

November 2007



Child Protection Policy and Procedures

These complement the Western Isles
Interagency CPC Procedures and Guidelines
which all staff should be familiar with.

Prepared by: Dr Louise Scott Lead Clinician Child Protection

Review Date: November 2009

Supporting Documents:

Western Isles Child Protection Committee Interagency Procedures and Guidelines 2006

Protecting Children A Shared Responsibility – Guidance for Health Professionals SEHD 2002

It's Everyone's Job to Make Sure I'm Alright Scottish Executive 2002

Protecting Children and Young People: Framework for Standards Scottish Executive 2004

Protection of Children (Scotland Act) 2003

Contents

	Page
1. Policy	
Introduction	3
Values and Aims	3
Strategic Leadership	3
Roles and Responsibilities	4
Recruitment of Staff	5
Providing a Safe Environment	5
Allegations against a Member of Staff	5
Training	6
Child Protection Support Service	7
Interagency and Partnership Working	7
Record Keeping	9
Report Writing	10
Chronology of Significant Events	10
Assessment of Needs and Risk	12
Coordination of Care	13
2. Procedures	
What you should do if you have concern that a child is at risk of Abuse or Neglect	13
Guidance for General Practitioners	15
Guidance for Consultant Medical and Dental Staff	16
Guidance for all other medical / dental staff working within NHS Western Isles	17
Guidance for all other NHS Employees	18
Guidance for Independent Practitioners	19
Information Sharing	19
Substance Misuse	20
Domestic Abuse	22
Missing Children and Families	22
Western Isles Child Protection Register	22
Maternity Services Communication	23
NHS 24	24
Arrangements for Medical Examination	25

Annex A	Child Protection Initial Referral Form CPR1	28
Annex B	Guidance / Template for Report Writing	29
Annex C	Chronology	32
Annex D	Checklist for Childhood Injury	33
Annex E	Procedure for handover of records from Health Visitor to School Nurse	34
Annex F	Risk Assessment Grid	36
Annex G	Proforma for Medical Examination	37
Annex H	List of Contacts	50

Introduction

The purpose of this Child Protection Policy and Procedures is to ensure that NHS Western Isles has effective arrangements in place for protecting children who are in contact with, or family members of those in contact with the Health Services within the Board area.

Values and Aims

All health staff have a duty to protect children from abuse or neglect. Western Isles NHS Board places this as a high priority throughout the organisation.

NHS Western Isles aims to provide a safe and trusting environment to meet the needs of children and young people coming into contact with our services and promotes good practice to allow our staff to make informed and confident responses to specific child protection issues.

Strategic leadership

The Chief Executive of NHS Western Isles is responsible for ensuring the development and maintenance of effective child protection arrangements. The Chief Executive is assisted in this process by the following key personnel:

Lead Director Child Protection (Director of Nursing, Midwifery and AHPs)

Lead Clinician Child Protection

Senior Nurse Child Protection

Child Health Commissioner

Along with the Interagency Child Protection Coordinator / Development Officer and Consultant Paediatrician they form the Child Protection Health Action Group (HAG) which meets regularly reporting directly to the Chief Executive.

The HAG has an important role in reviewing reports and recommendations of recent UK Inquiries and ensuring that decisions and responsibilities for child protection are embedded in the governance arrangements and working practices of NHS Western Isles. The HAG will be chaired by the Lead Director for Child Protection.

Roles and Responsibilities

The roles and responsibilities of NHS Boards and their staff are clearly outlined in the Scottish Executive Health Department publication *Protecting Children – A Shared Responsibility. Guidance for Health Professionals in Scotland* (2000) including:

Medical Staff

Health Service Managers

Community Based Nurses and Midwives

Health Visitors

School Nurses

District Nurses and Clinic / Treatment Room Nurses

Practice Nurses

Midwives

Adult Mental Health Services

Child and Adolescent Mental Health Services

Dental Staff in Primary care, community or hospital services

Hospital Based Professionals

Accident and Emergency Departments

Professionals working with people with Learning Disabilities

Professionals working in Paediatrics, work based crèches and all other areas where children are cared for.

Recruitment of staff

Staff who may come into contact with children and young people (including independent contractors, and their staff, volunteers, temporary, agency and bank staff) should have Disclosure Scotland authorisation at the commencement of employment and before coming into contact with children.

Providing a safe environment

It is the responsibility of Hospital and Departmental Managers to ensure the safety of children in their care. Managers should ensure that policies in place take into account:

- **Health and safety of children on the premises**
- **Security of children**
- **Preventing access of strangers to children**
- **Preventing abduction of children**
- **Minimising the possibilities of children leaving a ward or department unsupervised**

Open visiting and parents participating in the care of their child also necessitates professionals being aware of the legal status of the child and who has parental responsibility.

Allegations against a member of staff

When an allegation of abuse is made against a member of staff employed by Western Isles NHS Board the paramount consideration will be the welfare of the child and these guidelines will apply, irrespective of the status of the employee.

Any allegation against a member of staff must be reported immediately to the Lead Director.

NHS Western Isles has relevant internal disciplinary procedures and an urgent consideration will be whether or not the employee in question should be given a precautionary suspension from duty.

NHS Western Isles has a duty of care to its employees and will ensure that the employee is treated fairly and his/her rights respected. In the event of a member of staff being involved in disciplinary action, consideration should be given to the requirements of the Protection of Children (Scotland) Act.

Training

Training will be delivered on both a single and multi-agency basis.

Level 1 Awareness raising for all

Level 2 Foundation Training

Level 3 Investigation & assessment and prevention & recovery

Level 4 Specialist and advanced training

Training events are publicised at the Child Protection Support Service website and will be included on the NHS Intranet Learning Events Calendar and Child Protection policies and procedures should be included in induction programmes for staff.

The Senior Nurse Child Protection and Lead Clinician will have key roles in the development, delivery and audit of a training strategy and report progress on this to the HAG.

It is the responsibility of Line Managers to ensure their staff have access to adequate training in child protection and appropriate supervision arrangements are in place.

Child Protection Support Service

NHS Western Isles operate a 24 / 7 Child Protection Support Service for staff through the Lead Clinician Child Protection and Senior Nurse Child Protection. They are able to provide support and advice whether on specific cases or general issues including case conference attendance, preparation of reports or appearing as a witness in court.

Contact details are available on the NHS Intranet link for the Child Protection Support Service or at www.childprotectionsupport.org

Out of hours and at weekends the service is accessed through switchboard at the Western Isles Hospital by telephoning 01851 704704.

It is also recognised that child abuse or neglect is an emotive issue and any member of staff can experience distress in working with children and families experiencing these situations. Additional counselling services for staff are available from the Occupational Health Service and local independent counselling support is also available.

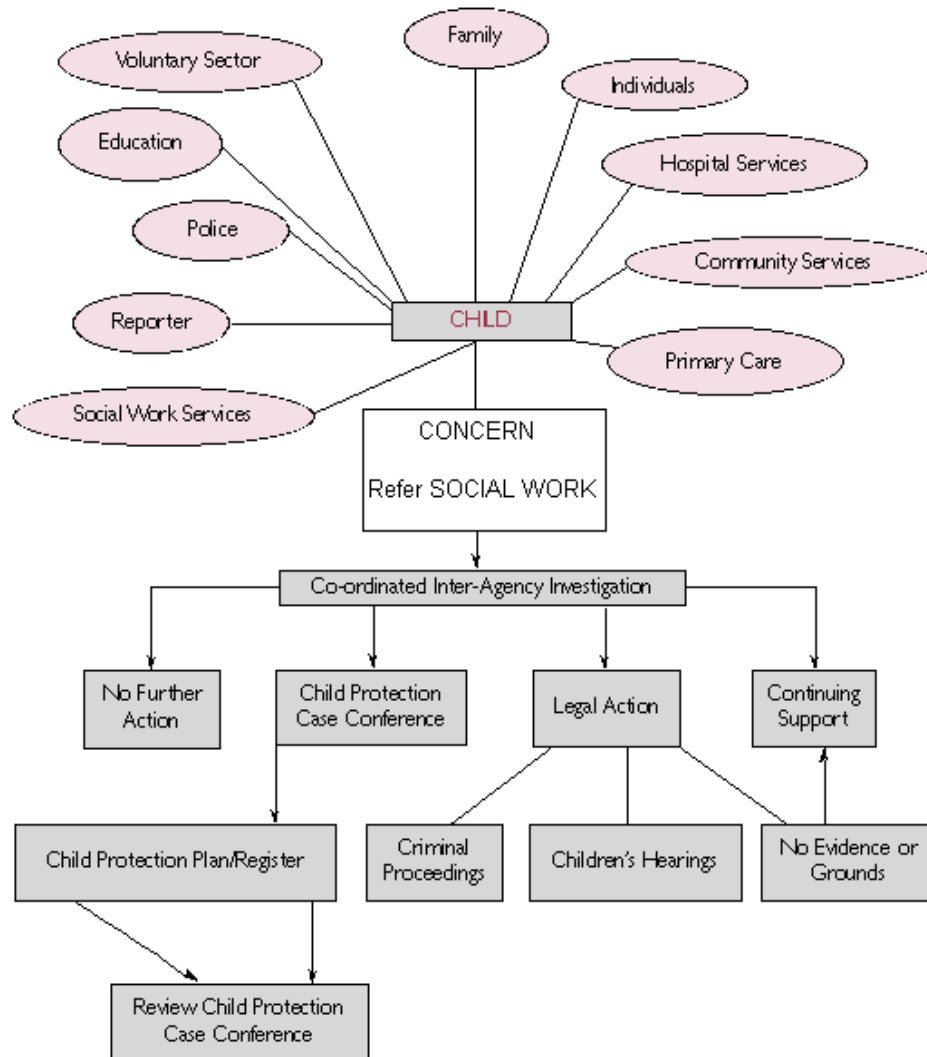
Interagency and Partnership Working

NHS Western Isles works closely with Partnership Agencies including the Social Work Department of Comhairle nan Eilean Siar and Northern Constabulary in the care and protection of children at risk from abuse or neglect.

These NHS Policies and Procedures should be used in conjunction with the Western Isles Child Protection Committee Interagency Procedures and Guidelines which are available on the NHS Intranet and the Child Protection Committee web at <http://www.cne-siar.gov.uk/childProtectionCommittee>

It is the responsibility of all staff to make themselves aware of the content of these guidelines and procedures.

Overview of process:



Records

Well kept records are essential to good child protection practice. They should be clear and comprehensive, any judgements made, actions and decisions taken should be clearly recorded. Records should be signed legibly and dated.

Where decisions have been taken jointly across agencies, or following discussion with the Lead Clinician or Senior Nurse Child Protection this should be clearly recorded. All concerns, discussions, telephone conversations should be recorded in the notes.

Records are an essential source of evidence for investigations, and may also be required to be disclosed in court.

Records should provide a detailed care plan. Specifically:

- The relevant history of the child and family which led to any intervention.
- The nature of the intervention, including intended outcomes.
- The means by which change is to be achieved.
- The progress which is being made.

Flagging of Records

Arrangements should be made by the record holder for discrete flagging of all records where there is a child protection concern.

Transfer of Records

Where there is a child protection concern all records should be requested or transferred urgently.

There are also procedures in place for maintenance and transfer of Health Visitor Records to the School Nursing Service (Annex E)

Report Writing

Where a written report is requested for case conferences or update these should be provided timeously, ideally typed and should be signed and dated.

A suggested template for a written report is provided at Annex B. Currently a **written report should be provided for all case conferences** at least 3 working days beforehand.

Chronology of significant events

Social Work Inspection Agency Report
An Inspection into the Care and Protection of Children in Eilean Siar October 2005

Recommendation 16. "All of the Agencies involved in protecting children must gather the information they have on individual children at risk into a chronology of key events and contacts, review it regularly and make sure it is passed on to the professional with the lead role in protecting the child. The professional with the lead role must co-ordinate this into a multi-agency chronology on a regular basis" (Paragraph 153).

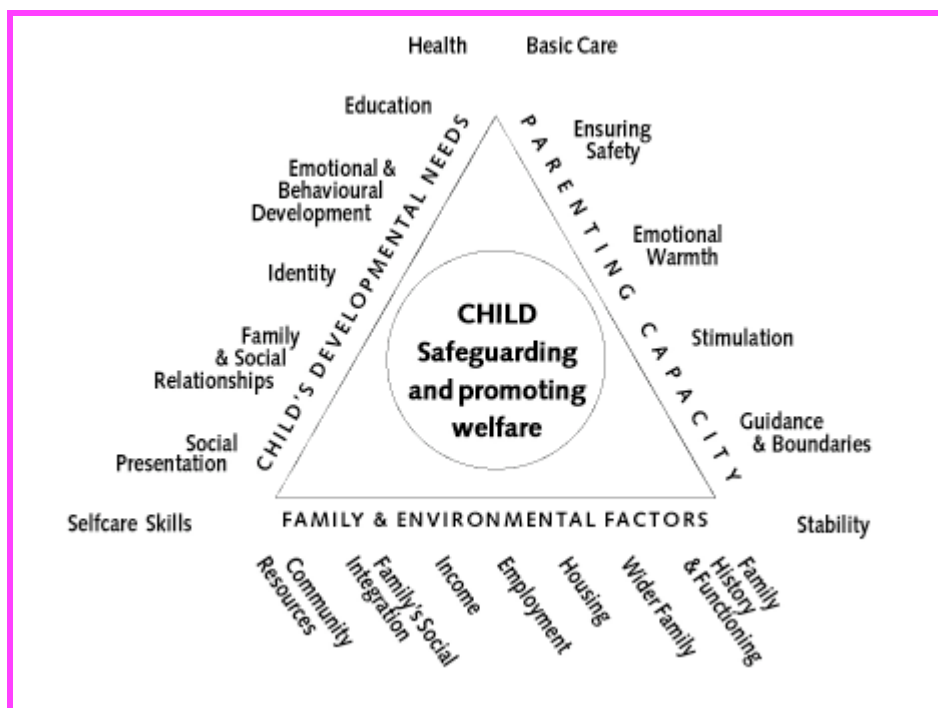
- A Chronology (Annex C) should be added to every child health record for completion by the caseload holder (Health Visitor, GP and Hospital Records).
- The caseload holder will enter significant events and contacts which impact on the child.
- The Professional Lead with responsibility for coordinating care enters this into any multi-agency chronology. The Professional Lead is appointed at multi-agency child protection professionals meeting.
- When a child moves into the area, the caseload holder should create a chronology form if one does not exist and enter all relevant information.
- An up to date copy of the chronology should accompany any reports to child protection case conferences or review meetings.

Assessment of needs and risk

Any health professional coming into contact with a child or family should routinely include an adequate child centred assessment of **needs** and **risk**.

This should include analysis of the strengths, resilience and protective factors as well as the needs, vulnerabilities and risks for the child or young person and incorporate this in any management plan.

This duty also extends to health professionals whether in Primary Care, Mental Health Services, Accident and Emergency or Secondary Care coming into contact with adults who may have access to or a caring role for, children.



An assessment grid based on this framework is supplied at Annex F.

Coordination of care

“Getting it Right for Every Child” (Scottish Executive June 2005) proposes a duty on agencies to cooperate with each other in meeting the needs of children with local coordination and monitoring. Where there is a need for co-ordinated action a lead professional from amongst the agencies must be appointed.

Any child with complex needs must have an individual health plan and a health professional who takes an overview and provides coordination of their needs.

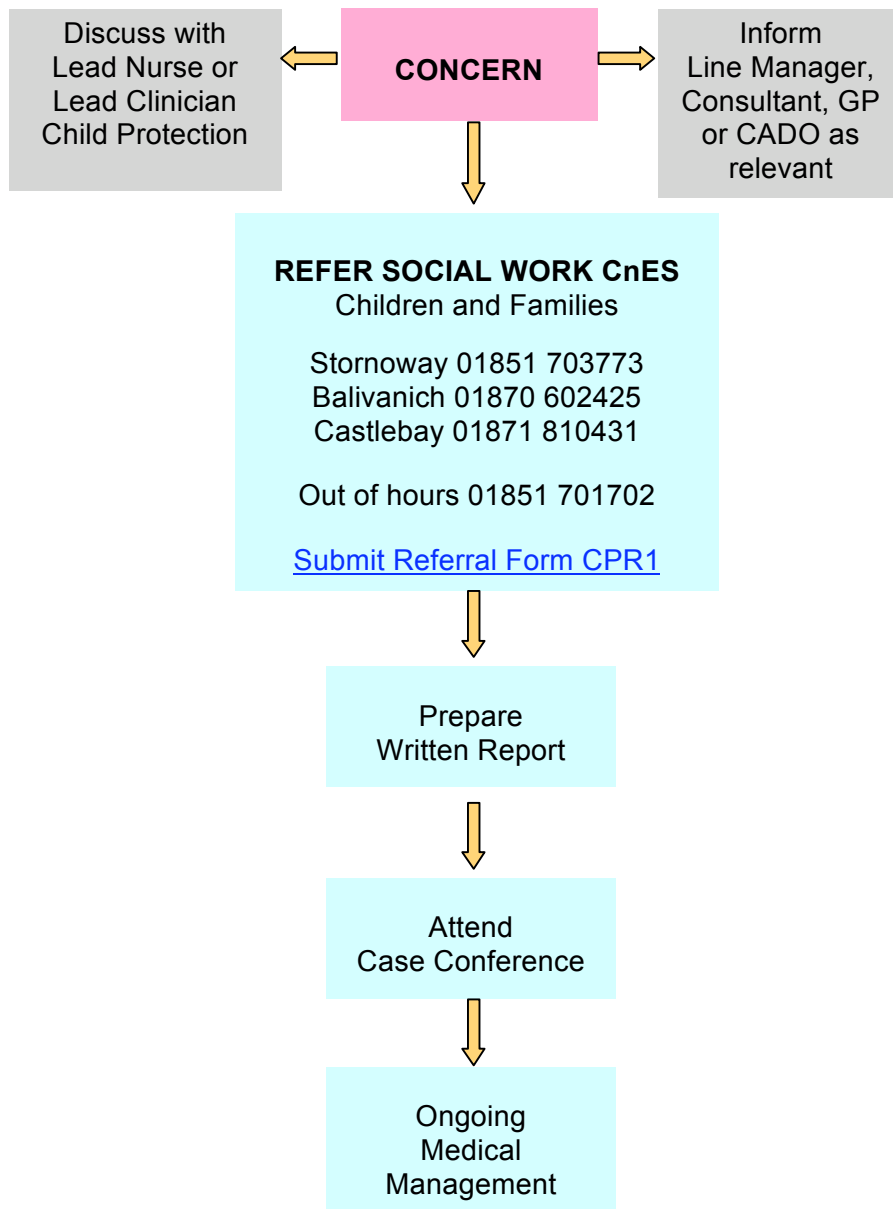
The Health Professional in the best position to take on this responsibility may be a Health Visitor, Speech or Occupational Therapist, Physiotherapist, CAMHS, Paediatrician or GP and should be named as this in the individual child health plan.

WHAT YOU SHOULD DO IF YOU HAVE CONCERN THAT A CHILD IS AT RISK OF ABUSE OR NEGLECT

All staff have a responsibility to act to make sure that all children are protected from harm. If you have any doubt about the safety or well-being of a child you must accurately record your concerns. This includes all factual information relevant to these concerns. Notify your line manager and the designated member of staff with overall responsibility for child protection without delay. The concerns should be referred to the Social Work Department, or the Police, who have a statutory responsibility for investigation and who have access to further professional guidance and may already be involved with, or have further information relevant to the child or family.

A Checklist for Childhood Injuries is included at Annex D

Outline of procedure when you have concern that a child may be at risk of abuse or neglect:



Guidance for General Practitioners

General Practitioners who have concerns that a child with whom they have contact is in need of protection from abuse or neglect should discuss this with a Social Worker or Police at an early stage.

General Principles in management of suspected abuse

Take any allegation, especially by a child, seriously

Treat any acute injuries.

Liase promptly with Social Work Department.

Liase with other members of the Primary Health Care Team.

Consider whether the child needs to be immediately removed to a Place of Safety. On occasion it may be appropriate for hospital admission. This may avoid confrontation and allow further assessment. If admission is refused by the parents authorisation to remove a child to a Place of Safety may be obtained by Social Work and the Police.

Make detailed medical notes of the examination and any discussions with the parents and other professionals. Such notes may be called in evidence before a Court and parents may have access to them.

Share concerns with colleagues where appropriate.

Further management

Attend any case conferences, especially the first. The Primary Health Care Team often has unique information to offer. If unable to attend send a written report or speak directly to the Conference Chairperson.

Keep the key worker informed about any subsequent worries you may have about the family.

Guidance for Consultant Medical / Dental Staff

When a Consultant Medical/Dental practitioner/CADO suspects that a child has been abused/neglected, he/she must report these concerns to the Social Work Department and must also inform the child's General Practitioner.

A full report of the incident must be prepared and all details must be recorded.

The Consultant who initially formed the opinion that the child may be at risk of abuse must provide a report on the child and must attend the initial Case Conference or provide a report to the Chair of the Conference.

When a Consultant Medical/Dental practitioner/CADO is informed by junior medical/dental staff of a case of suspected child abuse or neglect, he/she should consider the situation and follow the above procedures. The Consultant/CADO must arrange for a report to be prepared by the examining doctor/dentist, detailing the incident. Where possible the reporting doctor /dentist and/or the Consultant/CADO must attend the initial Case Conference or provide a written report to the Chair of the Conference.

In all situations where a Medical/Dental Consultant has concerns about a child he/she must discuss these with the Team Leader Children and Families, Social Work Department.

Guidance for all other medical / dental staff employed by or working within NHS Western Isles

When any other member of medical staff suspects that a child may have been abused or neglected he/she must report the matter to the consultant who is their line manager or to the Consultant on call. In the case of dental staff, the CADO should be informed.

The reporting doctor/dentist must prepare a full report on the incident with details recorded. He/she must also be available to attend the initial Case Conference or submit a report to the Case Conference Chair.

Guidance for all other NHS Western Isles employees

When any other member of staff (any profession in hospital or community) suspects that a child may have been abused or neglected, he/she must report these concerns to his/her Line manager. The reporting member of staff should prepare a report of the incident and record details.

Line managers who receive a report of this nature should contact the Team Leader Children and Families, Social Work Department to discuss the incident. The reporting line manager should record this discussion and ensure that the member of staff initiating the action prepares a detailed report.

The member of staff who has reported the incident and his/her line manager must attend the initial Case Conference or submit a report to the Chair of the Case Conference.

Guidance for Independent Practitioners (including opticians, dentists, pharmacists and podiatrists)

When an independent practitioner suspects that a child may have been abused or neglected or receives a report from a member of staff expressing concerns of this nature, he/she is advised to contact the Team Leader Children and Families, Social Work Department.

This contact should be recorded and the member of staff from whom the initial report was received should be required to prepare a detailed report of the incident.

Either or both individuals may be requested to attend the initial Case Conference or to submit a report to the Chair of the Case Conference.

The Police must always be consulted before interview of a member of staff alleged to have abused a child.

Information Sharing

All staff have a responsibility to act to make sure that all children are protected from harm. Responsibility to children is not limited to responding to requests for information from other professionals or agencies. All NHS staff are responsible for acting on concerns about a child **even if the child is not your patient**

If there is reasonable concern that a child may be at risk of significant harm this will always override a professional agency requirement to keep information confidential.

Staff caring for adults should always ask whether there are dependent children at home who may be endangered by the adult's condition. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

If staff are concerned that action is not being taken on information they have given, they should discuss this with the child protection lead member of staff, Senior Nurse Child Protection or Lead Clinician Child Protection.

Staff should involve parents or parents to be in decisions about the disclosure of information, unless this would increase the risk to the child, parents or staff.

When any professional or agency approaches another to ask for information they should explain:

- What information they need (in plain English)
- Why they need it
- What they will do with the information
- Who else needs to be informed if concerns about the child persist?

If a professional or agency is asked to provide information, they should never refuse solely on the grounds that all their information is confidential.

They should consider:

- What information the service user has already given permission to use
- Any perceived risk to a child which would warrant breaching confidentiality
- Any relevant information on risk to the child, which would allow another agency to offer appropriate help and services or take action to reduce risk to the child
- Whether to ask advice from their line manager, Child protection staff or information from Caldicott Guardians

Staff should record when, what and why information has been shared, and with whom (or why sharing was refused) as they may have to justify their reasons at a later date.

Staff should also keep clear, legible and up-to-date records of their contact with parents and children including:

- What information is held and any consent to information being shared
- The assessment, care plan and any changes as a result of reviews
- The date and identity of the person sharing and recording the information

Staff should always seek advice if unsure and never refuse to provide information without considering the risks of not sharing.

Substance Misuse

Children of substance misusing parents must have their needs recognised, assessed and, where appropriate, receive services which meet their needs at an early stage.

NHS Staff should not wait until children are considered to be at risk from harm.

An assessment of risk should be put in place when it is known that substance misuse is featuring in the lives of parents to the extent that dependent, chaotic or heavy use may be inhibiting responsible childcare. Factors which require to be considered include:

- Physical and/or mental health problems.
- Financial problems and breakdown in family support networks.
- The child's physical safety when substance misuse is taking place, given the possibility of other substance misusers visiting the home.
- Impact of the parent's substance misuse on the child's emotional and psychological well-being, development, education and emotional development.
- Safety issues involving, for example, alcohol, drugs, syringes etc.

Children may hide problems, even serious ones, because they are afraid of losing their parents, and parents may be reluctant to seek help because they are afraid of losing their children.

Where there is concern that a child may be at risk of abuse or neglect referral should be made to the Team Leader Social Work Children and Families.

In the case of an unborn child maternity staff should:

- liaise closely with the Health Visitor
- discuss risk assessment with the Senior Nurse Child Protection
- obtain the mother's agreement to notify social work services in order that the appropriate support measures can be put in place

If it is anticipated there may be risk to the baby after birth a child protection referral should be made to the Team Leader Children and Families, Social Work even if this means breaching the confidentiality owed either to mother or father.

A pre-birth child protection case conference will be convened where the risks to an unborn child may be such as to indicate the need to develop a child protection plan before birth.

Procedures are also detailed in the Western Isles Alcohol and Drug Action Team Integrated Care System for Alcohol and Drug Users.

Domestic Abuse

Domestic abuse inevitably has a direct and indirect effect on the health and development of children within a household. This may come from:

- actual physical assaults,
- the emotional effect of witnessing violent behaviour or
- manipulation and control of the child by one or other of those involved in the domestic abuse.

Staff becoming aware of domestic abuse within households where children live should refer concerns to the Team Leader Children and Families Social Work.

Missing Children and Families

Where health staff have concern that a child or family are missing they should report this immediately to the Senior Nurse Child Protection whose responsibility it is for implementing follow up action.

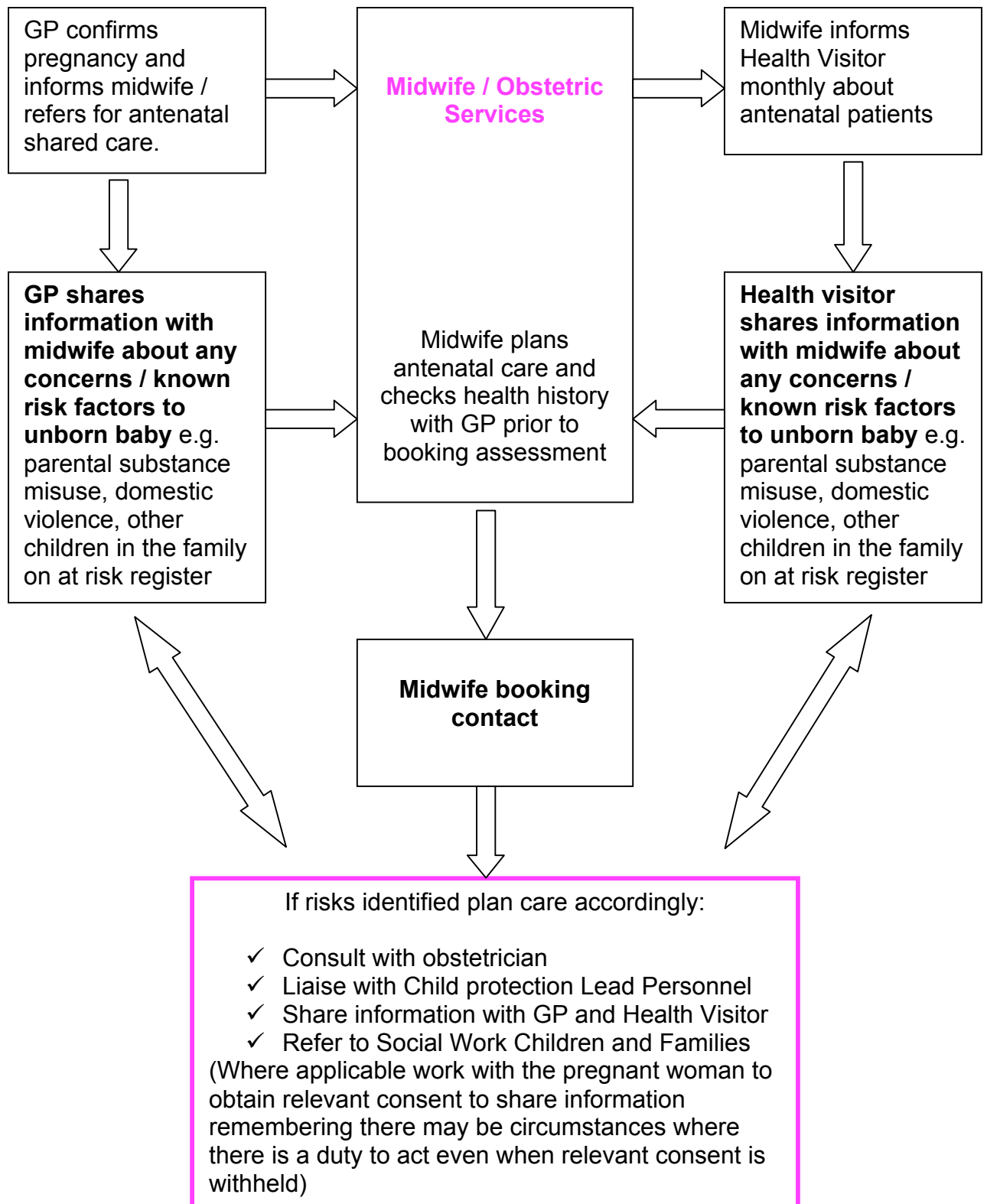
NHS Western Isles receives reports of missing children and families through a system of Missing Family Alerts.

There is a national protocol in place and the response in Western Isles NHS Board is coordinated through the Senior Nurse Child Protection.

The Western Isles Child Protection Register

The Western Isles Child Protection Register maintains a confidential record of children already known to be at risk of abuse or neglect. The Register is maintained by the Social Work Department on behalf of the Child Protection Committee. Access to the Register is by direct contact with the Keeper or Deputy Keeper of the Register (see List of Contacts)

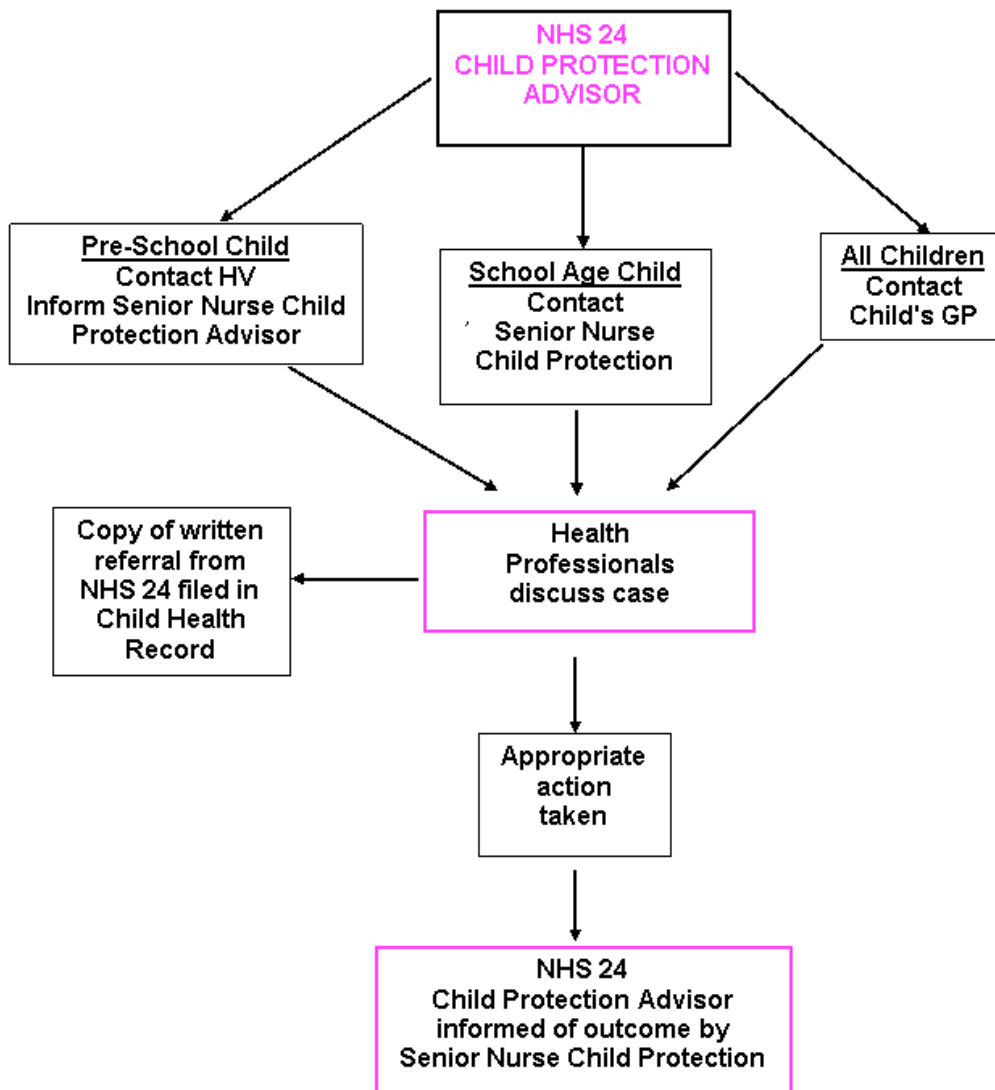
MATERNITY SERVICES COMMUNICATION ALGORITHM



NHS 24

Where there are concerns a child may be at risk of abuse or neglect NHS 24 should be notified through the generation of a Special Patient Note.

Where a child protection concern is logged by NHS 24 the following procedure is followed:



Medical Examination

Any proposal to hold a medical examination should be discussed jointly by the Police, Social Work Department and Health Professionals. The Procurator Fiscal will be consulted and provided with all relevant information.

Examination should be carried out by a specially trained doctor, who may be a Police Surgeon and / or a paediatrician.

Purpose of examination

- To establish what treatment the child may need
- To secure any ongoing medical care (including mental health), monitoring and treatment the child may require
- To provide information which may or may not support a diagnosis of child abuse in conjunction with other assessments made, so that agencies can initiate further enquiries if appropriate
- To provide information or evidence, if appropriate, to sustain criminal proceedings or care plans

Types of Examination

Paediatric / Forensic Examination

These are carried out locally by a Police Surgeon and/or Paediatrician in suspected physical abuse. They may be single or two doctor examinations.

Examination in Suspected Sexual Abuse Cases

Paediatric / Forensic examination in cases of suspected sexual abuse. These will be carried out in a special child friendly facility with video-colposcopy available. This may be a mainland centre.

Comprehensive Medical Assessment

These are carried out locally by the Consultant Paediatrician, Lead Clinician or GP if requested by Child Protection Planning Meeting or Discussion to assess and secure any ongoing medical care (including mental health), monitoring and treatment that the child may require.

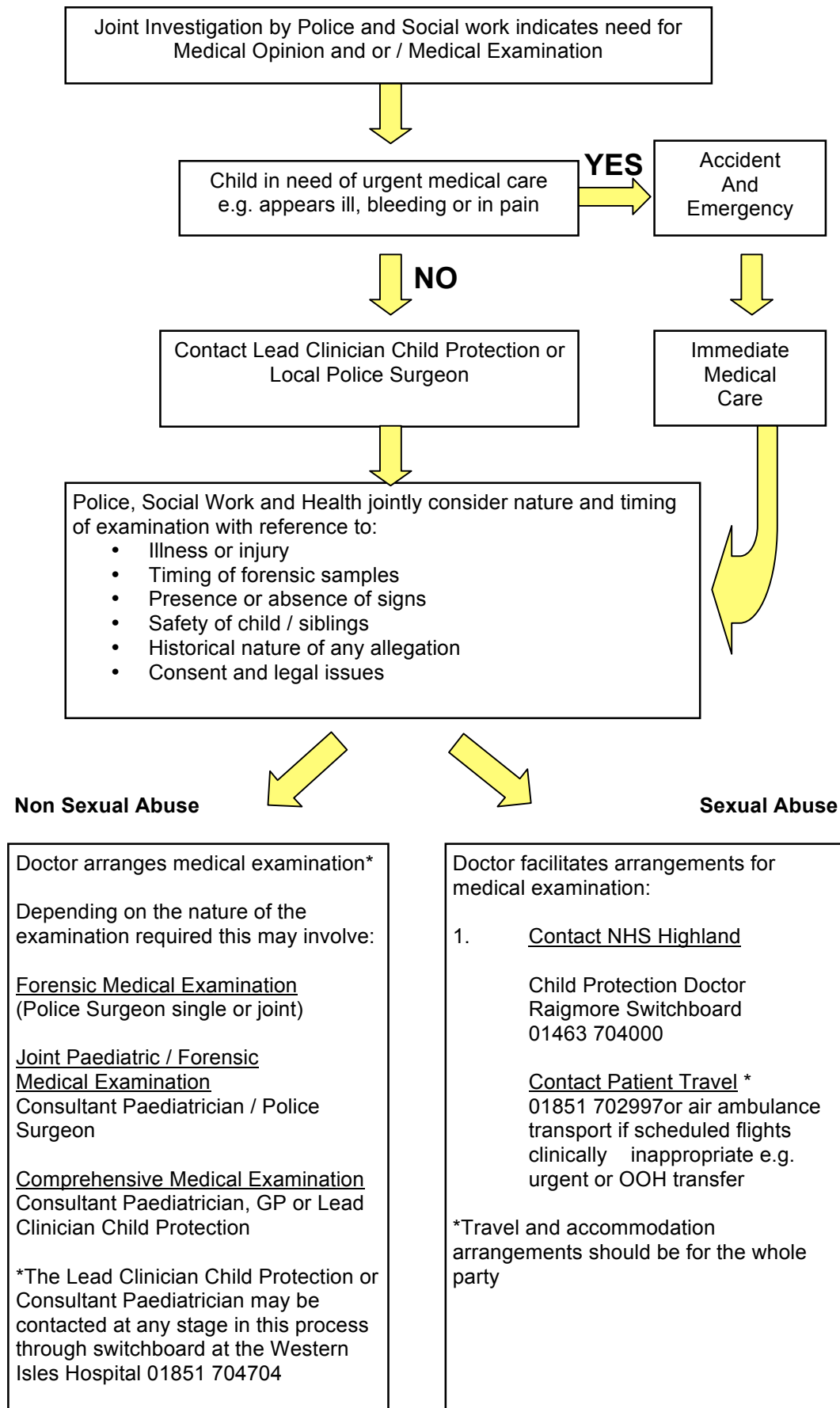
Facilities for Medical Examination

Examination should take place in an appropriate child friendly facility, not in a Police station. Ideally every effort should be made so that the child is subjected to only one examination if possible.

A proforma for medical examination is provided at Annex G.

Northern Constabulary will contact the Lead Clinician Child Protection, on-call Police Surgeon or Paediatrician, as appropriate, who will arrange the timing and location of any forensic medical assessment.

Western Isles Procedure for Child Protection Medical Examination



ANNEX A CHILD PROTECTION REFERRAL CPR 1

To be completed and sent to the Team Leader Children and Families, Social Work Department, Comhairle nan Eilean Siar where there is concern of a child being, or at risk of being, abused and / or neglected. A copy should, at the same time, be sent to the Senior Nurse Child Protection.

Completion of this form must be preceded by a telephone call to the Team Leader (Social Work) if there is immediate cause for concern.

Name(s) of child(ren)	D.O.B.	Address
Nature of referral/description of circumstances		
<p>GP:</p> <p>Other services / agencies involved:</p>		

Submitted by:	Date:
Designation:	
Agency:	

Team Leader Children and Families Social Work Department Comhairle nan Eilean Siar
Stornoway 01851 703773, Balivanich 01780 602, Castlebay 01871 810431 Out of hours 01851 701702

Senior Nurse Child Protection, Western Isles NHS Board 01851 704704 / 702997 or Balivanich Clinic 01870 602266

ANNEX B
CONFIDENTIAL REPORT
Guidance / Template for Report Writing

PURPOSE OF REPORT

Put here the details of the planning meeting, case conference, children's panel or review for which you have written the report. OR write "to monitor concerns" if, for example, the report is simply to update others e.g. child protection advisor, social worker

SUBJECTS

The children to be discussed include Names, dates of birth and CHI.

OTHER FAMILY MEMBERS

Usually the rest of the household, even if not biologically related, plus family members out with the home known to be of significance.

HOME ADDRESS

G.P.

SOCIAL WORKER

CHRONOLOGY OF SIGNIFICANT EVENTS ATTACHED YES / NO

Report prepared by: Signature and print name

Date:

INTRODUCTION

Include recent developments that have given rise to, or increased, level of concern. Include period of time covered by the report Give resume of your pattern of contact with the family.

BACKGROUND INFORMATION

Briefly summarise the concerns prior to the period covered by the report.

PROFILE OF FAMILY MEMBERS

Explain any relationships that are not clear from the information on the front page. Give any information necessary about factors that influence well being of children (be aware of any use of third party information and confidentiality issues- remember the interests of the child are paramount).

(CHILD) HEALTH ASSESSMENTS

Insert the name of each child in turn and comment on the following, wherever applicable.

GENERAL HEALTH – Include immunisation status, attendance for appointments, hospital admissions etc.

GROWTH AND DEVELOPMENT – Always use centile charts and refer to naked weight when reporting concerns on growth. Enclose copies of centile charts if this would help- but remember many people do not understand them.

BEHAVIOUR, PHYSICAL AND EMOTIONAL CARE – For each child give factual information to back up professional assessment-avoid giving subjective opinions.

List concerns with specific dates if possible.

ANY OTHER RELEVANT INFORMATION

Comment on parenting capacity giving factual information, and record any observations of parental behaviour which back up your professional assessment. Avoid judgemental statements. Include ability to provide basic care along with any learning disability, relevant physical or mental illness, substance/alcohol misuse, domestic violence, childhood abuse. List concerns with specific dates if possible.

Comment on family strengths. Even if these are few it is helpful for future work with the family if you can identify something positive.

PROFESSIONAL ASSESSMENT (INCLUDE SUMMARY OF CONCERNS/CONCLUSION)

Be clear and concise. Others you are sharing this information with may only have time to read this part. If you have recommendations for action, include these here, as well as your own plan for further input with the family. Please highlight your assessment of the level of risk there may be to the child/young person.

Signed

Date

RESTRICTED INFORMATION (WRITE ON SEPARATE SHEET)

This is information you do not want to share with parents at a case conference. The chair of the conference must be informed if you have such information.

Mark it **“FOR THE ATTENTION OF PROFESSIONAL WORKERS ONLY”** and state name of child it relates to.

RESTRICTED INFORMATION - You may be in possession of confidential information, relating to a third party, which increases your concerns about the child under review. It may be important to share your knowledge with other professionals. Remember that parents normally have copies of reports submitted by you to conferences and Children’s Hearings. Be aware therefore where it could be a breach of confidentiality to include such information in these reports (for example if it could contain confidential details about the health of another person) and use this sheet where such disclosure is necessary for the welfare of the child.

ANNEX C CHRONOLOGY OF SIGNIFICANT EVENTS FORM

NAME

D.O.B.

DATE	EVENT	ACTION / OUTCOME

ANNEX E PROCEDURE FOR HANDOVER OF RECORDS FROM HEALTH VISITOR TO SCHOOL NURSE

Background

Social Work Inspection Report - Western Isles August 2005

Recommendation 6 (Paragraph 250). "Where there are child protection concerns about a child, the Health Visitor should prepare a summary and pass this to the School Nurse when the child starts school".

Purpose

- To provide continuity of care for children on school entry.
- To facilitate effective communication between Health Visitors and School Nurses.
- Professional accountability and joint responsibility.

Handover

- Health Visitor ensures Child Health Record is accurately completed and the name of the child's intended school is added.
- Records are handed over by the beginning of the new school term each year. The health Visitor remains responsible for the care of the child until the first day of the school term.
- EPDS forms are transferred to the Mother's GP record.
- Health Visitor gives verbal handover for all children and written summary where concerns exist about a child's welfare.
- Proforma is completed and a copy retained by School Nurse.
- Child Health Record is sent to Child Record Office by Health Visitor.
- Other Agencies involved in the care of the child are informed of the change