Child Protection

Guidance for Staff

Working with Vulnerable Children (including Unborn) / Young People/Families

<table>
<thead>
<tr>
<th>Author:</th>
<th>Child Protection Advisors</th>
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<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Executive Director of Nursing, Midwifery and Allied Health Professionals</td>
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<td>Responsible Person:</td>
<td>Head of Child and Adult Protection</td>
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INTRODUCTION

NHS Lanarkshire (NHSL) has produced this guidance which enhances the suite of Child Protection Policies to promote staff awareness and understanding of their responsibilities towards the care and protection of children and young people.

Children and young people are often vulnerable because of problems within the family home. This can include persistent conflict with parents or carers, abuse, neglect and living with the effects of parental problems such as domestic abuse, substance misuse and poor mental health. A child/young person’s needs are paramount and should always be the focus of staff particularly in relation to their wellbeing and safety.

Purpose of Guidance

- Assist staff to identify vulnerability at the earliest opportunity in an effort to minimise the risk of significant harm to vulnerable children (including unborn)/young people/families.
- Provide clear guidance to NHSL staff on appropriate management in relation to vulnerable children (including unborn)/young people/families.
- Enhance the support available to vulnerable children (including unborn)/young people/families.
- Support good practice which indicates regular information sharing between all relevant agencies.

EQUALITY AND DIVERSITY

Any additional support needs identified for vulnerable children (including unborn)/young people/families or their primary carers have to be met and highlighted in any on-going referral eg: Language or British Sign Language interpreters, disability or literacy requirements.

ROLES AND RESPONSIBILITIES

Assessment and Documentation

- All staff, including those working with adults, must take cognisance of vulnerable (including unborn)/young people/families in a household and their potential vulnerability. Consideration must be given in relation to proportionate sharing of concerns with the Named Person/Lead Professional and other agencies as appropriate.
- Staff must assess and record any factors that could impact on the wellbeing of a child/young person / unborn baby either directly or through an involved and linked adult.
• All assessments and chronologies, including those of an involved and linked adult will inform the risk assessments and subsequent plan/interventions for vulnerable children (including unborn)/young people/families and must be documented.

Communication and Partnership Working

• Clear, effective communication is an essential component of good practice with vulnerable children/young people and their families and supports partnership working. All communication must be documented timeously within the child/young person’s health record and where appropriate the adult’s record and where possible include the views of the child/young person.

All communication should be in line with Lanarkshire Data Sharing Partnership Board - Information Sharing Guidance Children and Young People (March 2017)

Failed to Attend Appointments

• If a child/young person/adult does not attend an appointment(s) staff must consider the potential impact or risk this presents to the child (including unborn)/young person/adult and seek further information from the referrer and other appropriate health professionals/agencies to inform their assessment. Where a decision is made to discharge a vulnerable child/young person/adult from a service, the referrer must be notified.

Health contact and interventions with vulnerable children and young people on the Child Protection Register

• Health professionals involved in the Child Protection Plan should document planned interventions including patterns of contacts in the appropriate child/adult’s health record.

• The name and demographic details of a child/young person on the Child Protection Register must be accurate, up to date and clearly identified within the child/adult’s health record.

• All health professionals involved in the Child Protection Plan must execute their agreed actions to promote the safety and wellbeing of the child (including unborn)/young person.

• Formal arrangements should be made to cover any staff absences eg: annual/sickness leave ensuring that a named health professional is both responsible and accountable for implementing the Child’s Plan and communicate this with the Lead Professional. Alternative arrangements must be communicated to the Line Manager and Lead Professional.
Working With Vulnerable Children (including Unborn)/Young People/Families

- Should any health professional be denied reasonable access to a child/adult they should contact the relevant Social Worker and liaise with other relevant professionals as soon as possible. Attempts to gain access and liaison should continue. If necessary please refer to NHSL’s Unseen Child Policy.

- All staff must ensure that they access appropriate training to support their role in the identification and management of child abuse and neglect. Further information relating to training is available on FirstPort: http://firstport2/staff-support/public-protection/child-protection/default.aspx

Assessment of children whose names have recently been removed from the Child Protection Register

Evidence indicates that children may remain vulnerable within the months following deregistration from the Child Protection Register (Scottish Government, 2014).

- The decision to deregister is taken at a Child Protection Review Case Conference. A multi-agency Child’s Plan should be agreed at deregistration with a robust mechanism to review Child’s Plan.

Transfer of Child Health Records within NHS Lanarkshire

- When a vulnerable child/young person changes address within/outwith a locality in Lanarkshire, the caseload holder must consider if a transfer of care to another health professional is safe and in the best interest of the child. This decision should be discussed and agreed with their Line Manager.

- When transferring a vulnerable child/young person a face to face handover of care should be undertaken with the receiving health professional. The transfer process should also be discussed with the family.

- The case holder must liaise with the Named Person, Lead Professional and other relevant professionals/agencies involved with the child/young person /family, ensuring that all are informed of change.

- Where a child has transferred into a locality and has not yet registered with a GP or the GP is unknown, there must be a robust system in place within each locality to ensure there is a Named Person/Health Professional for the child and family.

Health Professional Transfer of Child Health Records outwith NHS Lanarkshire

- For all vulnerable children/young people whose Child Health Records are being transferred outwith NHSL, the case holder must make contact with the receiving health professional. If the receiving health professional is not known, contact must be made with the Child Protection Team who will assist with this process. The NHSL “Transfer of a Family with Childcare / Child Protection Concerns” form must be completed (within the MiDIS record) and a copy attached to the child’s health record being transferred out.
REFERENCES

Lanarkshire Data Sharing Partnership Board - Information Sharing Guidance Children and Young People (March 2017)


Scottish Government (2014) Children and Young People (Scotland) Act