

## STANDARD OPERATING PROCEDURE EAST RIDING 0-19 (25) ISPHN AND HULL 0-19 IPHN WORKING WITH VULNERABLE CHILDREN

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**VALIDITY – All local SOPs should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	20/04/23	<i>New SOP. Document between Hull and East Riding 0-19 services created in Sept 22. Finalised, formally approved and Trust formatted version (this document) approved by CLD Divisional Governance Meeting – 28 March 2023.</i>
	13/02/24	<i>13/02/24 – Reviewed as fit for purpose with no changes needed. Date of next review extended by 3 years from review date (to Feb 2027)– Director sign-off (Justine Rooke – 13 February 2024).</i>
1.1	03/09/24	<i>Agreed at 0-19 Meeting to remove difference in process for the ER, to align to Hull, following agreement from ERYC. Approved at 0-19 Clinical Network Group Meeting (3 September 2024).</i>

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*Please note that throughout this document I(S)PHNS refers to the east Riding 0-19 (25) Integrated Specialist Public Health Nursing Service (ISPHNS) and Hull 0-19 Integrated Public Health Nursing Service (IPHNS)*

## 1 INTRODUCTION

### Rationale for the procedure

Health Visitor's and School Nurses have a key role in ensuring the health needs of children and young people are identified early through the provision of a universal service. For some children and young people, such as those with additional vulnerabilities, additional support is also required to ensure their health needs are identified and met with targeted interventions.

National guidance on maximising the role of Public Health Nursing supports the importance of providing universal prevention and health promotion through to targeted work to protect and safeguard children (PHE 2021) and in the words of Professor Sir Michael Marmot (2010)

'Proportionate universalism should be applied to the role as there is a clear evidence base that providing universal primary prevention and earlier intervention will reduce the escalation of high need cases' (Marmot review 2010).

The purpose of this procedure is to guide the East Riding Integrated Specialist Public health Nursing Service and Hull Integrated Public Health Nursing service, I(S)PHNS, in working with vulnerable children and young people aged 5-19 years. The procedure will support the 0-19 services to contribute to safeguarding procedures in a meaningful way whilst maximise its function in prevention and early intervention. Previously, the I(S)PHNS would have attended all vulnerable child meetings including child protection, core group meetings, child in need, strategy and pitstop meetings. However, we need to consider the rationale of continuing with this approach as new [commissioning guidance](#) supports a role change directed towards preventative and early intervention roles designed to improve health outcomes for children.

This procedure will ensure local arrangements take account of the role of health visitors and school nurses in ensuring the most appropriate professional should be available to provide health advice for safeguarding roles, including child protection meetings, this is the professional who knows the individual child and family best and who can therefore provide the best possible advice to inform decision making (PHE 2021).

### Statutory Guidance

Working Together to Safeguard Children (updated July 2022) clarifies that 'safeguarding' is the action taken to promote the welfare of a child and to protect them from harm and is the '**responsibility of everyone**'. All health professionals who have contact with children and families have a role to play and can act as the lead health practitioner when appropriate.

## 2 SCOPE

The intention of this procedure is to support Health Visitors and School Nurses to make decisions as to whether they are required to attend safeguarding meetings about children and young people aged 5-19 (25).

School Nurses generally lead and oversee the Healthy Child Programme and population health needs of children aged 5 – 19 years. However, many provider services are now using 0-19 corporate models of delivery. This means that some vulnerable children who are 5-11 years are supported by Health Visitors as they may already be working with

younger children aged 0-5 residing in the same family. This procedure is therefore relevant to both.

This guidance promotes a change to the traditional role of expected attendance of 0-19 staff at **all** safeguarding and child protection meetings, to only those where the professional is actively working with the family or where there are identified health needs appropriate for the public health nursing service to meet. This change will include the Health Visitor or School Nurse making a professional decision on the intervention to be offered or alternatively whether the service can withdraw from the meetings.

The procedure will ensure that if the child or young person is subject to an initial child protection meeting a comprehensive health assessment prior to the decision being made will occur (see Appendix 2) and the responsible Health Visitor or School Nurse is given guidance and support in making decisions involved in this process.

The procedure will include where possible the 'child's voice', feelings and views to ensure that they contribute and are involved in the health needs assessment. The child's voice is a phrase used to describe the real involvement of children and young people. It means more than seeking their views, which could just mean the child saying what they want, rather than being really involved in what happens.

All children will have a health assessment completed which, where possible and timescales permitting, should form part of the multi-agency discussion at the Initial Case Conference. Using this information a plan can be put in place, outlining involvement of the team, which is dependent on any identified or outstanding health needs the child or young person may have.

A decision can be made not to attend safeguarding meetings if there are no health needs identified which are suitable for the service. School Nurses or HV's can cease to be involved with the child or young person on the understanding that they can be involved again at a later stage if a health need occurs.

- This procedure includes home educated children and those children educated in alternative provision such as local Pupil Referral Unit and those living in Hull and the East Riding in Private Education.
- Children Looked After (CLA) health reviews are not included within this guidance as their health needs are assessed through the CLA health assessment process.

### **3 ROLES & RESPONSIBILITIES**

#### **Local Safeguarding Children Partnerships**

- Monitor effectiveness of Initial and Review Child Protection Conferences.

#### **Humber Safeguarding Team**

- Provide specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues, and the management of child protection cases.
- Provide safeguarding/child protection supervision and the leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Effectively communicate local safeguarding knowledge, research and findings from audits and challenge poor practice.

- Communicate and liaise with the Hull and East Riding Safeguarding Children's Partnership on issues occurring from the implementation of this procedure.
- Provide support to attend strategy meetings and other Safeguarding meetings as appropriate.

### **Public Health Nursing Teams, Clinical Team Leaders, Service Manager and Modern Matron**

- To ensure support and training and regular updates are in place for I(S)PHN teams to adhere to this guidance.
- To ensure through 1-1 reviews and appraisal's that the I(S)PHN teams have the appropriate training to undertake health assessments.
- To support the prioritisation of the health assessment being undertaken by a Health Visitor or School Nurse working within the team.
- To ensure all teams are compliant with the Humber safeguarding supervision and policy.
- To monitor compliance with this procedure and report any problems in implementation to the Service Manager or Modern Matron.

### **ISPHN / IPHN Teams**

- Understand risk factors and recognise the children and young people in need of additional interventions to improve health outcomes.
- Know when to seek additional support or supervision.
- Communicate effectively with children and young people so that their health needs can be adequately assessed.
- Liaise closely with other health professionals, such as the GP and the multi-agency team involved with safeguarding the child and share information appropriately.
- Undertake comprehensive health assessments ensuring that assessments include the promotion of health, not just the detection of ill health.
- Plan and respond to the child or young person's health needs.
- Make referrals to other health services and share information as appropriate.
- Contribute to multi-agency meetings such as case conferences where health needs are identified
- Ensure all documentation meets Humber NHS Foundation Trust guidance and NMC policies.
- Adhere to the Humber NHS Foundation Trust Safeguarding policy.

## **4 GUIDELINE**

### **Strategy meetings**

A Health Visitor or School Nurse will attend strategy meetings if actively involved with the child or young person. If they are not actively involved with the child or family, they should update the chair of this and refer to the Safeguarding Team. Support to identify the best person to attend the strategy meeting can be supported by Humber Teaching NHS Foundation Trust Safeguarding Team.

## **Initial Child Protection Conferences**

A Health Visitor or School Nurse will attend all initial case conferences. Prior to this or immediately afterwards they should complete a health assessment to determine whether there is a role for the I(S)PHN service with the child or young person. If there are no identified health needs, or the identified health need is being met through the intervention of another health professional, they can make a professional decision to withdraw from the multi-agency meetings. If new information is received that highlights a health need emerging, then the Health Visitor or School Nurse can recommence involvement at any time.

**All Public Health Nursing practitioners should ensure that the child or young person has a holistic health assessment undertaken before a decision is made regarding current and/or ongoing involvement with the child, young person and/or family.**

Where a Band 5 Public Health Nurse or Band 4 Nursery Nurse is working with the family then the case should be overseen by an agreed Health Visitor or School Nurse who will be named on the SystmOne health record and will remain accountable for the care delivered.

After the assessment the most appropriate practitioner will support the child or young person this may include the Band 5 Public Health Nurse taking a lead role. It would then be the responsibility for the Public Health Nurse to attend all the Review Child Protection Conferences during the time she/he is working with the child or family. This should be overseen by the named Health Visitor or School Nurse.

If a Nursery Nurse has been active within the plan of care and is contributing towards an identified health need they could be asked to attend a Review Child Protection Conference but would not be expected to attend on their own.

Safeguarding supervision should be undertaken as Trust policy throughout the implementation of this procedure.

## **Once health assessments completed as part of the vulnerable child process:**

- **There are no identified health needs** the Health Visitor or School Nurse will notify the Independent Reviewing officer (IRO), Social Worker (SW), and family or young person that that they will no longer be involved in the process. The practitioner should ensure the electronic patient record is updated with the details of the person they have informed of the decision, and they should be removed from the invite list of future meetings. Minutes of future meetings will be sent through to teams, and it will be the responsibility of the Named Health Visitor or School Nurse to review and update the child's records and review for emerging health needs.
- **There is an identified health need which is being managed by a different health practitioner** i.e. CAMHS, GP, Therapist, or other Community Nurse. The Health Visitor or School Nurse will notify the IRO, Social Worker, other services working with the family and family of the decision. There could be a liaison plan or referral, a sharing of contact details, and a sharing of information if appropriate. The Health Visitor or School Nurse should ensure the electronic patient record is updated with the details of the people they have informed of the decision and document any discussions held. They should then be removed from the invite list. Minutes of future meetings will be sent to the team and it will be the responsibility of the Named Health Visitor or School Nurse to review for emerging health needs.

- **There is an identified health need which is suitable for an intervention provided by the IPHN service.** The child or young person should be allocated to a Named Health Visitor or School Nurse who will plan and evaluate the health care intervention. They will then attend meetings and submit reports as appropriate. The child would be added to the correct caseload.

After the decision has been undertaken the Health visitor or School Nurse should make a clear record in the child's electronic patient record of the outcome of the assessment and what their role in the Child Protection Plan is (to include the actions/interventions they have agreed to undertake with associated timeframes) or if there is not a role, justify why there may not be or identify who may be meeting the health need instead.

If the child/young person refuses the health assessment the Health Visitor or School Nurse should try and work creatively with the young person and their family to assess their health. If the parent or young person does not engage or agree to have a holistic assessment completed this should be reported to the named Social Worker and none engagement considered as part of the risk assessment or child protection plan.

If there are any changes in the health needs of the child and or young person at any point during the child protection process the lead Social Worker can request that the I(S)PHN service become involved in the process.

All I(S)PHN team practitioners must complete the level three safeguarding training and be able to access supervision either from their trained safeguarding supervisor, Clinical Team Lead, Service Manager, Modern Matron, or the Trust's Safeguarding Team.

If there are issues about staff safety when undertaking an assessment, the staff member should follow Humber Foundation Trust Lone worker Guidance.

## 5 PROCEDURE

### **For East Riding 0-19 ISPHNS ONLY**

- Following the completion of the health needs assessment, the practitioner will document the assessment on the relevant S1 clinical template. The practitioner should try where possible to get the assessment information from the child's view and include them in all aspects of consideration and planning.
- A reminder will be set on the child's records to state that the HNA has been completed and dated.
- A named Health Visitor or School Nurse should be named on the child's record, and they are contacted and informed of any updates and/or changes for the child. This should either be the practitioner who attended the ICPC or someone that has been involved with the child.
- HNA letter to be sent to the IRO is to be attached to the health record or if email is preferred, this should be recorded in professional liaison
- A copy of the HNA can be shared with CSC with parental/child consent
- HNA's for children still under social care to be reviewed at 12 months and any changes discussed with the parent/child and considered

## **6 MONITORING**

The implementation of this policy will be monitored through supervision with staff, record keeping audits, staff's 1:1's, appraisals and safeguarding reviews.

Record audit of the health assessments will be completed on a regular basis to ensure that the procedure is being followed to the full and to quality assure those completed.

The effectiveness of the policy will also be reviewed through the identification of Health Visitor or School Nurse involvement in multi-agency meetings for safeguarding children and through the safeguarding supervision process.

## **7 REFERENCES**

Maximising the school nursing team contribution to the public health of school aged children (2014) Department of Health.

Marmot M (2010) Fair society, healthy lives: The Marmot Review: strategic review of health inequalities in England post-2010.

Public Health England (2021) Guidance to support commissioning of the Healthy Child Programme 0 to 19 March 2021

Working Together to Safeguard Children (2015 2018 2022) Department of Health.



## Appendix 1 - Holistic health assessment for children and young people

Name	NHS number:
Address	
Phone number	
DOB	
School	GP
Ethnicity	
Child /Guardian legal- consent to share information	
Child/legal guardian -consent to assessment	
Signed	Date
Gillick competency: Use 'drop in' guidance.	

### 0-19(25) Health Assessment template

#### Health and wellbeing

##### Physical health and wellbeing

##### Continence

##### Up to date with immunisation

Yes	No
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**Parental concern about child / Child/young person's views (add to template)**

**Child health observations**

Weight  
Height  
BMI  
Vision  
Appearance

**Current regimes**

Medical needs in school

Medication

Feeding

Breathing problems

**Services involved**

CAMHS
Incontinence / community nursing
Dental service
Dietician
Occupational therapy
Paediatrician
Specialist nurse
Physiotherapist
SALT
Other services

**Emotional and behaviour status**

Relationship problems

--

Level of mood

--

Bereavement

--

Victim of bullying

--

Concern about sexual orientation

Advice about DV DA

Starting a new school

**Social behaviour**

Dietary history

Leisure activities

Ability to sleep

Concerned about appearance

Alcohol drinking behaviour

--

Substance misuse behaviour

--

Exploitation concerns/Online safety

--

Tobacco smoking behaviour / advice

--

**Advice and Information – child/young person**

Advice given to child or young person regarding:

Alcohol consumption		Enuresis	
Behaviour		Smoking	
Benefits		Exercise	
Bullying		Contraception	
Dental health		Immunisation	
Diet		Psychological wellbeing	
Domestic abuse		Social / personal circumstances	
Drug misuse		Sexual health	
Any other advice		Exploitation	

**Advice and Information – Parent/carer**

Advice given to parent or carer regarding:

Child's behaviour		Child's minor illnesses	
Dental health		Child safety	
Diet		Child's sleep	
Enuresis support		Child's travel needs	
Child health surveillance		Parental smoking	
Immunisation		Sibling rivalry	
Any other advice		Exploitation	

**Outcome**

Practitioner analysis

Child health plan

Agreed by child?

Follow up arranged

## **Appendix 2 - Health Assessment Prompt Sheet**

### **Rationale**

To be completed by a registered nurse for children and young people who have a child protection plan or are identified as having safeguarding needs. These young people are at increased risk of their health and wellbeing needs not being met and the assessment is designed to establish if there are any unmet health needs and formulate an action plan to meet these needs.

**NB:** Professional judgement to be used re: age-appropriate questions/cultural issues or the need for further assessment. Always include the voice of the child/young person in your records. What do they think? Be specific about what they say, use direct speech where possible.

### **Consent**

Check for consent to share information. See guidance on Gillick Competency.

### **Health Assessment**

Record height and weight if any concerns or no recent screening

If no dentist advise family to contact dental helpline on 476 9649

Record name of consultants, specialist nurses or therapist e.g., CAMHS

Attendance at A&E/ /GP if known emotional wellbeing or behavior issues

Accessing routine health screening and immunization

Basic health needs i.e. diet, physical presentation, sleep pattern, medical history

Ability to take appropriate responsibility for own health i.e. management of specific health conditions e.g. asthma, diabetes

Vision/Hearing – check if up to date

### **Family/Social Health**

Who lives in your house? List the names

Any recent changes?

Do you get on with everyone?

Who can you talk to e.g. at home/school/school nurse?

Do you have to look after anyone?

Family and environment factors and the impact on the child/young person

Appropriate and timely response by parents to illness/accidents/treatment or medication

Evidence of safe environment at home/accidents or accidental injuries

Impact of parental health on the child

Parenting capacity and impact on the child/young person applying principles of Think Family

### **Healthy Lifestyles**

What sort of exercise does the young person do? PE, walking to school, clubs e.g. football, netball etc

Activities/hobbies

Diet; what do you think is a healthy diet? encourage fluids.

### **Emotional Health**

Sleeping. Bedtime Routine, room sharing, sleeping patterns e.g. waking in the night, nightmares  
Friendship/bullying  
Any worries  
Any self-harm  
Ability to make relationships and relate to peers  
Mental and emotional health or behavior issues

### **Sexual health**

Puberty, information/education given  
Sexual health, are you in relationship, have you had sex, Contraception and STI information given. Chlamydia screen offered.  
CSE concerns.(consider Bichard/CSE risk assessment)

### **Risk taking behaviour**

Smoking? How many? Does the young person wish to give up  
Alcohol/substance misuse  
Access to information and advice about a range of health issues including risk taking behaviours e.g. smoking and drinking

### **Safety**

Who do you hang out with?  
Do you use the internet? Discuss E safety. Posting sexual images on phone/facebook sexting etc. Do you understand the implications i.e. it's a criminal offence  
Have you been Missing from home E.g. staying out without letting parents/carers know, where are they staying out all night e.g. town centre  
Road safety, Stranger danger, walking to school  
Any you scared of anyone or anything (think domestic abuse)

### **Evaluation of health needs**

Please include any actions for health with time scales for completion, using SMART targets. EG missing immunisations, referrals, continence assessments etc to be completed with time scales and any other actions or follow up necessary.



Appendix 3 – No Identified Health Concerns Letter (Template)



From,

*Place here corporate agreed name and address*

Dear

**Re; name of child/family/DOB/NHS Number and address.**

**Meeting** **Invite** **for**  
**@**

---

Please accept our apologies. We will not be attending the CP/CIN meetings as we have now screened the child's health records and undertaken a holistic health assessment. We can confirm that there are no identified health concerns relevant for the 0-19 IPHN service to undertake at this moment in time.

Should you require any further details, including other health services that may be involved with the child, please do not hesitate in contacting us, or if you feel you have additional information of which you wish to share we look forward to hearing from you.

Yours sincerely,

## Appendix 4 – Process Flow Chart

