

## **Best Practice Guidance for Health Staff: Sharing health information with Children's Social Care and partner agencies**

Health practitioners are to share information and explain its significance with multi-agency partners including at the following meetings:

- Strategy Discussions
- Child Protection Conferences
- Core Group meetings
- Child in Need meetings
- Early Help meetings
- Review of Arrangement Meetings for looked after children

The plans supporting children and young people should be built on robust understanding of health needs.

### **Rationale**

The outcome and future safeguarding arrangements for a child can be seriously affected by a lack of information sharing about a child's health and development, and the significance of health information on these factors.

Sharing health information enables discussion and triangulation of information from parents and carers. This can include:

- exposing disguised compliance in non-attendance by adults to their health appointments
- detailing the potential impact of concerning administration of medication or when parent/carer health needs impact and compromise child safety.

When health information is not shared between health professionals and social care it can:

- create a lack of opportunity to challenge decisions with Children's Social Care and partners from a sound knowledge base and in the best interest of the child
- Weaken the negotiation, debate, and the identification of the need to escalate concerns relating to the impact a child's lived experiences can have on their health and well-being and the anticipated long-term outcome for the child.

The trauma and stress of living with abuse will impact upon a person's health, but, unlike adults, children and young people do not have the resources to care for themselves.

### **Explaining the impact of neglect and abuse on a child's health**

Health staff should explain in plain language to multi-agency partners:

- how abuse and neglect can impact upon a child's health
- how abuse and neglect may affect compliance in the management of a health condition, and
- how non-compliance may risk serious harm or death.

Health staff must advocate for the health needs of children, including those with long-term health conditions, including epilepsy, asthma, diabetes, learning disability and neurodiversity. Advocacy includes:

- ensuring the impact of not receiving timely medication and correct use of equipment is reported to all members of the multi-agency team
- ensuring details of follow up appointments and plans for future care are shared
- sharing the significance of Was Not Brought to health appointments for the individual
- the significance of monitoring growth, evidenced with centile charts.

This includes a child receiving timely medication and not being brought to health appointments.

**Medication: Health staff are to:**

- Explain the significance of the child's medication and treatment and the impact of a child not being in receipt of timely administration of medication.
- Support social care to understand and manage the repeat prescription process.
- Support social care in having an oversight and assurance that medication is correctly stored.
- Support social care to ensure where a young person is self-administering medication that this is correctly and safely managed with enhanced support, particularly when transitioning from child to adult services.
- Advise social care staff on the need to ensure that a looked after child moving placements has appropriate arrangements in place to maintain their prescription medications without gaps in supply, ensuring therapeutic levels of medication are maintained.

**New and emerging health needs**

Always share with the child's social worker any new and emerging health needs, significant medication changes, new appointments, and when a child has not been taken to a health appointment. Do not wait for the next multi-agency meeting to share this information. Issues that may cause deterioration and any change in situation that might adversely impact on a child's health needs, and where risk to a child's health is increased, need to be reported in a timely manner.

**Safety Planning in multi-agency meetings**

Every Strategy Discussion / Child Protection Conference / Core Group meeting / Child in Need meeting / Early Help meeting / Review of Arrangement meetings and other meetings for children who are looked after should discuss support to encourage compliance to access health services and management of the following:

- Clarity about the child's health needs and long-term health condition.
- The significance of the impact of Was Not Brought to health appointments.
- The significance of the child not receiving timely medication, therapy or treatment.
- Discussions should take place about how the type of neurodiversity affects individual children and how abuse and neglect can compound these difficulties for children who may already be struggling with executive functioning.
- The significance of the impact upon a child's weight and growth, evidenced with centile/growth charts.
- The child's view/voice about how they or their parent/carer is managing their health condition.

## **Health Care Plans**

It is important that Health Care Plans are shared with social care and, when there is a child protection meeting, the child protection members. The Child Protection Plan needs to include what is working well, what are the worries and what actions need to be included specifically relating to the Health Care Plan. It is important that health colleagues are specific about the impact of the Health Care Plan not being followed for the child or young person.

## **Record keeping**

Health professionals should ensure health information discussed at multi-agency safeguarding meetings is recorded in health records and minutes of Strategy Discussions / Child Protection Conferences / Core Group meetings / Child in Need meetings / Early Help meetings / Review of Arrangement meetings for looked after children, and challenge any absence, inaccuracies or misconceptions recorded in minutes of these meetings.

## **Navigating the health system**

Health staff should support social care staff to navigate the health system:

- Ensure social care have names and contact details of all health staff involved in a child's health care.
- Make clear in multi-agency meetings which elements of the child's health care you are representing, highlighting other teams you are aware are involved.
- There may be more than one health professional leading on specific aspects of the child's health. Therefore, it is important that all health agencies are requested to provide their specialist information, updates and the impact of the abuse and neglect on the child's health condition.
- Where possible, contact specialist community and acute health staff to notify them that a Strategy Discussion / Child Protection Conference / Core Group meeting / Child in Need meeting / Early Help meeting / Review of Arrangement meeting for looked after children is taking place that requires health information from their consultations with the child.
- Be clear regarding the clinical teams involved with a child, and if they are expected/have moved placement, to support with transfer of care and access to treatment and medications.
- Health professionals should identify the relevant team/professional to share the information – e.g. the team/service/GP/consultant.

## **Pick up the Phone**

Health and social care staff are encouraged to speak to lead consultants or GPs or health staff providing direct care to a child, parent and/or carer to ensure a complete picture of the impact of the abuse and neglect informs multi-agency decisions and safety plans. They are encouraged to pick up the phone to talk to all other partners in the core group, for example schools/education, to co-ordinate multi-agency responses at points where health needs might become critical. Use of multi-agency meetings to share information and update plans ensures that actions are well co-ordinated.

## **Supervision**

Access to safeguarding supervision is particularly important for health staff who are attending safeguarding meetings but are not familiar with safeguarding processes.

Safeguarding supervision should be available for specialist health clinicians who are providing health information as part of a multi-agency safeguarding process to support them

explore the risk and articulate the impact of abuse and neglect upon specific treatment plans.

Supervision supports building confidence and understanding about what will be required and their role in decision making.