Standard Operating Procedure Caseload Handover
Health Visitor to School Nurse

<table>
<thead>
<tr>
<th>Author</th>
<th>Chris Buzzard Head of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kirstie Lynn Named Nurse Safeguarding Children</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Dr Paul Millard, Clinical Director for Children's Services</td>
</tr>
<tr>
<td>Responsible committee</td>
<td>Children’s Services Division</td>
</tr>
<tr>
<td>Ratified by</td>
<td></td>
</tr>
<tr>
<td>Date ratified</td>
<td></td>
</tr>
<tr>
<td>Date issued</td>
<td></td>
</tr>
<tr>
<td>Review date</td>
<td></td>
</tr>
<tr>
<td>Version</td>
<td>Final</td>
</tr>
<tr>
<td>If developed in partnership with another agency, ratification details of the relevant agency</td>
<td>None</td>
</tr>
</tbody>
</table>

Signed on behalf of the Trust : ..........................................................
Attila Vegh Chief Executive

Elizabeth House, Fulbourn Hospital, Fulbourn, Cambs, CB21 5EF Phone: 01223 726789
## Version Control Page

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>10/10/11</td>
<td>Chris Buzzard, Kirstie Lynn</td>
<td>Draft 1</td>
</tr>
<tr>
<td>3.0</td>
<td>11/11/11</td>
<td>Chris Buzzard, Kirstie Lynn</td>
<td>Final Draft</td>
</tr>
<tr>
<td>4.0</td>
<td>16/11/11</td>
<td>Chris Buzzard, Kirstie Lynn, Rowena Harvey</td>
<td>Amended final draft</td>
</tr>
<tr>
<td>5.0</td>
<td>21/12/11</td>
<td>Chris Buzzard, Kirstie Lynn, Rowena Harvey</td>
<td>Final version</td>
</tr>
</tbody>
</table>
**CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>1  Purpose</td>
<td>4</td>
</tr>
<tr>
<td>2  Scope</td>
<td>4</td>
</tr>
<tr>
<td>3  Definitions</td>
<td>4</td>
</tr>
<tr>
<td>4  Duties and Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>5  Process</td>
<td>5</td>
</tr>
<tr>
<td>6  Outcome</td>
<td>6</td>
</tr>
<tr>
<td>7  Record Keeping</td>
<td>6</td>
</tr>
<tr>
<td>8  Education and Training Requirements</td>
<td>6</td>
</tr>
<tr>
<td>9  Monitoring Effectiveness of Implementation</td>
<td>6</td>
</tr>
<tr>
<td>10 Links to Other Documents</td>
<td>6</td>
</tr>
<tr>
<td>11 References and Acknowledgements</td>
<td>6</td>
</tr>
<tr>
<td>Appendix 1 - Flow Chart Standard Operating Procedure</td>
<td>7</td>
</tr>
</tbody>
</table>
**Introduction**

This Standard Operating Procedure (SOP) is informed by a local serious case review 2011, in which it was acknowledged that the Health Visiting/ School Nursing service would benefit from a more formalised procedure for school transition.

Transition from Health Visitor to School Nurse is a crucial moment in a child’s life. In order to support children starting school the following practice will be undertaken to ensure a smooth transition and identification of problems that may impact significantly on the child.

Health organisations are fully committed to information sharing and already share a great deal of information at an operational level. Information sharing is necessary to ensure that individuals can and do receive the care, protection and support they require. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding (Working Together 2010).¹

1 **Purpose**

The aim of the standard operating procedure is to improve outcomes for children by providing staff with a common understanding and a clear process for the transfer of children, with known needs, from Health Visitor to School Nurse caseload prior to school entry.

2 **Scope**

This standard operating procedure applies to all Health Visiting and School Nursing staff employed within CPFT who have caseload responsibility for children.

3 **Definitions**

School entrant child - statutory school starting age is the term after a child’s fifth birthday although children can be admitted to reception class at the beginning of the year in which they become five

CAF - Common Assessment Framework - common method of assessing the needs of children and young people that can be used by the whole children’s workforce, including those in universal services.

TAC – Team Around the Child is a model of service provision in which a range of different practitioners come together to help and support an individual child.

4 **Duties and Responsibilities**

There is a duty for members of staff working directly with families to participate with local authorities to ensure children are safeguarded effectively (Children Act section 10 1989 / 2004). This should focus on the child’s needs and in line with local and national guidance (Healthy Child Programme 2009)

---

¹ Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children, DOH 2010.
5 Process

5.1 Health Visitor to identify all eligible children on caseload by the end of May who will be commencing school in the Autumn term. A small cohort of children will remain in nursery or defer their school place for up to a year. In these cases the family Health Visitor remains the main case holder and will need to ensure the needs of the child are met. Once a school place is identified the process below will be followed.

5.2 Any child/ family with which the Health Visitor has an ongoing package of care may require a period of joint working and gradual handover. There is no age cut off point. It is important in these cases there are no gaps in care and there is always a named practitioner with responsibility for the care delivered.

5.3 Health Visitor identifies children who meet criteria for School Nurse handover:
- Current Child protection plan
- Current Child in Need plan
- Team around the child (TAC)
- Current CAF
- Cases open to children social care
- Looked after children

In the following cases if no CAF assessment completed the practitioner needs to follow the Integrated Processes guidelines to assess whether a full CAF is required\(^2\):
- Cases open to Child protection supervision
- Cause for concern (eg Domestic abuse, substance misuse, parental mental health concerns etc)
- Major disability
- Medical needs that would benefit from a care plan in school

5.4 It is the responsibility of the Health Visitor at the point of handover, to ensure that a current status is established in cases where children are open to children social care. The escalation process should be followed where insufficient progress is evident\(^3\).

5.5 Health Visitor to arrange face to face handover meeting with relevant School Nurse to take place prior to the end of the summer term.

5.6 Following the handover the actions agreed should be documented on Systm1 on the child’s electronic health record, by the Health Visitor.

5.7 The Child Health Administration Department ensure transfer of the electronic record to the School Nurse caseload ready for the autumn term.

5.8 School Nurse questionnaire sent to parents by Child Health Administration service via the child’s school, prior to the autumn term, to identify any further children with unknown concerns or parental concerns.

5.9 School Nurse to initiate a face to face appointment with child and parent/ carer to discuss concerns and undertake further assessment by completing a Pre-CAF questionnaire. This may generate a care plan, referral for further support/ services, ongoing intervention or escalation of concerns. Further assessment may be required by completion of a full CAF.

---


\(^3\) [http://www.peterboroughlscb.org.uk](http://www.peterboroughlscb.org.uk)
5.10 Children who have no concerns raised are given the universal offer of height, weight, vision and hearing screening as well as the parental questionnaire.

5.11 Evidence of assessment, identification of need, actions undertaken and clear expectation of outcomes evidenced, will be documented on the child’s electronic health record/ system1.

5.12 Consideration should be given for the case to be presented at practitioners safeguarding children supervision session as per Safeguarding Children Practice Guidance (2010).

6 Outcome

- There will be a smooth transition from Health Visitor to the School Nursing service
- Any identified needs will be communicated appropriately
- Any current episodes of care will be transferred across the service
- Information regarding other professionals involved with a child will be communicated
- Caseloads will be reassigned electronically in a timely manner

7 Record Keeping

Good record keeping effectively communicates the role that has been undertaken, information collected and analysis made to make decisions and plans. It ensures information contained in the records is clear and that any practitioner reading the record will be well informed and able to deliver the most appropriate service to that child and family.

All records will be maintained with regards to The Code, Nursing and Midwifery Council (2008)4 and the trust record keeping standard.

8 Education and Training Requirements

Staff to be up to date on Integrated Processes to include completion of Pre CAF and CAF. Training provided by Peterborough City Council.

9 Monitoring Effectiveness of Implementation

- Annual Record Keeping Audit
- Monitor effectiveness at Safeguarding Supervision for compliance
- Datix incidents will demonstrate adverse events

10 Links to Other Documents

Safeguarding Children Practice Guidance
Record Keeping Policy

11 References and Acknowledgements

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Department of Health 2010

TW Serious Case Review 2011 – Peterborough Safeguarding Children Board

Peterborough Children Safeguarding Board procedures

The Code NMC 2008

4 www.nmc-uk.org
Appendix 1

Health Visitor identifies all forthcoming school aged children on caseload by end of May

Is a school identified for the child

- yes
  - Health visitor identifies children who meet criteria for school nurse handover:
    - Current Child Protection Plan
    - Current Child in Need Plan
    - Team around the child (TAC)
    - Current CAF
    - Case open to Children’s Social Care – status to be established at point of handover and escalation process to be considered if appropriate
    - Looked after children
    In the following cases if no CAF assessment completed the practitioner needs to follow the Integrated Processes guidelines to assess whether a full CAF is required
    - Cases open to child protection supervision
    - Cause for concern (e.g. domestic abuse, substance misuse, parental mental health issues etc)
    - Major disability
    - Medical needs that would benefit from a care plan in school
  - Health visitor arranges face to face handover meeting with relevant school nurses
  - Handover process and action agreed documented on child’s electronic health records by health visitor
  - School nurse health interview appointment to be prioritised in all cases
  - Pre CAF assessment completed
  - Needs identified and further actions initiated, recorded in the child’s electronic health records and timescales established
  - Current school nurse directory to all health visitors by June
  - Child Health administrator to ensure transfer of electronic health records from health visitor to school nurse ready for autumn term

- no
  - Child enters school at a later date
  - Health visitor to keep family on caseload until a school placement is established and school nurse identified or if child remains in an early years setting for a further year
  -孩子 is not included in HV to school nurse handover
  - School nurse to request termly class lists and inform child health department of any changes
  - School nurse health interview appointment to be prioritised in all cases
  - CAF to be completed as appropriate
  - Child with identified concerns to be discussed at safeguarding children supervision

- no
  - Child enters school at a later date
  - Health visitor to keep family on caseload until a school placement is established and school nurse identified or if child remains in an early years setting for a further year
  - School nurse to request termly class lists and inform child health department of any changes
  - School nurse health interview appointment to be prioritised in all cases
  - CAF to be completed as appropriate
  - Child with identified concerns to be discussed at safeguarding children supervision