Standard Operating Procedures

The Healthy Child Programme

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Version Control / Changes Made

Date	Version	Summary of changes made
27.7.22	1.1	SOP3 updated - **Service Provision:** The 6-8 week Health and Development Review can be delegated to a Community Nursery Nurse or to a Staff Nurse. Appendix 5 Core Requirements – 6-8 week review – plan amended - Where CNN and CSN are visiting any concerns are highlighted to the allocated Health Visitor.

Contents

Introduction

These standard operating procedures enable Family Nursing & Home Care's (FNHC) Health Visiting Service to work in partnership with children, parents and carers and where necessary, specialist services, to deliver the Healthy Child Programme (HCP). The HCP aims to give every child the best start in life by optimising child development and emotional wellbeing. It consists of the following parts:

- Ante Natal Contact
- New Birth Review
- 6-8 week assessment
- 1 year assessment
- 2 year assessment

The Health Visiting team has an important role in leading the delivery of the HCP (Department of Health (DH), 2009) which is a universal prevention and early intervention programme.

These standard operating procedures are based on current best practice guidance using a range of resources.

Record Keeping

The Health Visiting Team will record all contacts in accordance with FNHC Policies and Procedures.

They will complete the Parent Held Child Record (PCHR) and ensure parental understanding if information recorded within professional records on EMIS.

Contemporaneous records MUST be kept in line with NMC guidance regarding the Code (2018).

Training Requirements

To support the delivery of the Healthy Child Programme, Health Visitors, Community Nursery Nurses and Staff Nurses should:

- complete all mandatory training as laid out in FNHC policy and within the annual FNHC Education and Development training prospectus
- familiarise themselves with the EMIS guidance on completing templates – available on FNHC document library
- undertake training in perinatal and infant mental health and utilisation of EPDS and GAD scoring
- complete UNICEF Baby Friendly Initiative standard training
- undertake MECSH training

SOP 1 Ante Natal Contact

Purpose

The Healthy Child Programme states that from 28 weeks of pregnancy, Health Visitors should have a focus on emotional preparation for birth, carer–infant relationship, care of the baby, parenting and attachment, using techniques such as promotional interviewing. (Healthy Child Programme (HCP) Department of Health (DH), 2009).

The purpose of the HCP Ante Natal Contact is the:

- promotion of health and well being
- ongoing identification of families in need of additional support
- preparation for parenthood
- involvement of fathers
- emotional preparation for birth including carer–infant relationship, care of the baby, parenting and attachment, using techniques such as motivational interviewing to identify those in need of further support during the postnatal period; and establish what their support needs are.
- sources of information on infant development and parenting and the HCP
- providing of information in line with Department of Health guidance on reducing the risk of SIDS

(Healthy Child Programme (HCP), Department of Health (DH), 2009)

Scope

To conduct an Ante Natal Assessment for all pregnant women from the period of 28 weeks gestation. This should be from 20 weeks if targeted MECSH or specialist level needs.

To assess parental mental health (NICE guidance CG192, QS115 and CG62)

To offer health promotion advice, guidance and support in accordance with the Healthy Child Programme (Department of Health (DH) 2009) and Institute of Health Visiting and Health for all children – fifth edition (2019), NICE Guidance CG NG194 (2021) and the most relevant HIGH IMPACT AREAS (Appendix 1) - from Public Health England.

Core Requirements

Where there is a universal level of need, the ANC should be from 28 weeks.

Where targeted or specialist level of need is identified, the Ante Natal Contact (ANC) should take place from 20 weeks.

Assess the health and social needs of the unborn baby within the context of their family. This should include identification of risk and resilience factors together with any changes to family composition.

Use **promotional/motivational interviews** as described in Appendix 2.

Undertake the Ante Natal Contact in accordance with the core requirements set out in Appendix 3

The Health visitor should use their professional judgment when undertaking the assessment, provided the approach is evidence based and a clear rationale for the decision-making and recorded/documented.

Service Provision: The Ante Natal Contact cannot be delegated to a Community Nursery Nurse or Staff Nurse.

The recommended setting for the contact is the client's home

SOP 2 New Birth Review

Purpose

The Healthy Child Programme states that by 14 days a face-to-face new baby review with mother and father should be carried out by a health professional. Health Visitors should have a focus on infant feeding, promoting sensitive parenting, promoting development, assessing maternal and infant mental health, safer sleep (risk of SIDS), keeping safe and safeguarding. (DH), 2009).

The purpose of the New Birth Review is to:

- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing
- offer the Healthy Child Programme (Department of Health (DH), 2009) to all infants within the designated age range
- ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Programme 0-5 Years
- generate information for care planning and contribute to the reduction of inequalities in children's outcomes
- offer The MECSH Programme if eligible
- facilitate appropriate intervention and support for children and their families, especially those for whose progress is less than expected
- enable appropriate and timely information sharing to safeguard children in accordance with Working Together to Safeguard Children (HM Government, 2018) and in line with FNHC Safeguarding policy and Jersey's Safeguarding Partnership Board guidance

Scope

To conduct a health and developmental assessment for all children aged between 10 and 14 days old.

To review maternal/paternal and infant mental health. NICE guidance CG192, QS115 and NG194

To offer health promotion advice, guidance and support in accordance with the Healthy Child Programme (Department of Health (DH) 2009) and Institute of Health Visiting and Health for all children – fifth edition (2019), NICE Guidance NG194 (2021) and the most relevant HIGH IMPACT AREAS (Appendix 1). (Healthy Child Programme (HCP), Department of Health (DH), 2009)

Core Requirements

The New Birth Review should be undertaken when the baby is between 10-14 days old.

An assessment of the child's health and social needs should be undertaken within the context of their family. This should include identification of risk and resilience factors together with any changes to family composition

The New Birth Review should include the core requirements as set out in Appendix 4.

The Health Visitor should use their professional judgement when undertaking the assessment, provided the approach is evidence based with a clear rationale for the decision making recorded/documented

Use **promotional/motivational interviews** as described in Appendix 2.

Note – weight and head circumference for pre term infants born 32 – 36 weeks should be plotted on the preterm page of the Parent Held Childhood Record (PHCR) until two weeks after the EDD. Subsequent measurements should be plotted on the 0-1 chart using gestationally corrected age which adjusts the plot for the number of weeks before 40 weeks a baby was born. Gestational correction should be continued until corrected age 1 year for babies born 32-36 weeks.

Infants less than 32 weeks should be plotted on the Neonatal Infant close Monitoring Chart which has a larger scale and can be used up to the age of 2 years corrected age. After this time, gestational correction can cease.

Head circumference should be measured shortly after birth for all babies and then again at 8 weeks but not again unless there are worries about the child's head growth or development. If the initial head circumference measurement is not completed following birth then consideration of measurement by the midwife at day 5 visit or HV new birth visit 10-14 days. Ongoing monitoring and/or referral should be considered where concerns are identified.

It is often difficult to get an accurate measurement of length or height in an uncooperative baby or toddler so not sought as a matter of routine. However, length should always be measured if there are concerns about a child's weight gain, growth or general health. Length should be measured up to 2 years and height thereafter. Length/height should be measured in any child whose weight is above the 99.6th centile or where there is very rapid weight gain.

All measurements should be taken with appropriate equipment, techniques, skills and knowledge (Emond 2019).

Service Provision: The New Birth Review cannot be delegated to a Community Nursery Nurse nor to a Staff Nurse.

It is recommended that the New Birth Review takes place in the baby's home

SOP 3 6-8 Week Health and Development Review

Purpose

The 6-8 week Health and Development Review is one of the key mandated reviews within this universal prevention and early intervention programme. The GP will have responsibility for ensuring the 6-8 week new-born infant physical examination is completed for all registered babies.

This visit is crucial for assessing the baby's growth and wellbeing alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including continuing with breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The health visitor will agree future contact with the family depending on Universal, Targeted or Specialist service (HCP, DH, 2021)

The purpose of this review is to:

- facilitate appropriate intervention and support for children and their families, especially those for whose progress is less than expected
- enable appropriate and timely information sharing to safeguard children in accordance with Working Together to Safeguard Children (HM Government, 2018) and in line with FNHC safeguarding policy and Jerseys Safeguarding Partnership Board guidance.
- ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Programme 0-5 Years
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes
- offer the Healthy Child Programme to all infants within the designated age range

(Healthy Child Programme (HCP), Department of Health (DH), 2021)

Scope

To conduct a health and developmental assessment for all children aged between 6 and 8 weeks of age.

To review maternal/paternal mental health.

To support sustainment of breastfeeding or /and responsive bottle feeding

To support the uptake of immunisations using evidence based discussion.

To offer health promotion advice, guidance and support in accordance with the Healthy Child Programme (Department of Health (DH) 2021), Institute of Health Visiting, Nice guideline Post-natal care (NG194), Health for all children – fifth edition (2019) and the most relevant HIGH IMPACT AREAS (Appendix 1).

Core Requirements

Undertake the 6-8 week review in accordance with the core requirements set out in Appendix 5.

Assess the child's health and social needs within the context of their family. This should include identification of risk and resilience factors together with any changes to family composition.

The Health Visitor should use their professional judgment when undertaking the assessment, provided the approach is evidence based and a clear rationale for the decision making is recorded/documented

Use **promotional/motivational interviews** as described in Appendix 2.

Consider the option for MECSH as the window of offer closes at eight weeks post discharge from hospital.

Service Provision: The 6-8 week Health and Development Review can be delegated to a Community Nursery Nurse or to a Staff Nurse.

It is recommended that the 6-8 week Health and Development Review takes place in the baby's home

SOP 4 1 Year Developmental Assessment

Purpose

The One Year Development Assessment is one of the key reviews within this universal prevention and early intervention programme.

The purpose of the HCP one year development assessment is to:

- enable an assessment of a child's health, growth and development between 9 months and one year of age using an appropriate evidence based assessment tool
- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing
- facilitate appropriate intervention and support for children and their families, especially those for whose progress is less than expected
- enable appropriate and timely information sharing to safeguard children in accordance with Working Together to Safeguard Children (HM Government, 2018) and in line with FNHC safeguarding policy and Jerseys Safeguarding Partnership Board guidance
- ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Programme 0-5 Years
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes
- offer the Healthy Child Programme (Department of Health (DH), 2021) to all infants within the designated age range

(Healthy Child Programme (HCP), Department of Health (DH), 2021)

Scope

To conduct a health and developmental assessment for all children aged from 9 months to 12 months.

To review maternal mental health.

To offer health promotion advice, guidance and support in accordance with the Healthy Child Programme (Department of Health (DH) 2009) and Institute of Health Visiting and Health for all children – fifth edition (2019) and the most relevant High impact Areas (Appendix 1)**.**

Core Requirements

The one year development review should be undertaken between 9 months and 1 year.

An assessment of the child's health and social needs should be undertaken within the context of their family. This should include identification of risk and resilience factors together with any changes to family composition

Undertake the assessment in accordance with the core requirements found in Appendix 7

The Health Visitor/Community Nursery Nurse/Staff Nurse should use their professional judgment when undertaking the assessment, provided the approach is evidence based and a clear rationale for the decision making is recorded/documented

Use **promotional/motivational interviews** as described in Appendix 2.

AGES AND STAGES questionnaires – ASQ 3 and ASQ SE2 should be used for this assessment. See Appendix 8 for additional information.

Parental Mental Health - All practitioners should incorporate NICE Guidance [QS115] Antenatal and Postnatal mental health into their practice by having a general discussion about mental health and wellbeing as part of the review. All practitioners should use the screening tools within NICE Guidance to increase identification of perinatal mental illness. This includes Whooley questions, EPDS and GAD questionnaires and scoring.

If any mental health or significant events are identified with fathers/partners the health visitor must liaise with multiagency partners e.g. GP/midwife/adult mental health and review electronic patient record (EPR) where possible to support assessment of parenting risk and resilience

Service Provision: The 1 year Developmental Assessment can be delegated to a Community Nursery Nurse and staff Nurse

It is recommended that the 1 year developmental review takes place in a clinic setting.

SOP 5 2- 2.5 Year Developmental Assessment

Purpose

The Healthy Child Programme's (HCP) Two Year Health and Development Review is one of the key reviews within this universal prevention and early intervention programme.

The purpose of the HCP Two year review is to:

- enable an assessment of a child's health, growth and development prior to the infant between two and two and a half years of age using an appropriate evidence based assessment tool
- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing
- facilitate appropriate intervention and support for children and their families, especially those for whose progress is less than expected
- enable appropriate and timely information sharing to safeguard children in accordance with Working Together to Safeguard Children (HM Government, 2018) and in line with FNHC safeguarding policy and Jerseys Safeguarding Partnership Board guidance
- ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Programme 0-5 Years
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes
- offer the Healthy Child Programme (Department of Health (DH), 2009) to all infants within the designated age range

Scope

To conduct a health and developmental assessment for all children aged from two to two and a half years old.

To offer health promotion advice, guidance and support in accordance with the Healthy Child Programme (Department of Health (DH) 2009) and Institute of Health Visiting and Health for all children – fifth edition (2019) and the most relevant HIGH IMPACT AREAS (Appendix 1).

Core Requirements

Undertake the 2 year developmental assessment in accordance with the core requirements in Appendix 9.

Parents/carers will be able to actively participate in their child's review using the Ages and Stages Questionnaire (ASQ-3) and the ASQ: SE (Appendix 8)

Assess the child's health and social needs within the context of their family. This should include identification of risk and resilience factors together with any changes to family composition and review parental mental health.

The Health visitor should use their professional judgment when undertaking the assessment, provided the approach is evidence based and a clear rationale for the decision making and recorded/documented.

Children and families on MECSH need to be offered an ending to the programme and information regarding ongoing support from the named HV or health visitor service.

Develop any universal, targeted or specialist health visiting care plans in partnership with parents; care plans will be based on the High Impact Areas in accordance with the service specification.

Parents/ carers should be provided with a copy of their care plan within their PHCR.

Indicate the level of Healthy Child Programme intervention in the consultation/template on EMIS

Document future action plan, including timeframe for future contact and any agreed appointments in the electronic patient record/EMIS.

All children referred to other services, specifically from this assessment point should be monitored in targeted service (only returning to Universal when resolution has been achieved).

The HV should consider referral to other agencies in line with ensuring the right help is received at the right time, including Early Help and MASH via the Children and Family Hub, as needed.

Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alert.

Parental Mental Health - All practitioners should incorporate NICE Guidance [QS115] Antenatal and Postnatal mental health into their practice by having a general discussion about mental health and wellbeing as part of the review. All practitioners should use the screening tools within NICE Guidance to increase identification of perinatal mental illness. This includes Whooley questions, EPDS and GAD questionnaires and scoring.

If any mental health or significant events are identified with fathers/partners the health visitor must liaise with multiagency partners e.g. GP/midwife/adult mental health and review electronic patient record (EPR) where possible to support assessment of parenting risk and resilience.

Service provision – The two year health and development review can be undertaken by a Community Nursery Nurse or Staff Nurse.

It is recommended that the review taken place in a clinic setting however for MECSH families, the assessment should be undertaken at home, preferably by the named Health Visitor.

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Child and Family Hub (Jersey). Accessed at https://www.gov.je/Caring/ChildrenAndFamiliesHub/Pages/ChildrenAndFamiliesHubHomepage.aspx

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HM Government. Working together to safeguard children (2018). Accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Institute Of Health Visiting (IHV). Accessed at https://ihv.org.uk/

Jersey Children First. Government of Jersey. Accessed at https://www.gov.je/Caring/JerseysChildrenFirst/Pages/index.aspx

Lullaby Trust. Safer Sleep Advice. Accessed at https://www.lullabytrust.org.uk/

Maternal Early Childhood Sustained Home Visiting (MECSH).MECSH at a Glance. Accessed at https://modgov.lbbd.gov.uk/Internet/documents/s74171/APP%202%20MESCH.pdf

Nursing and Midwifery Council (2018). *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates***.** Accessed at https://www.nmc.org.uk/standards/code/read-the-code-online/

NICE guidance for antenatal and post-natal care and mental health needs:

https://www.nice.org.uk/guidance/ng194/chapter/Recommendations

https://www.nice.org.uk/guidance/cg62

https://pathways.nice.org.uk/pathways/antenatal-and-postnatal-mental-health#path=view%3A/pathways/antenatal-and-postnatal-mental-health/identifying-and-assessing-mental-health-problems-in-pregnancy-and-the-postnatal-period.xml&content=view-index

Public Health England (2021).*Review of the Healthy Child Programme.* Accessed at https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Safeguarding Partnership Board (Jersey). Accessed at https://safeguarding.je/

Appendix 1 High Impact Areas

High impact areas identified by Public Health England (2021) include:

- supporting transition to parenthood
- supporting maternal and family mental health
- supporting breastfeeding
- supporting healthy weight and nutrition
- improving health literacy - managing minor illness and reducing accidents
- supporting health, well-being and development and ready to learn

Appendix 2 Promotional/Motivational Interviews

Promotional/motivational interviews should involve:

- using a respectful and flexible approach to explore the mother's and father's feelings, attitudes and expectations in relation to the pregnancy, the birth and the growing relationship with the baby;
- listening to mothers and fathers carefully, encouraging them as necessary to find solutions for themselves;
- empowering parents to develop effective strategies that build resilience, facilitate infant development and enable them to adapt to their parenting role; and enabling parents to recognise and use their own strengths and those of their informal networks, as well as formal services if appropriate

Appendix 3 Core Requirements – Ante Natal Contact

Core requirements	Tools and resources	Plan	Expected outcome
Prior research/screening/multi agency liaison undertaken by the practitioner using existing records and systems including sibling information where appropriate. Assessment of the overall health and wellbeing of the mother including mental health assessment Screening for any conditions that may have an impact on mother or baby Smoking, alcohol and substance misuse in either parent Domestic Abuse screening Folic acid and other dietary or lifestyle advice as required including Vit D Breastfeeding and relationship building(including both parents' attitudes) Mental health of parents	Standard antenatal assessment recording template Whooley questions GAD-7 EPDS FNHC antenatal/birth pack (white folder) Safeguarding Children's Policy; Domestic Abuse Strategy FNHC policy SPB guidance	Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS. If assessed as universal then follow HCP mandated visits. If targeted or specialist need then • the HV should consider referral to other agencies in line with ensuring the right help is received at the right time, including Children and family Hub, as needed • families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the	Signposting to services and resources Referral to specialist agencies if required. Comprehensive health needs assessment completed for child and family Level of need identified All parents are informed how to access HV services and other appropriate local services locally. For all babies to be as healthy as possible at birth. For all babies and parents to form positive attachment :

Core requirements	Tools and resources	Plan	Expected outcome
Feelings about pregnancy Assessment of risks and protective factors Parents' relationship Assessment of the father's health and wellbeing Family and Social relationships Community and Housing Immunisations To offer The MECSH Programme if eligible. Referral to Baby Steps as a universal offer. Parent and infant attachment Infant neuro-development	Jersey Children's First approach Links to UNICEF BFI, AN prompt sheet NHS Best Beginnings, NHS Choices, Institute of health Visiting (itemised in antenatal/birth pack)	electronic patient record using the appropriate alert • liaison with midwife • consider referral for antenatal MDT, if required - gain parental consent	

Appendix 4 Core Requirements – New Birth Review

Core requirements	Tools and resources	Plan	Expected outcome
Review of maternity / delivery record and liaison with maternity services as required Results of new-born and infant physical examination Hearing screen outcome Oral health advice, breastfeeding assessment contraception, immunisations General health of new-born baby Neonatal jaundice Parental and infant mental health Safer sleep Smoking, alcohol and substance misuse in either parent Domestic Abuse screening Dietary and lifestyle advice as required including Vit D Assessment of risks and protective factors	Standard new birth visit assessment recording template (EMIS) Whooley questions GAD-7 EPDS FNHC birth pack if not provided antenatally (white folder) FNHC Safeguarding Policy for Adults and Children FNHC Domestic Abuse Practice Guidance JSPB guidance	Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS. If assessed as universal then follow HCP mandated visits. If targeted or specialist need then the HV should consider referral to other agencies in line with ensuring the right help is received at the right time, including Children and Family Hub, as needed. Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alert.	Signposting to services and resources Referral to specialist agencies if required. Comprehensive health needs assessment completed for child and family Level of need identified All parents are informed how to access HV services and other appropriate local services. For all parents to have support for feeding choices. For all babies and their parents to be as healthy as possible. For all babies and parents to form a positive attachment

Core requirements	Tools and resources	Plan	Expected outcome
Adherence to vaccination schedule for babies who are born to women who are hepatitis B positive New born blood spot screening Community and Housing To offer The MECSH Programme if eligible. Parent and infant bonding and attachment Infant neuro-development Completion of required sections in Personal Child Health Record (Red Book)	Jersey's Children First Approach FNHC Breast Feeding policy FNHC Slow weight gain pathway Jersey Breast feeding buddies Breastfeeding Network First Steps Nutrition NICE guidance on Jaundice in newborn babies Adult Patient/Client Experience Feedback Survey Interpreting service/ The Big Word	Liaison with midwife Consider referral for antenatal MDT, if required. Gain parental consent UNICEF Breastfeeding assessment to be completed in the PHCR	

Core requirements	Tools and resources	Plan	Expected outcome
	NICE guidance Vitamin D Links to UNICEF Baby Friendly Initiative Breast Feeding assessment form www.babyfriendly.org.uk First Steps Nutrition NHS Choices Institute of Health Visiting (itemised in antenatal/birth pack) World Health Organisation Growth Assessment Guidelines www.growthcharts.rcpch.ac.uk		

Core requirements	Tools and resources	Plan	Expected outcome
	Lullaby Trust guidance including Baby Check App		

Appendix 5 Core Requirements – 6-8 week review

Core requirements	Tools and resources	Plan	Desired Outcome
Assessment of progress from birth to 8 weeks- Check new born blood spot screening completed Check new born hearing screening completed Monitoring if physical examination scheduled or taken place with GP Breastfeeding Baby's feeding status to be recorded – breastfeeding, bottle-feeding or mixed feeding. (involving ongoing support for both parents) Health Review and promotion Review of general progress and delivery of key messages about parenting and baby's health, including eating and activity, weaning at 6 months and accident prevention. Information about play and appropriate activities. Baby's weight and length should be	Parent Held Child Record (PHCR, Red Book) FNHC breastfeeding policy and slow weight gain policy Whooley questions GAD 2/Gad 7 EPDS Safeguarding Children's Policy; Domestic Abuse Strategy FNHC policy SPB guidance,	Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS. (Electronic patient record) and PHCR. If assessed as universal then follow HCP mandated visits. If targeted or specialist need then the HV should consider referral to other agencies in line with ensuring the right help is received at the right time, including Children and family Hub, as needed. Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the	Comprehensive health needs assessment completed for child and family Signposting to services and resources Referral to specialist agencies if required. Level of need identified All parents are informed how to access HV services and other appropriate local services. For all babies and parents to be as healthy as possible For all babies and parents to form positive attachments

Core requirements	Tools and resources	Plan	Desired Outcome
measured and plotted, where there are concerns and referrals made where indicated, commencement of Slow Weight Gain Pathway* *Slow Weight Gain Pathway (see appendix 6) (where necessary) Oral health discussion Assessing maternal mental health (assessment of the mother's mental health at six to eight weeks by asking appropriate questions for the identification of depression) Discuss 8 week immunisations Parent-infant Interaction: promoting emotional attachment Safeguarding (to include screening for domestic abuse, drug and alcohol abuse and referrals to be made where necessary) Screening. Domestic abuse, alcohol and substance misuse, passive smoking risk Maintaining Infant Health (crying and healthy sleep practices, bath, book, bed routines and activities,	Jersey Children's First approach Links to UNICEF BFI, NHS Best Beginnings, NHS Choices, Institute of health Visiting (itemised in antenatal/birth pack) The social baby The baby check app- lullaby trust www.lullabytrust.org.uk Childrens and Family Hub FNHC Adult/patient feedback form	electronic patient record using the appropriate alert. Where CNN and CSN are visiting any concerns are highlighted to the allocated Health Visitor.	

Core requirements	Tools and resources	Plan	Desired Outcome
and encouragement of parent–infant interaction using a range of media-based interventions) Promoting Development (Encouragement to use books, music and interactive activities to promote development and parent–baby relationship, discuss forthcoming milestones) Keeping Safe (Raise awareness of accident prevention in the home and safety in cars. Be alert to risk factors and signs and symptoms of child abuse. Follow local safeguarding procedures where there is cause for concern.) Safe sleeping (Reduction of the risk of SIDS – advice about sleeping position, smoking, co-sleeping, room temperature and other information in line with best evidence.) Parental relationships (parents in conflict should be signposted to local resources such as Relate) Parenting Support (establish what each individual parent's needs are)	Interpreting services including Big word As above		

Core requirements	Tools and resources	Plan	Desired Outcome
Assessment of the father's health and wellbeing Family and Social relationships Community and Housing Signposting to services and resources			

Appendix 6 Slow Weight Gain Pathway

Weight gain	Management plan
Baby not back to birth weight at new birth visit	Plan 1, moving to plan 2 and 3 if necessary
Slow weight gain. (Crossing two centile spaces in one month for average baby, one centile space in one month for baby born below 9th centile, crossing three centile spaces in one month for a baby born above 91st centile)	Plan 1, moving to plan 2
Static or falling weight	Plan 1 moving to Plan 2 and then 3 if necessary

Plan 1	Plan 2	Plan 3
Observe a full breastfeed ensuring effective positioning and attaching, and milk exchange. **Evaluate** frequency/amount of urine and stools. **Complete** and document a full breastfeeding assessment. Consider if baby shows signs of being **unwell**. Ensure **at least** 8 feeds in 24 hours including night time feeds and if not	**Carry out plan 1 and liaise** with the BFI lead. Consider **switch feeding** for sleepy babies. **Express** breast milk after every feed (or as often as mum can manage) and offer this to the baby as a top up. **Massage** breast before expressing. **Consider** if a GP review is necessary. Contact parents to review in 2-3 days. **Reweigh in one week.**	**Carry out Plans 1 and 2 and liaise** with BFI lead. **Refer** to GP to exclude underlying illness. **Refer** through Complex Feeding Challenges Pathway. Consider introducing formula **ONLY IF** • expressed breast milk unavailable • measures to improve milk supply and transfer have been tried for at least 10-14 days • baby's weight has been static or minimal increase for more than one week

Plan 1	Plan 2	Plan 3
advise parents to wake the baby so he gets 8 feeds. **Reiterate** early feeding cues. Consider any family/environmental **barriers to breastfeeding.** **Discourage** dummy use. Suggest **Skin to Skin** to encourage breastfeeding. **Signpost** to Breastfeeding Buddies group. **Reweigh in one week.** If weight increases, continue to offer support weekly until an ongoing upward trend is seen for at least two weights 2-4 weeks apart. **If no minimal weight gain, move to Plan 2.** **If the baby develops other concerning symptoms, review immediately and consider medical referral.**	If weight gain of less than 28g per day, move to plan 3. **If the baby develops other concerning symptoms, review immediately and consider medical referral.**	• Baby appears unwell/dehydrated. • Underlying illness has been excluded. Begin with one additional feed rather than a top up (formula or EBM) of 25-30mls/kg in 24 hours. Timing as convenient for parents. Contact parents in 2-3 days and weigh in One week. Continue to monitor effectiveness of baby's feeding through period of supplementation. Gradually reduce supplementation in line with number of wet/dirty nappies as appropriate for age. Weigh weekly until upward trend demonstrated.

Appendix 7 Core Requirements – 1 year assessment

Core requirements	Tools and resources	Plan	Desired outcome
Health Review with use of ASQs* (The infant's physical, emotional and social needs in the context of the family, including predictive risk factors using evidence based tool ASQ-3 and ASQ SE2.) **Assessment of growth**. (This involves accurate measurement, interpretation and explanation of the baby's weight to growth potential and to any earlier growth measurements of the baby. A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought. (results should be recorded and interpreted using the	ASQ3, ASQ SE2 and parent activity sheets ASQ calculator for iPad Parent Held Child Record (PHCR) WELLCOM assessment Whooley questions GAD-7 EPDS Safeguarding Children's Policy; Domestic Abuse strategy and pathway FNHC policy	Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS and in the PCHR, ensuring parents aware and agree to the plan All children referred to other services, specifically from this assessment point should be monitored in targeted (only returning to Universal when resolution has been achieved). Parents to keep ASQ 3 and ASQ SE2 and results/score sheet to be inputted onto 1 year EMIS template Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS. If assessed as universal then follow HCP mandated visits. If targeted or specialist need then the HV should consider referral to other agencies in line with ensuring	To identify need at the earliest opportunity, ensuring that the child is meeting milestones and referred to targeted and specialist services when required. All children are safe and nurtured and have a voice. Parents are supported and enabled to respond to their children's needs and seek solutions. All parents are informed how to access HV services and other appropriate local services.

Core requirements	Tools and resources	Plan	Desired outcome
centile charts within the PCHR) **Any Parental concerns** **Supporting parenting** – provide parents with information about attachment and the type of developmental issues that they may now encounter (e.g. clinginess or anxiety about being separated from one particular parent or carer). Review of parental mental health using relevant tools (EPDS and GAD). **Changes** Any change in family circumstances health, social or well-being and update EMIS appropriately. **Health promotion** – covering the high impact areas including raising awareness of dental	SPB guidance, Jersey Children's First approach Links to UNICEF BFI, NHS Choices, Institute of Health Visiting Dental pack- super smiles Book Start pack www.eric.co.uk Childrens and Family Hub FNHC Adult/patient feedback form Interpreting services including Big word First Steps Nutrition	the right help is received at the right time, including Children and family Hub, as needed. Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alert.	

Core requirements	Tools and resources	Plan	Desired outcome
health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention. **Practical guidance** on managing crying and healthy sleep practices, bath, book, bed routines and activities, and encouragement of parent– infant interaction using a range of media **Signposting** to early year's provisions, services (including community and voluntary sector), health access. **Immunisation status review.** **Safeguarding.** Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures			

Core requirements	Tools and resources	Plan	Desired outcome
where there is cause for concern. **Screening.** Domestic abuse, alcohol and substance misuse, passive smoking risk **Babies with health or developmental problems or abnormalities** Early referral to specialist team; invitation to join parent groups. Package of additional support and monitoring, as assessed by health professional. **For children who were born preterm**, it is important for practitioners to carefully evaluate and review any developmental concerns reported by parent / carers or other professionals whilst completing the one year health review contact [NICE 2017]. Community			

Core requirements	Tools and resources	Plan	Desired outcome
Nursery Nurses should discuss any possible concerns with the Health Visitor. **Parents and carers should be clear** regarding their child's plan of care at completion of the assessment.			

Appendix 8 Ages and Stages Questionnaire

*(Ages and Stages Questionnaires (ASQ-3) and ASQ: SE-2 – British English Versions).

The ASQ-3 and ASQ: SE-2 are parent-led assessments of child's physical and social emotional development respectively and are the mandated tools within the HCP. The questionnaires are designed for specific ages and it is important that the correct questionnaire is used, taking into account prematurity. The evidence based ASQ-3 covers five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development.

The ASQ: SE-2 was developed to complement the ASQ-3 by providing information specifically addressing the social and emotional behaviour of children. It covers eight domains of child social emotional development: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, interaction with people and general concerns .It supports the identification of those that may need further evaluation to determine if referral to intervention services is required.

These tools are not diagnostic but are indicators of development at population level.

Children with complex health needs and disabilities: The ASQ-3 and ASQ: SE-2 should be offered to **all children** as part of their one/two year review and both are helpful tool for identifying children with additional needs. However, where a child already has an identified disability or complex developmental delay, health visiting teams will need to agree with parents/ carers whether they wish to complete the ASQ-3 / ASQ: SE-2 questionnaires as part of their child's one/two year review. Much rests on health visitors' professional judgement and their skill in working sensitively and collaboratively with families to agree the best approach; it may be appropriate to complete all or part of the ASQ-3/ ASQ; SE-2 in these instances. Health visitors should work collaboratively with other professionals in the multi-disciplinary team to ensure a personalised approach to developmental assessment is provided to these children. Where the parent wishes to use the ASQ-3 / ASQ: SE-2 questionnaires, the practitioner should use the appropriate age questionnaires - not an earlier age interval, unless the child was born pre-term. Children with complex health needs and disabilities should be offered all remaining components of the one-year health review.

Children born pre-term: (this is defined as all children born at less than 37 weeks gestation). The appropriate age-adjusted ASQ-3 / ASQ: SE-2 questionnaire should be used for all children born pre-term, rather than the chronological age. The ASQ-3 app provides a quick means of calculating the correct questionnaire to be used and guidance is contained within the ASQ-3 User Guide located in each team.

Record Keeping: The ASQ-3 and ASQ SE 2, including summary sheet, will be used by the practitioner to inform data entry on the child's electronic patient record- (EMIS) by completing the relevant EMIS templates. The questionnaire is returned to the parent. The summary sheet must then be shredded.

Appendix 9 Core Requirements – 2 year developmental assessment

Core requirement	Tools and resources	Plan	Desired outcome
Assessment of growth. (This involves accurate measurement, interpretation and explanation of the infants weight in relation to height, to growth potential and to any earlier growth measurements of the baby. A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought. (results should be recorded and interpreted using the centile charts within the PCHR) **Length is measured up to age 2 years and then height from then on** **Adult height prediction may be utilised.** **Complete ASQ3 and ASQSE** **SALT assessment. If ASQ identifies concern then complete Wellcomm tool and consider referral** **Nutrition.** Offer advice and information on continued Breastfeeding if this is parents'	**Health Review with use of ASQs*** (The infant's physical, emotional and social needs in the context of the family, including predictive risk factors using evidence based tool ASQ-3 and ASQ SE2.) Review development and respond to any concerns expressed by the parents regarding physical health, growth, development, hearing and vision. Review with the parents the child's social, emotional,	Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS and in the PCHR, ensuring parents aware and agree to the plan Parents to keep ASQ 3 and ASQ SE2 and results/score sheet to be inputted onto 1 year EMIS template Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS. If assessed as universal then follow HCP mandated visits. If targeted or specialist need then The HV should consider referral to other agencies in	To identify need at the earliest opportunity, ensuring that the child is meeting milestones and refer to targeted and specialist services when required. All parents are aware of how to access services and appropriate local services. Children are safe and nurtured and have a voice. Parents are supported and enabled to respond to the children's needs and seek solutions

Core requirement	Tools and resources	Plan	Desired outcome
choice, nutrition and physical activity for the family, and on healthy eating, portion size and mealtime routines. **Any Parental concerns –parental mental health assessment** **Supporting parenting** – provide parents with information about attachment and the type of developmental issues that they may now encounter e.g., behaviour management advice, home learning environment, speech and language and communication progress **Readiness to toilet train** **Nursery Placement** Provide encouragement and support to take up early years education. **Changes** Any change in family circumstances health, social or well-being and update EMIS appropriately. **Health promotion** – covering the high impact areas including raising awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer	behavioural and language development, with signposting to appropriate group-based parenting support Promote language development through book sharing and invitations to groups for songs, music and interactive activities ASQ parent activity sheets ASQ calculator for IPAD PHCR Wellcomm assessment ERIC resources	line with ensuring the right help is received at the right time, including Children and family Hub, as needed. Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alert. All children with identified need are subject to targeted services until issues resolve.	

Core requirement	Tools and resources	Plan	Desired outcome
prevention, nutrition, active play and accident prevention. **Practical guidance** on managing crying and healthy sleep practices, bath, book, bed routines and activities, and encouragement of parent– infant interaction using a range of media **Screening.** Domestic abuse, alcohol and substance misuse, passive smoking risk **Signposting** to early year's provisions, services (including community and voluntary sector), health access. **Immunisation status review.** Including promotion of pre-school immunisations. **Safeguarding.** Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern. **Children with health or developmental problems or abnormalities** Early referral to specialist team; invitation to join	Whooley Questions GAD and EPDS Safeguarding policy and guidance Domestic Abuse policy and guidance SPB guidance Jersey Children First approach IHV, NHS Choices, resource links Book start pack Parent feedback Smart Survey Interpreting services.		

Core requirement	Tools and resources	Plan	Desired outcome
parent groups. Package of additional support and monitoring, as assessed by health professional. **For children who were born preterm**, it is important for practitioners to carefully evaluate and review any developmental concerns reported by parent / carers or other professionals whilst completing the one year health review contact [NICE 2017]. Community Nursery Nurses should discuss any possible concerns with the Health Visitor. **Parents and carers should be clear** regarding their child's plan of care at completion of the assessment.			