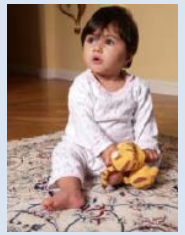



Universal Health Visiting Pathway in Scotland


Pre-Birth to Pre-School



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The Scottish Government
Riaghaltas na h-Alba

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INTRODUCTION

The Early Years have a profound impact on an individual's future experience of health and wellbeing. Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life.

Building on the collaborative working of several national groups and lessons learned from other relevant activities such as Family Nurse Partnership (FNP), the aims of this document are to provide a consistent approach to Health Visiting roles and services across Scotland and to provide guidance to practising Health Visitors. It is intended to be a supportive tool to underpin Health Visitors proactive interactions with families. While clearly specifying expectations of the Health Visitor role and services, the pathway defines and enhances Health Visitors responsive way of working with parents and their children.

A New Look at Hall 4 (2011)[1] sets out the way forward for the successful delivery of Health for All Children (Hall 4) in the early years. This now requires to be delivered in the context of duties and provisions set out in the Children and Young People (Scotland) Act 2014 ('the Act'), supporting guidance and the Getting it Right for Every Child (GIRFEC) policy. The programme set out in Hall 4 can be delivered by any member of the primary care or wider Child Health Support Team, including General Practitioners, Staff Nurses, Early Years Support Workers or Health Visitors. This document and Universal Health Visiting Pathway emphasises the Health Visitor's specific unique contribution to achieving Hall 4, compliance with the Act and delivery of the GIRFEC Policy and building on this, highlights their core and wider role through home visiting which focuses on relationship building with the family; ensuring that families' needs are appropriately assessed and responded to in a person-centred and supportive way.

Evidence demonstrates the importance of prevention, early identification and intervention throughout the early years of life. Health Visitors have, and always have had, a significant public health role to play in relation to individuals, families and communities by providing critical support to all children under five years of age[2].

A scoping exercise across NHSScotland, undertaken in 2013 by the Chief Nursing Officer's Directorate, Scottish Government, demonstrated significant variation in the services, assessments, resources and visiting patterns offered by Health Visitors to families in Scotland. In conjunction CEL13 (2013)[3] published by Scottish Government in 2013 outlined the requirement for NHS Boards to refocus Health Visitor's important role within early years and address variation by ensuring that through education, and refocused approaches to Health Visiting, services and professional practices are provided *consistently* to *all* children under 5 and their families throughout Scotland. The Children and Young People (Scotland) Act 2014 has significant implications for Health Boards particularly in relation to the delivery of a Named Person service for preschool children that will largely be made available to children and families through health visiting services.

Fundamental to these changes are: the utilisation of public health approaches in responding to all families; an emphasis on reducing inequalities by increasing access to appropriate interventions; responding to vulnerable groups and importantly, ensuring that the right number of Health Visitors are in the right place, with the right support available to them to enhance their professional practice.

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[1] See http://www.gov.scot/Publications/2011/01/11133654/0.
[2] See http://www.sciencedirect.com/science/article/pii/S0020748914001990).
[3] See http://www.sehd.scot.nhs.uk/mels/CEL2013_13.pdf.

The development of this Universal Health Visiting Pathway, and its underpinning programme of work, has been supported by two years of collaboration between Scottish Government, Executive Nurse Directors and Territorial NHS Boards in Scotland. Four working groups and associated sub groups have reviewed the Health Visitor role; interventions; visiting patterns; education; resources; caseloads; evidence (including the required outcomes to be measured) and national evaluations of the new programme required to be undertaken over forthcoming years (***Appendix 1***).

This Pathway underpins and guides the foundation of the refocused Health Visitor role for NHSScotland and integrates the Named Person role. It should be considered alongside work undertaken on caseload weighting and management, increased health visitor training, investment and practice development. It is central to the implementation of the Children and Young People Scotland (Scotland) Act 2014[4] and sits alongside Health Boards' local Health Visitor Implementation Plans and wider workforce planning for early years.

All Practice Teachers and Health Visitors are central to this programme's successful implementation and all have a vital role to play in refocusing roles and in providing early and consistent support to families in Scotland.

The Pathway

The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. Along with these core home visits Health Visitors exercising the function of a Named Person on behalf of their Health Board will be required to be available and responsive to parents to promote support and safeguard the wellbeing of children by providing information, advice, support and help to access other services. The Pathway is based on several underlying principles. These are:

- Promoting, supporting and safeguarding the wellbeing of children
- Person-centeredness
- Building strong relationships from pregnancy
- Offering support during the early weeks and planning future contacts with families
- Focusing on family strengths, while assessing and respectfully responding to their needs.

The programme consists of 11 home visits to all families - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years.

Spanning the antenatal to pre-school period, it ensures the opportunity for Health Visitors, children and their parents to truly "connect"; and provides the platform for ensuring the unique family/Health Visitor relationship, pivotal to providing a gateway to other levels of Health Visiting provision and to promoting, supporting and safeguarding the wellbeing of children. This early establishment of the family/Health Visitor relationship provides Health Visitors with a sound foundation for their role as the Named Person from birth[5].

The proactive and health promoting focus of Health Visiting means that, particularly in the mid to later phases of pregnancy and having a new baby, services reach out to parents who may not initially have engaged with services. This way of working can potentially enhance the uptake and use of services

[4] See http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf.
[5] The Children and Young People (Scotland) Act 2014. See http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf. This Act ensures that all children and young people from birth to 18 years old have access to a named person who will advocate in their best interest.

in response to changing family circumstances. This orientation of practice will help to reduce health inequalities by responding to the needs of vulnerable and seldom heard families who require (ongoing) additional support in response to a range of special needs arising from social disadvantage or disability.

To get to know the family, the Health Visitor needs to first gain access to the family at home. Throughout this pathway and in line with the National Parenting Strategy the terms family and 'parent/carer' is used to refer to a much broader range of primary caregivers[6]. So both mothers, fathers and all carers involved in the lives of children and young people should be considered in the unique family/Health visitor relationship. Health Visitors holistic work with families allows the parent to get to know the Health Visitor. Ideally then a range of activities, including assessing and onward referral, ongoing availability, reciprocal exchange and collaborative interaction, leads to a situation in which parents understand and have confidence in the service, are able to express their needs and accept referrals, or initiate further contact as needed.

The pathway is based on the best available evidence which indicates that all visits should be undertaken by a Health Visitor in the home. Professional judgement should be used to assess where this is not appropriate, such as in cases / suspected cases of domestic abuse. Particular attention should also be given to vulnerable groups such as Looked After Children, homeless families or families where one or more parent is in prison or is or has been involved with criminal justice services This should also include parents who have a history of violence, substance misuse or concerns around mental health.

Specific reference is made at certain points within the pathway to the use of routine enquiry and or assessment for mental health and wellbeing. It is expected that in addition Health Visitors utilise all assessments and tools consistently at multiple points along the pathway according to judgement and need.

Families enrolled on the Family Nurse Partnership Programme should also receive the core elements of the pathway.

The final column in the pathway sets out initially anticipated national and local outcomes. The precise nature of these outcomes and data / information to be gathered both nationally and locally is still to be finalised which will inform national work on evaluation to be undertaken.

Health Plan Indicator

The national Health Plan Indicator (HPI) has been redefined to include an emphasis on wider family health. This is listed on page 8 of the guidance and set out below:

Health Plan Indicator Definition

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

Child Health Reviews

The document contains guidance and data sets for the two additional Child Health Reviews (CHRs) to be undertaken at 13 months and before starting school. The nationally recommended tool for use at all CHRs across Scotland is the Ages and Stages Questionnaire (ASQ 3). ASQ 3 is the mandated tool

[6] *Grandparents, step-parents, kinship carers, foster and adoptive parents, 'corporate parents' of children looked after by the state, extended families, networks and communities – each has an important role to play in the care and upbringing of children and young people (Scottish Government, 2012).*

within the Family Nurse Partnership Programme. Other tools may wish to be utilised according to professional judgement and these are also listed within this document and should be used in conjunction with the 27-30 Month Guidance.

The visit at 6-8 weeks is a home visit which is in addition, but complimentary to' the review undertaken by General Practitioners at 8 weeks in the surgery or clinic. Completion and return of the Child Health Surveillance Programme form maybe a joint General Practitioner/Health Visitor responsibility in line with local arrangements.

Consideration should be given to sharing information in the interest of a child's wellbeing. This will be a statutory duty for Named Person service providers and relevant authorities including the health boards when Parts 4 and 5 of the Children and Young People (Scotland) Act are commenced (anticipated August 2016). After following due process in the Act including seeking the views of the child and normally the parent, sharing of information to promote, support or safeguard a child's wellbeing with or by a child's Named Person service will be a duty even where there is a duty of confidentiality hence consent to share relevant and proportionate information in this context will not be required and if sought and refused could potentially damage the HV/parental relationship.

In relation to the Child Health Review prior to school entry the national Child Health System will be arranged to accept a review of any child aged 4 or 5 to allow Health Visitors to decide when this review is best undertaken depending on when the child starts school.

The Evidence

There is compelling evidence that Health Visitors can have a positive impact on child and family health[7] but their effectiveness depends on practising in particular ways. Successful Health Visiting relies on:

- Organising Health Visiting Services to support best practice
- Delivering proven programmes and interventions to promote health and well-being and
- Having a suitably skilled and trained workforce.

Robust analysis of more than 30 years of research[8] shows that to improve parents' experience and uptake of services, Health Visiting needs to have a strong orientation towards practice and service delivery which is characterised by the following:

- Adopting a 'salutogenic' approach, (i.e. health-creating), being proactive; identifying and building strengths and resources (personal and situational) and being solution-focused
- Demonstrating a positive regard for others, (i.e. human valuing), through keeping the person in mind and shifting (the Health Visitors') focus to align with parents' needs; recognising the potential for unmet need and actively seeking out potential strengths
- Acknowledging the person-in-situation, (i.e. human ecology), through a continuing process; always taking account of the individual, their personal and situational circumstances, whether acting in the client's space, the community or the workplace.

[7] See http://www.kcl.ac.uk/nursing/research/nnru/Policy/Policy-Plus-Issues-by Theme/Whodeliversnursingcare(roles)/PolicyIssue21.pdf.
[8] See http://www.kcl.ac.uk/nursing/research/nnru/publications/Reports/Why-Health-Visiting-NNRU-report-12-02-2013.pdf.

This strong practice orientation is underpinned by a 'triad' of interconnected core practices such as:

1. Development of the Health Visitor-parent relationship
2. Home visits and
3. Needs assessment by the Health Visitor.

Research demonstrates that these 3 core practices operate together as a single process and in so doing form the basis of 'best practice' in Health Visiting Services.

The expectation of this new Health Visiting Pathway is that because of effective relationship building (underpinned by appropriately delivered training and ongoing Health Visitor assessment), the family remains at the centre of each home visit.

Acknowledging that Health Visiting remains a specialist role that pivotally continues to involve ongoing assessment and professional judgement, the Health Visiting Pathway clearly emphasises the unique opportunity afforded by home visiting and its enhancement of the Health Visitor's key role in assessing the wider context of family and community life and circumstances.

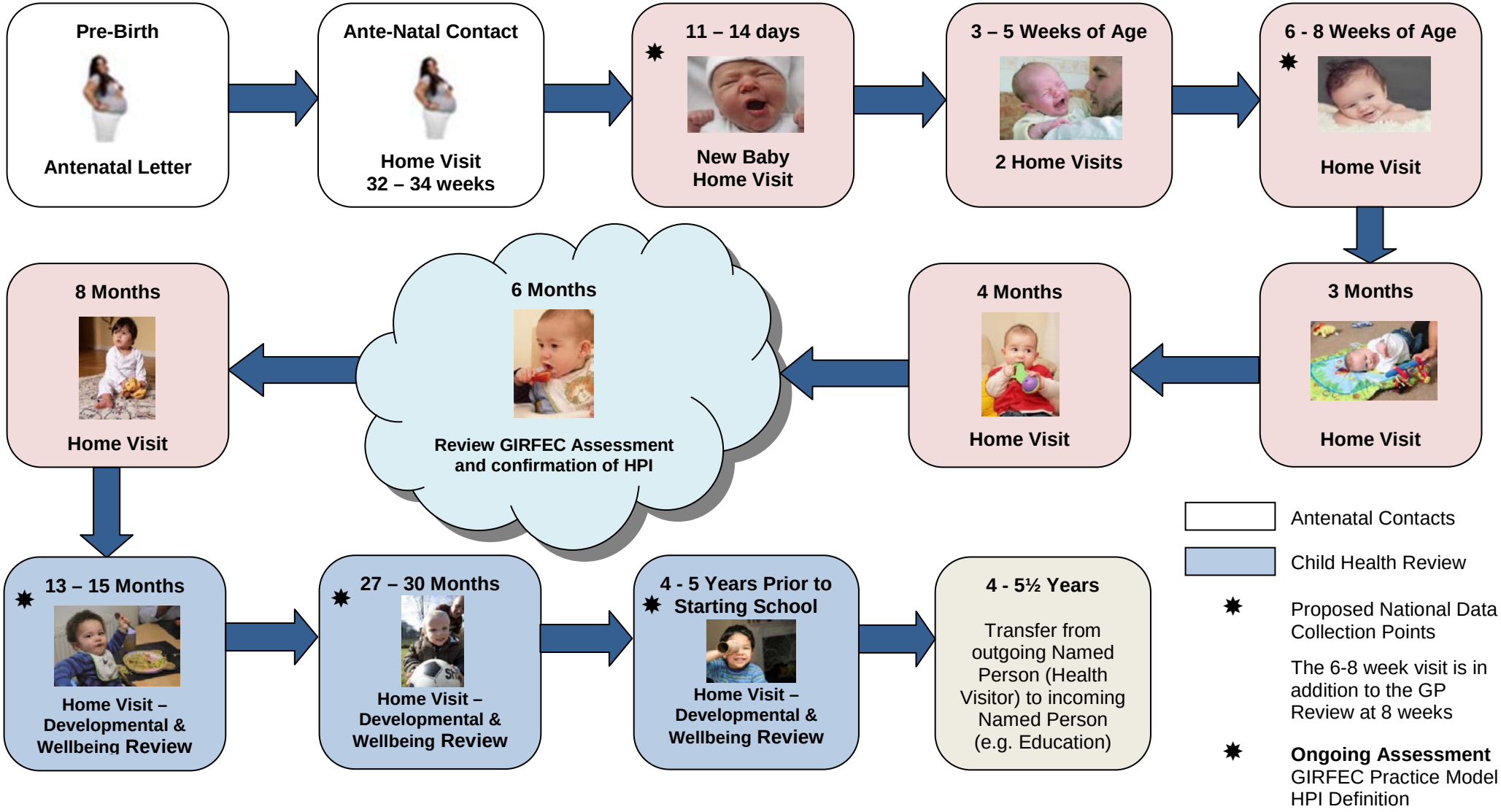
Guidance provides broad details about the purpose of each visit; the tools to be used and anticipated outcomes for the child and family. With this responsiveness in mind ***Appendix 4*** contains useful "tools", providing links to resources and evidence about what works to support this new orientation to practice[9]. While these cannot substitute face-to-face supportive discussion between the family and their Health Visitor, it is hoped that they will enhance the building of the health creating relationship and contribute to securing the foundation for family support throughout the early years.

This document will be reviewed in 2018 via the National Children, Young People and Families Nursing Advisory Group.

[9] These evidence summaries, produced by NHS Health Scotland will be available for inclusion at the time of publication.

HEALTH VISITORS HOME VISITING PATHWAY

PRE-BIRTH TO PRE-SCHOOL



Health Plan Indicator Definition

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

Images supplied by NHS Health Scotland

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes **
Pre-Birth (Suggested time: 10 minutes) 	• Standard service letter to pregnant women on notification of pregnancy. • Introduction to Health Visiting Services/National Leaflet.		Parent/carer aware of the Health Visiting Service and contact details
Pre-Birth Contact 32 – 34 weeks (Suggested time: 45 – 60 minutes) 	• Face to face contact to introduce Health Visiting Service and to begin to develop and build therapeutic relationship with mother/family. • Begin early assessment of maternal/family health, wellbeing and early identification of vulnerability or additional needs. • Initiate additional interventions as appropriate such as Alcohol Brief Interventions • Commencement of transition of care from Midwife to Named Person • Introduction of Red Book • Initiate additional joint visit with the Midwife where additional need is identified • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Assessment and support for infant nutrition; making an informed feeding decision, benefits of breastfeeding, value of skin-to-skin and support decision making and access to Support Workers for Breastfeeding including in-reach into the post-natal ward • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services.	• Edinburgh Postnatal Depression Scale • Getting it Right for Every Child (GIRFEC) Practice Model • National Risk Assessment Tool • Learning Disability Assessment Tools	• Early development of a therapeutic relationship • Identification of parent/carer and child strengths • Early identification of vulnerability/need and active request for assistance or referral is made for clients at an early stage • Uptake of services/tailored support from third sector agencies to address wider determinants • Family awareness of Health Visiting Service and support available on transition from Midwifery care • Families recognise Health Visitor as professional offering credible and positive information, advice. support and help to access services • Parents/carer receive appropriate public health advice to maximise child/family wellbeing • More structured continuity of care and continuous assessments • Income of pregnant women and families with young children who are at risk of, or experiencing, poverty is maximised • Clear documentation of intervention

*** Throughout each visit/contact utilise Public Health Resource Toolkit (*Appendix 4*)**

**** This is current thinking. Ongoing work will determine the precise nature of measures to be captured**

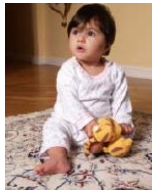
Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes **
11-14 days (Suggested time: 60 – 90 minutes) 	• Engage with family following birth • Assessment and initiation of Getting it Right for Every Child (GIRFEC) and identification of child/family strengths and health/mental health and wellbeing needs and provisional HPI • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Physical developmental check of the baby • Introduce immunisation and developmental assessment schedule • Advice on sources of community support • <u>If not previously carried out</u> carry out routine enquiry for gender based violence and risk assessment undertaken following disclosure Build on and strengthen therapeutic relationship between practitioner and mother/family • Agree future plan of care with parents/carers • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services	• Standard assessment/ recording proforma (Child Health Surveillance Programme) • National Risk Assessment Tool • Getting it Right for Every Child (GIRFEC) Practice Model • Learning Disability Tools • Refer to Chief Executive Letter (CEL) 41 and Edinburgh Postnatal Depression Scale as appropriate • World Health Organisation (WHO) Guidelines for Child Growth	• Families experience continuity of care through timeous information sharing between services • Partnership between practitioners and parents/carers is established • Profile of significant factors • Any risk or potential risk to child or parent/carer health and wellbeing is identified/ addressed early • Identification of physical and prolonged jaundice • Consideration should be given to early visual support to babies born to parents with addictions • Parents are empowered to understand and support child's developmental progress • Improved nutrition for child or parent/carer • Children are protected against infections through engagement/ uptake of immunisation programme • Increased breastfeeding initiation • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • Parent/carers are supported to maximise wellbeing of self/baby • Continual assessment of child and development of a therapeutic relationship with family • Uptake of services/tailored support from third sector agencies to address wider determinants • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Income of families with young children who are at risk of, or experiencing, poverty is maximised • More structured continuity of care and continuous assessments • Clear documentation of any required intervention

*** Utilise Public Health Resource Toolkit (*Appendix 4*) for key contacts and all interventions**

**** This is current thinking. Ongoing work will determine the precise nature of measures to be captured**

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes
3 – 5 weeks (All Families) (Suggested time: 30 – 45 minutes) 	• Continued Getting it Right for Every Child (GIRFEC) assessment process and identification of child/family health strengths and wellbeing needs. • Build on and strengthen therapeutic relationship between practitioner and mother/father/ family • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Observe/ discuss developmental progress of infant • If previously disclosed, routine enquiry for gender based violence and risk assessment undertaken • Agree plan of ongoing care	• Domestic Abuse Risk Assessment Checklist (DASH RIC) • Getting it Right for Every Child (GIRFEC) Practice Model • National Risk Assessment Tool	• Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required. • Co-production approach to support parents/carers to maximise the wellbeing of their baby • Women and children are protected through provision of support and referral to Multi-Agency Risk Assessment Case Conferences as appropriate when abuse identified • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Income of families with young children who are at risk of, or experiencing, poverty is maximised. • More structured continuity of care and continuous assessment
6 – 8 weeks (All Families) (Suggested time: 45 – 60 minutes) 	• Continued Getting it Right for Every Child (GIRFEC) assessment process and identification of child/family health/mental health strengths and wellbeing needs and update recording of Health Plan Indicator • Discuss and enquire about depressive symptoms and complete the Edinburgh Post Natal Depression Scale (EPDS) • <u>If not previously carried out</u> undertake routine enquiry for gender based violence and risk assessment undertaken following disclosure Build on and strengthen therapeutic relationship between practitioner and mother/family • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Agree plan of ongoing care	• Domestic Abuse Risk Assessment Checklist (DASH RIC) • Edinburgh Postnatal Depression Scale Questionnaire • Standard assessment/ recording proforma (Child Health Surveillance Programme) as appropriate • National Risk Assessment Tool • Getting it Right for Every Child (GIRFEC) Practice Model • Chief Executives Letter (CEL) 41	• Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required. • Early identification and management of perinatal mood disorders • Early intervention to reduce risk of dental caries • Initial recording of Health Plan Indicator • Early evidence of attachment • Routine enquiry, recording of disclosure and risk assessment as appropriate • Women and children are protected through provision of support and referral to Multi-Agency Risk Assessment Case Conferences as appropriate when abuse identified. • Early referral and intervention where assessment of growth and or development indicates that child is not achieving age appropriate milestones • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • More structured continuity of care and continuous assessments

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes
3 Months (Suggested time: 45 – 60 minutes) 	• Continuous assessment and identification of child/family health/mental health and wellbeing needs • Discuss and enquire about depressive symptoms and complete Edinburgh Postnatal Depression Scale • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Continue to observe child's developmental progress • If not previously carried out undertake routine enquiry for gender based violence and risk assessment undertaken following disclosure • Advise on sources of community support • Following assessment commission additional support via Early Years Support Workers as required • Complete Getting it Right for Every Child (GIRFEC) assessment process and update Health Plan Indicator • Introduce the subject of weaning and highlight importance of delaying introducing solids until around 6 months. • Agree plan of ongoing care	• Edinburgh Postnatal Depression Scale Questionnaire • Domestic abuse Risk Assessment Checklist (DASH RIC) • National Risk Assessment Tool • Getting it Right for Every Child (GIRFEC) Practice Model	• Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required. • Early identification and management of perinatal mood disorders • Early intervention to reduce risk of dental caries • Women are supported and risks reduced to children through support provided where gender based violence is identified • Women and children are protected through provision of support and referral to Multi-Agency Risk Assessment Case Conferences as appropriate when abuse identified. • Prevention of unintentional injury • Evidence of timeous immunisation uptake • Weaning at appropriate age • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • More structured continuity of care and continuous assessment
4 Months (Suggested time: 45 – 60 minutes) 	As above Agree future plan of care	As above	As above

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes
8 Months (32 weeks) (Suggested time: 30 – 45 minutes) 	• Review Getting it Right for Every Child (GIRFEC) assessment and identification of child/family health/mental health and wellbeing needs and update Health Plan Indicator if required • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Continue to observe child's developmental progress and undertake additional interventions as required e.g. advice; referral • Signpost to local Community Services • Agree future plan of care	• National Risk Assessment Tool • Getting it Right for Every Child (GIRFEC) Practice Model • Ages & Stages Questionnaires: (ASQ:3)	• Continued relationship building with family • Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required • Parents/carers receive appropriate information and support to maximise the wellbeing of their child • Achievement of age appropriate developmental milestones • Early identification of concerns • Commission of additional intervention and support as required • Early identification and management of perinatal mood disorders • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • More structured continuity of care and continuous assessment

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes
13 – 15 months (Suggested time: 45 – 60 minutes) 	• Review Getting it Right for Every Child (GIRFEC) assessment and identification of child/family health/mental health and wellbeing needs and update Health Plan Indicator if required • Assessment should include: quality of parent – child relationship and mental health of the principal carer • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Undertake developmental and wellbeing review • Child Health Review – refer to guidance in ***Appendix 2*** (Guidance on delivery and national minimum dataset) • Advise on local services for children and families • Review immunisation status and prompt attendance where required • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services • Agree future plan of care	• Standard assessment/ recording proforma (Child Health Screening Programme) • Ages & Stages Questionnaires: (ASQ:3) should be used universally with continued access to validated development assessment tools and there appropriate age range as listed in ***Appendix 2*** and ***3***.	• Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required Early identification of growth/ developmental concerns • Parents/carers receive appropriate support and advice to maximise the wellbeing of their child • Children's listening and communication skills are enhanced through the introduction of early reading • Children are protected from infectious disease • Ensuring follow up when concerns are identified • Request for assistance as appropriate • Attendance at appointments • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Income of families with young children who are at risk, or experiencing, poverty is maximised • Families recognise Health Visitor as professional offering credible and positive information, advice, support and help to access services • More structured continuity of care and continuous assessments

Child's Age	Purpose of Visit	National Assessment Tools	National/Local Outcomes
27-30 Months (Suggested time: 45 – 60 minutes) 	• As above • In addition to the above routine enquiry for gender based violence and risk assessment conducted	• Ages & Stages Questionnaires: (ASQ:3) should be used universally with continued access to validated development assessment tools and there appropriate age range as listed in ***Appendix 2*** and ***3***. These should be used in conjunction with 27 - 30 Month Guidance. • Domestic Abuse Risk Assessment (DASH RIC) • Standard assessment/recording proforma (Child Health Screening Programme)	• Continuum of parent/carer and child assessment and care providing maximum opportunity to intervene early where additional support is required. • Parents involved and received advice and support in maximising the wellbeing of their child. • Children are protected against infectious diseases • Referral where necessary • Women are supported and risks reduced to children through support provided where gender based violence is identified • Women and children are protected through provision of support and referral to Multi-Agency Risk Assessment Case Conferences as appropriate when abuse identified. • Parents/carers receive appropriate public health advice to maximise child/family wellbeing • Income of families with young children who are at risk, or experiencing, poverty is maximised • Families recognise Health Visitor as professional offering credible and positive advice and support • More structured continuity of care and continuous assessments
4 - 5 Years (Suggested time: 30 – 45 minutes) 	• Undertake pre-school review • Child Health Review – refer to guidance in ***Appendix 3*** (Guidance on delivery and national minimum dataset) • Update Getting it Right for Every Child (GIRFEC) assessment and Health Plan Indicator • Engage and share public health information and guidance to promote positive attachment and health and wellbeing • Routine enquiry about family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services • Arrange discussion/meeting with School Nurse for children with an Health Plan Indicator of additional • Transition to School • Arrangements for transition to the incoming Named Person e.g. Education.	• Ages & Stages Questionnaires: (ASQ:3) should be used universally with continued access to validated development assessment tools and there appropriate age range as listed in ***Appendix 2*** and ***3***.	• Continuum of child assessment • Seamless transition to School Nursing Services • Parents/carers receive appropriate support/advice to maximise the wellbeing of their child • Income of families with young children who are at risk, or experiencing, poverty is maximised • Children benefit from effective care planning between services

Appendix 1

HEALTH VISITING – GROUP MEMBERSHIP

CHILDREN, YOUNG PEOPLE AND FAMILIES NURSING ADVISORY GROUP

Name, Job Title	Organisation
Rosemary Lyness, Executive Nurse Director	Executive Nurse Director – Scottish Executive Nurse Directors (SEND)
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Directorate for Chief Nursing Officer, Patients, Public & Health Professions, The Scottish Government.
Alison Macvie, Senior Nurse Child Protection	NHS Western Isles
Ann Marie Knox, Nurse Consultant Safeguarding Children & Young People	NHS 24
Joan Blackwood, Professional Nurse Advisor – Mental Health	Scottish Government
Clare Cable, Nurse Director	Queens Nursing Institute
Charlie Sinclair, Associate Director of Nursing	NHS Borders
Clare Stiles, Clinical Team Leader Child Health	NHS Shetland
Sean Cody, Lead Nurse	NHS Grampian
Kirsty Craig, Children and Young People's Health	Scottish Government
Dr Deirdre McCormick, Professional Lead	NHS Greater Glasgow & Clyde
Donna McKee, Senior Manager Early Years, Children & Families Community Nursing (Family Nurse Partnership Lead)	NHS Ayrshire & Arran
Ellen Hudson, Associate Nurse Director Scotland	Royal College of Nursing
Fiona Houston, Community Nurse Manager	NHS Borders
Gavin Fergie, Professional Officer	Unite the Union
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Irene Warnock, Head of Nursing Community	NHS Forth Valley
Jean Davies, Community Nurse Manager, Children & Young People	NHS Ayrshire & Arran
Joan Wilson, Chief Nurse Children & Families	NHS Tayside
Kate Kenmure, Children & Family Health Manager	NHS Shetland
Kathleen McFarlane, Lead Nurse/Assistant General Manager	NHS Dumfries & Galloway
Nicky Connor, Associate Director of Nursing	NHS Fife
Gillian Overton, Policy Manager	Scottish Government
Ian Roxburgh, Policy Manager	Scottish Government
Sally Egan, Associate Director & Child Health Commissioner	NHS Lothian
Susan Key, Programme Director	NHS National Education for Scotland
Carolyn Wilson, Lead Policy Officer, Family Nurse Partnership	Scottish Government
Vicky Anderson, Staff Nurse	NHS Orkney
Una Provan, Team Leader/Staff Side	NHS Greater Glasgow & Clyde/Unison
Susan Russel, Principal Officer - Nursing	NHS Highland
Professor Phil Wilson, Director of Centre for Rural Health	Royal Collage of General Practitioners / University of Aberdeen

CASELOAD WEIGHTING SUB-GROUP

Name, Job Title	Organisation
Joan Wilson (Chair), Chief Nurse Children & Families	NHS Tayside
Sara Bartram, Public Health Practitioner	NHS Western Isles
Gavin Fergie, Professional Officer	Unite the Union
Heather Love, Workforce Lead	Scottish Government
Fiona MacKenzie, Workforce Lead	Scottish Government
David McLaren, Researcher/Project Manager	NHS Tayside
Una Proven, Team Leader/Staff Side	Unison
Cathy Roarty, Professional Nurse Adviser Children & Families	NHS Greater Glasgow & Clyde/Unison
Lorraine Ronalson, Senior Nurse Adviser	NHS Fife
Mike Massaro-Mallinson, Service Manager Children 's Services	NHS Lothian
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government

EDUCATIONAL SUB-GROUP

Name, Job Title	Organisation
Sara Bartram, Public Health Practitioner	NHS Western Isles
Mary Boyle (Chair), Programme Director	NHS Education for Scotland
Nicky Connor, Acting Associate Nurse Director	NHS Fife
Jean Cowie, Educational Project Manager	Robert Gordon University
Jean Davies, Community Nurse Manager, Children & Young People	NHS Ayrshire & Arran
Caroline Gibson, Lecturer	Queen Margaret University
Karen Grieve, Community Services Nurse Specialist	NHS Borders
Annie Hair, Chair Community Practitioners & Health Visitors Association (CPHVA) Scotland	NHS Greater Glasgow & Clyde / Community Practitioners & Health Visitors Association (CPHVA) Scotland
Jane Harris, Programme Director	Scottish Government/NHS Education for Scotland
Sheila Lindsay, Midwife	NHS Lanarkshire
Sheelagh Martindale, Head of Professional Development	Robert Gordon University
Gill Milner, Practice Development Adviser	NHS Education for Scotland/Scottish Government
Kristina Mountain, Lecturer	Queen Margaret University
Chris Ridley, GIRFEC Strategic Development Manager	NHS Lothian
Gill Robertson, Assistant Officer, Royal College of Nursing West of Scotland	Royal College of Nursing
Anne Scott, Specialist School Nurse	NHS Borders
Mary Scott, Programme Lead Specialist Community Public Health Nursing	Glasgow Caledonian University/UNITE
Judith Sinclair, Lead Nurse	NHS Orkney
Joanna Smith, Lecturer	University of Stirling
Marion Straub, Lecturer	University of West of Scotland
Patricia Watson, Lecturer	University of West of Scotland

UNIVERSAL ASSESSMENT GROUP

Name, Job Title	Organisation
Donna McKee, Senior Manager Early Years, Children & Families Community Nursing (Family Nurse Partnership Lead)	NHS Ayrshire and Arran
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Debbie Balshaw, Lead Nurse Early Years	NHS Tayside
Maureen Bell, Child Protection Nurse Consultant	NHS Ayrshire and Arran
Rhona Brown, Lead Nurse Community Nursing	NHS Fife
Elaine Cockburn, Professional Advisor PH and Maternity Services	Scottish Government
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government
Glynis Gordon, Lead Nurse	NHS Forth Valley
Annie Hair, Chair, Community Practitioners & Health Visitors Association (CPHVA) Scotland	NHS Greater Glasgow & Clyde / Community Practitioners & Health Visitors Association (CPHVA) Scotland
Mharaid Hughes, Clinical Nurse Manager	NHS Lothian
John Munro	Staff Side
Ali MacDonald	Health Scotland
Maureen McAteer, Early years Practice Development Team	Early Years Collaborative Scottish Government
Alison Macvie, Senior Nurse Child Protection	NHS Western Isles
Wendy Peacock, Head of Better Health	Health Scotland
Jane Reid, National AHP Lead	Scottish Government
Patricia Renfrew, Consultant Nurse Children & Families	NHS Highland
Cathy Roarty, Professional Nurse Adviser Children & Families	NHS Greater Glasgow & Clyde
Wendy Sinclair, Health Visitor	NHS Orkney
Mary Sloan, Child & Maternal Health Division	Scottish Government
Debbie Smith, Senior Nurse	NHS Dumfries & Galloway
Julie Wild, Stirling Area Representative	National Parents Forum
Carolyn Wilson, Carolyn Wilson, Lead Policy Officer, Family Nurse Partnership	Scottish Government
Dr Rachael Wood, Consultant in Public Health Medicine – Information Services Division (ISD) – Lead for Child Health	NHS National Services Scotland

HEALTH VISITOR IMPLEMENTATION GROUP

Name, Job Title	Organisation
Colette Ferguson (Chair), Director of Nursing, Midwifery and Allied Health Professions	NHS Education for Scotland
Catriona Renfrew, Director Corporate Planning & Policy	NHS Greater Glasgow & Clyde
Kristy Craig	Scottish Government
Joan Wilson, Chief Nurse Children & Families / Debbie Balshaw, Lead Nurse Early Years	NHS Tayside
Donna McKee, Senior Manager Early Years, Children & Families Community Nursing (Family Nurse Partnership Lead)	NHS Ayrshire & Arran
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government
John Froggatt, Deputy Director, Child and Maternal Health	Scottish Government
Gavin Fergie, Gavin Fergie, Professional Officer	Unite the Union
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Gill Robertson, Assistant Officer Royal College of Nursing West of Scotland	Royal College of Nursing
Grant Hughes	Scottish Government
Heather Love	Scottish Government
Julie Wild, Stirling Area Representative	National Parents Forum
Dr Linda De Caestecker, Director of Public Health	NHS Greater Glasgow & Clyde
Matt Forde, Head of National Services	National Society for the Prevention of Cruelty to Children (Scotland)
Gillian Overton, Policy Manager	Scottish Government
Patricia Renfrew, Consultant Nurse Children & Families	NHS Highland
Professor Phil Wilson, Director of Centre for Rural Health	Royal Collage of General Practitioners / University of Aberdeen
Dr Rachael Wood, Consultant in Public Health Medicine – Information Services Division (ISD) – Lead for Child Health	Scottish Government
Ian Roxburgh, Policy Officer	Scottish Government
Susan Russel, Principal Officer - Nursing	NHS Highland
Mary Boyle / Susan Key	NHS Education for Scotland
Terri Thomson	Scottish Government
Una Provan, Team Leader/Staff Side	NHS Greater Glasgow & Clyde/Unison
Carolyn Wilson, Carolyn Wilson, Lead Policy Officer, Family Nurse Partnership	Scottish Government

HEALTH VISITOR PATHWAY GROUP

Name, Job Title	Organisation
Kerry Mackenzie, Health Improvement Programme Manager, Early Years	NHS Health Scotland
Carolyn Wilson, Carolyn Wilson, Lead Policy Officer, Family Nurse Partnership	Scottish Government
Debbie Balshaw, Led Nurse Early Years	NHS Tayside
Elaine Cockburn, Professional Adviser Public Health: Midwifery Care, Maternal & Infant Health	Scottish Government
Gavin Fergie, Professional Officer	Unite the Union
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Gill Robertson, Assistant Officer Royal College of Nursing West of Scotland	Royal College of Nursing Scotland
Joan Wilson, Chief Nurse Children & Families	NHS Tayside
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government
Kirsty Craig, Head of Children & Young People's Health	Scottish Government
Donna McKee, Senior Manager Universal Early Years, Children & Families Community Nursing (FNP Lead)	NHS Ayrshire & Arran
Rhona Brown, Lead Nurse Community Nursing	NHS Fife

EVALUATION SUB-GROUP

Name, Job Title	Organisation
Victoria Milne (Chair)	Scottish Government
Donna McKee, Senior Manager Universal Early Years, Children & Families Community Nursing (FNP Lead)	NHS Ayrshire & Arran
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Carolyn Wilson, Carolyn Wilson, Lead Policy Officer, Family Nurse Partnership	Scottish Government
Gillian Overton, Policy Manager	Scottish Government
Professor Phil Wilson, Director of Centre for Rural Health	Royal Collage of General Practitioners / University of Aberdeen
Joan Wilson, Chief Nurse Children & Families	NHS Tayside
Gemma McNeill, Secretariat	Scottish Government
Fiona Hodgkiss	Scottish Government
Susan Key	NHS National Education for Scotland
Kate Woodman	NHS Health Scotland
Dr Linda De Caestecker, Director of Public Health	NHS Greater Glasgow & Clyde

HEALTH BOARDS LEADS NETWORK

Name, Job Title	Organisation
Donna McKee, Senior Manager Universal Early Years, Children & Families Community Nursing (FNP Lead)	NHS Ayrshire and Arran
Geraldine Queen, Associate Director of Nursing/Family Nurse Partnership Lead	NHS Lanarkshire
Joan Wilson, Chief Nurse Children & Families	NHS Tayside
Debbie Balshaw, Led Nurse Early Years	NHS Tayside
Susan Russel, Principal Officer - Nursing	NHS Highland
Patricia Renfrew, Consultant Nurse Children & Families	NHS Highland
Dr Deirdre McCormick, Professional Lead	NHS Greater Glasgow & Clyde
Cathy Roarty, Professional Nurse Adviser Children & Families	NHS Greater Glasgow & Clyde
Mark Feinmann, Operational Lead	NHS Greater Glasgow & Clyde
Sally Egan, Associate Director & Child Health Commissioner	NHS Lothian
Glynis Gordon, Lead Nurse	NHS Forth Valley
Fiona Houston, Community Nurse Manager	NHS Forth Valley
Kathleen McFarlane, Lead Nurse/Assistant General Manager	NHS Dumfries & Galloway
Nicky Connor, Acting Associate Nurse Director	NHS Fife
June Brown, Associate Director of Nursing – Modernisation	NHS Grampian
Michelle Mackie, Lead Midwife	NHS Orkney
Kate Kenmure, Children & Family Health Manager	NHS Shetland
Dorothy Macdonald, Health Visitor	NHS Western Isles
Susan Key, Programme Director	NHS Education for Scotland
Jean Cowie, Educational Project Manager	NHS Education for Scotland
Gill Robertson, Assistant Officer Royal College of Nursing West of Scotland	Royal College of Nursing Scotland
Gavin Fergie, Professional Officer	Unite the Union
Dr Julia Egan, Professional Adviser Public Health Early Years and Children's Services.	Scottish Government
Kirsty Craig, Children and Young People's Health	Scottish Government

Appendix 2

OUTLINE GUIDANCE ON DELIVERY OF THE PROPOSED 13-15 MONTH REVIEW

1. Suggested Priorities

CORE ISSUE	SPECIFIC TOPICS TO CONSIDER
How I Grow up and Develop	
Child Development	All domains with a focus on: • Gross and fine motor • Speech and language • Social, emotional and behavioural
Child Nutrition and Growth	Nutrition and healthy eating (appropriate foods, portion size and milk volume)
	Physical activity
	Growth (note Body Mass Index (BMI) not appropriate for children <24 months)
Child Physical Health	Immunisations (ensure primary immunisations and 12 – 13 month boosters plus MMR completed, ensure selective immunisations – Bacillus Calmette-Guerin (BCG), Hepatitis B, Influenza – completed if indicated
	Dental health (encourage cup rather than bottle, tooth brushing, dental registration and attendance)
	Unintentional injuries (especially home safety)
	General physical health (especially testicular descent for boys and hips) – request assistance from General Practitioner if any concerns
What I Need From People Who Look After Me	
Parenting and Family Relationships	Parenting capacity, enjoyment and stress
	Parent-child relationship and attachment (sensitive and responsive parenting, appropriate boundaries, separation anxiety)
	Wider family relationships (including domestic abuse)
Parental Health	Parental smoking – second hand smoke
	Parental alcohol or drug misuse
	Learning disabilities
	Mental health
	Physical health to include nutrition and diet and postnatal weight management support
My Wider World	
Family Finances	Poverty and debt
Home Environment	Home safety
	Play opportunities – ensure Play@home pre-school toddler book received
	Books and reading (ensure Bookbug Baby Bag received)
	Screen time
	Sleep (bath, book, bed routine)
Early Learning and Childcare	Nursery/childminder/playgroup attendance
Wider environment	Play opportunities
	Road safety
	Sun Safety
Overall Need for Support	**Health Plan Indicator**

2. Pre-Printed on Child Health Surveillance Programme (CHSP) Form (minimum dataset)

The national minimum dataset to be returned on all completed 13-15 month reviews is included below. Response options or full code lists are provided as required along with comments to promote consistent interpretation and recording and hence facilitate comparative analyses over time or across areas. Pre-printed items are those potentially already held on the Child Health Surveillance Programme – Pre-School (CHSP-PS) system which can therefore be pre-printed onto a child's 13-15 month review form to minimise data entry required at the review. The Health Visitor can amend this information if required and then Child Health Surveillance Programme – Pre-School (CHSP-PS) can be updated accordingly.

Data item	Pre-printed based on information recorded on 6-8 week form?	Response options	Comments
Demographic data			
First name	Y		
Surname / family name	Y		
Home postcode	Y	Full postcode	
Gender	Y	M/F	
CHI	Y		
Ethnicity		See code list	
Is English first language at home	Y	Y/N	Is English the main language spoken at home?
Bilingual/multilingual	Y	Y/N	Is the child routinely exposed to more than one spoken language in their home and/or care environment?
Current Looked After Child (LAC) status		See code list	Is the child currently looked after by the Local Authority for any reason?
Professional identifiers			
Health visitor identifier	Y		
Clinic identifier	Y		
GP Practice identifier	Y		
Information about review			
Date of review		DDMMYY	If reviews are conducted over more than one appointment, please include the date the review was completed
Place of review		Home, GP Practice, community clinic, other	Tick all that apply
Professionals directly involved in delivering review		Health Visitor	Tick all that apply
Carer present with child at review		Primary carer, additional carer, other	Tick all that apply. Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care. Additional carer refers to a second adult (living with the child or not) who contributes to their day to day care. In most but not all cases, the primary and additional carers will be the child's mother and father.

Data item	Pre-printed based on information recorded on 6-8 week form?	Response options	Comments
Parental concerns			
Concerns raised by carer		Feeding, growth/weight, sleep, development, physical health, other	
Development			
Ages & Stages Questionnaire results			
Communication		Numerical score up to 60	Ages & Stages Questionnaires are available for children aged 12, 14 and 16 months
Gross motor		Numerical score up to 60	
Fine motor		Numerical score up to 60	
Problem solving		Numerical score up to 60	
Personal-social		Numerical score up to 60	
Overall assessment of child's development			
Speech, language and communication		No concerns, concern newly suspected, concern/disorder previously identified	A concern about a child's development may be newly identified during their review through any/all of eliciting parental concerns, taking a developmental history, structured observation of the child, and/or the results of the Ages & Stages Questionnaire or other validated developmental assessment questionnaires. If concerns are newly identified, action would be expected to follow such as arrangement for early review, more detailed assessment, and/or wider parenting support. Developmental concerns, or specific disorders such as cerebral palsy, congenital deafness, etc, may have been identified prior to the child health review.
Gross motor		No concerns, concern newly suspected, concern/disorder previously identified	
Fine motor		No concerns, concern newly suspected, concern/disorder previously identified	
Problem solving, cognitive		No concerns, concern newly suspected, concern/disorder previously identified	
Personal-social		No concerns, concern newly suspected, concern/disorder previously identified	
Emotional, behavioural, attention		No concerns, concern newly suspected, concern/disorder previously identified	
Vision		No concerns, concern newly suspected, concern/disorder previously identified	
Hearing		No concerns, concern newly suspected, concern/disorder previously identified	
Tools used during the review to support developmental assessment		List up to 4 – see code list	

Data item	Pre-printed based on information recorded on 6-8 week form?	Response options	Comments
Infant feeding			
Ever breastfed	Y	Y/N	Has the baby ever been put to the breast to feed or been given expressed breast milk?
Current milk feeding (previous 24 hours)		Breast milk only, formula milk only, mixed breast and formula milk, other	This variable refers to the feeding that the baby has received over the 24 hours prior to the child health review. 'Breast milk only' includes either feeding at the breast or being fed expressed breast milk. 'Other' would include babies with special nutritional needs receiving non milk feeding.
Child's age when breastfeeding stopped	Y	Age in completed months (if stopped after 6-8 week review)	
Child's age when weaning foods introduced		Age in completed months	
Growth			
Weight		Weight in kg to one decimal place	
Length		Length in cm to one decimal place	
Date measured		DDMMYY	Complete if different to date of review.
Immunisations			
Universal immunisations complete for age	Y (from SIRS)	Y/N	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type b (Hib), Meningitis C, Pneumococcal Conjugate Vaccine (PCV), Rotavirus, Measles, Mumps & Rubella (MMR)
Tuberculosis risk status	Y	Free text – list country of birth of parents and grandparents	
Bacillus Calmette-Guerin (BCG) given	Y	Y/N	
Is Hepatitis B immunisation indicated	Y	Y/N	
Hepititus B immunisation completed	Y	Y/N	
Influenza vaccination given	Y	Y/N	
Dental Health			
Childsmile requested at 6-8 weeks	Y	Yes, no, refused	Was the child referred to Childsmile following their 6-8 week child health review?
Toothbrushing twice daily		Y/N	Is the child having their teeth brushed with fluoride toothpaste at least twice daily?

Data item	Pre-printed based on information recorded on 6-8 week form?	Response options	Comments
Registered with dentist	May be available for pre-printing as part of the national Childsmile data linkage project – otherwise Health Visitors to complete	Y/N	Is the child currently registered with a dentist?
Ever attended dentist		Y/N	Has the child ever attended a dentist?
Second hand smoke			
Primary carer current smoker?		Y/N	Is the child's primary carer a current smoker? Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care.
Child exposed to second hand smoke?		Y/N	Is child regularly exposed to second hand smoke within their home, car, and/or care environment from any source? Exposure in the home means anyone smoking anywhere inside the house or on the doorstep with the door open. Regularly means once a week or more frequently.
Issues			
Issues likely to be relevant to the child's ongoing health, development or wellbeing	Y	List up to 4 issues. Free text subsequently Read coded	All medical diagnoses (including congenital anomalies) and social/environmental issues likely to impact of the child's ongoing health, development, or wellbeing should be recorded in line with the national guidance on recording of issues.
Future action			
Recall to Health Visitor		Interval to next appointment in weeks if child to be reviewed by Health Visitor	
Length of recall appointment		S, M, L	
Reason for recall appointment		Free text	
GP		Provide, signposted to, discuss with, refer to/request assistance from, refused	Provide indicates that the Health Visitor and/or associated skill mix team will directly provide the specified additional support e.g. parenting support (only relevant for some options).
Parenting support			Signposted to indicates that parents have been given details of specified local services and how to access them.
Audiology			Discuss with indicates that the HV will formally discuss the child/family with the specified service to inform future management plans.
Speech and language therapy			Refer to/request assistance from indicates that the Health Visitor will formally refer the child/family to the specified service, whilst retaining responsibility for overall monitoring of the child's wellbeing and outcomes as their GIRFEC Named Person.

Data item	Pre-printed based on information recorded on 6-8 week form?	Response options	Comments
Community paediatrics			Refused indicates that the carer has been offered provision/signposting/discussion/referral to the specified service but has refused this.
Child and Adolescent Mental Health Service			
Childsmile			
Smoking cessation			
Child healthy weight intervention			
Early learning and childcare			
Financial Advice Services			
Social Work			
Physiotherapy/Occupational Therapy			
Other service		Specify	
Support Needs Status	Y	Not active on Support Needs Status, active – not yet notified to doctor, active – not yet assessed, active – being assessed, previously on Support Needs Status	
Summary and data sharing			
Summary comment		Free text	
Parental consent to share information from this review		Provided, refused, not sought. Specify with whom the results will be shared.	
Health Plan Indicator			
Current Health Plan Indicator	Y	Core, additional	This is last HPI entered into Child Health Surveillance Programme – Pre-School (CHSP-PS) prior to the current review
Updated Health Plan Indicator		Core, additional	This is the Health Plan Indicator assigned on completion of the review. An additional Health Plan Indicator indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help them attain their health or development potential. Any services may be required such as additional Health Visitor support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

NOTES

Ethnicity

Group A - White		**Group D – African**	
1A	Scottish	4D	African, African Scottish or African British
1B	Other British	4Y	Other African
1C	Irish	**Group E – Caribbean or Black**	
1K	Gypsy/Traveller	5C	Caribbean, Caribbean Scottish or Caribbean British
1L	Polish	5D	Black, Black Scottish or Black British
1Z	Other white ethnic group	5Y	Other Caribbean or Black
Group B – Mixed or multiple ethnic groups		**Group F – Other ethnic group**	
2A	Any mixed or multiple ethnic groups	6A	Arab, Arab Scottish or Arab British
Group C – Asian, Asian Scottish or Asian British		6Z	Other ethnic group
3F	Pakistani, Pakistani Scottish or Pakistani British	**Group G - Refused/Not provided by patient**	
3G	Indian, Indian Scottish or Indian British	98	Refused/Not provided by patient
3H	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	**Group H - Not Known**	
3J	Chinese, Chinese Scottish or Chinese British	99	Not Known (i.e. individual was not asked)
3Z	Other Asian, Asian Scottish or Asian British		

Current LAC Status

01 No, not currently looked after by local authority
02 Yes, looked after at home
03 Yes, looked after with friends/relatives (placed with friends or relatives who are not approved foster carers)
04 Yes, looked after with foster carers (placed with approved foster carers provided by or purchased by the Local Authority)
05 Yes, looked after with prospective adopters
06 Yes, looked after in other community placement (e.g. supported accommodation, hospital)
07 Yes, looked after in residential care (any form of residential care e.g. local authority or voluntary children's home or crisis care refuge)

Tools / developmental assessment questionnaires used within Child Health Review

The nationally agreed core list of recommended additional questionnaires (in addition to the Ages & Stages Questionnaire - ASQ:3) is: Parents Evaluation of Developmental Status (PEDS) Parents Evaluation of Developmental Status: Developmental Milestones Questionnaire (PEDS:DM) Ages & Stage Questionnaire: Social-Emotional (ASQ:SE 2) Strengths & Difficulties Questionnaire (SDQ) The Sure Start Language Measure (SSLM) Modified Checklist for Autism in Toddlers (M-CHAT)	Note that the Eyberg Child Behaviour Inventory was also listed in the 27-30 month guidance but this has been removed as in practice it has been little used in Scotland Furthermore, the Schedule of Growing Skills (SOGS) II has also been removed from the list as this serves the same function as the Ages & Stages Questionnaire (ASQ:3) (i.e. holistic assessment of all developmental domains) hence with the move to universal use of the Ages & Stages Questionnaire (ASQ:3) this is now redundant Health Visitors can record the use of 'other' specific questionnaires on the relevant Child Health Surveillance Programme – Pre-School (CHSP-PS) forms. Use of other questionnaires is a matter for Health Visitors' professional judgement however in general it is expected that use of other questionnaires will be uncommon.

Appendix 3

OUTLINE GUIDANCE ON DELIVERY OF THE PROPOSED 4 - 5 YEAR REVIEW

1. Suggested Priorities

CORE ISSUE	SPECIFIC TOPICS TO CONSIDER
How I Grow up and Develop	
Child Development	All domains with a focus on: • Cognitive/problem solving • Social, emotional and behavioural • Speech and language • Vision (discuss pre-school vision screening) • Hearing (discuss school entry audiometry testing in areas where this is provided)
Child Nutrition and Growth	Nutrition and healthy eating
	Physical activity
	Growth – Body Mass Index
Child Physical Health	Immunisation (ensure preschool boosters, second MMR and annual influenza completed)
	Dental health (tooth brushing, dental registration and attendance)
	Unintentional injuries (especially road safety)
	General physical health – request assistance from GP if any concerns
What I Need From People Who Look After Me	
Parenting and Family Relationships	Parenting capacity, enjoyment and stress
	Parent-child relationship (sensitive and responsive parenting, appropriate boundaries)
	Wider family relationships (including domestic abuse)
Parental Health	Parental smoking
	Parental alcohol or drug misuse
	Learning disabilities
	Mental health
	Physical health
My Wider World	
Family Finances	Poverty and debt
Home Environment	Home safety
	Play opportunities – ensure Play@home pre-school book received
	Books and reading (ensure Bookbug pirate bag received)
	Screen time
	Sleep
Early Learning and Childcare	Preschool attendance
	Intended School
Wider Environment	Play opportunities
	Road safety
	Sun safety
Overall Need for Support	**Health Plan Indicator**

2. Pre-Printed on Child Health Surveillance Programme (CHSP) Form (minimum dataset)

The national minimum dataset to be returned on all completed 4 - 5 year reviews is included below. Response options or full code lists are provided as required along with comments to promote consistent interpretation and recording and hence facilitate comparative analyses over time or across areas. Pre-printed items are those potentially already held on the Child Health Surveillance Programme – Pre-School (CHSP-PS) system which can therefore be pre-printed onto a child's 4 – 5 year review form to minimise data entry required at the review. The Health Visitor can amend this information if required and then Child Health Surveillance Programme – Pre-School (CHSP-PS) can be updated accordingly.

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Demographic data			
First name	Y		
Surname / family name	Y		
Home postcode	Y	Full postcode	
Gender	Y	M/F	
CHI	Y		
Ethnicity		See code list at end	
Is English first language at home	Y	Y/N	Is English the main language spoken at home?
Bilingual/multilingual	Y	Y/N	Is the child routinely exposed to more than one spoken language in their home and/or care environment?
Current Looked After Child status		See code list	Is the child currently looked after by the Local Authority for any reason?
Professional identifiers			
Health Visitor identifier	Y		
Clinic identifier	Y		
GP Practice identifier	Y		
Information about review			
Date of review		DDMMYY	If reviews are conducted over more than one appointment, please include the date the review was completed
Place of review		Home, GP Practice, community clinic, other	Tick all that apply
Professionals directly involved in delivering review		Health Visitor,	Tick all that apply
Carer present with child at review		Primary carer, additional carer, other	Tick all that apply. Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care. Additional carer refers to a second adult (living with the child or not) who contributes to their day to day care. In most but not all cases, the primary and additional carers will be the child's mother and father.
Parental concerns			
Concerns raised by carer		Feeding, growth/weight, sleep, development, physical health, other	

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Development			
Ages & Stages Questionnaire results			
Communication		Numerical score up to 60	Ages & Stages Questionnaire questionnaires are available for children aged 42, 48 and 54 months
Gross motor		Numerical score up to 60	
Fine motor		Numerical score up to 60	
Problem solving		Numerical score up to 60	
Personal-social		Numerical score up to 60	
Overall assessment of child's development			
Speech, language and communication		No concerns, concern newly suspected, concern/disorder previously identified	A concern about a child's development may be newly identified during their review through any/all of eliciting parental concerns, taking a developmental history, structured observation of the child, and/or the results of the Ages & Stage Questionnaire or other validated developmental assessment questionnaires. If concerns are newly identified, action would be expected to follow such as arrangement for early review, more detailed assessment, and/or wider parenting support. Developmental concerns, or specific disorders such as cerebral palsy, congenital deafness, etc, may have been identified prior to the child health review.
Gross motor		No concerns, concern newly suspected, concern/disorder previously identified	
Fine motor		No concerns, concern newly suspected, concern/disorder previously identified	
Problem solving, cognitive		No concerns, concern newly suspected, concern/disorder previously identified	
Personal-social		No concerns, concern newly suspected, concern/disorder previously identified	
Emotional, behavioural, attention		No concerns, concern newly suspected, concern/disorder previously identified	
Vision		No concerns, concern newly suspected, concern/disorder previously identified	
Hearing		No concerns, concern newly suspected, concern/disorder previously identified	
Tools used during the review to support developmental assessment		List up to 4 – see code list	
Growth			
Weight		Weight in kg to one decimal place	

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Height		Height in cm to one decimal place	
Date measured		DDMMYY	Complete if different to date of review.
Immunisations			
Universal immunisations complete for age	Y (from SIRS)	Y/N	Diptheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type b (Hib), Meningitis C, Pneumococcal Conjugate Vaccine (PCV), Rotavirus, Measles, Mumps & Rubella (MMR)
Tuberculosis risk status	Y	Free text – list country of birth of parents and grandparents	
Bacillus Calmette-Guerin (BCG) given	Y	Y/N	
Dental health			
Registered with dentist	May be available for pre-printing as part of the national Childsmile data linkage project – otherwise Health Visitors to complete	Y/N	Is the child currently registered with a dentist?
Attended dentist within last 12 months?		Y/N	Has the child attended a dentist within the 12 months prior to their review?
Second hand smoke			
Primary carer current smoker?		Y/N	Is the child's primary carer a current smoker? Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care.
Child exposed to second hand smoke?		Y/N	Is child regularly exposed to second hand smoke within their home, car, and/or care environment from any source? Exposure in the home means anyone smoking anywhere inside the house or on the doorstep with the door open. Regularly means once a week or more frequently.
Childcare and education			
Attends early learning and childcare		Nursery, playgroup, registered childminder, other childcare, none	
Preschool nursery attended		Free text	
Intended school		YYYY	

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Intended school code			
Intended year of starting school		YYYY	
Issues			
Issues likely to be relevant to the child's ongoing health, development or wellbeing	Y	List up to 4 issues. Free text subsequently Read coded	All medical diagnoses (including congenital anomalies) and social/environmental issues likely to impact of the child's ongoing health, development, or wellbeing should be recorded in line with the national guidance on recording of issues.
Future action			
Recall to Health Visitor		Interval to next appointment in weeks if child to be reviewed by Health Visitor	
Length of recall appointment		S, M, L (short, medium, long)	
Reason for recall appointment		Free text	
General Practitioner		Provide, signposted to, discuss with, refer to/request assistance from, refused	Provide indicates that the Health Visitor and/or associated skill mix team will directly provide the specified additional support e.g. parenting support (only relevant for some options).
Parenting support			Signposted to indicates that parents have been given details of specified local services and how to access them.
Audiology			Discuss with indicates that the HV will formally discuss the child/family with the specified service to inform future management plans.
Speech and Language Therapy			Refer to/request assistance from indicates that the Health Visitor will formally refer the child/family to the specified service, whilst retaining responsibility for overall monitoring of the child's wellbeing and outcomes as their GIRFEC Named Person.
Community Paediatrics			Refused indicates that the carer has been offered provision/signposting/discussion/referral to the specified service but has refused this.
Child and Adolescent Mental Health Service			
Childsmile			
Smoking cessation			
Child healthy weight intervention			
Early learning and childcare			
Financial Advice Services			
Social Work			
Physiotherapy / Occupational Therapy			
Other service		Specify	

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Support Needs Status	Y	Not active on Support Needs Status, active – not yet notified to doctor, active – not yet assessed, active – being assessed, previously on Support Needs Status	
Summary and data sharing			
Summary comment		Free text	
Parental consent to share information from this review		Provided, refused, not sought. Specify with whom the results will be shared.	
Health Plan Indicator			
Current Health Plan Indicator	Y	Core, additional	This is last Health Plan Indicator entered into Child Health Surveillance Programme – Pre-School (CHSP-PS) can prior to the current review
Updated Health Plan Indicator		Core, additional	This is the Health Plan Indicator assigned on completion of the review. An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help them attain their health or development potential. Any services may be required such as additional Health Visitor support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

NOTES

Ethnicity

Group A - White		**Group D – African**	
1A	Scottish	4D	African, African Scottish or African British
1B	Other British	4Y	Other African
1C	Irish	**Group E – Caribbean or Black**	
1K	Gypsy/Traveller	5C	Caribbean, Caribbean Scottish or Caribbean British
1L	Polish	5D	Black, Black Scottish or Black British
1Z	Other white ethnic group	5Y	Other Caribbean or Black
Group B – Mixed or multiple ethnic groups		**Group F – Other ethnic group**	
2A	Any mixed or multiple ethnic groups	6A	Arab, Arab Scottish or Arab British
Group C – Asian, Asian Scottish or Asian British		6Z	Other ethnic group
3F	Pakistani, Pakistani Scottish or Pakistani British	**Group G - Refused/Not provided by patient**	
3G	Indian, Indian Scottish or Indian British	98	Refused/Not provided by patient
3H	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	**Group H - Not Known**	
3J	Chinese, Chinese Scottish or Chinese British	99	Not Known (ie individual was not asked)
3Z	Other Asian, Asian Scottish or Asian British		

Current LAC Status

08 No, not currently looked after by local authority
09 Yes, looked after at home
10 Yes, looked after with friends/relatives (placed with friends or relatives who are not approved foster carers)
11 Yes, looked after with foster carers (placed with approved foster carers provided by or purchased by the local authority)
12 Yes, looked after with prospective adopters
13 Yes, looked after in other community placement (e.g. supported accommodation, hospital)
14 Yes, looked after in residential care (any form of residential care e.g. local authority or voluntary children's home or crisis care refuge)

Tools / developmental assessment questionnaires used within Child Health Review

The nationally agreed core list of recommended additional questionnaires (in addition to the Ages & Stages Questionnaire (ASQ:3)) is: Parents Evaluation of Developmental Status (PEDS) Parents Evaluation of Developmental Status: Developmental Milestones Questionnaire (PEDS:DM) Ages & Stage Questionnaire: Social-Emotional (ASQ:SE 2) Strengths & Difficulties Questionnaire (SDQ) The Sure Start Language Measure (SSLM) Modified Checklist for Autism in Toddlers (M-CHAT)	Note that the Eyberg Child Behaviour Inventory was also listed in the 27-30 month guidance but this has been removed as in practice it has been little used in Scotland Furthermore, the Schedule of Growing Skills (SOGS) II has also been removed from the list as this serves the same function as the Ages & Stages Questionnaire (ASQ:3) (i.e. holistic assessment of all developmental domains) hence with the move to universal use of the Ages & Stages Questionnaire (ASQ:3) this is now redundant Health Visitors can record the use of 'other' specific questionnaires on the relevant Child Health Surveillance Programme – Pre-School (CHSP-PS) forms. Use of other questionnaires is a matter for Health Visitors' professional judgement however in general it is expected that use of other questionnaires will be uncommon.

Public Health Resources Toolkit Supporting the Universal Health Visiting Pathway

INTRODUCTION

This *Public Health Resources Toolkit* is designed to guide Health Visitors in the delivery of their public health role and support in the delivery of the Universal Health Visiting Pathway to children and their families. This toolkit covers 3 main aspects:

1. guidance for the delivery of the Health Visitor public health role
2. resources and assessment tools for parents, families and children
3. e-learning and evidence resources for practitioners

SECTION 1: GUIDANCE FOR THE DELIVERY OF THE HEALTH VISITOR PUBLIC HEALTH ROLE

This section outlines the core public health issues that are crucial to the public health role and practice of Health Visitors within the Universal Pathway. The core issues that should be covered for each visit are shown below. They have been developed from current wider policy and public health strategy and are located in the broader context of improving health and reducing health inequalities. Poverty is one of the biggest risk factors linked to poorer health outcomes and children who come from families with multiple risk factors such as mental illness, substance misuse, debt, poor housing and domestic violence are more likely to experience a range of poor health and social outcomes. These might include developmental and behavioural problems, mental illness, substance misuse, teenage parenthood, low educational attainment and offending behaviour.

This list represents the minimum range of issues that should be considered for the parent and their child.

- Financial inclusion, including poverty and debt, income maximization, fuel poverty.
- Housing and homelessness
- Child wellbeing and protection
- Child safety, including unintentional injuries and home safety
- Preparing for parenthood and parenting support
- Maternal emotional health & wellbeing
- Gender based violence – this term includes rape and sexual assault; sexual harassment and intimidation at work and other settings; childhood sexual abuse; domestic abuse; stalking; harmful traditional practices such as early and forced marriage, so-called ‘honour’ based violence and female genital mutilation; sex trafficking; and commercial sexual exploitation.
- Immunisation
- Supporting tobacco control and reducing substance misuse
- Infant nutrition
- Oral health
- Healthy weight among pregnant women and their families : improving nutrition and physical activity
- Sexual health
- Active play

DELIVERY

While a wide range of public health issues need to be addressed in each review at appropriate time points as shown in *Table 1*, this will depend on individual child and family circumstances, needs and priorities. This does not mean that lengthy assessment/discussion of each issue will always be necessary. A wide range of resources are also available to families on these core public health issues and also to facilitate the delivery of consistent, clear, and evidence based messages to parents (see **Section 2**).

Table 1: Core public health issues by age review

Child's Age	**Core issues and detail to be discussed** ***At every contact discuss progress and general wellbeing of baby, mother, father, family. Explore what parents already know, accept it and provide relevant information[10].***
Pre-Birth	Folic acid and any other diet or lifestyle advice as required
Pre-Birth Contact 32 – 34 weeks 	**Parenting** o Prepare mother and father for parenthood o Promote attuned, sensitive parenting, strong parent child attachment and bonding. o Raise awareness of the value of and benefits of talking, stroking, singing pre-birth and the benefits on brain development and parent/child relationship at this crucial time. o Promote the importance of the involvement of the father in parenting and their child's health and development. o Prevention of Sudden Infant Death (SID) **Financial inclusion** Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services. **Domestic abuse** If domestic abuse was disclosed previously, check with the midwife re action taken, and whether risk assessment was carried out. Broach the subject with the woman, if it is safe to do so, to find out whether the abuse is continuing and if she is accessing support. Carry out Domestic Abuse Risk Assessment Checklist (DASH RIC) and offer support and referral to Multi-Agency Risk Assessment Case Conference or other services as appropriate. Provide information on local services in all cases. If you suspect domestic abuse, and it is safe to do so, ask the woman using the guidance on routine enquiry, and refer to 'What every health worker needs to know about domestic abuse' then continue as above. If there are other children in the family use the above guidance to check for their safety. Implement Child protection procedures if required, Ensure appropriate documentation and recording but **not** in hand held notes. If women are experiencing other forms of gender based

[10] UNICEF (2014) Having meaningful conversations with mothers. A guide to using the baby friendly signature sheets page 12.

	violence, refer to accompanying evidence updates. **Immunisations** Remind women to make an appointment to get immunised as soon as possible if they have not already for whooping cough immunisation and flu which are both completely safe and beneficial for mother and baby **Maternal emotional health and wellbeing** Discuss maternal emotional wellbeing of mother according to Antenatal and postnatal mental health NICE guidance. **Infant nutrition** o Start early discussion on options for feeding their baby, including making an informed feeding decision, benefits of breastfeeding, value of skin-to-skin and the benefits and the risks associated with formula feeding (Improving Maternal & Infant Nutrition & United National Children's Fund (UNICEF) Baby Friendly Guidance). o Promote the specific support fathers and local community can bring e.g. breastfeeding peer supporters o Promote Healthy Start scheme including vitamin supplements including importance of re-registering after birth **Tobacco control and substance misuse** o Discuss the risks associated with alcohol consumption and/or tobacco, drug consumption to their own health and their developing baby. o Raise awareness of the risks of exposure to second-hand smoke on their new-born baby and family. o Offer parents specific and practical advice about how to make their home and car smoke-free and the range of smoking cessation services available to them, and if appropriate make the referral to these services. **Oral health** Check mothers' dental registration and promote entitlement. Introduce the Childsmile programme and importance of registration of babies with a dentist from birth. **Nutrition and physical activity** o Discuss importance of healthy eating on maternal and fetal wellbeing, focusing on: Food Standards Scotland Eatwell plate, folic acid, vitamin D, iron, food safety. o Promote the physical, emotional, and psychological benefits of exercise and a healthy lifestyle during pregnancy.

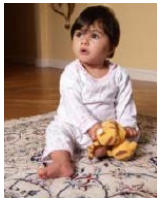
Child's Age	Core issues and detail to be discussed
11-14 days 	**Parenting** o Revisit the importance of attachment including sensitive responses to parenting; keeping baby close to parents' chest, use of soft baby carriers, skin to skin contact, smiling, interaction, touch, stroking, talking, reading and singing. o Raise awareness of key parenting issues (e.g. cot death and safe sleeping, shaking baby, home safety, parental smoking, second hand smoke, substance misuse as appropriate). o Prevention of SID **Immunisations** Discuss childhood immunisation schedule **Financial inclusion** Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services. **Infant nutrition** o Discuss and assess current feeding providing support to continue breastfeeding where appropriate. Giving mothers and fathers information about responsive feeding, hand expression and how to do it, how to recognise effective feeding, skin-to-skin, breastfeeding and returning to work (Off to a Good Start) o For formula feeding babies, ensure that parents are confident in making up a feed safely, using sterilising equipment; feeding with a first formula milk; limiting the number of people feeding baby (Formula feeding: how to feed your baby safely) o Importance of closeness and responsiveness for mother-baby wellbeing; how to hold baby for feeding; where to access feeding and social support; caring for baby at night o Follow up discussion on maternal nutrition and remind parents to re-register for Healthy Start .Eligible women (those on a low income, under the age of 18, or in receipt of benefits) can sign up to the scheme and will receive vouchers to exchange for milk, fresh fruit and vegetables, infant formula, and Healthy Start vitamins at participating outlets. **Nutrition and physical activity** Information given on physical recovery from birth to help maximize physical and emotional functioning, including looking after themselves, nutrition. **Maternal emotional health and wellbeing** **Tobacco control and reducing substances** **Oral health among families** **Child safety – see parenting** } Continued assessment of/ discussion as appropriate

Child's Age	Core issues and detail to be discussed
3-5 weeks 	**Parenting support** o Continued assessment of/discussions. Also introduce the play@home and Bookstart programme and reinforce importance of floor play, tummy time and accessing local activity on baby massage. Refer or direct families to local community services/parenting programmes. Discuss importance of helping your baby to move and play everyday – this should be encouraged from birth, particularly through floor-based play and water activities in safe environments. Reduce/limit sitting time in buggys and car seats when possible **Domestic abuse** Routine enquiry of domestic abuse should be undertaken between this visit and the 3 month visit. The timing of this will depend on your professional judgement and whether it is safe to do so. Domestic abuse should **never** be discussed with the partner present. Refer to the Guidance on Routine Enquiry and 'What every health worker needs to know about domestic abuse' If abuse is disclosed carry out Domestic Abuse Risk Assessment Checklist (DASH RIC) and offer support and referral to Multi-Agency Risk Assessment Case Conference or other services as appropriate. Provide information on local services and discuss safety planning in all cases whether or not high levels of risk are indicated. Use the above guidance to check for the safety of the children. Implement Child protection procedures if required. Ensure appropriate documentation and recording but **not** in hand held notes. If women are experiencing other forms of gender based violence, refer to accompanying evidence updates. **Immunisations** o Discuss childhood immunisation schedule **Sexual Health** o Discuss wellbeing of mother including contraceptive choices **Maternal emotional health and wellbeing** **Infant nutrition** **Nutrition and physical activity** **Tobacco control and substance misuse** **Oral health** } Continued assessment of/discussion as appropriate

Child's Age	Core issues and detail to be discussed
6 – 8 weeks 	**Parenting** Continued assessment of/ discussion as appropriate. Refer or direct families to local community services/parenting programmes. Discuss importance of helping your baby to move and play everyday – this should be encouraged from birth, particularly through floor-based play and water activities in safe environments. Reduce/limit sitting time in buggys and car seats when possible **Domestic abuse** Carry out Routine enquiry of domestic abuse if not previously undertaken and follow Guidance on Routine Enquiry and 'What every health worker needs to know about domestic abuse'. If abuse is disclosed carry out Domestic Abuse Risk Assessment Checklist (DASH RIC) and offer support and referral to Multi-Agency Risk Assessment Case Conference or other services as appropriate. Provide information on local services and discuss safety planning in all cases whether or not high levels of risk are indicated. Use the above guidance to check for the safety of the children. Implement Child protection procedures if required. Ensure appropriate documentation and recording but **not** in hand held notes. Share information with relevant agencies as required and in line with local protocols. If women are experiencing other forms of gender based violence, refer to accompanying evidence updates. **Immunisations** Discuss childhood immunisation schedule **Maternal emotional health and wellbeing** Discuss and enquire about depressive symptoms and undertake the Edinburgh Postnatal Depression Scale assessment. **Family/Infant nutrition** **Nutrition, physical activity and post-natal weight loss check** **Tobacco control and substance misuse** } Continued assessment of/ discussion as appropriate **Oral health** o Encourage registration with a dentist and refer to Childsmile if required o Assess baby's oral health risk using the Childsmile Manual - 6-8 week assessment guidance. Record results on the 6-8 week assessment form if appropriate and refer for additional support from a Childsmile Support Worker to be made where applicable. o Promote key oral health messages for all children which are: 1. Reduce the consumption and especially the frequency of intake of foods and drinks containing sugar. 2. Keep food and drinks containing sugar to mealtimes only. 3. Plain milk and tap water are the safest drinks for teeth (N.B not in advance of weaning) 4. Brush teeth and gums at least twice daily, in the morning and last thing at night. Use toothpaste containing at least 1000 ppm (parts per million) fluoride. Spit, don't rinse – this gives fluoride time to work.

Child's Age	Core issues and detail to be discussed
	5. Children should be supervised until the age of 7 and encouraged not to swallow toothpaste while brushing. 6. Visit the dentist regularly or as advised for oral examinations. 7. Participate in Public Health Programmes, which improve oral health such as Childsmile. **Sexual Health** Discuss wellbeing of mother including contraceptive choices
3 months 	**Parenting** Continued assessment of and discuss issues around the home learning environment and importance of play, talking, reading & singing on bonding and for early language skills (including Bookstart and play@home programmes and playtalkread). Discuss importance of helping your baby to move and play everyday including providing plenty of floor-based tummy time and water activities in safe environments. Reduce/limit sitting time in buggys/car seats, baby walkers and bouncers. **Immunisations** Discuss childhood immunisation schedule **Maternal emotional health and wellbeing** Continued assessment of/discussion as appropriate **Domestic abuse** Carry out Routine enquiry of domestic abuse if not previously undertaken and follow Guidance on Routine Enquiry and 'What every health worker needs to know about domestic abuse' If abuse is disclosed carry out Domestic Abuse Risk Assessment Checklist (DASH RIC) and offer support and referral to Multi-Agency Risk Assessment Case Conference or other services as appropriate. Provide information on local services and discuss safety planning in all cases whether or not high levels of risk are indicated. Use the above guidance to check for the safety of the children. Implement Child Protection procedures if required. Ensure appropriate documentation and recording but **not** in hand held notes. Share information with relevant agencies as required and in line with local protocols. If women are experiencing other forms of gender based violence, refer to accompanying evidence updates. **Family/Infant Nutrition** Introduce the subject of weaning and highlight importance of delaying introducing solids until around 6 months. Post-natal weight management support. **Oral Health** Assess baby's oral health risk and refer for additional support from a Childsmile support worker where applicable and promote key oral health messages for all children (see content 6-8 weeks)

Child's Age	Core issues and detail to be discussed
4 months 	**Parenting** **Maternal emotional health and wellbeing** } Continued assessment of/discussion as appropriate Discuss importance of helping your baby to move and play everyday including providing plenty of floor-based tummy time and water activities in safe environments. Reduce/limit sitting time in buggy's/car seats, baby walkers and bouncers. **Immunisations** Discuss childhood immunisation schedule **Domestic abuse** Continue to monitor the situation if abuse disclosed, checking whether there has been any escalation in frequency or severity. Using your professional judgement, re-assess using Domestic Abuse Risk Assessment Checklist (DASH RIC) as appropriate and follow guidance on domestic abuse as above. **Infant Nutrition** o Start the discussion of weaning about delaying introducing solids until around 6 months. o Encourage good family nutrition using Fun, First Foods. **Oral Health** First distribution point for tooth brushing packs (toothbrush and 1000ppm fluoride toothpaste) and free flow drinking cup to all families and promote key oral health messages (see 6-8 weeks).

Child's Age	Core issues and detail to be discussed
8 months 	**Parenting** Continued assessment of/discussion as appropriate and in particular reinforce the home learning environment and advice on home safety in relation to accident prevention, minor illness and what to do when their child is unwell. Discuss importance of helping your baby to move and play everyday including providing plenty of tummy time, time outside and water play in safe environments. Reduce/limit sitting time in buggys/car seats. For walkers use UK physical activity guidelines for early years **Domestic abuse** Continue to monitor the situation if abuse disclosed, checking whether there has been any escalation in frequency or severity. Using your professional judgement, re-assess using Domestic Abuse Risk Assessment Checklist (DASH RIC) as appropriate and follow guidance on domestic abuse as above. **Infant nutrition** o Discuss feeding; family nutrition; information given on breastfeeding and returning to work o Signpost to local Community Services o Encourage good family nutrition using Fun, First Foods. **Maternal emotional health and wellbeing** **Nutrition and physical activity and preconception care** **Tobacco control and substance misuse** **Oral health** → Continued assessment of/discussion as appropriate

Child's Age	Core issues and detail to be discussed
13-15 months 	As per the priorities for the review **Parenting** Continued assessment of/discussion as appropriate and in particular promote secure attachment and parenting skills using evidence based approaches; Discuss importance of physically active play both at home and outside using UK physical activity guidelines for early years **Immunisations** Discuss childhood immunisation schedule **Domestic abuse** Continue to monitor the situation if abuse disclosed, checking whether there has been any escalation in frequency or severity. Using your professional judgement, re-assess using Domestic Abuse Risk Assessment Checklist (DASH RIC) as appropriate and follow guidance on domestic abuse as above. **Financial inclusion** Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services. **Oral Health** Promote key oral health messages outlined at 6-8 weeks

Child's Age	Core issues and detail to be discussed
27-30 months 	As per the priorities for the review **Parenting** o Revisit play@home toddler and reinforce benefits of play o Promote secure attachment and parenting skills using evidence based approaches; o Promote school readiness and the home learning environment Discuss importance of physically active play both at home and outside using UK physical activity guidelines for early years **Financial inclusion** Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services. **Domestic abuse** Carry out Routine enquiry of domestic abuse following the Guidance on Routine Enquiry and 'What every health worker needs to know about domestic abuse' If abuse is disclosed carry out Domestic Abuse Risk Assessment Checklist (DASH RIC) and offer support and referral to a Multi-Agency Risk Assessment Case Conference or other services as appropriate. Provide information on local services and discuss safety planning in all cases whether or not high levels of risk are indicated. Use the above guidance to check for the safety of the children. Implement Child protection procedures if required. Ensure appropriate documentation and recording but **not** in hand held notes. Share information with relevant agencies as required and in line with local protocols. If women are experiencing other forms of gender based violence, refer to accompanying evidence updates. **Immunisations** Discuss childhood Immunisation schedule **Oral Health** o Explore dental registration and attendance. If there is a record of dental registration and/or attendance in national data this will be pre-populated on the 27-30 month form to let the Health Visitor know and inform discussion. The purpose is to inform discussion and review. There is no need for the health visitor to collect this data. o Promote key oral health messages for all children – see visit 6-8 weeks and referral to Childsmile Support Worker if required.

Child's Age	Core issues and detail to be discussed
4 - 5 years 	As per the priorities for the review **Parenting** Promote school readiness and the home learning environment Discuss importance of physically active play both at home and outside using UK physical activity guidelines for early years **Financial inclusion** Discuss family finances/money worries and raise awareness of the advice available and offer families a direct referral to advice services. **Nutrition** Promote good family nutrition using Food Standards Scotland Eatwell plate **Oral Health** Continued assessment of/discussion as appropriate

SECTION 2: RESOURCES AND ASSESSMENT TOOLS

Introduction

This section is designed to guide health professionals through the national information resources available to support the delivery of the Universal Pathway. It covers pre-birth to pre-school and details the national resources to be disseminated to parents at every visit and used to facilitate discussion in the delivery of the pathway. This pathway is underpinned by the National Practice Model for all children in Scotland. Assessment tools to support the contacts health professionals have with families are also included.

NHS Health Scotland universal resources

NHS Health Scotland provides a number of universal resources for families that Health professionals should be familiar with and reinforce to parents in routine contacts to access high quality, evidence-based information. These include the following, but it is not exhaustive:

Ready Steady Baby! *(RSB!)* is the key resource for all expectant and new parents. It provides parents with important information that they will need before, during, and after pregnancy. It is useful for all professionals who have contact with women and their partners and they should refer to it in their ongoing interactions with parents. It has been designed to reduce the need for many different leaflets. *RSB!* is also available online www.readysteadybaby.org.uk and as a smartphone app.

Ready Steady Toddler! (RST!) is a guide which takes a practical problem-solving approach, with sections on understanding toddler behaviour and ways for parents to tackle new challenges. RST! is also available online www.readysteadytoddler.org.uk

Off to a Good Start is an information booklet highlighting the benefits of, and available support for, breastfeeding. As with other resources, health professionals should refer back to it and work through to support their interaction with women at all stages.

play@home baby, ***toddler*** and ***pre-school*** books are provided to families in Scotland with a child 0–5 years old. Activities in the books are age and stage developmentally appropriate and promote all-round development and family communications. Health professionals should refer to the activities when discussing children's physical, social and emotional growth, and the acquisition of speech and language skills. It can also be used by professionals as a resource to discuss baby massage.

All NHS Health Scotland information resources can be ordered via your local health promotion resource library**.** Should you have any queries please contact our publications team by calling 0131 314 5300 or email nhs.HealthScotland-Publications@nhs.net

Supporting parents with learning disabilities – (Non-NHS Health Scotland Resources)

The keys to life learning disability strategy and Supported Parenting: Refreshed Scottish Good Practice Guidelines for Supporting Parents with a Learning Disability aim to improve the lives of people with learning disabilities. NHS Health Scotland is committed to providing accessible information to advance equality and reduce discrimination. NHS Health Scotland has worked with CHANGE who are a leading national human rights organisation, led by disabled people to provide three pregnancy and parenting resources: **My Pregnancy My Choice, You and Your Baby** and **You and Your Little Child** which are **Easy Read** resources specifically designed to support parents with learning disabilities. These are to be given by the professional providing care at the appropriate stages as an alternative to (or as well as) **Ready Steady Baby! (RSB!)** and **Ready Steady Toddler! (RST!)**

Health Literacy

The provision of written resources is useful to complement effective communication between the professional and the parent, however we know that health illiteracy is a significant public health concern in Scotland. The Health Literacy Action Plan for Scotland highlights 26.7% of the population have occasional difficulties with day-to-day

reading and numeracy and 3.6% will have severe constraints. So it is therefore vitally important to ensure that information resources are not given out without full discussion of their contents. It may be more appropriate to consider other materials which may be available through local health resource libraries and/or individual support such as:

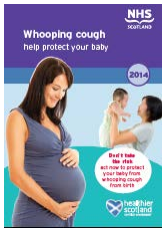
- Check directly with person how best to meet their needs
- Check understanding using 'Teach Back' a simple technique for confirming that people have understood what has been said;
- Chunk and check: break what you need to discuss into small chunks, and check understanding using teach-back before continuing.
- Use pictures: draw or show a picture to help convey a complex concept or body part.
- Use simple language: avoid jargon and use language that is easy for the person in front of you to understand, both when you speak to them and in any written information you provide.
- Literacy awareness: routinely ask people if they would like help in filling out forms.

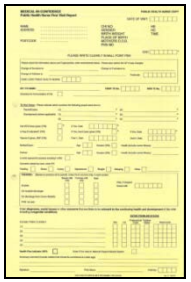
Translating and interpreting services

Women and families from minority ethnic groups may require assistance with communication through the provision of interpreting and translated written resources. Translation and interpreting services are arranged independently by each Health Board. Health professionals should contact their local equality and diversity officer for local arrangements within each Health Board. NHS Health Scotland can be contacted about materials for families whose vision is impaired, or for sources of information in other formats. NHS Health Scotland is committed to providing accessible and inclusive resources and will consider requests for translations and alternative languages and formats. Please contact the publications team 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net . Health in my language provides translated information about health and health services in Scotland.

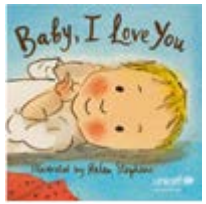
Age/Visit Appropriate Available Public Health/Health Promotion and Information Resources and Assessment Tools

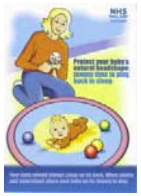
Child's Age	NHS Health Scotland Resources unless specified				Assessment tools
Pre-Birth	Local antenatal letter	Ready Steady Baby online and app: information on preconceptual health including importance of folic acid, stopping smoking & eating a healthy balanced diet www.readysteadybaby.org.uk 			
Pre-birth contact 32-34 weeks **(Important:** resources outlined here are provided and discussed at booking in and earlier appointments by midwife or Family Nurse. Check whether parent has any subsequent questions/use as a tool for discussion)	Area health visiting leaflet Bump to Breastfeeding DVD 	Fresh start: and/or How to stop smoking and stay stopped  Off to a Good Start – All you need to know about breastfeeding your baby 	Ready Steady Baby and/or  My Pregnancy, My Choice  and Young Parents Survival Guide 	 Healthy Start information and application (DoH) Information on money advice www.moneyadviceservice.org.uk A guide to maternity benefits N1 17A Pregnancy and Work – what you need to know as an employee F8 Prescription exemption MAT B1 Maternity certificate	National Practice Model  Edinburgh Postnatal Depression Scale National Risk Assessment tool Learning disability assessment tool Domestic Abuse Risk Assessment Checklist (DASH RIC)

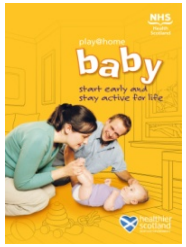
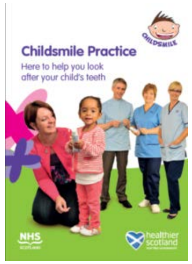
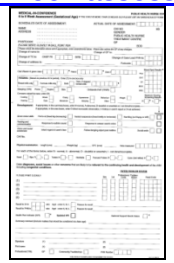
		[Pregnant? Get the flu vaccine to help protect you and your baby](#) 		[Sure Start Maternity Grant Form SF100](#) [Vitamin D and you](#) 	
	Ready Steady Baby Smartphone App 	The NHS Minor Ailment Service at your local pharmacy 	[Whooping Cough – help protect your baby](#) 		

<table>
<tr><th>Child's Age</th><th colspan="4">NHS Health Scotland Resources unless specified</th><th>Assessment tools</th></tr>
<tr><td rowspan="2">11 – 14 days
  </td><td>Introduce and explain Red Book
  </td><td>Child Health Programme
  </td><td>A Guide to Childhood Immunisations up to 5 years
  </td><td>What to expect after immunisation up to 5 years of age
  </td><td rowspan="2">National Practice Model
 
World Health Organisation (WHO) Guidelines for Child Growth
 
First Visit Report
 
Strength based approaches to parenting

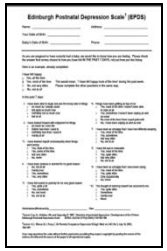
National Risk Assessment tool

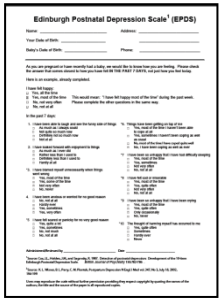
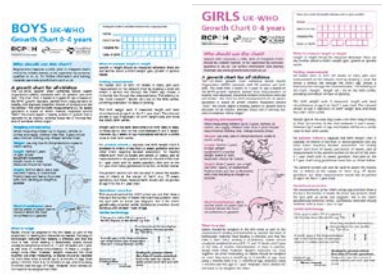
Learning disability assessment tool</td></tr>
<tr><td>You and Your Baby
  </td><td>Breastfeeding and Returning to Work
  </td><td>Unicef Book in Baby Pack (UNICEF)
  </td><td>Steps to deal with stress booklet and CD
  </td></tr>
</table>

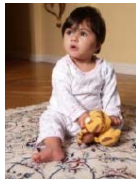
	Meningitis baby watch postcard 	Talking about postnatal depression 	Reduce the risk of cot death 	Caring for your baby at night (Unicef) 	
	BCG and your baby: Protecting babies against TB 	Help your baby play and move everyday (British Heart Foundation) 	Protect your baby's natural headshape: tummy time to play, back to sleep 	Tips for new parents (relationships) (The SPARK) 	
	Handle with Care National Society for the Prevention of cruelty to Children (NSPCC) 	Longer-lasting contraception: Your guide to sexual health and wellbeing 			

Child's Age	NHS Health Scotland Resources unless specified				Assessment Tools
3 – 5 weeks (All Families) 	Introduce and explain Baby Bookbug Pack 	Fresh start: and/or How to stop smoking and stay stopped 	Introduce and explain play@home baby 	Formula feeding : How to feed your baby safely[11] 	National Practice Model  Strength based approaches to parenting Domestic Abuse Risk Assessment Checklist (DASH RIC) National Risk Assessment Tool
Child's Age	**NHS Health Scotland Resources unless specified**				**Assessment Tools**
6-8 weeks (All Families) 	Childsmile Practice 	First Teeth, Heatlhy Teeth 	Drinks for babies and young children 		National Practice Model CHSP pre-school 6-8 week assessment form   Edinburgh Postnatal Depression Screening Form Childsmile Manual: 6-8 week assessment (pg 76-80)

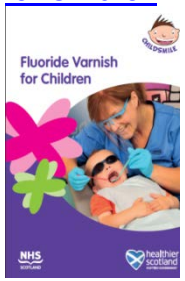
[11] Should be given once an informed decision about feeding choice has been made – usually on discharge from hospital. The leaflet should also be given if formula feeding replaces breastfeeding or mixed feeding is the method of choice – could be any time in the first 6 months breastfeeding or mixed feeding is the method of choice – could be any time in the first 6 months

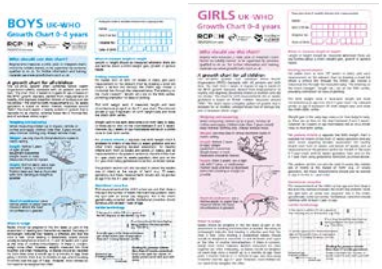
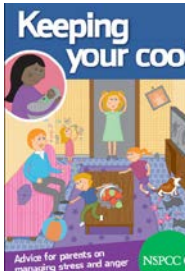
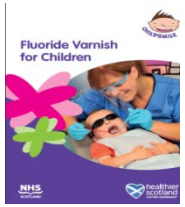
					Domestic Abuse Risk Assessment Checklist (DASH RIC) National Risk Assessment Tool   Strength based approaches to parenting World Health Organisation Guidelines (WHO) Guidance for child growth 

Child's Age	NHS Health Scotland Resources unless specified				Assessment Tools
3 Months (12 weeks) 	Red Book 	How to protect your childrens teeth (DVD) 	Toothbrush/Cup/ Dental Pack  	First Fun Foods Leaflet 	Edinburgh Post Natal Depression Form  National Practice Model  World Health Organisation (WHO) Guidelines for Child Growth  Growth Chart In Baby Pack Strength based approaches Domestic Abuse Risk Assessment Checklist (DASH RIC) National Risk Assessment Tool
	Drinks for babies and young children 				

Child's Age	NHS Health Scotland Resources unless specified				Assessment Tools
4 Months 	Drinks for babies and young children 	Toothbrush/Cup/ Dental Pack  			National Practice Model  Strength based parenting approaches Domestic Abuse Risk Assessment Checklist (DASH RIC) National Risk Assessment Tool
Child's Age	**NHS Health Scotland Resources unless specified**				**Assessment Tools**
8 Months (32 weeks) 	Make it Safe 				National Practice Model  Strength based parenting approaches Ages and Stages Questionnaires: Social-Emotional 2nd edition National Risk Assessment Tool

<table>
<tr><th>Child's Age</th><th colspan="4">NHS Health Scotland Resources unless specified</th><th>Assessment Tools</th></tr>
<tr><td rowspan="3">13 – 15 Months
  </td><td colspan="2">Ready Steady Toddler and/or You and Your Little Child (1-5 years)
  
www.readysteadytoddler.org.uk</td><td>Bookbug Toddler Pack
  </td><td>Play@home toddler
  </td><td>Ages & Stages Questionnaire (ASQ)

National Practice Model
 
Strength based parenting approaches</td></tr>
<tr><td>First Teeth, Healthy Teeth
  </td><td>BCG and your baby: Protecting babies against TB
  </td><td>Fluoride Varnish for Children
  </td><td>Steps to deal with stress booklet and CD
  </td><td>13-15 review form
  </td></tr>
<tr><td></td><td colspan="3">Encouraging better behaviour: a practical guide to positive parenting
  </td><td></td></tr>
</table>

Child's Age	NHS Health Scotland Resources unless specified				Assessment Tools
27-30 Months 	Red Book 	[You and Your Little Child 1-5 year](#) 	[Protect your child against flu: Information for parents of children aged 2-5 years old](#) 	[Healthy, happy kids... Simple steps for a healthy weight at home](#) 	Ages & Stages Questionnaire (ASQ) [27-30 Month Form](#)   [National Practice Model](#)  World Health Organisation [WHO Guidelines for Child Growth](#)  Strength based approaches to parenting
[Keeping your cool: advice for parents on managing stress and anger | NSPCC](#) 	[Drinks for babies and young children](#)  Only to be given to clients receiving enhanced care	[Headlice](#) 	[Fluoride Varnish for Children](#)  Only to be given to clients receiving enhanced care	[Good Egg Guide](#) 	

Child's Age	NHS Health Scotland Resources unless specified				Assessment Tools
4 – 5 years 	[A Guide to Childhood Immunisations](#) 	[What to expect after immunisation: babies and young children](#) 	Play@home preschool book  N.B Given out via education	Toothbrush/ Dental Pack 	Ages & Stages Questionnaire (ASQ) [National Practice Model](#)  Strength based approaches to parenting
	[Help your child move and play everyday](#) 	[Rory](#) (Alcohol Focus Scotland) 	[Oh Lila!](#) (Alcohol Focus Scotland) 		4-5 years review form 

SECTION 3: E-LEARNING AND EVIDENCE RESOURCES FOR PRACTITIONERS

E-learning

To support the NHS workforce, wider public sector, private and third sector across Scotland with learning and development NHS Health Scotland hosts the **Virtual Learning Environment (VLE)** which is the learner management system used to deliver online learning. These e-learning modules cover a range of topics relevant to reviews with children, parents and families and take 1-2 hrs to complete each one. Staff can register for the VLE to access these resources, including forums, and can be worked through at their own pace.

Health Behaviour change eLearning suite
For instructions on how to register and enrol on our suite of Health Behaviour change eLearning modules www.healthscotland.com/documents/21538.aspx and to access the e-learning modules http://elearning.healthscotland.com/course/index.php?categoryid=108

The suite includes the following modules
- Health Behaviour Change Level 1
- Health Behaviour Change Level 2
- Raising the issue of Alcohol
- Raising the issue of Child Healthy Weight
- Raising the issue of Physical Activity
- Raising the issue of Maternal and Infant Nutrition
- Raising the issue of Smoking
- Equalities and Human Rights
- Awareness raising on health inequalities (forthcoming)
- Tackling health inequalities (forthcoming)

Other relevant training includes:
- *Building Compassionate Connections* e-learning http://elearning.healthscotland.com/course/view.php?id=368

- Play@home Training for Trainers - contact nhs.HealthScotland-LWDTeam@nhs.net

For a complete guide to NHS Health Scotland learning resources and training see http://www.healthscotland.com/uploads/documents/25548-LWD%20brochure.pdf or contact nhs.HealthScotland-LWDTeam@nhs.net

For a summary of the best available evidence for a number of health improvement subject areas see http://www.healthscotland.com/scotlands-health/evidence/effectivenessevidencebriefings.aspx and for evidence summaries on areas including play, parenting, peer support for breastfeeding, Looked After Children see Children, Families and Maternity e-bulletin - Publications - GOV.UK

The Royal College of Paediatrics and Child Health (RCPH) e-learning on the healthy child programme – http://www.rcpch.ac.uk/hcp
http://bacaph.org.uk/index.php/resources/e-learning-resources

GLOSSARY OF TERMS

CEL	Chief Executives Letter
CHSP	Child Health Surveillance Programme
CHSP-PS	Child Health Surveillance Programme – Pre-School
GP	General Practitioner
CHR	Child Health Review
FNP	Family Nurse Partnership Programme
HV	Health Visitor
GIRFEC	Getting it Right for Every Child
EPDS	Edinburgh Postnatal Depression Scale
HPI	Health Plan Indicator
WHO	World Health Organisation
DASH RIC	Domestic Abuse Stalking and Harassment Risk Identification Assessment
MARAC	Multi-Agency Risk Assessment Case Conference
ASQ	Ages and Stages Questionnaire
RCGP	Royal College of General Practitioners
BMI	Body Mass Index
BCG	Bacillus Calmette-Guerin
Hep B	Hepatitis B
TB	Tuberculosis
PEDs	Parents Evaluation of Developmental Status
PEDS:DM	Parents Evaluation of Developmental Status : Developmental Milestones Questionnaire
SE	Social – Emotional
SDQ	Strengths and Difficulties Questionnaire
M-CHAT-	Modified Checklist for Autism in Toddlers
Eyberg CBI	Eyberg Child Behaviour Inventory
SOGS ll	Schedule of Growing Skills

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