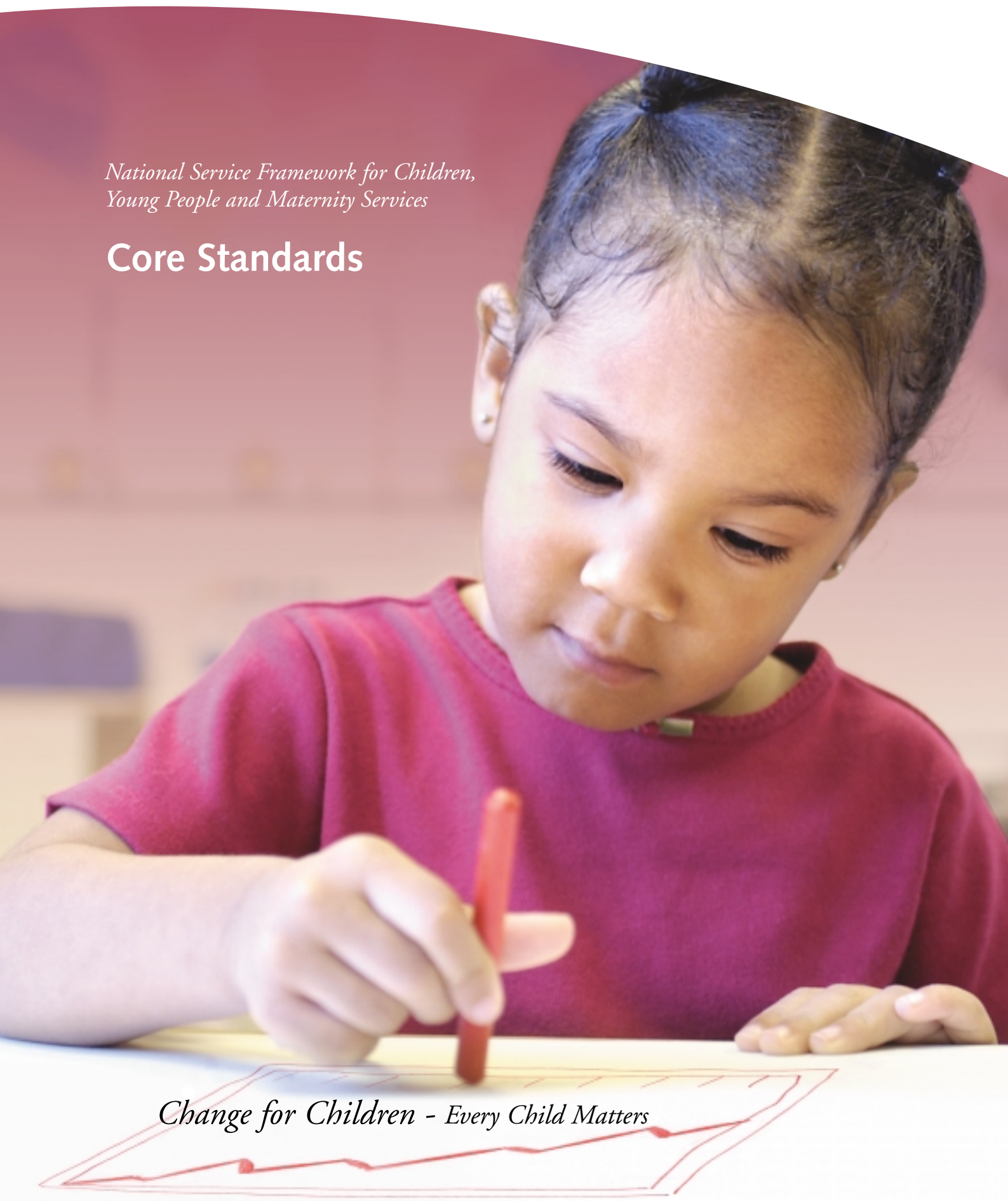


*National Service Framework for Children,  
Young People and Maternity Services*

## Core Standards



*Change for Children - Every Child Matters*

<b>Policy</b>	Estates
HR/Workforce	Performance
Management	IM & T
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Core Standards

# Core Standards

# Forewords

## Dr. John Reid Secretary of State for Health



Children and young people in Britain enjoy better health than any previous generation. Pregnant women have a greater choice in their healthcare than ever before. Staff working across health services, social services and education are enthusiastic and committed to improving the lives of all those in their care.

However, inequalities still impact on children and young people. Some find it difficult to access the services they need, simply because of where they live or because of their circumstances. Child poverty, though greatly reduced, still means that children and young people from disadvantaged backgrounds risk not realising their full potential as they grow and develop into adolescence and adult life. Life expectancy is lower and infant mortality greater in disadvantaged areas and among disadvantaged groups. Mothers here can find that they don't have or are unable to make the choices that they would like throughout their pregnancy and as they come to give birth. Parents can feel that they don't have all the information and support they need to help them care for their children. And nothing is more frightening for a family than a serious illness or accident experienced by a child.

At the heart of this National Service Framework is a fundamental change in our way of thinking about children's health. It advocates a shift with services being designed and delivered around the needs of the child. Services are child-centred and look at the whole child - not just the illness or the problem, but rather the best way to pick up any problems early, take preventative action and ensure children have the best possible chance to realise their full potential. And if and when these children grow up to be parents themselves they will be better equipped to bring up their own children.

We are publishing this National Service Framework to address these issues and many more. It is a ten-year plan: by 2014 we expect health, social and educational services to have met the standards set in this document. Inequalities will be reduced, so that all children and young people have access to the services they need, no matter where they live or where they come from. Staff from all sectors need to work together so that the services they provide join up across health, social care and education, and offer the best possible solution for children and their families. Mothers must have the support and the information they need to make the best

choices for them and their baby. Children, young people and pregnant women need to be listened to and to be involved in all decisions about their care.

The Government is committed to improving the health of children and young people, and achieving real change. This National Service Framework is part of our overall plan for tackling child poverty and improving the lives of children and families. It is intended to raise standards in hospitals, in GP's surgeries, in schools and nurseries, in maternity units and in Sure Start children's centres. It will build on the excellent work that is carried out by doctors, nurses, teachers and social workers every day, and give children, young people and pregnant women the support they need to thrive, to grow, and to be healthy.

A handwritten signature in black ink, reading "John Reid". The signature is written in a cursive style with a long horizontal stroke underneath.

Dr. John Reid  
Secretary of State for Health

## Professor Al Aynsley-Green The National Clinical Director For Children



Children and young people are important. They are the living message we send to a time we will not see; nothing matters more to families than the health, welfare and future success of their children. They deserve the best care because they are the life-blood of the nation and are vital for our future economic survival and prosperity.

Healthy mothers produce healthy babies who become healthy children and adults; much preventable adult ill health and disease has its roots during gestation, infancy and childhood. Children's vulnerability and the inability when young or disabled to articulate what they feel pose a challenge for all those involved in delivering health and social care services to meet their individual needs and those of their carers

Improving the health and welfare of mothers and their children is the surest way to a healthier nation - the best way to achieve a fairer society for the future is to improve health and tackle inequalities in childhood.

There is now, for the first time for many years, an explicit commitment from Government to improve the lives and health of children and young people in England, one component of this being this NSF for children, young people and maternity services. The practical challenge is how to ensure that children's services locally are coherent in design and delivery, with good co-ordination, effective joint working between and across sectors and agencies, with smooth transitions and in partnership with children, young people and families. Nothing will change for the better without local understanding of, support for and ownership of the policy agenda, coupled with involvement, action and pressure for change.

Despite the difficulties exposed by the recent Kennedy and Laming inquiries into the standing and status of children's health and social care services, I have seen from my visits across England that there is much that is very good about the services provided by the NHS and local authorities to support parents, children, young people and their families. We have an outstanding workforce dedicated to children and young people. Nonetheless, effective change will only happen if staff at all levels seize the opportunities provided by the NSF.

Many people have been engaged in the development of the NSF. It is my great privilege to have chaired the Children's Taskforce and to lead the development of the standards. I would like to express my sincere thanks to all, including children, young people and families, who were involved, and particularly to colleagues who participated in the External Working Groups and underpinning activities.

The Children's NSF is a ten-year strategy and change will not happen overnight. But we are heading in the right direction. There is a real will in Government to place children at the top of the agenda. The Children's NSF provides an outstanding opportunity to improve the lives and well-being of our most precious resource – our children and young people.

A handwritten signature in black ink, appearing to read 'Al Aynsley-Green', with a horizontal line underneath.

Professor Al Aynsley-Green  
National Clinical Director for Children

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# Setting the Scene

*“It seems so obvious it hardly needs to be said: just as children differ from adults in terms of their physiological, psychological, intellectual and emotional development, so they differ in their healthcare needs. They experience and see the world differently.*

*Children are in a constant state of growth and development which creates particular needs and demands which are of a different order from those affecting adult patients.*

*Their relative physical and emotional immaturity, in comparison with adults, has implications both for the treatment which they receive and the physical environment in which they are cared for.”<sup>1</sup> Professor Sir Ian Kennedy*

## **The National Service Framework for Children, Young People and Maternity Services**

Children and young people today enjoy unprecedented opportunities. Children are healthier than ever before, and death in childhood is rare.

Most thrive in childhood and all face new pressures but a significant minority face damaged childhoods, disaffection, underachievement and social exclusion. The disparities in outcomes and life chances between these children and the successful majority are too wide, with young people from disadvantaged backgrounds lagging behind in health, educational achievement and economic and social well-being.

Improving the health and welfare of parents and their children is the surest way to a healthier nation. Experience before birth and in early life has a crucial impact on the life chances of each individual, not just through their childhood but also during their adult life. Healthy children start with healthy mothers, so we have looked back to before birth to include maternity services, as well as reaching forward across the transition into adult life.

### **Aim of the National Service Framework for Children, Young People and Maternity Services (Children's NSF)**

- > Sets national standards for the first time for children's health and social care, which promote high quality, women and child-centred services and personalised care that meets the needs of parents, children and their families.

The standards require services to:

- > Give children, young people and their parents increased information, power and choice over the support and treatment they receive, and involve them in planning their care and services;
- > Introduce a new Child Health Promotion Programme designed to promote the health and well-being of children pre-birth to adulthood;
- > Promote physical health, mental health and emotional well-being by encouraging children and their families to develop healthy lifestyles;
- > Focus on early intervention, based on timely and comprehensive assessment of a child and their family's needs.
- > Improve access to services for all children according to their needs, particularly by co-locating services, and developing managed Local Children's Clinical Networks for children who are ill or injured;
- > Tackle health inequalities, addressing the particular needs of communities, and children and their families who are likely to achieve poor outcomes;
- > Promote and safeguard the welfare of children and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare.
- > Ensure that pregnant women receive high quality care throughout their pregnancy, have a normal childbirth wherever possible, are involved in decisions about what is best for them and have choices about how and where they give birth.

### Development of the Children's NSF

Work on the National Service Framework for Children, Young People and Maternity Services was announced in 2001 by the Department of Health.

A Children's Taskforce was set up to provide the full range of expertise needed to oversee the development of the NSF. Chaired by the National Clinical Director for Children, Professor Al Aynsley-Green, its membership included chairs of eight External Working Groups (EWGs) which were established to help develop the NSF. Membership was drawn from a wide range of professional expertise including representatives from children's organisations and user groups. The groups tackled specific issues and each submitted a report to Ministers. The final NSF has drawn heavily on these reports. A full list of EWG chairs and members is at the end of the NSF standards, and members of the Taskforce are listed at the end of this document.

The Department of Health asked several groups including the National Children's Bureau to ask children and young people:

- > What they think of the health and social care services we have now;
- > What is important to them from such services, and
- > What improvements could be made to services.

Many children, young people, parents, carers and organisations from a variety of backgrounds were consulted in events across the country. The results of these consultations were used by the external working groups in drawing-up the standards.

In April 2003, an Emerging Findings<sup>2</sup> document was published. The document set out the broad direction of travel for the NSF and invited comments on its proposals. Over one hundred responses were received from a wide range of bodies including health and social care professional organisations and the voluntary sector. The responses were considered by the external working groups and taken into account in their reports.

Our sincere thanks go to everyone who has contributed to the development of the NSF.

The first standard of the NSF, the standard for Children in hospital<sup>3</sup> was published in April 2003 in advance of the full NSF, in response to the concerns raised in the Kennedy Report.<sup>1</sup>

In June 2003, a Minister for Children, Young People and Families was appointed within DfES, with overall responsibility for policy and services for these groups. The responsibility for policy on social services for children and young people transferred from DH to DfES. The development of the NSF therefore became a joint project and the responsibility of both Departments.

## **Transforming Children's Services**

### **Every Child Matters**

The Green Paper, *Every Child Matters*<sup>4</sup>, was published in September 2003. This has led to an unprecedented public debate about services for children, young people and their families. The messages, endorsed by consultation, are clear: every child matters. We must maximise opportunities and minimise risks for all children and support them to:

- > Be healthy;
- > Stay safe;
- > Enjoy and achieve;
- > Make a positive contribution; and
- > Achieve economic well-being.

### **The Children Bill**

*Every Child Matters: Next Steps*,<sup>5</sup> published in March 2004, set out a plan of action for delivering on the proposals in the Green Paper. At the same time, the Children Bill was introduced, which sets out a new framework for children's services, ensuring accountability and partnership at local level, by introducing Directors of Children's Services and Lead Members for children in each local authority, establishing an integrated inspection regime and creating the new role of the Children's Commissioner. Health services have a critical role in helping to deliver the objectives. For example the Bill will place a duty on Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) to co-operate with local authorities in making arrangements to improve the well-being of children; a requirement to safeguard and promote the

welfare of children is applied to (among other local bodies) SHAs, PCTs, NHS Trusts and Foundation Trusts. The Bill will also introduce measures to better support and facilitate the sharing of information about children between different agencies and professionals, including health and social care professionals.

### **Children's Trusts**

The Government is encouraging and facilitating the development of Children's Trusts which will have a key role to play in co-ordinating and integrating the planning, commissioning and delivery of local health, social care and education services, as well as the work of other partners, including Connexions.

The outcome-based vision that forms the basis of the Children's Trust approach should:

- > Drive the integration of front-line service provision so that multi-disciplinary teams, co-location of services, the use of a lead professional, and a common core of training for the workforce becomes commonplace;
- > Support integrated working by ensuring front-line practitioners have a shared understanding of key processes such as common assessment and information-sharing;
- > Lead to joint strategic planning and integrated commissioning, supported by pooled resources, to ensure that the right processes and services are put in place to deliver improvements in outcomes, in the context of national and local priorities; and
- > Lead to the establishment of a local framework for this new way of working, with local partners creating robust inter-agency governance arrangements which formalise the levers to service reconfiguration and integration.

### **Access and Inequalities**

Improving access to services is particularly important. The Government is advocating a shift to more co-located, multi-disciplinary services that provide personalised support as required throughout childhood and into adolescence, with universal services – for example, schools and primary healthcare - working together from single locations for children, young people and families. Schools are being encouraged to become “extended schools”, which can provide health, social care and other services for children and families as part of the community. The Government is establishing a

network of Sure Start Children's Centres in disadvantaged areas, offering integrated early education, childcare, family and health support.

### **The Voluntary and Community Sector**

The shifts and changes that the Children's National Framework and the Change for Children programme will bring to local statutory services, in terms of service focus, co-location, integrated working and staffing, will fully extend to their voluntary and community sector partners. Local councils and health bodies need to support their voluntary sector colleagues in making the changes. This includes proactive engagement with, and support for, local voluntary and community sector organisations at the strategic level- in planning and commissioning services, as well as expanding their role as service providers.

The NHS has received unprecedented new funding and it is expected that some of this will be used to invest in improving services for the children and young people, who make up around one quarter of the population of England.

Tackling inequalities is a high priority for Government and key to the NSF programme. There is a strong correlation between health inequalities and poverty and deprivation that begin at birth and continue throughout life.

Existing socio-economic disadvantage not only impacts on the health of the current generation, but is passed on to future generations. Tackling health inequalities by addressing the health needs of children and families is key to the inter-generational cycle of health inequalities which can cause poor health outcomes from one generation to the next in some disadvantaged families and areas.

### **Children in Special Circumstances**

Research has shown that for some children, access to services has often been a particular problem and that these are often the children who require a high degree of co-operation between staff in different agencies, but who are also at most risk of achieving poorer outcomes than their peers. These children tend to be "lost" between agencies and are therefore not in receipt of services, even those that are universally provided. Although this list is not exhaustive, some of the key groups of children affected by this include:

- > Looked after children and care leavers;
- > Children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care;
- > Children exposed to domestic violence family conflict and/or family breakdown;
- > Children who suffer from sexual exploitation;
- > Children of parents with specific health needs, for example, those with mental health problems;
- > Children of problem drinkers or substance misusers;
- > Children who have been excluded from school, are truanting, or are otherwise missing school;
- > Young people over 16 who are not in education, employment or training;
- > Teenage parents and their children, and
- > Children from some ethnic minorities and refugee or asylum-seeking children.

In order to ensure the particular needs of these children are addressed, the above groups are, collectively, specifically referenced as Children in Special Circumstances (CISC) throughout the NSF's Markers of Good Practice and Interventions.

### **Public Health White Paper**

In March 2004, the Government launched a consultation, *Choosing Health?*<sup>6</sup>, on measures to improve people's health. The consultation covered a wide range of issues, all of which contribute to ill health and health inequalities. As part of the broader *Choosing Health?* consultation, the government launched two separate, more detailed consultations, *Choosing Health? Choosing a Better Diet*<sup>7</sup>, and *Choosing Health: Choosing Activity*<sup>8</sup> which set out a broad number of proposed key goals specifically for diet, nutrition and activity.

Concern about children's health was the most powerful theme in consultation responses. Children were mentioned within almost all the major themes identified in the main public consultation, appearing as sub-sets within a wider concern (juvenile drinking, young people's sexual health), as a high priority group for information (drug misuse, mental health) and as a group to be protected. In this latter context, second-hand smoke, advertising of tobacco products, alcohol



products and advertising of food to children were all areas where responses identified a need to act to safeguard children. These are being picked up, as appropriate, in the proposals on these specific areas.

The White Paper will therefore aim to introduce a step change and engage with children, young people, parents and carers to improve access and pathways to healthy lifestyles and ensure healthy living is part of youth culture. Issues arising out of the consultation have been considered as part of the development of the NSF.

### **Implementing the Standards in the NSF**

#### **Standards, Markers of Good Practice and Interventions**

The NSF comprises eleven standards. Each standard contains markers of good practice which will help the NHS, local authorities and their partner agencies to achieve and to demonstrate high quality service provision for all children and young people and their parents or carers.

The National Service Framework is divided into three parts. The first five standards in Part 1 apply to all children, and standards six to ten in Part 2 apply to children and young people in particular circumstances, such as those who are disabled or who have mental health problems. Standard eleven in Part 3 is the standard for maternity services.

The structure of each chapter includes:

- > A Vision – each chapter begins by setting out our long-term vision of the outcomes we want to see for children, young people and their families;
- > Standard – this describes the overall level of service and the objective we are aiming to achieve;
- > Markers of good practice – each standard sets out markers of good practice which summarise the key interventions and can be used to measure progress;
- > Rationale – explains the reasons for looking at these issues and why change is needed, and
- > Interventions – the interventions in each chapter set out what needs to be done to meet the standard.

### **Evidence**

Wherever possible, as in the standard on children in hospital, published research has been used as a base for the interventions set out in the standards. Where there is no evidence of this kind, proposals are backed in other ways, for example, through expert opinion or the views of children and parents. The standards documents give references for key source documents and useful related documents but does not set out the evidence base in any detail. The evidence evaluation will be published next year to support the standards.

### **The Children's National Service Framework Delivery Strategy**

A delivery strategy for the NSF will be published in the autumn, which will develop the work on implementation set out in the standard for children in hospital. This will be closely aligned to the implementation programme for the Government's wider 'Change for Children' programme. It will build on work in progress, led by the NHS Modernisation Agency, working with the Department of Health, to develop a number of key programmes and toolkits to assist in implementing the NSF.

*National Standards, Local Action*<sup>9</sup> sets out the priorities for the NHS and social services to use in planning for the next three financial years, and which all organisations should achieve in delivering NHS care. The NHS Improvement Plan sets out in more detail the next phase of reform of the health service. Standards will be the main driver for continuous improvements in quality and safety and NSFs, along with NICE guidance, are integral to this. The reduced number of new national targets for the next three-year planning round will enable Primary Care Trusts, in partnership with Local Authorities, to set local targets in response to local needs and priorities.

Full implementation of the standards will take time. There are examples of good practice already in services in many areas of the country, but delivering all aspects of the standards in all areas requires a long-term programme of change. The pace of that change and immediate local priorities will vary, but all areas need to start work on planning now within the available resources to meet the standards in full within the next ten years. Although service quality levels are determined by the standards, and the interventions set out what needs to be done, detail on the 'how' is being left to local discretion. This is in line with the Government's wider public

sector reform to devolve power and responsibility to local agencies, for example, through the development of Foundation Trusts. Partnership working between different agencies on local service development increasingly through Children's Trusts, will be key to the success of this approach. The NSF will depend on delivery by multi-agency disciplinary teams with strong leadership to champion real change.

### **Integrated Inspection**

How agencies are moving towards the achievement of the Children's NSF Standards will be an important component of inspection judgements made about children's health and social care services. Relevant inspectorates are working to ensure that there is a consistent approach in both joint area reviews and the Comprehensive Performance Assessment of local authorities.

### **Workforce**

Implementation of the NSF is dependent on having an adequately resourced, trained and motivated workforce, which means having the right numbers in the right place with the right skills. Workforce capacity is currently a significant issue in children's services across health and social care, with shortages and problems with retention being experienced in many of the staff groups providing services to children. These pressures will need to continue to be addressed both centrally, through national workforce planning processes, and locally, through the development of all-agency workforce, recruitment and retention strategies, based on a proper understanding of the needs of local populations, starting with the child and family rather than professional groups, and matching the skills and deployment of staff to the particular needs of each area.

These staffing constraints, along with the need to respond flexibly to rapidly changing demands on services, mean that there is a continuing requirement to look at workforce modernisation and role redesign. A range of new, and amended, roles need to be developed, with staff working in new ways across agencies and within multi-disciplinary teams.

Effective implementation of the standards will have significant education and training implications, with all staff needing to be competent in a range of core areas (see *Standard 3*). Organisations will need to develop training strategies, using the National Occupational Standards being developed as part of the Children's National Workforce Competence Framework, led by Skills for Health ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)), to ensure all staff have the skills and continuing professional development they need to meet the standards. A more detailed action plan to address these and other key workforce issues will be provided as part of the NSF and Green Paper delivery plans.

Finally, there is a need for ongoing research to evaluate the impact of modernising services and to define and address gaps in the evidence base for best practice. These will require strategies to improve research capacity to support the services for children, young people, mothers and families. Funding is being allocated under the DH policy research programme to fund a new programme of research to complement implementation of this national service framework.

#### **Note on Terminology**

Throughout this national service framework, we have used the terms 'parents' as shorthand to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person including, for example, those with responsibilities for looked after children and young offenders.

The NSF covers all babies, children and young people, and child/children is frequently used as shorthand to cover all under-19s. However, the agencies have different statutory responsibilities for children and young people of different age-ranges, and services need to be commissioned and provided accordingly. The aim of this NSF is to improve the age-appropriateness of services and base this around the needs of the individual young person and their family, including, in particular planning appropriately for transition to adulthood. This may mean that some children receive services from children's services providers for a longer period than others.

- 1 Ian Kennedy *The Report of the Public Health inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995* The Stationery Office 2001 [www.dh.gov.uk](http://www.dh.gov.uk)
- 2 Department of Health *Getting the right start: The National Service Framework for Children, Young People and Maternity Services - Emerging Findings* 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- 3 Department of Health *Getting the right start: The National Service Framework for Children, Young People and Maternity Services - Standard for Hospital Services* 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- 4 Department for Education and Skills *Every Child Matters* The Stationery Office 2003 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)
- 5 Department for Education and Skills *Every Child Matters: Next Steps* 2004 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)
- 6 Department of Health *Choosing Health? A consultation on action to improve people's health* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- 7 Department of Health *Choosing Health? Choosing a better diet: A consultation on priorities for a food and health action plan* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- 8 Department of Health *Choosing Health? Choosing Activity: A consultation on how to increase physical activity* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- 9 Department of Health *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 - 2007/08* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)

# Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early

## 1. Introduction

- 1.1 The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people; and for providing high quality services that meet their needs.
- 1.2 There are eleven standards, of which this is the first. They cover the following areas:

**Standard 1 Promoting Health and Well-being, Identifying Needs and Intervening Early**

**Standard 2** Supporting Parenting

**Standard 3** Child, Young Person and Family-centred Services

**Standard 4** Growing Up into Adulthood

**Standard 5** Safeguarding and Promoting the Welfare of Children and Young People

**Standard 6** Children and Young People who are Ill

**Standard 7** Children and Young People in Hospital

**Standard 8** Disabled Children, Young People and those with Complex Health Needs

**Standard 9** The Mental Health and Psychological Well-being of Children and Young People

**Standard 10** Medicines for Children and Young People

**Standard 11** Maternity Services



## **Vision**

### **We want to see:**

- > All children and young people achieving the best possible physical and emotional health and well-being, both in childhood and into adulthood.
- > Children, young people and families supported and able to make healthy choices in how they live their lives.
- > A measurable reduction in inequality of health outcomes for children and young people.
- > Integrated services which provide effective checks and more targeted support for children and young people who need it.

## **Standard:**

**The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.**

### Markers of Good Practice

1. The Child Health Promotion Programme is offered to all children and young people and their families in a range of settings.
2. By the child's first birthday, a systematic assessment of their physical, emotional and social development and family needs is carried out. Information resulting from assessments and interventions is recorded in the Personal Child Health Record.
3. Screening and immunisation programmes within the Child Health Promotion Programme are delivered to all children through partnership working.
4. Where there are concerns about a child or young person's health and development, they receive timely and effective assessment and response.
5. Therapy services are available for all children and young people who require them, and systems are in place to minimise waiting times for access to these services.
6. Health promotion, in terms of awareness raising, information giving and support services, including the Child Health Promotion Programme, is reflected in improved outcomes for children and young people.
7. All schools work towards becoming part of the Healthy Schools Programme, and are responsive to their school population's needs.
8. Primary Care Trusts and Local Authorities tailor health promotion services to the needs of disadvantaged groups, including children in special circumstances, identified through a local population needs assessment.



## 2. Rationale

- 2.1 Children and young people say that they want to be healthy and stay safe. Parents are the main providers of health care for their children, particularly in the early years. This standard addresses health promotion activities delivered by professionals from health, social care, education and other agencies, working in partnership with parents, to improve outcomes for children and young people. Services offered may be universal, targeted or specialist, as needed by individual children and young people. Good communication and joint working between agencies is essential.
- 2.2 An important component of promoting the health of children and young people is the early identification of illnesses, environmental factors or individuals' activities that may contribute to disease, ill health or injury. Children, young people and their parents can then make informed choices and be properly supported.
- 2.3 There are several areas in the lives of children and young people where being able to make healthy choices will make a real difference to their life chances and/or health, social and economic outcomes. These include a healthy diet and physical activity for children and young people, maximising social and emotional well-being, keeping children and young people safe, avoiding smoking, or using volatile substances and other drugs and minimising alcohol intake, and reducing the risk of teenagers getting pregnant or acquiring sexually transmitted infections.
- 2.4 Specific actions which promote health for children and young people include:
- > The implementation of the Child Health Promotion Programme;
  - > The identification of, and early intervention in children and young people with health and social care needs;
  - > Promoting healthy lifestyles and safe communities;
  - > Co-ordinated health promotion activities in schools and early years settings;
  - > Promoting healthy lifestyles for children in special circumstances (e.g. implementing the DfES funded *Healthy Care Programme*<sup>1</sup> (NCB 2002) for looked after children); and
  - > Addressing inequalities in child health.

- 2.5 Family poverty is one of the most important factors influencing children's attainment. It can be a key link in a chain of poor health and social outcomes throughout childhood and the teenage years, resulting in social exclusion in adulthood.
- 2.6 Families living in poverty are less likely than other families to access health and other supportive services. Their children have higher than average rates of overweight and obesity, tooth decay, unintentional injury, and although death is a rare event in childhood it occurs more frequently in disadvantaged families. Similarly there are higher than average rates of substance misuse, smoking, teenage pregnancy, poor educational attainment, unemployment and social exclusion, but have lower breastfeeding rates. *See also Standard 11.*
- 2.7 To make a real difference to these families, health promotion activities must be tailored to their specific needs and circumstances. *The Child Poverty Review*<sup>2</sup> sets out the Government's plans to tackle child poverty over the next decade.

## Interventions

- 3. **The Child Health Promotion Programme**
- 3.1 The Child Health Promotion Programme provides a framework to ensure the promotion of the health and well-being of individual children and young people. Promoting the local community's health through raising awareness, information provision and improving access is key to meeting the aims of this standard.
- 3.2 The Child Health Promotion Programme is part of the overall strategy the Government set out in *Every Child Matters*<sup>3</sup> to strengthen early intervention by enabling children to receive help at the first onset of problems and to prevent any children from slipping through the net.

- 3.3 Evidence suggests that a revised approach to child health surveillance is now required. *Health for All Children*<sup>4</sup> stresses that the social, economic and environmental context in which children grow up can have a very significant effect upon their health. This indicates a need to move away from a narrow focus on health screening and developmental reviews to a more broad-based programme of support to children and their families, that helps to address the wider determinants of health and to reduce health inequalities.
- 3.4 The Child Health Promotion Programme (*see Figure 1*) replaces the current Child Health Surveillance Programme, and puts in place a comprehensive system of care that encompasses:
- > The assessment of the child and family's needs;
  - > Health promotion (*See section 4*);
  - > Childhood screening;
  - > Immunisations;
  - > Early interventions to address identified needs.



**Figure 1**

**Overview of the Child Health Promotion Programme**

This table sets out health promotion services that will be offered to all pregnant women and children and for which there is evidence of effectiveness. Services may change as new evidence emerges, particularly in the area of adolescent health, and in response to new health concerns (including priorities that may be identified in the White Paper on public health).

*See Standards 6 and 11 for pre-conception care and advice.*

Age	Intervention
Ante-natal	Ante-natal screening and a preliminary assessment of child and family needs. Provide advice on breast-feeding and general health and well-being, including healthy eating and smoking cessation where appropriate. Arrangements are put in place, including sharing of information, to ensure a smooth transition from the midwifery to health visiting service.
Soon after birth	General physical examination with particular emphasis on eyes, heart and hips. Administration of vitamin K (if parents choose vitamin K drops, these are administered during the first week after birth). BCG is offered to babies who are more likely to come into contact with someone who has TB. The first dose of Hepatitis B vaccine is give to babies whose mothers or close family have been infected with Hepatitis B.
5 – 6 days old	Blood spot test for hypothyroidism and phenylketonuria. Screening for sickle cell disease and cystic fibrosis is also being implemented. See <a href="http://www.newbornscreening-bloodspot.org.uk">www.newbornscreening-bloodspot.org.uk</a>
Within 1st month of life	Newborn hearing screen now being rolled out to all areas. If Hepatitis B vaccine has been given soon after birth, the second dose is given.

New birth visit (usually around 12 days)	Home visit by the midwife or health visitor to assess the child and family health needs, including identification of mental health needs. Distribution of 'Birth to Five' guide and the Personal Child Health Record if not already given out ante-natally. Information/support to parents on key health issues to be available (eg. support for breastfeeding, advice on establishing a routine etc).
6 – 8 weeks	General physical examination with particular emphasis on eyes, heart and hips. First set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Review of general progress and delivery of key messages about parenting and health promotion. Identification of post-natal depression or other mental health needs. If Hepatitis B vaccine has been given after birth, the third dose is given at 8 weeks.
3 months	Second set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Review of general progress and delivery of key messages about parenting and health promotion, including weaning.
4 months	Third set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Opportunity to give health promotion and advice to parents and to ask about parents' concerns.
By the 1st birthday	Systematic assessment of the child's physical, emotional and social development and family needs by the health visiting team. This will include actions to address the needs identified and agree future contact with service.
Around 13 months	Immunisation against measles, mumps and rubella (MMR). Review of general progress and health promotion and other advice to parents. If Hepatitis B vaccine has been given soon after birth a booster dose and bloodtest are given.

<p>2 – 3 years</p>	<p>The health visiting team is responsible for reviewing a child's progress and ensuring that health and developmental needs are being addressed. The health visitor will exercise professional judgement and agree with the parent how this review is carried out. It could be done through early years providers or the general practice or by offering a contact in the clinic, home, by post, telephone or email etc. Use is made of other contacts with the primary care team (e.g. immunisations, visits to the general practitioner etc).</p>
<p>3 – 5 years</p>	<p>Immunisation against measles, mumps, rubella (MMR) and polio and diphtheria, tetanus and whooping cough. Review of general progress and delivery of key messages about parenting and health promotion.</p>
<p>4 – 5 years</p>	<p>A review at school entry provides an opportunity to check that: immunisations are up-to-date, children have access to primary and dental care, appropriate interventions are available for any physical, developmental or emotional problems that had previously been missed or not addressed, to provide children, parents and school staff with information about specific health issues, to check the child's height and weight (from which the Body Mass Index can be derived for use as a public health indicator), and to administer the sweep test of hearing.</p> <p>National orthoptist-led programme for pre-school vision screening to be introduced.</p> <p>Foundation Stage Profile – Assessment by the teacher to include a child's:</p> <ul style="list-style-type: none"> <li>&gt; Personal, social and emotional development;</li> <li>&gt; Communication, language and literacy;</li> <li>&gt; Physical development, and</li> <li>&gt; Creative development.</li> </ul>

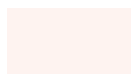
Ongoing support at primary and secondary schools Access to school nurse at open sessions/drop-in and clinics by parents, teachers or through self-referral. Provision for referral to specialists for children causing concern. Children and young people with medical needs and disabilities may receive nursing care within the school environment according to their needs.

Secondary school The Heaf test is carried out between 10 to 14 years, and BCG vaccine given to those requiring it. Tetanus, diphtheria and polio vaccines are given between 13 to 18 years. Check other immunisations are up to date.

### Key to relevant records



NHS Care Record Service



Personal Child Health Record

This schedule is underpinned by a health promotion programme, based on best available evidence, that focuses on priority issues such as healthy eating, physical activity, safety, smoking, sexual health and mental health, and is delivered by all practitioners who come into contact with children and young people, and in all settings used by this age group.

- 3.5 The Child Health Promotion Programme is delivered by multi-agency child and family support services, and addresses the needs of children from pre-conception through to transition to adulthood. It offers a structure for the provision of essential activities to promote the health and development of children and young people.
- 3.6 Improved outcomes for children and young people are more likely to be achieved if effective health promotion interventions, as outlined in section 4 of this standard, are delivered as an integral part of the programme.
- 3.7 More intensive and targeted health promotion and surveillance should also be offered where particular community needs are identified. The provision of new targeted services, using the new flexibilities in primary care contracting, in areas of poverty and deprivation, will provide more opportunities for health promotion, early identification and intervention.
- 3.8 Working towards this standard will meet the national target (jointly set for DfES and the Department for Work and Pensions) to improve children's communication, social and emotional development, so that by 2008, 50% of children reach a good level of development at the end of the reception year in primary school (end of the Foundation stage of the National Curriculum). It will also help to achieve the target to reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and that of the rest of England, and to achieve the DH and DfES obesity target. *See section 4 and Standard 11*



Primary Care Trusts ensure that:

The Child Health Promotion Programme is offered to all children using all suitable settings (e.g. children's centres, early years providers, general practices, extended schools etc). The programme actively promotes good health through prevention and early interventions (*see Figure 1*). A quality assurance system for the programme is in place.

The Programme is a universal service that is personalised as appropriate to meet the needs of the child and family. More support is available on a targeted basis to children and families who are vulnerable or have complex needs.

The Programme is delivered in partnership with parents to help them to make healthy choices for their children and family.

Sections of the population where take-up has been lower (for example, lower socio-economic groups, minority ethnic communities and mobile populations) are actively encouraged to participate in the development of the Child Health Promotion Programme and in planning local service delivery. Issues concerning rural communities and local transport provision are also considered.

Based on local needs assessments, Primary Care Trusts consider the use of new flexibilities to develop primary care teams targeting services on communities with particular need.

Opportunities are taken to review the needs of children who have entered the country or those who have moved area.

### Screening

- 3.9** Screening is an integral component of the Child Health Promotion Programme, as set out in Figure 1. The current screening tests offered to pregnant women and children are outlined in *Health for All Children*<sup>4</sup> and on the National Electronic Library for Health website [www.nelh.nhs.uk/screening](http://www.nelh.nhs.uk/screening).
- 3.10** Specific population-based screening programmes can result in the early detection of certain health problems in babies and children. Where this is followed by effective timely intervention, such a programme can improve outcomes. For health problems where curative treatment is not available, early detection and early intervention can maximise life chances and improve the quality of life of children and their families through, for example, the early provision of therapy, social support, financial support, special educational needs input and physical aids.
- 3.11** Screening programmes are more effective where they are an integrated part of children's services with clear referral arrangements for children who 'fail' screening tests. When new screening tests are introduced, consideration should be given to the implications for the wider delivery of children's services (e.g. neonatal screening for hearing loss has major implications for ear, nose and throat services).
- 3.12** Parents require clear information, in a format that is sensitive to their social, cultural and educational needs. Duties under the Disability Discrimination Act need to be taken into consideration when considering the provision of information in appropriate formats and language. Information should cover the purpose of the test, its reliability, and what happens if a child 'fails' the test.

All screening programmes are undertaken in accordance with the UK National Screening Committee's recommendations on what constitutes safe, effective, evidence-based child health screening. See [www.nsc.nhs.uk](http://www.nsc.nhs.uk)

Primary Care Trusts monitor uptake of screening programmes and refine them where appropriate.

Primary Care Trusts ensure that:

- > Screening programmes are commissioned to meet national standards.
- > Parents have access to clear and comprehensive information, which is available in a format that meets their social, cultural and educational needs;
- > Parents and appropriate health professionals receive the findings of screening tests in a timely manner.



### Preventing Infectious Diseases

- 3.13** Routine childhood immunisations have had a significant impact on the rate of preventable infectious diseases in England. In order to prevent outbreaks of diseases such as measles from returning, at least 95% of the population need to be immunised. This also helps to protect families and the wider community, including those children who have not yet been, or cannot be, immunised.
- 3.14** Parents' perceptions of the seriousness of many diseases that are preventable by immunisation decline as the rate of the diseases themselves continues to drop. Measles, for example can be a serious illness which can lead to complications that can sometimes kill. In 1987 (the year before MMR was introduced in England), 86,000 children caught measles and 16 died<sup>5</sup>. Today, the number of babies in parts of England who are taken for their MMR vaccination has now dropped to a level where there could be local outbreaks of these diseases again. In 2002-03, 82% had been immunised against measles, mumps and rubella with the combined vaccine: well below peak coverage of 92% achieved in 1995-96<sup>6</sup>. Effort is needed to maintain, and at times boost, coverage, both within the main population and among sub-groups. There is good evidence to show that targeting parents and children with appointment cards and reminders is effective in increasing immunisation rates and among children who are not up-to-date. Personalised reminders i.e. from the general practitioner or health visitor, are likely to be more effective than those from an organisation.
- 3.15** Locally, child health information systems that automate immunisation appointments and reminders can help to maximise uptake by identifying non-immunised children for community nurses to follow up. Some children and young people coming from abroad may not have been immunised, or their immunisation history is unknown; they should be assumed to be unimmunised and a full course of immunisation should be planned. Routine distribution of immunisation information, in all appropriate languages, around the time of immunisation, can allow parents to make informed choices.

All children receive immunisation against major vaccine-preventable infectious diseases. The current schedule of childhood immunisations can be found at the website [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk). Opportunities are taken to check the immunisation status of children (based on the Personal Child Health Record and the child's record within the NHS Care Record Service) when they are in contact with services in any health setting, and to refer them for 'catch-up' immunisation.

Programmes are supported by good quality information and advice about the evidence base for immunisation and the risks involved. Parents and professionals have access both to national sources of information including [www.mmrthefacts.nhs.uk](http://www.mmrthefacts.nhs.uk) and [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk), and to local information sources.

Immunisation programmes are co-ordinated by a named "immunisation co-ordinator" within each Primary Care Trust, who works with the Local Authority and monitors coverage rates against current national target rates.

Specific approaches are developed for groups with below target coverage. Failure to attend for a scheduled immunisation triggers a contact to find out and assess the reasons.

Professionals ensure that the immunisation history of all children and young people who enter the country or who move into the area is ascertained. Children who are not immunised, or whose history is unknown, are offered a full course of immunisations and transferred to the routine programme appropriate for their age.

Specific immunisations are targeted at high risk groups, as recommended by the Department of Health. See [www.dh.gov.uk](http://www.dh.gov.uk), which is updated as new immunisations or evidence become available.

## **Assessing Needs and Intervening Early**

### *Assessing and Identifying Individual and Family Needs*

- 3.16** The Child Health Promotion Programme (outlined in Figure 1) includes a formal planned assessment of children's needs. The purpose of these assessments is to allow early identification of health problems (physical, emotional or developmental) for an individual child, to identify families who may require additional input, and to ensure that parents have sufficient support in their parenting role. The assessment also provides an opportunity to identify those children and their families who need considerably greater input.
- 3.17** Many children will receive more contacts with a variety of primary health care professionals than the minimum set out in Figure 1, and professionals need to be alert to possible concerns. It is important that primary care professionals take opportunities to discuss a child's physical and emotional development with parents during consultations which may take place as a result of parental concerns or during immunisation or well-baby clinics.
- 3.18** The health visitor, in consultation with the parents, the midwifery service and other professionals and agencies working with the family starts the process of assessing the needs of the child and family before the birth. This will help to ensure a smooth transition from the midwifery to the health visiting service.
- 3.19** The child and family needs assessment will be reviewed in the light of changes in family circumstances. A review may be triggered at any time by the parents or carers or by professionals. It is proposed that the Common Assessment Framework (currently being developed) will be used where there are concerns which may require support to be provided by more than one agency. It is important that the various professionals who are involved in assessing the child's and the family's needs work in partnership and share relevant information as required. *See Standard 3*

- 3.20** People looking after children such as child minders and nursery staff are in an excellent position to identify children whose social, physical, emotional or behavioural development falls outside the norm. Improved training will enhance their contribution. Health Visitors have a key role to play in working with early years staff to raise awareness and understanding of children's health and development needs and to provide a referral point for further assessment.
- 3.21** It is equally important to identify school-age children who are experiencing difficulties relating to their health, development and their ability to learn. In particular, support is needed to help children manage transitions such as starting school and moving to secondary school. In addition, some children will have medical needs and disabilities that require specific support or even nursing care.
- 3.22** The school nursing service plays an essential role in promoting the health of school age children. The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people<sup>7</sup> has suggested that Primary Care Trusts, Children's Trusts and local authorities work towards having a minimum of one full-time, whole year, qualified school nurse in every secondary school and its cluster primary schools.



**3.23** Additional funding has been made available to increase overall NHS capacity, where needed, additional school nurses. The availability of a range of staff in schools who can support children and young people will support the attainment of several Department of Health national targets and the Department for Education and Skills PSA targets, including those on child and adolescent mental health services and those addressing teenage pregnancy, child obesity and school attendance. (see *Standards 3 and 4*) for the Government's target for reducing teenage pregnancy.

### Planning Care

**3.25** The importance of any assessment, whether it is carried out at the designated times specified in Figure 1 or during other consultations with professionals who work with children, is that it leads to planning in partnership with families, and the provision of appropriate and timely interventions. Assessment may lead to one or more of a number of outcomes outlined in Box 1.

#### **Box 1: Possible outcomes from child and family assessments**

Outcomes of individual assessments may include planning for:

- > Continuing regular contacts on a long term basis;
- > Short term input;
- > Parents to request a review of their child's progress at a time of their choosing;
- > Parents to call their health visitor if they have any further worries; and
- > For referral to other services and specialist assessments when required.



**3.26** Planning in partnership with parents or carers is key to enabling a family to address their health and parenting needs. Planning identifies:

- > The family's needs as they see them;
- > How they wish to address these needs;
- > Agreement with the family about the support to be provided by the midwife, health visitor and others, and
- > What has been achieved.

**3.27** In some areas, Family Health Plans are used to record the outcome of the dialogue between the health care professional and the family. Further information on Family Health Plans is set out in the Health Visitor Development Resource Pack 2001<sup>8</sup>. A summary of the main issues identified and key actions can also be recorded in the Personal Child Health Record.

### **Intervening Early**

**3.28** Where referral to other services is required, prompt access is key to addressing parental concern and improving children's and young people's chances of achieving their full potential. Children with developmental delay should receive early interventions to address their needs, provided by a range of health, education and social care professionals, in a variety of settings.

**3.29** Where Primary Care Trusts identify the need to increase capacity locally to enable them to intervene early, additional staff, including allied health professionals may be needed (*see The NHS Improvement Plan<sup>9</sup>, paragraph 2.7*). An increase in staffing should be coupled with innovative practice to improve the effectiveness and efficiency of these services, and will include role and service redesign in order to ensure the most effective and efficient use of skills available within the whole team, including any administrative staff.<sup>10</sup> *See Standard 8*

**Primary Care Trusts ensure that:**

- > A systematic assessment of each child's physical, emotional and social development and family needs is completed by their first birthday. The process starts before the birth of the child and involves the parents, the midwifery service, the health visitor and any other professional or agencies working with the family.
- > The assessment identifies key risk factors such as parental mental health problems or domestic violence.
- > A summary of the key issues identified and interventions required is documented in the Personal Child Health Record (or Family Health Plan where these are used). This will include agreeing future contact between the family and the service.
- > Practitioners take every opportunity, including during immunisation clinics and well baby clinics, to discuss the progress of a child's development with their parents or carers. Practitioners have the time, capacity and skills to undertake this role and are aware of referral routes where there are concerns about the child.
- > Parents know whom to contact if they have concerns about their child's health and development. Face-to-face contact with the health visiting team is available, if requested.
- > The child's and family's needs assessment is updated, where appropriate, in the light of changes in the family's circumstances. A formal review of the assessment (unless regular contact is already in place) takes place between the child's second and third birthday. The health visitor will make contact through a variety of means, such as at child health clinics and early years providers, or direct with parents, by post, telephone or e-mail.
- > Health visitors work in partnership with other early years staff to raise awareness and understanding of children's health and development needs, and act as a referral contact for them to the primary care team, or other services such as therapy services, if they or the parents are concerned about a child.
- > The Health Visiting service promotes *Bookstart* to enable all children to access reading materials at the appropriate developmental stages.

- > Health visitors access information held by general practitioners when assessing the progress of children on their list.
- > All professionals working with children and young people are aware of health and developmental problems and are proactive in identifying opportunities to promote a child's health and well-being. Systems are in place to ensure that signs of physical or mental ill health or developmental difficulties are identified and appropriate referrals made.
- > Education and social care professionals are able to refer children directly to health visitors and primary care providers trained to identify children who need referral to Child Development Centres or specialist paediatricians.
- > School age children are able to access advice and support in a range of settings. This includes school-based clinic or drop-in sessions provided by school nurses or other healthcare provider. Using additional funding made available to increase overall NHS capacity, Primary Care Trusts can, if a local priority, increase the school nursing workforce and carry out the required redesign of the service to school aged children.<sup>7</sup>

Primary Care Trusts and Local Authorities review local therapy services in order to:

- > Promote self-referral, and other means of simplifying the care pathway, and reduce excessive waits that may affect a child's development; and
- > Improve administrative systems and processes for referral and discharge, and the effectiveness of outcomes of different therapeutic regimes, such as group sessions.

In developing and implementing assessment and planning processes, Primary Care Trusts and local authorities use the forthcoming Common Assessment Framework where there are concerns which may require support being provided by more than one agency. *See Standard 3*

**4. Health Promotion**

- 4.1** Health promotion involves a wide range of activities at every level in society from Government policies, through local community strategies, to individuals making healthy choices. To achieve improved health outcomes for children and tackle health inequalities, interventions need to begin before conception, and continue throughout childhood and adolescence.
- 4.2** Healthy mothers are key to giving babies a healthy start. Maternal and neonatal outcomes are poorer for women from disadvantaged, vulnerable or excluded groups. Low birthweight is a major cause of infant mortality in the UK, and can also have a long-term impact on the health and well-being of children. Low birthweight rates vary widely according to socio-economic status. Two key interventions reduce the risk of low birthweight: promoting stopping smoking and optimum nutrition during pregnancy. *See Standard 11*



- 4.3 Parents value advice and support on key health and behavioural issues such as breastfeeding, establishing a routine, sleep, nutrition, safety issues (e.g. the prevention of sudden infant death etc). The guide *Birth to Five*<sup>11</sup> gives practical advice on a wide range of issues relating to the care, health and development of children.

All Primary Care Trusts and local authority have in place child and family health promotion programmes. As well as addressing individual needs, these include targeted programmes for vulnerable children and community-based programmes addressing local and national public health priorities such as accident prevention, nutrition, and physical activity.

Multi-agency strategies for health promotion reflect the particular needs and characteristics of all babies, children and young people and their families.

Staff in all agencies use opportunities for promoting the health and well-being of pregnant women, parents or carers, and babies, children and young people. These may include national and local health promotion campaigns and materials designed for particular groups known to under-use services. Community pharmacists are already involved in health promotion activities and this role will be enhanced with the proposed new pharmacy contract.

The guide *Birth to Five* is distributed to all parents or carers.

Health promotion activities for children and young people are tackled imaginatively in order to appeal to children and young people, on their terms and in their language (e.g. using high quality, evidence-based websites such as 'Diary of a teenage health freak' [www.teenagehealthfreak.com/homepage/index.asp](http://www.teenagehealthfreak.com/homepage/index.asp)).

### **Positive Mental Health of Children and Young People**

- 4.4 All children and young people need to feel secure and supported if they are to achieve their full potential. Parents (both mothers and fathers) or carers are fundamental to creating a nurturing environment, particularly in the early years. *See Standard 2*
- 4.5 There are some children and young people who will be at greater risk of developing mental health or behavioural problems. For these children and their parents, assessment of their needs and provision of early intervention can make a significant difference, although facilitating their use of the services requires planning and skill. They include children:
- > whose parents are mentally ill, have learning disabilities or have personality difficulties;
  - > whose parents misuse drugs or alcohol;
  - > whose parents are unsupported by wider family;
  - > who are abused (whether emotionally, physically or sexually);
  - > who experience inadequate parenting or neglect;
  - > who have learning difficulties and or disabilities;
  - > who smoke, use illegal drugs, volatile substances and/or misuse alcohol;
  - > who are living in a household where there is domestic violence;
  - > who are looked after by a Local Authority, and/or
  - > who are homeless and living in temporary accommodation.
- 4.6 There is a body of evidence available about the approaches that are most effective in reducing the risk of a problem or disorder occurring, or enabling it to be identified and treated before symptoms become too severe, these are outlined in Box 2.

## **Box 2: Prevention and Early Identification and Treatment of Mental Health Problems**

- > The earlier in a child's life that a problem is identified and intervention starts, the more likely it is to be effective;
- > Multiple-component, multi-year programmes, which focus on a range of risk factors using a range of strategies, are more likely to be effective;
- > Early years settings and school based/community-based programmes which simultaneously focus on family and environmental factors within which children live as well as on the child are more likely to be successful than programmes which focus on the child alone;
- > Prevention programmes focussed on first-time mothers/parents are particularly effective because of their need for social support and child-rearing assistance;
- > Extended home visiting reduces the risk of physical maltreatment and neglect in high-risk groups (e.g. low socio-economic status, young single mothers); and finally
- > Effective programmes have the following features in common: (a) comprehensiveness, (b) systemic orientation, (c) relatively high intensity and long duration, (d) structured curriculum, (e) early commencement, (f) specific to particular risk factors, and (g) provide specific training.

Mental health promotion is delivered through partnership working between all relevant agencies, including health, education, social services, youth justice, youth and community and voluntary organisations.

Children's mental health is promoted in a structured way using the DfES Guidance *Promoting Children's Mental Health in Early Years and School Settings*<sup>12</sup> at [www.dfes.gov.uk/mentalhealth/pdfs/ChildrensMentalHealth.pdf](http://www.dfes.gov.uk/mentalhealth/pdfs/ChildrensMentalHealth.pdf)

Child and family teams identify and work with vulnerable women and families, providing continuity of support both before and after birth. They work to a structured programme of proven efficacy, giving priority to mothers who have themselves had a history of poor parenting or mothers who are at risk of forming poor attachments to their young children. *See Standard 2*

Parenting education, focussed on enhancing sensitivity, is provided for parents in a high risk group in the first six months of the child's life, to improve attachment security. Parenting education can also be provided early on to children in schools by families and parents from the local community, as part of the Department of Health's self-care support strategy.

*See Standard 9*



## Healthy Diets and Active Lives - Early Years

4.7 A healthy diet and regular physical activity are important determinants of general health and well-being. The Health Survey for England 2002<sup>13</sup> has studied overweight and obesity in children. In summary, the survey found that:

- > obesity is continuing to increase in children;
- > overweight and obesity combined increased by over 25% between 1995 and 2002;
- > 28% girls and 22% of boys, aged 2-15 years, were overweight or obese, and
- > overweight and obesity increased with age and are more common in children and young people from manual households.

4.8 Poor diet and inactivity in childhood are associated with increased risk of cardiovascular disease, several cancers, musculoskeletal problems and tooth decay, as well as overweight and obesity in later life. Overweight and obesity increase the risk of type 2 diabetes, and can have an adverse impact on emotional well-being and self-esteem.

4.9 The best long-term approach to tackling obesity is prevention, particularly in childhood. Critical to this is improving diet and increasing physical activity levels which will help deliver the national (DH/DfES/DCMS) target to halt the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole. Action needs to take a 'lifecourse' approach, which starts from birth and tackles the inequalities that exist between social groups. Breastfeeding is the best nutrition for infants and is associated with better health outcomes for the mother and her infant. *See Standard 11 for initiatives to support breastfeeding*

4.10 The DH national target on improving the health of the population identifies current challenges including the need to focus on improving nutrition in women of childbearing age, particularly those who are pregnant or breastfeeding. Primary Care Trusts in partnership with local authorities, will wish to focus on some of these in setting local targets.

- 4.11 Healthy Start (which replaces the Welfare Food Scheme) offers Primary Care Trusts and health professionals a tool for identifying local disadvantaged pregnant women and their families, and for ensuring that local services meet their needs. This will assist effective local delivery of services in a way that reduces inequalities.
- 4.12 The Royal College of Paediatrics and Child Health and the National Obesity Forum have published guidance on weight management in children and adolescents, available at [www.rcpch.ac.uk](http://www.rcpch.ac.uk)

Professionals provide pregnant women, mothers with infants and young children from low income families with health advice through the Healthy Start scheme.

Primary Care Trusts and health care professionals ensure that efforts are made to improve nutrition in women of childbearing age, particularly those who are pregnant or breastfeeding.

Children in early years learn about health, personal, social and emotional development, physical development, creative development and communication, language and literacy, using the Birth to Three Matters framework at the foundation stage curriculum.

Early years settings promote health promotion to improve diet and nutrition and activity levels. Health professionals provide parents with advice and support on the growth of their children. Professionals can access information on the evidence base for the provision of advice, and support the management of overweight and obesity in children.

## Unintentional Injury: Staying Safe in the Community and at Home

- 4.13** Unintentional injury is an important cause of morbidity and mortality in children and young people. In 2002 in England and Wales, over 200 children under 15 died as a result of injury or poisoning, and approximately half of all accidental deaths among children under five occurred as a result of accidents in the home<sup>14</sup>. In the UK in 2002, over 26,000 children under five were taken to hospital after suspected poisoning. Almost one million children aged 5-14 were taken to hospital following an accident outside the home (not including road traffic and work accidents)<sup>15</sup>.
- 4.14** Unintentional injury affects children from poorer families disproportionately. It is therefore important that parents or carers are supported to protect their pre-school children. Road accidents are also a significant cause of death among children and young people.



Primary Care Trusts and Local Authorities ensure that childhood injuries and accidents are reduced through the development and monitoring of injury prevention strategies that target priority areas where there are marked inequalities. A named lead in each locality develops, co-ordinates and monitors initiatives for tackling injury prevention. This would contribute to the national target to reduce the number of children killed or seriously injured by 2010 (see Department for Transport's PSA floor target).

Parents with very young children receive advice from home visitors and other family advisers regarding the practical steps to take to protect their children against falls, scalding, burns, drowning, choking and poisoning.

Early years settings, schools and local authorities ensure that school-age children are encouraged to participate in safety training schemes run by schools, local authorities or voluntary organisations, such as cycling proficiency, and effective safety training should be provided for those who work with children and young people.

Local Authorities provide clear guidance on the effective use of equipment, such as cycle helmets, child car seats, seat belts, fireguards and stair gates, thermostat controls on hot water taps, and smoke alarms.

Primary Care Trusts and Local Authorities, in partnership with other local agencies, work together to make the local environment safer for children and young people, including undertaking injury surveillance, and sharing data effectively.

## Good Oral Health

- 4.15** Good oral health is an integral part of general health promotion and oral/dental care is frequently an integral part of any care pathway. The four main areas of concern for oral health are tooth decay (dental caries), dental erosion, gum disease, and unintentional injury causing tooth fracture or loss. There is considerable evidence that untreated decay is concentrated in children from deprived areas and, as a result, there are inequalities across the country with young children in the North of England having as much as twice the amount of decay compared with children in some areas of the South. In a recent survey<sup>16</sup>, on average, 39 per cent of 5 year olds had one decayed, missing or filled tooth, with wide geographical variation.
- 4.16** Dental decay is an almost entirely preventable disease. The fluoridation of public water supplies should be promoted as a public health measure to reduce dental caries and inequalities in dental health. The 2003 Water Act will enable local water supplies to be fluoridated providing there is clear local support for this. Commissioners of children's services need to consider techniques (such as fissure sealing) as a preventive health measure, particularly for vulnerable groups of children.
- 4.17** Disabled children tend to have the same dental diseases as other children, but are less likely to have their treatment needs met. Children on long-term medication are more prone to developing dental caries unless the medication is sugar-free (*see Standard 10*). Commissioners of children's services may need to consider the need for specialist dental services for these vulnerable groups.

- 4.18** The Government is committed to the reform of NHS dentistry. A new contract for dentists will be introduced from October 2005. An extra £368 million has been allocated to recruiting the equivalent of 1,000 more dentists, by October 2005 funding an extra 170 training places for undergraduates in dental schools and increasing the overall expenditure on primary care NHS dental services over two years by 19%. From 2005, all dental services will be commissioned locally by Primary Care Trusts who will have a duty to provide and secure Primary Dental Services to the extent it considers necessary to meet all reasonable requirements.



The oral health needs of children and young people, particularly those who are vulnerable, are identified in local health promotion programmes. This includes encouraging early registration with a dentist and the provision of effective and appropriate oral health promotion and treatment policies and reducing sugar consumption.

Primary Care Trusts plan the transfer of responsibility for dental services to ensure adequate service provision for all children and to address any access issues identified through local needs assessment.

### **Healthy School Settings for Children and Young People**

**4.19** Schools and colleges have a key role in shaping the habits and behaviour of children and young people and are in a unique position to encourage and facilitate healthy eating and active lifestyle and to promote self esteem. A partnership approach, linking early years settings and schools to other relevant local agencies such as social services, youth offending teams and Connexions, is essential to maximise the impact of these settings in changing children's lifestyles. There is some evidence that education programmes to promote healthy eating in schools are effective in changing diet. The Healthy Schools Programme (to commence in 2005) replaces the National Healthy Schools Standard, and will lead to more structured health promotion in schools, with an emphasis on targeting the needs of local school populations of children and young people.

**4.20** The *Healthy living blueprint for schools* (DfES 2004) sets out ideas on how schools and early years settings might develop so that children and young people are supported in becoming healthier. The intention is to tackle lifestyle through the Curriculum, through the Healthy School Programme and through policies on what children and young people eat in schools, for example, and on a full range of opportunities for promoting physical activity and sport. A web portal [www.teachernet.gov.uk/healthyliving](http://www.teachernet.gov.uk/healthyliving) has been launched to bring together a wide range of helpful resources for schools.<sup>17</sup>

**4.21** Access to organised sport needs to be improved and a range of affordable activities to suit all ages and abilities needs to be provided throughout the year. Local authorities have a key role in providing safe and accessible outdoor play spaces and other recreational facilities. An increasing number of schools are working together in school sport partnerships (as a response to the national strategy) to increase opportunities. Working towards this standard will help to meet two national targets: one, set by the Department of Culture, Media and Sport (DCMS) to, by 2008, increase the take-up of sporting activities by adults and young people aged 16 and above from priority groups by increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three times a week. The second is a joint DfES/DCMS target to enhance the take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children in England who spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum increases from 25% in 2002 to 75% by 2006 and to 85% by 2008, and to at least 75% in each School Sport Partnership by 2008.

Children and young people have access to confidential, accessible and supportive health services that may be made available as part of the DfES Extended Schools programme.

Primary Care Trusts, with their Local Authorities and Children's Trusts, support schools in becoming part of the Health Schools Programme, and work towards achieving the objectives outlined in the Healthy Living blueprint for schools.

Personal, Social and Health Education (PSHE) and citizenship policies and programmes are developed. They are informed through consultation with the whole school community - parents, pupils, staff, governors and external partners. These programmes, in line with (and with support from) the Healthy Schools Programme, in partnership with school health teams, bring together policies on:



- > Strengthening awareness of safety and emotional health and well-being, including tackling bullying;
- > Healthy eating, healthy weight and physical activity;
- > Drug education (including alcohol, volatile substances and other drugs, and tobacco);
- > Responding to, and managing drug-related incidents;
- > Provision on other health related matters, such as injury prevention; bullying (following the best practice set out in the DfES Anti-bullying pack at [www.dfes.gov.uk/bullying/pack/02.pdf](http://www.dfes.gov.uk/bullying/pack/02.pdf)) and bereavement;
- > Sex and relationship education, and
- > Staying safe in the sun.

Where appropriate, these issues are also addressed within the general curriculum.

A 'Whole School' or 'Whole Setting' Approach is taken to health promotion in schools, to improve diet and nutrition and activity levels which includes:

- > Ensuring minimum nutritional standards are met, where applicable, and monitoring the nutritional quality of meals in early years settings and schools;
- > Raising parents' awareness of their entitlement to claim free school meals, and implementing "smart card" schemes and other initiatives to reduce stigma and promote greater take-up;
- > Raising parents' awareness of nurseries' ability to claim reimbursement for provision of free milk or fruit through the Healthy Start scheme;
- > Taking action to 'de-brand' the school environment and to follow guidance on commercial activities in schools (including voucher schemes, vending, taste testing and classroom materials);
- > Encouraging schools to implement the School Fruit and Vegetable Scheme to provide a piece of fruit daily to 4-6 year olds and look at ways to increase the intake of fruit and vegetables amongst children outside the scope of the scheme, for example, through fruit in tuck shops;
- > Walking to school with parent or as part of a 'walking bus'.

Local organisations take steps to ensure that each secondary school or college, and its cluster of feeder primary schools, has a named and appropriately trained school nurse to assess health needs and lead the delivery of effective public health programmes.

Children and young people who are overweight are referred to appropriate services, such as family-orientated therapy and exercise referred schemes.

Primary Care Trusts and local authorities ensure that local plans and services provide children and young people with a range of recreational facilities and opportunities to build physical activity into their daily lives (e.g. play schemes, "school travel plans"). These may need to be adapted for those in rural communities. Children and young people are involved in planning local activities and amenities.

Schools have strategies for helping children and young people to achieve at least sixty minutes of moderate intensity physical activity each day. At least twice a week, this should include activities that promote bone health, muscle strength and flexibility.

All agencies actively focus on children and young people who have not traditionally engaged in sufficient physical activity (e.g. teenage girls, minority ethnic groups). Disabled children and young people are able to participate as far as possible in the range of activities available to other children.

Every school has a school travel plan that addresses concerns about safety and health.

## **Health Promotion to Address Inequalities**

**4.22** All children, regardless of their background or social circumstances, have the right to receive services and information which gives them the maximum potential to grow up to be healthy adults.

**4.23** Children and young people born into poverty – those in disadvantaged groups or areas, including those living in temporary accommodation and those living in areas of high unemployment or in areas with fragile social networks - have worse health and social outcomes than those from affluent backgrounds. They are more likely to be born prematurely, have low birth weight, die in the first year of life, or die from an accident in childhood.

**4.24** In 2003, there were 3,145 deaths in infants under one, two in three of which occurred within the first 28 days of life<sup>18</sup>. The main causes of death were conditions relating to prematurity such as low birth weight, breathing difficulties and congenital abnormalities. There is a significant gap in rates of infant mortality between those people living in disadvantaged groups or areas, and other groups in the population – the socio-economic classification Class 3 (routine and manual) group was 16% higher than in the total population and 67% higher than in SEC Class 1 (managerial and professional group) in 2000-02. Infant mortality rate is also higher among certain minority ethnic groups. Deaths from injury and poisoning are more common in disadvantaged families.

**4.25** Marked differences exist in the prevalence of mental disorders among children and young people in different social classes, with the most disadvantaged (social class V) being three times more likely to have a mental health problem than those from families in social class I: 16% compared with 6%<sup>19</sup>.

- 4.26 There is also a social gradient associated with teenage pregnancy and daughters of teenage mothers are most likely to become teenage mothers themselves.
- 4.27 Similarly, although breastfeeding is associated with better cognitive development in childhood, less childhood obesity and a lower risk of cardiovascular disease, there are wide socio-demographic differences in the extent to which women breastfeed immediately after birth. A much higher proportion of women with partners in non-manual occupations breastfeed their babies. They are also less likely to smoke during pregnancy.<sup>19</sup>
- 4.28 Many disabled children have greater health needs than the rest of the population. They are more likely to experience mental health problems and are more prone to chronic health problems, epilepsy and, later in life, age-related diseases such as stroke, heart diseases, chronic respiratory disease and cancer. There is also an above average death rate amongst learning disabled younger people. *See Standard 8*



Primary Care Trusts and Local Authorities ensure that universal and targeted health promotion arrangements are in place, based on local health needs assessments and local health equity audits. These utilise creative approaches to engage children, young people and their families who have not traditionally engaged with services.

Health promotion strategies include or link to programmes to tackle the impact of poverty and the environment on children's health and well-being, in particular to:

- > Help parents find and stay in learning or work as appropriate, including access to high-quality, affordable childcare (for both pre-school and school age children) and child-friendly working practices;
- > Ensure families with low incomes are encouraged to take part in the Healthy Start scheme which provides local advice and support to eat healthily and vouchers to buy healthy food;
- > Ensure families with low incomes are supported to claim all benefits to which they are entitled;
- > Undertake targeted activity with groups especially likely to be living on low incomes and have greater health needs, for example, teenage parents and families with disabled children and those who are homeless;
- > Ensure as far as possible that accommodation allocated by local authorities to families with children is not damp or cold (in line with the cross-Government fuel poverty strategy [www.dti.gov.uk/energy/consumers/fuel\\_poverty/fuel\\_strategy.shtml](http://www.dti.gov.uk/energy/consumers/fuel_poverty/fuel_strategy.shtml)), has adequate space for play and privacy, and at least one working smoke alarm and a carbon monoxide detector, where appropriate;
- > Minimise environmental pollution, in residential areas and around early years settings and schools, and
- > Ensure equitable access to local leisure and recreational opportunities.

### Health Promotion for Children in Special Circumstances

- 4.29** Primary Care Trusts have a duty to improve the health of their whole population. This will require working in partnership with other key agencies. Priority needs to be given to children, young people and families living in special circumstances who may need targeted health promotion interventions. There are some children and young people who are not registered with a general practice and particular consideration will need to be given to identifying, reaching and providing for this population.
- 4.30** Health Equity Audits are a key tool in tackling health inequalities. They can be used by Primary Care Trusts in partnership with other agencies to target resources or implement changes in practice to tackle local health inequalities.

Local planning includes targeted promotion of the health and well-being of children in special circumstances, including those from refugee and asylum-seeking families, young people in supported housing and young carers. Primary Care Trusts work with other agencies to identify children and families who are not registered with a general practice, to ensure that they are known to services and that their needs are met.

Services are reviewed and developed with the involvement of children, young people and their families or carers.

Primary Care Trusts and Local Authorities work in partnership with other agencies to develop health promotion strategies (such as the *Healthy Care Programme*<sup>1</sup>) for all settings providing services for children and young people in special circumstances.

- 4.31** Children and Young People who are looked after by local authorities are amongst the most socially excluded groups. They have profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who are not looked after. For example, looked after children are five times more likely than their peers to have a mental health problem<sup>19</sup>. These needs, however, are often unmet, which results in these children and young people experiencing poor health, educational and social outcomes.

Local arrangements are in place to ensure that the Department of Health guidance on Promoting the *Health of Looked After Children*<sup>20</sup> is implemented.

The *Healthy Care Programme*<sup>1</sup> is used to audit and continually improve the health and well-being of children and young people looked after.

**4.32** Juvenile prisoners have higher rates of mental illness and levels of drug and alcohol misuse. They are at serious risk from self-harm, suicide and poor mental health. A significant proportion of these young people will previously have been looked after by a local authority. *See Standard 4*

Primary Care Trusts have arrangements in place to ensure access to appropriate local health services for juveniles and work in partnership with the Local Authority and the Prison Service to improve standards of health care and access for young offenders, including health promotion.

## **5. Training and Development**

All staff who work with or come into contact with children, young people and their families in all agencies have the common core skills, knowledge and competencies outlined in Standard 3.

Multi-disciplinary and targeted training programmes ensure that staff have the capacity, skills and knowledge to support effective delivery of local health promotion strategies.

Teachers and school nurses who are engaged in PSHE participate in the DfES continuing development programme that certifies effective PSHE teaching.

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- <sup>2</sup> HM Treasury *The Child Poverty Review* The Stationery Office 2003 [www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)
- <sup>3</sup> Department for Education and Skills *Every Child Matters* The Stationery Office. 2003 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)
- <sup>4</sup> Hall D. M. B and Elliman D. (Editors) *Health for All Children*, 4th Edition. Oxford: Oxford University Press 2003 [www.health-for-all-children.co.uk](http://www.health-for-all-children.co.uk)
- <sup>5</sup> 1979-1993 *OPCS Communicable Disease Statistics (Series MB2) Annual Review of Communicable Diseases; England and Wales*
- <sup>6</sup> NHS Immunisation Statistics, England 2002-03; Bulletin 2003/16, September 2003, National Statistics, Department of Health
- <sup>7</sup> Department of Health *The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people* August 2004
- <sup>8</sup> Department of Health *The Health Visitor and School Nurse Development Programme: Health visitor practice development resource pack 2001* [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>9</sup> Department of Health *NHS Improvement Plan- putting People at the Heart of Public Services* The Stationery Office June 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>10</sup> Modernisation Agency - *10 High Impact Changes for Service Improvement and Delivery* September 2004
- <sup>11</sup> Department of Health *Birth to Five* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>12</sup> Department for Education and Skills *Promoting Children's Mental Health in Early Years and School Settings* 2001 [www.dfes.gov.uk/mentalhealth/index.shtml](http://www.dfes.gov.uk/mentalhealth/index.shtml)



- <sup>13</sup> Department of Health *Health Survey for England 2002* Crown Copyright 2004  
[www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>14</sup> Office for National Statistics *Mortality statistics 2002, Injury and poisoning, England and Wales Series DH4 No. 27.* [www.ons.org.uk](http://www.ons.org.uk)
- <sup>15</sup> Department of Trade and Industry *24th (Final) Report of the Home and Leisure Accident Surveillance System (2000, 2001 and 2002 data)*
- <sup>16</sup> Office for National Statistics *National Child Dental Health Survey 2003 - Preliminary Findings* June 2004 [www.statistics.gov.uk](http://www.statistics.gov.uk)
- <sup>17</sup> Department for Education and Skills *Healthy living blueprint for schools* 2004
- <sup>18</sup> Office for National Statistics *Childhood and Infant Death in 2002* March 2004  
[www.ons.gov.uk](http://www.ons.gov.uk)
- <sup>19</sup> Office for National Statistics *The Health of Children and Young People*  
March 2004 [www.ons.gov.uk](http://www.ons.gov.uk)
- <sup>20</sup> Department of Health *Promoting the Health of Looked After Children* London:  
The Stationery Office. 2002

# Standard 2: Supporting Parenting

## 1. Introduction

1.1 The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs.

1.2 There are eleven standards, of which this is the second. They cover the following areas:

**Standard 1** Promoting Health and Well-being, Identifying Needs and Intervening Early

**Standard 2 Supporting Parenting**

**Standard 3** Child, Young Person and Family-centred Services

**Standard 4** Growing Up into Adulthood

**Standard 5** Safeguarding and Promoting the Welfare of Children and Young People

**Standard 6** Children and Young People who are Ill

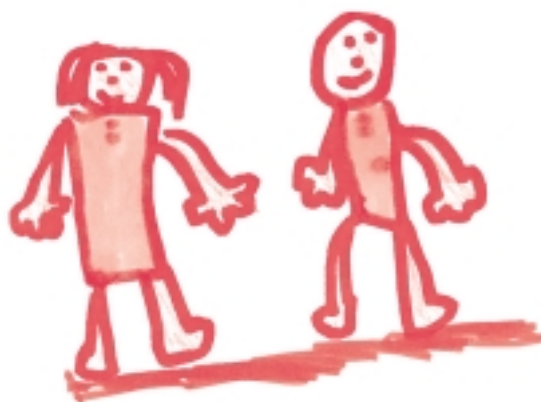
**Standard 7** Children and Young People in Hospital

**Standard 8** Disabled Children Young People and those with Complex Health Needs

**Standard 9** The Mental Health and Psychological Well-being of Children and Young People

**Standard 10** Medicines for Children and Young People

**Standard 11** Maternity Services



## **Vision**

### **We want to see:**

- > Parents or carers who are confident and able to bring up their children in a way that promotes positive health and development and emotional wellbeing.
- > Consistent information provided for parents or carers, which supports them in their role and is responsive to their needs.
- > Appropriate help and support provided for parents or carers who find it hard to access services and professionals.

## **Standard:**

**Parents or carers are enabled to receive the information, services and support that will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.**

## **Note on Terminology**

Throughout this standard and the whole National service framework, the term 'parents' has been used as shorthand to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person including, for example, those with responsibilities for looked after children and young offenders.

### Markers of Good Practice

1. Multi-agency working to support parenting is outlined in any local strategic and service plans.
2. Information and services to support parenting (by both mothers and fathers and carers) are available and coordinated through local multi-agency partnerships.
3. Support for all parents with pre-school children is available from early years settings including nurseries, Sure Start local programmes and Children's Centres.
4. Parents whose children are experiencing difficulties (for example, because of learning disabilities and/or difficulties or challenging behaviour) receive early support and evidence-based interventions; requirements for local provision are identified in strategic planning.
5. Collaborative arrangements are in place between services for adults and those for children and families to ensure effective joint assessment and support/treatment to enhance parent's parenting capacity and protect and promote the well-being and welfare of children.
6. Adults caring for looked after children have early, accessible, multi-disciplinary support.
7. Primary Care Trusts and Local Authorities ensure that local parents are involved in the planning and delivery of services, with representation from all local communities and groups.

## 2. Rationale

*“The bond between the child and their parents is the most critical influence in the child’s life. Parenting has a strong impact on a child’s education, behaviour and mental health”<sup>1</sup>*

- 2.1 Parenting has a strong influence on emotional and physical health and well-being in adult as well as child life. There is a growing body of evidence that the quality of care that babies and toddlers receive depends on the sensitivity, insight, attitudes and resilience of parents or carers.
- 2.2 Good, high-quality, timely support for parents as their children grow up is likely to improve outcomes for children and young people in terms of their health, social and educational development and well-being, as well as benefiting the parents themselves.
- 2.3 Parenting becomes even more challenging when parents are living on low incomes or disadvantaged in some way. Improving employment opportunities for parents, with adult skills training and the provision of pre-school and other childcare facilities, may enable them to break out of persistent low income and inter-generational cycles of deprivation. In order to support optimum social and emotional development of children, parental and non-parental childcare must provide learning opportunities within secure boundaries, providing the opportunity for the child to form attachments.
- 2.4 Research shows the significance of fathers in influencing their children's lives in a positive way. Children who have fathers living in the same household receive on average a third of their parenting from their fathers. Fathers’ availability to their children is of vital importance, as is their sharing in the wider responsibilities of parenthood.

## Interventions

### 3. Planning for Universal and Targeted Service Provision

- 3.1 Parents or carers may need access to services and professionals who will provide support at different points through their child's journey to adulthood. Planning for the provision of universal and targeted services and support will ensure that the needs of all parents or carers are met.
- 3.2 The private and voluntary sectors have an important role in providing support and advice, and delivering services to parents or carers. Partnership and integration between these organisations and health and social care professionals are required.

The objectives and arrangements for multi-agency working to support parenting are clarified in any local strategic and service plans. In planning services, Primary Care Trusts and Local Authorities ensure that provision is made for universal services and services which are targeted towards parents most in need of support.

Local planning, increasingly through Children's Trusts, ensures that *all* parents or carers are able to access universal services in various community settings and that arrangements in place for targeted services are clearly signposted and easily accessible from universal services.

Primary Care Trusts and Local Authorities engage with non-statutory agencies, volunteer schemes and peer support groups to complement mainstream services.

Staff offering services to children and young people are alert to the need to support parents and are able to refer them to appropriate agencies.

### Ensuring All Parents Receive Support

- 3.3 All parents or carers face times of challenge. Parenting is more difficult in some circumstances – for example, for those who are homeless or living in poverty, or for those who did not experience good parenting themselves. Efforts need to be made to engage with those families who do not regularly use services.

- 3.4 In addition to meeting the general needs of parents from disadvantaged backgrounds, it is important to consider the more specialised forms of support required by families in specific circumstances, such as support for parents with mental health difficulties or disabilities, or with substance misuse problems. Good collaborative arrangements are required between services for adults, where the adult is a parent, and children's services, in particular, where children may be especially vulnerable.
- 3.5 Accessibility planning will help eliminate some of the obstacles faced by disadvantaged groups in accessing services. Commissioners and providers of services have a key role in supporting and contributing to the accessibility planning process, including, for example, the development of local transport plans.

Health Equity Audits ensure that the needs of families who usually do not access services and where need is greatest within the population are addressed.

*See Standard 1*

Primary Care Trusts and Local Authorities ensure that adult services working with parents are able to refer parents experiencing difficulties to services that will support them in their parenting role. *See Standards 6, 8 and 11*

### **Supporting Fathers**

- 3.6 The role of fathers in parenting their children is frequently overlooked. Their contribution to their child's development and well-being is important. Good parenting by fathers can significantly promote their child's development, for example, positive involvement by fathers in their children's learning is associated with better educational, social and emotional outcomes for children including:
- > Better mental health;
  - > Higher quality of later relationships;
  - > Less criminality;
  - > Better school attendance and behaviour, and
  - > Better examination results.

- 3.7 This National Service framework supports a cultural shift in all service provision, to include fathers in all aspects of a child's well-being. See [www.fathersdirect.com](http://www.fathersdirect.com).

Primary Care Trusts and Local Authorities ensure that:

- > Parent support programmes include targeted provision of information and support to fathers as well as mothers;
- > Staff are trained in the importance of supporting fathers and have the skills for engaging with fathers as well as mothers.

#### 4. Universal Information and Education for Parenting

- 4.1 Parents need information to help them make informed decisions about the care of their children. Efforts should be made to ensure that consistent advice and information is given to parents across different care settings and agencies, and in forms that are accessible to all parents. *See Standards 1 and 3*  
As part of the Information Sharing and Assessment Programme, all Local Authorities should have an electronic 'service directory' covering all service providers in the area, which is accessible by practitioners, parents, children and young people.
- 4.2 While many common problems and childhood illnesses can be managed at home, parents need support and information to give them confidence and the ability to recognise potential complications or more serious problems.  
*See Standards 6 to 10*



The information provided locally to parents by health, education and social care agencies includes:

- > what becoming a parent might be like and what it will involve;
- > the importance of pre-conceptual folic acid, and promoting health during pregnancy;
- > not smoking during pregnancy and having a smoke-free atmosphere;
- > how to breastfeed and, where this is not possible, how to bottle feed safely; healthy weaning at the appropriate age;
- > reducing the risks of sudden infant death; accident prevention, reducing non-intentional injury and first aid and basic life-saving skills for children;
- > the importance of parents communicating with their babies from birth;
- > how to nurture babies and children, set appropriate boundaries and manage behaviour effectively;
- > healthy lifestyles, including skills and knowledge of the purchase and preparation of food to form a balanced diet, the importance of an active lifestyle and of maintaining a healthy weight;
- > what to expect at different ages, including emotional development, growth, puberty and child development;
- > the importance of creating play opportunities for learning;
- > how to create an effective learning environment at home from the early years, and how to engage effectively in a child's cognitive, emotional and social development and their education;
- > common allergies and how to manage allergic reactions;
- > a range of other health issues, including emotional health and well-being, bullying, sex and relationships, and alcohol, tobacco and volatile substance misuse and other drug use;
- > services to support parents and children through disrupted relationships and bereavement;
- > how to promote and support independence as young people grow up;

- > how to access services for their children, how to discuss and/or respond to health and well-being issues such as sex and relationships, and alcohol, tobacco and drug use with their children and how to set boundaries effectively;
- > health, leisure/sports facilities, education and social care services and how to access them;
- > how mainstream or additional services meet the needs of disabled children, children with special needs and children in special circumstances;
- > the safe storage of medicines and volatile substances within the home, and
- > the legal concept of 'parental responsibility', and information which explains the rights of both the parent and the child.

See *Birth to Three Matters*<sup>2</sup>

Some of this information may be included in the Personal Child Health Record (*see Standard 3*). Guidelines and protocols based on evidence are available to support parents dealing with common problems and illnesses, including signposting local services.



- 4.3 Some parents (such as those with disabled children) may need more than information provision and will require more intensive support in the form of one-to-one or group-based parenting education programmes. Initiatives such as Healthy Start will provide an appropriate mechanism for delivering additional support on nutrition and health to disadvantaged parents, including teenage and lone parents.

Parents or carers with particular needs have access to high quality one-to-one or group-based parenting education and support which demonstrate the links between children and young people's health, their achievements and attendance at school, and their experience of a secure and supportive home life.

*See Standard 8*

## 5. Supporting the Parenting of Pre-School Children

*“Children who were judged secure with mother in infancy are found to be more co-operative, more empathic, more socially competent, more interested in learning and exploration, and more self-confident than children who were judged insecure with mother in infancy. Significant group differences have been reported at least as late as 5 and 6 years of age”.*

- 5.1 The first few months and years of a child's life are an important period when children develop attachments and learn about emotional and social interactions. Securely attached infants are more likely to be healthy. Children who are not securely attached are likely to go on to develop significant social problems at school, be aggressive and have mental health problems.
- 5.2 Living in poverty and disadvantaged conditions such as unsuitable or temporary accommodation is associated with poor outcomes for children, including creating limitations on the quality of the relationship between the parent or carer and the child. Support for parents can help to mitigate the effects of disadvantage on their children. Patterns of attachment experienced by parents are likely to be experienced by their children and repeated through the generations.

- 5.3 The development of Sure Start local programmes has highlighted the importance of reducing the social isolation of parents, encouraging them to build supportive networks in their communities. Early years services, especially Sure Start local programmes and children's centres that have an integrated approach, provide opportunities to recognise and address the mental health needs of infants, thus supporting families before the emotional development of the child has been compromised. *See Standards 9 and 11*

Parenting education and family support services, including preparation for the birth and around the time of the birth, routinely include fathers.

Services supporting families caring for babies and infants focus on the young child's early needs and on optimising the quality of the relationship between parents and their child.

Support, focused on enhancing sensitivity, is provided for parents (mothers and fathers) in high risk groups for the first six months of the child's life, to improve attachment.

Screening and very early intervention programmes are devised as part of a multi-agency parenting support strategy that integrates approaches to pre-, peri- and post-natal care and parenting into a systematic parenting strategy that meets the whole family's needs. *See Standard 1*

All services for mothers and fathers and care-givers:

- > Focus on the relationship between the parent and the infant;
- > Are offered at an early stage when relationships are still being formed;
- > Provide support to parents, based on building their confidence and skills in caring for children; and
- > Address the wider environmental circumstances of the family including their socio-economic needs.

*See Standard 11*

## 6. Supporting Parents of School-Age Children

- 6.1 Good parenting, including active parental involvement in a child's learning (in the home, not just in school), is an important determinant of later educational success: the likelihood of educational failure is increased by lack of parental interest in learning and schooling.

Primary Care Trusts and schools actively engage parents to support their children in learning, in the development of life-skills, and in promoting their health. This includes support programmes for fathers as well as for mothers.

Schools provide information to parents at times of transition in their children's lives, such as the move from primary to secondary school. This includes information about child development and learning and behaviour, and where to obtain further help if needed.

### Support for Parents with Children with Behavioural Difficulties

- 6.2 Many children will demonstrate difficult behaviours as a part of their normal development. However, a significant number of children will have more serious problems, which will require targeted and/or specialist interventions.

*See Standards 1, 8, and 9*

- 6.3 The Green Paper *Every Child Matters*<sup>3</sup> emphasises the use of multi-agency and multi-disciplinary working to support children who have social, emotional and behavioural problems, and their families. This support may be provided through early years settings, schools or other mainstream children's services, including Special Educational Needs Co-ordinators and educational psychologists. Examples of existing multi-agency services working in partnership with schools include Behaviour & Education Support Teams (BESTs), Sure Start local programmes and Children's Centres.

- 6.4 BESTs work with children aged 5-18, their families and schools to intervene early and prevent problems developing further. They bring together a complementary mix of professionals from the fields of health, social care and education, and are strategically placed in targeted clusters of primary and secondary schools and in the community, alongside a range of other support structures and services. More information on BESTs can be found at [www.dfes.gov.uk/best](http://www.dfes.gov.uk/best)

Primary Care Trusts and Local Authorities ensure that a range of services is available to intervene early to support parents when a child is experiencing difficulties, and that referral mechanisms and protocols are in place. Services may be offered in settings such as early years settings, including Children's Centres, health centres and extended or full service schools.

Evidence-based parenting training programmes, focused on child behaviour management, are available in each locality with a focus on improving parenting, delivered by professionals with specific training in this area.

### **Family Mediation / Stress and Relationship Counselling**

- 6.5 Serious relationship conflict, divorce, starting a second or subsequent family and bereavement are all situations that can be difficult for parents, children and young people to manage. Parents in these situations may well require access to more specialised forms of support and advice, to enable them to cope effectively and to minimise the potential negative impact on their children. Types of support for parents might include couple relationship advice or counselling, family mediation and bereavement counselling, as well as information about services that can support their children through these difficult situations.

Primary Care Trusts, Local Authorities and the voluntary sector, working in partnership with service providers, ensure that local planning addresses the needs of parents who are experiencing problems as a result of disrupted relationships or bereavement. Provision includes services such as:

- > Relationship counselling;
- > Family mediation;
- > Bereavement counselling, and
- > Family therapy.

## 7. Supporting Parents of Teenage Children

- 7.1 Parents of children in secondary schools and beyond may require a very different level and type of support from those of younger children. A strong parent/child relationship is especially important at this stage. Supporting their offspring as they develop from dependent children in their journey towards adulthood can bring anxiety and frustration and present very different issues compared to the challenge of parenting younger children, for parents or carers experiencing this for the first time.
- 7.2 Moving to adolescence brings with it challenges for all families, and difficulties in differentiating between 'normal' teenage behaviour and behaviour that requires some intervention to prevent the young person from coming to harm. The parents or carers of those with additional and sometimes complex needs may find it more difficult and require additional support. *See Standard 4*
- 7.3 Parents will cope better if they have high quality information, including information about local services. This should give them confidence to talk openly with their children, to identify problems such as eating disorders, manage or prevent high risk behaviour such as binge drinking and substance misuse, sexual health and the use of contraception, and how to set boundaries.
- 7.4 Support for parents that is provided by primary care teams can include the provision of parenting guides, web-based materials, counselling, signposting local services including those provided by the voluntary sector, and making appropriate referrals to child and adolescent mental health services, drugs misuse or other appropriate specialist services.

Primary Care Trusts and Local Authorities work with Connexions to ensure that support is available for the parents or carers of young people experiencing difficulties.

Primary care teams are aware of the particular needs of teenage children and their families, particularly those who are vulnerable or in special circumstances.

Parents are provided with high quality general and specific parenting information in a variety of settings and accessible in a range of formats on local services and on all aspects of parenting adolescents.

## **8. Helping Parents Promote Resilience in Children and Young People**

- 8.1** Circumstances such as poverty, divorce, being bullied, sibling birth or being ill can put a child at risk of school failure or behavioural problems. Promoting resilience in children and young people will enable them to cope with such circumstances<sup>4</sup>.

Health, education and social care staff are knowledgeable about the factors that are known to increase children and young people's resilience, and ensure that assessments of a child's or young person's needs identify effectively the presence of factors that could reduce or strengthen a young person's ability to cope with life experiences.

Staff and services such as parenting education and support groups are available to inform, educate and support parents to enable them to promote resilience within the home environment.



## **9. Supporting Parents who have Specific Needs**

- 9.1** Families in which one or both parents have specific needs, such as mental ill health, learning or physical disability, chronic ill health, or a substance misuse problem may need additional support to help them in their parenting. Families who rely on their children as unpaid carers, need support to relieve the children of their caring responsibilities which can have an adverse impact on their development and life chances: approximately 149,000 children under 18 years provide unpaid care within their family.<sup>5</sup>
- 9.2** The stresses of parenthood can precipitate or exacerbate parents' difficulties. In some cases, children may be at risk of harm as a result of their parents' problems; substance or alcohol misuse, in particular, can lead to a chaotic lifestyle. Parents may welcome the opportunity to discuss with a health or social care professional the possible impact their difficulties might have on their children, and the additional support they may require. Subject to obtaining consent from the parent, there may be benefits in referring the child to an appropriate colleague or agency to assess the child's needs with a view to providing appropriate support. Where there are concerns that a child may be experiencing or is experiencing harm, the local safeguarding children procedures should be followed. In these circumstances, parental consent should be sought unless to do so would place the child at risk of harm.
- See Standard 5*

All professionals providing services to adults or children have ready access to information about what services are available locally for parents.

Professionals working in adult services appreciate the importance of identifying the patient's or client's role as a parent or carer. They are able to consider the impact of a parent's condition or behaviour on the child's development, the family functioning and their parenting capacity, with a view to signposting or referring to services to provide them with additional support.

Where professionals working with adults have concerns about a parent's capacity to care for a child or young person, and consider that the child is likely to be harmed or is being harmed, they refer the child or young person to social services or the police, in accordance with local child protection procedures. *See Standard 5*

All agencies where professionals offer services to adults have policies in place for safeguarding and promoting the welfare of children.

Services have dedicated "child and family areas" for both in-patient and out-patient services where appropriate e.g. mental health and substance misuse services settings. *See Standard 5*

Agencies have in place effective formal and informal collaborative arrangements between services for adults, children and young people, and families (e.g. by using designated sessions to facilitate liaison between services or using reciprocal secondment arrangements).

### **Parents whose Children have Specific Needs**

**9.3** Parents who are caring for a child with a terminal illness or long-term condition may also need additional support. They often face high levels of day-to-day stress and many have high levels of unmet need for support services. This can mean that they have a greater degree of stress and ill health than is experienced by other parents.

Parents are offered co-ordinated support services that meet their family's particular needs. *See Standard 8*

### **Parents who are in Prison**

**9.4** The importance of maintaining good family relationships is vital. Support is also needed by many prisoners to ensure successful reintegration with their families. During their time in prison, 43% of sentenced prisoners and 48% of remand prisoners lose contact with their families. There is already a commitment to parenting education in prisons, but these initiatives need to become more widespread and to take account of the importance of family learning.

Health and Local Authorities work in partnership with the prison and probation services to promote the maintenance of family relationships. This includes addressing:

- > the promotion of child and family visiting and other contact (unless to do so would put the child a risk of harm);
- > the provision of a suitable environment for family visiting;
- > the provision of parenting education within prisons, and
- > a family focus in resettlement plans for prisoners who are parents.

### **Teenage Parents**

**9.5** There is evidence that teenage parents and their children are more likely to be living in poverty, and that their children have an increased risk of poor health and social outcomes. The provision of effective services and support can influence these outcomes positively and help to break the inter-generational cycle of poverty and poor health.

**9.6** Sure Start Plus, a pilot programme aimed at improving outcomes for teenage parents and their children, is currently being evaluated. Interim findings suggest that teenage parents value and benefit from having a dedicated adviser who can advocate for their needs and broker access to other support services, and that this is a key ingredient of success.

- 9.7** Local authorities should also look to use the Care to Learn initiative which aims to give financial support to teenage parents (including fathers) who want to continue their education or training, or are returning to education or training and need help with the cost of their childcare.  
See [www.des.gov.uk/caretolearn/providers.cfm](http://www.des.gov.uk/caretolearn/providers.cfm)

Local planning includes the early identification and co-ordinated provision of support services for teenage parents<sup>6</sup> to ensure that young parents have maximum opportunity for educational attainment and a productive adult life. These include:

- > tailored maternity services to improve uptake of advice;
- > support to continue or re-engage with education/training;
- > access to affordable childcare through the Care to Learn scheme;
- > relationship support;
- > accommodation with support for those who cannot live at home or with their partners, and
- > encouragement to engage with a child's early learning.

Teenage mothers receive multi-agency assessment and targeted support services.

## **10. Supporting Adoptive Parents**

- 10.1** The Government's commitment to improve adoption support services reflects a recognition of the often difficult task taken on by adoptive parents in offering a permanent family to a child who cannot live with their birth family.
- 10.2** In addition to the family support services generally available, adoptive parents are likely to require targeted and/or specialist services, such as respite care, support with maintaining contact arrangements, counselling or mediation, as well as easy access to therapies and other services for their adopted children.

#### Local Authorities:

- > Review the provision of support services for adoptive families in their area with a view to providing a comprehensive package of support, provided directly, jointly with other statutory agencies, or commissioned from another provider;
- > Have written policies and procedures on adoption support available to all adoptive families;
- > Use the Assessment Framework to identify and meet the needs of adopted children and young people, and their adoptive parents, and
- > Work with Primary Care Trusts and NHS Trusts to ensure that health services for adoptive parents and their children are easily accessible.

## 11. Support for Adults Caring for Looked After Children

- 11.1** Adults caring for looked after children in foster placements or in residential establishments, including those in shared care arrangements, face particular pressures in striving for good outcomes for the children and young people they look after, and need support and training to respond to their needs. Most children and young people come into care because they have been abused or neglected, or because of family difficulties. These children and young people may have emotional and/or behavioural needs that are compounded by separation from their birth families and by moving between placements.
- 11.2** Foster carers and professionals working in children's and young people's residential establishments need to feel valued and to be provided with targeted and/or specialist support for their parenting roles, particularly in relation to supporting their learning and meeting any special needs.
- 11.3** Choice Protects was launched by the government in March 2002 in response to concerns about local authority provision of placements and services for looked after children. The overarching aim of Choice Protects is to improve outcomes for looked after children by helping local authorities to develop and commission high quality local placements for children in their care, both in foster placements and in residential care. See [www.dfes.gov.uk/qualityprotects/work\\_pro/project\\_7.shtml](http://www.dfes.gov.uk/qualityprotects/work_pro/project_7.shtml)

Primary Care Trusts and Local Authorities ensure that joint service planning addresses foster carers' and residential workers' need for fast track access, for themselves and the children and young people they care for, to specialist parenting support services. This includes:

- > CAMH services including advice and consultation;
- > Special educational needs services.

Carers are supported in developing strong links with schools and in supporting the education of the children and young people in their care.

Local authorities commission placements in line with the commissioning principles set out in Standard 3.

Health, social care and education services can demonstrate ongoing improvements in accessibility and delivery of multi-disciplinary support for adults caring for looked after children and young people.

Carers are supported in providing an environment which encourages improvements in the health and wellbeing of children and young people in their care, e.g. through working towards the *Healthy Care Programme*<sup>7</sup> ([www.ncb.org.uk](http://www.ncb.org.uk)).

## 12. Listening to Parents

12.1 Listening to the views of parents is one of the most effective ways of improving support services for them. *See Standard 3*

Primary Care Trusts and Local Authorities ensure that local parents are involved in the planning and delivery of services, with representation from all local communities and groups.

### 13. Training & Development

All staff who work with, or come into contact with children, young people and their families in all agencies have the common core skills, knowledge and competencies outlined in Standard 3.

Local training strategies are produced with the involvement of service users, and include appropriate multi-disciplinary training and education in supporting parenting, including parenting of children in special circumstances.

In delivering health and social care services to adults (particularly those with substance misuse or mental health problems), professionals find out about the parenting role of the adults caring for children, are able to support them, and direct them to additional and/or more specialist services if needed.

<sup>1</sup> Shonkoff J & Phillips D. (Editors) *From neurons to neighbourhoods: the science of early childhood development* Washington, DC: National Academy Press 2000 [www.books.nap.edu/books/0309069882/html/index.html](http://www.books.nap.edu/books/0309069882/html/index.html)

<sup>2</sup> Department for Education and Skills *Birth to Three matters* 2002 [www.surestart.gov.uk](http://www.surestart.gov.uk)

<sup>3</sup> Department for Education and Skills *Every Child Matters* The Stationery Office 2003 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)

<sup>4</sup> Social Care Institute of Excellence *SCIE Resource Guide RG04 Promoting resilience in fostered children and young people* Forthcoming publication 2004 [www.scie.org.uk](http://www.scie.org.uk)

<sup>5</sup> Office of National Statistics *Census 2001* May 2003 [www.ons.gov.uk](http://www.ons.gov.uk)

<sup>6</sup> Teenage Pregnancy Unit (Department for Education and Skills), Department of Health and the Royal College of Midwives *Teenage Parents: Who Cares? A guide to commissioning and delivering maternity services for young parents* 2004 [www.dfes.gov.uk/teenagepregnancy](http://www.dfes.gov.uk/teenagepregnancy)

<sup>7</sup> Chambers H., Howell S., Madge N. and Ollie H *Healthy Care Building an Evidence Base for Promoting Health and Wellbeing of Looked After Children and Young People* National Children's Bureau 2002. [www.ncb.org.uk](http://www.ncb.org.uk)

# Standard 3: Child, Young Person and Family-centred Services

## 1. Introduction

1.1 The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs.

1.2 There are eleven standards, of which this is the third. They cover the following areas:

**Standard 1** Promoting Health and Well-being, Identifying Needs and Intervening Early

**Standard 2** Supporting Parenting

**Standard 3** **Child, Young Person and Family-centred Services**

**Standard 4** Growing Up into Adulthood

**Standard 5** Safeguarding and Promoting the Welfare of Children and Young People

**Standard 6** Children and Young People who are Ill

**Standard 7** Children and Young People in Hospital

**Standard 8** Disabled Children Young People and those with Complex Health Needs

**Standard 9** The Mental Health and Psychological Well-being of Children and Young People

**Standard 10** Medicines for Children and Young People

**Standard 11** Maternity Services



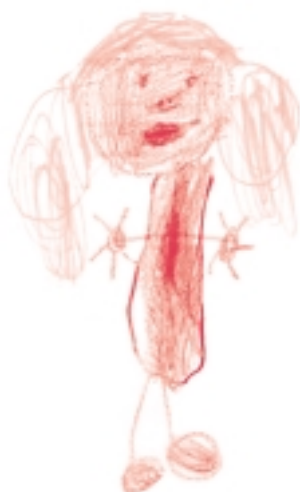
## **Vision**

### **We want to see:**

- > Professionals communicating directly with children and young people, listening to them and attempting to see the world through their eyes.
- > Children, young people and their families having equitable access to high quality, child-centred health promotion, prevention and care services, which are responsive to their individual developing needs and preferences.
- > The views of children, young people and families being valued and taken into account in the planning, delivery and evaluation of services.

## **Standard:**

**Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.**



### Markers of Good Practice

1. Every child, young person and parent is actively involved in decisions about the child's health and well-being, based on appropriate information.
2. Confidentiality and consent policies are developed and made explicit to children, young people and their parents.
3. Children and young people and their families have opportunities to access health and local authority primary care services, in a range of settings such as early years settings, especially children's centres, extended schools or drop-in centres.
4. There is an agreed process to plan local service provision in partnership and provide co-ordinated care.
5. Primary Care Trusts and Local Authorities work together with other agencies to develop a system so that information derived from an assessment of a child or young person and their family, can follow them and be accessible through their journey.
6. The views of children, young people and their parents inform the needs-based commissioning strategies, developed by Local Authorities and Primary Care Trusts and Children's Trusts.
7. Every organisation or service identifies a senior lead for children and young people to ensure that children and young people's needs are at the forefront of local planning and service delivery.
8. All staff working with children and young people receive training and are skilled in the Common core of skills, knowledge and competencies set out in this standard which enable them to communicate with children and young people and their parents, and assist them to achieve their full potential.

## 2. Rationale

- 2.1 Each child or young person needs to be seen as a 'whole', in the context of their family, carers, school, friends and local community. This should involve an understanding that, as children and young people grow up, their needs change.
- 2.2 For services to be effective, they need to respond to children and young people's individuality, developmental age and social circumstances and be co-ordinated around the child and family.
- 2.3 Children and young people and their families need to participate actively in designing services and in providing feedback on the care they received.
- 2.4 Services value diversity and plan to be inclusive for all groups of children, young people and their families who may be in the minority as a result of their culture, faith, race, ethnicity, sexual orientation, disability, geographical disadvantage such as living in rural areas, their social or family situation. To promote equity and reduce inequalities, professionals and services need to respect these differences and ensure equity of access to services which are appropriate for each individual.

### Box 1: Child-Centred Services:

- > Consider the 'whole child', not simply the individual problem or illness being treated;
- > Treat children as *children*, and young people as *young people*;
- > Are concerned with the overall experience for the child and family;
- > Work with children, young people and parents as partners;
- > Integrate and co-ordinate services around the child and families' identified needs;
- > Graduate smoothly into adult services at the right time;
- > Work in partnership with children, young people and their parents to plan and shape services and to develop the workforce;
- > Follow best practice in obtaining consent and respecting confidentiality; and
- > Ensure the child is seen and communicated with using their preferred communication method or language.

## Interventions

### 3. Listening and Responding To Children and Young People and Parents

- 3.1 Ensuring that the views of individual service users and the local population are sought and responded to is an increasingly important requirement of national and local government policy. The central theme of *The NHS Plan*<sup>1</sup>, as reiterated in the *The NHS Improvement Plan*<sup>2</sup>, is to design and deliver services around the needs of the person using them, with an emphasis on developing partnerships between patients and professionals. This means seeing services through the eyes of the child and family, and planning and delivering services according to their needs. Children have a right to be involved in decisions about their care (*UN Convention for the Rights of the Child, Article 12*<sup>3</sup>). The need to secure sustained national improvements in NHS patient experience by 2008 is a target in *National Standards, Local Action*<sup>4</sup> which specifies the need to ensure that individuals are fully involved in decisions about their health care.
- 3.2 Overview and scrutiny is a fundamental way for local councillors, as democratically elected community leaders, to voice the views of their constituents to decision makers and require them to listen and respond. This is particularly the case in relation to the power of health scrutiny that allows local councillors to scrutinise matters relating to public health and the NHS. Non-executive councillors are encouraged to look at both the services provided by their own authorities and issues of wider concern. Scrutiny of health issues should be in accordance with the statutory guidance issued by the Department of Health in July 2003.<sup>5</sup>
- 3.3 Particular efforts should be made to ensure that children and young people who are often excluded from participation activities are supported in giving their views eg. disabled children or looked after children. *The Healthy Care Programme*<sup>6</sup> (NCB 2002) promotes participation by children, young people and their carers in decisions about service development for looked after children.
- 3.4 Parents' views are important in determining local service provision and should be considered in planning and service development. The views and opinions of very young children should also be sought in appropriate ways.

- 3.5** Inclusiveness can be promoted by providing a welcoming and responsive environment for discussions with children, young people and their families, and ensuring that meeting times and locations are sensitive to providing local access, travel, childcare and other personal needs.

Professionals from all agencies adopt a systematic approach which enables children and young people to contribute to discussions about their needs, care or treatment during consultations or meetings and to express their views. This includes children with communication needs or who use non-verbal communication.

Local authorities use their overview and scrutiny role to scrutinise local health and social care issues of concern to children and their parents in accordance with the *Overview and Scrutiny of Health*<sup>5</sup> (DH 2003).

Children, young people and their parents participate in planning, evaluating and improving the quality of services. User participation follows the principles set out in *Learning to Listen: Core Principles for the Involvement of Children and Young People*<sup>7</sup>. Findings from user participation consultation, in all settings, are reviewed at Board level, reflected in improvements in services and are available to children, young people and their families.

NHS Patient Advice and Liaison Service (PALS) provide confidential assistance to children, young people and families in resolving problems and concerns quickly as well as explanations of complaints procedures and how to get in touch with someone who can help. PALS act as a focal point for feedback from children, young people and families and provide valuable information to trusts to inform service improvements.

Formal working arrangements are in place for the provision of link workers, advocates to support children and young people, interpreters and/or support workers for children in special circumstances or from minority groups, to represent their needs during individual consultations and on multi-disciplinary review and development groups.

**4. Respecting Children and Young People and Parents**

- 4.1 Children and young people and their parents are not always treated with respect, sensitivity, or courtesy. They have rights that are not always understood or respected. There are many children and young people whose needs may differ from the majority by reason of their race, culture, faith, ethnicity, sexual orientation, disability, social or family situation.
- 4.2 All children and young people require care and support which meets their developmental needs and provides them with the opportunity to achieve, or maintain, their optimal standard of health, development and well-being, regardless of their individual circumstances or those of their families and communities.
- 4.3 Respecting the role of parents is a significant part of providing services for children and young people. It is important to ensure that the views of parents are sought and their concerns responded to. As children mature, their changing needs are sometimes ignored - for example, their increasing concern for privacy and autonomy.

Primary Care Trusts and Local Authorities ensure that a wide range of communication strategies are used to obtain the views of children, young people and their parents and to respond to their needs. *See Standard 3*

Children and young people are offered choices wherever possible, for example, in the location of care or treatment, treatment options or the gender of the professional that they see. Play techniques can help children understand the options and exercise choice.

Children, young people and their families are informed about children's rights and are able to make a complaint where necessary, supported by an advocate where appropriate.

## 5. Information about Support and Treatment for Children and Young People and their Parents

- 5.1 In order for children, young people and their families to participate actively in their own health and social care, they need appropriate information about services, problems or specific health conditions and the choices which are available to them. Duties under the Disability Discrimination Act need to be taken into account when considering the provision of information in appropriate formats and language.
- 5.2 Information provision is a 'process' which will vary during the child or young person's journey. Information needs vary at different parts of the child or young person's journey. *See Standards 2 and 4*

Commissioners and providers of services for children work with other agencies to provide comprehensive information about all relevant local services for children, young people and their parents, including specialist and voluntary services. The material signposts all relevant local and national resources.

As part of the Information Sharing and Assessment Programme, all Local Authorities have an electronic 'service directory' covering all service providers in the area which is accessible to practitioners, parents or carers, children and young people.

Information is accessible in a range of community settings e.g. youth clubs, community pharmacies.

All information resources (both written and oral) for children and their families are sensitive to developmental, cultural, social and language differences and are available to the child or young person, as well as to the parent or carer. Specific provision is made for disabled children with high communication needs or who use non-verbal communication. Processes are in place to ensure that the information remains up-to-date.

Information about treatment and care is based on the best available evidence, and tailored to the needs, circumstances and wishes of the individual and family to allow for shared decision-making and development of self-management.

**6. Seeking Consent from Children and Young People for their Treatment**

- 6.1** Consent has to be explicit, treatment-specific and involve the child or young person. Developmental issues relating to competency should be considered. Standard 7, Children in Hospital, sets out advice on consent including the use of restraint. *See Standard 7 sections 3.21 to 3.24*
- 6.2** Staff have a duty to understand and meet their legal responsibilities towards the children and young people they are caring for (*Children Act 1989*). This includes the legal and ethical position on real or potential conflicts between the interests of the child or young person and those of their parents. *See Standard 7*

Organisations and professionals follow relevant legislation, government guidance and policy, and professional codes of practice on seeking consent.<sup>9, 10, 11, 12</sup>

Policies on consent in health and social care organisations address the needs of children and young people specifically.

Professionals are familiar with the concept of 'competence' in giving consent. Specific guidance on this has been issued by the Department of Health in the context of contraceptive, sexual and reproductive health services for young people under 16<sup>13</sup>. Consent policies include what to do when there is disagreement between a competent young person and their parents, and also address the situation where health care professionals believe that a particular treatment is crucial for a child but the child, young person, parents refuse to give consent.

Systems are in place to ensure that staff in all services are able to obtain legal advice regarding consent and the process for this is clearly understood. Services are provided in line with statutory guidance and makes it clear that in the context of protecting children from harm, it is the child whose interests are paramount.

*See Standard 5*



## 7. Improving Access to Services for Children and Young People

- 7.1 The ability of children, young people and their families to access services easily, depends on a range of social, economic and service specific factors.
- 7.2 Primary Care Trusts and Local Authorities are responsible for providing services for children and young people who are registered with primary care providers and are on school rolls. They are also responsible for those in their resident population or who are not registered with a primary care provider or do not attend school. This is a particular issue for looked after children, children who are under five years, travellers, children of asylum seekers and unaccompanied minors. A more systematic approach to ensure that all children are known to services is needed, to reduce the risk of children falling through the net.
- 7.3 Legislation will provide the framework for the establishment of information sharing systems that will facilitate the sharing of information between agencies about the children they are working with.



- 7.4 Specific effort is needed to ensure that accessible and good quality health services are available to all, particularly to children and young people in special circumstances. The provision of community-based services (including some traditionally provided in a hospital setting) can be effective in improving access for children and young people in rural areas (or with transport difficulties) or those who are reluctant to attend traditional services. Extended schools can provide community-based services: a significant increase in funding (2004) will further support schools to develop as extended schools and offer a range of services including health services. Services that extended schools might offer in partnership with others include those listed in Box 2.

### **Box 2: Services offered by extended schools**

Ante/Post Natal Provision  
Immunisation clinics/advice  
Parenting/family learning opportunities  
Family Support services  
Parent Education services  
Advice on accident/injury prevention  
Healthy Eating Clubs  
Speech and language therapy  
Sports/exercise opportunities  
Leisure services  
Counselling provision  
Stop Smoking Services  
Sexual Health Advice

- 7.5 Ensuring that high quality services are also accessible to children and young people who live in rural areas is an important factor in improving the delivery of services for children and young people. For example, the distance that families have to travel to access health services can have a negative effect on the health outcomes for children and young people from rural communities, as well as adding an extra level of stress and exertion.
- 7.6 Children or young people failing to attend clinic appointments following referral from their general practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy. It can equally be an indicator that a service is difficult for families to access or considered inappropriate, and requires reviewing.
- 7.7 National Standards, Local Action<sup>4</sup>, which sets out the Planning Framework for the NHS, sets out the access targets which apply to all ages groups including children and young people. *See Standards 6 to 11*



Local Authorities and Primary Care Trusts, working together, increasingly through Children and Young People's Plans and Children's Trusts, assess the needs of their local population of children and young people to ensure that their access requirements are being met. Primary Care Trusts take steps to ensure that all children are registered with a local primary care provider.

Strategies are in place to encourage access for those least likely to use services, e.g., children in special circumstances, families with disabled children or or children of disabled parents, and minority ethnic groups.

Primary Care Trusts and Local Authorities maximise the provision of health and social care services to children, young people and their families in accessible community settings, including early years settings, children's centres, extended schools and drop-in centres that are open outside school hours and term time to cater for working parents.

Planning ensures that children and young people and their families from rural communities have the same range of services accessible to them as their urban counterparts. The needs of those children and young people who are not in school and who may be the most vulnerable to health and emotional problems are also considered.

A local system is in place to identify children or young people who do not attend an appointment following a referral for specialist care, so that the referrer is aware they have not attended and can take any follow-up action considered appropriate to ensure that the child's needs are being met (which may include a home visit or telephone contact to find out, for example, whether the appointment is no longer necessary).

All NHS providers review their DNA rates for children and young people to ensure their services are meeting need.

## 8. Services which are Integrated around Children and Young People's Needs

- 8.1 For children, young people and parents, one of the greatest sources of frustration is the lack of integration between different services within an organisation or between organisations.
- 8.2 Whilst the majority of children and young people will generally need access to some health or social care services, those with more complex needs will require services from more than one agency, simultaneously or on an ongoing basis.
- 8.3 The highest degree of integration and co-ordination is required between agencies when a child or young person is suffering abuse or neglect and local safeguarding children procedures are being followed. *See Standard 5*

Primary Care Trusts and Local Authorities, work together, increasingly through Children's Trusts, to ensure that there is an agreed process to plan service provision in partnership, and to provide joined-up, co-ordinated care packages (e.g. through integrated child and family teams).

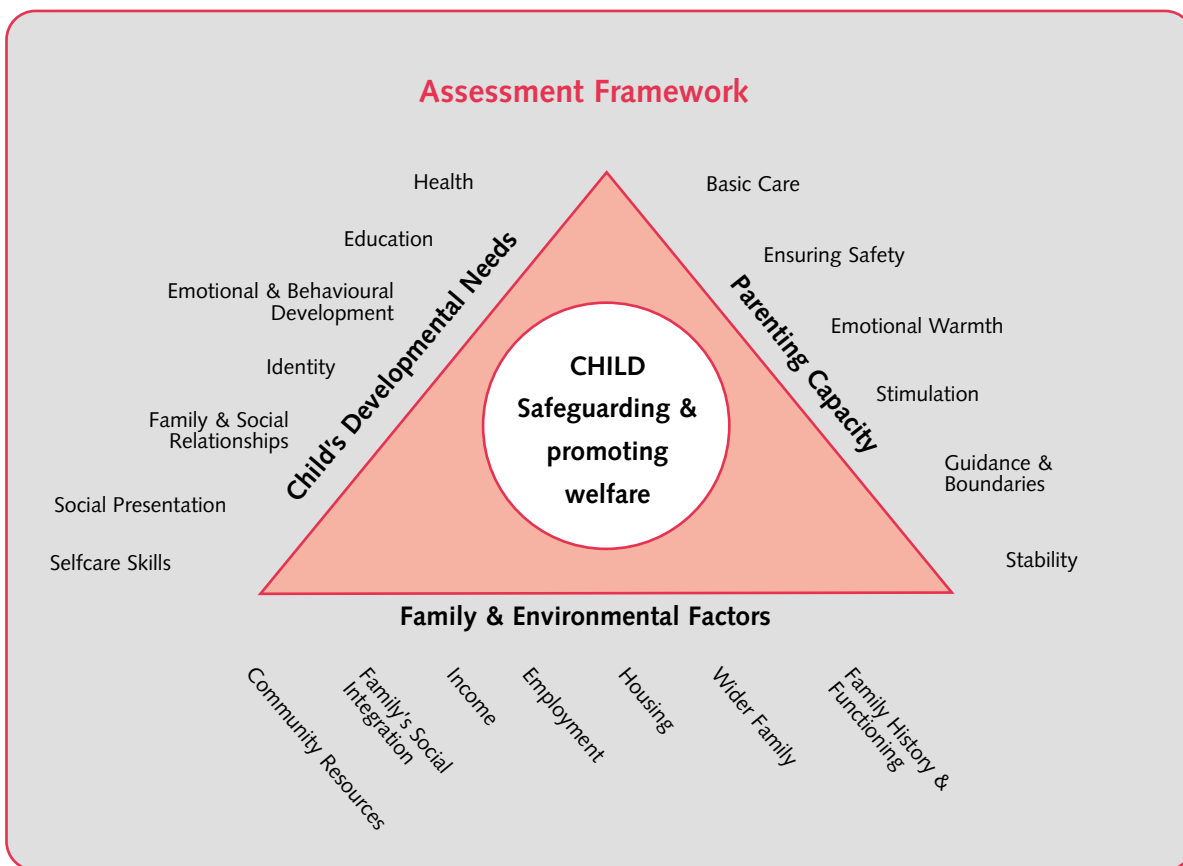
In order for agencies to work together effectively, there is local agreement regarding:

- > Common agreed outcomes across services and a system for auditing outcomes;
- > A common approach and commitment to planning and commissioning services;
- > A shared understanding about criteria for signposting and accessing a range of services, and
- > A shared information system which recognises the legal and ethical issues concerning confidentiality.

### **Assessment of Children and Young People to Safeguard and Promote their Welfare**

- 8.4** From birth, all children will become involved with a variety of agencies, particularly in relation to their health and education. A range of professionals, including midwives, health visitors, school nurses, nursery staff, general practitioners, teachers and Connexions workers will have a role in assessing children's general health, development and well-being through the different stages of the child's life. Social services, health and education professionals may also be required to provide more specialist assessments.
- 8.5** A Common Assessment Framework is being developed to help reduce the duplication between agencies and provide an assessment tool used across all professionals working with children. It aims to reduce the time spent in repeated assessments of the same child by different practitioners, encourage multi-agency working, provide a common language and initiate action where it is needed.
- 8.6** The Common Assessment Framework is in its development stage, but it is anticipated that it will bring the *Framework for Assessing Children in Need and their Families*<sup>14</sup> together with other similar frameworks in a way that encourages multi-agency working and supports the sharing of information between agencies.
- 8.7** The Framework for Assessing Children in Need and their Families<sup>14</sup>, which identifies children's developmental needs, their parents' capacity to respond to their needs and environmental factors (*see Box 3*), provides a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live.

### Box 3: Framework for Assessing the Needs of Children and their Families



8.8 The assessment is designed to be used for identifying need and planning care for children and young people in all settings and can be used as a basis for referral to more specialised settings. Where the assessment identifies concerns that the child or young person is at risk of harm, a referral can be made to social services or the police. *See Box 3 and Standard 5*

#### Box 4: Types of Assessment

**Common Assessment** – undertaken by staff in any of the agencies or organisations providing services for children, young people and their families (based on the Assessment Framework)

**Initial Assessment** – undertaken by social services staff - led by social services staff with the involvement of other professionals, the child and family

**Core Assessment** – undertaken by social services staff – led by social services with the involvement of other professionals, the child and family

**Other specialist assessments** – undertaken by health, education or other specialist professionals

Primary Care Trusts and Local Authorities work together with other agencies to

- > Use the forthcoming Common Assessment Framework to assess the needs of a child and their family;
- > Develop a clear referral process for specialist help;
- > Develop a system whereby information derived from the assessment about a child or young person and their family can follow them and be accessible through their journey;
- > Ensure that children and young people are seen and can participate actively in their own assessments. Family members are also actively involved in the assessment. The assessments always identify a child or young person's and their family's strengths as well as their needs and difficulties, and
- > Ensure all staff undertaking an assessment are competent in carrying out an assessment and are aware of the range of services that children and young people and their families may need to access.



## Sharing Information and Confidentiality

8.9 Where policies and services relating to sharing Information and confidentiality for children and young people are developed, they should be designed to achieve the objectives in Box 5.

### Box 5: The Objectives of Information Sharing and Confidentiality

- > To ensure that a child receives the most appropriate treatment at the right time;
- > To identify when a child has particular needs and to provide for those needs in order to promote the child's well-being and welfare;
- > To identify when a child might be at risk of harm and, therefore, in need of protection, and to ensure that appropriate action is taken promptly to safeguard that child;
- > To ensure that professionals maintain access to information about a child when he or she has been referred to another professional until they are satisfied that appropriate action has been taken;
- > To protect the rights of children, in statute and in common law, to make their own decisions about procedures and treatment and to have those decisions kept confidential by professionals. This is particularly important in the context of contraceptive and sexual health services<sup>13</sup>;
- > To protect the identity of third parties who make allegations of, or voice their suspicions about, child abuse or maltreatment of a child by parents;
- > To protect the statutory and human rights of a mother to confidentiality about the identity of the natural father of her child, subject to specific legislative requirements to disclose information on the identity of the natural father of the child;
- > To protect the statutory and human rights of natural and adoptive parents;
- > To secure better services for children by enabling information about them, suitably anonymised, to be used for monitoring activity and outcomes on a larger scale, and
- > To protect the rights of care professionals by ensuring that they act within the law when disclosing or not disclosing information in all circumstances.

**8.10** *The Data Protection Act 1989*<sup>15</sup> sets out the circumstances in which personal data and sensitive personal data may be lawfully processed. Both types of data may be shared without consent in accordance with a statutory duty. In other circumstances, personal data may also be shared where there is consent to do so (on a 'need to know' basis) and sensitive personal data may be shared where there is explicit written consent. Many agencies working with children and young people prefer to work with consent as the norm, even where it is not required under legislation, because this approach engenders trust, ownership and self-management. Seeking consent to share personal data, and explicit written consent for sensitive personal data, is the best practice approach in the first instance, but may not always be possible until a relationship has developed with the child, young person and/or family.

All relevant agencies share information on the basis of explicitly, informed and signed consent from children, young people and their families unless to do so would place the child or young person at risk of harm. All agencies have guidance for staff on when they may share information without having sought or obtained consent.

**8.11** *The Human Rights Act 1998*<sup>16</sup>, the *Data Protection Act 1998*<sup>15</sup>, the *Crime and Disorder Act 1998*<sup>17</sup> and the *Common Law Duty of Confidence*<sup>12</sup> enable agencies to share information without consent about children at risk of harm.

**8.12** The guidance for Caldicott Guardians<sup>18</sup> stresses the importance of having protocols for information sharing and protecting children, to ensure appropriate sharing of Patient Identifiable Information. Appendix 3 of *What To Do if You're Worried a Child is Being Abused*<sup>19</sup> addresses information sharing and promoting the safety of children under the *Children Act 1989*<sup>8</sup>.

In each local authority area, progress is demonstrated of action, in place across relevant statutory and voluntary agencies (including health, social care, education, police and probation) to:

- > Audit and improve information sharing practices, and introduce information sharing protocols between agencies, with particular attention to vulnerable children and children in need, and
- > Produce clear guidance for practitioners on how to seek consent to share information from children, young people and their parents, and when information may be shared, with and without consent.

Information Sharing and Confidentiality policies are clearly visible and professionals discuss the issues with children, young people and families, and have the skills to do this, including the ability to decide when information is appropriately kept confidential.

The permission of children, young people and their parents is sought, where appropriate, before sharing information with others, unless seeking this will place a child at risk of harm.

Health and social care organisations have Caldicott Guardians in place.

Health, social care, housing and education professionals demonstrate a responsibility to children and young people who move out of the area, and ensure that all necessary records have been transferred promptly.

- 8.13** Parents are generally given a Personal Child Health Record either in the ante-natal period, or as soon as possible after the birth of their child. This is a valuable record which records data such as the child's growth and immunisations, and can be supplemented with local information.
- 8.14** More detailed clinical information will be recorded on the child's NHS Care Record. The Personal Child Health Record may feed into the development of the NHS Care Record Service as this becomes available. The NHS Care Record Service, part of the National Programme for Information Technology, will provide a summary of all the child's clinical data and will follow them through from birth to adulthood. Information and guidance on the Personal Child Health Record as well as a version designed and recommended by the key professional groups may be obtained from [www.healthforallchildren.co.uk/pchr.html](http://www.healthforallchildren.co.uk/pchr.html)
- 8.15** The integration of information systems across health agencies, led by the Department of Health's National Programme for Information Technology (NPfIT), will facilitate the sharing of information, including the development and use by all agencies of common data items with common definitions to improve the transfer of data from one agency to another and to improve communications between agencies.

Primary Care Trusts introduce a Personal Child Health Record based on national guidance, supplemented by local information, compiled after local service user consultation.

All professionals understand how to use and update the Personal Child Health Record and young person held health record.

## 9. Quality and Safety of Care

- 9.1 Clinical governance in health services and best value/quality assurance in social services and education agencies are frameworks through which organisations can manage their accountability for maintaining high standards and continuously improving the quality of their services. Where possible these should be carried out jointly or co-ordinated. *See Standard 7*



All agencies ensure high quality services through effective clinical governance and quality assurance which includes:

- > Involving children, young people and their families;
- > Undertaking clinical audit or practice audits and monitoring outcomes;
- > Identifying and addressing the factors that are known to be linked to poor outcomes for children (including incorporating recommendations from national and local inquiries);
- > Effective allocation of resources;
- > Providing continuing professional development and supervision;
- > Implementing the findings from inspections of children's and young people's services, and
- > Self-assessment of individual services to identify and address areas for improvement.

Health, education, social care and other agencies providing services to children and young people have a clinical governance or best value/quality assurance lead to ensure continuous improvement in the quality of these services.

Health, education, social care and other agencies report regularly on the outcomes of their care or treatment practice audits or other quality assurance systems.

Systems are in place within all organisations to ensure that all staff who come into contact with children or who have access to information about children are checked by the Criminal Records Bureau.

**9.2** All organisations, which provide care for children and young people need to ensure the safety of their service users at all times. This includes ensuring a safe environment, developing systems to ensure safe practice and developing a culture of learning within organisations.

Primary Care Trusts and local authorities work with partners to ensure:

Systems are in place within all organizations to ensure that all staff who come into contact with children or have access to information about children are checked by the Criminal Records Bureau.

All agencies and organisations review the security arrangements for services they provide to children and young people to ensure that access is limited to those adults who need it.

All agencies and organisations providing services for children and young people have robust incident reporting systems; these are used to inform future delivery of services. *See Standard 7*



## 10. Planning and Commissioning

- 10.1 In each locality, Strategic Health Authorities, Primary Care Trusts and Local Authorities need to work together, and with other local strategic partners, to oversee the commissioning process. The process should include identifying the needs of the local population, by undertaking audits of equitable access, accessibility and outcomes across the area and consulting with all stakeholders, including children and young people, their parents, professionals, providers and the wider community; and planning, purchasing and delivering universal and targeted services accordingly.
- 10.2 Local Authorities and Primary Care Trusts in some areas will increasingly co-ordinate and integrate the planning, commissioning and delivery of local health and social care services and education through a Children's Trust.  
*See Setting the Scene*
- 10.3 A 'service mapping' methodology will be developed nationally to provide high quality information on community and hospital services for children and maternity. Children's Trusts, or similar commissioning partnerships, will be able to gather this information and other information in the course of local needs assessments; this will inform the Children's and Young People's Plan, which the Government is planning to introduce via the Children Bill.
- 10.4 When planning and commissioning services to improve service delivery, Strategic Health Authorities, Primary Care Trusts and Local Authorities should recognise the unique contribution the voluntary and community sector makes to local communities and the voice they give to local neighbourhoods. The sector can expand the range of local services, add value and significantly improve public service outcomes.
- 10.5 In 1998 the Government committed to facilitating partnership working between the public sector and the voluntary and community sector through the Compact on Relations between the Government and the Voluntary and Community Sector. Following from this, the Department of Health signalled its commitment to partnership with the strategic partnership agreement, *For the benefit of patients: a Concordat with the Private and Voluntary Health Care Provider Sector* (2000).



**10.6** *Making Partnership Work for Patients, Carers and Service Users: A Strategic Agreement between the Department of Health, the NHS and the Voluntary and Community Sector* (2004), brings together the principles of the Concordat with the recommendations of HM Treasury's Cross Cutting Review and the subsequent Futurebuilders fund that supports Government and NHS investment in voluntary and community sector organisations to increase their capacity for service delivery within the health and social care context.

In the context of Local Compacts and Local Strategic Partnerships, Strategic Health Authorities, Primary Care Trusts and Local Authorities support voluntary and community sector providers to move into mainstream service provision by :

- > Involving the voluntary and community sector in the assessment of health and service needs, and the planning of local services; and
- > Recognising the voluntary and community sector's ability to deliver some areas of services differently, with greater flexibility, and often better, than NHS organisations traditionally have done.

**10.7** The following sets out principles which may be useful in commissioning services to deliver the National Service Framework. Work is underway to further develop and agree these principles across government. They are likely to be published in final form in guidance following the Children Bill, as principles guiding all commissioning of children's services. More detail will be included in the National Service Framework and Change for Children delivery strategies.

Every organisation or service has an identified Senior Lead for children and young people to ensure that children and young people's needs are at the forefront of planning and service delivery.

Commissioners ensure that safeguarding children and promoting their welfare is at the heart of the commissioning strategy. The strategy should focus on enabling children to be healthy, stay safe, enjoy and achieve, make a positive contribution to the community and to society, and on their economic well-being.

Commissioning strategies empower children, young people, their families, carers and communities by reflecting their views about services and, where possible and appropriate, including representation from these groups in developing the strategy.

Primary Care Trusts and Local Authorities work with other agencies, increasingly through Children's Trusts, to ensure that commissioning decisions are based on priorities identified through health equity audits, and that services are targeted at the neediest communities.

The commissioning strategy is based on a comprehensive analysis of the current and anticipated future needs of the local population of children young people and their families taking into account the diversity of that population.

The commissioning strategy is developed through a multi-agency approach to ensure that services are provided both locally and, where appropriate, across a wider area to meet the needs of children and young people.

Commissioners develop strong and effective partnerships with the statutory, voluntary, community and private sectors to draw up a commissioning strategy and secure its implementation. Strategies take account of the need to ensure sustainability and build capacity where appropriate.

Commissioning strategies improve outcomes for children, young people and their families by providing a choice of high quality services to meet their different needs.

Commissioning strategies are developed on the basis of robust information about quality and cost-effectiveness of services.

Innovative commissioning and contracting is undertaken by professionals who have expertise in the specific children's service area which is being commissioned, together with staff who are skilled in contract negotiation and contract monitoring and management.

Joint commissioning strategies are developed across local and regional boundaries where appropriate to deliver services which meet the needs of the local population.

Priorities identified in Local Delivery Plans/social services plans for children are implemented through the development of local delivery strategies, focusing on, for example, health promotion and supporting parents.

## **11. Staff Training and Development**

**11.1** The health, social care and education workforce which provides services to children, young people, parents or carers is large and includes professionals and support staff from a wide range of backgrounds. As children and young people's needs differ from those of adults, so the knowledge and skills required by staff working with them requires specialist training. All staff should be well-led, supported and competent in knowing what actions to take to keep children safe.

**11.2** Training programmes to support these core competency areas should be based on the *Skills for Health* National Occupational Standards as these become available. Such training should be delivered as far as possible on a multi-professional and multi-agency basis to facilitate shared understanding and break down professional and cultural barriers. Primary Care Trusts and Local Authorities need to work with other local partners to develop local strategies to provide this training across agencies. In addition, where possible, these skills should be taught as part of pre-registration training programmes, foundation degrees and national vocational qualifications.

- 11.3** *Skills for Health* in collaboration with TOPSS has been commissioned to develop a UK-wide competence and skills framework for the children's workforce. The project is now in its second phase – see [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk). Skills for Health is the UK-wide sector skills council for health that aims to train the workforce so patients will have quick access to people who have the right mix of skills to suit their needs. *Skills for Health* is empowered by the Department for Education and Skills to influence education and training spend.
- 11.4** The strategy to ensure that there are the right numbers of staff with the right skills to deliver high quality services is driven by the *National Workforce Development Board* which oversees new workforce development arrangements. These will be designed to ensure full integration across staff groups and care providers, and across service, workforce and financial planning at local, regional and national levels.
- 11.5** DfES are developing a workforce reform strategy to improve the skills and efficiency of the children's workforce in liaison with local employers and staff. The strategy will review rewards, incentives and relativities across children's practice with the aim of moving towards a framework that fairly rewards skills and responsibilities, and ensures effective incentives to enable practitioners to stay on the front line.

Primary Care Trusts and Local Authorities develop staff training programmes to ensure that staff at all levels within organisations have a common core of skills, knowledge and competences which are appropriate to their responsibilities and degree of contact with children, young people and families.

A common core of skills, knowledge and competences may include:

- > Child and young person development (physical and psychological);
- > Safeguarding and promoting the welfare of children, including risk and protection factors;
- > Effective communication and engagement (listening to and involving children and working with parents, carers and families);
- > Supporting transitions (maximising children's achievements and opportunities and understanding their rights and responsibilities);
- > Multi-agency working (working across professional and agency boundaries), and
- > Sharing information.

Depending on their role, staff working with children may also need training to ensure that they are competent in the following areas:

- > Assessing children and young people's developmental needs and their parents' capacity to respond to their needs, in the context of their family and environmental factors including their school and community;
- > An understanding of the impact of disability on the child and family;
- > Understanding the specific needs of children in special circumstances and responding to their needs, including through referral and joint working;
- > Identifying the early signs of developmental disorders (such as autistic spectrum disorder and language disorder) and mental health problems (such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and deliberate self-harm);
- > Recognising inequalities and ethnic diversity and addressing them proactively;
- > Promoting healthy lifestyles and directing families to local services;
- > Issues of confidentiality and consent;
- > Record-keeping, and
- > Complaints, advocacy and rights.

- <sup>1</sup> Department of Health *The NHS Plan: A Plan for Investment – A Plan for reform* The Stationery Office July 2000 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>2</sup> Department of Health *NHS Improvement Plan - putting People at the Heart of Public Services* The Stationery Office June 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>3</sup> United Nations *Convention for the Rights of the Child* 1989 [Ratified by the UK government in 1991]
- <sup>4</sup> Department of Health *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>5</sup> Department of Health *Overview and Scrutiny of Health – Guidance* July 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>6</sup> Chambers H., Howell S., Madge N. and Ollie H. *Healthy Care Building an Evidence Base for Promoting Health and Well-being of Looked After Children and Young People* National Children's Bureau 2002 [www.ncb.org.uk](http://www.ncb.org.uk)
- <sup>7</sup> Children and Young People's Unit *Learning to Listen: Core Principles for the Involvement of Children and Young People* November 2001 [www.cypu.gov.uk/corporate/participation/coreprinciples.cfm](http://www.cypu.gov.uk/corporate/participation/coreprinciples.cfm)
- <sup>8</sup> Department of Health *Children Act 1989* The Stationery Office
- <sup>9</sup> Department of Health *Reference guide to consent for examination or treatment 2001* [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>10</sup> Department of Health *Seeking consent: working with children* 2001 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>11</sup> British Medical Association *Consent, Rights and Choices in Health Care for Children and Young People* December 2000 [www.bmjpg.com/consent/](http://www.bmjpg.com/consent/)
- <sup>12</sup> Department of Health *Confidentiality: NHS Code of Practice* November 2003 [www.dh.gov.uk](http://www.dh.gov.uk)

- <sup>13</sup> Department of Health *Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>14</sup> Department of Health, Department for Education and Employment and the Home Office *Framework for the assessment of children in need and their families* The Stationery Office 2000 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>15</sup> *Data Protection Act 1998* The Stationery Office
- <sup>16</sup> *Human Rights Act 1998* The Stationery Office
- <sup>17</sup> *Crime and Disorder Act 1998* The Stationery Office
- <sup>18</sup> Department of Health *Protecting and Using Patient Information – A Manual for Caldicott Guardians* March 1999 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>19</sup> Department of Health *What To Do if You're Worried a Child is Being Abused* The Stationery Office 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>20</sup> *The Home Office and the Compact Working Group: The National Compact* (November 1998)

# Standard 4: Growing Up into Adulthood

## 1. Introduction

1.1 The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs.

1.2 There are eleven standards in, of which this is the fourth. They cover the following areas:

**Standard 1** Promoting Health and Well-being, Identifying Needs and Intervening Early

**Standard 2** Supporting Parenting

**Standard 3** Child, Young Person and Family-centred Services

**Standard 4** **Growing Up into Adulthood**

**Standard 5** Safeguarding and Promoting the Welfare of Children and Young People

**Standard 6** Children and Young People who are Ill

**Standard 7** Children and Young People in Hospital

**Standard 8** Disabled Children Young People and those with Complex Health Needs

**Standard 9** The Mental Health and Psychological Well-being of Children and Young People

**Standard 10** Medicines for Children and Young People

**Standard 11** Maternity Services

## Vision

### We want to see:

- > Young people supported to make the transition to adulthood and to achieve their maximum potential in terms of education, health, development and well-being.
- > Young people taking responsibility for their own health and making informed choices and decisions regarding their emotional and social development, and health and well-being both now and in the future.
- > Services and staff who are able to respond in a sensitive way which encourages engagement and provides high quality support for young people.



### **Standard:**

**All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.**

### **Markers of Good Practice**

1. All services working with young people have policies and procedures which ensure that their confidentiality and rights are respected.
2. Young people are consulted in the planning and development of local services.
3. Services address targets for the reduction of teenage pregnancy, smoking, substance misuse, sexually transmitted infections and suicide through the provision of targeted and/or specialist services which are sensitive to young peoples' needs.
4. Young people in special circumstances receive targeted and/or specialist services to meet their needs which are easily accessible and of the same standard in all settings.
5. All transition processes are planned in partnership and focussed around the preparation of the young person.
6. Young people up to eighteen years of age with mental health problems have access to age-appropriate services.
7. All services for young people contribute towards assisting young people to take on increasing responsibility for their own lives.
8. Services seek to support parents, in particular providing information and advice on how they can appropriately support their child's transition to adulthood.

## 2. Rationale

- 2.1 Supporting young people and encouraging them to make their own way in life and take responsibility for their own actions and decisions is essential if they are to grow up into independent adults. Moving to adolescence brings with it challenges for all families.
- 2.2 Adolescence is a time when patterns of behaviour and use of services are developed and these tend to be continued during adult life making it an important time to promote engagement with advice and services. Young people want services which are flexible in approach and are responsive to their needs.
- 2.3 In contrast to all other age groups, mortality in this age group did not fall significantly in the second half of the twentieth century. The main causes of mortality in young people are accidents and self-harm, and there has been a record rise in suicides in young men. Morbidity in young people is commonly caused by chronic illness and mental health problems, with the risk of long term adverse consequences. There is a strong relationship between physical, mental health and good social functioning.
- 2.4 Young people with additional, and sometimes complex, needs such as mental health problems or disabilities may find it more difficult to make these transitions successfully and they and their families may require additional support. However, these young people often have experiences of poor support during their transition to adulthood. They need high quality, multi-agency support allowing them to have choice and control over life decisions and, in particular, to maximise education, training and employment and leisure opportunities with a view to living independently. High quality transition services should be delivered in a multi-agency context.

- 2.5 Parents often find the transition of their children towards greater independence difficult to manage effectively, and often feel it is the time when they are most isolated and are least supported in their parenting roles. Yet young people who have positive relationships with their parents, and whose parents are well informed about issues such as sexual health, drugs etc, are less likely to engage in risky behaviour, and are more likely to navigate the transition to adulthood more successfully. Services should seek to support parents more actively, particularly by providing information and advice.

## Interventions

### 3. Respecting and Involving Young People in Their Care

- 3.1 Until young people reach adolescence, they are normally presented to health services by their parents and have not had to access these services themselves. By the age of fifteen, half of young people want to see the doctor or nurse alone, just under a quarter with their parents, and just over a quarter with a friend. Young people need to be supported by professionals in learning to exercise autonomy and developing confidence in using services.

When requested, professionals enable young people to attend part of a consultation without their parents present, and offer encouragement to discuss lifestyle and psychological issues.

Wherever practicable, young people are offered choice regarding the gender of the professional that they see.

## Confidentiality & Rights

- 3.2 Confidentiality is one of the key issues that young people report influences their use of health services.

- 3.3 Concerns about the confidentiality of information held by their primary health care provider, together with lack of immediate access to primary health care services for those at school, college or work, may lead young people to use a range of other primary care providers (e.g. walk-in centres, school nurses, sexual health services, family planning services, community clinics etc.). Putting systems in place to ensure continuity of care is therefore particularly important when providing effective services for young people.
- 3.4 Young people of sixteen years or over are competent to consent to treatment even though they are under the legal age of majority (eighteen years) and may need to be assured of confidentiality in clinical consultations. Under this age, young people can consent to treatment if the health professional is satisfied the young person is competent to understand fully the implications of treatment options.

All health services develop policies which take account of the needs of young people, and include addressing issues of confidentiality, copying young people in to clinical correspondence or writing to the young person; and wherever possible, by the holding of personal health records by young people. *See Standard 3*

Health, education, social care and other services develop policies and good practice guidelines to be followed by all practitioners, on young people's rights and professionals' responsibilities for consent and confidentiality. These include:

- > Issues for confidentiality arising in relation to safeguarding/child welfare concerns;
- > The UN Convention on the Rights of the Child<sup>1</sup>;
- > The need young people may have for privacy from their parents as they get older;
- > UK legislation in relation to sharing of information about children and young people between agencies, and person-held records. *See Standard 3*

Health, education, social care and other services for young people produce, and clearly display, a confidentiality policy which makes clear the duty of confidentiality and care to young people, including those under 16, as set out in the Royal College of General Practitioners' *Confidentiality and Young People Toolkit*<sup>2</sup>. Staff are able to explain the implications of these policies to young people.

### Information for Young People

**3.5** Young people need access to information on healthy living, health services and other support services, to enable them to make informed decisions regarding their choice of lifestyle and to access appropriate services.

*See Standards 1 and 3 and 6 to 11*

**3.6** Duties under the Disability Discrimination Act need to be taken into account when considering the provision of information in appropriate formats and language.

Primary Care Trusts, Local Authorities and Connexions services ensure that young people have access to service directories providing comprehensive information about how to access health and social care services and education services and this is available in a range of settings used by young people. This information is produced in consultation with young people to ensure that the language, format and medium used are relevant and accessible to young people.

All staff working with young people are able to refer and support young people in accessing services.

Looked after children receive a copy of the Staying Healthy, Feeling Good<sup>3</sup> guide on what support is available from health and social care staff.



#### 4. Health Promotion for Young People

4.1 Five key health issues have been highlighted as particularly important for young people (aged 12 - 19 years). These are:

- > nutrition
- > sexual and reproductive health
- > mental health
- > injury
- > substance misuse.

4.2 Approaches to health promotion for young people may need to be different to those provided for adults and be appropriate for their stage of cognitive and social development. They may not appreciate the long term health consequences of lifestyle choices. Young people need to be engaged in developing a range of life skills and be supported to make informed choices, to minimise risks to themselves and to take responsibility regarding their health and well-being. *See Standard 1*

Primary Care Trusts working with partner agencies ensure that health promotion strategies in each locality address the particular needs of young people.

Young people are actively involved in planning and implementing health promotion services and initiatives.

#### Promoting Healthy Eating and Healthy Lifestyles

4.3 Young people can sometimes develop poor eating habits and find it difficult to make healthy choices in relation to food. From the age of 16, participation in physical activity and sport falls dramatically for both boys and girls. If lifelong benefits of an active lifestyle are to be maintained, it is important that young people do not stop doing exercise. *See Standard 1*

Primary Care Trusts and Local Authorities ensure that young people are provided with ongoing information and support to enable them to make healthy choices and instigate a 'culture' change in the way they think about and approach issues in relation to health and food.

Professionals caring for young people are able to recognise inappropriate eating habits such as the development of anorexia nervosa or bulimia and are able to make appropriate referrals if specialist help is required.

Local Authorities ensure that services implement an inclusive approach to physical activity that offers high quality experiences across a range of activities, reflecting the interests of teenage girls, as well as boys.

### **Sexual and Reproduction Health**

- 4.4** The UK has the highest rate of teenage births in Western Europe. 70% of teenage pregnancies are unplanned with almost 50% of conceptions in under-eighteen year olds ending in abortion. Although parenthood can be a positive experience for some young people, it may also bring a number of negative consequences for young parents and their children. Morbidity and mortality are significantly higher than for babies of older women; for example, infant mortality in this group is 60% higher than for babies of older women.
- 4.5** The Government is committed to reducing the rate of teenage pregnancies and this is reflected in the PSA target as set out in *National Standards, Local Action*<sup>4</sup> which sets out priorities for the NHS. The Department of Health national target on improving the health of the population sets out some of the current challenges which need to be addressed in this area. The sexual health areas which will be particularly relevant for Primary Care Trusts and their Local Authority partners to cover in their plans are: STI and HIV rates, holistic access times (covering both STI and reproductive health), and contraceptive and sexual health services provision.

- 4.6 There is also a strong association between deprivation and conception rates in young people. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to bring up their child alone and in poverty. There has been a general decrease in conception rates among most age groups. The exception, however, has been among girls aged 13-15 years; rates of conception in this group have remained static between 8-10 per thousand females, from 1990 to 2000. Looked after children and care leavers are also at higher risk of early pregnancy – 17% of young women leaving care are pregnant or are already mothers. Daughters of teenage mothers are more likely to become teenage mothers themselves<sup>5</sup>.
- 4.7 There is an increasing and disproportionate burden of sexually transmitted infections among young people. There is a ten year programme for investment and reform in sexual health services, published as the Government *National Strategy for Sexual Health and HIV*<sup>6</sup> in 2001. This strategy specifically identifies young people as a priority group for interventions. Between 1991 and 2001, the number of new episodes of sexually transmitted infections (STIs) among those aged under 20 in England, Wales and Northern Ireland doubled to 1.3 million.<sup>7</sup>
- 4.8 It is known that young people who are able to discuss sexual and reproductive health issues openly with their parents are less likely to engage in risky behaviour, are less likely to engage in sexual activity at a young age, and are less likely to conceive a teenage pregnancy. However, parents often find talking about these issues difficult. Parents need to be offered information and advice so that they can support their children most effectively in this area.



Primary Care Trusts and Local Authorities ensure that interventions to improve sexual health and reduce unwanted teenage pregnancies are identified in health promotion strategies, and informed by Government strategy.

Primary Care Trusts and Local Authorities reduce the under-18 conception rate by 50% by 2010 (from the 1998 baseline) as part of a broader strategy to improve sexual health (a joint DH/DfES PSA target).

Young people are informed of the risks of unprotected sexual activity, and of sexually transmitted infections and the potential consequences of teenage pregnancy.

Young people have access to confidential contraceptive and sexual health advice services which are tailored to meet their needs. These can be provided in a range of settings, including extended schools. For the provision of contraception to under sixteens, health professionals follow revised guidance<sup>8</sup> (2004). This includes rapid access to testing and treatment for sexually transmitted infections including blood borne viruses.

Young people have rapid access to emergency contraception, for example, through community pharmacy schemes, and walk-in centres.

Young women have early and easy access to free pregnancy testing, unbiased advice and speedy referral for NHS funded abortion or ante-natal care.

Primary care services, particularly general practice, deliver a comprehensive sexual health programme.<sup>9</sup>

Primary Care Trusts and local Authorities, in partnership with others, implement targeted approaches to reach specific groups of vulnerable or disadvantaged young people who are often excluded from mainstream services e.g. disabled young people and looked after children.

Primary Care Trusts and local Authorities provide advice and information to parents on sexual health so that they can support their children most effectively.

### Young People's Mental Health

- 4.9 The prevalence of mental health problems during adolescence is higher than in childhood and some, such as psychoses, anorexia nervosa and self-harm, are more likely to emerge during teenage years.
- 4.10 Between 1985 and 1995, there was an overall increase of 28.1% in teenage deliberate self-harm. Young people who are at risk of deliberate self-harm are often not identified and, as a result, their psychological problems may not be treated. Up to half the children and young people presenting with deliberate self-harm may suffer from a major depressive disorder. There is an increased risk of repetition and completed suicide following deliberate self-harm. Suicide is now the most frequent cause of death amongst men and the third most frequent cause of death among women aged 15 to 24 years. *See Standard 9*
- 4.11 Young people in special circumstances, such as those who are looked after by a local authority, in young offenders institutions, those with a learning disability, and unaccompanied refugees and asylum seekers, have much higher rates of mental health problems than young people in the general population.



Primary Care Trusts and Local Authorities ensure that planning addresses the needs of young people who self-harm. Services are available to help young people in crisis, provide follow-up support, and work in partnership with the family, the community and other service providers in order to address any underlying mental health problems.

There is a programme of mental health promotion in schools, Connexions services and other community settings through the provision of information, advice, counselling services and evidence-based interventions.

Young people with specific learning disabilities and mental health problems are identified and supported. *See Standards 8 and 9*

Staff in all agencies recognise the early signs and symptoms of distress which could lead to mental health problems in a young person and are competent to support and refer them.

Primary Care Trusts and Local Authorities ensure local systems are in place for referral to, and assessment by, child and adolescent mental health services for young people who are experiencing mental health problems.

Accident and emergency departments monitor the provision of specialist assessments for young people who present with self-harm.

## **Preventing Injury**

**4.12** Risk-taking is part of how young people work out their place in the world and develop their identity, and should be considered within the broad health and social context of young people's lives. Addressing risk-taking is particularly important for young people who are marginalised or vulnerable, particularly in the area of unintentional injury. For example, in England and Wales between 1989 and 1992, the accidental injury death rate for children in social class V was five times higher than for those in social class I. Between 1997 and 1999, 1,071 children aged 0-14 died of an unintentional injury in England and Wales, the majority of them - 66% - were boys. Road traffic accidents and drowning are the two most common forms of accidental death in this age group.<sup>10</sup>

Schools with support from other agencies support young people in exploring and managing risk and encourage less harmful behaviours through personal, social and health education (PSHE) and citizenship programmes as part of a 'whole school approach'. *See Standard 1*

Local Authorities reduce injuries to, and deaths of, young people through local initiatives such as action to reduce drowning, and traffic calming and careful siting of public play areas. *See Standard 1*

#### **Reducing Smoking and Substance and Alcohol Misuse**

**4.13** A national survey of young people published in March 2003 showed that:

- > 21 per cent of pupils had taken drugs in the last year, compared with 20 per cent in 2002 and 2001;
- > 9 per cent of pupils aged 11-15 years were regular smokers, a decrease from 10 per cent in 2002; and
- > 21 per cent of 11-15 year olds drink twice a week, an increase of 4 per cent on 1994; and those who are drinking are consuming almost 10 units per week, compared with 5.3 units in 1990.

**4.14** Drugs use has become increasingly common with many young people taking illegal drugs from an early age. *The National Drugs Strategy*<sup>11</sup> provides some key principles for substance misuse education and support. Working towards this NSF standard will help to meet the national target set by the Home Office to reduce the harm caused by illegal drugs (as measured by the Drug Harm Index encompassing measures of availability of Class A drugs and drug-related crime) including substantially increasing the number of drug-misusing offenders entering treatment through the criminal justice system.

**4.15** Parents often do not know how best to help their children avoid misuse of drugs. Services should seek to inform and engage parents as well as young people in drugs education and information strategies.

## Box 1. Principles for substance misuse education and support

Key principles for substance misuse education and support:

- > Drugs cannot be dealt with in isolation but addressed within the context of other issues that affect young people's lives;
- > Most young people's needs in relation to drugs and related issues should be met through mainstream children and young people's services;
- > Specialist support should be provided to vulnerable young people who have complex needs;
- > Young people are entitled to accurate and credible education, information and support, and
- > Adult treatment services do not work for young people. Young people need tailor-made support fully integrated within the wider provision of children and young people's services.

**4.16** Many children and young people use and experiment with alcohol, frequently from early adolescence. This may lead to young people taking unnecessary risks, leading to trouble and injury or death. The Alcohol Harm Reduction Strategy for England<sup>12</sup> sets out a range of measures needed for children and young people. These include:

- > Improvements to school-based alcohol education – to ensure that it addresses attitudes and behaviours as well as providing information;
- > Developing health promotion messages for young people whose misuse of alcohol may lead to risk-taking activities.

Primary Care Trusts and Local Authorities ensure that smoke-free policies are developed and implemented in settings for young people.

All Young people in school, including those in pupil referral units and alternative education, have access to education, informed by Department for Education and Skills guidance, covering all substances such as alcohol, tobacco, volatile substances and other drugs. *See Standard 1*

Primary Care Trusts ensure that information and advice helplines and services are provided for young people and their parents. This may include the national 'Frank' drugs information campaign (see [www.talktofrank.com](http://www.talktofrank.com)) which provides web-based information and a helpline.

Primary Care Trusts and Local Authorities ensure that information about local and national support services is clearly displayed and accessible to young people in a range of settings including young people who do not attend school. For example, leaflets are available at local leisure facilities highlighting the risks in taking recreational drugs or of drinks being spiked (and the subsequent risk of 'date rape').

A range of accessible services (including access to an NHS Stop Smoking Service, advice on the use of Nicotine Replacement Therapy (NRT) and supply of NRT if agreed with a health professional) is available in each locality to actively encourage young people not to smoke and to support them to stop smoking. Information is available to direct young people to local services, as well as the NHS Smoking Helpline and [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

Staff from all agencies are able to recognise young people who are misusing substances or alcohol or who are at risk of doing so.

Children and young people have access to a range of local prevention and treatment programmes delivered by appropriately trained and skilled practitioners and are provided with information about drugs (including volatile substances and excessive consumption of alcohol).

## 5. Access to Services

- 5.1 Young people need services which are age-appropriate and accessible. Issues such as the provision of confidential services (*see sections 3.2 to 3.4*), the location of services, and minimal waiting times are particularly important to this age group.
- 5.2 There are situations where providing specialist services/clinics for young people outside general practice may be advantageous. Achieving access to services with a low visibility to parents and the community as a whole – which young people say they want - often poses unique problems for young people, particularly those in rural areas or disabled young people who are reliant on school or parental transport.

Local Authorities and Primary Care Trusts ensure that appropriate services for young people are co-located with other services which are focussed on or relevant to young people, for example, holding a young people's drop-in health surgery in a leisure centre one afternoon per week, providing a 'One-Stop-Shop' or providing some services in schools.

Primary Care Trusts ensure that services are planned to assist access by young people often excluded from services by disability, poverty, ethnicity or sexual orientation.

Staff working directly with young people in all agencies are competent to identify those who are at risk of not achieving their full potential; agencies have locally agreed systems in place for assessing young people's needs, referring them for services and checking that the treatment or services they receive has a positive impact on their lives.

Young people in rural communities and those with particular needs are able to independently access services, for example, through satellite services and/or outreach professionals – e.g. sexual health nurses – who can link into other services such as youth projects. The provision of such services is guided by a needs assessment of local populations and links to rural transport plans.

Young people are consulted in planning about the appropriate location of services.

*See Standard 3*

### Primary Care Services

- 5.3** The needs of young people in primary care are not always addressed specifically. There is much that practices can do to meet their additional needs in terms of confidentiality (See 3.2 to 3.4 above), reassurance and support during adolescence, as well as the health promotion activities appropriate for adolescents. The issues for primary care document sets out what action by primary care providers is needed to meet the standards in this national service framework.
- 5.4** The Royal College of General Practitioners (RCGP) and the Royal College of Nursing (RCN) have developed an initiative to help improve young people's uptake of advice and support from general practice. *Getting it Right for Teenagers in Your Practice*<sup>13</sup> aims to help general practices review their service to young people and plan and implement improvements; it provides a checklist for practice audit and suggestions for action.

Primary care trusts have a lead professional to take responsibility for the development of services, joint working between agencies, and the maintenance of standards in the care of young people.

Primary care services for young people are informed by *Getting it Right for Teenagers in Your Practice*<sup>13</sup>.

### Young People in Special Circumstances

- 5.5** For some young people such as young offenders, those who are homeless, drug users, care leavers and others who may be marginalised, accessing services can be a problem. Young people who are looked after by a local authority may need to access services repeatedly in new locations. Following the *Promoting the Health of Looked After Children*<sup>14</sup> (DH 2002) guidance, the DfES funded *Healthy Care Programme*<sup>15</sup> (NCB 2002), will ensure that the healthcare needs of looked after children and young people are assessed and plans are implemented.



Primary Care Trusts and Local Authorities, working with others, ensure that the provision of health, social care and education services which young people in special circumstances access, is of the same high standard across the full spectrum of settings and circumstances in which young people find themselves such as, young offender institutions, prisons, hospitals, supported housing, psychiatric units, residential units and community services.

Arrangements are in place to engage with young people in special circumstances, including refugee and asylum-seeking young people, who are not registered with the NHS including general practice and dentist. These arrangements reflect strategies for providing continuity of care for all young people in special circumstances near to where they are living, including where this is a temporary arrangement.

Where young people in special circumstances need to register with a new healthcare provider, Primary Care Trusts work with other agencies to ensure that systems are in place so that important clinical information accompanies the child or young person and that there is continuity of health assessment and planning processes. *See Standard 3*

### **Educational Settings**

- 5.6** Educational settings provide good opportunities to promote access to health and well-being services. School staff and health professionals can often directly reach young people and provide details on services and access to them, which support and address young people with health-related problems.
- 5.7** Pupils, students and parents value health information which is given by health professionals in educational settings, as their special knowledge and skills gives them additional credibility. Teachers also value their support, particularly with young people who have emotional, psychological or mental health problems.

- 5.8 Young people who have left school and moved on to other educational establishments will also need support services. Young people in this age group have a range of health needs and may not access local health services.

*See Standard 1, Healthy School Settings*

Young people in school and further education have opportunities to discuss and learn about health and well-being issues through personal, social and health education (PSHE) and Citizenship in the curriculum, individual and group tutoring and targeted sessions delivered outside the classroom.

Every young person has access to a Connexions Personal Adviser, and confidential counselling if they want it.

Where colleges have students from more than one locality, Primary Care Trusts and Local Authorities develop a service level agreement to meet the needs of all the young people attending the college.

**6. Transition to Adult Services**

- 6.1 The transition from child to adult services can be a difficult time for young people. During this time there may be many changes in a young person's life. These include changes from child to adult services, from school to further and higher education, and from childhood dependency to adult responsibility. Ensuring that the transition process and the change in services run smoothly is important for all concerned. Currently when a young person is transferred from children's services, support and care can be poorly co-ordinated and patchy. Multi-agency transition planning for young people is key to providing high quality transition services. The Royal College have produced a report on healthcare for adolescents *Bridging the Gaps: Healthcare for Adolescents* (2003), which may be a useful resource. See also the British Medical Association Report, *Adolescent Health* (2003).
- 6.2 This is particularly important for disabled young people or those with a chronic illness including those requiring palliative care. *See Standards 6, 8. and 9*

- 6.3 Health and Social Services need to work closely with the Connexions service, which provide information and support for 13 - 19 year olds and helps them access and stay engaged with education, training and employment.
- 6.4 Connexions is able to offer both simple advice and guidance on options available and intensive support from a personal adviser to help them identify aspirations and barriers and broker a package of specialist support.
- 6.5 Youth Services provide informal personal and social education for young people. This helps young people to achieve their full potential by acquiring social skills, helping them to become responsible citizens and preparing them for the world of work. Youth Services also work with young people with particular issues to overcome such as alcohol and drug misuse, through individual and outreach work. A joint DH/DfES pilot Young People's Development Programme is showing how vulnerable young people can be engaged in health issues. See [www.dh.gov.uk](http://www.dh.gov.uk)
- 6.6 There are particular issues for young people with serious long-term medical conditions when:
- > Their condition has stabilised and they no longer have regular contact with a specialist, resulting in no planned handover; and when
  - > Appropriate services cannot be identified for them and they are transferred to an inappropriate service.
- 6.7 There are many possible models for organising transitions to adult health services which include jointly-staffed, dedicated adolescent clinics or parallel and joint clinics so that the young person does not have a sudden change in staff and the pattern of care delivery. See the Royal College of Nursing guidance, *Adolescent Transition Care: Guidance for Nursing Staff*.
- 6.8 Ensuring that relevant up-to-date clinical information is made available in the adult health service is key. The paediatric record will form an integral part of the NHS Care Record Service which will provide a summary of the child's clinical data and will follow them into adulthood *See standard 3*

- 6.9 *The National Service Framework for Mental Health*<sup>16</sup> recognised the importance of ensuring the smooth transition of care for young people from child and adolescent mental health services to services for adults. When the mental health care of a young person is transferred to services for working age adults, a joint review of the young person's needs must be undertaken to ensure that effective handover of care takes place. This should be incorporated into a care plan under the Care Planning Approach arrangements for adult services. *See Standard 9*
- 6.10 Current gaps in adult health services need to be addressed to make the transition to adult services easier for young people at risk from, or who have genetic diseases. Paediatric services for rare conditions are frequently more highly developed than adult services, making transition particularly problematic in areas where little adult expertise exists. There are two main reasons why these gaps exist:
- a) New treatments mean that for the first time, children and young people are surviving into adulthood where there is often an absence of, or limited services.
  - b) Young people will normally have experienced a more comprehensive approach to their problems through paediatric care, whereas adult services are frequently organ or system-specific. As many genetic diseases affect several organ systems, the co-ordination of adult medical care can be problematic.

Primary Care Trusts, Local Authorities and Connexions have agreed protocols detailing roles and responsibilities for co-ordinating transition process including schools, children and adults social services and health teams. This includes addressing their social and emotional needs as well as assisting with their educational career development. See [www.connexions-direct.com](http://www.connexions-direct.com)

All transition processes are planned and focussed around preparation of the young person rather than the service organisation. Young People and their families are actively involved in transition planning

Where relevant, Connexions Personal Advisers or Leaving Care Personal Advisers liaise with children's and other services to prepare the young person for transition to adult services.

All paediatric clinics have a written policy on transition to adult services which is the responsibility of a named person. *See Standard 7*

Policies on health services for young people are developed between agencies as appropriate, and ensure that:

- > Young people are not transferred fully to adult services until the supports are in place to enable them to function in an adult service;
- > Individual disciplines have clear good practice protocols for the management of young people's health during transfer to adult care;
- > General Practitioners are fully involved; and
- > Joint audit of local transitional arrangements is undertaken.

Young people in the 16-18 age group with mental health problems can access specific services including adolescent mental health services, linking to specialist drug and alcohol services, early intervention (in psychosis) teams and Youth Offending Teams.

Young people with complex health needs and/or long term conditions, such as sickle cell disease or cystic fibrosis, or disabilities, have access to expert, co-ordinated care planning which may involve clinicians from several specialties. *See Standards 6 and 8*

Young people with, or at risk of genetically determined disease have access to genetic counselling before they start a family and they are offered repeat or further counselling whenever necessary, according to individual circumstances.

### Supporting Looked After Young People Leaving Care

**6.11** Young people who have been looked after by a local authority often have to leave care and live independently at a much earlier age than other young people leave home; just over half move regularly after leaving care; and 20% experience homelessness in the two years after they leave care. Care leavers have lower levels of educational attainment and lower post-16 further education participation rates. They have higher unemployment rates, less stable career patterns and higher levels of dependency on welfare benefits; they enter parenthood earlier and they experience more mental health problems.

Primary Care Trusts and Local Authorities ensure that care leavers are supported to make successful transitions into young adulthood by:

- > Providing support appropriate to the care leaver's new, young adult status;
- > Making services flexible and tailored to the young person's needs;
- > Ensuring support is provided by a few professionals who are a consistent presence in the young person's life;
- > Ensuring that the support offered by employment and Connexions services meets the particular needs of care leavers;
- > Minimising barriers to accessing services by integration and co-location of services;
- > Facilitating the development of young people's informal support networks;
- > Helping young people to be informed about, and to access the range of benefits and support available to them on leaving care;
- > Helping young people to manage their finances;
- > Helping young people to take responsibility for their own physical, mental and emotional well-being, enabling young people to build on their resilience and self-determination; and
- > Continue to support young people in education or training after they have left care.

## 7. Training & Development

All staff who work with or come into contact with children, young people and their families in all agencies have the basic competencies outlined in Standard 3.

All professionals working with young people are confident in discussing sexual health and relationships issues, substance and alcohol misuse, adolescent mental health problems and signposting young people to relevant services.

All personal advisers, such as Connexions and leaving care advisers, are trained and supported to be able to provide young people with good quality advice on health and social care issues and make effective referrals to other, or more specialist, services for young people throughout school, sixth form/further education and into higher education or employment.



- <sup>1</sup> United Nations *Convention for the Rights of the Child* 1989 [Ratified by the UK government in 1991]
- <sup>2</sup> Royal College of General Practitioners *Confidentiality and Young People Toolkit* London: Royal College of General Practitioners and Brook 2000
- <sup>3</sup> Department for Education and Skills *Staying Healthy, Feeling Good* 2004 [www.dfes.gov.uk/qualityprotects/docs/SHFGsanspics.pdf](http://www.dfes.gov.uk/qualityprotects/docs/SHFGsanspics.pdf)
- <sup>4</sup> Department of Health *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>5</sup> Office of National Statistics *Census 2001* May 2003 [www.ons.gov.uk](http://www.ons.gov.uk)
- <sup>6</sup> Department of Health *National strategy for sexual health and HIV* 2001 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>7</sup> Office of National Statistics *The Health of Children and Young People* March 2004 [www.ons.gov.uk](http://www.ons.gov.uk)
- <sup>8</sup> Department of Health *Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health* 2004 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>9</sup> Medical Foundation for Sexual Health and Department of Health *Consultation on draft national Recommended standards for sexual health services 13 August – 8 October 2004* Medical Foundation for Sexual Health 2004 [www.medfash.org.uk](http://www.medfash.org.uk)
- <sup>10</sup> Office of National Statistics *Office for National Statistics mortality data*
- <sup>11</sup> Home Office *Updated Drug Strategy 2002* 2002 [www.drugs.gov.uk/NationalStrategy](http://www.drugs.gov.uk/NationalStrategy)
- <sup>12</sup> Prime Minister's Strategy Unit *Alcohol Harm Reduction Strategy for England* 2004 [www.strategy.gov.uk/output/page3669.asp](http://www.strategy.gov.uk/output/page3669.asp)



- <sup>13</sup> Royal College of General Practitioners and Royal College of Nursing *Getting it Right for Teenagers in Your Practice* Royal College of General Practitioners March 2002 [www.rcn.org.uk/members/downloads/getting\\_it\\_right.pdf](http://www.rcn.org.uk/members/downloads/getting_it_right.pdf)
- <sup>14</sup> Department of Health *Promoting the Health of Looked After Children* London: The Stationery Office 2002 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>15</sup> Chambers H, Howell S, Madge N. and Ollie H. *Healthy Care Building an Evidence Base for Promoting Health and Well-being of Looked After Children and Young People* National Children's Bureau 2002 [www.ncb.org.uk](http://www.ncb.org.uk)
- <sup>16</sup> Department of Health *National Service Framework for Mental Health* The Stationery Office September 1999 [www.dh.gov.uk](http://www.dh.gov.uk)

# Standard 5: Safeguarding and Promoting the Welfare of Children and Young People

## 1. Introduction

1.1 The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs.

1.2 There are eleven standards, of which this is the fifth. They cover the following areas:

**Standard 1** Promoting Health and Well-being, Identifying Needs and Intervening Early

**Standard 2** Supporting Parenting

**Standard 3** Child, Young Person and Family-centred Services

**Standard 4** Growing Up into Adulthood

**Standard 5** **Safeguarding and Promoting the Welfare of Children and Young People**

**Standard 6** Children and Young People who are Ill

**Standard 7** Children and Young People in Hospital

**Standard 8** Disabled Children Young People and those with Complex Health Needs

**Standard 9** The Mental Health and Psychological Well-being of Children and Young People

**Standard 10** Medicines for Children and Young People

**Standard 11** Maternity Services

## **Vision**

### **We want to see:**

- > Children and young people safeguarded from harm (maltreatment) and able to achieve their optimal outcomes throughout childhood, their teenage years and into adulthood.
- > Children and young people growing up in circumstances where they are safe and supported.

## **Standard:**

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.



### Markers of Good Practice

1. At a strategic level, agencies and professionals work in partnership with each other, service users and members of the local community, in accordance with their agreed ACPC (or its successor, the Local Safeguarding Children Board) annual business plan.
2. Agencies develop, implement and evaluate the effectiveness of policies, procedures and practices for safeguarding and promoting the welfare of children and young people including those concerned with the recruitment and management of staff.
3. Where there are concerns about a child's welfare, an assessment is undertaken in accordance with the *Framework for the Assessment of Children in Need and their Families*<sup>1</sup> and plans are made, implemented and reviewed which result in each child achieving their optimal outcomes. Children and families are actively involved in these processes unless this would result in harm to the child.
4. All staff are alert to the increased likelihood of harm being suffered by disabled children, or by those children who are living in special circumstances, whose needs may not be recognised by staff in statutory agencies and who, therefore, are 'invisible' to the system.
5. A broad range of integrated, evidence-based services are available to prevent children and young people from being harmed, safeguarding those who are likely to suffer significant harm, and address the needs of those children who have suffered harm, at the same time, providing support to their parents/carers.
6. Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work, implement systems which quality assure the services they provide or commission, and ensure their staff use effective systems to record their work with children and families.
7. Staff (at all levels) understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people and are appropriately trained to undertake these effectively.
8. All agencies have in place safe recruitment practices for all staff in contact or working with children.

These Markers of Good practice reflect the priorities identified in paragraph 11 in *Keeping Children Safe*<sup>2</sup>.

## **2. Rationale**

- 2.1** Children and young people, when asked what their priorities are, identify the overriding need to feel safe – safe in the street or to participate in normal family or school life without risk of danger. Sadly, not all children are able to do so. The importance of safeguarding and promoting the welfare of children and young people should be recognised in all settings, particularly educational settings where children spend much of their time. This responsibility includes settings providing services for adults who are parents/carers.
- 2.2** Children and young people want to be listened to and have their views taken into account when key decisions are being made about their lives. In working with children and young people, staff should listen to what they are communicating and act on their concerns in a manner that enables the child to fully participate in decisions affecting his or her life at the same time as ensuring his or her safety. Staff should be aware that children and young people may be extremely fearful of communicating about their abusive experiences.
- 2.3** All adults have a responsibility to ensure children and young people do not suffer harm. Services are required which will prevent children and young people from being harmed, safeguard those who are likely to suffer significant harm, and facilitate optimal outcomes for those children who have been harmed.
- 2.4** By ensuring that universal services, such as health, education and housing are accessible to all children, young people and families, and targeted services are provided to reduce the stress on particular families and in particular communities, the likelihood of possible harm to children and young people is minimised and they are able to achieve their optimal developmental outcomes.

- 2.5 The inquiry into the death of Victoria Climbié<sup>3</sup> highlighted the gaps in the competence of staff in statutory agencies, problems in identifying serious child protection issues and inadequate recording and management information systems. In order to provide an effective system for safeguarding and promoting the welfare of children and young people, agencies and staff need to work together in addressing these issues.

## Interventions

### 3. Prioritising Safeguarding and Promoting the Welfare of Children and Young People

- 3.1 At the strategic level, all agencies in contact with children and young people, including health, social services, education and housing, should work together, and with service users and members of the local community, to plan comprehensive and co-ordinated children's services which address the needs of all children and families living in their area.
- 3.2 At both a strategic and individual agency level, there should be a commitment to safeguarding and promoting the welfare of children which is reflected in local policies and procedures.



## **Strategy**

Local strategic partners identify children and young people's welfare as a priority and each constituent agency includes safeguarding and promoting children's welfare as a key priority area in their strategic partnership plan for children and the Children and Young People's Plan. The processes for developing these plans should also reflect this commitment.

All agencies ensure that the Area Child Protection Committee (ACPC) or its successor, the Local Safeguarding Children Board (LSCB), is effective in safeguarding and promoting the welfare of children and young people through the provision of adequate financial and human resources, senior management representation and adherence to its policies and procedures. (*Working Together to Safeguard Children*<sup>4</sup>)

Agencies work in partnership within the framework of Multi-Agency Public Protection Arrangements (MAPPA) to safeguard and promote the welfare of children and young people. (*Criminal Justice Act 2003*<sup>5</sup>; *The MAPPA Guidance*<sup>6</sup>.)

Senior management in all agencies demonstrates leadership, is informed about, and takes responsibility for the actions of their staff in providing services to children, young people and families which safeguard and promote the welfare of children.

Agencies have systems in place to safeguard and promote the welfare of children and young people in special circumstances i.e. those children whose needs are often not recognised or addressed by services – universal, targeted or specialist.

## **Promoting the welfare of children**

All agencies promote awareness, within the community and among professionals, of children and young people's rights under the *United Nations Convention on the Rights of the Child*<sup>7</sup> (in particular Article 19 – the right to be protected from harm) through public education campaigns, and training and supervision for staff at all levels within the organisation. The methods used to communicate with the public are sensitive to the cultures and languages of local community members.

### Legislation, Regulations and Guidance

**3.3** This National Service Framework reflects the principles in the *United Nations Convention on the Rights of the Child*<sup>7</sup> and, in particular, it takes into account the *European Convention of Human Rights*<sup>8</sup> (Articles 3 – no-one is subjected to inhumane or degrading treatment, and 8 - the right to respect, or private and family life). The obligations of the State to safeguard and promote the welfare of children and to assist families who need help bringing up their own children are laid down in legislation (*Children Act 1989*<sup>9</sup> and its *Regulations and Guidance*<sup>10</sup>). The Children Bill before Parliament forms part of the legislative framework to safeguard and promote the welfare of children. The Bill takes forward the Government's legislative commitments set out in the Green Paper *Every Child Matters*<sup>11</sup>, and *Every Child Matters: Next Steps*<sup>12</sup>.

All agencies have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are easily accessible by staff at all levels within each organisation.

These policies and procedures are informed by the policies and procedures of the ACPC or its successor, the LSCB, which in turn, are in line with legislation, regulations and government guidance.

All agencies have in place safe recruitment practices for all staff, including agency staff, students and volunteers, working with children. Where a criminal record review on employment is mandatory, these are undertaken routinely. *See Standard 7*

All agencies have in place comprehensive policies and procedures for addressing allegations against staff which take account of the recommendations from *Lost in Care*<sup>13</sup>, the inquiry into the abuse of children in care in North Wales.

All organisations have in place and promote robust complaints and whistle-blowing policies which are extended to all commissioned services. Agencies offer a guarantee to staff and service users that using these procedures appropriately will not prejudice their own position and prospects.



#### **4. The Impact that Abuse and Neglect have on Children's Development**

- 4.1** The abuse of a child - physically, emotionally or sexually - or neglect can have a serious impact on all aspects of the child's health, development and well-being which can last throughout adulthood. The immediate and longer term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours. As an adult, the individual can experience difficulties in forming or sustaining close relationships, establishing themselves in the workforce and/or developing the attitudes and skills necessary to be an effective parent. Health agencies, local authorities and governing bodies of schools and further education institutions have duties to safeguard and promote the welfare of children and young people set out in legislation.
- 4.2** The high cost of abuse and neglect both to individuals (and to society) underpins the duty on all agencies to be proactive in safeguarding children.

Strategic Health Authorities, Primary Care Trusts, NHS Trusts and Local Authorities and the governing bodies of both schools and further education institutions, including settings where staff do not have a specific role in relation to children and young people, have a duty wherever possible, to:

- > Promote children's welfare;
- > Prevent the impairment of children's health and development;
- > Prevent children from being abused or neglected;
- > Identify those children who are at risk of being harmed, or who are already being harmed;
- > Lead or contribute to child and family assessments, as appropriate, where there are concerns a child may have or has suffered harm;
- > Act to protect children from being harmed or from suffering further harm;
- > Provide services for children and their families where abuse or neglect has taken place or where action is required to prevent harm.

## 5. Agency Roles and Responsibilities

### Health Agencies

Strategic Health Authorities and Primary Care Trusts

- 5.1 Primary Care Trusts have a duty to improve the health of their whole population, which includes safeguarding and promoting the welfare of children and young people. Working with Local Authorities they should ensure that services are co-ordinated and integrated wherever possible and that information about children is actively managed. As commissioners of services, Primary Care Trusts are expected to ensure that arrangements are in place to safeguard and promote the welfare of children and young people, and that health services and professionals contribute to multi-agency working.
- 5.2 Strategic Health Authorities are responsible for performance managing Primary Care Trusts' arrangements to safeguard and promote the welfare of children and young people.

Primary Care Trusts demonstrate they are meeting their responsibilities to safeguard and promote the welfare of children in accordance with the *Children Act 1989*<sup>9</sup> and as set out in *Working Together to Safeguard Children*<sup>4</sup>, the *Framework for the Assessment of Children in Need and their Families*<sup>1</sup> and the letter from Jacqui Smith, then Minister of State for Health, dated 28 January 2002<sup>14</sup>. This includes:

- > The Primary Care Trust Chief Executive having responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively;
- > Providing the strategic health lead in inter-agency planning within the Primary Care Trust area;
- > Ensuring that health services and health care workers contribute to multi-agency working;
- > Ensuring that all health agencies with whom they have commissioning arrangements are linked into all ACPCs and in future to their successor, the Local Safeguarding Children Board, and that there is appropriate representation at an appropriate level of seniority;

- > Ensuring that clinical governance and audit arrangements are in place to assure the quality of services to protect children and young people from harm;
- > Identifying a named public health professional to input into issues which arise on children in need including safeguarding children and young people as necessary;
- > Ensuring they have in place named professionals (a nurse and a doctor) who take a professional lead within the Trust on safeguarding children and young people;
- > Ensuring they have in place a designated nurse and a designated doctor who have an over-arching responsibility across the Primary Care Trust area, which includes all providers;
- > Ensuring that funding is available to enable the named and designated professionals to fulfil their roles and responsibilities effectively, and also that funding is available to contribute to the ACPC's or its successor, the LSCB's, budget, as agreed in the business plan;
- > Including clear service standards for safeguarding and promoting children's welfare in all commissioning arrangements including in accordance with Standard 7;
- > Being accountable for their own safeguarding children processes and those undertaken by agencies with whom they have commissioning arrangements;
- > Ensuring that their staff and those in services contracted by the Primary Care Trust are trained and competent to be alert to potential indicators of abuse or neglect in children, know how to act on their concerns and fulfil their responsibilities in line with the local ACPC (or its successor the LSCB) procedures; and
- > Co-ordinating the health component of serious case reviews.

Strategic Health Authorities performance manage Primary Care Trusts' arrangements to safeguard and promote the welfare of children and young people.

Primary Care Trusts should also take steps to ensure that all families in their resident community who come to their attention who are not registered with a general practice are offered registration.

- 5.3** Timely intervention to safeguard children and young people who are being harmed requires accurate identification and a sound medical evaluation of the signs and symptoms of abuse or neglect. This depends on trained primary care professionals being able to refer easily, when appropriate, to paediatricians with appropriate knowledge and skills, and also for staff to have available the correct facilities and equipment to enable them to carry out their work effectively.

Primary Care Trusts ensure that all primary care teams have easy access to paediatricians trained in examining, identifying and assessing children and young people who may be experiencing abuse or neglect.

They also ensure that local arrangements including having the necessary premises, equipment and appropriately trained staff are in place for undertaking forensic medical examinations.

### **NHS Trusts**

- 5.4** Each NHS Trust is required to designate a named doctor and a named nurse who takes a professional lead in the Trust on safeguarding children matters. These named professionals have expertise in children's health and development, the nature of child maltreatment, and local arrangements for safeguarding and promoting children's welfare.

All NHS Trusts, other than those in 5.5, designate a named doctor and a named nurse for safeguarding children who provides advice and expertise for fellow professionals and other agencies, and promotes good professional practice within the Trust for safeguarding and promoting the welfare of children.

A named professional is responsible for conducting the NHS Trust's internal case review as part of a serious case review (except when she/he has had substantial personal involvement in the case and then it is the responsibility of the designated professional for the Primary Care Trust area).

### **Ambulance Trusts, NHS Direct sites and NHS Walk-in Centres**

**5.5** In the course of their work, ambulance staff have access to family homes, often in a time of crisis and they may identify initial concerns regarding children's welfare. Similarly, staff in NHS Direct sites and Walk-in Centres often have first contact with children and their families and may be best placed to identify concerns.

Each Ambulance Trust, NHS Direct site and NHS Walk-in Centre designates a named professional for safeguarding children.

### **Adult Health Services (Mental Health, Substance Misuse and Others)**

**5.6** Where parents have problems such as a personality disorder, mental illness, substance misuse, aggressive or violent behaviour, their children's health and development may be impaired and in some circumstances, their children may suffer harm. Domestic violence can also cause harm to children. For many women with a dual diagnosis of mental ill health and substance misuse, this may be a response to other problems, such as experiencing domestic violence.

*See Standards 2 and 11*



Where parents or carers have problems that result in them not being able to respond to their children's developmental needs, the safeguarding of children (including the unborn child) is a priority in any assessment or ongoing treatment of the parents. An assessment of the children's needs and their parents' capacity to respond to them is undertaken in partnership with social services.

Care programme meetings to plan the provision of mental health or substance misuse services for an adult should include consideration of the needs of any children and young people involved and possible risks of harm to them when making arrangements for in-patient visits, discharge from an institutional setting and their ongoing treatment.

All visits by children and young people to psychiatric patients must be demonstrably in the interests of the child or young person. Where visits are requested, the Guidance on children visiting psychiatric patients<sup>15</sup>, including those detained under the *Mental Health Act 1983*,<sup>16, 17</sup> is adhered to.

### **Hospital Services for Children**

**5.7** For additional information about services for children in hospital, see *Standard 7, Children and Young People in Hospital (DH 2003)*.

### **The Local Authority**

**5.8** The Government is introducing a requirement for local authorities to have a Children and Young People's Plan rationalising planning for education and children's social services and helping to safeguard and promote children and young people's welfare.

### **Social Services**

**5.9** Local Authority social services, working with other local authorities and health authorities, have a duty to safeguard and promote the welfare of children in their area who are in need and provide an appropriate range of services to promote the upbringing of such children, wherever possible, by their families. (*Children Act 1989*)

**5.10** For children in need, the support offered to them and their families by social services is intended to enable them to grow up and fulfil their full developmental potential. For most children in need, this means they can grow up safely within their birth family. Some children, however, may have to live away from home for a period of time, still others may be placed in an alternative family.

Where statutory action is required to safeguard and promote a child's welfare, social services takes lead responsibility but exercises this responsibility together with other statutory agencies, such as, health, education and housing, and independent agencies. This includes undertaking assessments, providing services and initiating family court proceedings under the *Children Act 1989*<sup>9</sup>.

Where it is considered that a child might be a child in need, social services takes lead responsibility for Initial and Core Assessments and ensures they are carried out in accordance with the *Framework for the Assessment of Children in Need and their Families*<sup>1</sup>.

With any adult referral, social services establishes whether the person has parenting responsibility for a child under 18, and ascertains whether services are required both to assist the adult in fulfilling these parenting responsibilities and also to assess and address the child's identified needs. (*Achieving Fairer Access to Adult Social Care Services*<sup>18</sup>). *See Standard 3*

Social services provides the lead professional role and has responsibility for the reviewing of care plans for children and young people who are looked after (*Children Act Regulations and Guidance*<sup>10</sup>), child protection plans for children whose names have been placed on the child protection register (*Working Together to Safeguard Children*<sup>4</sup>) and, where appropriate, children in need plans. (*Framework for the Assessment of Children in Need and their Families*<sup>1</sup>)

## Housing

- 5.11** Under the homelessness legislation, *The Housing Act 1996*<sup>19</sup>, Local Housing Authorities must secure suitable accommodation for people who become homeless through no fault of their own and who have a priority need for accommodation. In 2003, just over 61% of the total acceptances for accommodating were families with dependent children or a pregnant family member. Where families with dependent children are found to be intentionally homeless, the Housing Authority is required to notify social services so that the needs of the children can be considered.
- 5.12** In the course of their work, housing and homelessness professionals have access to family homes, in some cases, in a time of crisis. They are in a position to identify concerns regarding children and young people's welfare, which may be related to physical conditions within the home, the family's response to crisis or inconsistencies in history and information.

Local Authorities ensure that:

- > Housing and homelessness services identify a named professional for safeguarding children and young people;
- > The training that all staff receive is updated as part of the local multi-agency safeguarding children and young people training programme, and
- > Housing and homelessness services have agreed local procedures, developed in collaboration with other agencies, which identify the actions to be taken when staff have concerns that a child or young person's welfare or development may be being impaired or she/he is or may be at risk of suffering harm.



## Education

**5.13** Section 175 of *The Education Act 2002*<sup>20</sup>, which came into force on 1 June 2004, places a duty on Local Education Authorities and the governing bodies of both schools and further education institutions to safeguard and promote the welfare of children, and to have regard to any guidance issued by the Secretary of State in considering what arrangements they need to make.

**5.14** For Local Education Authorities, schools and further education institutions, safeguarding covers more than the contribution made to child protection in relation to individual children. Safeguarding responsibilities extend to pupil health and safety, bullying, fulfilling specific statutory requirements together with other issues, for example, arrangements for meeting the medical needs of children with medical conditions, providing first aid, school security, drugs and substance misuse about which the Secretary of State has issued guidance. There may also be other safeguarding issues that are specific to the local area or population.

All Local Education Authorities designate a professional with responsibility for safeguarding children.

All schools and further education institutions have in place a designated senior member of the leadership team taking the lead responsibility for safeguarding and promoting the welfare of children.

The designated person, the Head teacher, and all staff who work with children, receive appropriate training to assist them in fulfilling their responsibilities for safeguarding and promoting the welfare of children and young people.

All governors are encouraged to undertake training to assist them in fulfilling their responsibilities for safeguarding and promoting the welfare of children and young people.

The PSHE curriculum for children and young people includes informing them about how to keep themselves safe and how to ask for help.

## Health, Education, Housing and Social Services

### 5.15 Serious case reviews are conducted:

- > When a child dies, and abuse or neglect are known or suspected to be a factor in the death;
- > Where a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development, or has been subjected to serious sexual abuse, and the case gives rise to concerns about inter-agency working to safeguard children.

All services ensure that their staff are competent and confident to contribute to serious case reviews.

Agencies implement the findings from serious case reviews to improve services.

## 6. Recognising a Child or Young Person who requires protecting from harm

6.1 Safeguarding children and young people from harm depends upon staff being alert to signs and symptoms of abuse or neglect, high quality assessments and effective communication and sharing of information. Recording and communicating information in a clear and timely manner and systematically gathering information from a range of sources improve identification of children and young people in need or at risk of harm. *See Standard 3*



Local authorities, NHS Trusts and Primary Care Trusts ensure that where there are concerns about impairment to a child or young person's health or development, or where abuse or neglect is known or suspected, a timely and thorough multi-agency assessment is undertaken, led by social services. (*Children Act 1989*<sup>9</sup>; *Working Together to Safeguard Children*<sup>4</sup>; *Framework for the Assessment of Children in Need and their Families*<sup>1</sup>)

During the assessment, professionals ensure that the child is seen by social services and communications by all professionals are conducted in a manner which is appropriate for the child's age, developmental stage and method of communication.

This assessment brings together information from a number of sources, including from the child and family, which is then analysed and a judgement made about whether the child is in need, if he or she requires protection from harm, and what services are required to meet the child's identified developmental needs and provide support for the family. *See Standard 3*

## **7. Disabled Children**

- 7.1** Disabled children are at increased risk of being abused; the presence of multiple disabilities appears to increase the risk of both abuse and neglect.  
*See Standard 8*

Professionals who come into contact or work with disabled children are aware of their increased vulnerability to neglect and abuse, and respond to concerns about their safety and welfare. (*Assessing Children in Need and their Families: Practice Guidance*<sup>21</sup>)

## 8. Children in Special Circumstances

- 8.1 There are a number of children and young people who require a high level of co-operation between staff in different agencies but who may be 'invisible' to the system, or their needs not fully recognised by staff working in statutory agencies. These children are considered to be children in special circumstances. This includes children who are looked after or care leavers, children whose families are homeless, children exposed to domestic violence and the children of substance misusing parents. This is an illustrative list (*further details are given in Setting the Scene*) and all staff should be especially alert to the needs of these children. Children in need, including looked after children, may also be children in special circumstances.

All professionals in contact with vulnerable children and young people are aware of the need to identify and support children and young people who are not receiving the services they need, and make particular efforts in working together to support them.

### Children and Young People Abused through Prostitution

- 8.2 Staff in all agencies and, in particular, health professionals, social care staff, youth workers and teachers are in a key position to identify children who are at risk of, or are being abused through prostitution or other forms of sexual exploitation. Staff need to take action to safeguard them and to ensure that they are supported to achieve a lifestyle appropriate to their age and stage of development.

All professionals in contact with vulnerable children and young people are:

- > Able to recognise situations, and are competent to respond, when a child or young person might be involved in, or be at risk of becoming involved in, prostitution in line with the Government Guidance *Safeguarding Children Involved in Prostitution*<sup>22</sup>.
- > Aware of the new offence of commercial sexual exploitation of a child.

### **Mobile Children, Young People and Families**

- 8.3.** Travelling, refugee or homeless children, young people and their families may require specific consideration to ensure that services are accessible to them, and that services are provided in a manner which addresses their needs and facilitates their engagement.

Local authorities and Primary Care Trusts have systems in place for keeping their current knowledge of the profile of the local population; and for proactively identifying, assessing and supporting individual children, young people and families who are vulnerable but are not receiving services appropriate to their needs.

Local authorities, Primary Care Trusts and schools have in place programmes for raising awareness, in all agencies and the wider community, of the importance of identifying these groups of children and young people and offering them accessible services.

All staff are supported by local multi-agency systems and agreements to identify and refer these children, young people and families to appropriate services and monitor their outcomes<sup>23</sup>.

### **Children Living Away from Home**

- 8.4** Children and young people living away from home are particularly vulnerable to abuse both by adults and by their peers. Children and young people in foster care, residential homes, private fostering, in-patient health settings, residential schools, prisons, young offenders' institutions and secure units, can easily become isolated and may be unable to seek help.

All agencies with responsibility for children living away from home, have in place systems and practices to safeguard and promote the welfare of children, in line with legislation, regulations and guidance. (See especially the *Care Standards Act (2000)*<sup>24</sup>, and *Prison Service Order 4950*<sup>25</sup>)

Professionals caring for, or working with children and young people living away from home have clear guidance and training to enable them to identify inappropriate and exploitative adult-child and/or peer relationships and take action to ensure children and young people are protected from harm.

All settings in which children and young people are living away from home, have in place rigorously enforced anti-discrimination and anti-bullying strategies.

### **Young People in Prison**

**8.5** Social services departments' duties and responsibilities extend to children and young people who are in prison. In addition, the Prison Service has an obligation to safeguard and promote the welfare of children in its care and to reflect the principles and the spirit of the Children Act 1989<sup>9</sup>.

### **Children who are deliberately harmed through Fabricated or Induced Illness**

**8.6** There is unequivocal evidence that parents or carers can and do cause harm to children through inducing or fabricating illness in the child or young person.

If there are concerns that a child is being deliberately harmed through fabricating or inducing illness, the Government's Guidance '*Safeguarding Children in whom Illness is Fabricated or Induced*'<sup>26</sup> is followed.

## 9. The impact adult problems can have on children's development

- 9.1 Many families under great stress are able to bring up their children in a warm, loving and supportive environment in which the child's needs are met and they are safe from harm.
- 9.2 Parents' experiences of childhood abuse or neglect, domestic violence, mental illness, substance misuse, learning disability, being in prison, can have an impact on their children's health and development. This is particularly so when there is no other significant adult available to respond to the child's needs. Many children, whose parents experience these types of problems, will require additional help from statutory agencies and, in some circumstances, they will require protection from harm. Standard 2 focuses on supporting parents to enable them to fulfil their parenting roles successfully.

All practitioners working with children and families and with parents who are experiencing personal problems, should ensure that the needs of their children are assessed and that appropriate services are delivered to these children and their families.

### Domestic Violence

- 9.3 One in four women reports experiencing domestic violence and two women are killed each week by their partners or former partners.
- 9.4 Staff providing ante-natal services need to be alert to and competent in recognising the risk of harm to the unborn child – a third of domestic violence starts or escalates during pregnancy. Substance misuse is also a major issue in some instances, staff need to be aware of the possibility of multiple problems and their possible underlying causes. The most vulnerable women are more likely both to delay seeking care when pregnant and to fail to attend clinics regularly. *See Standard 11*

All staff working with women and children are alert to the relationship between domestic violence and the abuse and neglect of children, and that witnessing domestic violence also constitutes harm to a child or young person.

*(Children Act 1989)*

All staff are aware of and supported by a local multi-agency agreement on the thresholds for referral to social services in cases where there is domestic violence.

All practitioners are trained and equipped to include routine questions about domestic violence in all assessments, including ante-natal care. *See Standard 11*

**10. Services for Children and Young People who are At Risk of being or have been Abused or Neglected**

- 10.1 The cost of not providing treatment for a child or young person who has been abused or neglected is high. Some (but not all) children and young people who have been abused may go on to abuse other children.
- 10.2 Not all child victims are abused within the family: many are abused by trusted figures in the neighbourhood or when living away from home.
- 10.3 When a child or young person has been abused or neglected, there may often be a range of co-existing family-based difficulties such as domestic violence, parental mental illness, substance misuse and learning disability, which pose additional challenges for effective intervention.
- 10.4 The context within which abuse or neglect takes place can aggravate or protect against the impact of the harm. In addition, experience has shown that the way in which professionals respond to concerns about children's welfare has a significant bearing on subsequent outcomes for children.



- 10.5** Successful intervention with families where children are abused requires a comprehensive and well co-ordinated package of services which address the immediate and longer term needs of the children, young people and their family members. These include undertaking direct work with the children, the parents, the family and, where necessary, intervening in the wider family and local community.
- 10.6** An example of the broad range of services which are required to meet the diverse needs of these children and their family members is set out in the Framework for Effective Intervention (Appendix 1). These services should be delivered to a child and family in an integrated manner as set out in the child's plan.

Local authorities, NHS Trusts and Primary Care Trusts ensure that integrated services are available to respond in a co-ordinated manner to the assessed needs of children and young people and their families where a child has been or is at risk of being abused or neglected.

The types of programmes offered are based on best available evidence of what interventions are effective and are subject to regular audit, the findings of which inform future service provision.

## **11. Recording**

- 11.1** Each agency has a responsibility to ensure that staff who work directly with children, young people and their families record their work with children and families in accordance with their agency's recording policy and professional codes of practice.
- 11.2** As part of the supervision of individual staff working directly with children and young people, where there are concerns regarding possible or actual neglect or abuse of a child, the responsible manager reads, reviews and signs the child or young person's case file on a routine basis.

All staff maintain an accurate, clear record of their involvement with a child and family on a routine basis. The record is clear, accessible, comprehensive and contemporaneous with both judgements made and decisions taken carefully recorded. It is dated, signed and the person's name legibly written at the end of the record entry.

Social services ensure that information is recorded in accordance with the requirements set out in the *Framework for the Assessment of Children in Need and their Families*<sup>1</sup>, *Working Together to Safeguard Children*<sup>4</sup> and the *Children Act 1989 Regulations and Guidance*<sup>10</sup>.

All decisions and disagreements about specific decisions are recorded in children and young peoples' health, social care and/or education records as appropriate.

## 12. Measuring Outcomes

- 12.1 It is important that work with children and families is monitored and evaluated, and that aggregated information about children and families is used to enhance future work, to inform the planning of services and to inform users and other stakeholders.
- 12.2 The core information requirements for children's social services<sup>27</sup> set out what information should be collected from work with individual children in need and their families. The exemplars that support the *Integrated Children's System*<sup>28</sup> have been designed to enable information about outcomes for each child to be recorded and for this information to be aggregated for use when managing and planning services.



All services routinely audit and evaluate their work. The data collected is made available, in appropriate form, to practitioner, users and commissioners.

Resources, including administrative and practitioner time and IT equipment, are available so that routine evaluation of outcomes can be carried out in all services.

As a minimum, all services evaluate outcomes from the perspective of users (including, where possible, the referred child or young person themselves as well as key family members or carers) and providers of the service.

### **13. Quality of Care / Quality Assurance**

**13.1** All agencies, whether they are providing services for children, young people and their families, or services for adults with relationships with children and young people, are accountable for maintaining high standards and continuously improving the quality of services to safeguard and promote the welfare of children. *See Standard 3*

All agencies have in place robust information systems which enable them to monitor practice and the management of work with children and families to ensure their welfare is being effectively safeguarded and promoted.

All agencies have in place a programme of internal audit and review which enables them to continuously improve the protection of children and young people from harm or neglect. The information from these audits is included in the agency's report to the ACPC and its successor body, the LSCB. Policies, procedures and practice are refined or changed in the light of this information.

**14. Good Supervision of staff working with Children and Families, including monitoring of individual cases**

- 14.1** Consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people and should be seen to operate effectively at all levels within the organisation.

Agencies provide appropriate supervision to staff who work directly with children and young people and specifically in relation to cases where there are concerns about harm, self-harm or neglect of a child or young person. This includes the supervisor regularly reading the case files to review and record in the file whether the work undertaken is appropriate to the child's current needs and circumstances, and is in accordance with the agency's responsibilities.

**15. Training and continuing staff development**

- 15.1** One of the key elements of effective safeguarding and promoting of children's welfare is that staff in all agencies and services have a clear understanding of their individual and their agency's roles and responsibilities and are able to undertake these in an effective manner.
- 15.2** All agencies are responsible for ensuring that their staff providing services for children and young people and their families are competent to safeguard and promote children's and young people's welfare. Where there are concerns about a child's welfare, staff act appropriately, in accordance with legislation, regulation and government guidance, in responding to these and when taking action to safeguard and promote the child's welfare. All staff should have ongoing training – single and multi-agency - to ensure they are able to fulfil their responsibilities to safeguard and promote children's welfare. Training programmes should be tailored to address the identified needs of staff at different levels in the organisation and stages of professional development.

**15.3** Agencies should ensure that their staff know to whom they are accountable within their organisation and also externally, within partner agencies, in relation to the safeguarding of children and young people.

All staff who work with or come into contact with children, young people and their families have the common core of skills and competencies outlined in Standard 3.

Staff in all settings are competent to recognise indicators that a child or young person's welfare or development may be being impaired or she/he is, or may be at risk, of suffering harm. This is achieved through ongoing staff training, guidance and supervision.

All staff are alert to the messages (verbal and non-verbal) children and young people are giving them about their safety and welfare and know how to respond and communicate with them to establish their wishes and feelings. This includes children who have specific communication needs or for whom English is not their preferred language.

All settings should have staff who are competent to:

- > complete a nationally specified common assessment for a child or young person, and
- > working with social services, contribute collaboratively to a child in need assessment of the child or young person's developmental needs, and the capacity of their parents to respond to the child or young person's needs within the wider family and community in which they live.

Specialist single agency and multi-agency training is provided for designated and named professionals, child protection specialists, key workers and senior managers, governors and members with special responsibility for children and young people, to enable them to fulfil their responsibilities for safeguarding and promoting the welfare of children.

All agencies ensure that they resource their safeguarding and promoting the welfare of children responsibilities e.g. enabling staff to attend multi-agency and other specialised training.

**Appendix 1**  
**Framework for Effective Intervention**

1. Interventions can be aimed at children, parents or carers, families, local communities or at a national level i.e. at the whole of society, as a universal service or as a social policy. They can be provided to all children in order to promote well-being and prevent abuse; to children who, because of their circumstances, are considered to be unlikely to achieve their optimal outcomes, and to individual children assessed as in need.

	<b>Child</b>	<b>Parents/Carers</b>
Universal	<ul style="list-style-type: none"> <li>• Immunisation Programme</li> <li>• Junior Citizenship Programme</li> <li>• Connexions support</li> <li>• Health and education</li> <li>• Leisure facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Ante-natal classes</li> <li>• Guidance on helping children learn to read</li> </ul>
Targeted	<ul style="list-style-type: none"> <li>• School action for children with special educational needs</li> <li>• Children’s Fund</li> </ul>	<ul style="list-style-type: none"> <li>• Home visiting programmes</li> <li>• Parent education classes</li> <li>• Marital Counselling</li> <li>• Parenting Plus</li> </ul>
Specialist	<ul style="list-style-type: none"> <li>• Schools’ pastoral support programme</li> <li>• Play therapy</li> <li>• Multi-systemic approaches</li> <li>• Group work for sexually abused children</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive behavioural therapy</li> <li>• Child behaviour management</li> <li>• Foster carers’ training</li> </ul>

2. The information from an assessment, together with findings from research about the effectiveness of intervention(s) to address the identified need or difficulty, should be used to decide about the type, frequency and length of the planned intervention(s).

<b>Family</b>	<b>Community</b>	<b>Society</b>
<ul style="list-style-type: none"> <li>• Maternity and Paternity Leave</li> </ul>	<ul style="list-style-type: none"> <li>• Children’s Participation Programme</li> <li>• Community Safety Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible Child Care</li> <li>• Child Tax Credit</li> </ul>
<ul style="list-style-type: none"> <li>• Drop-in Centres</li> <li>• Family Centres</li> </ul>	<ul style="list-style-type: none"> <li>• Sure Start</li> <li>• Credit Unions</li> <li>• Community development projects</li> </ul>	<ul style="list-style-type: none"> <li>• Child support for divorced and separated parents</li> <li>• Parental leave arrangements</li> </ul>
<ul style="list-style-type: none"> <li>• Functional &amp; structured family therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Neighbourhood renewal</li> </ul>	<ul style="list-style-type: none"> <li>• Child welfare legislation e.g. Children (Leaving Care) Act 2000</li> </ul>

Adapted from Prillentensky and Nelson (2001) *Promoting Family Wellness and Preventing Child Maltreatment. Fundamentals for Thinking and Action*. University of Toronto Press, Toronto. In Department of Health (2002) *The Integrated Children’s System Consultation Document*. Department of Health, London.

- <sup>1</sup> Department of Health, Department for Education and Employment and the Home Office *Framework for the assessment of children in need and their families* The Stationery Office. 2000. [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>2</sup> Department for Education and Skills, Department of Health, Home Office. *Keeping Children Safe The Government's response to the Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding Children.* Cm 5861 The Stationery Office 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>3</sup> *The Victoria Climbié Inquiry.* The Stationery Office January 2003 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>4</sup> Department of Health, Department for Education and Employment, Home Office *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* The Stationery Office 1999 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>5</sup> *Criminal Justice Act 2003* The Stationery Office
- <sup>6</sup> Home Office (National Probation Service) *The MAPPA Guidance – Probation Circular 2512003* March 2003 [www.probation.homeoffice.gov.uk](http://www.probation.homeoffice.gov.uk)
- <sup>7</sup> United Nations *Convention for the Rights of the Child* 1989 [Ratified by the UK government in 1991].
- <sup>8</sup> *European Convention of Human Rights* 1950
- <sup>9</sup> Department of Health *Children Act 1989* The Stationery Office
- <sup>10</sup> Department of Health *The Children Act 1989 - Guidance and Regulations* The Stationery Office 1991
- <sup>11</sup> Department for Education and Skills *Every Child Matters* The Stationery Office 2003 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)
- <sup>12</sup> Department for Education and Skills *Every Child Matters: next steps* 2004 [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)
- <sup>13</sup> House of Commons *Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974 Lost in Care* HC 201 The Stationery Office February 2000
- <sup>14</sup> Department of Health Letter from Jacqui Smith, Minister of State for Health, to Chief Executives of Primary Care Trusts 28th January 2002.



- <sup>15</sup> Department of Health *Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric Patients by Children* HSC 1999/222; LAC(99)32  
[www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>16</sup> Department of Health *Guidance to local authority social services departments on visits by children to special hospitals* LAC(99)23 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>17</sup> Department of Health *Amendment to guidance to local authority social services departments on visits by children to special hospitals* LAC(2000)18  
[www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>18</sup> Department of Health *Achieving Fairer Access to Adult Social Care Services* LAC(2002)13 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>19</sup> *Housing Act 1996* The Stationery Office
- <sup>20</sup> *The Education Act 2002* The Stationery Office
- <sup>21</sup> Department of Health *Assessing Children in Need and their Families: Practice Guidance* The Stationery Office 2000. [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>22</sup> Department of Health *Safeguarding Children Involved in Prostitution – Supplementary guidance to Working Together to Safeguard Children* May 2000  
[www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>23</sup> Department for Education and Skills *IRT: Information sharing to improve services for children* 2003 [www.cypu.gov.uk/corporate/irt/downloads.cfm](http://www.cypu.gov.uk/corporate/irt/downloads.cfm)
- <sup>24</sup> Department of Health *Care Standards Act (2000)* Stationery Office 2000
- <sup>25</sup> Her Majesty's Prison Service *Prison Service Order 4950* 2003  
[www.hmprisonservice.gov.uk/resourcecentre/psispsos/](http://www.hmprisonservice.gov.uk/resourcecentre/psispsos/)
- <sup>26</sup> Department of Health, Home Office, Department for Education and Skills *Safeguarding Children in whom Illness is Fabricated or Induced* Department of Health 2002 [www.dh.gov.uk](http://www.dh.gov.uk)
- <sup>27</sup> Department for Education and Skills *Children's Social Services Core Information Requirements* 2003  
[www.dfes.gov.uk/qualityprotects/info/coreinformationreq.shtml](http://www.dfes.gov.uk/qualityprotects/info/coreinformationreq.shtml)
- <sup>28</sup> Department of Education and Skills *Integrated Children's System*  
[www.dfes.gov.uk/integratedchildrenssystem/about/](http://www.dfes.gov.uk/integratedchildrenssystem/about/)

# Glossary & Abbreviations

**Access** The extent to which people are able to receive the information, services or care they need.

**ADHD** Attention Deficit Hyperactivity Disorder is a condition where there is increased motor activity in association with poor attention span.

**ASD** Autistic Spectrum Disorder is a lifelong developmental disability that affects the way a person communicates and relates to other people. Those affected have impairments:

- > In social interaction (e.g. appearing aloof);
- > In social communication (e.g. difficulty understanding the meaning of gestures, facial expressions or tone of voice); and
- > In imagination (e.g. impaired ability in the development of play).

**BCG** This is 'Bacillus Calmette-Guerin' immunisation, which is an immunisation against tuberculosis.

**Caldicott Guardian** Caldicott Guardians are senior staff in the NHS appointed to protect patient information.

**Care Pathway** Care pathways are sometimes described as 'integrated care pathways' (ICP) and are a tool and a concept, that embed guidelines, protocols and locally agreed, evidence-based, patient-centred, best practice, into everyday use for the individual patient. An ICP aims to have:

- > The right people,
- > Doing the right things,
- > In the right order,
- > At the right time,
- > In the right place,

> With the right outcome,

> All with attention to the patient experience,

**Care programme approach (CPA)** The care programme approach CPA is a systematic assessment of a patient's health and social care needs, a care plan, a key worker and a regular review of progress.

**CEMACH** Confidential Enquiry into Maternal and Child Health. CEMACH is one of four confidential enquiries managed by NICE.

**Change for Children** The Government's agenda for children includes three inter-linked initiatives, as well as work in hand to reduce child poverty. The three initiatives are the Children's NSF, the Green Paper, 'Every Child Matters', and the Children Bill. In addition, the forthcoming public health White Paper will set out specific proposals for children. All of these initiatives are incorporated under the heading of Change for Children.

**Child** For the purposes of the NSF, children and young people are defined as under 19 years. The age ranges for service provision will vary according to the different agencies' statutory obligations.

**Children in special circumstances** This refers to those children and young people for whom access to services has often been a particular problem. These are often the children who require a high degree of co-operation between staff in different agencies but who are also at most risk of achieving poorer outcomes than their peers. These children tend to be "lost" between agencies and are therefore not in receipt of services, even those that are provided universally.

**Children's Centre** Children's Centres provide a single place for five key services (early education, childcare, health, family support and help into work). Children's Centres will serve children and their families from conception until they start primary school. The Centres will have strong links with JobCentre Plus and will help parents who are working or training to obtain affordable childcare.

**Clinical Audit** Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against specific criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

**Clinical governance** A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

**Clinical Guidelines** Clinical guidelines are evidence-based recommendations on the appropriate treatment and care of patients with specific diseases and conditions.

**Clinical Network** Connections across disciplines, which provide integrated care across institutional and professional boundaries, raising clinical quality and improving the patient experience.

**Co-morbidity** More than one medical/psychiatric condition present.

### **Comprehensive Performance Assessment (CPA)**

The CPA looks at how well local councils deliver their services, such as education, social care and housing. It also considers how well the council is run. Its aim is to help councils improve local services for their communities.

**Connexions** Connexions is the government's support service for all young people aged 13 to 19. It aims to provide advice, guidance and access to personal development opportunities for this age group and to help them make a smooth transition to adulthood and working life.

**CPD** Continuous Professional Development is a process of ongoing education and development, which health professionals are required to undertake in order to remain on their professional registers.

**Crime & disorder reduction partnership** These are partnerships between the police, local authorities, probation service, health authorities, the voluntary sector, local residents and businesses which work to reduce crime and disorder in their area.

**CSCI** The Commission for Social Care Inspection is the single, independent inspectorate for social care in England. It incorporates the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission (NCSC). See [www.csci.org.uk](http://www.csci.org.uk). (CSCI website)

**Dipex** Website containing database and information of personal patient experiences of health and illness. [www.dipex.org](http://www.dipex.org).

**Disability** The Disability Discrimination Act defines disability as: 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. People who have a disability, and those who have had a disability and no longer have one, are covered by the Act'.

**DTP-Hib** Immunisation against Diphtheria, Tetanus, Pertussis (whooping cough) and Haemophilus Influenza (see immunisation).

**Early years** Settings such as nurseries or Sure Start Children's Centres where pre-school children are cared for and educated.

**EHR** Electronic Health Record. The term EHR is used to describe the record of patient's overall health and healthcare. It combines information about patient contacts with primary health care and information associated with the elements of care held in EPRs.

**EPR** Electronic Patient Record. EPR is a record of a patient's personal details (name, date of birth, etc.) their diagnosis or condition and details about the treatment/assessments undertaken by a clinician. Typically, it covers the care provided, mainly by one organisation.

**EPU** Early Pregnancy Unit. Units which function as specialist departments for the problems of early pregnancy.

**Excipient** A non-active ingredient in a medicine.

**Extended School** Extended schools provide a range of services and activities, often beyond the school day, to help meet the needs of pupils, their families and the wider community.

**Family Health Plan** A family health plan is a tool used by health visitors for enabling a family to think about their health and parenting needs, and how to address them.

**Foundation Stage** The first part of the National Curriculum focusing on the distinct needs of children aged three to the end of the reception year in primary schools.

**'FRANK'** Free confidential round-the-clock drugs information and advice for children and young people. It has a website, telephone helpline and e-mail facilities. See [www.talktofrank.com](http://www.talktofrank.com).

**Healthcare Commission (previously CHAI)** Established in April 2004 as the independent body encompassing the work of the Commission for Health Improvement. It will inspect health care provision in accordance with national standards and other service priorities and will report directly to Parliament on the state of health care in England and Wales. See [www.chai.org.uk](http://www.chai.org.uk).

**Health inequality** Health inequality describes the differences in health between individuals in the population. This includes both avoidable factors (low income, poor housing) and unavoidable factors (genetic make-up, age, gender).

**Health promotion** Includes the provision of information on healthier lifestyles for patients and how to make the best use of health services with the intention of enabling people to make rational health choices and of ensuring awareness of the factors of determining the health of the community.

**Healthy Start** Government scheme to provide advice on healthy living and financial help to pregnant women and young children in low income families to buy a range of healthy foods. Replaces the Welfare Food Scheme.

**Healthy Care** Run by the National Children's Bureau, the Healthy Care Programme (formerly National Healthy Care Standard) is a national programme funded by DfES that has designed a national standard for children who are looked after. See [www.ncb.org.uk](http://www.ncb.org.uk).

**Immunisation** Immunisation is a method of protecting the population from serious diseases. Once immunised, it enables the body to fight those diseases. An immunisation programme aims to reduce the number of people in the population who can pass on the disease.

**LDP** The Local Delivery Plan covers a whole Strategic Health Authority area but is based on PCT level plans. It sets out milestones for each priority area over the three year planning period.

**LSCB** Local Safeguarding Children Board. LSCBs have replaced the earlier Area Child Protection Committees (ACPC).

**LSP** Local Strategic Partnerships are non-statutory bodies intended to bring together the public, private, voluntary and community sectors at a local level. Their purpose is to improve the delivery of services and quality of life locally.

**Looked after children** Under the Children Act 1989, a child is defined as being looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

**Medicines Management** Medicines management includes the clinical, cost-effective and safe use of medicines to ensure that patients get the best out of their medicines by: promoting the better use of medicines amongst patients to improve health and reduce waste; discussing problems with patients through ongoing assessments and reviews of medication; and ensuring advice is available at GP surgeries and at community pharmacist premises. Patients get the maximum benefit from their medicines while at the same time minimising potential harm.

**Methylphenidate** A drug commonly used in the management of Attention Hyperactivity Deficit Disorder (e.g. Ritalin or Concerta XL).

**MHWT** Mental Health Workforce Team.

**MMR** Measles, Mumps & Rubella (German Measles) combined immunisation (see immunisation).

**MSLC** Maternity Services Liaison Committees are the forum for dialogue and interaction about local maternity services between health and social care providers, patients and the public. Users and the public are must be involved in planning and evaluation of local services

**NeLH** National electronic library for health. NeLH provides a single source of health information for health professionals but it can also be used by the general public. It provides links to national agencies, access to a wide range of expert knowledge and a wealth of information in its specialist libraries. See [www.nelh.nhs.uk](http://www.nelh.nhs.uk).

**NCB** The National Children's Bureau is a charitable organisation which promotes the interests and well-being of all children and young people across every aspect of their lives.

**NCT** The National Childbirth Trust is a charitable organisation, which offers support in pregnancy, childbirth and early parenthood.

**NHS Direct (NHS Direct)** This is a 24-hour telephone information service providing advice on health.

NHS Direct online is a website providing health information and advice. [www.nhsdirect.uk](http://www.nhsdirect.uk)

**NHS Foundation Trust:** A public benefit corporation established by the Health and Social Care (Community Health and Standards) Act 2003, which is authorised to provide goods and services for the purpose of the health service.

**NHS Walk-in Centre** NHS Walk-in Centres provide an option for people who need flexible and fast access to primary care services because of the hours they work or where they live.

**NICE** The National Institute for Clinical Excellence is a special health authority for England and Wales. Its role is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current "best practice". See [www.nice.org.uk](http://www.nice.org.uk).

**NPPG** Neonatal and Paediatric Pharmacists Group.

**NPSA** The National Patient Safety Agency is a special health authority. Its role is to: co-ordinate the efforts of all those involved in healthcare; to learn from patient safety incidents occurring in the NHS and improve the safety of patients.

**NCSAG** The National Specialist Commissioning Advisory Group was established to advise Government on the identification and funding of services where intervention into local commissioning of patient services was necessary for reasons of clinical effectiveness, equity of access and/or economic viability.

**NSPCC** The National Society for the Protection of Cruelty to Children is the UK's leading charity specialising in child protection and the prevention of cruelty to children, providing the following services: community-based teams throughout the UK, a 24 hour child protection helpline, parliamentary campaigning, child protection training and advice, research into the nature and effects of child abuse and information resources on child protection and related topics.

**Out-Of-Hours services OOH** Out-Of-Hours services are those which are outside 'normal' working hours. e.g. general practitioner on-call.

**Otoscopy** Examination of the ear with an otoscope.

**PALS** Patient Advice and Liaison Service is part of a system of patient and public involvement which provides independent advice and support to patients, families and their carers on the NHS and health matters.

**Patient Group Directions (PGDs)** Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who are not individually identified before presentation for treatment (see HSC 2000/026).

**Patient Information Leaflet (PIL)** Information leaflet provided by the manufacturer of the medicine in the original pack of the medicine.

**PCHR** Personal (or Parent) Child Health Record is issued by the health visitor when the child is about ten days old and held by the parent. The PCHR contains essential health information such as dates of immunisation.

**Protocol** A protocol is a description of the steps taken to deliver care or treatment to a patient. It is designed to implement national standards, or to determine care provision by using the best available evidence if national standards are not available.

**PSA** The Public Service Agreement for the Department of Health sets out the priorities for the Department's spending programme and, for each priority, the target it is expected to achieve.

**Psychoactive drug** Any pharmacological agent that acts directly on the central nervous system that has a measurable psychological impact (such as enhanced mood, altered perception or thinking).

**RCPCH** Royal College of Paediatrics and Child Health.

**Risk management** Risk management covers all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.

**Safeguarding** Safeguarding is taken to mean:

- > All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and
- > Where there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies.

**Special Health Authority** A Special Health Authority is an NHS body providing a specific service at a national level to the NHS or to the public. They are independent, but can be subject to Ministerial direction.

**STI** Sexually Transmitted Infection

**Strategic Health Authority** SHAs are responsible for:

- > developing plans for improving health services in its local area;
- > ensuring local health services are high quality and performing well;
- > increasing the capacity of local health services to provide more services;
- > ensuring national priorities are integrated into local health service plans.

**Sure Start** Part of the Government's drive to tackle child poverty, Sure Start local programmes and children's centres are concentrated in areas where a high proportion of children are living in poverty. Sure Start works with parents and parents-to-be to improve children's life chances through:

- > Family support
- > Advice on nurturing
- > Health services
- > Early learning.

**Sure Start Plus** Sure Start Plus aims to reduce the risk of long-term social exclusion resulting from teenage pregnancy, through co-ordinated support to pregnant teenagers and teenage parents under 18.

**Undifferentiated illness** A symptom or group of symptoms which, in themselves, do not point to a specific diagnosis.

**YOT** Youth Offending Teams bring together local key agencies with a contribution to make to reduce offending by children and young people.

# Children's Taskforce Members

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We want to thank the following contributors for their artwork:

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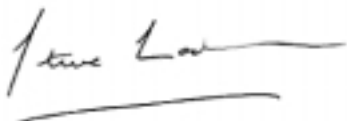
Work on the NSF began under the Rt Hon Jacqui Smith MP who held the post of Minister of State for Community until 2003. Since 2003, the Rt Hon Margaret Hodge MP has been responsible for children's social services. I would like to thank them both for their vital contributions to the development of the NSF.

Inevitably a huge amount of work on projects like this NSF is done behind the scenes by government officials, some of which have been with this project since the start and many of whom have dedicated a large part of their lives over the last 3 years to its completion. In particular, I would like to mention:

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This NSF will deliver a step change in children's health and represents an effort unique in the world. Without these officials, and all those who have contributed, it would not have happened.

Thank you

A handwritten signature in black ink, appearing to read 'Stephen Ladyman', with a horizontal line underneath.

Dr Stephen Ladyman MP, Minister for Community



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