

Healthy Child Programme DH & DCSF 2009

Published in November 2009 it builds on the Child Health Strategy 'Healthy Lives, Brighter Futures' (2009) and supersedes the Child Health Promotion Programme (2008). It sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and well-being.

It outlines suggested roles and responsibilities for commissioners, health, education, local authority and other partners to encourage the development of high-quality services.

The Healthy Child Programme (HCP) aims to provide an opportunity to identify families who are in need of additional support and children who are at risk of poor outcomes; a key aim is to reduce health inequalities.

This HCP good practice guidance is for all organisations responsible for commissioning services for pregnancy and 0–19-year-olds' health and well-being as well as frontline professionals delivering those services. The HCP recognises the key role of both health and non-health professionals in promoting children's and young people's wellbeing and is therefore aimed at the full range of practitioners in children's services.

Who will deliver the HCP?

Strategic level

The Children's Trust will want to consider how their Children's Trust Board will agree in the Children and Young People's Plan the local strategy for co-operating to deliver the HCP, including the key contributions from the Children's Trust partners towards its implementation.

Operational level

At an operational level, the HCP is delivered primarily by the **HCP Team**. The HCP may be commissioned from one provider or from more than one. The team may be single provider, multiple providers through single-line management or through a partnership arrangement. The team will be supported by a range of partners.

There are 3 guidance documents:

- Pregnancy and the first 5 years of life
- The 2 year review
- 5-19 year olds

The good practice guidance documents include a programme schedule defined by age and a description of an age specific Healthy Child Team to deliver the programme.

Healthy Child Programme - Pregnancy and the first 5 years of life

The early intervention and prevention public health programme was known as 'The Child Health Promotion Programme: Pregnancy and the first five years of life'. Recently it was re-named as part of 'Healthy Lives, Brighter Futures'.

The Healthy Child Programme is increasingly being delivered through integrated services that bring together Sure Start children's centre staff, GPs, midwives, community nurses and others. As part of the programme, children's centres are expected to provide a range of services including breastfeeding support, smoking cessation and parenting support programmes. They are central to the Government's strategy to improve health outcomes because they offer a way of delivering services in a community setting that makes them more visible and accessible to parents who may be less inclined to access traditional services.

The HCP will make full use of children's centre's workforce and services and of their role in promoting children's health and well-being.

Effective implementation of the Healthy Child Programme should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being among children;
- Care that helps to keep children healthy and safe;
- Healthy eating and increased activity, leading to a reduction in obesity;
- Prevention of some serious 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 of - and action 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.

It is expected that local programmes will provide:

- A major emphasis on **parenting support**, such as supporting mothers and fathers to provide sensitive and attuned parenting, particularly during the first months of life, supporting strong relationships and supporting the transition to parenthood, especially for first-time parents. Also, ensuring that contact with the family routinely involves and support fathers, including non-resident fathers.
- The application of new information about **neurological development and child development**. This includes stressing the importance of attachment in the first year of life, introducing a greater focus on pregnancy and recognising the specific impact that parents have on their children.

- The use of new **technologies and scientific developments** - for example, new vaccination and immunisation programmes, new tests such as newborn hearing screening.
- The inclusion of **changed public health priorities** – e.g. increasing the proportion of mothers who breastfeed for six to eight weeks or longer, prevention of obesity through initiatives such as reduced portion size, introducing children to healthy foods and encouraging an active lifestyle.
- An emphasis on **integrated services** to build the Healthy Child Programme across general practice and children's centres, with health practitioners supporting early years staff in their role to promote the health of children.
- An increased focus on vulnerable children and families, underpinned by a model of **progressive universalism** (one that offers a range of preventative and early intervention services for different levels of risk, need and protective factors).

A closer look at the increased emphasis on integrated services...

- To build the **Healthy Child Programme team** across general practice and Sure Start children's centres.
- To be led by a health visitor and delivered by a range of practitioners across the health service and the wider children's workforce.
- Health practitioners supporting early years staff in their role to promote the health of children.
- Identifying when children and their families need access to additional services, and using the CAF to assess their needs holistically.
- To work with, and as part of developing, local children's trusts

A closer look at how the HCP aims to tackle Health inequalities...

An increased focus on vulnerable children and families, underpinned by a model of progressive universalism

- The HCP is a progressive universal service, i.e. it includes a universal service that is offered to all families, with additional services for those with specific needs and risks.
- The HCP schedule includes both the universal service to be offered to every family and the progressive services for children and families with additional needs and risks.
- A progressive universal HCP is one that offers a range of preventive and early intervention services for different levels of risk, need and protective factors
- In order to tackle health inequalities there is a focus on the most vulnerable children and families, and the need to allocate resources accordingly. One of the HCP's key roles is to identify children with high risk and low protective factors, and to ensure that these families receive a personalised service. The links with poverty and health inequalities are made clear.
- The need to work with families with young children is emphasised as inequalities begin at an early age.

Population needs assessment and resource allocation

- The HCP should be underpinned by a systematic assessment of population needs that provides a basis for configuring services and allocating resources. That assessment should be undertaken in partnership with local agencies as part of joint strategic needs assessment.
- The assessment will need to identify sub-populations in the community (e.g. teenage parents, travellers, refugees/ migrants, black and minority ethnic communities, looked-after children, children with disabilities) and set out action required to address their specific needs.
- Looked-after children are known to have particularly poor health outcomes, and the HCP needs to take account of their specific needs.
- Monitoring outcomes for sub-populations will help to ensure that the HCP is making a full contribution towards addressing health inequalities.

Core elements of the HCP workforce

Delivery of the programme relies on a team approach that includes Sure Start children's centre staff and members of the primary healthcare team. An effective, competent and confident workforce, capable of delivering the HCP during pregnancy and the first years of life, will have the following characteristics

- Multi-skilled team working involving a range of practitioners across general practice, maternity services and children centre services;
- An agreed and defined role for the health visitor;
- A team with up to date knowledge and skills;
- a team with competences to work in partnership with children, mothers, fathers and families to deliver the core elements of the HCP and to work effectively across service boundaries.

Healthy Child Programme – The 2 year review

The 2 year review focuses on a health check for all 2 year olds involving GP's, health care professionals and Children Centres.

In summary the 2 year review will cover both universal and progressive activity including:

Universal

- Review with parents the child's social, emotional, behavioural and language development and uptake of immunisations to date.
- Respond to parental concerns about physical development, growth, hearing and vision.
- Offer guidance on behavioural management. Highlight that this is an opportunity to share concerns and information to address worries. Provide advice on nutrition and physical exercise and the promotion of language development.
- Provide information (including useful telephone numbers and websites) and signposting to relevant services.
- Raise awareness around dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information.

Progressive

- For those with increased risk factors (development, obesity, smoking, safety), use interviewing skills to support, help or refer on to those who can help most.
- Use local, high-risk, evidence-based prevention and early intervention programmes.
- The family nurse Partnership programme continues until the age of two.

Healthy Child Programme – from 5-19 year olds

The HCP sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19 and recommends how health, education and other partners working together across a range of settings can significantly enhance a child's or young person's life chances.

Anticipated Outcomes of the HCP 5–19 HCP

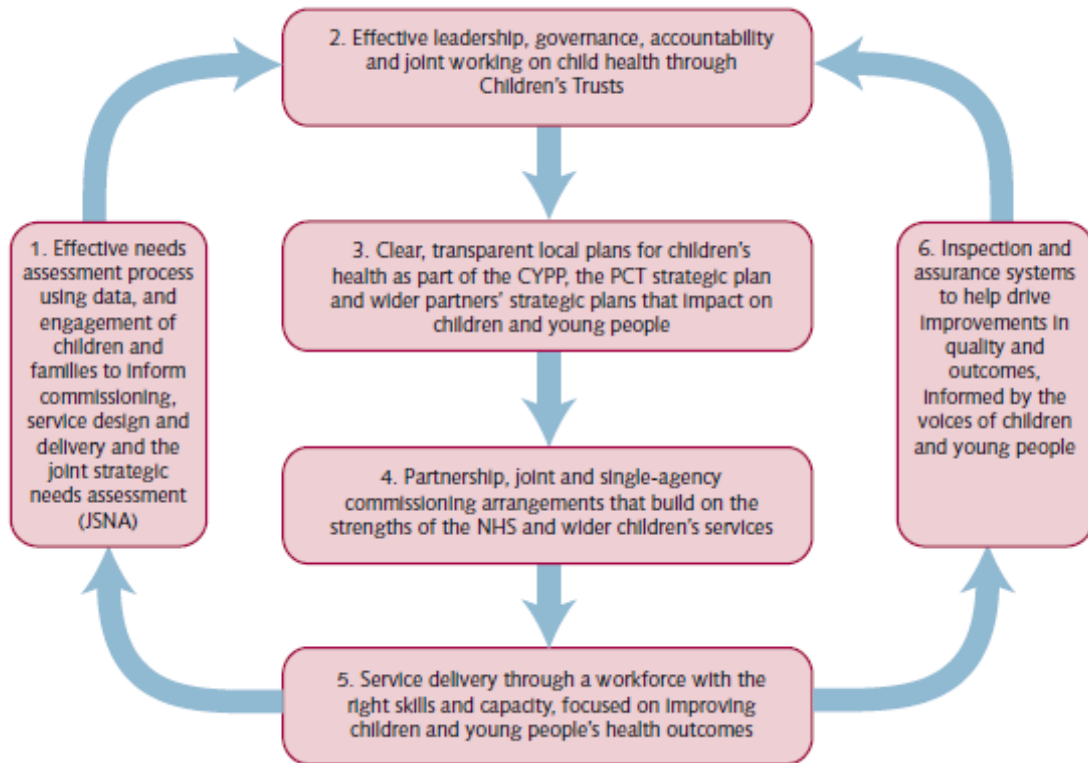
The core ambition of the HCP is that it results in healthier, happier children and young people who are ready to take advantage of positive opportunities and able to reach their full potential. This should be made possible for *all* children and young people, regardless of health status or home background. Effective delivery of the HCP good practice programme, may contribute to improvements in:

- the quality and experience of health services;
- health and wellbeing outcomes (such as increased immunisation uptake, improved management of chronic conditions and reduced bullying);
- broader health and wellbeing outcomes (such as higher life satisfaction, participation in positive activities);
- educational outcomes;
- targeting of and support for particularly at-risk children and young people;
- Data capture and analysis.

Recommended components

- prevention and early intervention;
- key health priorities; (health inequalities, emotional health, promoting healthy weight, long standing illness or disability, teenage pregnancy and sexual health; drugs, alcohol and tobacco)
- safeguarding;
- health development reviews at key transition points (Reception, Year 6, mid teens)
- screening and immunisation programmes;
- signposting of services;
- environments that promote health (all schools, all FE settings, age appropriate PSHE, You're Welcome quality standards)
- support for parents and carers (particular focus on parents/carers who have children with additional health needs)

Diagram 2: HCP delivery components



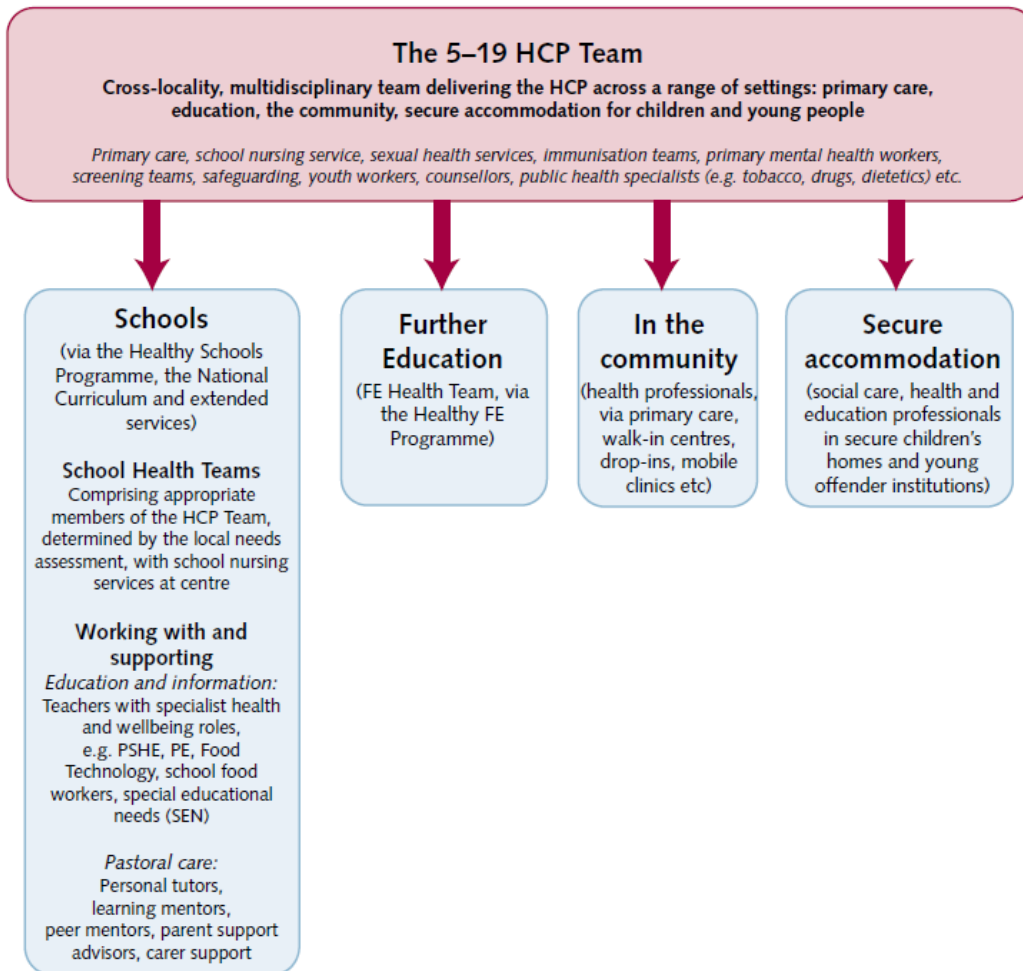
A closer look at the HCP 5-19 team...

At an operational level, the HCP is delivered primarily by the **HCP Team**. The HCP may be commissioned from one provider or from more than one. The team may be single provider, multiple providers through single-line management or through a partnership arrangement. The team will be supported by a range of partners.

It is recommended that the HCP is delivered in schools by **School Health Teams**, who provide a key link between health, education and wider children's and young people's services, providing guidance and support on a range of health-related issues. The School Health Team will comprise appropriate members of the HCP Team and will include a school nurse who is central to the team.

In addition there is an expectation that there will be **FE Health Teams**.

Diagram 1: Who will deliver the HCP?



It will be for local areas to define and then build their 5-19 HCP Team as determined by local need – i.e. decisions about the sort of practitioners needed should be based on the competencies required to deliver desired outcomes. However, the recommended core competencies of the 5-19 HCP Team are outlined below:

Leadership

- A team led by a professional with the appropriate competencies to oversee delivery of the HCP to a defined population (ideally, although not necessarily, a health professional).

Identifying needs

- A team that understands the implications of the health needs assessment which underpins the configuration of services.
- A team with the necessary skills to identify particularly at-risk children and young people, assess and respond effectively to their needs early and demonstrate a commitment to reducing health inequalities.

Skills and knowledge

- A team where all practitioners are able to demonstrate a basic level of competence in the six areas of *The Common Core of Skills and Knowledge for the Children's Workforce* (HM Government, 2005a). These are effective communication and engagement with children, young people, their families and carers; child and young person development; safeguarding and promoting the welfare of the child (CQC, 2009); supporting transitions; multi-agency working; and sharing information (HM Government, 2008d).
- A team with appropriate qualifications and training – allowing progression, continuing professional development and mobility across the children's and young people's workforce. Examples include all doctors, nurses, allied health professionals, youth workers and teachers receiving appropriate training.
- A team with up-to-date knowledge and skills across key areas. In addition to existing public health and child development knowledge and skills, topics identified in this guidance for greater focus are:
 - the promotion of emotional health and wellbeing;
 - the early identification and prevention of obesity;
 - knowledge about vaccine preventable diseases and the universal and targeted immunisation programmes;
 - reducing alcohol misuse;
 - reducing teenage pregnancy and STI rates (including knowledge and skills to effectively deliver PSHE and SRE);
 - factors influencing health choices and behaviour change;
 - parenting support, using strength-based and promotional intervening skills and tools (including a focus on supporting fathers);
 - high-level skills to deliver an intensive programme to at-risk children, young people and their families;
 - An understanding of national screening programmes.