

Department of  
**Health, Social Services  
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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**



# ***Healthy Child, Healthy Future***

## **A Framework for the Universal Child Health Promotion Programme in Northern Ireland**

**Pregnancy to 19 Years**

May 2010

# ***Healthy Child, Healthy Future***

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## **Guidance to support the delivery of the Healthy Child, Healthy Future in Northern Ireland**

This document should be read in conjunction with current standards and guidelines for practice.

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### **Foreword**

The existing Child Health Promotion Programme within Northern Ireland, introduced in 2006, is based on 'Health for All Children' (Hall and Elliman, 2006). Healthy Child, Healthy Future is intended to strengthen not replace the existing programme and is recognised as being central to securing improvements in child health across a range of issues. Effective implementation will lead to:

- Strong parent - child attachments, positive parenting resulting in better social and emotional wellbeing.
- Care that helps keep children healthy and safe.
- Healthy eating and increased activity leading to a reduction in obesity.
- Prevention of serious and communicable diseases.
- Increased rates of initiation and maintenance of breastfeeding.
- Readiness for school and increased learning.
- Early recognition of growth disorders and risk factors for obesity.
- Early detection of and actions to address developmental delay, abnormalities and ill health, and concerns about safety.
- Identification of factors that could influence health and well being in families.
- Better short and long term outcomes for children who are at risk of social exclusion.

The framework sets out a clear core programme of child health contacts that every family can expect, wherever they live in Northern Ireland, recognising that individual families are different and that there is a need to be flexible and innovative to ensure that all families are able to access and benefit from the advice, support and services that are available to them.

We are enormously grateful to all the professionals involved in the development of this guidance or who have commented on it. Their input has been invaluable.

A handwritten signature in cursive script, reading 'Margaret Boyle'.

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A handwritten signature in cursive script, reading 'Angela McLernon'.

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## **Acknowledgements**

This document has been endorsed by the Regional Health for All Children Steering Group (Hall 4) and by key stakeholders and practitioners within local and regional multi-professional fora including the project team and through focus groups with practitioners.

The members of the CHPP project board and project team who developed and edited this work are gratefully acknowledged for their contribution to the development of this document.

Particular thanks to Bernie Hartley, Nurse Manager (Health Visiting), Northern Health and Social Care Trust, who led in taking this work forward and to Susan Gault, Head of Public Health Nursing, Northern Health and Social Care Trust, for her support to this and broader programmes of work.

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### **Introduction**

The First Minister and Deputy First Minister, through the OFMDFM Strategy, 'Our Children and Young People - Our Pledge', (2006), aim to improve the life chances for children and young people to ensure that every child, irrespective of race, gender, religious belief, age, sexual orientation, disability, background or circumstances gets the best start in life and the support they need to fulfil their potential.

The fourth edition of *Health for All Children* (Hall 4), published in December 2002, promoted the gradual shift from a highly medical model of screening, to one with a greater emphasis on health promotion, primary prevention and active intervention for children at risk. This provided a framework for connecting the range of different policies and spheres of activity that support children and young people's health and development in the early years and beyond. *Health for All Children: Guidance and Principles of Practice for Professional Staff* (2006) set out a universal core programme of child health contacts for every family, wherever they lived in Northern Ireland. It recognised that as individual families are unique there was a need to be flexible and innovative to ensure that all families were able to access and benefit from the advice, support and services that are available to them.

### **Context**

The *Health for All Children* (Hall 4) programme currently provided in Northern Ireland has required the skills and expertise of a range of professionals to link effective child health promotion, prevention and care. More recently\* there have been developments and changes in the knowledge about how infants develop, including neurological development and what interventions work, which has influenced the landscape of children's policy and service development.

In addition public health priorities and responses now focus more specifically on issues such as obesity in childhood, the increase in emotional and behavioural problems among children and young people and the poor outcomes experienced by children in the most at risk families.

In March 2008 the Department of Health in England, launched the updated *Child Health Promotion Programme* (CHPP and now known as the 'Healthy Child Programme'), which adopted new knowledge, public health priorities and changes in the way in which services are delivered. The updated CHPP which builds on the revised fourth edition of *Health for All Children* (Hall and Elliman, 2006), is intended to strengthen not replace *Health for All Children* (HFAC).

\*Hosking, G. The Hand That Rocks the Cradle, <http://www.childrensproject.co.uk/cradle.asp>

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The advances in neuroscience and genetics along with a greater understanding of how early childhood can be both promoted and damaged, create an imperative for the CHPP to begin in early pregnancy. The CHPP is essential to optimising health and development and supporting parenting in the first years of life.

In response to the launch of the CHPP in England the Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPS), through the Regional Health for All Children (Hall 4) Steering Group, commissioned work to review the current Hall 4 programme within Northern Ireland from pregnancy to 19 years of age, and to recommend an updated child health promotion programme for Northern Ireland. The focus from pregnancy to 19 years (19th birthday) ensures that all children including those who are 'Looked After Children (LAC)' or who have a disability and require special education provision are included.

The age of 19 also provides flexibility where policy might be developed in the future to extend provision beyond the traditional model within schools and into further education settings, drop-in and other facilities where young people can access preventive services.

### **The Northern Ireland Programme**

As a result of the review of the current Hall 4 programme and taking account of the CHPP developed by the Department of Health in England, this framework for the Universal Child Health Promotion Programme in Northern Ireland has been developed. The programme will be commissioned as one programme covering all the stages of childhood.

The Northern Ireland child health promotion programme, **Healthy Child, Healthy Future**, continues to adopt HFAC as the core universal child health promotion programme. It will continue to be updated as new evidence and best practice emerge, including *National Institute for Clinical Excellence* (NICE) guidance as it is adopted within Northern Ireland.

It details the universal services to be delivered to all children and their families, including health led parenting programmes and preventative initiatives in pregnancy. Comprehensive assessment of need will identify where additional support and interventions are to be offered. Where this is the case these must be done within clear care pathways, which continue to be developed within the UNOCINI framework.



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## Model for Delivery of Healthy Child, Healthy Future

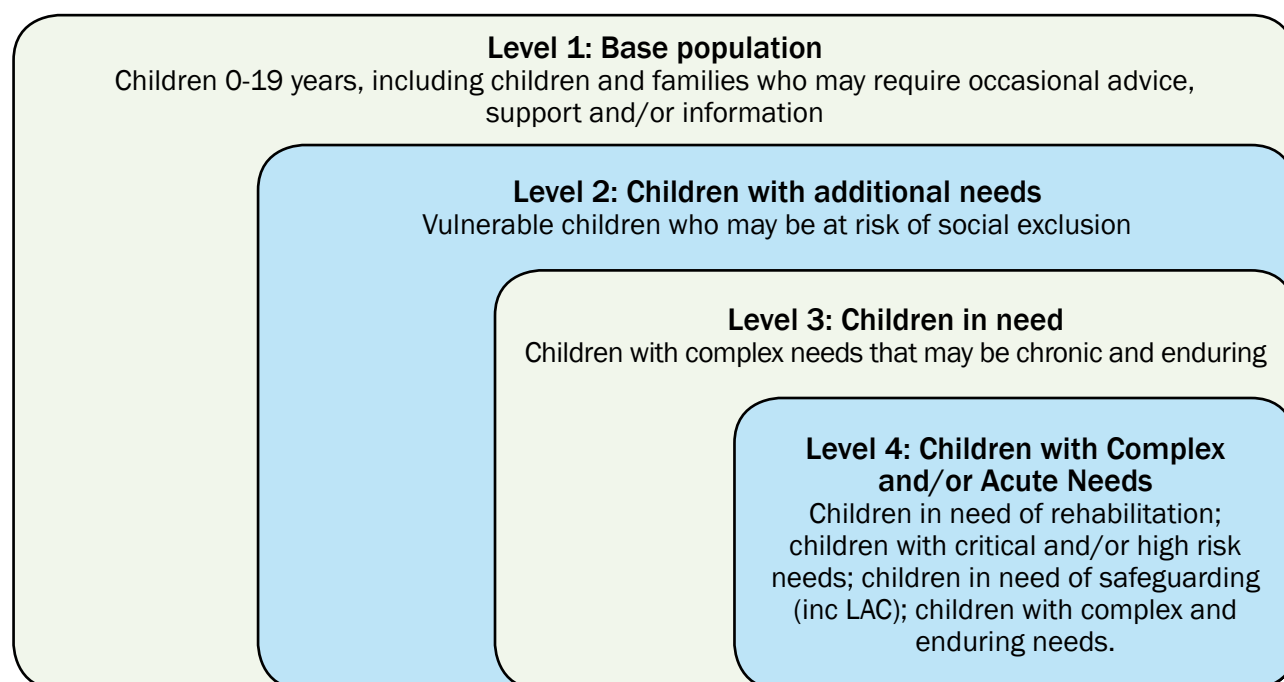
The Healthy Child, Healthy Future programme is provided to the total population of children and young people aged 0-19 years, irrespective of need. In addition some children and families will receive a targeted service, e.g. those children who are 'Looked After' or have special educational needs.

The programme is a universal service which requires a number of set contacts to be made with each family to identify health need, through a holistic assessment which includes screening and surveillance, and where necessary provide early intervention to ameliorate the potential early negative impact of any physical, social or emotional factor. Where early intervention is unable to address need, children/families are escalated to a more progressive level of intervention.

The Healthy Child, Healthy Future programme is delivered to all families from Level 1 to Level 4 of the 'Understanding the Needs of Children in Northern Ireland', (UNOCINI) Thresholds of Need Model (DHSSPS, 2008), (Figure 1). Some families will require only the minimum number of set contacts in level 1. Additional services will be targeted, according to need, to those families in Level 2-4. The nature of family life will mean that families will move in and out of the levels and services will be adjusted accordingly. Working within this model will secure an effective and co-ordinated approach to assessment and identification of needs within integrated children's services.

Health professionals should also ensure that the initial family health assessment carried out by the health visitor is regularly updated during the period of working with the family.

Figure 1\* Based on UNOCINI Thresholds of Need Model (DHSSPS, 2008)



\*Varied model due to the age range up to 19 years as opposed to 18 years within UNOCINI

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### **UNOCINI Thresholds**

The thresholds enable practitioners and their agencies to identify needs and communicate concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland. The model should be used to support effective working within integrated children's services. The thresholds and subsequent levels of service can be described as follows:

#### **Level One: Base Population**

Children and families typically self-refer and access universal and community resources as part of everyday life, for example, the Healthy Child, Healthy Future programme, attending their G.P. for minor ailments, attending school, joining a club, attending a community meeting or play group. Additionally, many agencies undertake preventative and awareness raising work at this level, for example, health promotion activities.

#### **Level Two: Children with Additional Needs**

In recognition of their vulnerability or potential for social exclusion, some children and families will be offered enhanced assistance from universal services or through community and voluntary organisations, for example, additional breastfeeding support, Surestart services, counselling or parenting support group. In relation to health visiting and school nursing services, this can include the provision of evidence based parenting and/or other programmes for teenage mothers and families with complex needs or challenging behaviours who have been identified through Family Health Assessment undertaken through the delivery of Level 1 universal services.

Targeting of pregnant teenagers is vitally important due to the risk of poorer health outcomes for mother and baby including low birth weight babies, higher infant mortality rate, low incidence of breastfeeding, high childhood accident rate and higher rate of postnatal depression. Level 2 services should be provided within a model of service which progressively responds to the level of identified need (progressive universalism) to target and respond effectively to the needs of children, young people and families. These should fit within the pathways of the UNOCINI Thresholds of Need model.

#### **Level Three: Children in Need**

Where children have been identified as children in need under Article 18 of the Children (NI) Order 1995, the Health and Social Care Trust (the Trust) will be required to provide community based social care services to promote and safeguard their welfare. Children in need, include disabled children whose families may require additional services to enable them to care for their child. Relevant professionals including health visitors, school nurses and education staff will normally be asked to provide input to the UNOCINI assessment process. This may also

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indicate the need for further assessments to be undertaken for example, a statutory assessment under the Education (Northern Ireland) Order 1996 with a view to determining whether a Statement of Special Education Needs may be required. Children who are vulnerable due to their family situations may need to be added to the child protection register and an appropriate multi-disciplinary child protection plan established. Support for children in need and their families can be provided by a range of professionals and by voluntary and statutory agencies. Services may include sponsored playgroup or child minding places, short break care (formerly known as “respite care” and special programmes provided by family centres to help parents manage behaviour or take part in further assessments.

### **Level Four: Children with Complex and/or Acute Needs**

Children experiencing the most acute, intense or complex difficulties because of health, disability or vulnerability due to their family situations will normally be provided with co-ordinated support and intervention that may involve a multi-agency response. This will include children with serious medical conditions and those with mental health needs who may require prolonged care in hospital or intense support within the community. Others may be looked after by Trusts in foster care, kinship or residential care placements or be the subject of child protection supervision and monitoring. Children in secure placements and youth justice establishments will also fall within this intense level of support and intervention. Care and support plans will most likely require input and agreed actions by a range of professionals including social workers, education welfare officers, health visitors, GP and other medical services, psychologists, school nurses and mental health workers.

For children with disabilities or special educational needs, child health services should work in partnership with others to:

- Strengthen human rights.
- Promote the inclusion of children with a disability in society in order to enable them to achieve their full potential.
- Reduce health inequalities.
- Offer more support and greater choice for children and their families.
- Reduce poverty among families with children who have a disability.

Not all children with disability have special needs, neither are all special needs due to disability.

*‘One child in six has learning difficulties at some time in his/her school career and one child in 60 has severe and persistent needs’.*

*Health for All Children, 4th Edition, David M. B. Hall & David Elliman,  
Oxford Medical Publications, 2003, Chapter 13*

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## **Section 1:**

### **Healthy Child, Healthy Future - The Child Health Promotion Programme for Northern Ireland (2010)**

Healthy Child, Healthy Future, the Child Health Promotion Programme for Northern Ireland, is a public health programme that offers every family with children a programme of screening, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices so that children and families achieve their optimum health and wellbeing.

The universal programme is a vehicle which provides an invaluable opportunity to identify families who are in need of additional support, and children who are at risk of poorer outcomes. The development of a progressive programme for such families, which is to be further defined in the near future, is based on robust Family Health Assessment (FHA) as part of the UNOCINI Thresholds of Need Model (DHSSPS, 2008).

#### **Objectives of the Programme**

- To ensure that all parents and children have access to, and understanding of all relevant health care messages that are evidence-based and shown to be beneficial.
- To arrange and deliver immunisations.
- To carry out the agreed screening procedures and ensure follow-up of abnormal results.
- To enable parents with worries about their child to locate the help they need promptly and efficiently.
- To support the local community in creating an environment at home and at school in which the child can be safe, grow, and thrive physically and emotionally.
- To identify vulnerable children and families who may benefit from additional support or services beyond the core programme and negotiate whatever is needed.
- To ensure that as far as possible children who have or may have special educational needs are identified and referred to the education services and to the appropriate voluntary and statutory agencies.

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## Principles of the Programme

The 7 principles of the Child Health Promotion Programme for Northern Ireland are:

1. A Whole Child Model with an emphasis on improving outcomes for children and young people through integrated planning of services for children, young people and families. (*Families Matter: Supporting Families in Northern Ireland 2009*).
2. A major emphasis on parenting support and positive parenting.
3. The application of new information about neurological development and child development.
4. The inclusion of changing public health priorities.
5. An increased focus on vulnerable families, underpinned by a model of progressive universalism.
6. An emphasis on integrated services.
7. The use of new technologies and scientific developments.

### 1.1 A Whole Child approach

The 'Whole Child' model approach puts the child at the centre of care delivery.

"Focus should be on the capacity of all universal service providers to take a whole child view towards assessment, identification of need and provision of services to meet need, which must include assessing, identifying and providing for the support needs of parents and families"  
*Families Matter: Supporting Families in Northern Ireland (March 2009).*

### 1.2 A major emphasis on parenting support and positive parenting

Healthy Child, Healthy Future looks beyond the child to their family, by reviewing family health including the father and/or partner's health behaviours and involving them directly where possible, e.g. in relation to diet, smoking and alcohol or drug use (*Hidden Harm Strategy, 2009*) as these behaviours have a direct impact on the mother and the child. Fathers and/or partners should be routinely invited to participate in child health reviews and to have their needs assessed.

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### **Parenting support will include:**

- Supporting mothers and fathers or those within a caring role to provide sensitive attuned parenting, in particular during the first months and years of life, using regionally agreed evidence based programmes to support specific work (eg. Solihull).
- Supporting strong couple relationships and stable positive relationships within families.
- Services which develop a whole child perspective that are aware of the interacting relationships between child, family and community (Families Matter: Supporting Families in Northern Ireland (March 2009)).
- Ensuring contact with the family routinely involves and supports fathers/partners, including non-resident fathers/partners.
- Supporting the transition to parenthood, especially for first-time mothers and fathers.

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## 1.3 The application of new information about neurological development and child development

Healthy Child, Healthy Future, reflects new evidence\* that has emerged about neurological development and the importance of forming strong parent-child attachment in the first years of life. More is also known about the adverse effects of maternal stress in pregnancy on child development and about the neurological development of infants. The brain develops rapidly in the first 2 years and is influenced by the emotional and physical environment as well as genetic factors.

Early interactions directly affect the way the brain is wired and early relationships set the 'thermostat' for later control of the stress response. These findings underline the need for mothers and fathers to be supported during pregnancy and the first years of the infants life.

Rapid scientific advances are taking place in the study of neuroscience and child development and in our understanding of the effectiveness of early childhood programmes.

### Healthy Child, Healthy Future reflects this new knowledge by:

- Stressing the importance of attachment and positive parenting in the first years of life in determining future outcomes for children.
- A greater focus on pregnancy.
- Recognising the specific impact that mothers and fathers have on their children, as well as their combined influence.
- Building a progressive universal programme that responds to the different risk factors on children's future life chances, including the effects of multiple parental risk factors.
- Integrating NICE guidelines on promoting changes in behaviours that affect health, maternal mental health, and antenatal and postnatal care.
- Incorporating interventions, where emerging evidence shows they can help, to build resilience and improve outcomes.
- Applying evidence based knowledge regarding the development of the brain in adolescence.

\*Hosking, G. The Hand That Rocks the Cradle, <http://www.childrensproject.co.uk/cradle.asp>



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### 1.4 The inclusion of changing public health priorities

The programme aims to improve health and reduce inequalities for children and includes a full range of public health initiatives. Public health priorities will change over time and will continue to be addressed within the programme. At present obesity and being overweight represents a major public health challenge that is comparable to smoking in its significance and scale. In 2004/05 more than 5% of Primary 1 children were obese with 22% being classified as overweight or obese. It has been projected that without significant intervention over 7% of children aged 4 ½ to 5 ½ years, will be obese with 27% overweight or obese by 2010, *Fit Futures* (2007).

Children who are obese in childhood are likely to remain obese into adulthood. Only 3 per cent of overweight or obese children have parents who are not overweight or obese.

It is vital to work with parents using a whole-family approach. *“The Fit Futures implementation plan takes a population approach to tackling the issue of obesity in children and young people living in Northern Ireland.... the plan recognises the need to work closely with families, schools and communities...” Fit Futures, (2007).*

#### Public Health priorities which will continue to change currently focus on the need to:

- Increase the number of mothers who start breastfeeding and continue for 6 to 8 weeks or longer.
- Focus on the early identification and the prevention of obesity in childhood through an emphasis on breastfeeding, delaying weaning until babies are around 6 months old, introducing children to healthy foods, controlling portion size, limiting snacking on foods high in fat and sugar, and encouraging an active lifestyle for the whole family.
- Take a pro-active role in promoting the social and emotional development of children.
- Support parents to get the balance right between encouraging play and physical activity whilst minimising the risk of injury. (Health and Safety Executive NI).



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### **1.5 An increased focus on vulnerable families, underpinned by a model of progressive universalism**

Healthy Child, Healthy Future is a progressive universal service that is offered to all families with additional services for those with specific needs and risks. One of the challenges of implementing the programme is balancing the universal elements of the programme with selective approaches to reduce inequalities. A model of progressive universalism means offering a range of preventative and intervention services for different levels of risk, need and protective factors. Implementing a model of progressive universalism and allocating resources accordingly, is essential to reducing inequalities. Future work will continue to be developed to support a progressive programme at level 2 to support children and families with additional needs.

### **1.6 An emphasis on integrated services**

This programme will promote:

- Collaborative working within integrated children's services in partnership with key stakeholders including local Sure Start projects to improve outcomes for children and families in disadvantaged areas.
- Collaborative working with local voluntary and community groups in promoting community development that will enhance services and support children and families.
- Working closely with early years services and community groups.
- Working closely with Department of Education Northern Ireland (DENI), schools and colleges.

### **1.7 New technologies and scientific developments**

Healthy Child, Healthy Future, will introduce and adopt new technologies and scientific developments such as:

- New vaccination and immunisation programmes.
- New tests, such as expanding the newborn bloodspot screening programme.
- Maximising the potential of technologies such as internet, help lines and text messaging services to provide parents with information and guidance, and to offer them more choice on how to access child health promotion information and services.
- Improved data collection systems and electronic records.

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## **Outcome of the Healthy Child, Healthy Future programme**

Effective implementation of Healthy Child, Healthy Future aims to secure the following outcomes:

- Strong parent-child attachment and positive parenting, leading to better social and emotional wellbeing among children.
- Care that helps to keep children healthy and safe.
- Healthy eating and increased activity.
- Prevention and reduction of some serious diseases and communicable diseases.
- Increased rates of initiation and continuation of breastfeeding.
- Readiness for school and improved learning.
- Early recognition of growth disorders and risk factors for obesity.
- Early detection and actions (including early intervention/referral) to address developmental delay and ill health and concerns about safety.
- Identification of factors that could influence health and wellbeing in families.
- Better short and long term outcomes for children who are at risk of social exclusion.

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## **Section 2:** **Delivery of Healthy Child, Healthy Future**

Health professionals, including midwives, health visitors, school nurses and GPs are the first point of contact for families during pregnancy, the first years of life and throughout childhood.

Successful delivery of Healthy Child, Healthy Future, relies on the contribution of a wider range of practitioners. The key to success is a shared understanding by both parents and practitioners of the roles and responsibilities of the different members of the team.

Healthy Child, Healthy Future, includes the following core elements:

1. Health Improvement
2. Health Protection

### **2.1. Health Improvement**

Health Improvement includes:

- Support for parenting including early intervention and prevention programmes for children and families.
- Engaging fathers/partners.
- Health promotion such as, promotion of breastfeeding, nutrition and exercise and the prevention/reduction of obesity, smoking cessation, drugs and alcohol, sexual health and improved mental health and wellbeing within the family.
- Promotion of social and emotional development e.g. personal development in school.
- Safeguarding – accident prevention, attachment and bonding, parent-child interaction and health.
- School health profiling.

The Family Health Assessment (FHA) currently used by health visitors and school nurses uses a holistic approach to identify the health of individuals, families and communities in support of the delivery of a client centred service. The FHA focuses on encouraging families to acknowledge their health needs and jointly plan appropriate interventions to address identified needs. Health reviews provide the basis for agreeing with each family how they will access the Child Health Promotion Programme over the next stage of their child's life.

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### 2.1.1 Support for parenting: Early intervention and prevention programmes for children and families

One of the core functions of Healthy Child, Healthy Future, is to support parents using evidence-based programmes provided by trained practitioners. Core features of successful parenting programmes include:

- Establishing a relationship with both parents based on trust and respect.
- Considering the whole family and the impact of wider family issues on the child.
- Focusing on parents strengths.
- Focusing on empowering parents - understanding that self-efficacy is an essential part of behavioural change.
- The ability to promote attachment, laying the foundations for a child's trust in the world, and its later capacity for empathy and responsiveness.
- An understanding of family relationships and the impact of becoming a parent.
- An appreciation of the factors that affect parenting capacity and health, and an understanding of the interplay between risk and resilience.
- Ensuring that practitioners have consultation skills and the ability to assess risk and protective factors.

There are a number of parenting support programmes available which can be used in both the universal and the progressive programme such as:

- Solihull [www.solihull.nhs.uk/solihullapproach/](http://www.solihull.nhs.uk/solihullapproach/)
- Incredible Years Programme [www.incredibleyears.com](http://www.incredibleyears.com)
- Mellow parenting [www.mellowparenting.org/](http://www.mellowparenting.org/)
- The Social Baby book/video (Murray and Andrews, 2005)
- Baby Express Newsletters [www.thechildrensfoundation.co.uk](http://www.thechildrensfoundation.co.uk)

Parenting programmes must be outcome focused and evidence based. Within Northern Ireland a menu of such programmes should be agreed which fit within locally agreed pathways and across levels 1-4 of the UNOCINI Thresholds of Need Model. Training for health visitors and school nurses should include these within programmes.

### 2.1.2 Engaging Fathers/Partners

Delivery of Healthy Child, Healthy Future, needs to look beyond the child to their family, reviewing family health as a whole, building family strengths and resources; the programme is there for the whole family - including the father/partner. Where possible the father/partner should be encouraged to participate fully and directly in the programme. Assessment of the father/partner's needs and health behaviours (e.g. in relation to diet, smoking, alcohol or drug use) should be undertaken as this will have a direct impact on both the mother and the child. Fathers/partners should be directly signposted to relevant services (rather than second-hand via the mother) and should be given information about health improving behaviours incorporating how their health behaviour impacts on their child. Non-resident fathers/partners details should also be recorded. For further information on engaging father see the Fatherhood Institute website at [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

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### 2.1.3 Health Promotion

Health for All Children defines health promotion as *‘any planned and informed intervention, which is designed to improve physical or mental health, or prevent disease, disability and pre-mature death’*.

*Health for All Children, 4th Edition, David M. B. Hall & David Elliman,  
Oxford Medical Publications, 2003*

Health promotion should be integral to the day-to-day work of all health professionals engaged in caring for children. It should include information on antenatal care and early support after childbirth with particular reference to breastfeeding, as well as providing information, advice and support to parent(s) as the child grows and develops.

Whilst health promotion should be tailored to the family’s needs, the health professional should also ensure that parent(s) are given the appropriate knowledge on prevention, for example, sudden unexpected death in infancy (SUDI), alcohol use, passive smoking and accidents.

There should be strong links and closer communication with community development programmes and other initiatives aimed at reducing inequalities, social exclusion, eliminating poverty and improving educational outcomes.

There are many opportunities for primary prevention and health promotion which should be incorporated into all developmental assessments and contacts with parents. The following are examples of topics to be covered within the programme and should be delivered within national and local guidance to inform practice:

- *Nutrition including promotion and support for breastfeeding.*
- *Prevention of Sudden Unexpected Death in Infants.*
- *Reducing smoking by parents.*
- *Childhood Injury Prevention.*
- *Promotion of oral health.*
- *Control of communicable diseases.*
- *Sexual Health.*
- *Maternal Mental Health.*
- *Supporting Speech and Language development.*

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### 2.1.4 Promotion of Social and Emotional Development

The prevalence of mental health problems amongst children and adolescents is currently estimated at 20%. In the pre-school years, problematic childhood behaviours include waking and crying at night, over-activity, food refusal and difficulty settling at night which if unresolved may indicate potential/future mental health problems.

Promoting mental health is a core component of all health professionals' work. They have an important role to play in supporting parents and children and developing community provision to prevent mental health problems.

### 2.1.5 Safeguarding

Safeguarding remains a key element of Healthy Child, Healthy Future with the focus being on prevention, assessment, identification, and support for identified needs and vulnerable families. Additional services and support should be targeted at those assessed as having identified needs.

Implementation of Healthy Child, Healthy Future, will provide information systems and processes to enable health and social care professionals to identify and record the needs of children and ensure appropriate planning and referral for support when necessary.

The introduction of the Family Health Assessment Model (FHA) and the UNOCINI multi-agency assessment provides a structured framework to assess, plan, deliver and evaluate services to vulnerable children, children in need and children in need of protection. The associated Thresholds of Need Model, (Figure 1) will assist professionals in determining levels of need for targeted intervention.

#### (i) Child Protection

Child protection is a shared responsibility. Co-operation between agencies and disciplines and working in partnership with parents must be the central focus.

*'Child abuse occurs when a child is neglected, harmed, or not provided with proper care.*

*Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them, or more rarely by a stranger.*

*There are different types of abuse:*

- *Physical*
- *Emotional*
- *Sexual*
- *Neglect*

*A child may suffer more than one of them'.*

*NI ACPC Regional Policy & Procedures 2005, Chp2, 2.3*

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Child protection must be viewed as high priority requiring enhanced service intervention above and beyond the core programme. Children categorised as ‘in need’ or ‘in need of protection’ are among the most vulnerable in the child population and have the highest levels of health needs. Collaborative working is essential if these children are to benefit from the processes designated to safeguard their welfare. Health and social care professionals are well placed to identify children in need of protection. They should be aware of the indicators of abuse (e.g. neglect, emotional, physical and sexual abuse) and the procedures to follow in the event of child care concerns.

The systems in place for child protection are primarily to protect the interests of children considered to be at risk/potential risk of significant harm. The DHSSPS guidance “Co-operating to Protect Children” (2003) and the Northern Ireland Area Child Protection Committees’ Regional Policy and Procedures (2005) provide the framework within which all agencies and professionals should co-operate to protect children. The key principles are:

- ***The child’s welfare must always be paramount - this overrides all other considerations.***
  - ***Children must be protected where they are at risk of ‘significant harm’. This means ill treatment and/or impairment of health or development.***
  - ***All professionals caring for children and their families have a duty to protect children from abuse or neglect.***
  - ***Professionals must work together and share relevant information about children who may be at risk.***
  - ***Whenever possible, professionals must work in partnership with parents.***
- NI ACPC Regional Policy & Procedures, 2005*

### ***All agencies should:***

- ***Be alert to potential indicators of abuse.***
- ***Be alert to the risks which individual abusers or potential abusers, may pose to children.***
- ***Share and help analyse information so that informed assessments can be made of each child’s needs and circumstances.***
- ***Contribute to whatever actions are required to safeguard the individual child and promote his/her welfare.***
- ***Regularly review the outcomes for the child against specific shared objectives.***
- ***Work in co-operation with parents unless this is inconsistent with safeguarding the child.***

*Co-operating to Safeguard Children DHSSPS 2003*

***‘The people in your care must be able to trust you with their health and wellbeing. To justify that trust, you must .....work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community’***

*NMC. The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives, May 2008 Code*

The principles and guidance set out in the DHSSPS Co-operating to Safeguard Children (May 2003) should be adhered to when developing strategies, policies and procedures to safeguard children who are assessed to be at risk of significant harm.



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### **(ii) Looked After Children (LAC) and Children Placed for Adoption**

*'Looked After Children' are amongst the most socially excluded of our child population. A series of Government reports have highlighted the extent to which health neglect, unhealthy lifestyle and mental health needs characterise children and young people living in public care. Their health may not only be jeopardised by abusive and neglectful parenting, but public care itself may fail to repair and protect health and may even exacerbate damage and abuse.*

*Health for All Children, 4th Edition,*

*David M. B. Hall & David Elliman Oxford Medical Publications, 2003 page 300*

The Children (NI) Order 1995 (the Children Order) defines a “looked after child” as a child who is accommodated by a Trust for a period of 24 hours or more. A looked after child may be placed in a “care” setting such as with foster carers or in a children’s home, or indeed may be placed by the Trust with extended family or relatives. A child can become looked after as the result of a voluntary agreement between the Trust and the child’s parents (or others who have parental responsibility) or as a consequence of a care order granted to the Trust by a court, usually in a situation where it is deemed that the child has suffered or is likely to suffer significant harm. Where a care order is in force, parental responsibility for the child is shared between the Trust and the parents, although, under the Children Order, the Trust is able to determine the extent to which parents will be permitted to exercise their parental responsibility.

The regulations made under the Children Order require a Trust, in the case of each looked after child, to include the arrangements for the child’s health in his/her care plan. Foster carers and residential children’s homes must also meet specific requirements in relation to the health of children in their care. Looked After Children, (dependent on their age and ability to consent or refuse consent), must have a medical examination at least once a year and the child’s health must be reviewed within a statutory review process at initial periods specified in the regulations and at least every six months for those under 5 years and yearly thereafter (to be reviewed). The contribution of nurses and other health professionals will therefore be vital to this process.

Nurses also have an important role in relation to the adoption of children and those leaving care who require additional support during the period of transition (up to 21 years). Where prospective adopters have young children (by birth or previously adopted) health visitors and school nurses will be asked by the Trust’s or voluntary adoption society’s adoption panel to contribute to the assessment process in relation to the prospective adopters’ care of their existing children. When a child is being considered for adoption, the child’s health visitor/school nurse report will be included in the information to be viewed by the adoption panel members. At the point of the child’s placement, the health visitor is responsible for ensuring that the prospective adoptive parents have access to a parent held record (“the red book”) which has been issued in accordance with the regionally agreed protocol, currently in the final stages of development.



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Health visitors also make a significant contribution to the support of families and children who are the subject of intercountry adoption processes. The Board's current regional adoption policy and procedures and the Departmental guidance "Implementing the Adoption (Intercountry Aspects) Act (NI) 2001 - A summary of the regulations and procedures" (DHSS 2003) requires the health visitor to visit the child within 7 days of the child's arrival in Northern Ireland and to contribute to the formal post placement support plan to be drawn up by the social worker within 28 days.

Children who are adopted both domestically and as a result of an inter-country adoption process are most likely to have ongoing health and developmental needs. The nursing input is therefore likely to be long term and a significant source of support for the family.

### **(iii) Identification of Domestic Abuse/Hidden Harm**

Domestic violence and abuse is a pattern of behaviours that is characterised by the exercise of control and the misuse of power by one person (male or female) over another within an intimate or family relationship. It is usually frequent and persistent. While domestic violence and abuse most commonly refers to that perpetrated against a partner, it also includes abuse by ex-partners, and abuse by a son, daughter, parent or parent-in-law or any other person who has a close or family relationship with the victim.

A definition of domestic abuse: *"Threatening behaviour, violence or abuse (psychological, physical, verbal, financial or emotional) inflicted on one person by another where they are or have been intimate family members, irrespective of gender or sexual orientation"* (DHSSPS 2005).

It is important to note that domestic violence has more than one victim as it can impact adversely upon children and the wider family unit. The 5-year inter-agency strategy for tackling domestic violence 'Tackling Violence at Home' (NIO/DHSSPS, 2005) more recently during 2009 as part of this initiative, has supported the introduction of a Multi-Agency Risk Assessment Conferencing (MARAC) process, which includes a risk assessment tool to identify those in the higher risk categories and reduce the risk of serious harm. An implementation plan and training programme is currently being developed to include health visitors and school nurses.

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### ***Routine Enquiry***

Departmental Policy (DHSSPS 2006) required that from March 2007 routine enquiry for domestic violence is carried out on all pregnant women (regardless of race, ethnicity and ability) and must include women who have experienced miscarriage or stillbirth. However routine enquiry should never be treated as a one off activity and should be part of family health assessment.

Routine enquiry should be carried out as recommended by regional protocols and professional judgement in the antenatal and immediate postnatal period and throughout preschool and school-age years. Whilst routine enquiry is associated with domestic abuse it should also cover other appropriate issues including alcohol/substance misuse, domestic abuse and mental health issues.

Enquiry at specified intervals increases the likelihood of a women feeling safe enough to talk about her abuse. All staff should be aware of local Trust operational protocols and policies in relation to domestic abuse.

### **2.1.6 School Health Profiling**

Health profiling should be used to identify the needs of the school age population. Information from individual health assessment should be utilised to develop prevention and early intervention programmes to address the needs of this population within the school setting and within local communities.

Innovative responses and approaches (e.g. peer education programmes) should be encouraged and designed in partnership with stakeholders (including education, young people, voluntary sector, etc).

The Public Health Agency should lead in identifying one tool to be used which should be supported by robust information technology.

## **2.2 Health Protection**

There are three main strands to health protection:

- surveillance,
- screening
- immunisation

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### **2.2.1 Surveillance**

Ongoing surveillance of the general health and development of the child is an integral part of health protection. Health professionals must listen to parental concerns and respond appropriately including onward referral and future assessment. They should work in partnership with parents to support them in making healthy choices for their children. That partnership should be based on trust. It is also essential that parents know where to go for advice when they have a concern about their child.

Where there is a concern about a child's development, formal assessment to confirm or refute these initial suspicions is essential. This should be undertaken as part of a more comprehensive assessment involving a network of child development services and should include consideration of referral to a community paediatrician.

Prevention, early identification and intervention are key to optimising the outcomes for individual children and their families across the spectrum of health and social issues.

Local care pathways and protocols should be monitored and evaluated on an ongoing basis to ensure their effectiveness.

### **Health and development reviews**

Universal health and development reviews are a key feature of Healthy Child, Healthy Future. They provide the most appropriate opportunities for screening tests, developmental surveillance, discussing social and emotional development with parents and children, and for linking children to early years services. In partnership with parents and children the core purpose of reviews is to:

1. Identify opportunities for improving health.
2. Assess growth and development.
3. Identify risk factors and abnormalities e.g.
  - o Identification of and referral of babies with prolonged jaundice
  - o Speech and language delay
  - o TB.
4. Give parents the opportunity to discuss their concerns and aspirations.
5. Assess family strengths, needs, risks, protective and resilience factors.
6. Review uptake of screening programmes and inform parents of results as appropriate.

Practitioners carrying out health reviews will have knowledge and understanding of normal child development and the factors that influence health and wellbeing. They will be able to recognise the normal range of development. The early recognition of disability, developmental delay and health disorders is a core function of Healthy Child, Healthy Future and brings with it a responsibility to provide support, guidance, advice and signposting to other local services,

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resources and agencies as well as onward referral and notification to others as required.

Health and Development reviews will take place as follows:

- By the twelfth week of pregnancy.
- At the neonatal examination.
- At the new baby review (between 10-14 days old).
- At six to eight weeks of age.
- At 14-16 weeks of age.
- At one year old.
- At 2-2½ years of age .
- In primary 1.
- In year 8 of post primary school.

Health reviews provide the opportunity to assess the strengths and needs of the individual child and family, to plan for the next stage of childhood and to evaluate services received to date. The topics covered and the depth of each review depends on the experience and confidence of the mothers and father and/or partner, as well as their choice and the professional's judgement. Most children do well and, given information, most parents are good judges of their child's progress and needs. Others may need more support and guidance and a small minority need intensive preventive input. Reviews provide an opportunity to update the family health assessment which will enable a package of support to be developed using local services, such as those provided by Sure Start or referral to specialist services if required. Many children will have contact with a variety of early years practitioners all of whom need to be alert to possible concerns.

### 2.2.2 Screening

Screening is defined by the UK National Screening Committee as a '*public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications*'. [www.nsc.nhs.uk](http://www.nsc.nhs.uk)

Those with a positive screening result require access to diagnostic and management services. Screening services should have a nominated lead who is responsible for monitoring and quality assuring the programme. All screening programmes should meet the standards set by the National Screening Committee. Healthy Child, Healthy Future should be supported by guidelines, standards, pathways and frameworks.

Responsibility for ensuring appropriate referral and follow up of a 'failed' or abnormal screening test result lies with the health professional who carried out the screening test.

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The following screening programmes are in place in Northern Ireland:

- **Antenatal Infection screening for Hepatitis B, HIV, Syphilis and Rubella susceptibility.**
- **Ultrasound Foetal Anomaly (scope to be extended in the future).**
- **Newborn examination including eyes, heart, hips and testes in boys (EHHT).**
- **Neonatal hearing screening.**
- **Newborn bloodspot screening.**
- **Early identification of Developmental Dysplasia of Hips (DDH).**
- **Vision Screening.**

Local and regional protocols in relation to the delivery of these programmes must be followed at all times. They must continue to be developed and amended as appropriate.

### **2.2.3 Immunisations**

Health professionals contribute to improving the health and quality of life of children by promoting the uptake of safe and effective vaccines. All children should be offered immunisation in line with the current local immunisation schedule.

Immunisations should be offered to all children and their parents where necessary and local initiatives should aim to target those hard to reach families including refugees, homeless, Traveller families, very young mothers, those not registered with a GP and those newly moved to the area. The current routine immunisation schedule, together with additional vaccines recommended for some groups, can be found on [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

At every contact all practitioners involved in the delivery of the Healthy Child, Healthy Future Programme should identify the immunisation status of the child and parents/carers should be provided with good quality evidence based information and advice on immunisations including the benefits and possible adverse reactions.

Every contact should be used to promote immunisation. In addition, at every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.

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## **Section 3:**

### **Professional Guidance to Support the Healthy Child, Healthy Future, Programme**

The guidance in this section on the schedule of contacts is not intended to be prescriptive and does not over-ride the responsibility of health practitioners to make judgements appropriate to the circumstances of individual families and children where additional support is required. It is the responsibility of practitioners to ensure that as new information becomes available (e.g. introduction of new guidance) it is used appropriately to support best practice. In relation to the venue for contact with clients, the preferred option is included in this guidance, however, based on professional assessment particularly in the preschool period, this may vary, particularly when children and family health assessment is up to date.

The personal child health record (PCHR) will provide the parent(s) with a comprehensive health record for their child. It will also provide a core child health data set.

The delivery of an effective programme must be supported by practitioners who have the right skills and expertise. In securing safe and effective care, opportunities for skill mix at local level should be encouraged within a robust framework of accountability and clinical governance.

**In each Trust, it must be clear who has professional and managerial responsibility for screening programmes, maintenance and reporting of immunisation uptake, introduction of new immunisation programmes, health promotion, care pathways for children with health or developmental problems, socially excluded groups, child protection, looked after children, links with education, staff training and data management.**

#### **Children educated outside school settings**

Children may be educated outside the school setting for a number of reasons including:

- Chronic illness.
- Parental choice.
- Disciplinary measures (behaviour problems).

When children/young people are educated outside the school setting they may miss out on access to screening programmes, immunisations and health promotion. The impact of this life situation on an individual's mental health and family relationships may also be compounded by isolation, reduced self-esteem and missed education.

Systems should be in place to ensure communication links are established with local Education and Library Boards in order to identify children who do not attend school.

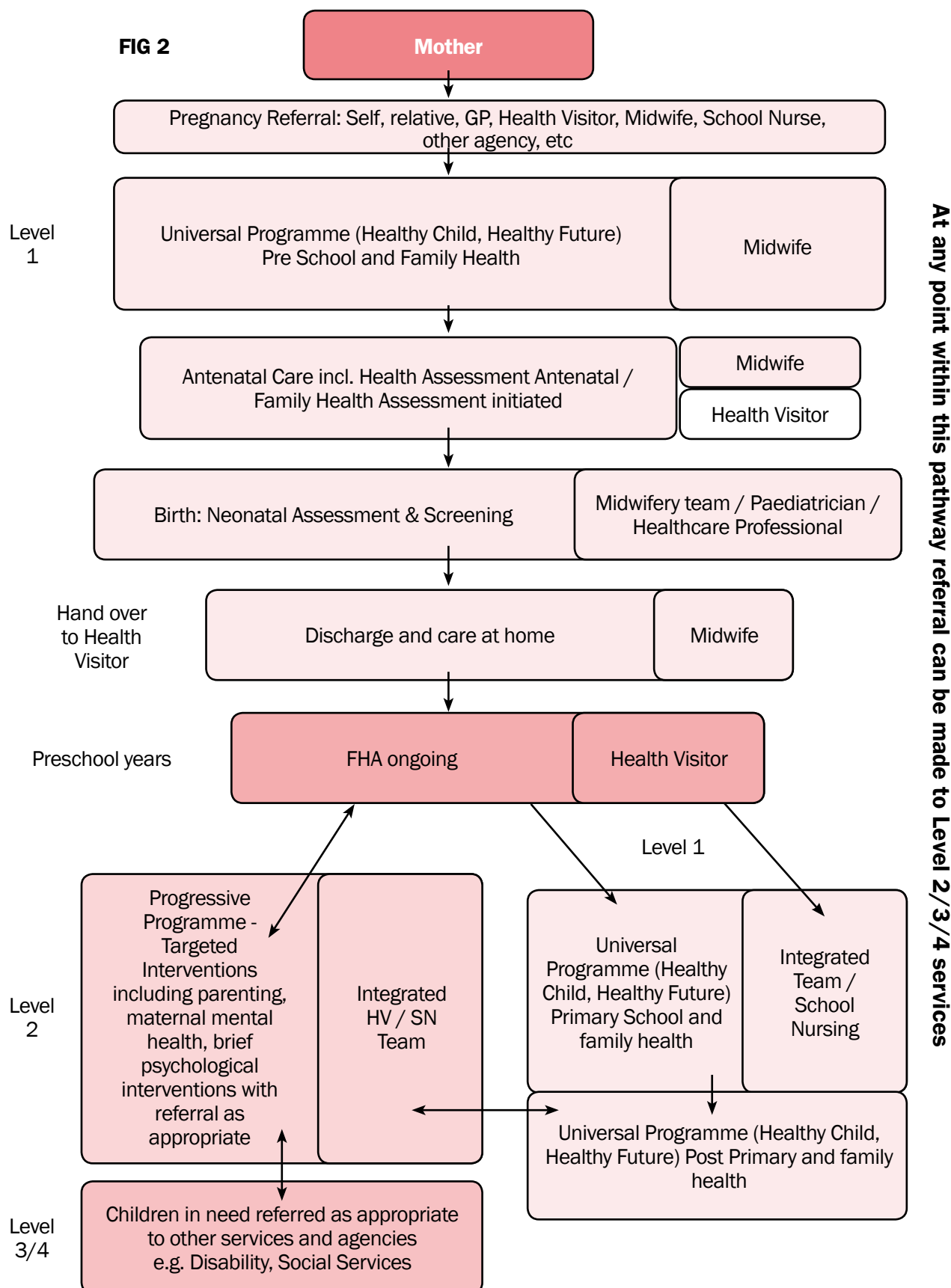
Figure 2 demonstrates the pathway for the provision of progressive services within the universal services provided to all 0-19 year olds and their families which is underpinned by this guidance.

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## 3.1 Pathway for Provision of Services from Pregnancy to 19 years

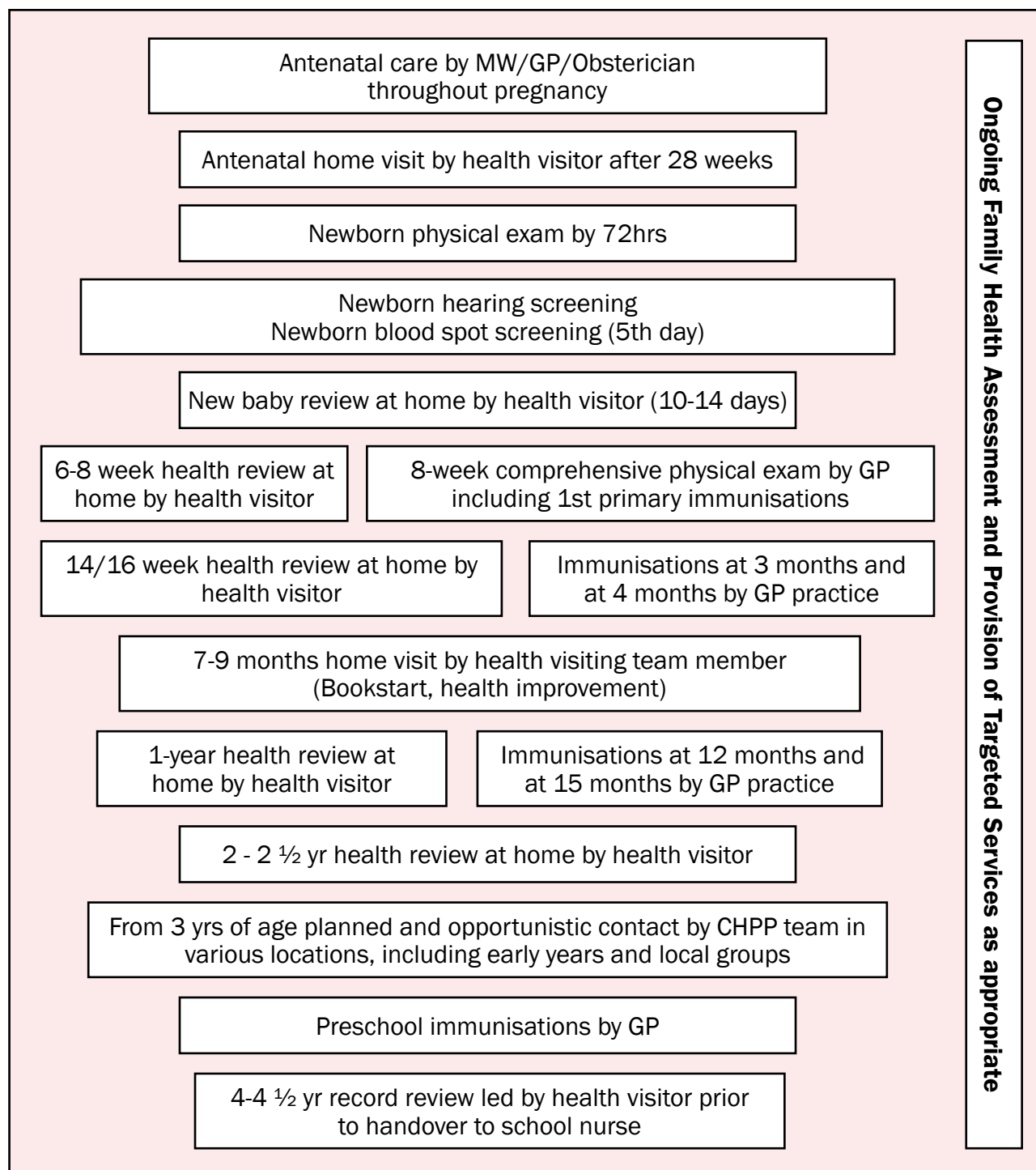






## 3.2 The Universal Preschool Programme

### Flowchart







### 3.3 The Universal Preschool Programme From 12 weeks of pregnancy to Term

<p><b>Action: Midwife/GP/maternity health care staff</b></p> <p>From the notification of pregnancy to Term, maternity care professionals including midwives and GPs will provide a universal programme in the clinic or home/ various locations.</p>	<p><b>Venue:</b></p> <p>Clinic/home/other</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• Discuss role of midwife.</li> <li>• Develop a relationship between the family and the primary healthcare team involved in the care of the mother and local community support networks.</li> <li>• Discuss confidentiality and consent.</li> <li>• A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy by a midwife.</li> <li>• Routine enquiry into domestic abuse/parental substance abuse.</li> <li>• Maternal mental health prediction and detection.</li> <li>• BMI measurement.</li> <li>• Advise on examinations which can identify pregnancies at risk.</li> <li>• Health and lifestyle advice.</li> <li>• Risk management e.g. STI's, infectious diseases.</li> <li>• Routine antenatal care and screening including maternal infections, rubella susceptibility, blood disorders and foetal anomalies.</li> <li>• Notification to the GP and health visitor of prospective parents requiring additional early intervention and prevention.</li> <li>• Identify and prevent pregnancy complications and refer to appropriate professionals.</li> <li>• Distribute and discuss <i>The Pregnancy Book</i> to first time parents.</li> <li>• Support for families whose first language is not English.</li> <li>• Sharing of information and communication or referral to other professionals and/or agencies as required.</li> <li>• Distribute and discuss the new hand held maternity record.</li> </ul>	
<p><b>After 28 weeks</b></p> <ul style="list-style-type: none"> <li>• Introduction to resources and benefits including <i>The Parent's Guide to Money</i> information pack, Sure Start Centres, primary healthcare teams, and benefits and housing advice.</li> <li>• Check that the Health and Pregnancy grant has been applied for.</li> <li>• Identify risk factors for Hep B, TB, DDH, congenital heart disease, hearing, vision.</li> <li>• Offer routine Anti D prophylaxis to Rhesus negative blood group women.</li> <li>• Discuss and assess requirement for neonatal BCG and provide appropriate advice and guidance.</li> </ul>	

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- Discussion on benefits and management of breastfeeding with prospective parents - and disadvantages of not breastfeeding.
- Provide newborn hearing screening parental information leaflet and promote the NHS programme (hospital/community midwife).
- Provide and discuss Newborn Bloodspot Screening leaflet.
- Inform parent(s) about the birth and options available.
- Discuss oral health including dental registration.
- Recognise social circumstances that may affect the parent's ability to provide optimal care for the infant.

### **Preparation for parenthood to begin early in pregnancy and to include:**

- Information on services and choices, maternal/paternal rights and benefits, use of prescription drugs during pregnancy, dietary considerations, travel safety, maternal self-care, etc.
- Social support using group-based antenatal classes in community or healthcare settings that respond to the priorities of parents and cover:
  - ☐ The transition to parenthood (particularly for first-time parents); relationship issues and preparation for new roles and responsibilities; the parent-infant relationship; problem-solving skills (based on programmes such as Preparation for Parenting, First Steps in Parenting).
  - ☐ The specific concerns of fathers, including advice about supporting their partner during pregnancy and labour, care of infants, emotional and practical preparation for fatherhood, particularly for first-time fathers.
  - ☐ Interactive group work and/or peer support programmes to support health promotion e.g. breastfeeding.

### **Risk Factors: Appropriate Risk factors to be considered**

Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.

### **Health Promotion**

A regionally agreed menu to be provided which should include topics such as:

Breastfeeding	Nutrition/diet/weight control	Oral Health
Parent Craft	Personal Safety	Physical Activity
Physical, emotional and mental wellbeing		Smoking cessation
Substance Misuse		

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### After 28 weeks of pregnancy

<b>Action: Health visitor</b> Health visitors will offer an antenatal review at home to all prospective parents after 28 weeks pregnancy (or earlier if indicated).	<b>Venue:</b> Home												
<b>Activity</b> <ul style="list-style-type: none"><li>• Commencement or review and update of FHA including:<ul style="list-style-type: none"><li>o Routine enquiry into domestic abuse/parental substance use/misuse</li><li>o The prediction and detection of maternal mental health (NICE, 2007).</li></ul></li><li>• A focus on emotional preparation for birth, carer-infant relationship, care of the baby, parenting and attachment.</li><li>• Identify those in need of further support during the postnatal period; and establish what their support needs are.</li><li>• Advise about sources of information on infant development and parenting, the Healthy Child, Healthy Futures Programme and Healthy Start.</li><li>• Provide information in line with DHSSPS guidance on reducing the risk of sudden unexpected death in infancy (SUDI).</li><li>• Discussion on breastfeeding with both prospective parents including:<ul style="list-style-type: none"><li>o Benefits to mother and child</li><li>o The potential risks of not breastfeeding</li><li>o Management of breastfeeding</li><li>o Breastfeeding when out and about.</li></ul></li><li>• Discuss and assess requirement for neonatal BCG and provide appropriate advice and guidance.</li><li>• Discuss neonatal jaundice.</li><li>• Introduce the concept and explain the use of the Personal Child Health Record (PCHR).</li></ul>													
<b>Risk Factors: Appropriate Risk factors to be considered</b> Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.													
<b>Health Promotion</b> A regionally agreed menu to be provided which should include topics such as: <table><tr><td>Allergies</td><td>Breastfeeding</td><td>Nutrition</td><td>Oral Health</td></tr><tr><td>Parent Craft</td><td>Personal Safety</td><td colspan="2">Physical, emotional and mental wellbeing</td></tr><tr><td>Smoking cessation</td><td>Substance Misuse</td><td colspan="2">SUDI</td></tr></table>		Allergies	Breastfeeding	Nutrition	Oral Health	Parent Craft	Personal Safety	Physical, emotional and mental wellbeing		Smoking cessation	Substance Misuse	SUDI	
Allergies	Breastfeeding	Nutrition	Oral Health										
Parent Craft	Personal Safety	Physical, emotional and mental wellbeing											
Smoking cessation	Substance Misuse	SUDI											

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### Birth to 10 Days

**Action: Midwife/GP/maternity healthcare staff**  
Midwives, GPs and other maternity health care staff in hospital and home settings will provide a universal programme.

**Venue:**  
Hospital/community/home

#### Activity

##### Infant feeding:

- All new mothers to have the opportunity to experience early skin-to-skin contact and the offer of help with a first breastfeed soon after delivery. Both breast and bottle-feeding parents will room-in 24 hours a day and be encouraged to practice baby led feeding. Skin-to-skin contact will also be promoted later as a way of soothing babies and encouraging feeding. Support should be culturally appropriate and should include both parents.
- Breastfeeding mothers will be provided with ongoing, consistent, effective support with positioning and attachment from healthcare professionals. Where available contact with a peer support mother within 48 hours of discharge from hospital or before will be encouraged.
- Use the Baby Friendly Initiative or a similar externally evaluated programme to promote breastfeeding.
- Provide information about professional, local and national breastfeeding support before discharge from hospital.
- Parents and carers of formula fed infants should be offered appropriate and tailored information on how to safely prepare and store formula milk.
- Provide information on vitamin supplements and Healthy Start.
- Provide information and advice to fathers/partners, to encourage their support for breastfeeding.

##### Promotion of health and wellbeing:

- A review and update of the health and social care assessment of needs, risks and choices by a midwife.
- Distribution and explanation of Personal Child Health Record soon after birth, complete PCHR as appropriate.
- Record feeding method on PCHR.
- Distribution of Birth to Five book to all mothers.
- Injury prevention.
- Routine enquiry into domestic abuse/parental substance use/misuse.
- SUDI including discussion on bed-sharing.

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- Sharing of information and communication or referral to other professionals and/or agencies as required.

### **Maintaining infant health:**

- Anticipatory, practical guidance on reality of early days with an infant, healthy sleep practices and bath, book, bed routine to increase parent-infant interaction, using a range of media (e.g. Baby Express newsletters).
- Administer IM Vitamin K.
- Observation of jaundice.

### **Birth experiences:**

- Provide an opportunity for the father, as well as the mother, to talk about pregnancy and birth experiences, if appropriate.

### **Promoting sensitive parenting:**

- Introduce parents to the 'social baby', by providing them with information about the sensory and perceptual capabilities of their baby using a range of media (e.g. *The Social Baby book/video* (Murray and Andrews, 2005) or *Baby Express* age-paced newsletters).
- Promote closeness and sensitive, attuned parenting, by encouraging skin-to-skin care and the use of baby carriers.
- Provide information and support to fathers, as well as mothers, that responds to their individual concerns and involves active participation with, or observation of, their baby - over several sessions, if possible.

### **Hearing screening:**

- Newborn hearing screening soon after birth, preferably prior to discharge home.

### **Risk Factors: Appropriate Risk factors to be considered**

Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.

### **Health Promotion**

A regionally agreed menu to be provided which should include topics such as:

Accident Prevention	Attachment, stimulation	Birth to Five Book
Breastfeeding Support	Developmental expectations	
Infant Feeding	Maternal health & wellbeing, diet, rest, pelvic floor, oral health	
Parenting skills /behaviour management (eg: sleep, crying)		
PCHR book	PND	
Safe Handling	Sexual health and Family Planning	
SUDI		

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**By 72 hours**

<b>Action: Midwife/GP/maternity healthcare staff</b> Midwives, GPs and other maternity healthcare staff in hospital and home settings will provide a universal programme.	<b>Venue:</b> Hospital/community/home																								
<b>Activity</b> <ul style="list-style-type: none"><li>• A comprehensive newborn physical examination to identify any anomalies that present in the newborn will be carried out by a suitably trained and competent maternity healthcare professional. This includes clinical observation and assessment of the eyes, heart and hips (pathway to be reviewed) and testes for boys, as well as a general examination. Where a woman is discharged from hospital before the physical examination has taken place, fail-safe arrangements should be in place to ensure that the baby is examined.</li><li>• Complete risk assessment of factors: to be carried out by midwives and recorded in PCHR.</li><li>• Following identification of babies with health or developmental problems, early referral to specialist team, advice to parents on benefits that may be available, and invitation to join parent groups.</li></ul>																									
<b>Risk Factors: Appropriate Risk factors to be considered</b> Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.																									
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# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



**By 5-8 days (ideally 5th day)**

<b>Action: Midwife/GP/maternity health care staff</b> Midwives, GPs and other maternity health care staff in hospital and home settings will provide a universal programme.	<b>Venue:</b> Hospital/community/home																					
<b>Activity:</b> <ul style="list-style-type: none"><li>• Newborn bloodspot screening test for hypothyroidism, phenylketonuria, cystic fibrosis, medium chain acyl-coA dehydrogenase deficiency (MCADD) and Sickle cell.</li><li>• Support with infant feeding.</li><li>• Ongoing review and monitoring of baby's health, to include important health problems, such as neonatal jaundice and/or weight loss.</li><li>• Safeguarding.</li></ul>																						
<b>Risk Factors: Appropriate Risk factors to be considered</b> Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.																						
<b>Health Promotion</b> A regionally agreed menu to be provided which should include topics such as: <table><tr><td>Accident Prevention</td><td>Attachment, stimulation</td><td>Birth to five book</td></tr><tr><td>Breastfeeding Support</td><td>Contraception</td><td>Developmental expectations</td></tr><tr><td>Infant Feeding</td><td></td><td></td></tr><tr><td>Maternal health &amp; wellbeing, diet, rest, pelvic floor, oral health</td><td></td><td></td></tr><tr><td>Parenting skills /behaviour management (eg: sleep, crying)</td><td></td><td></td></tr><tr><td>PCHR Book</td><td>PND</td><td></td></tr><tr><td>Safe Handling</td><td>SUDI</td><td></td></tr></table>		Accident Prevention	Attachment, stimulation	Birth to five book	Breastfeeding Support	Contraception	Developmental expectations	Infant Feeding			Maternal health & wellbeing, diet, rest, pelvic floor, oral health			Parenting skills /behaviour management (eg: sleep, crying)			PCHR Book	PND		Safe Handling	SUDI	
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# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### Within 10-14 days

**Action: Health visitor**

New baby review between 10-14 days face-to-face with parents at home by the health visitor.

**Venue:**

Home

**Activity:**

- Review and update of the FHA including routine enquiry into domestic abuse/parental substance abuse.
- Review and update risk factors.
- Record feeding method in PCHR.
- Review newborn hearing screening results.

**Infant feeding:**

- Use of the UNICEF UK Baby Friendly Initiative evidence-based best practice programme for community settings to support the continuation of breastfeeding.
- Feeding assessment undertaken to ensure signs of adequate milk intake.
- Individual support and access to advice to promote exclusive breastfeeding.
- Provide information and advice to fathers/partners to encourage their support for breastfeeding.
- Provide information about local and national support groups and contacts.
- Provide information on Healthy Start and vitamin supplements.
- Provide information on delaying the introduction of solids until six months old.
- Parents and carers who feed with infant formula should be offered appropriate and tailored advice on safe feeding.
- Provide information on breastfeeding outside and local places where breastfeeding families are welcome.

**Promoting sensitive parenting:**

- Introduce both parents to the 'social baby' by providing them with information about the sensory and perceptual capabilities of their baby using media based tools (e.g *Baby Express newsletters* or *The Social Baby book/DVD* (Murray and Andrews, 2005).
- Promote closeness and sensitive attuned parenting by encouraging skin-to-skin contact and the use of soft baby carriers.
- Encourage use of baby transport (facing towards carer buggies and prams) which facilitate eye contact and interactive communication between parents and children.
- Invite parents to discuss the impact of the new baby on partner and family relationships.



# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



- Provide temperament-based anticipatory guidance by giving advice to help parents think about and understand their individual infants' temperament and listening to their concerns. Topics that may be discussed are:
  - Interacting with the baby with songs, music and books
  - Colic, sleep, crying
  - Establishing a routine
  - Safety and car seats
  - The prevention of SUDI
  - Changes in relationships
  - Sex and intimacy after birth
  - The division of domestic chores.
- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of the general practice, Sure Start and other local resources.

### Promoting development:

- Encourage the use of books, music and interactive activities to promote development and the parent-baby relationship.
- Where appropriate, consider referral of families whose first language is not English to 'English as a second language services' to support equitable access.

### Safeguarding:

- Raise awareness of accident prevention, especially the dangers of hot water, baby bouncers and travel safety in the pram and the car.
- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern.

### Newborn baseline clinical assessment and observation of:

- Skin
- Colour (inc. jaundice, stool and urine colour). The identification of prolonged jaundice should be referred as per local protocol
- Muscle tone
- Fontanelle
- Umbilicus
- Hips (pathway to be reviewed).

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### Growth monitoring:

- An assessment of the infant's growth will be carried out which will involve accurate measurement, recording, interpretation and explanation of the infant's weight in relation to length, the growth potential and the growth pattern.

### Check Vitamin K status:

The health visitor should take the opportunity to check that the child has received the appropriate dose of Vitamin K and record the PCHR accordingly.

### Assessing maternal mental health:

- Women should be asked appropriate and sensitive questions by the health visitor to identify depression or other significant mental health problems as recommended by NICE (2007) guidelines on antenatal and postnatal mental health.

### **Risk Factors: Appropriate Risk factors to be considered**

Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.

**Health Promotion** (the following health promotion topics should be discussed with parents as appropriate and in line with guidance between birth of baby and 16 week contact based on parents immediate needs and ability to understand information being presented).

A regionally agreed menu to be provided which should include topics such as:

Accident prevention	Attachment, stimulation	Birth to five book
Breastfeeding support	Contraception	Developmental expectations
Immunisation schedule	Infant feeding/nutrition	
Maternal health & wellbeing, diet, rest, pelvic floor, oral health	Meningitis	
Parenting skills/behaviour management (eg: sleep, crying)/stimulation and play		
PCHR Book	PND	
Safe handling	SUDI	

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### Between 6-8 weeks

<b>Action: Health visitor</b> Contact between 6-8 weeks of age by the health visitor, preferably prior to the immunisation and comprehensive physical examination by the general practice at 8 weeks.	<b>Venue:</b> Home
<b>Activity:</b> <ul style="list-style-type: none"><li>• Review and update of the FHA including routine enquiry into domestic abuse/parental substance abuse.</li><li>• Review and update risk factors.</li><li>• Report results from newborn bloodspot screen if not already given to parents.</li><li>• Reassess maternal mental health (NICE, 2007).</li><li>• Provide ongoing breastfeeding support including recording the infant's feeding status in the PCHR.</li><li>• Monitor growth.</li><li>• In collaboration with GPs, include DDH age appropriate exam where this is currently carried out by the health visitor (pathway to be reviewed).</li><li>• Safeguarding.</li><li>• Encourage the uptake of local services e.g. Sure Start.</li><li>• Promote the uptake of immunisations.</li><li>• Revisit the prevention of SUDI.</li><li>• Give health information including guidance help lines and websites.</li><li>• Deliver key messages:<ul style="list-style-type: none"><li>o Parenting</li><li>o Reinforce bath, book, bed routines</li><li>o Infant health and wellbeing</li><li>o Delayed weaning until 6 months old</li><li>o Accident prevention</li><li>o Temperament-based anticipatory guidance</li><li>o Promoting infant development and the parent-baby relationship.</li></ul></li></ul>	
<b>Risk Factors: Appropriate Risk factors to be considered</b> Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.	

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



**Health Promotion** (the following health promotion topics should be discussed with parents as appropriate and in line with guidance between birth of baby and 16 week contact based on parents immediate needs and ability to understand information being presented).

A regionally agreed menu to be provided which should include topics such as:

Accident prevention	Attachment, stimulation	Birth to five book
Breastfeeding support	Contraception	Developmental expectations
Immunisation schedule	Infant feeding/nutrition	
Maternal health & wellbeing, diet, rest, pelvic floor, oral health		
Meningitis		
Parenting skills /behaviour management (eg: sleep, crying)/stimulation and play		
PCHR Book	PND	
Safe handling	SUDI	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## At 8 weeks old

**Action: GP**

A health review and first immunisation by the General Practice at 8 weeks

**Venue:**

Clinic

**Activity:**

- A comprehensive physical examination by the GP with emphasis on the eyes, heart, hips in collaboration with health visitors, include DDH age appropriate exam where this is currently carried out by the GP-(pathway to be reviewed) and testes for boys.
- Social awareness; smile; intently regards mothers face; follows dangling object.
- Gross motor development; pull to sit; ventral suspension; moro reflex and muscle tone.
- Immunisation at 8 weeks as per Regional immunisation schedule.
- At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.
- Safeguarding.

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### 14-16 weeks

**Action: Health visitor**

Contact at 14-16 weeks of age by the health visitor.

**Venue:**

Home or as appropriate if FHA completed up to date

**Activity:**

- Review and update of the FHA including routine enquiry into domestic abuse/parental substance abuse first summary to be completed by 16 weeks.
- Review and update risk factors.
- Reassess maternal mental health (NICE, 2007).
- Provide ongoing breastfeeding support including recording the infant's feeding status in the PCHR.
- Monitor growth.
- DDH age appropriate exam-(pathway to be reviewed).
- Safeguarding.
- Encourage the uptake of local services e.g. Sure Start.
- Promote the uptake of immunisations.
- Revisit the prevention of SUDI.
- Give health information including guidance help lines and websites.
- Deliver key messages:
  - o Parenting
  - o Reinforce bath, book, bed routines
  - o Infant health and wellbeing
  - o Temperament-based anticipatory guidance
  - o Promoting infant development and the parent-baby relationship
  - o Benefits of staying with breastfeeding
  - o Delayed weaning until 6 months old
  - o Oral health
  - o Accident prevention
  - o Brief intervention for smoking cessation.

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### **Risk Factors: Appropriate Risk factors to be considered**

Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.

**Health Promotion** (the following health promotion topics should be discussed with parents as appropriate and in line with guidance between birth of baby and 16 week contact based on parents immediate needs and ability to understand information being presented).

A regionally agreed menu to be provided which should include topics such as:

Accident prevention	Attachment, stimulation	Birth to five book
Breastfeeding support	Contraception	Developmental expectations
Immunisation schedule	Infant feeding/nutrition	
Maternal health & wellbeing, diet, rest, pelvic floor, oral health		
Meningitis		
Parenting skills/behaviour management (eg: sleep, crying)/stimulation and play		
PCHR Book	PND	
Safe handling	SUDI	



# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## At 3 and 4 months

<b>Action: General Practice</b> Immunisation by the General Practice at 3 months and at 4 months	<b>Venue:</b> Clinic
<b>Activity:</b> <ul style="list-style-type: none"><li>• Immunisation at 3 months and again at 4 months as per Regional immunisation schedule.</li><li>• At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.</li><li>• Safeguarding.</li></ul>	

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### Between 6-9 months old

#### Action: Health visitor led

Contact between 6-9 months of age by a member of the health visiting team (usually home based however group activity may be appropriate where family health needs have been fully assessed, including, where appropriate a home safety assessment).

#### Venue:

Home or as appropriate if FHA completed and up to date

#### Activity:

- Discuss and distribute the Bookstart pack.
- Provide ongoing breastfeeding support including recording the infant's feeding status in the PCHR.
- Encourage the uptake of local services e.g. Sure Start.
- Promote the uptake of immunisations.
- Revisit the prevention of SUDI.
- Give health information including guidance help lines and websites.
- Deliver key messages:
  - o Infant health and wellbeing
  - o Parenting
  - o Reinforce bath, book, bed routines
  - o Temperament-based anticipatory guidance
  - o Promoting infant development and the parent-baby relationship
  - o Benefits of breastfeeding after introduction of solids
  - o 2nd stage weaning
  - o Oral health
  - o Accident prevention, eg home safety checklist/assessment including the use of basic safety equipment and the facilitation to access local schemes for the provision of safety equipment, information about thermal injuries, road and farm safety ,etc
  - o Brief intervention for smoking cessation.

#### Health Promotion

A regionally agreed menu to be provided which should include topics such as:

Accident prevention/safety (relating to mobility/sun/home/farm safety etc)

Behaviour

Brief Intervention

Developmental expectations

Diet/nutrition/health eating

Immunisations

Oral health

Play/stimulation

Speech and language development

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### 1 year of age

<b>Action: Health visitor</b> A home visit at 1 year of age will be undertaken by the health visitor.	<b>Venue:</b> Home
<b>Activity:</b> <ul style="list-style-type: none"><li>• Review and update of the FHA.</li><li>• Review and update risk factors.</li><li>• Provide ongoing breastfeeding support including recording the infant’s feeding status in the PCHR.</li><li>• Monitor growth.</li><li>• Review speech and language development.</li><li>• Encourage the uptake of local services e.g. Sure Start.</li><li>• Promote the uptake of immunisations.</li><li>• Promote key oral health messages incl. dental registration/regular dental attendance.</li><li>• Parenting support including temperament-based anticipatory guidance:<ul style="list-style-type: none"><li>o Encourage parent-infant interaction</li><li>o Bath, book, bed routines</li><li>o Healthy sleep practices including revisiting the prevention of SIDS</li><li>o Managing crying</li><li>o Attachment including age appropriate development issues such as clinginess, separation anxiety.</li></ul></li><li>• Give health information including guidance help lines and websites.</li><li>• Safeguarding.</li></ul>	
<b>Risk Factors: Appropriate Risk factors to be considered</b> Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.	
<b>Health Promotion</b> A regionally agreed menu to be provided which should include topics such as:  Accident prevention/safety (relating to mobility/sun/home/farm safety etc) Behaviour                                      Brief Intervention                                      Developmental expectations Diet/nutrition/health eating                                      Immunisations Oral health                                      Play/stimulation Speech and language development	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## 1 year of age

**Action: General Practice**

Immunisation by the General Practice at 1 year old

**Venue:**

Clinic

**Activity:**

- Immunisation at 1 year as per Regional immunisation schedule.
- At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.
- Safeguarding.

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## At 15 months

**Action: General Practice**

Immunisation by the General Practice at 15 months

**Venue:**

Clinic

**Activity:**

- Immunisation at 15 months for MMR as per Regional immunisation schedule.
- At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.
- Safeguarding.

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### At 2 years (no later than 2 yrs 6 months)

**Action: Health visitor**

A home visit at 2 years of age will be undertaken by the health visitor.

**Venue:**

Home

**Activity:**

- Review and update of the FHA.
- Review and update risk factors.
- Monitor growth.
- Monitor child's social, emotional, speech & language (as per referral guidance where appropriate) and behavioural development and signpost to other services where appropriate e.g. group based parenting programmes.
- Review development and respond to parents concerns regarding physical health, growth, development and in particular note any early indications where referral may be required, e.g. concerns re autism etc.
- Monitor vision and hearing.
- Offer guidance on behaviour management.
- Promote language development through book sharing, groups for interactive activities e.g. songs, music and early years librarian sessions.
- Give health information including guidance help lines and websites.
- Encourage the uptake of local services e.g. Sure Start.
- Preview immunisation status and promote the uptake of immunisations including any missed immunisations.
- Promote key oral health messages incl. dental registration/regular dental attendance.
- Toilet training.
- Parenting support including temperament-based anticipatory guidance:
  - o Encourage parent-infant interaction
  - o Bath, book, bed routine
  - o Healthy sleep practices and sleep management
  - o Managing crying.
- Safeguarding.

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## **Risk Factors: Appropriate Risk factors to be considered**

Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.

## **Health Promotion**

A regionally agreed menu to be provided which should include topics such as:

Accident prevention/safety –use of safety equipment, access to local schemes, thermal injuries, farm safety

Behaviour

Brief Intervention

Developmental expectations

Diet/nutrition/health eating - portion sizes

Immunisations

Oral health

Play/stimulation

Speech and language



# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### From 3 years

<p><b>Action: Health visitor led</b></p> <p>The delivery of key messages from 3 years of age by a member of the health visiting team.</p>	<p><b>Venue:</b></p> <p>Early years and group settings</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• Support both parents by providing access to and information about early years services, Sure Start, health and guidance help lines and websites.</li> <li>• Promote child's social, emotional and behavioural development and signposting to other services where appropriate e.g. group based parenting programmes.</li> <li>• Delivery of key health messages (by early years services with health professional support) about: <ul style="list-style-type: none"> <li>o Healthy lifestyles</li> <li>o Nutrition</li> <li>o Active play</li> <li>o Accident prevention (incl. home, road, farm etc)</li> <li>o Oral health.</li> </ul> </li> <li>• Safeguarding.</li> </ul>	
<p><b>Health Promotion</b></p> <p>A regionally agreed menu to be provided which should include topics such as:</p> <p>Accident prevention/safety –use of safety equipment, access to local schemes, thermal injuries, farm safety</p> <p>Behaviour                                      Brief Intervention</p> <p>Developmental expectations</p> <p>Diet/nutrition/health eating - portion sizes</p> <p>Immunisations                                      Oral health                                      Play/stimulation</p> <p>Speech and language</p>	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## Preschool Immunisation

**Action: General Practice**

Immunisation by the General Practice

**Venue:**

Clinic

**Activity:**

- Immunisation as per Regional immunisation schedule.
- At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice.
- Safeguarding.

# Healthy Child, Healthy Future

## A Framework for the Universal Child Health Promotion Programme in Northern Ireland



### Between 4-4½ years (prior to handover to school nursing service)

**Action: Health visitor led**

A record review will be undertaken by the health visiting team to identify those children not seen by them since the 2 year health review and a decision will be made if a home, clinic or phone contact is required.

**Venue:**

Clinic or telephone contact as appropriate

**Activity:**

- Review and update FHA.
- Review immunisation status and promote the uptake of immunisations including any missed immunisations.
- Promote key oral health messages incl. dental registration/regular dental attendance.
- Support parenting by providing access to health information and guidance help lines and websites.
- Monitor child's social, emotional, speech & language and behavioural development and signposting to other services where appropriate e.g. (group based parenting programmes).
- Respond to parents concerns about their child's health and development.
- Safeguarding.
- Clarify school of enrolment.

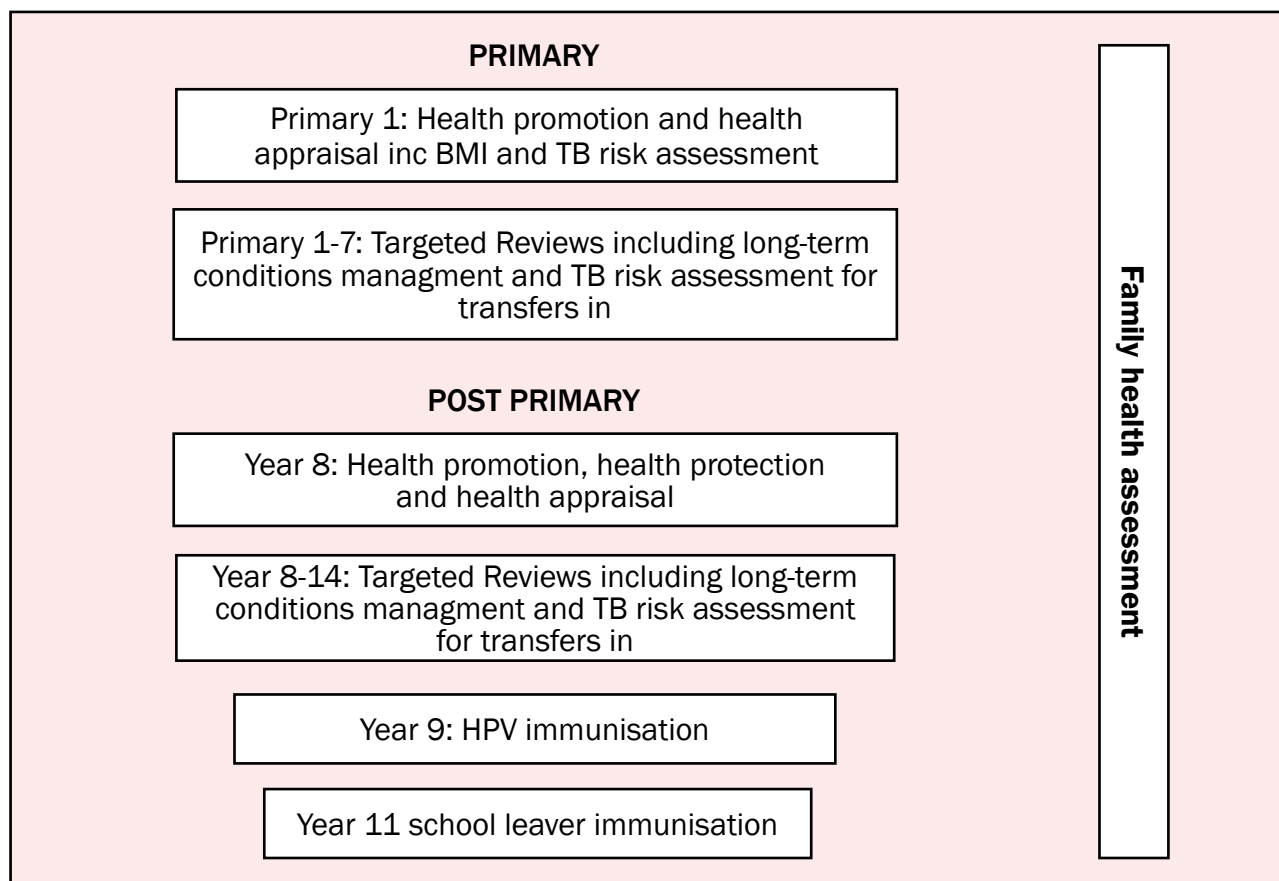
The health visitor should prepare records for transfer to the school health department. Arrangements should be in place to ensure a smooth transition from the health visiting service to the school health service, i.e. health visiting record and/or summary report. The health visitor must highlight to the school nurse children/families who require a progressive service from the school health team e.g. vulnerable families, looked after children, children on the child protection register. If the health visitor is retaining a record and/or a child protection file, local protocol and policy regarding records management and safeguarding must be adhered to and the school health department and the school nurse should be informed as per local protocol and policy.

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## The Universal School Age Programme Flowchart





## 3.5 The Universal School Programme

### Primary School

#### Primary 1 Health Promotion and Health Appraisal (preferably in the 1st or 2nd term)

<p><b>Action: School nursing team</b></p> <p>The school nurse will undertake a health appraisal with the parents invited to attend in P1 which will include:</p>	<p><b>Venue:</b></p> <p>School</p>
<p><b>Activity:</b></p> <ul style="list-style-type: none"><li>• Review and update the FHA if parents attend.</li><li>• Individual health assessment, including any mental or emotional health issues and parental concerns.</li><li>• Height, weight, BMI.</li><li>• Hearing screening.</li><li>• Vision screening.</li><li>• Speech and language development.</li><li>• Signpost to other services for new or existing physical, emotional or developmental problems which are not being addressed.</li><li>• Oral health, including access to family dental services.</li><li>• Safety (road and farm).</li><li>• Safeguarding.</li><li>• Long term conditions management.</li><li>• Health protection-reminder regarding overdue immunisations, particularly those who have not received a second MMR. TB risk assessment in P1 and for all new entrants to primary school P1-P7.</li><li>• Review access to primary care.</li><li>• School profiling.</li></ul> <p><b>Risk Factors: Appropriate Risk factors to be considered</b></p> <p>Identify and review risk factors and respond within local and regional guidelines, protocols and pathways.</p> <p><b>Health Promotion</b></p> <p>Fuller regionally agreed menu to be agreed including above activities.</p>	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## Primary 1 - 7 targeted reviews including long-term conditions management and TB risk assessment for transfer-ins

<b>Action: School nurse led</b> School nursing team led by the school nurse targeted reviews P1-P7	<b>Venue:</b> School
<b>Activity:</b> <ul style="list-style-type: none"><li>• Long term conditions management.</li><li>• Signpost to other services for new or existing physical, emotional or developmental problems which are not being addressed.</li><li>• Safeguarding.</li><li>• Health protection, reminder regarding overdue immunisations, TB risk assessment for new entrants throughout primary school P1-P7.</li><li>• Health appraisal for all new entrants if required throughout primary school from P1-P7.</li></ul> <b>Health Promotion</b> Fuller regionally agreed menu to be agreed including above activities.	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## Post Primary School

### Year 8 Health Promotion, Health Protection and Health Appraisal

<b>Action: School nurse led</b> School nursing team led by school nurse (consider working within school peer education programmes).	<b>Venue:</b> School
<b>Activity:</b> The school nurse will carry out a health appraisal which will include: <ul style="list-style-type: none"><li>• Height, weight, BMI.</li><li>• Individual health assessment, including any mental or emotional health issues and parental concerns.</li><li>• Health protection - reminder regarding overdue immunisations, TB risk assessment.</li><li>• Personal Development (PD), Relationships and Sexuality Education (RSE).</li><li>• Safeguarding.</li><li>• Long term conditions management.</li><li>• Signpost to other services for new or existing physical, emotional or developmental problems which are not being addressed.</li><li>• School profiling.</li><li>• Transition to adolescence, post primary environment.</li></ul>	
<b>Health Promotion</b> <ul style="list-style-type: none"><li>• Smoking cessation.</li><li>• Safety/accident prevention (incl. home, road, farm etc).</li><li>• Promote key oral health messages incl. dental registration/regular dental attendance.</li></ul> <p>Fuller regionally agreed menu to be agreed including above activities.</p>	



# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## Year 8 - 14: Targeted reviews including long-term conditions management and TB risk assessment for transfer-ins

<b>Action:</b> School nursing team and consider working within school peer education programmes	<b>Venue:</b> School
<b>Activity:</b> <ul style="list-style-type: none"><li>• Long term conditions management.</li><li>• RSE programme offered tailored to the ethos of the school.</li><li>• Smoking cessation.</li><li>• Safeguarding.</li><li>• Health protection-reminder regarding overdue immunisations, TB risk assessment for new entrants throughout post primary years 8-14.</li><li>• Promote key oral health messages incl. dental registration/regular dental attendance.</li><li>• Signpost to other services for new or existing physical, emotional or developmental problems which are not being addressed.</li></ul>	
<b>Health Promotion</b> Fuller regionally agreed menu to be agreed including above activities.	

# Healthy Child, Healthy Future

A Framework for the Universal Child Health Promotion Programme in Northern Ireland



## Year 9: HPV immunisation

**Action:** School nursing immunisation team

**Venue:**  
School

**Activity:**

- HPV immunisation, reminder regarding overdue immunisations and related health promotion.

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## Year 11: post primary school immunisations DT&P

**Action:** School nursing immunisation team

**Venue:**  
School

**Activity:**

- DT & P immunisation and reminder regarding any overdue immunisations. Refer to GP and/or offer HPV as appropriate.

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### **Appendix 1**

#### **Risk Factors**

These may be clinical or social in nature many of which are detailed within the DHSSPS, (2008), *'Understanding the Needs of Children in Northern Ireland'* (UNOCINI).

Thresholds of Need Model

For example

Concerns about the pregnancy/child

Low Self Esteem

Relationship difficulties

Maternal Anxiety/depression

Smoking

Nutrition

Overweight/obesity

Breastfeeding

SUDI

TB

Congenital Heart disease

Hepatitis B

DDH

Hearing

Vision

#### **Higher risk factors**

Alcohol/Substance abuse

At risk first time mothers

Parents with learning difficulties/disability

Domestic violence and abuse

Serious mental illness

Previous /known child protection issues

Review and follow up of previously identified concerns identifying in partnership with parents/ young people plans of action with agreed timescales where appropriate

Identify and follow up incomplete screening, non-compliance with reviews and referrals.

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May 2010