

Regional Process for Specialist Community Public Health Nurses and Family Nurses





BACKGROUND

Children and their families frequently move across regional and national jurisdictions. It is important that relevant information is shared to ensure that the health, safety and well-being needs of children are maintained. Where there are safeguarding concerns, timely and effective information sharing is imperative to ensure that children are supported and/or protected. Information sharing and record transfer varies across the jurisdictions. A consistent approach for specialist community public health/family nursing is required. This guidance may require updating with the roll out of the Encompass digital integrated care record for Northern Ireland (NI).

AIM

To promote a standardised approach to managing specialist community public health/family nurse transfers of information where children move within and between jurisdictions and where there are safeguarding concerns at levels 3 and 4 of the Hardiker Family Support Model for Northern Ireland¹.

SCOPE

This guidance applies to movement of children and families within and between Trusts in Northern Ireland, and between the jurisdictions of the other United Kingdom (UK) nations and Republic of Ireland (ROI) only. The guidance is for specialist community public health nurses (SCPHN): health visitors and school nurses, and family nurses (FN).

LEGISLATIVE AND POLICY CONTEXT

The following legislation and guidance provide a framework for sharing information appropriately within and across jurisdictions where there is a safeguarding concern:

- ► The 1996 Hague Convention. (Following UK exit from the European Union; the 1996 Hague Convention is enshrined in UK legislation).
- The UK Data Protection Act (2018).
- ▶ The UK General Data Protection Regulation (2021).
- ▶ Ireland Data Protection Act (2018).
- ► The Children (NI) Order (1995).
- Communication Pathway for Midwives, Health Visitors, Family Nurse Partnership Nurses and School Nurses (PHA, 2015).
- Co-operating to Safeguard Children (DoH, 2017).
- ▶ Guidance on Information sharing for Child Protection Purposes (DoH, 2021).
- Regional Core Child Protection Policy and Procedures (SBNI, 2017).
- Regional Guidance on Refusal to Engage and/or Decline Universal Health Visiting and School Nursing Services and for the Management of the "Unseen Child" (PHA, 2020).
- ▶ Understanding the Needs of Children in Northern Ireland (DoH, 2011).
- Working Arrangements for the Welfare and Safeguarding of unaccompanied and separated children and young people (HSCB, 2018).
- Working Arrangements for the Welfare and Safeguarding of child victims and potential child victims of human trafficking and modern slavery (HSCB, PSNI, 2018).
- HSC Trust's operational safeguarding guidance for nurses and midwives.

MOVEMENT IN PROCESS

Depending on local Trust policy, the nurse manager/family nurse supervisor or SCNS should ensure that caseload responsibility is agreed within 24-48 hours. They should escalate to the Named Nurse for Safeguarding Children to agree the next action, where this does not occur.

Prior to initial contact with the family, or if not possible, within 24-48 hours after initial contact, the SCPHN/FN will:

- Seek open door safeguarding supervision/inform the line manager/safeguarding children nurse specialist (SCNS) where required.
- Gather as much information from the previous SCPHN/FN or ROI public health nurse via a verbal handover.
- ► Ensure a verbal handover with the appropriate line manager in the previous area, where the previous SCPHN/ROI public health nurse is not known.
- For UK request child health record, using a CHS8, via the Child Health Office (CHO).
- ▶ Where UK records are not received within 10 working days, contact the previous SCPHN or CHO to make a second request. Where records have not been received within a further 10 working days (a total of 20 working days), discuss with the SCNS/line manager and agree next action. This may include submitting a DATIX incident report.

- ▶ For ROI request copies of relevant information for example, full records, centile charts, written summary if available from the ROI public health nurse and confirm this in an email. Where information is not received within 10 working days, contact the ROI public health nurse to make a second request. Where records have not been received within a further 10 working days (a total of 20 working days) weeks, discuss with the safeguarding children nurse specialist/line manager and agree next action. This may include submitting a DATIX incident report.
- Review the previous records/written information on receipt and contact the previous SCPHN/ROI public health nurse where there is missing information or anything that requires clarification.
- Liaise with the current social worker and any other relevant professional, where they are involved.
- ► Check the Northern Ireland Missing Person database via Gateway children's social services (or the safeguarding children nurse specialist depending on Trust policy) if there is a suspicion that the child/family has moved and there has been a concern in their previous area meeting the criteria for a missing person alert.
- ➤ Visit the child/family within 5 working days of becoming aware of movement in to Northern Ireland.
- Review/update individual and family health assessments including asking Routine Enquiry into domestic abuse (SCPHN only).
- Review/update individual health assessments including asking Routine Enquiry into domestic abuse and complete key issue summary (family nurse only).
- ▶ Record how and when the SCPHN/FN became aware that the child/family had moved in to their area, along with the name, designation and date that the SCPHN/FN assumed caseload responsibility for the child.

Following contact, the SCPHN/FN will:

- Seek open door safeguarding supervision/inform the line manager/SCNS if required.
- ▶ Complete a CHS 8 and return to the CHO if not already done so.
- ► For movement in from outside of NI, commence a new NI child health record and include any summary or relevant information from previous records or the verbal handover. This will include analysing previous growth measurements.
- ► For movement within NI, agree, where possible that the previous SCPHN/FN will complete an adoption report if one is requested within 3 months of the movement in. Agree who will complete other reports for example child protection case conference or Looked After Children reports on a case by case basis.
- ▶ Record the rationale for deviation from any part of the process in the child health record.

NB: Local CHOs retain an up to date list of counterparts/equivalents in the UK and ROI where possible. If the previous SCPHN/FN or ROI public health nurse is not known, the CHO should be contacted for initial contact details. ROI Director of Public Health Nursing details are included in Appendix 1. While personnel may change, office numbers are likely to remain the first contact for signposting to local ROI public health nursing offices.

MOVEMENT OUT PROCESS

Where there is any unresolved difference of opinion regarding the acceptance of caseload responsibility by the receiving SCPHN/FN or ROI PHN, the nurse manager and/or SCNS should escalate to the Named Nurse for Safeguarding Children within 24-48 hours to agree the next action.

Prior to a planned movement out or within 24-48 hours of being made aware that a family have moved, the SCPHN/FN will:

- Seek open door safeguarding supervision/inform their line manager/SCNS where required.
- ▶ Provide a verbal handover to the receiving SCPHN/FN or ROI public health nurse. This must occur before the Safeguarding Children Summary Transfer Template (Appendix 2) is forwarded as it does not replace the need to record full details of discussions and any actions in the child health record.
- ▶ Provide a verbal handover to the appropriate line manager in the receiving area where the receiving SCPHN/FN or ROI public health nurse is not known.
- Liaise with the current social worker, providing details of the receiving SCPHN/FN or ROI public health nurse and follow up in writing.
- Liaise with any other involved professional, where relevant.
- Complete a CHS 8, clearly highlighting that the records should be transferred within 24-48 hours, and return to the CHO.
- For the ROI, complete and forward the Safeguarding Children Summary Transfer Template (Appendix 2) within 24 hours of the verbal handover- hard copy or password protected document/encrypted email. Retain a copy in the child health record. Forward records to the NI CHO. Copies of full or partial records can be forwarded as agreed, and proportionate to the transfer of care, or made available on request. This should be recorded on the Safeguarding Children Summary Transfer Template (Appendix 2).
- ▶ For the other three UK nations, ascertain how records and the Safeguarding Children Summary Transfer Template (Appendix 2) are to be forwarded. Electronic records can be copied and forwarded via password protected document/encrypted email to the receiving SCPHN/FN. Electronic records can also be printed off, filed in the NI Child Health Record and forwarded to the receiving SCPHN/FN via the local CHO.
- Within NI, where the SCPHNs/FNs are meeting for a face to face handover or are in close proximity to each other, transfer the records directly, add the detail to the CHS 8 and return to the CHO.
- Only forward information that is legitimately part of the child health record for example, SCPHN/FN generated material or correspondence received from another professional. Remove other disciplines' information shared for a specific reason: for example, social worker reports for safeguarding meetings (the child health record should reflect the detail of the meeting and any actions agreed). Appendix 3 details the range of information that should be retained or removed from the child health record prior to transfer.
- ► For movement within NI, agree, where possible that the previous SCPHN/FN will complete an adoption report if one is requested within 3 months of the movement out. Agree who will complete other reports for example child protection case conference or Looked After Children review reports on a case by case basis.

- ▶ Where children are separated and moving to different areas within NI and the rest of the UK, retain the original Family Health Assessment (SCPHN only) and Chronology of Significant Events in the youngest child's child health record. Copy both documents, file and forward in each of the older children's child health records, marked 'copy only'. Include a Safeguarding Children Summary Transfer Template (Appendix 2) in each child's record. For ROI, follow the procedure for movement out for each individual child as described above.
- ▶ Where a new born baby and mother are separated and either is transferred within NI or another UK jurisdiction, forward the entire child health record and maternal information to the new SCPHN/FN where the baby is residing via the local CHO. The SCPHN/FN where the baby is residing will deliver interventions to the baby.
- ▶ Where the mother remains in NI, provide postnatal interventions to the mother up until 14-16 weeks, or a longer defined time scale based on assessed need, commence a second maternal section and indicate this on the original maternal section (the original will be sent as part of the entire record to the SCPHN/FN where the baby is residing as described above).
- Once the episode of care with the mother is complete, the SCPHN/FN providing interventions to the mother, will return the second maternal section to the SCPHN/FN where the baby is residing for amalgamation into the child health record.
- ▶ For ROI, where a new born baby and mother are separated and the baby transfers to ROI, follow the procedure for movement out for the child as described above. Where the mother remains in NI, provide postnatal interventions to the mother up until 14-16 weeks, or a longer defined time scale based on assessed need, and forward the entire record to CHO once the episode of care is complete.
- ▶ Both SCPHNs/FNs and ROI public health nurses will liaise closely, including in writing, where required using the PHA Communication Pathway for Midwives, Health Visitors, Family Nurse Partnership Nurses and School Nurses (NI SCHPH/FN only) or password protected document/encrypted email until the episode of care with the mother is complete.
- ► For children who are temporarily moving out of area, the two SCPHNs/FNs, on discussion with the line manager and/or SCNS will agree if full transfer should occur or if a shared arrangement is agreed, who will hold caseload responsibility depending on:
 - The expected length of temporary move.
 - The geographical distance between the areas.
- ► For looked after children transferring out of area, the two SCPHNs/FNs, in discussion with the line manager and/or SCNS, will agree who will hold caseload responsibility depending on:
 - The expected length of placement- short, long term or pre-adoptive.
 - The care plan for example, reunification with parents.
 - Ongoing assessments.
 - The potential for a court or adoption report.
 - If there are other children in the home or in separate placements.
 - The geographical distance between the areas.

- ▶ For both scenarios above, agree a period of co-working where the original SCPHN/ FN retains overall case responsibility where continuity of care is best practice for the child and family but another undertakes some interventions. This arrangement should be reviewed no later than 3 months of commencement. Both SCPHNs/FNs will ensure that records clearly reflect who is responsible for each action and who has overall responsibility. Always discuss these situations with the line manager/SCNS, as there may be other operational factors to consider.
- ▶ Discuss the case with the line manager/SCNS where the new address is unknown, and make every effort to trace the family's movement via the GP practice and social services, where relevant. The Regional Guidance on Refusal to Engage and/or Decline Universal Health Visiting and School Nursing Services and for the Management of the "Unseen Child" (PHA, 2020) and local HSC Trust 'unseen child' policy should be followed.
- ► Forward the records to the CHO, where efforts to trace the family are unsuccessful. The Safeguarding Children Summary Transfer Template (Appendix 2) should be filed in each child's record. This will alert the receiving SCPHN or public health nurse to the concern, should a request for records come from another jurisdiction.
- ▶ Record how and when they became aware that the child/family had moved out of their area, along with the name, designation and date that the SCPHN/FN ceased responsibility for the child.
- ▶ Record the rationale for deviation from any part of the process in the child health record.

NB: Local CHOs retain an up to date list of counterparts/equivalents in the UK and ROI where possible. If the new SCPHN/FN or ROI public health nurse is not known, but the address or area is, the CHO should be contacted for initial contact details. ROI Director of Public Health Nursing details are included in Appendix 1. While personnel may change, office numbers are likely to remain the first contact for signposting to local public health nursing offices.

APPENDIX 1: REPUBLIC OF IRELAND DIRECTOR OF PUBLIC HEALTH NURSING CONTACTS

(subject to change)

Location	Director of Public Health Nursing	Contact
CHO 1 Cavan/ Monaghan	Edel McAweeney, DPHN 16 Town Hall Street, Cavan, Co. Cavan	 edel.mcaweeney@hse.ie 049 4353747 086 8078532
CHO 1 Donegal	Catherine Mc Bride, DPHN Health Service Executive, St Conal's Building, Kilmacrennan Road, Letterkenny, Co. Donegal	 dphn.donegal@hse.ie catherine.mcbride@hse.ie 074 91 04648 087 667 2175
CHO 1 Sligo/ Leitrim/West Cavan	Maire McGetrick, DPHN Health Service Executive West, Markievicz House, Barrack Street, Co. Sligo	 maire.mcgetrick@hse.ie 087 9824307 071 9155144 071 9155168
CHO 2 Galway	Helen Martin, DPHN Community Healthcare West, 25 Newcastle Road, Co. Galway	 ▶ helen.martin@hse.ie ♣ 091 546343 ♣ 086 8202348
CHO 2 Mayo	Ann Marie McDermott, DPHN Health Service Executive, County Clinic, Castlebar, Co. Mayo	 □ annmarie.mcdermott@hse. □ ie □ 094 9042200 □ 087 6657690
CHO 2 Roscommon	Jan Flanagan, DPHN HSE West, Government Buildings, Convent Road, Co. Roscommon	
CHO 3 Clare	Grainne Ryan, IDPHN Health Service Executive, Sandfield Centre, Ennis Centre, Co. Clare	□ grainnea.ryan.@hse.ie □ 0876184972

Location	Director of Public Health Nursing	Contact
CHO 3 Limerick/ North Tipperary	Mary Shanahan, DPHN Health Service Executive, Raheen Business Park, Ballycummin Avenue, Co. Limerick	 mary.shanahan1@hse.ie 061 483737 0860400590
CHO 4 Kerry	Helen Sweeney, DPHN Health Services Executive Kerry, Community Services, Rathass, Tralee, Co. Kerry	 ✓ Helen.Sweeney@hse.ie ✓ 066 7154552 ✓ 087 3970757
CHO 4 North Cork	Mary B O Sullivan, DPHN Director of Public Health Nursing Cork Kerry Community Healthcare Health Service Executive Mallow Primary HealthCare Centre Mallow Co. Cork	
CHO 4 North Lee Cork City	Nicola Brett, Nth Lee DPHN Floor 1 Block 8, St. Finbar's Hospital, Douglas Road, Co. Cork	 nicola.brett@hse.ie 021 4923876 086 7872353
CHO 4 South Lee Cork City	Elizabeth Healy, DPHN Floor 1 Block 8, St. Finbar's Hospital, Douglas Road, Co. Cork	 Elizabeth.healy@hse.ie 021 4923915 0867871682
CHO 4 West Cork	Joanna Mc Carthy, DPHN Health Service Executive, West Cork, Coolnagarrane, Skibbereen, Co. Cork	
CHO 5 Carlow Kilkenny	Barbara McMahon, DPHN Health Service Executive, Community Care, James Green, Co. Kilkenny	 □ barbara.mcmahon@hse.ie □ 087 8166884 □ 056 7784773

Location	Director of Public Health Nursing	Contact
CHO 5 South Tipperary	Margaret Burke, IDPHN South Tipperary PHN Department, St Lukes, Western Road, Clonmel, Co Tipperary	 MargaretN.Burke@hse.ie 052-6177338 087-6533888
CHO 5 Waterford CHO 5 Wexford	Jean O'Keefe, DPHN Cork Road, Co. Waterford Mary B Finn-Gilbride, DPHN Community Care Offices,	 ✓ JeanM.OKeeffe@hse.ie ✓ 087 6297139 ✓ maryb.finn-gilbride@hse.ie ✓ 087 2071377
CHO 6 Dublin South East	Upper George's Street, Co. Wexford Maeve Smyth, DPHN Community Nursing Service CHCE DSE, Vergemount Hall,	
CHO 6 Dublin South	Clonskeagh Hospital Campus, Clonskeagh, Dublin 6, DO6 EY 15 Eileen Grehan Interim, IDPHN Dublin South Health Service Executive, Tivoli Road, Dun Laoghaire, Co. Dublin	 ☑ eileen.grehan@hse.ie ↓ 01 2365200/2843579 ↓ 087 9793253
CHO 6 Wicklow	Oonagh Murphy, IDPHN Community Healthcare East HSE, Glenside Road, Wicklow Town, Co. Wicklow	
CHO 7 Dublin South City	Neil Dunne, DPHN Meath Campus, Heytesbury St, Co. Dublin 8	
CHO 7 Dublin Dublin South West	Ger McGoldrick, DPHN Health Service Executive, HSE Carbury Building, Tallaght Cross, Co. Dublin	 □ ger.mcgoldrick@hse.ie □ 01 4154723 □ 087 2580145

Location	Director of Public Health Nursing	Contact	
CHO 7 Dublin West	Anne Lynott, DPHN Health Service Executive, Dublin West, Community Services, Cherry Orchard Hospital, Ballyfermot, Co. Dublin 10	 □ anne.lynott@hse.ie □ 01 7955727/55738 □ 086 4112442 	
CHO 7 Kildare/West Wicklow	Sheila Geoghegan, DPHN Health Service Executive Dublin South, Kildare West Wicklow Community Service, St Mary's Community Services, Craddockstown Rd, Naas, W91 NR29, Co. Kildare	sheila.geoghegan@hse.ie 087 9188151	
CHO 8 Laois/Offaly	Joan Bourke, DPHN Health Service Executive, Arden Road, Tullamore, Co. Offaly		
CHO 8 Longford/ Westmeath	Margaret Nally, DPHN Health Service Executive, Health Clinic, Mullingar, Co. Westmeath	margaret.nally@hse.ie 086 0403632	
CHO 8 Louth	Ann Duffy, DPHN Community Care Building, Louth County Hospital, Dublin Road, Dundalk, Co. Louth		
CHO 8 Meath	Siobhan Stafford, IDPHN Kells Primary Care Centre, Navan Road, Kells, Co. Meath.	 siobhan.stafford@hse.ie 046 9251463 087 1253855 	
CHO 9 Dublin North	Gonne Barr, DPHN HSE Community Healthcare Organisation, Dublin North City & County Fujitsu House, Unit 100, 1st Floor, Lakeshore Drive, Airside Business Park Swords, Co. Dublin	 ■ gonne.barry@hse.ie ♣ 01 8953757 ♣ 086 0253602 ♣ 01 8953719 	

Location	Director of Public Health Nursing	Contact
CHO 9 Dublin North Central	Jacqueline Austin DPHN Dublin North City Area, HSE Dublin/North East, Health Service Executive, CHO 9 Dublin North City, Ballymun Civic Offices, Ballymun, Co. Dublin 9	 □ jacqueline.austin@hse.ie □ 01 8467182 □ 0871311863
CHO 9 Dublin North West	Cathy Geraghty IDPHN Health Service Executive, Community Healthcare Organisation, Dublin North City & County, North West Dublin Services, Ground Floor, Unit 4&5, Nexus Building, Block 6A, Blanchardstown Corporate Park, Ballycoolin, Co. Dublin	

APPENDIX 2

Specialist Community Public Health Nursing/Family Nurse Safeguarding Children Summary Transfer Template

	Family Details/Composition/Network						
Name of Child	DoB/ EDD for unborn baby	HCN	Disability	Child in need	Child protection Register	Category of Registration	LAC/ Legal status
			Υ□	Υ□	Υ□		
			N□	N 🗆	N□		
			Υ□	Υ□	Υ□		
			N□	N 🗆	N□		
			Υ□	Υ□	Υ□		
			N□	N 🗆	N□		
			Υ□	Υ□	Υ□		
			N 🗆	N 🗆	N□		
Addres	S						

Address		
Previous:	New:	
Telephone:	Telephone:	
Telephone:	Telephone:	

Person with Legal Parental Responsibility		
Name:	Name:	
DOB:	DOB:	
Relationship:	Relationship:	
Address:	Address:	
Telephone:	Telephone:	

Significant Other Family/Friends		
Name:	Name:	
DOB:	DOB:	
Relationship:	Relationship:	
Address:	Address:	
Telephone:	Telephone:	

Foster Carers		
Name:	Name:	
DOB:	DOB:	
Relationship (if kinship):	Relationship (if kinship):	
Address:	Address:	
Telephone:	Telephone:	
Are foster carers details confidential and not to be shared with the family? Yes No		
Not applicable:		

Background

Prompt - remove on completion:

General background information. Brief description of what led to current situation.

What is working well - summary?

Prompt - remove on completion:

Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding/family support meeting within the last 3 months - attach report and make reference here ie '[name of meeting] report attached'

What are we worried about - summary?

Prompt - remove on completion:

Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding/family support meeting within the last 3 months-attach report and make reference here ie '[name of meeting] report attached' or 'as above"

Include past harm and complicating factors

What needs to happen - summary?

Prompt - remove on completion:

Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding/family support meeting within the last 3 months - attach report and make reference here ie '[name of meeting] report attached' or 'as above"

Safeguarding Meeting (strategy/core group/case conference/LAC review)		
Date of last meeting:		
Date of next meeting:		
Not applicable:		
Social Work Case Coordinator		
Previous	New if known	
Name:	Name:	
Designation:	Designation:	
Base:	Base:	
Telephone/Email:	Telephone/Email:	
Date discussed: Date discussed:		
Not applicable: Not applicable:		
Other professional network		
Name: Prompt - remove on completion: include GP	Name:	
Designation:	Designation:	
Base: Base:		
Telephone: Telephone:		
Other professional network		
Name:	Name:	
Designation:	Designation:	
Base:	Base:	
Telephone: Telephone:		

Handover			
Name of receiving SCPHN/Family Nurse/ROI Public Health Nurse:			
Designation of receiving SCPHN/Fa	amily	/ Nurse/ROI Public Health Nurse:	
Base:		Telephone/Email:	
Date of verbal handover:		·	
Date of Safeguarding Children Sun	nmar	ry Sheet Transfer Template forwarded:	
Copies of written/electronic record	lc•		
-		N□	
Family Health Assessment:	Y 🗆	N□	
Chronology of significant events:	Y 🗆	N□	
٥, ٥		N□	
Or			
Available on request:	Y 🗆	N□	
Comments:			
Date child health records returned	to lo	ocal Northern Ireland Child Health Office:	
Contact details of local Child Health Office:			
Date CHS8 completed:			
Current SCPHN/Family Nurse			
Name:		Designation:	
Base:		Telephone/email:	
Signature		Date:	

APPENDIX 3: CHILD HEALTH RECORD INFORMATION RETENTION/REMOVAL

Document	Action
Practitioner generated UNOCINI preliminary assessment/referral.	Retain in safeguarding section (where available).
 Practitioner reports. Safeguarding children meeting nursing and midwifery summary sheet. 	Retain in safeguarding section (where available).
 Safeguarding children open door supervision/advice record. Record of safeguarding children one to one case supervision. 	Retain original in supervision section (where available).
UNOCINI Assessment/Pathway.	Read, record in file.
 Strategy minutes. Core group minutes. Case conference minutes. Family support meeting minutes. Pre- birth planning meeting minutes. Discharge planning meeting minutes. 	Retain in safeguarding section of child's health record while case open to social services and where there is ongoing service involvement. Otherwise read, record in file and shred.
► Looked After Child (LAC) minutes.	Read, record in file and shred.