

### Introduction and policy drivers

This document sets out the rationale for effective partnership working and pulls together the core safeguarding principles. It provides more specific focus and clarity for health visitors and school nurses to support their roles. The ultimate aim is to ensure Health Visitors and School Nurses provide appropriate input in terms of prevention, early intervention and to formal safeguarding arrangements.

*Healthy lives, healthy people* recognized the pivotal roles that health visitors and school nurses play in delivering the [Healthy Child Programme 0-5](#) and [5-19](#) (the universal health promotion programme for all families). The [Health Visitor Call to Action](#) and [School Nurse Vision and Call to Action](#) have provided a robust framework for service delivery, which offers clarity regarding the roles and responsibilities in terms of public health. Health visitors and school nurses work as part of a wider, multi-disciplinary / agency network and both now have greater accountability for local service provision and improving outcomes for children, young people and families. Safeguarding is core to the two service models and both professions have a crucial role in the early identification of needs and providing tailored support. The offer of early help is essential to ensure issues are addressed in a timely manner and the appropriate support is provided.

Both the Healthy Child Programme 0-19 and the [Munro Review](#) acknowledge that integrated services and greater partnership working are essential to improving outcomes for children, young people and their families.

In response to the Munro Review the government has reviewed centrally endorsed processes and statutory guidance that constrain 'local innovation and professional judgment' to allow professionals to better assess the needs of children/young people.

### Rationale.

This document aims to support practitioners by illustrating examples of safeguarding responsibilities and aims to provide a framework for practitioners to develop locally agreed practice at the different levels of intervention of the service offer, bringing together and signposting to existing safeguarding policy and tools. This document refers to Health Visitors and School Nurses whilst acknowledging the role of partner agencies. Health Visitor and School Nurse teams should be led by a SCPHN and supported by a team with a skill mix which is appropriate and well resourced to meet local need. As a result of the Munro Review the statutory guidance *Working Together to Safeguard Children* is currently being reviewed with the aim of radically reducing central prescription and moving from a compliance culture to a learning culture which allows professionals freedom to use their expertise in assessing need and providing the right help. For effective multi-agency working there needs to be clarity of professional and agency roles to ensure children's health and welfare are safeguarded and resources are maximised. The following are key to effective multi-agency working:

1. Recognition that health visitors and school nurses are leaders in delivering the Healthy Child Programme 0-19, of which safeguarding is a key part.
2. Understanding of the key skills and knowledge that health visitors and school nurses and their teams have and their unique contribution to safeguarding children;
3. Clarification of the safeguarding roles of health visitors and school nurses will enable these professionals to work effectively within single or multi-agency settings and alongside other agencies to achieve the best outcomes for children and young people;
4. Utilisation of the clear evidence base that supports the positive impact of early help on a child or young persons life course ([Allen 2011](#));
5. Recognition that health visitors and school nurses are leaders in delivering the Healthy Child Programme 0-19, of which safeguarding is a key part.
6. Recognition that health visitors and school nurses will better fulfill their contribution to delivering the Healthy Child Programme 0-19, and their safeguarding role within this, through leadership, joint working and appropriate referral.
7. Understanding that economic savings that can be achieved through the provision of early help and therapeutic support.

### Toxic Trio: Identifying child maltreatment

There are many factors of child maltreatment. The most significant three described as the Toxic Trio ("Understanding Serious Case Reviews and their Impact A biennial analysis of serious case reviews 2005-2007" Chap 3 table 20) are as follows (further information can be found in [NICE guidelines](#))

- Domestic violence
- Parental mental ill-health
- Parental substance abuse

**N.B. NICE guideline 89: When to suspect child maltreatment** provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals.

There are many additional indicators, for example (but not limited to):

- Previous or current offending
- carer who have been Children in Need themselves.
- Young carers
- Teenage parents
- Parental physical ill health or disability

### Success measures/quality outcomes

The indicators set out in the Public Health Outcomes Framework can be used to monitor and measure effectiveness of local efforts to improve public health:

- Child development at 2 – 2 ½ years
- Hospital admissions caused by unintentional and deliberate injuries

Other indicators include:

- Children in poverty
- Improved vaccination coverage
- Improved School readiness
- Reduced Pupil absence
- Increase in 16-18 yr olds not in education, employment or training
- reduction in Under 18 conception rate
- reduced 1<sup>st</sup> time entrants to the youth justice system
- reduced hospital admissions for intentional self-harm
- reduced Hospital admissions for alcohol-related harm
- reduction in Domestic violence
- reduced Rates of violent crime including sexual violence

Through these outcomes, the root causes of health inequalities can be addressed

### Learning Lessons from Serious and Local Case Reviews

It is important for health visitors and school nurses to learn lessons from both local and national Case Reviews and incorporate these in their practice

There are six recurring messages that have come out of [Ofsted's evaluation of serious case reviews \(2011\)](#). These messages are about the importance of:

- Focusing on good practice;
- Ensuring that the necessary action takes place;
- Using all sources of information;
- Carrying out and recording assessments effectively;
- Implementing effective multi-agency working;
- Valuing challenge, supervision and scrutiny and the child being central.

Serious case review have identified:

- Under 1's have the highest death rate from abuse and or neglect.
- Under 5, in particular under 1s are at highest risk of neglect and/or abuse.
- Adolescents subject to abuse/neglect are at increased risk of death from suicides.
- Teenage parents/carers are particularly vulnerable.

### To effectively safeguard children, the following key principles should apply

- All children and young people are entitled to protection from neglect, abuse and exploitation, and their welfare is paramount;
- It is in the children's best interests to be brought up in their own families wherever possible. The child or young person must be seen in the context of a family - support of parents and parenting
- Professionals need to consider "parental rights and responsibilities" whilst ensuring the child's best interests / safety, recognising that the family may not always be the best place for the child;
- Children's views and wishes are taken into account in line with the [UN Convention on the Rights of the Child](#). Children and young people should be considered as individuals with particular needs and capacities for growth and development;
- Early help is paramount to improve the health and wellbeing of children, young people and families;
- 'The safety and the health of a child are intertwined aspects of their wellbeing. Many 'health' interventions also equip a child to 'stay safe'.
- Working effectively within multi-agency teams is crucial to safeguarding children and young people.
- Information sharing is crucial to effectively safeguarding children and young people. Effective communication leads to effective partnership working.

## KEY COMPONENTS OF EFFECTIVE PRACTICE

### The following are components of effective working

Health visitors and school nurses need to provide a collaborative approach to safeguarding across the 0-19 age range. The key principles include:

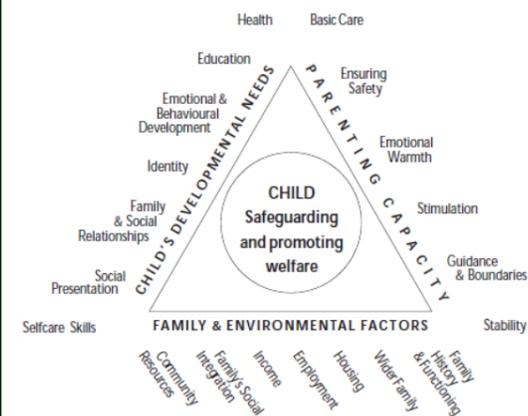
- Effective assessment
- Effective multi-agency working
- Focusing on record keeping
- Effective use of information and data
- Valuing challenge, supervision and scrutiny

### Effective assessment

- Use every contact to review the welfare of the child and/or young person;
- Use all encounters with a child or young person and parents/carers to promote public health messages and to look for and assess risk factors and action early help.
- Recognise the importance of information about the father and/or the male carer in the home and record accordingly
- Be aware of your own agency's historical information and seek historical information from other agencies
- Review and act on families lack of engagement with appointments and services
- Utilise evidence of analysis of information to provide a rationale for support and next steps/action

Figure 1 is an example of a framework at local level

**Figure 1: Assessment Framework – Statutory framework for assessing children and families**

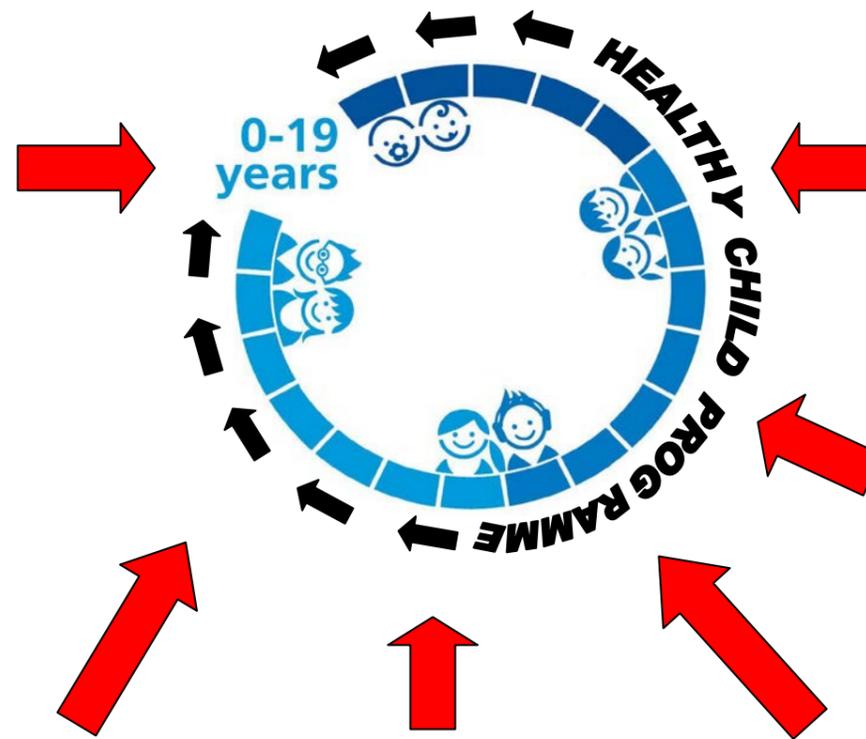


(17, DH 2000)

### Effective multi-agency working

Ensure that you are aware of and are fulfilling your safeguarding role within the structure of your organisation and professional code (<http://www.nmc.org.uk/Publications/Standards/>)

- Ensure you understand how the process works and your role and the role of others within that process
- Use specific information sharing protocols and exchange tools and information e.g. the [SAFER Tool](#) which sets out 'guidelines for communications between health and local authority children's social care teams, when a child may be suffering or is likely to suffer significant harm'.
- Determine and agree attendee contributions before multi-agency meetings. Ensure that actions from such meetings are recorded and acted upon.
- LSCBs should be the main focus of multi-agency work
- Ensure you know how to record safeguarding concerns and escalation about risk to a child and family
- There should be clear routes to escalate concerns locally and within multi-agency and challenge
- Ensure there are clear links to schools, GPs and primary care and clarity in their role in supporting the child



### Focusing on record keeping

As a practitioner you should –

- Ensure that all visits are recorded contemporaneously and that records are stored and archived in line with local protocols.
- Ensure that records are accurate and that you have distinguished between fact and opinion. Where you receive information from others, that you have recorded the source of this material.
- Be familiar with and work within local processes for the transfer of records and/or information during any period of transition - for example from midwife to health visitor, health visitor to school nurse, from primary to secondary school etc. ([MW/HV Pathway](#) , [HV/SN Pathway](#)), and across services in different localities including transfer when child moves area
- Be knowledgeable about local 'flagging' systems and use them
- Ensure that when you receive safeguarding case supervision it is recorded

### Effective use of information and data

As a practitioner you should:

- Ensure that information regarding children and young people is shared effectively and appropriately - if you are unsure of its relevance seek guidance from your line manager or named nurse. [Information sharing: Guidance for practitioners and managers 2008](#)

### Understand role in data collection

As a practitioner you should:

- Ensure data is collected and disseminated in line with local procedures to ensure that accurate data is used to inform commissioning processes.
- Ensure staff understand their role in local data collection to inform local practice and decision making, monitor outcomes and evidence effective practice.
- Ensure local data collections include population, demographic and epidemiological data and that collections utilise the Joint Strategic Needs Assessment (Healthy Child Programme 59).
- Ensure data collection follows an evidence based approach.
- Ensure robust data and information protocols and processes are in place.

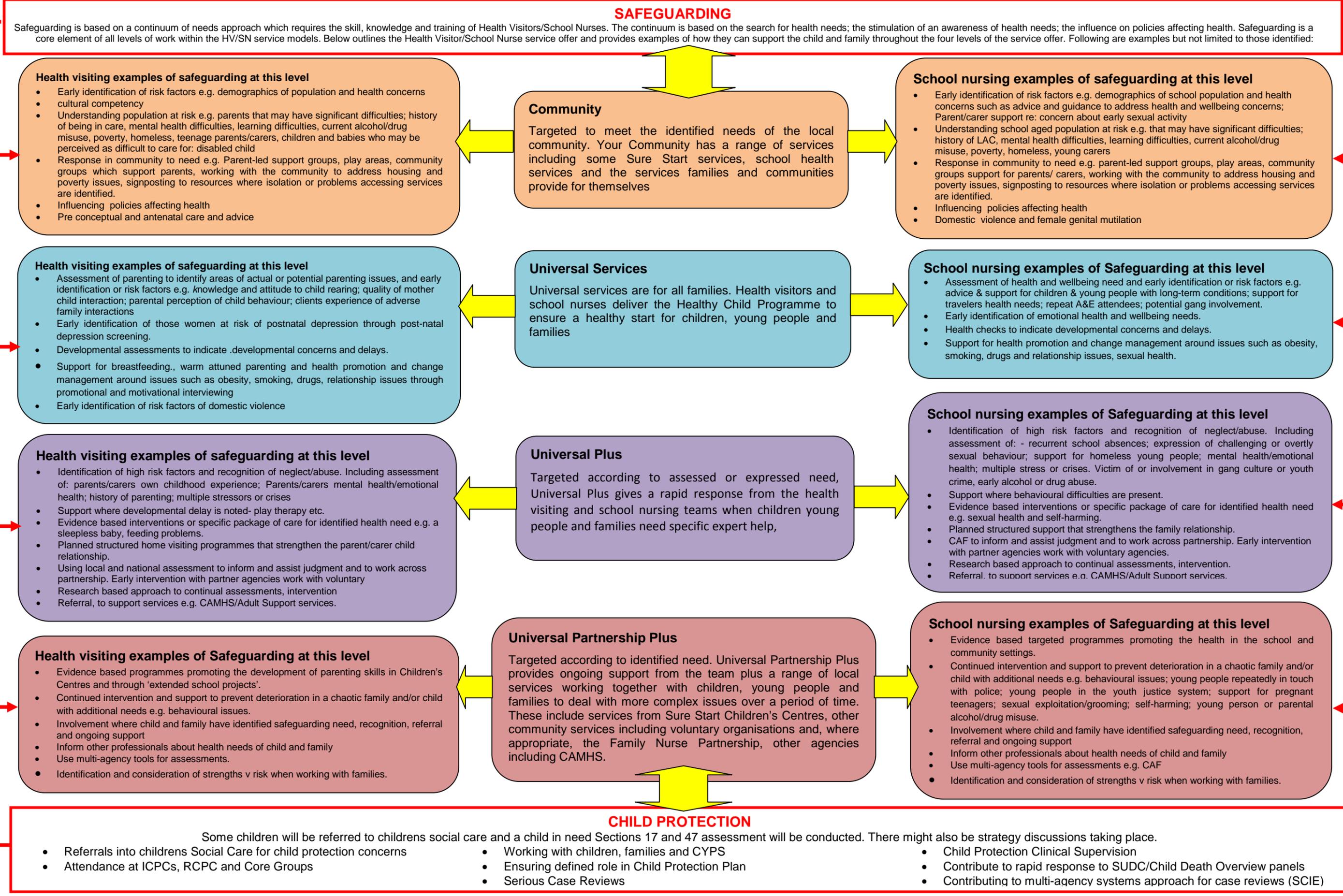
### Competency

- Be fully aware of the skills required of your position as set out in [Safeguarding Children and Young People: roles and competencies for health care staff, intercollegiate document \(2010\)](#).
- Make use of training and continuous development opportunities to ensure that you have the appropriate competencies, knowledge, skills and attitudes as set out in [Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate document \(2010\)](#).
- Be aware of current research in relation to Safeguarding. – including [Child & Maternity Health Observatory](#) and [Care Quality Commission](#)
- Access relevant leadership courses to support safeguarding role
- Access to supervision that embraces the elements of professional/clinical practice, as well as management.

### Valuing challenge and scrutiny

- Know who the named professionals are for your area and that you fully understand their roles-promoting good professional practice within their organisation, and providing advice and expertise for fellow professionals e.g. providing case advice, clarifying local policies, providing information on safeguarding law, providing safeguarding and child protection supervision, training needs analysis. [Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate document \(2010\)](#).
- Ensure that safeguarding is addressed within clinical supervision.
- Access to safeguarding and child protection advice and support
- Be aware of the need to always have 'professional curiosity'
- Be prepared to be both challenged and challenging within your own professional sphere.
- Ensure you know how to escalate safeguarding concerns about professional and organisational risk within a single of multi-agency context

**Figure 2: Examples of Safeguarding activity within the new health visiting and school nursing service models**



## Definitions, References and Acknowledgements

### Definitions

The following definitions will apply throughout this guidance.

**A child or Young Person** is anyone between the ages of 0-19 years old (HCP 0-19). (Legally adulthood begins at 18 years. Safeguarding legislation/guidance applies only until 18<sup>th</sup> birthday)

**Parents** – where the document refers to parents this also includes Carers

**Healthy Child Programme** is the evidence-based public health programme for children and young people, which provides a range of health interventions and support beginning in pregnancy and continuing through childhood.

**Early Help** is the provision of help in the early years of a child or young person's life, and early in the emergence of a problem at any stage in their lives.

**Safeguarding and promoting welfare of children** is 'the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.' (page 27, Working Together 2010)

**Child protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced. (page 35, Working Together 2010).

**SCPHN:** a Health Visitor or School Nurse who is registered with NMC on part 3 of the professional register

**Professional Curiosity** (also described as "respectful uncertainty") mentioned in both "Understanding Serious Case Reviews and their Impact A biennial analysis of serious case reviews 2005-2007" and "Building on the Learning from Serious Case Reviews: A two year analysis of child protection database 2007-9

### Supporting Policy and References

- The [Healthy Child Programme 0-5](#) (2009) and [Healthy Child Programme 5-19](#) (2009)
- The [Health Visitor Implementation Plan: A Call to Action](#) (2011)
- The [School Nurse Development Programme. Getting it right for children, young people and families, Maximising the contribution of the school nursing team: report and call to action](#) (2012).
- [The Munro Review of Child Protection Final Report : A child-centred system](#) (2011)
- [Public Health White Paper, Healthy Lives, Healthy People: Update and Way Forward](#) (2011).
- The [Mobile Health Worker Project Progress Report](#) (2011)
- [What to do if you're worried a child is being abused](#), (2006)
- [Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate document](#), (2010)
- [Working together to safeguard children](#) (2010)
- [Information sharing: Guidance for practitioners and managers \(2008\)](#)
- [SAFER Tool \(2010\)](#)
- Allen, Graham. [Early Intervention: the Next Steps \(2011\)](#)
- [Pathway No. 1: Health visiting and midwifery partnership – pathway for pregnancy and early weeks](#) (2012).
- [Pathway No 2: school nursing and health visiting partnership – pathways for supporting children and their families](#) (2012).
- [NICE guideline 89. When to suspect child maltreatment.](#) (2009)
- [NSPCC All Babies Count: Prevention and protection for vulnerable babies.](#) (2011)
- [Family Nurse Partnership \(2007\)](#)
- [Ofsted. Ages of Concern: Learning lessons from serious case reviews.](#) (2011)
- [Ofsted. Edging away from care: how services successfully prevent young people entering care.](#) (2011)
- [SCIE. Learning together to safeguard children: developing a multi agency systems approach for case reviews](#) (2008)
- [UN Convention on the Rights of the Child](#) (1989)
- [Public Health Outcomes Framework \(2012\)](#)
- NMC (2008) – [The code: Standards of conduct, performance and ethics for nurses and midwives](#)

### Acknowledgements

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