



Standard Operating Procedure for Information Sharing Pathways with Education partners

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Ratified by	Safeguarding Operational Meeting, NUTH / 0-19 Senior School Nurses / 0-19 Clinical Educator

Background Information.	<u>Initial response and information sharing</u> A 0-19 practitioner may consult with children, young people and carers for many reasons and use many tools to support the assessment process. Within the assessment and treatment of children and young people, special attention is paid to the issues of confidentiality, the young person's consent (including Gillick competence), parental consent, child protection, the use of the Mental Health Act in young people and the Children Act. While Children and young people can be assured of their confidentiality within the school health service, it is important that they are made aware of the circumstances when information must be shared. In high risk situations, safeguarding policies must be followed and additional professional advice sought with a consideration to Children's Social Care referral. However, the need to keep children and young people safe relies on a combination of information sources to obtain a whole picture (as identified during serious case reviews) and sometimes this may fall below the threshold of High Risk. This is because there may be low level concerns which in isolation does not register as high risk and would require reciprocal sharing of information in order to obtain a cohesive idea of the risks posed to the young person. In an effort to clarify what is to be shared between school health and educational establishments, this document has been composed using guidance from DfE (2024) DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers
Objectives:	This guideline provides guidance to all 0-19 Service Community Health staff working with children and young people in



	Newcastle. - To identify at what point of concern would 0-19 practitioner share concerns with nursery or educational partners. - To ensure a clear pathway is practical in order to allow sharing of health information that is relevant and appropriate to the needs of the individual child, young person and family.	
Scope:	This procedure applies to all 0-19 Community Health Staff.	
Responsibility:	0-19 practitioner	
Procedure:	0-19 practitioner meets with the Young Person or Child for assessment or on-going support.	Assessment tools may include but are not limited to: - Mental Capacity. - Use of Validation Tools. - Eg. IBA (Alcohol/ Substances) - DASH – RISK (DVA) - U18 proforma (Sexual health) - NSCB Sexual Exploitation Risk Assessment tool - Solihull Assessments - Mental Health Screening tools - FGM risk assessment tools (may be used with parents not the young person)
	A decision is made by the practitioner as to the level of risk assessed within the consultation.	Red: <u>Clear Safeguarding Concerns.</u> This Child or Young Person is at real risk of being harmed. Follow local Safeguarding procedures including telephone call to Safeguarding Advisors 0191 2829150. Inform Educational Safeguarding Lead
		Amber: <u>Low Level Concerns.</u> This Child or Young Person has no immediate risk of being harmed but the behaviour or information given during the assessment process has concerned the assessor. The child or young person has been deemed competent.



		Consent is requested from Young Person / Child to Share information given. Consent to share given?	
		No: 0-19 Practitioner to discuss with SCPHN Caseload Holder or telephone Safeguarding Advisors (0191 2829150) and documents on health records.	Yes: 0-19 practitioner to determine what adult / teacher / staff member (in school) the Child / Young Person specifically wants to share information with and document on school health records. Share with educational provision using young person's choice of adult.
		<u>Green:</u> No Concerns noted from assessment / consultation. No sharing of information. Follow the Nursing and Midwifery Council regulations (5.4) within the 'Code of Practice' which stipulate, "Share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality" The Code	

