for children that can inform practice now. In the longer term, there is potential to track children’s outcomes over the life course.

However, it is not clear from the consultation document how the proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006 will be utilised to advance service delivery to children and families. Therefore, the case for widening access to NHSRC data needs to be more robust, including estimates of benefits and setting out in detail how the new measures will better protect children at risk of significant harm.

EVERY CHILDHOOD IS WORTH FIGHTING FOR
Answers to specific questions

Question 2:

2) We propose to extend the current ability to trace persons a) who go missing whilst in education and b) who should pay for treatment provided by the NHS

NSPCC Scotland supports measures to accelerate the early identification of children and families who have disappeared from a known location within a health board area for whom there may be concerns of significant harm for the children in respect of unmet need, vulnerability or abuse.

The proposed measures as set out in section 12, Tracing of Persons states that, “The NHSCR could be used to help locate children who go missing from education”. However, an alerting system already exists within NHS Scotland to circulate information about children who have disappeared from view and for whom there may be concerns of significant harm. The purpose of the Missing Family Alert (MFA) process is to locate such children and their families to enhance the existing system, to provide standardised criteria for raising a missing family alert and the subsequent distribution of that alert.

Also, the Regulations and Local Electoral Administration and Registration Services (Scotland) Act 2006 already provide for access to children’s data by all relevant parties and the new proposals do not appear to add any new data sharing duties for the ‘Named Person’ as set out in the Children and Young People (Scotland) Act 2014. However, we would welcome clarification on this point in the Government’s response to the consultation.

Question 3:

3) In order to allow citizens to make use of myaccount for wider group of services (beyond health and local government), as set out paragraphs 14 – 16, we propose to provide access to the bodies named in draft Schedule 3 (Annex B).

Improving data linkage across ‘certain named bodies’ could enable a lot of valuable information to be collected to inform service improvement. However, more detail is required on the rationalise for inclusion of certain public bodies and others in Schedule 3. For example the Children’s Hearing System is listed as a ‘named body’ yet it would have no cause to access personal data of this type.

Section 17, Sharing of data from the NHSCR states that, “organisations wishing to take advantage of this legislation will require to have in place data sharing agreements to ensure appropriate processes are in place …to ensure data is used for the appropriate process identified”. This is welcome but could be strengthened by a specific direction in guidance that data users must adhere to duties set out in the Data Protection (Scotland) Act 1998 particularly in situations where consent is impractical such as with transient families or in the case of very young children.

Conclusion
NSPCC Scotland recognises the potential benefits of linking data across health and public bodies to inform policy and service development and delivery. Some ADPs and CPCs are doing innovative work, using data linkage for the first time, as part of local needs assessment exercises. The learning from this work should be considered as part of this process.

Section 9, Data Quality, states that the proposals would “contribute to informing the development of public policy and the planning and delivery of public services”.

The current move towards a needs led approach to service development is a very positive one and should be welcomed. However, it is not clear from the consultation document how proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006 will be utilised to advance service delivery to children, families and communities. The proposals, as currently set out, are very high level. We would need to see a lot more detail before making a decision about the effectiveness of the proposed approach.