

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



TARGET AUDIENCE	All NHSL employees
PATIENT GROUP	Children and Young People

Clinical Guidelines Summary

Introduction

There are some characteristics that may cause increased vulnerability for children and young people. Characteristics that can contribute to their vulnerability can be poor attachment, minority status, disability, negative care experience, childhood trauma, inconsistent/neglectful care, experience of abuse. This can also include persistent conflict with parents or carers and living with the effects of parental problems such as domestic abuse, substance misuse and poor mental health.

Additionally, vulnerabilities may present as a result of other specific support needs, including but not limited to: exploitation, trafficking, honour based abuse including forced marriage and Female Genital Mutilation (FGM), fleeing from war/civil unrest.

A child/young person's needs are paramount and should always be the focus of staff particularly in relation to their wellbeing and safety. With the right support at the right time, every child and young person can reach their full potential (GIRFEC Practice Guidance 1, 2022).

Purpose of Guidance

- Assist staff to identify vulnerability at the earliest opportunity in an effort to minimise the risk of 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

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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 children (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.
- Where NHS Lanarkshire staff have a concern relating to child protection, they should always inform the local Children and Families Social Work department. Please refer to Raising a Notification of Child Protection Concern (NOCPC) Guidance (See Appendix 1).

Guideline Body

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.
- Sharing relevant information at the right time is an essential part of promoting, supporting and safeguarding the wellbeing of children and young people, including protecting them from neglect or physical, mental or emotional harm.
- All communication must be documented timeously within the child/young person's health record and where possible capture the views of the child/young person and where appropriate documenting in the adult's record also.

Was not brought/ Did not attend to health appointments

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- If a child was not brought or a 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. Please refer to NHSL Unseen Child / Young Person / Unborn Child (including Missing family) Policy.
- Where a decision is made to discharge a vulnerable child / young person / adult from a service, the referrer must be notified.
- Where a child/young person is not brought to their health appointments this must be documented within the child's record/chronology.

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.
- 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 and LearnPro.

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

- The decision to deregister is taken at a review Child Protection Planning Meeting (CPPM).
- The CPPM must consider what support the child and family may require following de-registration and consideration should be given as to whether a different Lead Professional should be appointed.
- The health professional must attend the post registration team around the child meeting after a child's name has been removed from the child protection register.
- The CPPM will amend the Child's Plan to reflect the revised assessment and agree what support is necessary to meet the child's needs.
- The health professional should document these decisions within the child record and chronology.

Transfer of Child Health Records within NHS Lanarkshire

- When a vulnerable child/young person changes address within/out with 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 out with NHS Lanarkshire

- For all vulnerable children/young people whose child health records are being transferred out with NHSL, the caseload 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.
- Caseload holder will then contact Child Health Department and follow NHSL transfer of child health record standard procedures.

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References/Evidence

Getting it right for every child (GIRFEC) Practice Guidance 1 - Using the National Practice Model. Available at <https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-1-using-national-practice-model/documents/>.

Scottish Government (2014) Children and Young People (Scotland) Act 2014. Available at: <https://www.legislation.gov.uk/asp/2014/8/section/1/enacted>.

Scottish Government (2021) National Guidance for Child Protection in Scotland-. Updated 2023. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/08/national-guidance-child-protection-scotland-2021-updated-2023/documents/national-guidance-child-protection-scotland-2021-updated-2023/national-guidance-child-protection-scotland-2021-updated-2023/govscot%3Adocument/national-guidance-child-protection-scotland-2021-updated-2023.pdf>

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Appendix 1

Raising a Notification of Child Protection Concern (NOCPC) Policy	Firstport Corporate Policies Page: https://nhsguidelines.scot.nhs.uk/guidelines/child-protection/
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Appendix 2

1. Governance information for Guidance document

Lead Author(s):	Bernadette McCormick NHSL Public Protection Professional Lead/Service Manager
Endorsing Body:	NHS Lanarkshire Public Protection Strategic Group
Version Number:	2.0
Approval date	August 2023
Review Date:	August 2026
Responsible Person (if different from lead author)	Ann Marie Sangster NHSL Chief Nurse, Head of Service Public Protection

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	<ul style="list-style-type: none"> Child Protection Advisors
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CHANGE RECORD

Date	Lead Author	Change	Version No.
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June 2017	Child Protection Advisor	June 2017	1.0
June 2020	Head of Child and Adult Protection	Extended until 30 June 2023 due to Covid	1.0
August 2023	Public Protection Professional Lead	Reviewed and updated to reflect change in National Guidance for Child Protection in Scotland 2021 and local child protection policy.	2.0

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