

Meeting the safeguarding needs of all children and young people

Information sharing is key in safeguarding work; however, there has been much disparity between the state and independent school sectors. Claire Ashworth details her journey to improve access to information and communication in her setting in order to better meet the needs of the children in her care.

Claire Ashworth, nurse manager

During my time spent in state sector school nursing I often questioned the disparity in the Healthy Child programme offer and information sharing between state and independent school sectors, only to be informed this wasn't a commissioned service with an assumption that pupils in independent schools were of privileged backgrounds, who did not require the same health offer as their education was privately funded and their health needs would be met by private means. This never sat comfortably with me. In my primitive view, a child of any status or background has similar needs, which should be adequately and equally met. At this point, this cause felt too overwhelming to take further with the NHS hierarchy.

Commencing my nurse manager role in the independent sector many years later, only confirmed and evidenced my initial view. Boarding away from home, brings its own challenges and many pupils in

independent schools are bursary, charity or local authority funded and often have had upbringings in areas of high deprivation. The link between deprivation and health inequalities are well evidenced, therefore my curiosity quickly grew as I questioned how we could achieve equity in the healthy child offer and how vital information sharing between Stonyhurst, and the NHS could be improved.

The reliance on parents as the only avenue for accessing health histories and social information caused grave safeguarding concern, especially where information had proved to be advertently avoided or only partial disclosure was provided. I was acutely aware of the wealth of information free-flowing between statutory organisations, which independent school nurses did not have access to. This included basic facts such as previous or forwarding schools, vaccination status, developmental history, or A&E visits.

Soon after my appointment, the

management of the pandemic took priority, delaying any further action until April 2022.

We came back from the pandemic with a renewed enthusiasm requesting an independent service review, which was commissioned from Medical Officers in Schools Association (MOSA) to evidence the gaps in service, deficits in information sharing and raise the profile of these issues with the senior leadership team and governors. While the report identified our service as sector leading, it was recommended we progressed honorary contracts with the GP surgery and obtained access to EMIS to gain more safeguarding and health information. The communications undertaken with the GPs over the next 7 months unfortunately did not come to fruition; therefore, I looked for alternative avenues and reached out to Catherine Randall, National Associate Director, NHSE Safeguarding, and Sharon White, CEO of the School and Public Health Nurses Association, for support in making connections with school nursing and safeguarding personnel nationally and locally.

Catherine Randall was instrumental in providing key safeguarding links and information on the current direction of the national safeguarding agenda. From there, I contacted Lancashire's safeguarding team and the Child Health Information Service to discuss the opportunity of having a data processing agreement in place, enabling us to share

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Information sharing between statutory organisations and school nurses working in the independent sector will contribute towards meeting the safeguarding needs of all children and young people.

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our pupil information with them. This would identify the children currently on roll at Stonyhurst, enabling the tracking and transfer of child health records and safeguarding information, between state and independent school nursing teams.

Parallel to this, NHS England (Digital) had, in partnership with SAPHNA, conducted a pilot to explore access to NHS mail for nurses working in educational settings. We contacted them to offer our site as a pilot for the roll out of Phase three of Child Protection – Information Service (CP-IS). Initially they questioned the logistics and possibility of National Care Records Service (NCRS) and CP-IS being accessed in an organisation outside of the NHS. They promised to go away and work out a solution. In June, they came back to me, confirming a solution

had been found and Stonyhurst could be issued with an organisational code using our existing email accounts with authorised CIS profiles linked to NCRS and eventually CP-IS. Staff will link with the system securely using the Microsoft authenticator app. Staff information has been exchanged with NHS England and existing profiles were very quickly identified for those staff members having previously had access to these systems. The next step is for all other staff members to obtain authorisation through ID checks. It is expected that this process will be finalised over the next few weeks.

Going forward we have agreed to participate in ongoing research on the use of the NCRS systems to inform the further roll out to school nursing teams. The data processing agreement is in the final process

of being signed off and have prepared for a large data drop from Child Health Information Services in the coming year.

Following a pilot this year, health needs assessments will be rolled out to other cohorts next year, providing a proactive approach and response to pupils' identified need. **CHHE**

FURTHER INFORMATION

NHS England Safeguarding

<https://www.england.nhs.uk/safeguarding/>

SAPHNA

<https://saphna.co/>

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