The Safeguarding Role of Public Health 0-19 Services

Joint Policy Position

Institute of Health Visiting
Excellence in Practice

SAPHNA
SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION

ASSOCIATION OF DIRECTORS OF PUBLIC HEALTH

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This joint position statement on maximising the role of health visitors and school nurses in safeguarding has been developed in partnership by the Association of Directors of Public Health, the Institute of Health Visiting, and the School and Public Health Nurses Association.

Purpose:

- In recent years, the number of babies, children and young people needing support for child safeguarding issues has increased considerably. This is putting pressure on health visiting and school nursing services (0-19 Specialist Community Public Health Nurses (SCPHN)) who are increasingly being called upon to support families with significant safeguarding and child protection needs that would previously have been within the remit of children's social care.

- **Whilst child safeguarding is essential – so is public health**. It can be challenging to navigate the paradox of these two equally important priorities in practice. And it is vital that services work together to ensure that practitioner's skills and resources are utilised where they are needed most and can make the biggest difference.

- The recently updated Working Together guidance (2023) is clear that health services' "duty to cooperate" shouldn't interfere with the performance of their own functions. Specifically, as 0-19 public health nursing services are commissioned to deliver public health functions, these should not be compromised by safeguarding demands.

- Recent national surveys by the Institute of Health Visiting (iHV) and School and Public Health Nurses Association (SAPHNA), highlighted that:

  - 81% of health visitors reported an increase in children with safeguarding concerns who now fall below the threshold for children's social care – services are focused on "firefighting" rather than prevention, identification and early intervention (iHV, 2024).

  - The majority of school nurses reported that they are now unable to fulfil their public health role, with 38% of school nurses spending over half of their time supporting children and young people on Child Protection and Child in Need Plans (SAPHNA, 2024).

- The current situation is unsustainable. The poor state of child health across our nation requires urgent action to improve outcomes and reduce inequalities. Prioritising our children's health and wellbeing also makes sound economic sense as the soaring costs of government spending on late intervention, and the lifetime costs of harm from child maltreatment and preventable diseases, are unsustainable.

- It is now widely accepted that much greater attention needs to be given to prevention and public health approaches which form a central tenet of the Government's Health and Opportunity Missions.

- It is therefore vital that health visitor and school nursing services are able to play their fullest part in improving the health and wellbeing of our nation's babies, children, young people and their families, through their "upstream" work to prevent, identify and treat problems before they reach crisis point.

- This joint policy paper describes the unique role of health visitors and school nurses and our position on where they should focus their efforts to maximise their contribution across an integrated "whole system" of support for babies, children, young people and families. Getting this right will not only benefit the people we support, it also brings considerable benefits to other services working across health, education and social care, and society as a whole.

Background:

Our professional organisations have been approached by members asking for clarity on the role of Specialist Community Public Health Nurses (health visitors and school nurses) in multi-agency processes to support and protect babies, children and young people on child protection and child in need plans. Practitioner intelligence suggests that health visitors and school nurses are increasingly called upon as the default health representative in these processes. Whilst health visitors and school nurses clearly have a role as the lead health representatives for some babies, children and young people, this default position for all is negatively impacting on their ability to deliver their core public health responsibilities set out in the Healthy Child Programme (which provides the national policy blueprint for health visiting/ school nursing and preventative public health in England).

Services across the country are currently experiencing significant challenges with workforce shortages, and are faced with a paradox to navigate – whilst child safeguarding and child protection is important, so is public health. It is therefore vital that the health visiting and school nursing workforce target their resources where they are needed most, and can make the biggest impact through their specialist public health nursing role.

This paper describes the USP of health visitors and school nurses and our position on where they should focus their efforts to maximise their contribution across an integrated “whole system” of support for vulnerable babies, children, young people and families. Getting this right will not only benefit the people we support, it also brings considerable benefits to other services working across health, education and social care.

Focusing health visiting and school nursing resources where they are needed most – their USP in a whole system approach to improving health, reducing inequalities and safeguarding babies, children and young people:

Health visiting and school nursing support child safeguarding in important ways that need to be recognised and protected for wider system benefit – their USP is their "Reach - Range - and Response":

Universal Reach: Health visitors and school nurses are unique in that they are the only services that systematically and proactively reach out to every family with babies, children and young people, providing support for all and a vital safety-net for the most vulnerable. As all families have a health visitor/school nurse, the service is non-stigmatising and is still the most trusted source of advice for parents with high levels of acceptability (health visitors and school nurses have a legitimate reason to work with families through their health functions).

Health visitors and school nurses reach babies, children and young people in a range of settings - home visiting is an important aspect of what makes health visiting successful. Similarly, school nurses support children and young people in schools, alternative education settings, in their community and families in their homes, where indicated, providing a unique home/school link. Seeing a baby, child or young person interacting with their family in their home and other environments provides valuable insight into their world, as well as the risk and resilience factors that can impact on health and wellbeing.

Health visitors and school nurses offer universal key contact points through their universal health and wellbeing reviews which aim to:

- promote child health and development
- prevent harm
- ensure that families at risk are identified at the earliest opportunity
- improve babies', children's and young people's health outcomes across a breadth of topics – providing personalised support and connecting them to other services where indicated.

The importance of a service that sees all babies, children and young people in-person cannot be underestimated. In particular, babies and young children with safeguarding or clinical vulnerabilities, and those not known to other services, are often invisible unless their caregivers reach out; unable to advocate for themselves, they are our most vulnerable citizens.

Range of skills: Health visitors and school nurses are highly skilled, registered and regulated practitioners, trained to work with individuals and communities, focused on supporting better outcomes across: physical health and mental health (for babies, children and young people – and health visitors also support the health needs of parents across the perinatal pathway); child development; social needs; and safeguarding.

They provide universal support to all children and families through different stages of their development and their lives, building relationships with children and families where continued contact is warranted because of need or vulnerability, and taking account of contextual safeguarding issues. Supporting children and young people with their health and development, and their families with the challenges of parenting and their own health needs, is key to creating the healthiest generation of children ever – and a key priority for the new government.

Response: In contrast to the medical model that is predominantly focused on interventions and treatment once a need has been recognised, health visiting and school nursing is focused on "health creation". This involves searching for health needs or risks that may be unknown, ignored or hidden. Many families, especially the most vulnerable, may not be aware of the extent of their own or their children's health needs, or the services that could help them. The evidence is clear that trusting relationships lead to more accurate identification of needs and better uptake of health-promoting messages. Making health changes is not easy – context is important, and personalised support, working in partnership with the individual, builds resilience and solutions together.

Health visiting/school nursing is a profession of vigilance – through health visitors' and school nurses' clinical acumen, reasoning, and application of a breadth of knowledge of public health, they are trained to assess families in context, with professional curiosity to spot nuance and deviations from the norm (across physical and mental health for babies, children, young people and their primary caregivers; child development; and safeguarding) in order to prevent and identify problems early. The skills needed to perform this function extend way beyond the technical capabilities needed to fill in a tick-box screening tool – practitioners also need the clinical, observational and motivational interviewing skills to interpret their findings in context and work with the family/young person, taking a strengths-based approach, to determine the most appropriate course of action, including brokering their engagement.

The early identification of babies, children and young people living with risk and vulnerability is one of the most important functions of public health nursing services in the safeguarding arena that is easily overlooked in the current commissioning landscape, which is focused primarily on the delivery of interventions.

The role of health visitors and school nurses as "Lead Practitioners":

We recognise that there will be instances when health visitors and school nurses are best placed to take on the Lead Practitioner role, when this is in the best interests of the child. However, this needs to be managed by exception and they should not be the default "health" practitioner for this role. Following consultation with our members, the consensus is that, with sufficient resource, and without impacting on the performance of their own designated functions set out in the Healthy Child Programme, health visitors and school nurses might be best placed to take on the Lead Practitioner role in the following exceptional circumstances:

- **Where the legal basis for the child being subject to section 17 child in need designation is solely for their "health" need**, with no other significant social needs that would benefit from a Children's Social Care professional as a "Lead Practitioner". The case management role of families with complex social needs are best managed by children's social care – they are equipped with the infrastructure to manage the governance of these cases, including managing out of hours concerns and emergency situations.

- **For health visitors: For proactive, targeted-selective intensive home visiting specialist nursing programmes.** These programmes target or select families living with significant adversity or with characteristics that place them at greater risk of experiencing problems or worse outcomes. In some areas, health visiting services provide intensive home visiting programmes (for example, the Family Nurse Partnership Programme for young parents, and the Maternal Early Childhood Sustained Home-visiting (MECSH) programme for families living with significant adversity, or at highest risk of poor outcomes). The iHV Vision for Health Visiting makes the case for a broader national approach to targeted intensive home visiting support and the delivery of intensive, health visitor-led home visiting programmes to address the needs of families at the greatest risk of poor outcomes, of which young parents form an important part. When sufficiently resourced, health visitors are ideally placed to deliver these evidence-based programmes to improve child health outcomes.

  Where applicable, section 47 responsibilities would remain with children's social care. Clear boundaries would need to be maintained to ensure that the thresholds for section 47 were not increased for these babies and young children. By working more intensively and proactively with these families - and maximising the unique and complementary skills of both health visitors and social workers - there is considerable opportunity to improve outcomes for the most vulnerable children. There is good evidence from global intensive home visiting programmes that this will reduce wider system costs across the life-course.

- **For school Nurses:** Collaboration to reach the most vulnerable school-aged children and young people: from early intervention services, to dealing with serious youth violence, school nurses have a significant, positive effect on young people's lives which benefit them both within and beyond the school gates. The SAPHNA Vision for school nursing calls for proper investment in the school nurse workforce to enable school nurses to effectively bring their specialist public health skills to collaborative working partnership with other professionals, to provide targeted support to the most vulnerable groups.

- **Where health visitors and school nurses work in robust well-resourced multi-agency teams, such as, Family Safeguarding Hubs and Strengthening Families Models, it may be in the best interest of the child and family for the health visitor/school nurse to be the Lead Practitioner on some section 17 Child in Need cases.** But this would need to be assessed on a case-by-case basis, with sufficient workforce capacity, resources, and a clear mechanism for escalation back to social care.

Our position is:

- Delivery of the Healthy Child Programme to ensure good health and wellbeing, support to families and early help is important and can prevent more serious health and other issues from arising.
- Health visitors and school nurses have a key role to play in safeguarding across all elements of the Healthy Child Programme. Their knowledge and skills are most effective when focused on the prevention of ill health, the promotion of good health and wellbeing, and in the early identification of and support for health and wellbeing needs. Through working at the prevention, promotion and early help end of the safeguarding continuum, health visitors and school nurses can more effectively protect babies, children and young people from abuse and neglect.
- At the targeted and specialist level of the Healthy Child Programme, health visitors and school nurses have a role in participating in the multi-agency response required to support families and protect children when they are the most appropriate professional to do so, as outlined in the principles of Working Together.
- The skills and expertise of health visitors and school nurses make them likely to be the professionals best placed to search for and identify health and wellbeing needs which inform support plans and procedures.
- Where a baby, child or young person has an identified health need, discussions need to take place between health professionals and social care to determine whether a health professional is most appropriate to take on the role of Lead Practitioner and which health professional could take on this role.
- In line with Working Together 2023 guidance, all decisions on the designation of the Lead Practitioner role to a health visitor or school nurse should be "***compatible with their own duties and obligations***" and should "***not interfere with the performance of their own functions***". Decisions should also be made in line with: "***practitioner knowledge, skills, experience and competence; with adequate resources, commissioned service requirements, relevant professional standards as appropriate and accountabilities that will be monitored locally; and with the agreement of the practitioner.***"
- Taking on these additional Lead Practitioner functions, that were previously resourced by the Department for Education, is not cost-free and cannot be absorbed within existing health visiting and school nursing health budgets that are already stretched. Funding will be needed to offset the additional workforce and training costs that will be required to take on these additional professional and bureaucratic procedures in the longer term and to ensure compliance with the Care Law.
- Alternative options should be explored to provide health input into the safeguarding system where children do not have an identified health need but health representation is required in safeguarding processes, such as additional health capacity in multi-agency safeguarding hubs.

Supporting information

Who are health visitors and school nurses and what do they do?

Health visitors and school nurses are part of the "health" workforce, registered with the Nursing and Midwifery Council as registered nurses and/or midwives with additional postgraduate qualifications as Specialist Community Public Health Nurses (SCPHN). These highly skilled practitioners are equipped to work in partnership with babies, children, young people and parents/caregivers with physical and mental health needs; child development or special educational needs; social needs and safeguarding - having a breadth of skills to work with a range of needs brings considerable benefits, supporting timely identification of needs and personalised care planning, including appropriate referrals to other agencies where this is needed.

In England, health visitors lead the Healthy Child Programme (HCP) for children aged 0-5 years and school nurses lead the element for children and young people aged 5-19.

Health visitors and school nurses utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. When babies, children, young people or families with additional needs are identified, the intensity of support will be proportionate to the level of need and risk. Health visitors and school nurses can provide additional targeted and specialist support directly, or through packages of support. Utilising their specialist public health nurse skills provides return on investment, including cost effectiveness, maximising the benefits for parents, children and young people.

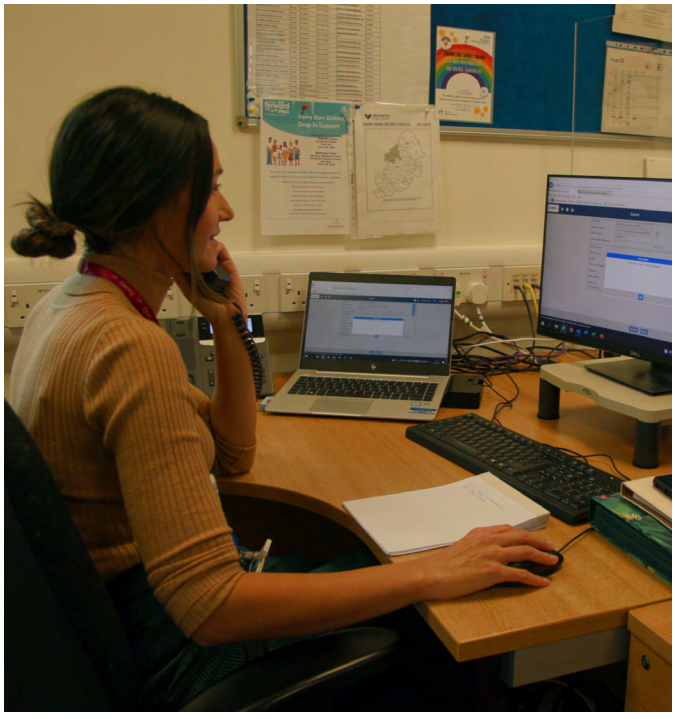
Safeguarding is central to the role of health visitors and school nurses and runs as a thread throughout the Healthy Child Programme. Health visitors and school nurses collaborate with other local services and play a crucial role in connecting families to other services, ensuring that they get good, joined-up support.

- Early Help: They have a key role in promoting children's health and development and preventing harm; providing early help to meet their needs when problems emerge, ensuring they grow up with safe and effective care, within their family where possible, and taking action to enable all babies, children and young people to have the best outcomes, preventing problems reaching crisis point.

Supporting children who are designated as a "Child in need", or in need of protection, is part of the safeguarding process:

- *Child in need* refers to the statutory support provided under section 17 of the Children Act 1989 for a child who is unlikely to reach or maintain a satisfactory level of health or development, or when it will be significantly impaired without the provision of children's social care services, or the child is disabled.

- Child protection is part of safeguarding, an activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. Commissioning guidance states that the role provided by health visitors and school nurses at child protection and safeguarding meetings, or to support vulnerable children, needs to be agreed locally. They should be involved when they are the most appropriate professional to provide health input and advice to safeguarding procedures. In these instances, they would be working actively with the individual child and family on health-related matters, understand their needs, and are therefore best-placed to inform health related decision-making in the child protection context. Effective partnership and multidisciplinary working underpin the core safeguarding principles.



Context: The challenges for health visiting and school nursing.

- Health visitor and school nurse numbers in England have fallen dramatically over the last nine years.
- During this time, the demand for support from these services has increased considerably as child health has deteriorated across a range of metrics, with widening health inequalities. These inequalities are not inevitable, with more babies, children and young people being harmed in recent years by health conditions that are almost entirely preventable.
- Whilst millions of children are seen by health visiting and school nursing services each year, despite the best efforts of these dedicated health practitioners, many are not getting the support that they need when health concerns are identified due to falling workforce numbers.
- Cuts to these vital services are also having knock-on consequences across the health, education and care system (for example, in recent years we have witnessed increasing rates of A&E attendance for children with minor illnesses and preventable conditions, a worsening picture for postnatal health care, late identification of children with complex conditions and disabilities, fewer children "ready for school", falling immunisation rates, concerns about school attendance, a mental health and SEND crisis in schools, and soaring costs of late intervention which are unsustainable) – these are all areas where health visitors' and school nurses' public health input can make a big difference and are core elements of the Healthy Child Programme that need to be prioritised.
- Workforce challenges in children's social care and specialist health services further compound the pressure that is being placed on health visitors and school nurses, with higher thresholds for support and long waiting lists leaving gaps in services that these practitioners are expected to fill (plugging gaps in other services interferes with the delivery of their public health functions and input across multiple clinical "health" pathways in the Healthy Child Programme).
- With preventable disease posing the greatest threats to global health, health visitors' and school nurses' skills are needed to focus on their public health functions more than ever. Countries across the globe are recognising the value of public health nurses to improve population health, with good evidence of impact.
- Changes presented in Working Together to Safeguard Children 2023 have the potential to place additional burdens on health visitors and school nurses without any increase in budget or workforce required to deliver these functions. Concerns have been raised that public health funding, which is ring-fenced for the purposes outlined clearly in the conditions of the public health grant, will be used to offset functions that were previously funded through children's social care. In turn, this will interfere with the performance of health visitors' and school nurses' public health and health care functions as set out in the Healthy Child Programme.

Within the context of these challenges, and a shortage of qualified Specialist Community Public Health Nurses, it is important to focus their limited resource where it is needed most. In order to operate successfully, their offer must include child and family health, child development and support for special educational needs and disabilities, family support, and child safety. Currently, there are rising levels of need across all these domains. Which, without the capacity needed for prevention and early help, leads to: a rise in demand for health services and support for children with SEND; an impact on educational attainment, achievement and attendance; and perpetuate the "firefighting" and crisis management approach that does not serve families well and increases the need for social services intervention.

Remit of the public health grant rules, Health and Social Care Act 2012 and delivery of the Healthy Child Programme.

Under the terms of the Health and Social Care Act 2012, local authorities have a statutory responsibility for improving the health of their local population and commissioning public health services for children and young people aged 0-19 years. The Healthy Child Programme commissioning guidance is designed to support local authorities commissioning public health services for children and young people, and in particular health visiting and school nursing services, recognising *"there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce"*.

The conditions of the Public Health ring-fenced grant to local authorities make clear that:

1. The grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in section 73B(2) of the National Health Service Act 2006 ("the 2006 Act").

2. Those functions are specified as public health mandated functions which include the delivery of the Healthy Child Programme

3. If payments are made out of the fund towards expenditure on other functions of a local authority or the functions of an NHS body, other public body, or a private sector or civil society organisation, the authority must be of the opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the functions described.

4. In particular:

   - "The authority must be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money"

   AND

   - A local authority must, in using the grant, have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain from that part of the health service provided in exercise of the functions referred to in paragraph 3.

The public health grant is only paid to local authorities to support eligible expenditure.

The role of the Specialist Community Public Health Nurses

Service delivery of health visiting and school nursing is set out in three guidance documents:

1. The "Healthy Child Programme (HCP) Schedule of Interventions" provides the national prevention and early intervention public health policy framework that aims to keep children "*healthy and well from preconception to adulthood*", based on a model of proportionate universalism whereby all families get some support, with increased support targeted at those in greatest need.

2. The national Health Visiting and School Nursing Service Delivery Models which includes six **Early Years High Impact Areas and six School Aged Years High Impact Areas** where health visitors and school nurses can make the biggest difference. Described as "*universal in reach, personalised in response*", the model has four levels of service based on need:

   - Community
   - Universal
   - Targeted
   - Specialist

3. Guidance: Commissioning health visitors and school nurses for public health services for children aged 0 to 19. This "*outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing*". Health visitors and school nurses are recognised as "*leaders of the Healthy Child Programme, whilst acknowledging the important contribution of a range of delivery partners*".

Working Together to Safeguard Children (2023): the role of Specialist Community Public Health Nurses

There is widespread consensus that:

"*Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together*" (Working Together to Safeguard Children, 2023).

The recently updated Working Together to Safeguard Children guidance 2023 recognises that health visitors and school nurses, in their universal service, are often best placed to identify early signs of abuse, neglect and those living in challenging family circumstances. If done early enough, then getting help early can often avoid the need for statutory services involvement. While some early help could be provided by the health visiting and school nursing services, it is often "*not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area*" (para 118).

The Working Together guidance includes changes to the "Lead Practitioner" role for babies, children and young people who are supported on a "child in need", section 17 plan which was previously within the remit of children's social care (with funding for the role provided by the Department for Education (DfE)). Changes aim to improve the quality of support that families receive and open up the possibility that health visitors and school nurses will take on the Lead Practitioner role.

The Working Together guidance includes some safeguards to ensure that the right person is selected for the Lead Practitioner (LP) role to meet the needs of the child, and with the following guidance for practice.

Lead Practitioners:

- Will take on additional organisational, leadership and bureaucratic statutory functions to: "*co-ordinate the activity around the family, ensure the assessment and the family plan responds to all needs identified, and lead on ensuring the family co-produce the plan*" (para 120).
- Should be agreed by the practitioner, based on whether [they] hold the skills, knowledge, competence and capacity to do the work:
  - » The local authority should allocate the LP with their agreement (para 156)
  - » When allocating the LP, local authorities and their partners should consider the needs of the child and their family to ensure the LP has time required to undertake the role (para 157)
  - » Social workers can continue to hold the LP role for s17 cases (para 157)
  - » The LP should always be a SW for child protection enquiries (para 157).
- So far, no workforce modelling has been done to determine the workforce requirements and budgets needed to fulfil these additional functions – and apart from some additional funding for the Families First pathfinder sites, no clarity has been given on whether funding will shift from DfE to the host organisations taking on these roles in the future. Taking on these additional functions is not cost-free and cannot be absorbed within existing budgets that are already stretched. Additional funding will be needed to offset the additional workforce and training costs that will be needed to take on these Lead Practitioner professional and bureaucratic procedures in the longer term and to ensure compliance with the Care Law.

Health organisations have:

- A ***duty to co-operate*** under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions, ***provided that this is compatible with their own duties and obligations and does not interfere with the performance of their own functions***. Our professional organisations are in agreement that this clause needs to be fully considered when making decisions on who is best placed to take on the Lead Practitioner role.
- Any cooperation from health bodies should be in line with their ***professional regulations and standards on competence***.
- Local authorities can also ask other agencies to assist in the delivery of support and services under section 17 of the Children Act 1989, but those agencies are under no obligation to do so (para 139).

Local protocols (para 141 onwards), to be published by December 2024, must:

- ***be agreed*** by local authorities with their safeguarding partners
- set out who can act as a Lead Practitioner (LP) and reflect that [*this decision*] will be made in line with practitioner ***knowledge and skills, resources, commissioned service requirements, relevant professional standards as appropriate and accountabilities***
- set out the ***skills, knowledge, experience and competence required for the LP role*** and how this will be monitored locally.