Objectives Over 50,000 children and young people in England are subject to a child protection plan. It is well established that abuse is detrimental to many aspects of child health in the short-, medium- and long-term. This project sought to build on existing knowledge to further understand the role health plays in child protection conferences. Specifically it sought to understand the health needs of vulnerable children and young people subject to child protection plans, how health needs are discussed at child protection conferences and which professionals are advocating for children and young people’s health through the child protection process.

Methods Retrospective cohort study of case notes relating to 24 families (40 children) who underwent initial and review child protection conferences from January 2019-February 2021 in one local authority. This included accessible NHS notes and minutes from child protection meetings. Conference notes were reviewed to understand why conferences were taking place, which professionals were present, what health needs were discussed and what steps were taken in child protection plans to address health needs.

Results Health needs were almost universally addressed in child protection plans (23/24), with plans most commonly reporting on the need for school nurse assessment or health visitor monitoring. Health visitors and school nurses attended almost all conferences. Only seven children in this cohort were offered a Child Protection Medical Assessment with a paediatrician. High BMI and emotional distress were the most common health needs discussed. Emotional health was regularly commented on in conferences, particularly when domestic abuse was a factor. Plans commented on the need for CAMHS referral or to access emotional support in school. Access to emotional support in school was limited by school closures due to Covid-19 restrictions.

Eighteen adolescents (10–17 years old) were involved in the analysis, many of whom had emotional health needs (14/18) or physical health needs (13/18); 3 had contextual safeguarding needs. School nurses played an important role during and between conferences in identifying and managing the health needs of this vulnerable cohort of young people. Fourteen adolescents had school nurse assessments as part of their child protection plan, which provided an opportunity for health promotion and enabled identification of new health needs. School nurses were also able to offer psychosocial support, particularly to young people with contextual safeguarding concerns.

Conclusions Health was well addressed in child protection conferences and plans. Health needs were almost exclusively represented by health visitors and school nurses. Emotional health needs were recognised and discussed in conferences, with limited avenues for children and young people to access support, particularly when support available through school was affected by Covid-19-related school closures. School nurses played a particularly important role for vulnerable adolescents subject to child protection plans as they were able to identify health needs, take appropriate steps to ensure management was in place and provide psychosocial support in the school setting.

References