



Public Health
England

Protecting and improving the nation's health

Best start in life and beyond: Improving public health outcomes for children, young people and families

Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services

Commissioning guide 2: Model specification for 0-19 Healthy Child Programme:
Health visiting and school nursing services

Revised March 2018

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Wendy Nicholson and Penny Greenwood. For queries relating to this document, please contact: PHEChiefNurseTeam@phe.gov.uk



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Key partners

This guidance has been developed with our key partners, including SOLACE, the Local Government Association, and Association of Directors of Public Health.



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1. Introduction

This document forms part of a series of 4 supporting guides to assist local authorities in the commissioning of health visiting and school nursing services to lead and co-ordinate delivery of public health for children aged 0-19.

2. Overview

This document focuses on the contribution of health visiting and school nursing services to the leadership and delivery of the 0-19 Healthy Child Programme, recognising partners have a contributory role in delivery. It sets out the key components local authorities may wish to consider as part of their service specification for health visiting and school nursing services to lead and deliver the Healthy Child Programme.

3. Scope

Health visiting and school nursing services are based on four levels of intervention: Community, Universal, Universal Plus (short-term early/additional help), and Universal Partnership Plus (long-term multidisciplinary support. For example, with social disadvantage, illness/disability, safeguarding).

Health visitors and school nurses as leaders and key delivers of the Healthy Child Programme have a key role to play in establishing good working relationships with all local key partners. For example, aligning wider prevention and community based programmes and services, e.g. health promotion, contraception, sexual health, reducing obesity, smoking cessation and breastfeeding provides a whole-systems approach to prevention and supporting the provision of early universal access to information for health issues.

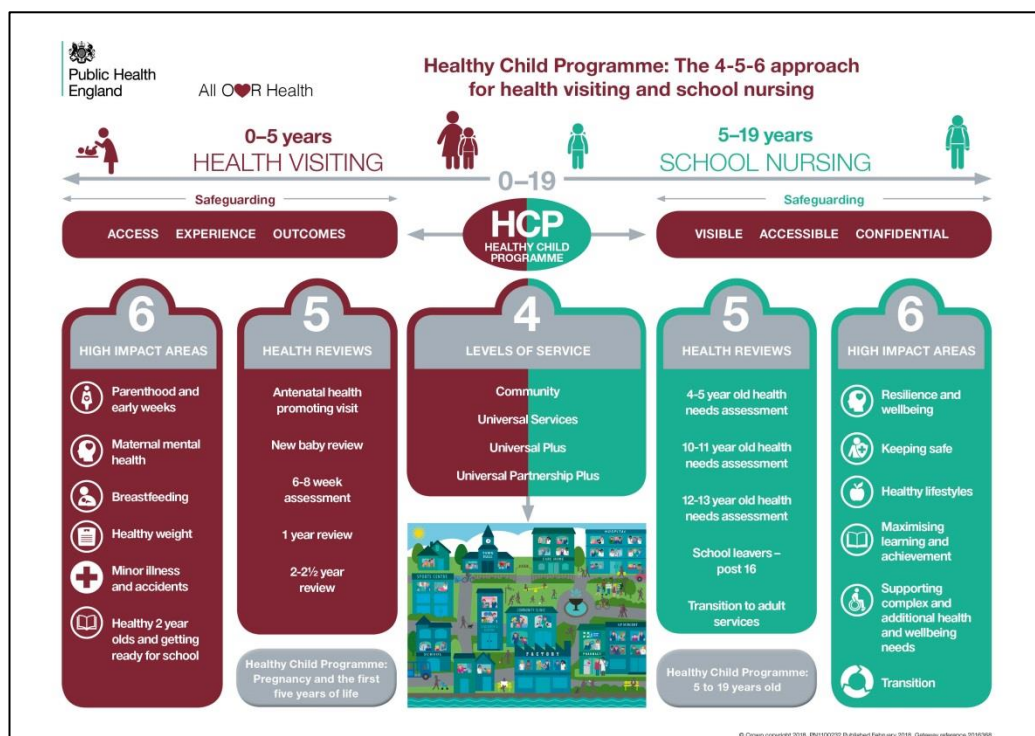
3.1 Transformed services – evidence based practice

Health visitors and school nurses, as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe. This is the only workforce that has the opportunity of engaging with all families in their own homes; this is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in areas of statutory requirements.

The 4-5-6 model shown in figure 1 is an evidence based approach to deliver the healthy child programme. It encompasses the reach and impact of health visiting and school nursing services through:

- 4 levels of service
- 5 universal reviews
- 6 high impact areas

Figure 1: The 4-5-6 approach to health visiting and school nursing



3.2 Health visiting services

For 0-5 this guidance includes all infants and children resident in the local authority area. The scope of the guidance covers child health surveillance, health promotion; health protection and health improvement and support outlined in the Healthy Child Programme 0-5, and the health visiting 4-5-6 service model, and includes the role of the health visitor in:

- leading and delivering the five mandated health reviews
- delivering against the 6 high impact areas
- transiting of family public healthcare from maternity to health visiting services
- contributing to safeguarding
- supporting vulnerable children and families
- addressing inequalities and contributing to the Family Nurse Partnership, troubled families programme (or local equivalent).

3.3 School nursing services

For ages 5-19, this guidance covers maintained schools and academies, includes child health surveillance, health promotion, health protection and health improvement and support outlined in the Healthy Child Programme 5-19, and includes the role of school nurses in:

- delivering against the 6 high impact areas
- supporting transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
- supporting vulnerable children and those not in school, for example, children in care, young carers or young offenders
- supporting children who are home educated children
- providing the support offered as part of the Troubled Families programme refreshed health offer or local equivalent
- contributing to safeguarding

3.4 Services requiring aligned/joint commissioning

Local provision should be responsive to local needs, with integrated pathways that prevent children falling between the gaps in services and reduce inequalities in outcomes. The responsibility for commissioning immunisation and screening lies with NHS England, via NHS teams. They may commission school nursing services; however, this will be agreed locally.

Local authority commissioners will want to work in partnership with NHS England teams, clinical commissioning groups, local general practices, early year's settings, schools and third sector organisations to increase both the health protection and public health input for children and young people. This will ensure that through co-ordinated commissioning integrated local pathways for prevention, identification of needs, early intervention and specialist services are established.

Similarly, commissioning clinical support for children with additional health needs or long-term conditions and disabilities, including clinical support for enuresis or diabetes, lies with NHS England and clinical commissioning groups, to ensure co-ordinated support across the life course. There will need to be joint working and collaboration with local authority commissioners and providers of health visiting and school nursing services. Further detail is outlined in Appendix 2.

There is also an opportunity to ensure interrelated issues such as substance misuse, sexual health, child sexual exploitation (CSE), child sexual abuse (CSA), domestic violence and abuse and mental health are more effectively commissioned to improve outcomes and improve use of local resources.

Arrangements for delivery of services for children and young people educated at home and in independent schools and further education settings are agreed and determined locally; however, this document could be used to inform commissioning of such services.

Local authorities may wish to consider the provision for young people aged 19-25, particularly vulnerable young people or those with long-term conditions, transitioning to adult services.

There is also scope to consider co-commissioning with schools and other partners to enhance the core school nursing service and improve access to local needs-led services.

3.5 Aims and objectives of the service

The aim is to ensure that all children and young people receive the full service offer (Healthy Child Programme 0-19). This includes universal access and early identification of additional and/or complex needs, with timely access to health visiting and school nursing services. Maximising specialist public health nursing contributes to improved local outcomes and reduces health inequalities for children and young people. Health

visitors and school nurses demonstrate defined clinical and public health skills, professional judgment, autonomy and leadership, specifically. At an individual level:

- contributing to **Better Births** and the **Maternity Transformation Programme**
- supporting families to give children the best start in life based on current evidence of **1001 Critical Days: The Importance of the Conception to Age Two Period** as a foundation on which to build support in the early years and beyond
- providing expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health
- ensuring early identification of children, young people and families where early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing; working with the local Troubled Families team to ensure that families are identified and supported to improve the breadth of their health and wellbeing needs through the **Troubled Families programme**, or local equivalent, and to ensure the health aspects of the Troubled Families programme meet the health needs of the whole family
- enabling children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes throughout their school years

At a community level:

- promoting optimal health and wellbeing and resilience through school aged years
- supporting families and young people to engage with their local community through education, training and employment opportunities
- supporting children, young people and families to navigate the health and social care services to ensure timely access and support
- working in partnership with local communities to build community capacity; demonstrating population value, utilising asset-based approaches, best use of resources and outcomes; and ensuring effective use of community-based assets

At a population level:

- taking the lead in developing effective partnerships and acting as advocate to deliver change to support improvements in health and wellbeing of all children and families

- working in partnership with other professionals and stakeholders, ensuring care and support helps to keep children and young people healthy and safe within their community, providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity

3.6 Service description

Health visiting and school nursing service (0-19) includes.

Individual level:

- undertaking joint visits or consultations with other professionals in response to contact from children, young people and families, where appropriate
- building resilience, strength and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the family to support the outcomes of children
- building personal and family responsibility, laying the foundation for an independent life

Community level:

- providing an integrated public health nursing service linked to primary and secondary care, early years, childcare and educational settings, by having locality teams and nominated leads known to the stakeholders, including a named health visiting team or school nursing team for every setting
- delivering the universal Healthy Child Programme through assessment of need by appropriately qualified staff; health promotion; screening, immunisation and surveillance; engagement in health education programmes; involvement in key public health priority interventions and communities; interventions as specified within the Healthy Child Programme

Population level:

- leading and co-ordinate local delivery of the Healthy Child Programme 0-19 requirements using the specific or relevant **4-5-6 models**, including focusing on the **High Impact Areas** to support delivery

- delivering public health interventions using an asset based approach to all children and young people; ensuring services are responsive to local needs and delivered in a way that is accessible to all families; and keep children and families safe. Work with the community, stakeholders and local commissioners to identify population health needs
- working with local authority and NHS commissioners to ensure that clear care pathways exist between health visiting and school nursing teams and key services that young people access such as mental health and wellbeing services, substance misuse and sexual or reproductive health services, CSE/CSA, teenage pregnancy or substance misuse prevention, or dental health services
- ensuring there is a clear protocol for addressing the health needs of priority groups where the service will be maintained and preventing inconsistency
- ensuring and be able to evidence that the experience and involvement of families, carers, children and young people will be taken into account to inform service delivery and improvement
- championing and advocating culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect
- demonstrating the impact of the service provided through improved outcomes, reduced inequalities and service user feedback

Health visiting and school nursing is in a unique position to influence and work with the whole family in the interests of children on social, psychological and health choices and behaviours. School nurses are also well placed to affect health behaviour change when young people are developing independence, self-determination and autonomy.

The health visiting and school nursing skill differentiation is important in terms of recognising the need for different specialist training within a life-course approach in promoting and affecting health behaviours and improving health literacy.

Promoting the **You're Welcome quality criteria** can improve the health and wellbeing of children through early intervention and improve commissioning of services for young people.

3.7 Population covered

Careful consideration needs to be given to geographic coverage and boundaries. It is the responsibility of the commissioner to ensure that all children, young people, and their families (0-19) who are resident or attending school in the local authority area should receive the Healthy Child Programme.

There may be some local variation regarding boundaries, therefore reciprocal arrangements need to be in place to ensure children and young people receive the best support available, regardless of where they live.

The service provider will ensure that any coverage/boundary issues that may arise are escalated to commissioners for resolution, that they are then addressed in collaboration with neighbouring commissioners and providers ensuring children remain protected and safeguarded.

Delivery of a service that meets the needs (including safeguarding) of the child or young person must take precedence over any boundary discrepancies or disagreements. Clarity needs to be provided regarding the provision for children who are home educated and how the service will support young people in further education settings.

Data collection processes should enable reports on activity for local authority resident; GP registered, and identified school populations.

3.8 Prioritisation

3.8.1 Response times and multi-agency working

- the 4 levels of service delivery and associated care pathways should be provided in full
- all referrals from whatever source (including children, young people and families transferring into area) should receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days
- timings for **mandated health reviews should be followed**, for example new born visit ideally within 10–14 days of the birth date
- urgent referrals, including all safeguarding referrals, should receive a same day or next working day response to the referrer and contact within 2 working days and be in line with Local Safeguarding procedures
- work in partnership with local maternity care providers to develop effective information sharing between maternity and health visiting services and integrated joined up services throughout pregnancy and the early weeks of life to improve outcomes and reduce inequalities
- collaborate across organisational boundaries to develop care pathways that include delivery of key public health services
- shared vision that every woman to be fit for and during pregnancy and supported to give children the best start in life (**Maternity Transformation Programme**)

- as a child approaches school entry, transition to the local school nursing service should be initiated in accordance with local policy. Similarly, school nursing teams will work with adult services to ensure smooth transition to adult services
- where public health nursing services are responsible for undertaking children in care/Looked After Children Health Assessment/Review and care plans, these must be completed to the national standards and within the statutory timeframe
- where a child moves out-of-area, the public health nursing services should ensure that the child's health records are transferred to the new area within two weeks of notification. Direct contact must be made to hand over all child protection cases. Systems should be in place to assess the risk to children whose whereabouts are unknown
- providers will comply with the national guidance for the management of safety concerns and incidents in screening programmes and NHS England guidance for the management of serious incidents: www.screening.nhs.uk/incidents

4. Safeguarding – the health visitor and school nurse contribution within a multi-disciplinary team context

Children and young people have the right to be protected from abuse and exploitation and to have their health and welfare safeguarded. Health visitors and school nurses work as part of a wider, multi-disciplinary, multi-agency network and contribute to improving outcomes for children, young people and families.

Health visitors and school nurses have an important role in safeguarding across the 4 levels of service: Community, Universal, Universal Plus and Universal Partnership Plus, as outlined in the [4-5-6 model](#). The role of health visitors and school nurses in safeguarding needs to be clear and locally agreed. This includes:

- ensuring the appropriate professional to provide health advice to safeguarding procedures, including child protection meetings, is the professional who knows the individual child and family best, and who can therefore provide the best possible advice to inform decision making
- recognising that in some instances, the health visitor or school nurse will be the health professional who has worked most closely with the child and who knows the child and family. Where this is the case, they would be the most appropriate health professional to attend child protection meetings; in other cases this may be the GP
- considering the use of the health visitor and school nurse liaison roles to contribute to and support Multi-Agency Risk Assessment Conferences.

Further details can be found in appendix 3 regarding:

- key principles for working with children and young people aged 0-24
- serious case reviews
- identifying maltreatment

5. Acceptance and inclusion criteria

The service must ensure equitable access for all children and young people aged 0-19 years and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

6. Interdependencies – a whole system approach

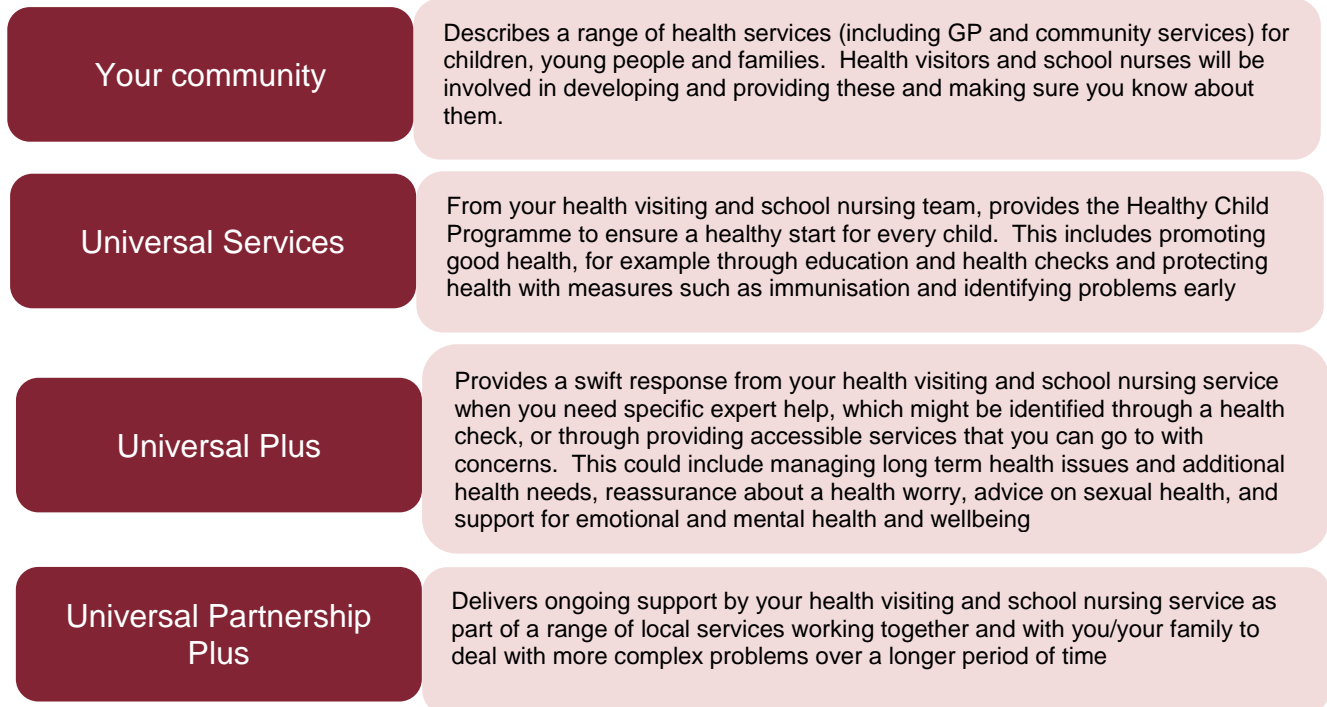
Health visitor and school nursing services embed public health and prevention across health service pathways, promoting a whole system, holistic approach to prevention to make it easier for children, young people and families to receive the care and health promotion advice they need and to be referred quickly to effective prevention services.

A whole system approach to provide safer, personalised, accessible support and individualised care with vision and shared goals is central to improving outcome for children young people and families. Delivering such an approach is reliant on professionals and services working together to ensure and deliver high quality services. Commissioners may also wish to consider securing:

- provider representation on the Health and Wellbeing Board, Local Children’s Safeguarding Board ([Wood Review Final Report of local safeguarding children boards, 2016](#)) and Children’s Trust (if requested) and developing services in line with the board/trust’s priorities
- an area-based service structured in line with local children’s services, working together to deliver integrated services for children and their families, with a focus on identification, early intervention, promotion and prevention
- a named health visitor/school nurse linked to each GP practice and appropriate setting (for example, school) with an agreed schedule of regular contact meetings for referrals and collaborative service delivery (if requested) to ensure:
 - direct partnership with schools to provide improved access and delivery of the Healthy Child Programme and, through this, the health and wellbeing core offer

- support for early years and education services in their delivery of health improvements to improve outcomes for children, young people and their families
- promotion of the wide range of support that children and their families are entitled to, and, as part of that process, encouraging children and young people to access the service
- promotion of an integrated approach to improving child and family health locally, including leading partnerships with early years settings, schools and other partner agencies including social care
- health visitors and school nurses to link to wider stakeholder and services, for example, local A&E services and the local Troubled Families team (or local equivalent)
- service user engagement to support the design, performance monitoring and evaluation of provision

Figure 2: Best start in life and beyond: Improving public health outcomes for children, young people and families

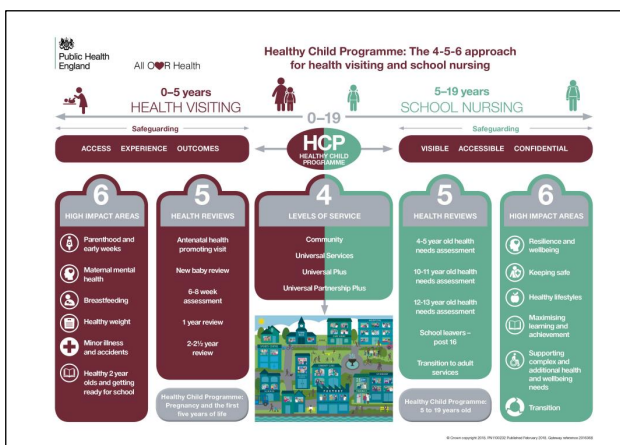


Cross cutting priorities

- Universal offer (healthy child programme)
- Maternity (including antenatal and transfer of care)
- Breastfeeding support
- Oral Health
- Safety including domestic violence and abuse; CSE / CSA
- Mental health
- Speech and language
- Obesity and physical activity

Delivery partners

- Public health including promotion/improvement
- Local authority children’s services and safeguarding
- Screening and immunisation services
- Early years, and childcare
- Education providers
- GPs, primary care, dental care, A&E
- Contraception and sexual health
- Substance misuse, maternal and smoking cessation
- CAMHs, Children’s Community Nursing and Learning disabilities
- Police and Youth Justice
- Community development /neighbourhood support



7. Applicable service standards

7.1 Applicable national standards

Commissioners should pay due regard to the relevant NICE guidance and evidence base and ensure providers adhere to the guidance to support evidence based delivery. A summary of the guidance and evidence base can be found in: [Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services: Commissioning guide 4: Reference guide to evidence and outcomes](#)

7.2 Applicable local standards

7.2.1 Supervision and registration of health visitors and school nurses

The commissioner needs to consider professional conduct of public health nursing (0-19) as set out in the [NMC code](#) and ensure there is professional policy to provide both clinical and safeguarding supervision for all public health nursing staff (0-19). The safeguarding guidance and employer standards will be of particular interest to providers to support supervision.

Local authorities should be aware that all Specialist Community Public Health Nurses) need to meet the legal requirement for professional registration and revalidation. This must be in line with statutory requirements for practice issued by the NMC on revalidation (NMC 2015).

Providers should ensure they have policies and procedures in place to provide clinical supervision, safeguarding supervision and mechanisms of risk assessment for any public health nursing service involved.

Further details on employer issues can be found in [Supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people \(0-19\): Guidance for employers.](#)

7.2.3 Role of health visitors and school nurses in prescribing

Health visitors and school nurses have a key role to play in promoting and educating the public on the importance of self-care and sign posting them to resources and local services. This includes for example helping children young people and families to make daily choices to adopt a healthier lifestyle.

Health visitors and school nurses are in an ideal position to respond to common health concerns, improve parental health literacy and self-management of minor illnesses and injuries, discuss treatment options and wider management of conditions and then to prescribe as part of a holistic approach if indicated.

Nurse prescribing enhances the health visitor and school nurses ability to support families to manage minor illnesses and reducing hospital admissions (**high impact area 5**). This can include managing symptoms and providing medication knowledge to enhance advice and support.

Nurse prescribing can support:

- increasing compliance to reduced hospital and GP attendances.
- reducing school absences.

Health visitors and school nurses, who have not undertaken this module in training, should complete within the first 2 years of practice. More information can be found at www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing

7.2.4 Record keeping, data collection and information sharing

In line with clause 21 Service User Records and clause 27 Data Protection and Freedom of Information, providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and safeguard personal data at all times.

In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies, including other healthcare providers, children's social care and the police to enable effective holistic services to be provided to children and their families. This will improve the coordination and communication between services, and safeguard and protect children.

Electronic contemporaneous clinical records should be kept and accurate and appropriate data made available to the Child Health Information Systems (CHIS) to enable local, regional and national data reporting. This will support the delivery, review and performance management of services. Data sharing agreements and arrangements for operational processes will need to be considered.

Local commissioners are encouraged to ensure that the delivery metrics and outcomes indicators for the 0-19 Healthy Child Programme are covered in contracts or 'in-house' arrangements in a way that supports local data collection in the standard national format.

The contract with the service provider and the IT system supplier should specify that they have a responsibility to submit monthly data to the **community services dataset (CSDS)** formerly the children and young people's data set (**CYPHS**) from 2017 to NHS Digital and have a development plan in place to improve data quality and completeness.

Local Authorities are encouraged to inform NHS Digital of health visiting and school nursing providers commissioned to deliver the Healthy Child Programme, so coverage of the community services data set formerly the children and young people's dataset (CYPHS) can be monitored and uptake supported.

Providers are at different stages of maturity with their submissions and readiness to flow record level data to NHS Digital. Therefore, in addition to providers of health visiting services submitting the community services dataset on a monthly basis, local authorities are encouraged to support the voluntary collection and reporting of metrics and outcome measures for the Healthy Child Programme. This data is collected quarterly by Public Health England via the interim reporting arrangements. These arrangements will continue until robust information can be reported from the community services dataset.

Healthy Children: Transforming Child Health Information Services (2016) set out the 2 key objectives for transforming information for children's health:

- knowing where every child is and how healthy they are
- ensuring appropriate access to information for all those involved in the care of children

The Digital Child Health programme is working to implement this vision and local authorities as commissioners of the Healthy Child Programme have a key role to play. Commissioners are encouraged to incorporate minimum standards on key performance indicators and data quality improvement into their local contracts and where possible and undertake a self-assessment of their child health data and information systems and processes with providers.

The Healthy Child IT Operating Model should be referenced in all service provider specifications that contribute to the Healthy Child Programme, which are commissioned by the local authority or delivered 'in house' to ensure systems in use meet national technical and IT standards of the Healthy Child programme. Service providers must ensure that their system supplier can demonstrate compliance with the standards of the Healthy Child Programme IT operating model and audited against this on a regular basis.

7.2.5 Materials, tools, equipment and other technical requirements

Public health nursing teams (0-19) use the Publish Health England **professional pathways and guidance** to support delivery.

All Our Health is a call to action for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience.

Public health nursing teams (0-19) will be required to access:

- validated tools for assessing development and identifying health needs
- personal child health records (often referred to as 'the red book') - paper or electronic according to local provision
- validated tools for assessing individual health outcomes, for example, **outcomes star**
- IT systems and mobile technology for recording interventions and outcomes in the CHIS; thus capturing real time data and reducing duplication
- access to equipment to support agile working, for example, mobile phones and tablets
- equipment for measuring children's weight and height
- use of social networking and other web-based tools to enable workforce training, professional networking and information and support for children, young people and families

- national and local campaign materials, for example, Start4Life, Change4Life, health promotion materials

7.2.6 Applicable quality requirements

The provider and the commissioner will work in collaboration to identify opportunities for leaner working and/or cost and efficiency savings at each quarterly review. This is likely to include consideration of how to make best use of modern technology and appropriate use of support staff within the health visitor and school nursing team and wider workforce.

The provider should highlight where there is an absence of local services for onward referral to more specialist support so that future commissioning plans can include mitigation for/provision of these. This is particularly urgent where need is identified but NICE guidance pathways are truncated at the onwards referral stage because local services do not currently exist.

7.2.7 Location of provider premise

The service should be available and accessible at times and locations that meet the needs of children, young people and families. However, where possible, children, young people and families should be offered a choice of locations that best meets their needs, for example, children's centres, schools, community centres, youth groups, general practice and, where appropriate, at home.

Specific details of location are to be agreed locally and should be based on engagement and feedback from key stakeholders, parents/carers, children and young people. Reviews should be undertaken by the provider regularly to ensure they are suitable for local need and meet the quality indicators.

Providers should work with commissioners to consider an appropriate level of service is provided throughout the year, including during school holidays. This can be achieved, for example, by providing online, text or telephone support. Services need to be responsive and flexible (for example early mornings, lunchtimes, after school, evening and weekends) and should use technology and innovation to ensure that they reach children and young people.

8. The health visiting and school nursing contribution to the Healthy Child Programme (0-19)

Support for children, young people and families: health visiting and school nursing leading and working with partners to ensure seamless delivery of the Healthy Child Programme (0-19).

Table 1 describes the health visiting and school nursing contribution to the Healthy Child Programme (0-19).

Review	Description	Delivered by	Commissioned by
Health promotion in: prevention of unintentional injuries and accidents	A range of activities to minimise risk	A&E, health visiting and school nursing teams	Clinical commissioning groups and local authorities

<p>Antenatal visit – (mandated)</p>	<p>From 28 weeks of pregnancy, contact to be made by the health visiting service and an antenatal health promoting visit delivering comprehensive and holistic assessment of the expectant mother and father’s needs, including:</p> <ul style="list-style-type: none"> • assessing the mental health and wellbeing of both parents • supporting the transition into parenthood • promoting health: providing information and advice on the Healthy Child Programme, local child health clinics, breastfeeding and nutrition, dental health, postnatal depression, domestic violence and abuse, FGM, home and car safety, vitamins, smoking 	<p>Health visitor</p>	<p>Local authorities</p>
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	<p>cessation, prevention of Sudden Infant Death Syndrome, children's centre services and local support networks</p>		
<p>New baby review (mandated)</p>	<p>New baby review in line with best practice guidance, ideally within 10 to 14 days of the birth date, including:</p> <ul style="list-style-type: none"> • promoting of immunisations, specifically: <ul style="list-style-type: none"> ○ adherence to vaccination schedule for babies born to women who are hepatitis B positive ○ assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies) • checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK 	<p>Health visitor</p>	<p>Local authorities</p>

	<p>National Screening Committee standards, specifically:</p> <ul style="list-style-type: none"> ○ new born blood spot screening – including all transfers in aged 1 and under; ensuring results for all conditions are present ○ results of New born and Infant Physical Examinations ○ hearing screening outcome ○ dental health advice 		
<p>6–8 week review (mandated)</p>	<p>Assessment of progress from birth to 8 weeks, including:</p> <ul style="list-style-type: none"> ● checking new born blood spot screening completed ● ensuring first immunisations given/booked ● monitoring if physical examination taken place or given. <p>The baby’s GP (or nominated primary care examiner) will have responsibility for</p>	<p>Health visitor linking with GPs</p>	<p>Local authorities</p>

	<p>ensuring the 6–8 week New born Infant Physical Examination screen is completed for all registered babies.</p> <p>Promotion of immunisations, specifically:</p> <ul style="list-style-type: none"> • promoting adherence to vaccination schedule for babies born to women who are hepatitis B positive • assessing maternal rubella vaccination history • checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK National Screening Committee standards as above in initial check <p>Promoting of breastfeeding and healthy eating and dental health</p>		
<p>one year developmental review (mandated)</p>	<p>Review of health and development - best practice to use recognised tool for review such as ASQ3 and ASQ:SE2</p>	<p>Health visitor</p>	<p>Local authorities</p>

	Provision of health promotion advice for healthy diet and weight including vitamin D, dental health advice, healthy sleep patterns, immunisations, managing minor ailments, prevention of accidents and socialisation		
2–2½ year developmental review (mandated)	Holistic review of child health, development and growth, to identify children who are not developing as expected and/or in need of additional support. Mandatory use of recognised tool for developmental review. ASQ-BE and ASQ:SE2 to be used for all 2–2½ year developmental review across England. Providing dental health advice	Health visitor	Local authorities
Emotional health and wellbeing of parent and child	Assessment of mother (and father if present) to be made at antenatal visit. Assessment of mother, father and baby to be made at: <ul style="list-style-type: none"> • new baby review • 6–8 week visit 	Health visitor	Local authorities

	<ul style="list-style-type: none"> • any contact between service and family • one year developmental review • 2–2.5 year review (integrated where eligible) 		
Health development review	<p>School entry review to identify where targeted support may be needed for child to reach to full health and wellbeing potential. Contribute to social care assessment of needs, risks and choices for the child.</p> <p>Health visiting to school nursing transition to support school readiness. Identifying the needs of children with additional or complex needs and referring to appropriate services. Health assessment Year 6/7 review, SDQs.</p>	<p>Health visiting and school nursing teams.</p> <p>School nurses and schools working with early years and education settings.</p>	<p>Local authorities and NHS England</p> <p>Local authorities and clinical commissioning groups</p>

	Mid-teen health review. Local need to determine post-16 support including dental health		
Healthy weight	Breastfeeding and complimentary feeding advice as part of sugar reduction. Dietary advice should also consider dental health. Evidence based interventions, for example, HENRY. National Child Measurement Programme , plus interventions on healthy weight and exercise	Health visiting teams School nursing teams	Local authorities
Targeted support	Support for vulnerable parents, for example, young parents, mental health, drugs, alcohol and domestic violence. Early identification, support and training for complex or additional health needs including dental health. Support for young carers' health needs; Looked After Children (and those on the edge of care); young offenders; children of military families;	Health visiting and school nursing teams, children's services, Troubled Families Team	Local authorities and clinical commissioning groups, education providers

	asylum seeking/refugee children; young people at risk of abuse or violence including domestic violence and abuse, child sexual abuse, child sexual exploitation and Female Genital Mutilation (FGM)		
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<p>Sexual health and contraception</p>	<p>Contraceptive and pre-conception advice to parents. Support to reduce teenage conceptions, improve preconceptional health and reduce sexually transmitted infections (STIs) and including:</p> <ul style="list-style-type: none"> • puberty sessions, condom distribution • pregnancy testing, enhanced service to prescribe long-acting reversible contraception, emergency hormonal contraception, STI testing • postnatal contraception to prevent subsequent unplanned pregnancies <p>Advise on preconceptional care before and between pregnancies to maximise maternal and fetal health, including immunisations, vitamin supplementation, smoking cessation and promotion of healthy weight</p>	<p>Health visitors</p> <p>School nurses and/or contraceptive and sexual health services</p>	<p>Local authorities</p>
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Drugs, alcohol and tobacco	Prevention and support for drug and alcohol misuse; smoking cessation; young parents, young people	Health visitors School nurses, working with local substance misuse teams	Local authorities
Emotional wellbeing	Supporting the emotional health and wellbeing early help offer. Specialist support	School nurses and Child and Adolescent Mental Health Services	Local authorities, clinical commissioning groups
Safeguarding	Supporting children, young people and families through integrated working	Health visitors and school nursing teams	Local authorities
Screening	Screening all children between 4 and 5 years of age for visual impairment in line with National Screening Committee Guidelines	Orthoptists or professionals trained and supported by orthoptists	Local authorities
Immunisation	Reviewing immunisation and vaccine status and providing according to the immunisation schedule	Immunisation teams or school nurse teams (advice, review and delivery)	NHS England/local teams

8.1 Locally defined strategies to achieve outcomes

Table 2 summarises the health visiting and school nursing services contribution to year-on-year improvements.

Public health domain: Wider determinants of health			
Outcomes	Evidence	Guidance	Suggested strategies and data sources
<p>1. More children and young people achieve positive physical and emotional milestones (contributing to improved rates of school readiness)</p> <p>Public Health Outcomes Framework (1.02)</p>	<p>Health Equity Evidence Review 1</p> <p>Early Years High Impact Area 6 (Health, wellbeing and development of the child aged two: Two year old review (integrated review) and support to be ready for school (PHE, 2014).</p> <p>School Nursing High Impact Area 4 (Supporting learning).</p>	<p>NICE guidelines [PH40]: Social and Emotional Wellbeing – Early Years</p> <p>Early Years Foundation Stage Framework</p> <p>Publisher’s guidance on ASQ™ 3 training, delivery and scoring</p> <p>School entry reviews as described in the latest Healthy Child Programme guidance and RCN toolkit for School Nurses.</p> <p>Are You Ready? Ofsted Guidance</p>	<p>Mandated review and contacts.</p> <p>Screening for postnatal depression and anxiety.</p> <p>Health visiting profile completed.</p> <p>School health profile completed, data analysed and identification of agreed priorities for each school or community setting, with matching allocation of services to meet identified needs.</p> <p>Numbers of children, young people and families supported who are within:</p> <ul style="list-style-type: none"> • Universal • Universal Plus • Universal Partnership Plus

<p>2. More children and young people, particularly the most disadvantaged children, improve academic results to close the attainment gap between the most and least deprived</p> <p>Social Justice Outcomes Framework (Key indicator 2: Realising potential in the education)</p>	<p>Health Equity Evidence Reviews 1, 2 and 3.</p> <p>Early years High Impact Area 6 (Health, wellbeing and development of the child aged two: Two year old review (integrated review) and support to be Ready for School (PHE, 2014).</p> <p>School Nursing High Impact Area 2 (Keeping safe: Managing risk and reducing harm).</p>	<p>Government policy: Social Justice: Transforming Lives</p> <p>Cracking the Code: How schools can improve social mobility</p>	<p>Number of interventions or contacts with children and young people who are considered vulnerable or from hard-to-reach groups.</p> <p>ASQ-3 domain scores and EYFS scores recorded and interventions in place to reduce inequalities between lowest and highest IMD areas</p>
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<p>3. More children and young people develop and achieve their potential, through improved rates of school attendance Public Health Outcomes Framework (1.03)</p>	<p>Health Equity Evidence Reviews 1 and 2.</p>	<p>NICE guidelines [PH12]: Social and emotional wellbeing in primary education</p> <p>NICE guidelines [PH20]: Social and emotional wellbeing in secondary education</p> <p>DfE guidance on School Attendance</p> <p>NMC standards for Medicines Management Supporting pupils at school with medical conditions</p>	<p>Handover between health visiting and school nursing. Identification of speech, language and communication issues. Identification of dental issues and signpost to dentist/dental team. Identification of continence issues and referral to appropriate services. Review of immunisation status. Puberty sessions in schools. Contribution to the development and co-ordination of individual healthcare plans for children with additional and complex health needs.</p>
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<p>4. More 16–19 year olds are able to achieve their potential through increasing percentage of 16–19 year olds in employment, education and training and reducing numbers NOT in employment, education and training (NEET)</p> <p>Public Health Outcomes Framework (1.05)</p>	<p>Health Equity Evidence Review 3 School nursing High Impact Area 6 (Ready for adulthood and equipped for healthy lifestyles)</p>	<p>Government policy: Building Engagement, Building Futures</p>	<p>Working with schools to identify persistent absentees due to health and wellbeing, including young carers.</p> <p>Delivery of support for health and wellbeing to improve attendance</p>
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<p>5. More children and young people who have the greatest need make the greatest improvement, closing the gap in inequality in health outcomes</p> <p>Public Health Outcome Framework (Children in Poverty 1.01)</p>	<p>Fair Society, Healthy Lives (the Marmot Review)</p> <p>Health Equity Evidence Reviews</p>	<p>Government policy: A new approach to child poverty: Tackling the causes of disadvantage and transforming families lives</p> <p>Review of UNHRC (2016)</p>	<p>Early identification of health needs of young carers and support provided tailored to individual need.</p> <p>Identification of health needs of young offenders and sign posting to appropriate services</p> <p>Identification of health needs of asylum seekers and refugees/LGBTI/Travellers</p>
<p>6. All children and young people are safe and protected, within their families wherever possible</p>	<p>Early Years High Impact Area 1 – Transition to parenthood and the early weeks (PHE, 2014)</p>	<p>Working together to safeguard children (DH, 2015) Revised guidance due 2018.</p> <p>NICE guidelines [CG89]: When to suspect child maltreatment</p> <p>Keeping Children Safe at Home: Injury prevention briefing</p> <p>Royal College of Paediatrics and Child Health: Child protection</p>	<p>Completion of statutory health assessments for Looked After Children and anonymised reporting of issues/concerns.</p> <p>Contribution to in care reviews, placement planning and support for foster/residential carers regarding health issues.</p>

<p>7. Children and young people are safe and protected, resulting in a reduction in hospital admissions caused by unintentional injuries to children and young people. A reduction of the number of children and young people killed or seriously injured on the road Public Health Outcomes Framework (2.07i)</p>	<p>Early years High Impact Area 5 (managing minor illness and reducing accidents)</p>	<p>NICE guidelines [PH29]: Strategies to prevent unintentional and deliberate injuries among children and young people aged under 15</p> <p>NICE guidelines [PH29]: Preventing unintentional injuries among the under-15s in the home</p> <p>NICE guidelines [PH31]: Preventing unintentional road injuries among under-15s</p>	<p>Brief Interventions with parents, children and young people.</p> <p>Awareness raising on injury prevention and promotion of child safety.</p> <p>Active follow-up of A&E attendances and anonymised reporting of issues to offer support and to determine trends.</p> <p>Identification of vulnerable families and refer into support services, for example, parenting programmes.</p> <p>Education programmes in schools and communities</p>
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Public health domain: Health improvement			
Outcomes	Evidence	Guidance	Delivery
8. More children and young people have a positive attachment with their parents and carers	Early Years High Impact Area 1 – transition to parenthood and the early weeks, (PHE, 2014) Health Equity Evidence Review 1	The Government’s vision for the Foundation Years: Supporting Families in the Foundation Years - Addendum Conception to Age 2- The age of opportunity	Promotion of positive parent-child interaction and parental attunement at all HV contacts. Early identification of children who are exhibiting signs of poor attachment and provision of/referral to targeted indicated interventions in accordance with local infant mental health pathways. Health visitors to assess maternal mental health at all health visiting mandated reviews

<p>9. More children and young people are a healthy weight, through a reduction in the number children who are overweight and obese at 4–5 years and 10–11 years</p> <p>Public Health Outcomes Framework (2.06)</p>	<p>Early Years High Impact Area 4 – Healthy weight, healthy nutrition, including physical activity, (PHE, 2014).</p> <p>School nursing High Impact Area 3 (Promoting healthy lifestyles).</p> <p>Health Equity Evidence Review 8</p>	<p>NICE guidance [PH 47]: Managing overweight and obesity among children and young people: lifestyle weight management services</p> <p>NICE guidance [PH 43]: Obesity NICE Quality Standard [QS94] Obesity in children and young people: prevention and lifestyle weight management programmes</p> <p>NICE guidelines [PH 17]: Promoting physical activity for children and young people</p> <p>NICE guidelines [PH6]: Behaviour change at population, community and individual level</p>	<p>Promotion of breastfeeding.</p> <p>Evidence-based brief Interventions.¹</p> <p>Promotion of healthy eating and reduction of sugar consumption for both healthy weight management and prevention of dental decay.</p> <p>Active referral and monitoring to Family Weight Management service (where appropriate).</p> <p>Promotion of healthy eating and physical activity in early years settings.</p> <p>Whole-school approach to healthy eating within targeted schools (see other guidance on whole-school approaches).</p> <p>Supporting and promotion of physical activity.</p>
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¹ By this, we mean a conversation that aims to give people the tools to change attitudes and handle underlying problems. It should include assessing an individual’s motivation to change, explaining the consequences of behaviours, giving advice, empowering individuals to change behaviour, providing a range of options to change, encouraging self-efficacy, and agreeing steps on the journey and offering follow up. Examples include: encouraging parents to lead by example by being active and eating well, offering brief interventions to support to women who seek to lose weight following pregnancy and families who seek to lose weight.

		National Child Measurement Programme Operational Guidance Delivering better oral health (PHE, 2014)	
10. More babies are fed breast milk, through an increase in breastfeeding initiation and prevalence Public Health Outcomes Framework (2.02)	Early Years High Impact Area 3 – Breastfeeding (initiation and duration) Early Years High Impact Area 1 – Transition to Parenthood and the early weeks	NICE Guidelines [PH11]: Maternal and Child Nutrition UNICEF Breastfeeding Care Pathway Health matters –child dental health (2017)	Promotion of breastfeeding
11. More pregnant women, parents, carers, children and young people have better mental health	Early Years High Impact Area 2 – Maternal and (Perinatal) Mental Health Early Years High Impact Area 1 – Transition to Parenthood and the early weeks	NICE guidelines [CG 45]: Antenatal and postnatal mental health: clinical management and service guidance	Care pathways clearly defined with other organisations and agencies providing Level 1, 2 and/or 3 mental wellbeing services and other primary care providers; including perinatal mental health and infant mental health

	<p>School nursing High Impact Area 1 (Resilience and emotional wellbeing)</p>	<p>NICE guidelines [PH12]: Social and emotional wellbeing in primary education</p> <p>NICE guidelines [PH6]: Behaviour change at population, community and individual level</p> <p>Parenting and Family Support Guidance for local authorities (Department for Education, 2010)</p>	<p>Early identification and access for children and young people showing early signs of emotional distress or attachment difficulties for infants.</p> <p>Active referral and monitoring to Child and Adolescent Mental Health Services. Support schools to adopt a comprehensive whole-school approach to social and emotional wellbeing²</p>
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² Taken from NICE guidance Social and emotional wellbeing in primary education (PH12) - Develop and agree arrangements as to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. All primary schools should: create an ethos and conditions that support positive behaviours for learning and for successful relationships, provide an emotionally secure and safe environment that prevents any form of bullying or violence, support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children), provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems, offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing.

<p>12. More pregnant women, parents, carers, children and young people are smoke free, reducing the prevalence of smoking locally</p> <p>Public Health Outcomes Framework (2.03)</p>	<p>School nursing High Impact Area 3 (Promoting healthy lifestyles)</p>	<p>NICE guidelines [PH1]: Brief interventions and referral for smoking cessation NICE guidelines [PH14]: Preventing the uptake of smoking by children and young people NICE guidelines [PH26]: Quitting smoking in pregnancy and after childbirth NICE guidance [PH6]: Behaviour change at population, community and individual level DH/NHS stop smoking guidance</p>	<p>Brief interventions.</p> <p>Referrals to appropriate stop smoking services and advice regarding smoke free homes and cars.</p> <p>Nicotine replacement treatment prescribing.</p> <p>Whole-school approach to smoke-free policy within targeted schools³</p>
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³ Taken from NICE Guidance School-base interventions to prevent smoking (PH23) - Develop a whole-school or organisation-wide smoke free policy in consultation with young people and staff. This should include smoking prevention activities and staff training and development. Ensure the policy forms part of the wider healthy school or healthy further education strategy on wellbeing, sex and relationships education, drug education and behaviour. Apply the policy to everyone using the premises (grounds as well as buildings), for any purpose, at any time. Do not allow any areas in the grounds to be designated for smoking (with the exception of caretakers' homes, as specified by law). Widely publicise the policy and ensure it is easily accessible so that everyone using the premises is aware of its content. (This includes making a printed version available.) Ensure the policy supports smoking cessation in addition to prevention, by making information on local NHS Stop Smoking Services easily available to staff and students. This should include details on the type of help available, when and where, and how to access the services.

		Delivering Better Oral Health, (PHE, 2014)	
<p>13. Children and young people, parents and carers are supported to reduce substance misuse</p>	<p>Early Years High Impact Area 2 – Maternal and (Perinatal) Mental Health Early Years High Impact Area 1 – Transition to Parenthood and the early weeks</p> <p>School nursing High Impact Area 2 (Keeping safe: managing risks and reducing harm)</p> <p>Specialist drug and alcohol services for young people: a cost benefit analysis</p>	<p>NICE guidelines [PH4]: Interventions to reduce substance misuse among vulnerable young people.</p> <p>NICE guidelines [PH7]: School based interventions on alcohol.</p> <p>Delivering Better Oral Health (PHE, 2014).</p>	<p>Brief interventions.</p> <p>Use of age-specific screening and assessment tools to identify vulnerable young people and refer into services.</p> <p>Establish referral pathways with specialist young people’s substance misuse treatment services.</p> <p>Contribute to the delivery of drug and alcohol education within service and Personal, Social, Health and Economic education, tailored for primary, secondary and college ages as part of a whole-school approach to alcohol and drug harm reduction, including parents</p>

<p>14. Children and young people, parents and carers are supported to reduce teenage conceptions and improve sexual health</p> <p>Public Health Outcomes Framework (2.04)</p>	<p>School nursing High Impact Area 2 (Keeping safe: managing risk and reducing harm)</p> <p>Teenage Pregnancy and Parenthood – A review of reviews</p>	<p>NICE guidelines [PH3]: Prevention of sexually transmitted infections and under 18 conceptions</p> <p>NICE guidelines [CG30]: Long acting reversible contraception</p> <p>NICE guidelines [PH21]: Reducing the differences in the uptake of immunisations</p>	<p>Clearly defined care pathways with other organisations and agencies providing level 1, 2 and/or 3 sexual health services and other primary care providers.</p> <p>Brief Interventions including all related risk-taking behaviour, for example, alcohol and unprotected sex.</p> <p>Active participation in development and delivery of Personal, Social and Health and Economic Education.</p> <p>Active referral to sexual health services and monitoring.</p> <p>Active promotion and, where appropriate, prescribing of long-acting reversible contraceptives.</p> <p>Access to emergency hormonal contraception and pregnancy testing.</p> <p>Referral to local chlamydia screening programmes</p>
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Public health domain: Health protection			
Outcomes	Evidence	Guidance	Delivery
<p>15. Increased population immunisation coverage for children and young people, to reduce prevalence of preventable ill health</p> <p>Public Health Outcomes Framework (3.03)</p>	<p>School nursing High Impact Area 2 (Keeping safe: managing risk and reducing harm)</p>	<p>NICE guidelines [PH21]: Reducing the differences in the uptake of immunisations</p>	<p>Work with NHS teams and immunisation providers to achieve 90% coverage for vaccination programmes.</p> <p>Work with NHS England teams and immunisation providers to implement recovery plans in schools where this is not achieved.</p> <p>Promotion of immunisations with parents, young people and families</p>

Public health domain: Healthcare public health			
Outcomes	Evidence	Guidance	Delivery
<p>16. More children and young people grow up free of tooth decay</p> <p>Public Health Outcomes Framework (4.02)</p>	<p>Healthy Child Programme: Rapid review to update evidence (PHE, 2015) covers oral health interventions.</p> <p>Delivering better oral health: An evidence based toolkit for prevention (PHE, 2014) provides evidence-based advice and interventions to improve oral health.</p> <p>A quick guide to a health mouth in children (PHE, 2017). Key evidence based oral health messages</p>	<p>NICE guidelines [PH30]: Oral health promotion: general dental practice</p> <p>NICE guidelines [NG30]: Local authorities improving oral health</p> <p>Commissioning better oral health for children and young people: An evidence-informed toolkit for local authorities (PHE, 2014)</p> <p>NICE guidelines [PH55]: Oral health: approaches for local authorities and their partners to the improve oral health of their communities (NICE, 2014)</p>	<p>Brief interventions, advice and guidance.</p> <p>Encourage attendance at a dentist and first dental check by one year.</p> <p>Signpost to any locally commissioned dental programmes.</p> <p>Inclusion of oral health within whole-school approach to healthy eating within early years and education settings.</p> <p>Identification of children where families need further support, for example, those where children already have tooth decay, those who have not had any dental care and those who have been admitted to hospital because of tooth decay</p>

	<p>A rapid review of the evidence of cost effectiveness of interventions to improve the oral health of 0-5 year olds (PHE, 2017).</p> <p>Improving oral health for children and young people for health visitors, school nurses and practice nurses (PHE, 2016) add infographic link</p>	<p>Health Matters - child dental health. This resource outlines how health professionals can help prevent tooth decay in children under 5 as part of ensuring every child has the best start in life (PHE, 2017)</p>	
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9. References

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Healthy Child Programme: The two year review, Department of Health, 2009
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Teenage pregnancy, Public Health England, 2018

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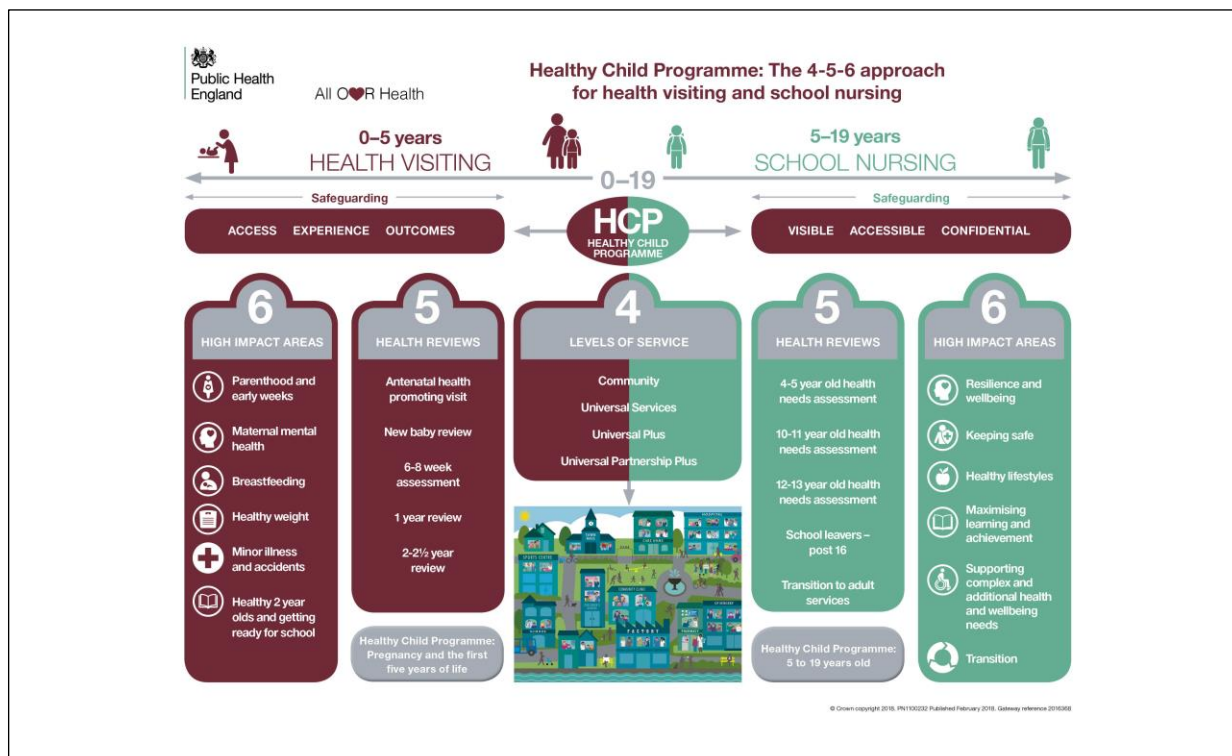
The complete routine immunisation schedule, Public Health England, 2017

Troubled Families: Supporting health needs, Department of Health, 2014
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2015

Your baby's health and development reviews, NHS Choices, accessed January 2015

Appendix 1: The 4-5-6 approach for health visiting and school nursing



Appendix 2: Support for children in mainstream education with additional health needs

Children with additional or complex health needs often require additional support to ensure a seamless transition into school and that they feel supported to learn within an education setting. The majority of children and young people with special education needs or disabilities will have their needs met within local mainstream early year's settings, schools or colleges.

Some children and young people may require an Education, Health and Care plan needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an Education, Health and Care plan ([SEND Code of Practice 0-25 Years](#)).

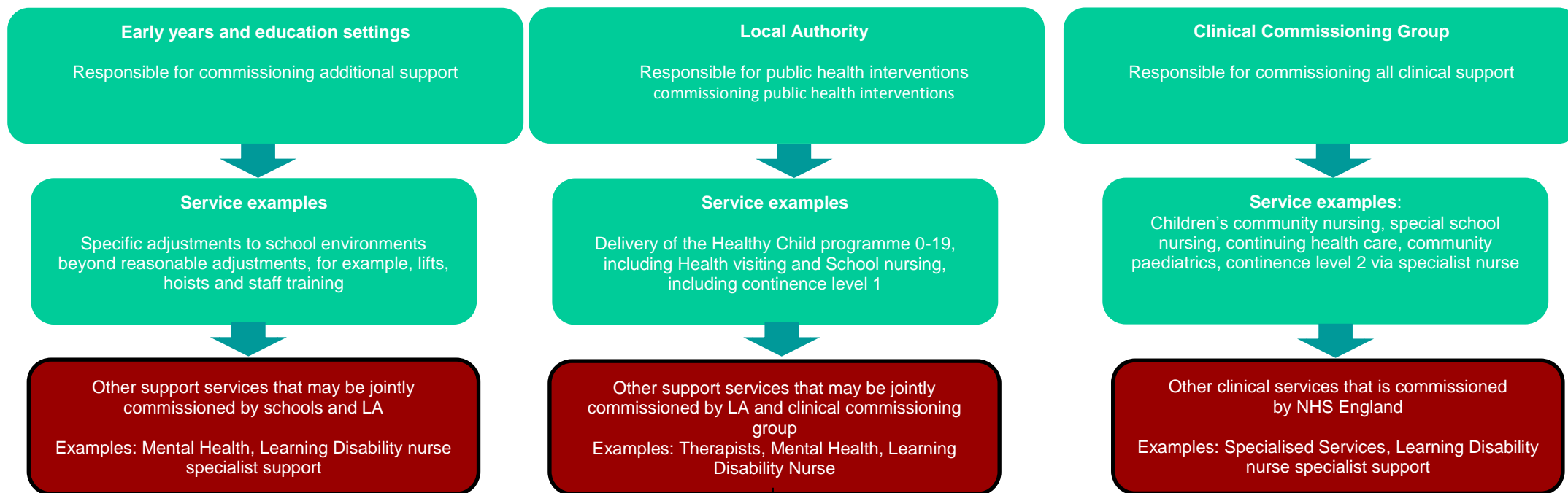
Education, health and social care are required to co-operate at a local level to meet children and young people's needs. Clinical commissioning groups and local authorities will be required to commission services jointly for children and young people with special educational needs and disabilities. Key responsibilities to support effective commissioning are in figure 3.

Clinical commissioning groups and local authorities as part of their continual processes of assessing and planning which is led by the Health and Wellbeing Board and their duty to prepare the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and should work together to institute joint commissioning arrangements.

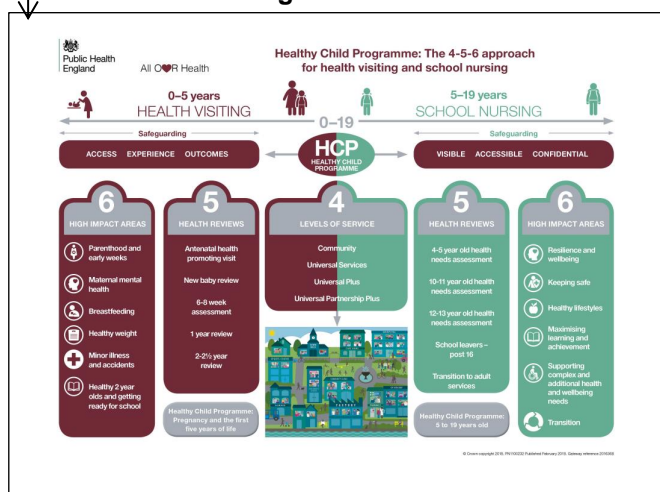
Although health visitors and school nurses have a vital role to play, effective support requires clear commissioning and collaboration between key partners. Schools and colleges have a contribution to make in supporting children and young people with additional or complex health needs. A child or young person's educational attainment can be affected by school absences due to hospitalisation, frequent appointments or lack of support to promote attendance. Schools can co-commission with health and social care to ensure there is seamless support available.

The two inspectorates Ofsted and the Care Quality Commission (CQC) under the [Local area special educational needs and disabilities inspection framework](#), inspectors review how local areas meet their responsibilities to children and young people (from birth to age 25) who have special educational needs or disabilities (or both). The Inspection reports published up to 22 March 2017 are available [here](#). Those published after this date can be found [here](#).

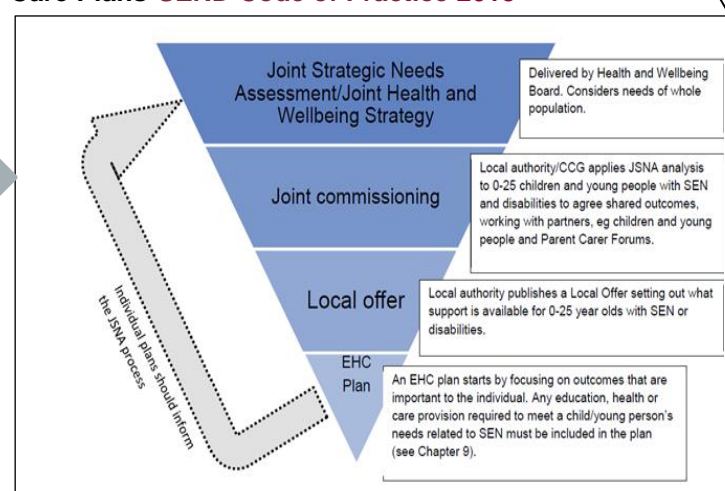
Figure 3 Key responsibilities to support effective commissioning for children with additional or complex needs



Delivery model for health visiting and school nursing



Relationship between populations needs, procurement of SEND services and individual Education Health and Care Plans SEND Code of Practice 2015



Appendix 3 – Safeguarding; the health visitor and school nurse contribution within a multi-disciplinary team context

Safeguarding is central to the role of health visitors and school nurses; the contribution both professionals make needs to be agreed locally to ensure their input is appropriate and timely. Effective partnership and multi-disciplinary working underpins the core safeguarding principles which are outlined in this section.

Key principles for working with all children and young people aged 0-25 include:

- ensuring the safety and the health of a child are intertwined aspects of their wellbeing. Many health interventions also equip a child to stay safe
- working and communicating effectively within multi-agency teams to safeguard children and young people
- sharing information in line with good information governance. This is crucial to effectively safeguard children and young people. Effective communication leads to effective partnership working
- ensuring that all children and young people have the right to protection from neglect, abuse and exploitation, and that their welfare is paramount
- recognising that it is in the child's best interests to be brought up in their own family wherever possible. The child or young person must be seen in the context of a family
- ensuring parental rights and responsibilities are understood and considered, whilst ensuring the child's best interests and safety. It should be recognised that the family may not always be the best place for the child
- ensuring children's views and wishes are taken into account in line with the UN Convention on the Rights of the Child. Children and young people should be considered as individuals with particular needs and capacities for growth and development
- taking into account the four key recommendations of the CQC report Not Seen, Not Heard: children and young people must have a voice, the focus must be on outcomes, more must be done to identify risk of harm, children and young people must have access to the emotional and mental health support they need

Identifying maltreatment

There are many factors that may contribute to child maltreatment. **Child maltreatment: when to suspect maltreatment in under 18s** – NICE Guidelines [CG89] provides a summary of clinical features associated with child maltreatment and alerting features that may be observed when a child presents to healthcare professionals. These include physical features such as bruising, bites, burns, fractures, head injuries, eye trauma, spinal injuries, organ damage, oral injuries, ano-genital signs and symptoms, and other non-specific injuries.

Factors that have been clearly established as placing children at an elevated risk for abuse, neglect and exploitation include parents or carers who:

- have a mental illness that is not adequately managed, including postpartum depression or psychosis
- are significantly misusing substances and/or alcohol
- experience/engaged in intimate partner violence
- have a history of criminal/antisocial behaviours
- lack knowledge about child development/developmental milestones or having unrealistic expectations about their children's developmentally appropriate behaviours
- have prior history of requiring child safeguarding or child protection services, or have had a child become looked after

Additionally, children are likely to be more vulnerable in families with parent(s)/carer(s) who have severe intellectual disabilities; a personal history of having been looked after; are isolated from social support; or are from a background or culture that promotes harsh physical discipline.

It is important to recognise that children and carers in the above circumstances can have healthy relationships and positive outcomes, but these issues can impact negatively on carer and child. Professionals will take into account the full family context and history when assessing risks and needs.

Learning the lessons from serious case reviews

A Serious Case Review takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. **Working Together to Safeguard Children** and **Wood Review 2016** sets out the need for professionals and organisations to protect children and young people, and to reflect on the quality of their services and to learn from their own practice and that of others.

The briefing [Analysis of Serious Case Reviews](#) conducted between 2011 and 2014, highlighted lessons for providers, including GPs and primary healthcare teams, to improve safeguarding practice.

Key lessons include:

- information sharing is critical. In a significant percentage of case reviews, children remained in unsafe environments because information was not fully shared across agencies due to systemic obstacles, or because of a lack of awareness that each provider held a piece to a puzzle that would help social care providers to determine the child's true level of risk
- poor engagement with services represents a risk factor. Poor engagement may reflect cultural sensitivities; a carer's ambivalence towards the child and the child's needs, or poorly managed mental illness
- domestic abuse. Health practitioners must be aware of the ongoing vulnerability of any child living in a context of domestic abuse, regardless of whether incidents of violence have been directed at the child.
- a carer or other adult in the home with a criminal record for violent behaviour. Health practitioners must be aware of the ongoing vulnerability of any child living in a family circumstance presenting such challenges for the child, also substance abuse, adult mental health problems, and domestic violence
- parental beliefs and practices. Professionals must show sensitivity and respect for parents' beliefs and practices, however this must not restrict an ongoing assessment of the impact of beliefs and practices on a child's health and safety.
- adults with learning difficulties which can impair their ability to parent appropriately will need assessment, support and services to ensure that they are able to adequately care for, and safeguard, their children
- housing issues including overcrowding and structurally dangerous conditions place children at increased risk and have contributed to fatalities. Local authorities need to be aware of children at increased risk due to poor housing conditions
- the Ofsted 2012 [thematic review on the protection of disabled children](#) identified that disabled children have a higher risk of abuse, yet there were increased challenges in appropriate identification, support and protection for disabled children
- continuity of care is critical. Health visitors and school nurses must stay engaged with local teams as long as it is necessary to ensure that a child's safeguarding needs are fully addressed

Serious Case Reviews have also identified:

- infants (under one-year-old) are at the greatest risk of death from abuse and neglect. Infants under 3 months old are at particular risk
- adolescents subject to abuse or neglect are at increased risk of death from suicide, and at sharply increased risk of child sexual exploitation

Supporting documents and links

4-5-6 infographic

app.box.com/s/i0b4d3zhkpaltpau641nrbsu0t7s8qkn/file/99823814810

Children and Families Act 2014

www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Healthy Child Programme Service specification 0-19 PHE. January 2016

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