



A NEW LOOK AT HALL 4
The Early Years
Good Health for Every Child

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MINISTERIAL FOREWORD

The Scottish Government is committed to giving children in Scotland the best possible start in life. To achieve this, we need to provide the most effective support to children and their families, making sure they are able to access it when needed, and empower families so that they are fully involved in the decisions made.

This guidance concentrates on the early years of life – emerging evidence shows that early intervention and support is the key to helping children reach their full potential. The guidance sets out the need for flexibility in the allocation of the Health Plan Indicator, making sure a full assessment of the child's needs and circumstances is taken into account before making a decision on how much and the type of support required. The re-introduction of the 24-30 month assessment aims to provide support at this key stage of development and to detect any concerns as early as possible. The health improvement message, which is at the heart of the Hall 4 ethos, is further reinforced and NHS Boards are asked to ensure that key advice and messages are provided in an appropriate way.

In developing this guidance we have taken into account the views of health professionals who provide these services, and of the families who receive them. I believe it will enable health professionals to deliver the best support to children and families in order to help them achieve their potential.

A handwritten signature in black ink that reads "Shona Robison".

Shona Robison, MSP
Minister for Public Health and Sport

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INTRODUCTION

This guidance has been developed following extensive consultation with a wide range of stakeholders including front-line practitioners and parents/carers and takes account of the views expressed. It sets out the way forward for the successful delivery of Health for All Children (Hall 4) in the early years – a time where children’s futures can be shaped by appropriate levels of support and intervention.

It supplements the 2005 guidance – *Health for All Children 4: Guidance on Implementation in Scotland*¹ – and addresses key issues identified as requiring further clarification. It is aimed at front-line practitioners, clinical leaders and others involved in the planning and delivery of health services to children and their families. Whilst aimed at the NHS, it recognises the need for inter-professional and multi-agency working, to deliver the best quality of care and support for children and their families in the vital early years.

Policy Context

The purpose of the Scottish Government is to focus on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.

Progress towards the Purpose is tracked by 7 Purpose Targets and is supported by 15 National Outcomes – describing the kind of Scotland we want to be. At least 4 of the National Outcomes are directly relevant to delivery of the Hall 4 programme:

- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We have tackled the significant inequalities in Scottish society
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

The early years policy landscape in Scotland has changed dramatically in the years following the publication of the 2005 guidance. The three social policy frameworks set out below seek to find a common approach to addressing inequalities across Scotland:

- The Early Years Framework - www.scotland.gov.uk/Publications/2009/01/13095148/0
- Equally Well - www.scotland.gov.uk/Publications/2008/06/25104032/0
- Achieving Our Potential - www.scotland.gov.uk/Publications/2008/11/20103815/0

In addition, the *Getting it Right for Every Child* (GIRFEC) transformational change programme demonstrates the Scottish Government’s commitment to improving outcomes for children and young people – driving change across practice, systems and culture in all relevant agencies to ensure help for all Scotland’s children. The GIRFEC approach applies to all children, promotes early intervention and is about how practitioners across all services for children and adults meet the needs of children and young people, working together where necessary to ensure that they reach their full potential. GIRFEC takes a child centred approach that should ensure that services are

¹ <http://www.scotland.gov.uk/consultations/health/hfac-03.asp>

provided to that child in an appropriate, proportionate and timely way that aligns activity around a single planning process.

The *NHS Healthcare Quality Strategy* has been built around what people in Scotland have said they want from healthcare services in line with the wider social policy frameworks and *GIRFEC* principles. They said they wanted:

- Caring and compassionate staff and services
- Clear, effective communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- A clean and safe environment
- Continuity of care
- Clinical excellence.

The *Quality Strategy* sets out the internationally recognised 6 dimensions of healthcare quality – healthcare that is: person-centred, safe, effective, efficient, equitable and timely. The 3 Quality Ambitions set out in the strategy to which all NHSScotland staff and its partners will be aligned are:

- **Person-centredness** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- **Safe** - There will be no avoidable injury or harm to people from the healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.
- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

All 3 of these Ambitions are relevant to the delivery of care to children and their families in the early years. They describe the care which they should receive as being safe, relevant and delivered in partnership with children and their families.

The successful delivery of children's services should also be underpinned by the core principles of child protection. Procedures and guidance cannot in themselves protect children: a competent, skilled and confident workforce is essential. Child protection is a complex system requiring the interaction of services, the public, children and families. The National Guidance for Child Protection provides the framework for that understanding. It enables managers and practitioners to apply their skills collectively and effectively and to develop a shared understanding of their common objective – to support and protect children, particularly those who are most vulnerable.

The Guidance

This guidance focuses on 3 main aspects of health service delivery to children and their families in the early years:

- The allocation of the Health Plan Indicator
- The 24-30 month review
- The delivery of health improvement information and advice.

ROLE OF THE PUBLIC HEALTH NURSE

Modernising Nursing in the Community

Public Health Nurses play a pivotal role in contributing to the health and wellbeing of children, young people and families. The focus of professional practice is early intervention; prevention and health promotion for children and families; promoting social inclusion and reducing inequalities in health; addressing key public health priorities and supporting the capacity of families to parent within their local communities through the provision of universal services. It is through universal services that needs are assessed and individualised responses are developed at the earliest opportunity.

The Modernising Board for Nursing in the Community was established in September 2009. Its aim is to support NHSScotland to provide high quality, sustainable nursing care in the community by assisting NHS Boards to modernise and further develop community nursing services which meet the challenges of providing community care which is fit for the 21st century and deliver clear benefits for service users. It is timely that a framework for public health nursing is developed which has a practical focus on improved outcomes for children and young people.

The Children, Young People and Families sub group (0-19) is one of 3 initial work streams reporting to the Modernising Board for Nursing in the Community. The decision to focus on Public Health Nursing – Health Visiting (0-5) in the first instance was informed by growing evidence about the extent to which both vulnerabilities and potentials in adult life are shaped by experiences pre-birth and in the early years (*Early Years Framework 2008*²). The early years are a key opportunity to shape a Scotland of the future which is smarter, healthier, safer, stronger, wealthier, fairer and greener.

The Board will have completed much of this work by early 2012.

Public Health Nurse - Health Visitor as the *Named Person*

In line with *GIRFEC*, the Public Health Nurse – Health Visitor will be the *Named Person* for the 0-5 age group or until the child enters school. The Public Health Nurse – Health Visitor is best placed, as a key provider of universal services in the early years, to carry out this role. The following offers a definition of the role of the *Named Person* and *Lead Professional*, taken from the developing national implementation work for *GIRFEC*:

² www.scotland.gov.uk/Publications/2009/01/13095148/0

The Named Person

Building on the recommendation from *For Scotland's Children*, and *Protecting Children: Framework for Standards*, we have introduced the concept of a *Named Person* in health and education, depending on the age of the child, to act as the first point of contact for children and families. It will be the *Named Person's* role to take initial action if a child needs extra help. This role formalises the activities universal agencies are undertaking routinely in their day-to-day work. The difference is that the *Named Person* will use the *National Practice Model* to help decide what actions to take and work more efficiently with others. Experience from the pathfinders and learning partners has shown that, in spite of anxieties, the role of the *Named Person* has not created additional work. Rather, the new processes have sharpened existing roles.

The *Named Person* is critical for supporting early intervention no matter what the age of the child or young person. Strategic managers within health and education need to give special attention to appointing a *Named Person* for specific groups of children such as those who are from travelling families, are being home educated and young people who are not in secondary education, whether or not they are the subjects of compulsory measures. This might be someone from a youth service or the voluntary and private sector.

What makes a difference:

- Developing the role of the *Named Person* to strengthen the child-centred approach
- Strategic managers deciding who the *Named Persons* will be in their organisational structures in health and education
- Developing a protocol that defines at what stage *Named Person* responsibility is handed over from health to education
- Ensuring the *Named Person* is appropriately inducted into the role
- Putting in place mechanisms for appointing a *Named Person* if children are being home-educated, are from travelling families or are young people not in secondary education
- Agreeing how to advise children and families who the *Named Person* will be and what can be expected from them and make that information accessible to members of the public.

The Lead Professional

Where a child needs help from two or more agencies, the *Lead Professional* is the person who co-ordinates inter-agency planning and makes sure that the different services provide a network of support around the child in a seamless, timely and proportionate way.

What makes a difference:

- Strategic managers agreeing collectively the role of the *Lead Professional* and in what circumstances it will be used. This will include the voluntary and private sectors
- Each agency deciding who in their agency is appropriate for the role of *Lead Professional*
- Deciding and setting up mechanisms for individuals to become *Lead Professional*
- Making sure it is clear to everyone when and how a *Lead Professional* begins and ends their role.

Key Recommendations

- **The Public Health Nurse - Health Visitor maintains the role of the *Named Person* for all children until entry to primary school.**
- **NHS Boards are required to ensure that all pre-school establishments have a named Public Health Nurse - Health Visitor.**
- **NHS Boards should ensure a link is maintained between the child and family and the Primary Healthcare Team for all children – whether in pre-school education or not.**

THE HEALTH PLAN INDICATOR

The Health Plan Indicator (HPI) was developed following the publication of the 2005 guidance, for use by health practitioners to enable them to allocate to a core, additional or intensive programme of support, depending on a child's assessed level of need. Although the timescale for allocation of the HPI was not defined, as the 2005 guidance was implemented the default milestone for allocation became part of the 6-8 week review in the majority of cases. This has been attributed mainly to the changing role of the Public Health Nurse - Health Visitor in the years following the publication of the 2005 guidance.

The use of the HPI has varied across Scotland with some areas using it as a corporate tool to measure workforce requirements or levels of deprivation within communities. It should be clear that the HPI is a tool to reflect the child's needs in their family, community or wider context.

The allocation of the HPI requires to be flexible and should reflect the changing needs of the child and family as situations and circumstances change. These changes happen throughout a child's life but, for the purpose of this guidance, are particular to the early years. The HPI is a snapshot of a moment in a child's life but is an appropriate indicator for use by practitioners as a measure of the mutually agreed support for the child and his or her family.

Applying a *GIRFEC* approach means that an assessment of needs should determine whether proper access to universal services and the core support they provide are sufficient for the family or whether additional input is required to help the child reach its full potential. In line with *GIRFEC*, there will now be 2 categories of HPI – 'Core' and 'Additional'.

Timescale for Allocation

Children and families have diverse needs. The level of support which they require will be dependent on a comprehensive assessment undertaken in partnership with parents/carers. The HPI should be allocated by 6 months. However, the HPI may, where appropriate, be allocated ante-natally, in consultation with the family, midwife and other key professionals. The period prior to the allocation of the HPI should be a period of support and assessment, using the *GIRFEC National Practice Model*, the *Pathway of Care for Vulnerable Families (0-3)* and supported by local tools to ensure a full assessment is carried out and appropriate, proportionate and timely levels of support are provided.

Key Recommendations

- The HPI should be allocated in response to the assessed level of support required by the child and family.
- All children should have an HPI by age 6 months.
- There are 2 categories of HPI – ‘Core’ (receiving the universal health visiting service) and ‘Additional’ (receiving additional health visiting support and/or support from other disciplines/agencies).
- Assessment should be carried out using the *Getting it Right for Every Child National Practice Model*, the *Pathway of Care for Vulnerable Families (0-3)* and supported by local tools.

24-30 MONTH REVIEW

The 24-30 month review for all children is the appropriate time to review the child’s parameters of development identifying and addressing areas where additional support is required. Needs identified should be addressed using evidence-based interventions with subsequent monitoring to ensure that agreed outcomes are achieved.

It is important that contact is made with **all** families with children at this stage and no child misses out on the opportunity for a review. NHS Boards must ensure there are protocols in place to deal with non-responders.

The review should be carried out in partnership with parents/carers, ensuring that they understand the expected developmental progress of their child at this stage. The Personal Child Health Record (The Red Book³) contains a number of developmental firsts and this should be used as a proactive tool to work with parents to help them understand, and take the lead on, discussions regarding any concerns they may have.

Where there are concerns about a child’s development or growth patterns, health visitors should ensure that the necessary follow-up action is taken. For example, where a parent expresses concern about a child’s weight or if the health visitor, during the review, is concerned regarding the child’s weight, the child’s height and weight should be measured and recorded on the WHO growth chart⁴. If there are further concerns following this measurement, the Public Health Nurse – Health Visitor should ensure appropriate advice is provided. In cases where a more detailed clinical assessment is necessary, the Public Health Nurse – Health Visitor should refer the child to the appropriate local resource, informing the GP of their action.

In order to protect children, core principles, values and shared standards of practice and communication form the foundation for effective, collaborative child protection activity. While different agencies will have differing codes of practice and responsibilities, a shared approach to values and standards will bring clarity and purpose to single-agency, multi-agency and inter-agency working.

³ The new Red Book was issued for use by all NHS Boards from 1 January 2010 – the development checklists will therefore only be contained in the Red Book for children who have a date of birth 1 January 2010 or later.

⁴ The WHO Growth Charts were introduced for use for all children born on or after 1 January 2010. Children with a date of birth prior to this date should have their height and weight recorded on the UK 1990 Chart.

The 24-30 month review should cover the following as a minimum and may require to be expanded, depending on child and family circumstances and professional concerns:

- Speech, language and communication
- Personal, social and emotional development (including behavioural issues)
- Nutrition, growth and weight
- Immunisations
- Parental concerns and issues
- Vision, hearing and oral health
- Physical activity and play.

Key Recommendations

- **24-30 month review to be carried out for all children.**
- **NHS Boards should ensure that needs identified are addressed using evidence-based interventions to achieve agreed outcomes.**
- **NHS Boards should agree the format and approach to the review.**
- **The review should be carried out in partnership with parents/carers and the Red Book should be used as a tool to assist this.**
- **NHS Boards should ensure protocols are in place for non-responders.**
- **Where there are specific concerns, appropriate referrals should be made to other services.**
- **NHS Boards should develop clear pathways of care to ensure that referrals for support are appropriately managed.**

HEALTH IMPROVEMENT

Positive health improvement information and support are key to the success of achieving a healthy nation. In modern times, these messages are provided through a range of media from internet sites and national TV advertising campaigns to national and locally produced materials, aimed at serving the local population.

Public Health Nurses – Health Visitors are key to the delivery of these messages and to ensuring that the right messages are getting through. As part of the primary healthcare team, Public Health Nurses – Health Visitors should ensure that positive health improvement messages are provided as part of all universal contacts with children and their families. Such information and support should be accessible to individual families and tailored to their needs to ensure improvements in health and wellbeing also contribute to reducing the current inequalities in outcomes for children. By adopting an “asset-based” approach, Public Health Nurses – Health Visitors can build on the existing knowledge and skills of families.

Public Health Nurses – Health Visitors should ensure that they promote the use of materials such as *Ready Steady Baby!* and *Ready Steady Toddler!* as a regular reference point for health improvement information and advocate the use of *Ready Steady Baby!* and *Ready Steady Toddler!* websites to obtain additional information and support.

Key Recommendations

- **Public Health Nurses – Health Visitors should promote materials such as *Ready Steady Baby!* and *Ready Steady Toddler!*, *play@home*, *Breastfeeding Off to a Good Start*, and *Fun First Foods* to provide parents with information.**
- **Public Health Nurses – Health Visitors should ensure that information, resources and support provided are accessible and tailored to meet the needs of individual families.**
- **Health improvement messages can be provided through a range of sources and NHS Boards should ensure that accessible positive messages and guidance are given to parents/carers.**
- **Public Health Nurses – Health Visitors should use the 24-30 month review as a key point for the provision of health improvement information and support.**

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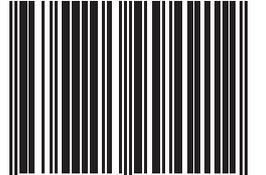
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