



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 commissioning of the healthy child programme 0 to 19  
Commissioning guide 2: model specification

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# Introduction

This document forms part of a series of 3 supporting guides to assist local authorities in the commissioning of health visiting and school nursing services to lead and co-ordinate the delivery of public health for children aged 0 to 19.

This document focuses on the contribution of health visiting and school nursing services to the leadership and delivery of the 0 to 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.

The service model is based on 4 levels of service – community, universal, targeted and specialist – depending on individual and family need. The utilisation of community-based assets is central to the universal offer where health visitors and school nurses are well placed to identify needs, provide evidence based public health interventions and signpost to local community support.

There are 12 **high impact areas** cover where health visitors and school nurses can make the biggest difference in terms of impact and improving outcomes for children and families. 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 partners. For example, this could include aligning wider prevention and community-based programmes and services, including health promotion, contraception, sexual health, mental health, reducing obesity, smoking cessation and breastfeeding. To do this efficiently health visitors and school nurses need to capture, report and have access to the latest information on those in their care.

## A needs-led approach

Health visitors and school nurses, as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with children, young people and families to support behaviour change, promote health protection and to keep children safe. This is the only workforce that can engage with all families in their own homes as well as other community settings. This is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in other service areas.

Interventions and support should be needs-led and tailored to meet individuals and families. There is a connectivity and fluidity between the level of support: in other words, the support required by most families and children or young people will predominantly be met through the universal offer. Health visitors and school nurses will utilise a needs

assessment to determine targeted interventions which can be met within the services and where more specialist interventions will require referrals or clear signposting. Whilst receiving specialist support, health visitors and school nurses will still provide the universal offer and work in partnership with other agencies.

## Health visiting services

For ages 0 to 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, health improvement, support outlined in the Healthy Child Programme 0 to 5, the health visiting service model and includes the role of the health visitor in:

- leading and delivering the f5 mandated health reviews
- delivering against the 6 high impact areas for early years
- continuity of family public healthcare from maternity to health visiting services
- contributing to safeguarding
- identifying and supporting vulnerable children and families
- addressing inequalities and contributing to the **Family Nurse Partnership, Troubled Families** Programme or local equivalent

## School nursing services

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

- delivering against the 6 high impact areas for school-aged years
- 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
- providing the support offered as part of the Troubled Families programme refreshed health offer or local equivalent
- contributing to safeguarding

## Services requiring aligned or 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.

Local authority commissioners will want to work in partnership with NHS England teams, clinical commissioning groups, local general practices, early year's settings, schools, digital programmes for child health information 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.

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 or 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 to 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. This may include a review or refresh of existing IT contracts.

## Aims and objectives of the service

The aim of the service is to ensure that all children and young people receive the full-service offer of the Healthy Child Programme 0 to 19. This includes universal reach for all children and offering services which are personalised to meet individual need and the early identification of additional and/or complex needs. This supports the specialist public health nursing contribution to improve local outcomes and reduce health inequalities for children and young people. Health visitors and school nurses demonstrate defined clinical and public health skills, professional judgment, autonomy and leadership.

#### At an individual level:

- contributing to **Better Births** and the **Maternity Transformation Programme**
- current evidence of 1001 Critical Days: **The Importance of the Conception to Age Two Period**
- providing expert advice to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health
- ensuring 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 **Troubled Families programme**, or local equivalent, and to ensure the health aspects meet the health needs of the whole family
- enabling children to be ready to learn at 2, ready for school by 5
- 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 best use of resources and outcomes
- ensuring effective use of community-based assets

#### At a population level:

- developing effective partnerships and acting as advocate to support improvements in health and wellbeing of all children and families
- working in partnership with other professionals 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

## Service description

Health visiting and school nursing service (0 to 19) includes at an 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, family context and support

- building personal and family responsibility, laying the foundation for an independent life

At a 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

At a population level:

- leading local delivery requirements, including focusing on the **High Impact Areas**
- 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
- 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 parents and young people access such as mental health and wellbeing services, substance misuse and sexual or reproductive health services, Child Sexual Exploitation or Abuse, teenage pregnancy or substance misuse prevention, or oral 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 are 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. Health visitors and school nurses have a specialist skillset to promote health behaviours and improve health literacy.

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

## 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 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 or 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.

## Prioritisation

### Response times and multi-agency working

The 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 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 by, for example, a new-born visit, ideally within 10 to 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.

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.

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 Review Health Assessments and care plans on children in care, 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 2 weeks of notification. Direct contact must be made to hand over all child protection cases and 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](http://www.screening.nhs.uk/incidents).

## Safeguarding

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.

All public health practitioners hold a critical role in the contextual safeguarding of children, families and communities, as per *Working Together* (2018) guidance and the local partnership safeguarding plan. This is especially critical where children are supported by a protection plan or where there are identified safeguarding concerns.

In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents

or carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.

Health visitors and school nurses have an important role to play in safeguarding children and young people. Consideration may be given to locally agreed arrangements supported by a memorandum of understanding between public health commissioners and local safeguarding partners on the role provided by health visitor and school nurses at child protection and safeguarding meetings or to support vulnerable children.

The health visitor and school nurse draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and or commit acts of terrorism (known as radicalisation), Female Genital Mutilation, modern slavery, gang and electronic media abuse and escalate accordingly ([Intercollegiate document, 2018](#)). Local arrangements should take into account the role of health visitors and school nurses in 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.

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, children and young people's mental health practitioners or therapist who should be the lead practitioner. There should be consideration 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 2](#) on key principles for working with children and young people aged 0 to 19, serious case reviews and identifying maltreatment.

## Acceptance and inclusion criteria

The service must ensure equitable access for all children and young people aged 0 to 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.

## 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, embracing IT making efficient use of information to ensure and deliver high quality services.

Commissioners may also wish to consider securing provider representation on the Health and Wellbeing Board or local partnership, including safeguarding. This can be supported through an area-based service structured in line with local children's services, working together on integrated services for children and their families, with a focus on identification, early intervention, promotion and prevention.

A named health visitor or school nurse linked to each GP practice and appropriate setting (for example, a school) with an agreed schedule of regular contact meetings for referrals and collaborative service delivery can 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 can link to wider stakeholder and services, for example, local emergency departments and the local Troubled Families team (or local equivalent).

Service user engagement to support the design, performance monitoring and evaluation of provision are important, as are local data sharing agreements for data about how well

a child is across the local health economy, for example, details of immunisations and vaccinations.

## Applicable service 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.

### Supervision and registration of health visitors and school nurses

The commissioner needs to consider professional conduct of public health nursing 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 to 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 to 19): Guidance for employers'.

### 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. It can also support increasing compliance to reduced hospital and GP attendances and 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 [standards for medicines management](#)

## 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 2018](#) and safeguard personal data at all times.

Through this, 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 all those with a duty of care for the child including the Child Health Information Systems (CHIS) to enable local, regional and national data reporting, health visitors and school nurses. This will support the delivery, review and performance management of services as well as support improvement in child health. Data sharing agreements and arrangements for operational processes will need to be in place.

Local commissioners are encouraged to ensure that the delivery metrics and outcomes indicators for the 0 to 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 newly commissioned to deliver the Healthy Child Programme, so coverage of the community services data set can be monitored, and uptake supported.

[DCB3009 Healthy Child Record Standard](#) provides instructions on standardising child health data in readiness to be shared via interoperability capabilities developed by NHS Digital. The purpose of this standard is to facilitate the sharing of standardised data

between health care providers, parent(s) and carer(s) for all children. This will ensure that all appropriate stakeholders have access to consistent data structure and content to aid direct care decision making. Providers through local contractual arrangements shall work with their system suppliers to implement the changes needed to facilitate this standard.

## Materials, tools, equipment and other technical requirements

Public health nursing teams **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 to 19) will also 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

## 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. New technology should be considered to support service delivery and video conferencing may be considered to offer choice and personalisation when appropriate to need.

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.

## Location of provider premises

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 or 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.

## The health visiting and school nursing contribution to the healthy child programme (0 to 19)

**Table 1. The health visiting and school nursing contribution**

Review	Description
Health promotion in: prevention of unintentional injuries and accidents	A range of activities to minimise risk
Antenatal visit – (mandated)	<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"> <li>• assessing the mental health and wellbeing of both parents</li> <li>• supporting the transition into parenthood</li> <li>• 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 cessation, safer sleep, children’s centre services and local support networks</li> <li>• Healthy Start vouchers</li> </ul>
New baby review (mandated)	<p><b>New baby review</b> in line with best practice guidance, ideally within 10 to 14 days of the birth date, including promotion of immunisations, specifically:</p> <ul style="list-style-type: none"> <li>• adherence to vaccination schedule for babies born to women who are hepatitis B positive</li> <li>• assess maternal rubella status and follow up of 2 MMR vaccinations (to protect future pregnancies)</li> </ul>



Review	Description
	<p>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 <b>National Screening Committee standards</b>, specifically:</p> <ul style="list-style-type: none"> <li>• new born blood spot screening – including all transfers in aged 1 and under, ensuring results for all conditions are present</li> <li>• results of <b>New born and Infant Physical Examinations</b></li> <li>• hearing screening outcome</li> <li>• oral health advice</li> <li>• Breastfeeding, contraception, immunisations, safer sleep,</li> <li>• General health of new-born baby</li> <li>• Neonatal Jaundice</li> <li>• Maternal mental health</li> <li>• Infant mental health</li> </ul>
<p>6 to 8 week review (mandated)</p>	<p>Assessment of progress from birth to 8 weeks, including:</p> <ul style="list-style-type: none"> <li>• checking <b>new born blood spot screening</b> completed</li> <li>• ensuring first immunisations given/booked</li> <li>• monitoring if physical examination taken place or given.</li> </ul> <p>The baby’s GP (or nominated primary care examiner) will have responsibility for ensuring the 6 to 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"> <li>• promoting adherence to vaccination schedule for babies born to women who are hepatitis B positive</li> <li>• assessing maternal rubella vaccination history</li> </ul>

Review	Description
	<ul style="list-style-type: none"> <li>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</li> </ul> Promoting of breastfeeding and healthy eating and oral health. Provision of health promotion advice for healthy diet and weight including healthy sleep patterns, immunisations, managing minor ailments, prevention of accidents and socialisation, infant and family mental health.
3 to 4 month contact (not mandated - suggested)	Infant feeding, growth and development, physical and social development, home learning environment, interaction, oral hygiene, maternal mental health
6 months contact (not mandated - suggested)	Minor illness and accident prevention, Infant feeding, growth and development, home learning environment, speech, language and communication development, mental health returning to work.
One-year developmental review (mandated)	Review of health and development - best practice to use recognised tool for review such as <b>ASQ3</b> and <b>ASQ:SE2</b>  Provision of health promotion advice for healthy diet and weight including vitamin D, oral health advice, healthy sleep patterns, immunisations, managing minor ailments, prevention of accidents and socialisation.
2 to 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. <b>ASQ-BE</b> and <b>ASQ:SE2</b> to be used for all <b>2–2½ year developmental review</b> across England. Socialisation and behaviour management. Home learning environment. Speech, language and communication progress.

Review	Description
	Nursery provision, diet, hygiene, oral health, exercise and play, general health and wellbeing.
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"> <li>• new baby review</li> <li>• 6 to 8-week visit</li> <li>• any contact between service and family</li> <li>• one-year developmental review</li> <li>• 2 to 2 and a half-year review (integrated where eligible)</li> <li>• Open access to service via telephone 9am to 5pm or healthy child clinics</li> </ul>
Health development review	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.  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  Mid-teen health review. Local need to determine post-16 support including improving resilient and emotional wellbeing, delivering evidence-based interventions including oral health, HPV and other immunisation programmes offered within the teenage years, and at 16 to 19 to support young people as they move into adulthood and become more autonomous or require support in managing their health and care needs.
Healthy weight	Breastfeeding and complimentary feeding advice as part of sugar reduction. Dietary advice should also consider dental health. Evidence based interventions, for example, <b>HENRY</b> .

Review	Description
	<p><b>National Child Measurement Programme</b>, plus interventions on healthy weight and exercise</p>
<p>Targeted support</p>	<p>Support for vulnerable parents, for example, young parents, mental health, drugs, alcohol and domestic violence.</p> <p>Early identification, support and training for complex or additional health needs including dental health.</p> <p>Support for young carers' health needs; Looked After Children (and those on the edge of care); young offenders; children of military families; 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), gangs and county lines.</p>
<p>Sexual health and contraception</p>	<p>Contraceptive and pre-conception advice to parents. Support to reduce teenage conceptions, improve preconceptual health and reduce sexually transmitted infections (STIs) and including:</p> <ul style="list-style-type: none"> <li>• puberty sessions, condom distribution</li> <li>• pregnancy testing, enhanced service to prescribe long-acting reversible contraception, emergency hormonal contraception, STI testing</li> <li>• postnatal contraception to prevent subsequent unplanned pregnancies</li> </ul> <p>Advise on preconceptual care before and between pregnancies to maximise maternal and fetal health, including immunisations, vitamin supplementation, smoking cessation and promotion of healthy weight.</p>
<p>Drugs, alcohol and tobacco</p>	<p>Prevention and support for drug and alcohol misuse; smoking cessation; young parents, young people.</p>
<p>Emotional wellbeing</p>	<p>Supporting the emotional health and wellbeing early help offer.                      Specialist support.</p>

<b>Review</b>	<b>Description</b>
Safeguarding	Supporting children, young people and families through integrated working.
Screening	Screening all children between 4 and 5 years of age for visual impairment in line with <b>National Screening Committee</b> Guidelines.
Immunisation	Reviewing immunisation and vaccine status and providing according to the <b>immunisation schedule</b> .

## Locally defined strategies to achieve outcomes

**Table 2. The health visiting and school nursing services contribution to year-on-year improvements**

Outcomes	Suggested strategies and data sources
<p>More children and young people achieve positive physical and emotional milestones</p>	<p>Mandated review and contacts.                      Screening for postnatal depression and anxiety.                      Health visiting profile completed.                      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.                      Numbers of children, young people and families supported who are within:</p> <ul style="list-style-type: none"> <li>• Universal reach</li> <li>• Targeted response</li> <li>• Specialist response</li> </ul>
<p>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>Number of interventions or contacts with children and young people who are considered vulnerable or from hard-to-reach groups.                       ASQ-3 domain scores and EYFS scores recorded and interventions in place to reduce inequalities between lowest and highest IMD areas</p>
<p>More children and young people develop and achieve their potential, through improved rates of school attendance</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.</p>

<b>Outcomes</b>	<b>Suggested strategies and data sources</b>
	<p>Review of immunisation status.</p> <p>Puberty sessions in schools.</p> <p>Contribution to the development and co-ordination of individual healthcare plans for children with additional and complex health needs.</p>
<p>More 16 to 19 year olds are able to achieve their potential through increasing percentage of 16 to 19 year olds in employment, education and training and reducing numbers NOT in employment, education and training (NEET)</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> <p>Early identification of health needs of young carers and support provided tailored to individual need.</p> <p>Identification of health needs of asylum seekers and refugees/LGBTIQ/Travellers</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/LGBTIQ/Travellers</p>
<p>All children and young people are safe and protected, within their families wherever possible</p>	<p>Completion of statutory health assessments for Looked After Children and anonymised reporting of issues/concerns.</p>

<b>Outcomes</b>	<b>Suggested strategies and data sources</b>
	Contribution to in care reviews, placement planning and support for foster/residential carers regarding health issues.
<p>Children and young people are safe and protected, resulting in a reduction in hospital admissions caused by unintentional injuries to children and young people.</p> <p>A reduction of the number of children and young people killed or seriously injured on the road</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&amp;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>
<p>More children and young people have a positive attachment with their parents and carers</p>	<p>Promotion of positive parent-child interaction and parental attunement at all HV contacts.</p> <p>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.</p> <p>Health visitors to assess maternal mental health at all health visiting mandated reviews</p>
<p>More children and young people are a healthy weight, through a reduction in the number children who are overweight and obese at 4 to 5 years and 10 to 11 years</p>	<p>Promotion of breastfeeding.</p> <p>Evidence-based brief interventions.</p>



<b>Outcomes</b>	<b>Suggested strategies and data sources</b>
	<p>Promotion of healthy eating and reduction of sugar consumption for both healthy weight management and prevention of dental decay.                      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>
<p>More babies are fed breast milk, through an increase in breastfeeding initiation and prevalence</p>	<p>Promotion of breastfeeding</p>
<p>More pregnant women, parents, carers, children and young people have better mental health</p>	<p>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> <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.                      Whole-school approach to social and emotional wellbeing</p>
<p>More pregnant women, parents, carers, children and young people are smoke free, reducing the prevalence of smoking locally</p>	<p>Brief interventions.</p> <p>Referrals to appropriate stop smoking services and advice regarding smoke free homes and cars.</p>

<b>Outcomes</b>	<b>Suggested strategies and data sources</b>
	<p>Nicotine replacement treatment prescribing.</p> <p>Whole-school approach to smoke-free policy within targeted schools</p>
<p>Children and young people, parents and carers are supported to reduce substance misuse</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>Children and young people, parents and carers are supported to reduce teenage conceptions and improve sexual health</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>

<b>Outcomes</b>	<b>Suggested strategies and data sources</b>
	Referral to local chlamydia screening programmes.
Increased population immunisation coverage for children and young people, to reduce prevalence of preventable ill health	<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>
More children and young people grow up free of tooth decay	<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>

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## Appendix 1. 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. Most children and young people with special educational 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 to 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.

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 2 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 at [inspection reports](#).

## Appendix 2. Safeguarding: the health visitor and school nurse contribution

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 underpin the core safeguarding principles which are outlined in this section.

Key principles for working with all children and young people aged 0 to 19 include:

- ensuring the safety and 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 4 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

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 or engagement in intimate partner violence
- have a history of criminal or antisocial behaviours
- lack knowledge about child development or 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) or carer(s) who:

- have severe intellectual disabilities
- a personal history of having been looked after
- are isolated from social support
- 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

## Example memorandum of understanding (MoU)

### **Example memorandum of understanding to support health visiting and school nursing safeguarding offer, support Local Authority commissioning of public health professionals to deliver a proactive approach to safeguarding children and young people.**

The purpose of this document is to support local organisations in a shared understanding on maximising the roles and responsibilities of health visitors (HV) and school nurses (SN) in delivering a proactive and collaborative system wide approach to the safeguarding of children and young people. This document has been established to support the development of any local memorandum of understanding between Local Authority, NHS and HV / SN providers, which will offer clarity of roles, responsibilities and partnership approaches to safeguarding children.

HV and SN lead the HCP and work as part of a wider, multi- disciplinary, multi-agency network and contribute to improving outcomes for children, young people and families as public health professionals supporting children and young people. They work alongside other professionals including GP's, language therapists, practice nurses to ensure that safeguarding needs of young people and families are met. This document considers how to support HV and SN towards the meeting of public health outcomes and for creating opportunities for prevention and early intervention and working in partnership to safeguard children.

There is national guidance to support this approach on maximising the role of the HV/SN which demonstrates the importance of universal prevention and health promotion through to targeted work to protect and safeguard children (DH/PHE 2014).

Children and young people have the right to be protected from abuse and exploitation and to have their health and welfare safeguarded. HV's and SN's work as part of a wider, multi- disciplinary, multi-agency network and contribute to improving outcomes for children, young people and families. All public health practitioners hold a critical role in the contextual safeguarding of children, families and communities, as per Working Together (August 2018) guidance and the local partnership safeguarding plan. This is especially critical where children are on a protection plan or looked after.

## Learning Partnership aims and objectives

Working Together to Safeguard Children (2018) clarifies that 'safeguarding' is the action taken to promote the welfare of a child and to protect them from harm and is the 'responsibility of everyone'.

Specific objectives are to:

- provide collaboration between organisations in delivering a change from traditional practices of safeguarding work in HV and SN to a more proactive approach.
- support commissioners in commissioning more proactive roles for HV and SN's which can support the reduction in health inequalities in individuals, families and communities.
- support service delivery partners and Local safeguarding Partnerships in adopting practices which enable a proactive approach. The final plans should be discussed with the local Designated Nurses for Safeguarding.

## What does good look like?

This child centred approach which includes Think Family, contextual safeguarding and trauma informed public health methodologies is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

Applying a whole systems approach to provide safer, personalised, accessible support and individualised care with vision and shared goals is central to improving outcomes for children, young people and families. Effective partnership and multi-disciplinary working underpin the core safeguarding principle.

## Role definition

In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents or carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.

The health visitor and school nurse draws on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/ or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse and escalates accordingly.

## Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe. All partners commit to ongoing monitoring, with the aim of ensuring accountability and performance against agreed milestones.

NHS England/Improvement intends to ensure that the Child Protection Information System (managed by NHS Digital) regularly sends secure listings of children on a protection plan and looked after to each Child Health Information Services for onwards secure cascade to all Health Visiting and School Health teams from April 2020 as part of digital enablers in the Long-Term Plan.

The school nurse and health visiting service can use this integrated data to create improved case load management and create a meaningful dialogue with partner organisations at Multi-Agency Safeguarding Hubs, Health and WellBeing Boards or any other partnership forum where population health outcomes are being discussed.

From April 2020, all school nurse and health visiting services will also have access to the NHS Contextual Safeguarding minimum data set which will profile their Local Authority for a range of contextual safeguarding and trauma informed practice indicators.

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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, research, 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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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