

# Healthy child **Wales** quality assurance framework



## INDEX

Contents	Page No
<b>Part 1</b>	
1. Introduction	3
2. Purpose	3
3. Background	4
4. Principles	4
5. Aim	5
6. Outcomes	5
7. Safeguarding Children	5
8. Local developments	5
9. Training requirements to deliver programme	5
10. Assessment Tools	6
11. Policies, procedures, guidelines, pathways	7
12. Core Contacts	9
13. Results Based Accountability Template	10

## **Part 2**

### **Core Contact Standards and Pathways**

Ante Natal Standard and Pathway	14
Family Health Review 1-6 weeks	21
Family Health Review 8 - 18 weeks	32
Family Health Review 6 months	41
Family Health Review 15 Months	51
Family Health Review 27 Months	64
Family Health Review 3.5 years	76
Family Health Review 5 years	89

### **Appendices**

1. BFI Assessment Sheets	87
2. Guideline for the Monitoring of Infant Growth	90
3. Peri Natal Mental Health Guideline and Pathway	95
4. Guidelines for the Selective Use of Schedule for Growing Skills (SOGS)	103
5. Immunisation Pathway	107
References/Bibliography	109
Acknowledgements	112

## **1. Introduction**

**1.1** This Quality Assurance Framework will ensure The Healthy Child Wales Programme (HCWP 2016) delivers a progressive, universal service focused on prevention and early intervention, enabled by the application of the Family Resilience Assessment Instrument and Tool (FRAIT) (Wallace et al 2016). This will ensure early identification of child and family resilience in order for timely and appropriate planned universal, enhanced and intensive interventions. Effective interventions and prevention in the early critical years of a child's life are vital to ensure a best start in life and reduce long term health and social issues.

**1.2** The standards of practice outlined in this document set out a complete framework of guidance for the health visiting service. It commences with a targeted ante natal contact from 28 weeks gestation through to 7 years of age.

**1.3** A Results Based Accountability report based on the work of Mark Friedman (2005) is included in the document and will ensure service improvement is a constant undertaking.

**1.4** This document also sets out the training required to deliver the HCWP (2016) to ensure all practitioners are able to meet the prudent standards set out in this Quality Assurance Framework. This training will support their professional practice and revalidation through the Nursing and Midwifery Council (NMC 2015).

**1.5** The implementation of the HCWP (2016) supported by this Quality Assurance Framework will ensure a prudent health visiting service across Wales and support the significant role of health visiting within the Public Health agenda.

## **2. Purpose**

To describe the standards of care that will be delivered by the Health Visiting Service to all families with pre- school children. The HCWP (2016) is the early intervention and prevention public health programme that lies at the heart of the universal service for children and families.

**2.1** The HCWP details the minimum contacts for health visiting practitioners delivering generic services to children and their families in Wales

**2.2** Health visiting practice is underpinned by a public health approach, tackling health inequalities through promotion of good health and prevention of ill health on an individual, group and population basis.

### **3. Background**

**3.1** The Vision for Health Visiting in Wales (2012) highlighted the need to standardise the service in a move towards robust and equitable provision based on assessed need. The HCWP (2016) will make a major contribution towards reducing the impact of poverty and inequality in children and families in Wales

**3.2** The HCWP (2016) is built on strong evidence as set out in a number of key documents including Health for all Children (Hall & Elliman 2006) and underpinned by a universal screening programme supplemented by the National Institute for Clinical Excellence (NICE) and the National Service Framework for Children Young People and Maternity Services (2004). Additionally, evaluations of the Child Measurement Programme (2012) and Flying Start Programme (2014) have demonstrated the significant impact on Specialist Community Public Health Nursing (SCPHN) practice has on achieving better outcomes for children and their families.

### **4. Principles**

**4.1** The service will reflect the rights of the child (UNCRC 1989)

**4.2** Members of the Health Visiting team will work in partnership with families at all times.

**4.3** The service aims to be responsive to diversity and to address individual communication needs.

**4.4** Members of the Health Visiting service will ensure that they engage cohesively with the full range of services across the Public and Third Sectors to achieve the greatest outcomes for families.

## **5. Aim**

To increase resilience within families and communities and maximise opportunities for communities and families to adopt healthy lifestyles and to reduce inequalities

## **6. Outcomes**

Effective implementation of the HCWP (2016) should achieve:-

- Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing for children.
- Care that helps maintains children's health and safety.
- Healthy eating and increased activity, leading to a reduction in obesity.
- Increased rates of initiation and continuation of breastfeeding.
- Early detection of developmental delay, abnormalities and ill health.
- Identification of factors that could influence health and wellbeing in families.
- Readiness for school and improved learning.
- Better short and long term outcomes for children who are at risk of social exclusion.
- Increased immunisation uptake

## **7. Safeguarding Children**

The HCWP (2016) is underpinned by the Children Act (2004), Social Services and Well Being Act (SSWBA 2014), Wales Safeguarding Procedures

<https://www.safeguarding.wales/> and other relevant legislation. Practitioners

should also refer to Health Board, Local Safeguarding Children Board and

National Policies & Procedures.

## **8. Local Developments**

Individualised work is continuing to progress in local Health Boards which may not be included in the HCWP (2016) e.g. Maternal and Infant Mental Health (MIMH) and Basic Life Support (BLS). These will continue following local policy and guidance.

## **9. Training Requirements to Deliver Programme**

An All Wales Training programme has been developed to ensure all practitioners are able to meet the HCWP (2016) standards. Representatives from every Health Board

in Wales were nominated to develop a training package that would ensure consistent training is provided to the health visiting service to deliver the HCWP (2016) across Wales. This training will support professional practice and revalidation through the NMC.

### **9.1 Health Visitor Requirements**

The over arching requirement of a Health Visitor to deliver this programme and to ensure fitness for their practice includes:-

- NMC registered - Specialist Community Public Health Nursing
- Core Competencies Band 6 Health Visitor
- Mandatory Professional Training
- Adherence to relevant All Wales Policies/Procedures/Standards/Pathways to Health Visiting Service
- Schedule of Growing Skills
- Baby massage
- Solihull Approach
- Routine Enquiry Domestic Abuse
- Peri Natal Mental Health Training
- Health Observation and Assessment of the Infant (HOAI)
- Family Resilience Assessment Instrument and Tool (FRAIT)
- Nurse prescribing (Health Visitors)
- Record Keeping and SOAP
- Motivational Interviewing

### **10 Assessment Tools**

The Health Visitor will demonstrate a satisfactory standard of professional and clinical competence when delivering the core contacts of the HCWP (2016). This will be achieved by using specific assessment tools and adhering to relevant policies, procedures, pathways and guidelines.

### **10.1 Specific Assessment Tools:**

- The Framework for the Assessment of Children in Need and their Families DOH (2000)
- Family Resilience Assessment Instrument and Tool (FRAIT) (Wallace et al 2016)
- Health Observation and Assessment of the Infant (HOAI) (2015)
- Peri Natal Mental Health mood questions (NICE 2015)
- Growth Guidelines (Royal College of Paediatricians 2009)
- Domestic Abuse Questions, Routine Enquiry (2015)

The Health Visitor will use a combination of the above specific assessment tools and the Health Visitors professional judgement to analyse and decide which level of intervention the family require Universal, Enhanced or Intensive.

### **11. Policies, procedures, pathways and guidelines:**

- Wales Safeguarding Procedures <https://www.safeguarding.wales/>
- All Wales Domestic Abuse Pathway
- All Wales health Visitor Good Practice Guidelines for the Follow Up of Pre-School Children who are outstanding Routine Immunisations (2016)
- Breastfeeding Policy for Hospital and Community (Unicef)
- Childhood Immunisation/Vaccination and Cold Chain Guidance and Patient Group Directions Policy (local)
- Domestic Abuse Pathway (local)
- Equality and Diversity Guidance
- Female Genital Mutilation (FGM) (WG 2015)
- Health Visiting Policy for Newborn Bloodspot Screening Result Processing (Local HBs)
- Infant Feeding Guidelines (WG 2015a)
- Local Health Board Safeguarding Policies and Procedures
- Local Health Board Lone Worker Policy
- Newborn Hearing Screening Policy (All Wales Guidelines)
- Nursing & Midwifery Council - The Code 2015



- Management of Persistent Non Attendances, No Access Visits and Service Refusal Standard (local)
- Midwife/Health Visitor/GP Communication pathway/policy
- Perinatal Mental Health Guidelines (NICE 2015)
- Public Health Nursing Record Keeping and Documentation Policy and Associated Standards.(All Wales Health Visiting 2015 )

## Core Contacts for Children 0-7 years and their family

The following outlines the service provision that all families with children will be offered as a minimum aged 0-7 years.

Contact	Location	Timescale	Growth Monitoring by HV
<b>Antenatal Contact</b> Complete risk assessment Commence FRAIT	Targeted home visit by health visitor	28+weeks gestation	N/A
<b>Family Health Review 1-6 weeks</b> Complete risk assessment Complete HOAI Commence/complete FRAIT Domestic Abuse Enquiry (DA) NICE questions	Home visit by Health Visitor	10-14 days post birth	Weigh naked and measure head circumference
<b>8 week</b>	Clinic contact	1 <sup>st</sup> Imms GP assessment 8 weeks	Weigh naked. Record head circumference Record length
<b>12 weeks</b>	Clinic contact	2 <sup>nd</sup> Imms	Weigh naked
<b>16 weeks</b>	Clinic contact	3 <sup>rd</sup> Imms	Weigh naked
<b>6 month contact</b> <ul style="list-style-type: none"> <li>Domestic Abuse</li> <li>FRAIT</li> <li>NICE questions</li> </ul>	Home visit by Health Visitor		Weigh naked
<b>15 months</b> Complete development proforma /targeted SOGS Complete FRAIT	Home visit by Health Visitor		Record weight and length Weigh naked
<b>27 months</b> Complete development proforma /targeted SOGS Complete FRAIT	Home visit by Health Visitor		
<b>3 ½ years</b> Complete FRAIT	Home visit by Health Visitor	Pre School Immunisations 3 years 4 months	
5 years	Contact by School Nurse as per local policy		As per Child Measurement Programme

# **Results Based Accountability (RBA) Template**

**Service Description: Health visiting**

The primary function of the Health Visiting service is to assess and support the child and family, ensuring all interventions are underpinned by the key public health messages within the Healthy Child Wales Programme (HCWP).



**Population Outcome**

- Families with children 0-7 years are capable, coping and resilient
- Children 0-7 years are safe, healthy, well cared for, thriving and reaching their milestones

**Purpose of Service**

**Headline Performance Measures**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• To deliver the HCWP to all children</li> <li>• To use the FRAIT to identify the level of support required to promote family resilience</li> <li>• To use a range of assessments and tools to identify any interventions required</li> </ul> | <ul style="list-style-type: none"> <li>• The HCWP will address inequality and improve health, social and educational outcomes for children and families in Wales, with early identification and implementation of support.</li> <li>• Delivery of a progressive universal service offering children and families a range of preventative interventions for different levels of need, using the Family Resilience Assessment Instrument and Tool (FRAIT)</li> <li>• Deliver key public health messages to enable parents to make safe and healthy choices for their children and families.</li> <li>• Support positive parent and child relationships to ensure strong and secure emotional attachments.</li> <li>• Children will meet their optimal growth and developmental milestones and are ready for school</li> </ul> |
|--|---|

How Much Did We Do ?	How Well Did We Do?
<ol style="list-style-type: none"> <li>1. Number of children eligible to receive HCWP</li> <li>2. Number of eligible ante natal women</li> <li>3. Number of mothers supported with breastfeeding at 10-14 days</li> <li>4. Number of mothers supported with breastfeeding at 6 weeks</li> <li>5. Number of mothers supported with breastfeeding at 6 months</li> <li>6. Number of children requiring contact at 15 months</li> <li>7. Number of children requiring contact at 27 months</li> <li>8. Number of children assessed using FRAIT</li> <li>9. Number of children identified for SALT referral</li> <li>10. Number of children completed the immunisation intents signed</li> <li>11. Number of parents asked the NICE (2015) Mood Questions</li> <li>12. Number of parents asked domestic abuse routine enquiry</li> <li>13. Number of parents who smoke</li> <li>14. Number of face to face home contacts</li> <li>15. Number of face to face clinic contacts</li> <li>16. Number of referrals to social services for safeguarding concerns</li> </ol>	<ol style="list-style-type: none"> <li>1. % children who received a HCWP contact at the appropriate times</li> <li>2. % eligible mothers receiving ante natal visit</li> <li>3. % of infants breastfed at 10-14 days</li> <li>4. % of infants breastfed at 6 weeks</li> <li>5. % of infants breastfed at 6 months</li> <li>6. % of 15 month development proformas completed</li> <li>7. % of 27 month development proformas completed</li> <li>8. % 15 month SGSII completed</li> <li>9. % 27 month SGSII completed</li> <li>10. % children receiving universal HCWP</li> <li>11. % children receiving enhanced HCWP</li> <li>12. % children receiving intensive HCWP</li> <li>13. % of children referred to SALT</li> <li>14. % of parents referred to Stop Smoking services</li> <li>15. % parents where DA2 completed</li> <li>16. % parents identified requiring follow up following enquiry to peri natal mental health Mood Questions</li> <li>17. % Health Visitor face to face contacts in the home</li> <li>18. % Health Visitor face to face contacts in clinic</li> </ol>

Is Anyone Better Off As a Result
<ol style="list-style-type: none"> <li>1. % of children achieving their developmental milestones at 15 months</li> <li>2. % of children achieving their developmental milestones at 27 months</li> <li>3. % of children identified with additional needs and referred appropriately</li> <li>4. % children who were fully immunised by 48 months</li> <li>5. % of parents who reduced, stopped or change their smoking behaviour as a result of intervention</li> <li>6. % children assessed by FRAIT as showing high resilience</li> <li>7. % children dry by day at 3.5 years</li> <li>8. % children with weight within normal parameters at 3.5 years</li> <li>9. % of parents receiving intensive/enhanced support with peri natal mental health</li> <li>10. % of families referred due to domestic abuse</li> </ol>

Story Behind the Performance	
Data Development Agenda	What we Propose to do in----- to Improve Performance

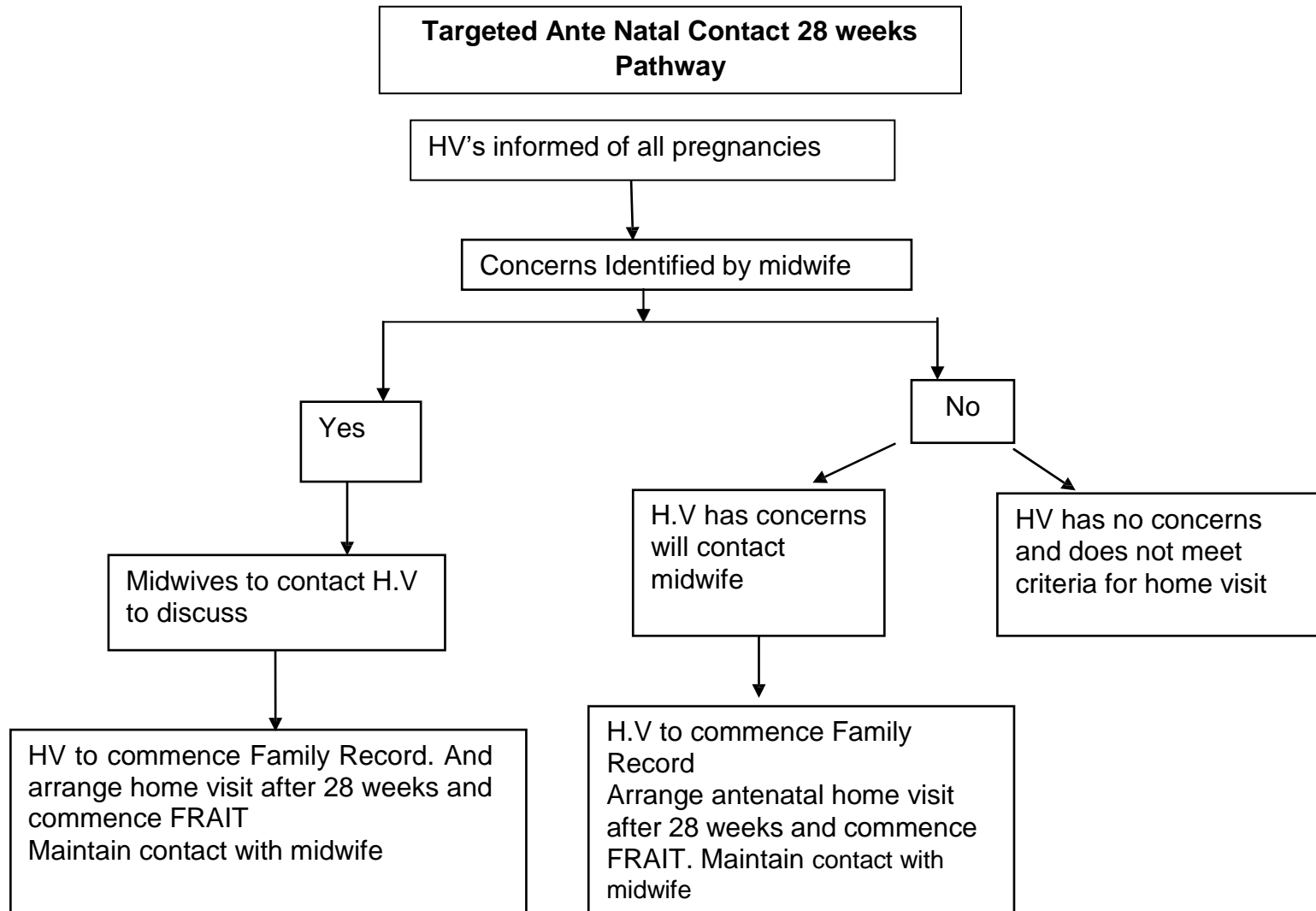
# **Ante-Natal Contact Standard/Pathway**

## Targeted Ante natal Contact Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	28+ weeks
<b>Environment</b>	<p>Home visit for mothers requiring further support as below:-</p> <ul style="list-style-type: none"> <li>▪ All Primigravida</li> <li>▪ All parents expecting multiple pregnancies</li> <li>▪ Parents with learning difficulties</li> <li>▪ Parents with pre existing or current safeguarding concerns including domestic abuse</li> <li>▪ Parents at higher risk of having emotional/mental health needs</li> <li>▪ If the unborn baby is known to have a medical condition or additional needs.</li> <li>▪ Women who misuse substances (alcohol and/or drugs)</li> <li>▪ Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English</li> <li>▪ Young women aged under 20 years</li> </ul>
<b>Aim</b>	<ul style="list-style-type: none"> <li>▪ To establish effective relationship with prospective parent/s.</li> <li>▪ Adopt a coordinated approach to support and facilitate early identification of need.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Effective liaison with the Midwifery Service.</li> <li>▪ Role of the Health Visitor explained and contact number given</li> <li>▪ Commence FRAIT</li> <li>▪ Assessment of health and social care needs and targeting of specific health promotion and safeguarding priorities.</li> <li>▪ Identify required intervention which will incorporate a plan of care that will ensure the child's needs are paramount.</li> <li>▪ Liaise and share information with other services</li> <li>▪ Include fathers/partners during visit</li> </ul>



<b>Safeguarding Responsibilities</b>	<ul style="list-style-type: none"> <li>▪ Where an unborn baby's name is on the Child Protection Register, the Child Protection Plan will be adhered to.</li> <li>▪ Referrals to Social Services will be undertaken with the relevant referral form.</li> <li>▪ Where the midwife has identified concerns the Sharing of Information in Pregnancy (SIP) process will be adhered to.</li> <li>▪ If new concerns are identified by Health Visitor at the ante-natal contact, the Health Visitor will contact the midwife outlining concerns</li> <li>▪ Health Visitors will attend Unborn Baby Child Protection Conferences as required.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements.</li> </ul>



Key Interventions Targeted Ante natal Home Visit	Universal	Enhanced	Intensive
<b>Introduction from Maternity Services</b>	Health visitors informed of all pregnancies	<ul style="list-style-type: none"> <li>• Face to face contact arranged if targeted criteria met.</li> <li>• If language difficulties use language line or interpreter</li> <li>• If the ante natal visit cannot be delivered reason must be documented.</li> </ul>	<ul style="list-style-type: none"> <li>• Families with additional/ complex needs follow AWCP Procedures, agree multi agency plan to ensure support for family and protection for the family and unborn child.</li> </ul>
<b>Assessment of Family Need</b>	Targeted contact	<ul style="list-style-type: none"> <li>• Commence FRAIT, including fathers/partners.</li> <li>• Ask the Domestic Abuse (DA) questions, if mother is alone and record and follow DA Pathway. Make clear in Family Record if questions not asked and the reason why</li> <li>• Ask NICE mood questions</li> <li>• Inform parents of HCWP, child immunisation programme</li> <li>• Document visit using SOAP</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver multi agency care package</li> </ul>
<b>Planning for Parenthood</b>	Targeted contact	<ul style="list-style-type: none"> <li>• Promote secure parental and infant relationship and attachment and bonding through discussion of baby's development in utero and the effect on the baby's brain, growth, development, social and emotional well being. Ensure parents have Bump Baby and Beyond (BBB PHW</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver multi agency care package, to promote ante natal understanding of the needs of the newborn infant attachment and bonding</li> </ul>

Key Interventions Targeted Ante natal Home Visit	Universal	Enhanced	Intensive
		<p>2014)</p> <ul style="list-style-type: none"> <li>Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act <a href="https://safeguarding.wales/chi/c6/c6.p11.html">https://safeguarding.wales/chi/c6/c6.p11.html</a> See information for parents at 'Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="https://gov.wales/parenting-give-it-time">Parenting. Give it time.   GOV.WALES</a></li> <li>Give info on newborn baby development and behaviour, safe handling of infants, safe sleeping practices and home safety. Advise baby's sleeping area will be viewed after birth</li> <li>Promote breastfeeding, infant</li> </ul>	

		feeding and holding baby close during feeds <ul style="list-style-type: none"> <li>• Include fathers and partners.</li> <li>• Encourage attendance at ante natal appointments and groups</li> <li>• Offer individualised support and referral following assessment</li> </ul>	
<b>Key Public Health Messages</b>	Targeted contact	<ul style="list-style-type: none"> <li>• Offer support and refer if required.</li> <li>• Liaise and inform other services working with families</li> </ul>	<ul style="list-style-type: none"> <li>• Work with multi agency team with a plan of care to deliver intensive support for families to make healthier lifestyle choices</li> </ul>

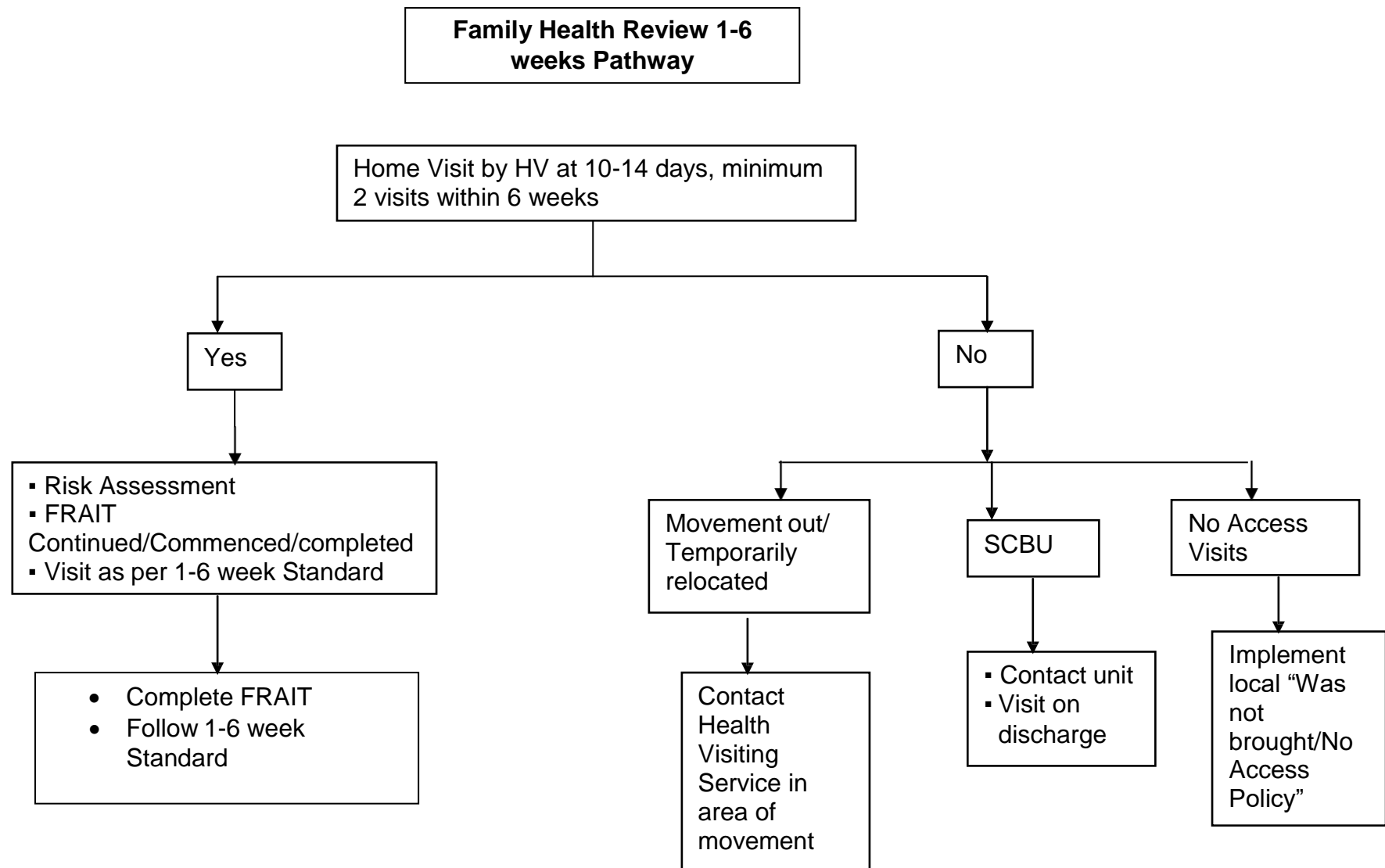
# **Health Visiting Standard For Family Health Review 1-6 weeks**

## Family Health Review 1- 6 weeks Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	Minimum of 2 visits including birth visit within 1-6 weeks
<b>Environment</b>	Home contact
<b>Target Client Group</b>	Infant and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Complete Family Health Review before 6 weeks</li> <li>▪ Complete FRAIT</li> <li>▪ Promote and support maternal mental health</li> <li>▪ Promote, increase and sustain breastfeeding</li> <li>▪ Safe infant feeding is optimised and feeding problems reduced</li> <li>▪ Promote secure relationship and strong attachment in order to promote infant brain development</li> <li>▪ Parents understand needs and capabilities of their baby.</li> <li>▪ Immunisation promoted</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Parents are supported to become coping capable and resilient to challenges of parenthood</li> <li>▪ Include fathers/partners during visit</li> <li>▪ Liaise and share information with other services</li> <li>▪ Key public health messages are promoted to enable families to make healthier lifestyle choices</li> </ul>
<b>Growth and Measurements</b>	<ul style="list-style-type: none"> <li>▪ Weigh naked, measure head circumference</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements</li> </ul>





Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
<b>Assessment of Family Need</b>	<ul style="list-style-type: none"> <li>• Contact parents/carers and offer 10 14 day visit</li> <li>• If unable to complete by 14 days document reason in records</li> <li>• Commence All Wales Child and Family Record for each family if family already on caseload add in section for new baby</li> <li>• Refer to BBB when offering advice</li> <li>• Inform parents/carers of HV contact details and provide HV leaflet</li> <li>• Promote local parent &amp; baby groups etc</li> <li>• Reinforce GP and birth registration highlighting the legal implications, and registration for child benefit</li> <li>• Complete the FRAIT</li> <li>• Ask the Domestic Abuse (DA) questions if mother is alone and record and follow DA Pathway. Make clear in Family Record if questions not asked and the reason why.</li> <li>• Inform of HCWP and childhood immunisation programme</li> <li>• Use interpreter or language</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment will identify those requiring further support and care plan agreed</li> </ul>	<ul style="list-style-type: none"> <li>• Work with family in partnership with other agencies</li> </ul>

Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
	<ul style="list-style-type: none"> <li>line if required</li> <li>• Offer further appointment following plan of care agreed with parents i.e. Universal, Enhanced or Intensive</li> <li>• Complete Personal Child Health Record (PCHR)</li> <li>• HV will document visit, information given, assessment outcomes and a care plan completed using the SOAP model in Child &amp; Family record</li> <li>• Complete Child Health Department (CHD) documentation</li> <li>• Update birth book</li> </ul>		
<b>Promotion of Secure Parent &amp; Infant Relationship and Attachment</b>	<ul style="list-style-type: none"> <li>• Promote secure parental/infant relationship and attachment through discussion and demonstration of baby's capabilities using HOAI, discussing the effect on baby's brain, growth and development, and social and emotional well being of baby. Refer parent to BBB</li> <li>• Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce baby massage, music and early language and play development in baby groups and at home</li> <li>• Offer parents/carers individualised support and referral if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency package to promote infant and parent attachment and bonding</li> </ul>

	<p>any form of physical punishment.  For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act  <a href="https://safeguarding.wales/chi/c6/c6.p11.html">https://safeguarding.wales/chi/c6/c6.p11.html</a>  See information for parents at ‘Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="#">Parenting. Give it time.   GOV.WALES</a></p> <ul style="list-style-type: none"> <li>• Record HOAI in records</li> <li>• Any concerns following HOAI review and/or GP referral made</li> <li>• Discussion and demonstration of baby massage</li> </ul>		
--	--	--	--

Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
<b>Promotion of Breast Feeding</b>	<ul style="list-style-type: none"> <li>• Offer breastfeeding mothers individualised support</li> <li>• Discuss responsive feeding and Infant Feeding Policy</li> <li>• Advice on Healthy Start vouchers and vitamins if applicable</li> <li>• Complete breastfeeding assessment form</li> <li>• Discuss method of feeding and document in records</li> <li>• Offer support to breast feeding mothers in line with policy</li> <li>• Refer to and reinforce BBB regarding breastfeeding</li> <li>• Submit breastfeeding data</li> <li>• Advice on safe weaning</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information on access to local peer support and breastfeeding groups, champions and refer for specialist support</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency package for breastfeeding mothers</li> </ul>
<b>Promotion of Safe Infant Feeding</b>	<ul style="list-style-type: none"> <li>• Give advice and support on safe infant formula feeding</li> <li>• Advice on benefits of delaying weaning until 6 months</li> <li>• Advice on Healthy start vouchers and vitamins if applicable</li> <li>• Refer to BBB regarding safe infant formula feeding</li> <li>• Complete and submit infant feeding data according to local HB protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor infant feeding difficulties following agreed care plan</li> <li>• Refer to GP if necessary with feeding history and weight and growth details</li> </ul>	<ul style="list-style-type: none"> <li>• Offer ongoing 1-1 parental support advice around safe infant feeding and family nutrition</li> <li>• Refer to other programmes if necessary</li> </ul>
<b>Promotion of Baby Safety</b>	<ul style="list-style-type: none"> <li>• Discuss view and document baby's sleeping arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Offer home safety advice and assessment with referral, if</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency</li> </ul>

Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
	<ul style="list-style-type: none"> <li>Refer to BBB for safe sleeping(SIDS) advice, safe handling, risk of pets and parental smoking</li> <li>Provide “Shaking your Baby”(PHW 2013) leaflets</li> <li>Be alert for any safeguarding concerns / factors and follow The Wales Safeguarding Procedures (WSP) <a href="http://socialcare.wales/safeguarding.wales">Social care Wales (safeguarding.wales)</a></li> </ul>	<p>required to safety schemes,such as the Fire Service</p> <ul style="list-style-type: none"> <li>Referrals to services for further support</li> </ul>	<p>team with a plan of care to deliver intensive support to families to ensure baby safety</p>
<b>Promotion of Growth &amp; Development</b>	<ul style="list-style-type: none"> <li>Offer HOAI to assess baby’s growth and development and record outcomes</li> <li>Weigh and measure head circumference and plot on centile charts in PCHR and Child &amp; Family Record, discuss with parent/carer. Record on CHD form and document</li> <li>Check Newborn Hearing Screening completed and record, following local pathway</li> <li>Check and record Newborn Blood Spot Screening and follow HB policy</li> <li>Refer and reinforce BBB regarding growth and development</li> </ul>	<ul style="list-style-type: none"> <li>Review and monitor growth and development concerns following agreed care plan</li> <li>Offer support with invitation to baby groups</li> <li>Support and signpost to relevant groups/websites/parent and child groups</li> <li>Refer to appropriate services internal and external following relevant referral pathways</li> <li>Liaise and share information with other services</li> </ul>	<ul style="list-style-type: none"> <li>Work within a multiagency team with a plan of care to deliver intensive support, review and monitor babies with complex needs and their families</li> </ul>
<b>Promotion of Maternal Mental Health</b>	<ul style="list-style-type: none"> <li>Offer routine screening of maternal emotional health</li> </ul>	<ul style="list-style-type: none"> <li>Review and monitor maternal emotional health as agreed in</li> </ul>	<ul style="list-style-type: none"> <li>Refer to specialist services as appropriate</li> </ul>

Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
	<p>using the NICE Mood questions at 10 – 14 days and 4-6 weeks</p> <ul style="list-style-type: none"> <li>• Document in Family Record</li> </ul>	<p>care plan following All Wales Peri-natal Mental Health Guidelines</p> <ul style="list-style-type: none"> <li>• Signpost/refer to local mother and baby groups</li> <li>• Consider referral to groups</li> <li>• Consider referral to relevant counselling services in Primary Care</li> <li>• Refer to Community Psychiatric Nurse if appropriate</li> <li>• Provide extra support</li> <li>• Liaise with GP and use All Wales Peri natal Mental Health Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support for maternal emotional health</li> <li>• Work with fathers/partners</li> </ul>
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>• Encourage parents to take up immunisation for the baby</li> <li>• Ensure that parents are in receipt of relevant information in order to make informed choice about recording intent to immunisations for the baby</li> <li>• Discuss immunisation intent refusal</li> </ul>		
<b>Promotion of Speech Language and Communication</b>	<ul style="list-style-type: none"> <li>• Inform parents/carers about the importance of play,</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to skill mix to support parental engagement with the</li> </ul>	<ul style="list-style-type: none"> <li>• If specialist services are required e.g. hearing impaired</li> </ul>

Key Interventions 1-6 weeks home visit	Universal	Enhanced	Intensive
	reading and stimulation with regard to their baby's continued brain and social development. Refer to BBB.	child	or those with additional needs work with multi-agency/disciplinary team to deliver a plan of care
<b>Key public Health Messages</b>	<ul style="list-style-type: none"> <li>Offer information and advice to the family with reference to BBB specifically around;- family nutrition and healthy weight, activity levels, smoking cessation, oral health care home safety and accident prevention, emotional health and well being, minor illnesses, contraception and positive sexual health</li> </ul>	<ul style="list-style-type: none"> <li>Offer further support and referrals as required</li> <li>Liaise and inform other services working with family</li> <li>Referrals to other agencies as required</li> </ul>	<ul style="list-style-type: none"> <li>Work within a multiagency team with a plan of care to deliver intensive support for families to make healthier lifestyle choices</li> </ul>

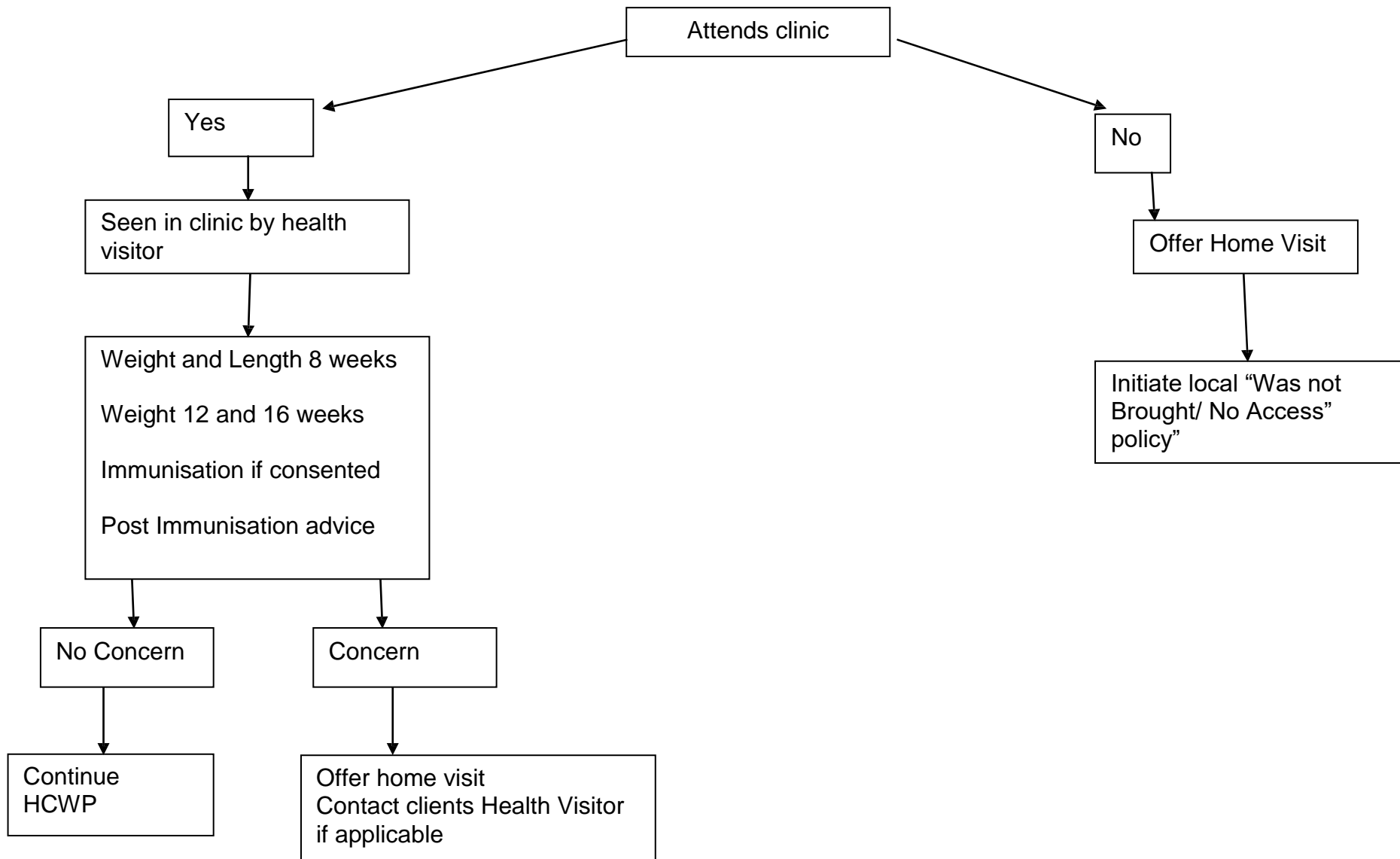


**Health Visiting Standard  
For Family Health Review  
8 – 16 weeks**

## Family Health Review 8-16 weeks Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	8- 16 weeks
<b>Environment</b>	Clinic contact
<b>Target Client Group</b>	Infant and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Discuss any parental concerns.</li> <li>▪ Discuss safe infant feeding</li> <li>▪ Provide post immunisation advice and advice on Immunisation programme</li> <li>▪ Weigh naked, measure length and head circumference at 8 weeks</li> <li>▪ Weigh naked at 12 and 16 weeks</li> <li>▪ Promote and support maternal mental health</li> <li>▪ Include fathers and partners as much as possible in the contacts</li> <li>▪ Liaise and share information with other services</li> <li>▪ Key public health messages may be promoted to enable families to make healthier lifestyle choices as appropriate</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements.</li> </ul>

## Family Health Review 8 – 16 weeks Pathway



Key Interventions 8-16 weeks clinic contact	Universal	Enhanced	Intensive
<b>Assessment of Family Needs</b>	<ul style="list-style-type: none"> <li>• Refer to BBB. reinforcing its use</li> <li>• Promote local mother and baby/parenting groups.</li> <li>• Use Language Line if necessary, using GP or local Health Board codes.</li> <li>• Complete and submit relevant CHC Documentation following the clinic contact.</li> <li>• Update HV Birth Book with correct child information.</li> </ul>		<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency care package.</li> <li>• Home visit monthly</li> </ul>
<b>Promotion of Secure Parent &amp; Infant Relationship and Attachment</b>	<ul style="list-style-type: none"> <li>• Give parents/carers information about baby's sleep patterns, crying and colic to encourage parental attunement with their new baby and refer to the BBB.</li> <li>• Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act <a href="https://safeguarding.wales/chi/c6/c6.p11.html">https://safeguarding.wales/chi/c6/c6.p11.html</a> See information for parents at 'Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="#">Parenting. Give it time.   GOV.WALES</a></li> </ul>	<ul style="list-style-type: none"> <li>• Encourage parents/carers to attend parent &amp; baby groups if available.</li> <li>• Offer parents/carers individualised support and referral if appropriate including fathers/partners if possible</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency care package to promote infant attachment and parent bonding.</li> </ul>

	<ul style="list-style-type: none"> <li>• Give information and invitation to local baby groups and parenting programs in groups or at home.</li> <li>• Promote breastfeeding and safe infant feeding and holding baby close during feeds.</li> <li>• Complete the PCHR and Child &amp; Family Record to update immunisation and growth status.</li> </ul>		
<b>Promotion of Breast Feeding</b>	<ul style="list-style-type: none"> <li>• Offer all breast feeding mothers individualised support and information including signpost to local support groups</li> <li>• Advise breast feeding mothers about returning to work and how to maintain breastfeeding for as long as she desires.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide mothers with access to local peer support, breast feeding groups, breastfeeding champions and referrals to specialist support.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency care package for breastfeeding mothers.</li> </ul>

Key Interventions 8-16 weeks clinic contact	Universal	Enhanced	Intensive
	<ul style="list-style-type: none"> <li>• Discuss the concept of responsive feeding according to the Breast feeding policy</li> <li>• Give advice regarding Healthy Start vouchers if applicable and vitamin supplements (DOH 2006) for breast feeding mothers.</li> <li>• Refer to and reinforce the BBB with parents regarding breastfeeding</li> <li>• Complete and submit breast feeding data according to policy.</li> <li>• Give advice about introduction of delayed weaning at 6 months</li> </ul>		
<b>Promotion of Safe Infant Feeding</b>	<ul style="list-style-type: none"> <li>• Give advice and support for safe infant formula feeding</li> <li>• Give information on Healthy Start vouchers if applicable and vitamins (DOH 2006) and healthy family nutrition.</li> <li>• Give advice about introduction of delayed weaning at 6 months</li> <li>• Refer parents to the BBB regarding safe infant formula feeding</li> <li>• Complete and submit infant feeding data according to protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor infant feeding difficulties following agreed HV care plan.</li> <li>• Offer Support for safe infant weaning with further discussions and invitations to weaning groups.</li> <li>• HVs may refer to Dietician for support if available.</li> <li>• Refer to GP if necessary with feeding history and weight and growth details.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing one to one parental support and advice around safe infant feeding and family nutrition will be given</li> <li>• May refer to other programmes to support safe infant feeding and family nutrition</li> </ul>
<b>Promotion of Baby Safety</b>	<ul style="list-style-type: none"> <li>• Refer to BBB for baby safety advice and information.</li> <li>• Reinforce Sudden Infant Death Syndrome (SIDS) advice including</li> </ul>	<ul style="list-style-type: none"> <li>• HV may offer home safety advice and assessment with further referral if required to safety</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support to families to ensure baby safety</li> </ul>

Key Interventions 8-16 weeks clinic contact	Universal	Enhanced	Intensive
	bed and sofa sharing. <ul style="list-style-type: none"> <li>• Be alert for any safeguarding concerns / factors and follow All Wales Child Protection Procedures (2008).</li> </ul>	schemes such as the Fire Service.	
<b>Promotion of Growth and Development</b>	<ul style="list-style-type: none"> <li>• Weigh baby and measure head circumference and length at 8 weeks. Weigh only at 12 and 16 weeks.</li> <li>• Record in PCHR and Child &amp; Family Record, explain and interpret results to parent/carer.</li> <li>• Refer to and reinforce BBB with parents/carers regarding baby's growth and development</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor growth and development concerns following agreed HV care plan.</li> <li>• Offer support with invitations to baby groups.</li> <li>• Signpost to relevant support groups/websites/parent and child groups.</li> <li>• Refer to appropriate local HB and external services following correct referral procedures and documentation.</li> <li>• Liaise and share information with other services e.g. G.Ps, Paediatricians.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support, reviewing and monitoring for babies with complex needs and their families.</li> </ul>
<b>Promotion of Maternal Emotional Health</b>	<ul style="list-style-type: none"> <li>• Enquire about the mother's emotional health and wellbeing.</li> <li>• Arrange a home visit if required</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor maternal emotional health as agreed in HV care plan and according to Peri - natal Mental Health Pathway.</li> <li>• Signpost/Refer to local</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to specialist services as appropriate using Peri-natal Mental Health guidelines and Pathway.</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support for maternal</li> </ul>

Key Interventions 8-16 weeks clinic contact	Universal	Enhanced	Intensive
		<p>mother and baby groups.</p> <ul style="list-style-type: none"> <li>• Consider Referral to groups.</li> <li>• Consider Referral to relevant counselling services at Primary Care.</li> <li>• Consider Refer to Community Psychiatric Nurse (CPN) if available.</li> <li>• Provide extra support visits with HV including signposting to further information e.g. website "Enjoy your Baby"</li> <li>• Liaise with GP and use Peri-natal Mental Health guidelines and pathway.</li> </ul>	<p>emotional health</p> <ul style="list-style-type: none"> <li>• Include working with fathers and partners as much as possible</li> </ul>
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>• Encourage parents/carers to take up immunisation for the baby</li> <li>• Ensure that parents are in receipt of relevant information in order to make informed choice about giving consent to immunise their baby</li> <li>• Post immunisation advice to be given</li> <li>• Record refusal to consent and inform GP and Child Health Department</li> <li>• Ensure that movements into the Health Visitors caseload are up to date with all their immunisations.</li> <li>• Assess immunisation history of new entrants to the country and offer 'catch up' immunisations so that they are in line with UK programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with other professionals e.g. GP if the parents do not attend appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up non attendees (Was Not Brought/No Access local Policy) and offer domiciliary immunisation where appropriate</li> </ul>



Key Interventions 8-16 weeks clinic contact	Universal	Enhanced	Intensive
<b>Promotion of Speech, Language and Communication</b>	<ul style="list-style-type: none"> <li>• Discuss vocalisation, refer parent/carer to the BBB</li> <li>• Inform parents/carers about the importance of play, reading and stimulation with regard to their baby's continued brain and social development</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage parents/carers to attend baby group.</li> <li>• Refer to skill mix to support parental engagement with the child</li> </ul>	<ul style="list-style-type: none"> <li>• Work with multi-agency team with a plan of care to deliver intensive support for speech, language and communication needs</li> </ul>
<b>Key Public Health Messages</b>	<ul style="list-style-type: none"> <li>• Offer relevant information and advice for the family if appropriate with reference to the BBB, specifically around; family nutrition and healthy weights, activity levels, smoking cessation, oral health care, home safety and accident prevention, emotional health and well being, contraception and positive sexual health.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer further support and referrals to other agencies if required, to support healthier lifestyle choices.</li> <li>• Liaise and inform other services working with families.</li> <li>• Offer referrals to other agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care plan to deliver intensive support for families to make healthier lifestyles choices</li> </ul>

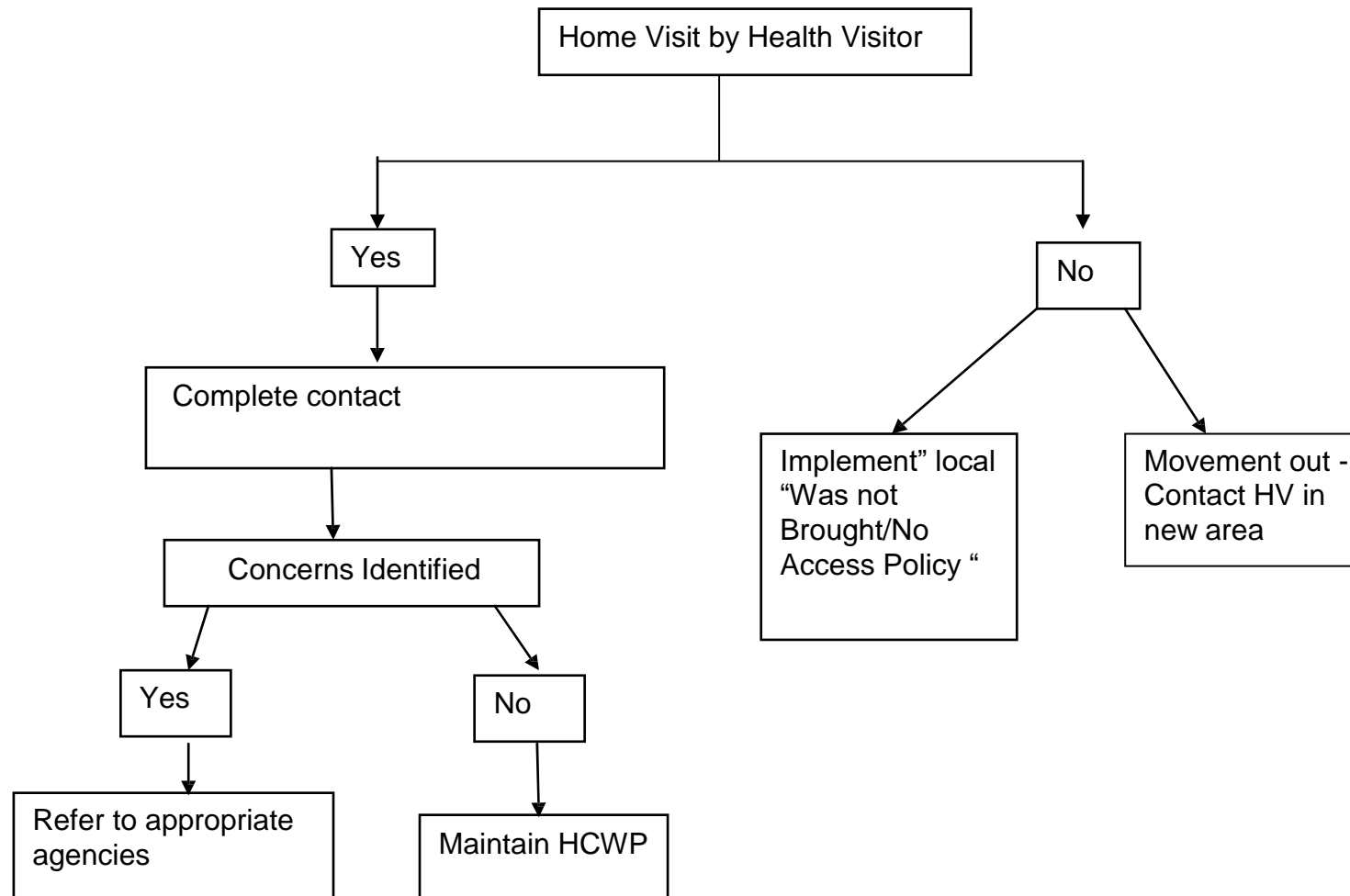
# **Health Visiting Standard For Family Health Review 6 Months**

## Family Health Review 6 Month Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	6 months
<b>Environment</b>	Home contact
<b>Target Client Group</b>	Infant and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Complete FRAIT</li> <li>▪ Assess health/well being of mother and infant.</li> <li>▪ Promote and support maternal mental health</li> <li>▪ If still breastfeeding support and advice given</li> <li>▪ Safe infant feeding is optimised and feeding problems reduced</li> <li>▪ Parents will be able to make healthy nutrition choices for their family in order to reduce the rate of obesity</li> <li>▪ To discuss and advise on recommended weaning foods</li> <li>▪ Promote secure relationship and strong attachment in order to promote infant brain development</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Parents understand needs and capabilities of their baby.</li> <li>▪ Families will understand and be able to implement safety measures in and outside the home to protect their child</li> <li>▪ Parents are supported to provide appropriate stimulation and play in order to reach their baby's full potential for their age and stage in language development and communication skills</li> <li>▪ Include fathers and partners as much as possible in the contacts</li> <li>▪ Liaise and share information with other services</li> <li>▪ Parents are supported to become coping capable and resilient to challenges of parenthood</li> <li>▪ Key public health messages are promoted to enable families to make healthier lifestyle choices</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements.</li> </ul>

## 6 Month Family Health Review Pathway



Key Interventions 6 month home visit	Universal	Enhanced	Intensive
<b>Assessment of Family Needs</b>	<ul style="list-style-type: none"> <li>Parents/carers are notified of the appointment which will take place at home.</li> <li>Offer standardised information and evidence based advice and refer to BBB</li> <li>Ensure that HV contact details, clinic availability and local baby groups are updated.</li> <li>Complete the FRAIT</li> <li>Ask the Domestic Abuse (DA) questions if mother is alone and record and follow DA Pathway. Make clear in Family Record if questions not asked and reason why.</li> <li>Document the contact in the PCHR and Child &amp; Family Record in partnership with the parents/carers.</li> <li>Where necessary use Language line/interpreter.</li> <li>Offer further appointment following plan of care agreed with parents i.e. Universal, Enhanced or Intensive</li> <li>HV will document visit, information given, assessment outcomes and a care plan completed using the SOAP model in the Child &amp; Family Record</li> <li>Complete and submit relevant CHD documentation following the contact</li> <li>Update the Child &amp; Family Records with any change of address</li> </ul>	<ul style="list-style-type: none"> <li>Assessment will identify those requiring further support and care plan agreed</li> </ul>	<ul style="list-style-type: none"> <li>Assessment will identify those requiring further support and a care plan agreed in partnership with parents/carers, which may include frequent home visiting.</li> <li>Work with families in partnership with other agencies to deliver a multi agency care package.</li> </ul>
<b>Promotion of Secure Parent &amp; Infant Relationship and Attachment</b>	<ul style="list-style-type: none"> <li>Observe the parent/carer and infant relationship, reinforcing advice on attachment given at earlier contacts about brain development, social and emotional wellbeing for the baby.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage parents to attend baby groups if available.</li> <li>Offer parents individualised support and referral if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Work with families in partnership with other agencies to deliver a multi agency care package to promote</li> </ul>

Key Interventions 6 month home visit	Universal	Enhanced	Intensive
	<ul style="list-style-type: none"> <li>• Discuss with parents/carers the baby's sleep pattern and advise re sleep management as required.</li> <li>• Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act <a href="https://safeguarding.wales/chi/c6/c6.p11.htm">https://safeguarding.wales/chi/c6/c6.p11.htm</a> See information for parents at 'Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - Parenting. Give it time.   GOV.WALES <a href="#">Parenting. Give it time.   GOV.WALES</a></li> <li>• Give information and invitation to local baby groups and parenting programs in groups or at home.</li> <li>• Promote breastfeeding and safe infant feeding and holding baby close during feeds.</li> <li>• Include fathers and partners as much as possible.</li> <li>• Record in Child &amp; Family Record</li> </ul>		<p>infant and parent attachment and bonding.</p>

<b>Promotion of Breastfeeding</b>	<ul style="list-style-type: none"> <li>• Offer all breast feeding mothers individualised support and information including signpost to local support groups.</li> <li>• Advise breast feeding mothers about returning to work and how to maintain breastfeeding for as long as she desires</li> <li>• Reinforce information on Healthy Start vouchers if applicable and vitamin supplements. This includes information on vitamin D, needed where the baby is breast fed.</li> <li>• Parents will be referred to BBB and Change 4 Life about progressing with the introduction of solid foods and further stages of weaning.</li> <li>• Document feeding method in Child &amp; Family Records and submit breastfeeding data according to local/national protocol.</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor infant feeding difficulties and refer as necessary to dietician and/or local breastfeeding support/champions</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency care package for safe infant feeding</li> </ul>
<b>Promotion of Infant Feeding and Nutrition</b>	<ul style="list-style-type: none"> <li>• Offer continued support to ensure safe infant formula feeding</li> <li>• Reinforce information on Healthy Start vouchers if applicable and vitamin supplements. This</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor infant feeding difficulties and refer as necessary to dietician.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with families in partnership with other agencies to deliver a multi agency care</li> </ul>



Key Interventions 6 month home visit	Universal	Enhanced	Intensive
	<p>includes information on vitamin D if taking less than 500mls of formula.</p> <ul style="list-style-type: none"> <li>• Parents will be referred to BBB about progressing with the introduction of solid foods and further stages of weaning</li> <li>• Document feeding method in Child &amp; Family Records and submit feeding data</li> </ul>		<p>package for safe infant feeding</p>
<b>Promotion of Baby Safety</b>	<ul style="list-style-type: none"> <li>• Discuss and document baby's sleeping arrangements, if concerned ask to view and ensure that parents are aware of the safe sleeping guidance</li> <li>• Information to be given with specific reference to BBB in relation to safe handling, risk of parental smoking, and risk of pets.</li> <li>• Advise on age and stage appropriate safety for baby</li> <li>• Be alert for any safeguarding concerns / factors and follow The Wales Safeguarding Procedures (WSP) <a href="https://safeguarding.wales/">https://safeguarding.wales/</a></li> </ul>	<ul style="list-style-type: none"> <li>• Offer home safety advice and assessment with further referral if required to safety schemes such as the Fire Service</li> <li>• Possible referral for further support around baby safety</li> </ul>	<ul style="list-style-type: none"> <li>• Referral for safety equipment</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support to families to ensure baby safety.</li> </ul>
<b>Promotion of Growth and Development</b>	<ul style="list-style-type: none"> <li>• Assess baby's development and record outcomes in PCHR and child's records.</li> <li>• Weigh and measure length of baby, document in PCHR, Child &amp; Family Records and record on CHD form.</li> <li>• Refer to and reinforce BBB with parents/carers regarding baby's growth and development</li> </ul>	<ul style="list-style-type: none"> <li>• If concerns are identified following assessment of growth and development, initiate referral to the appropriate agencies/services.</li> <li>• Signpost to relevant support groups/websites/parent and child groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support, review and monitoring for babies with complex needs and their families.</li> </ul>

Key Interventions 6 month home visit	Universal	Enhanced	Intensive
<b>Promotion of Maternal Emotional Health</b>	<ul style="list-style-type: none"> <li>Offer routine screening of maternal emotional health using NICE mood questions at the six month contact</li> </ul>	<ul style="list-style-type: none"> <li>Review and monitor maternal emotional health as agreed in HV care plan and according to Peri-natal Mental Health Guideline.</li> <li>Signpost/Referral to local mother and baby groups.</li> <li>Consider referral to groups, websites.</li> <li>Consider referral to relevant counselling services at Primary Care.</li> <li>Consider referral to Community Psychiatric Nurse, if appropriate.</li> <li>Provide extra support visits with HV.</li> <li>Liaise with GP and use Peri-natal Mental Health guidelines and pathway</li> </ul>	<ul style="list-style-type: none"> <li>Refer to specialist services as appropriate using Peri-natal Mental Health guidelines and Pathway</li> <li>Work within a multiagency team with a plan of care to deliver intensive support for maternal emotional health.</li> </ul>
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>Encourage parents/carers to take up immunisation for the baby</li> <li>Discuss with parents/carers if baby is up to date with immunisations</li> <li>Ensure that parents/carers are in receipt of relevant information in order to make informed choice about giving consent to immunisations for the baby.</li> <li>Record refusal to consent and inform GP and Child Health Department</li> <li>Ensure that movements into the Health Visitors caseload are up to date with all their</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with other professional e.g. GP if the parents do not attend appointments</li> <li>Follow up non attendees (Was not Brought/ No Access local policy) and offer domiciliary immunisation where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Work with multi agency team to ensure that this component of the baby's health needs are considered</li> <li>Ensure alternative venues for immunisations are offered for all children who have repeatedly not been presented</li> </ul>

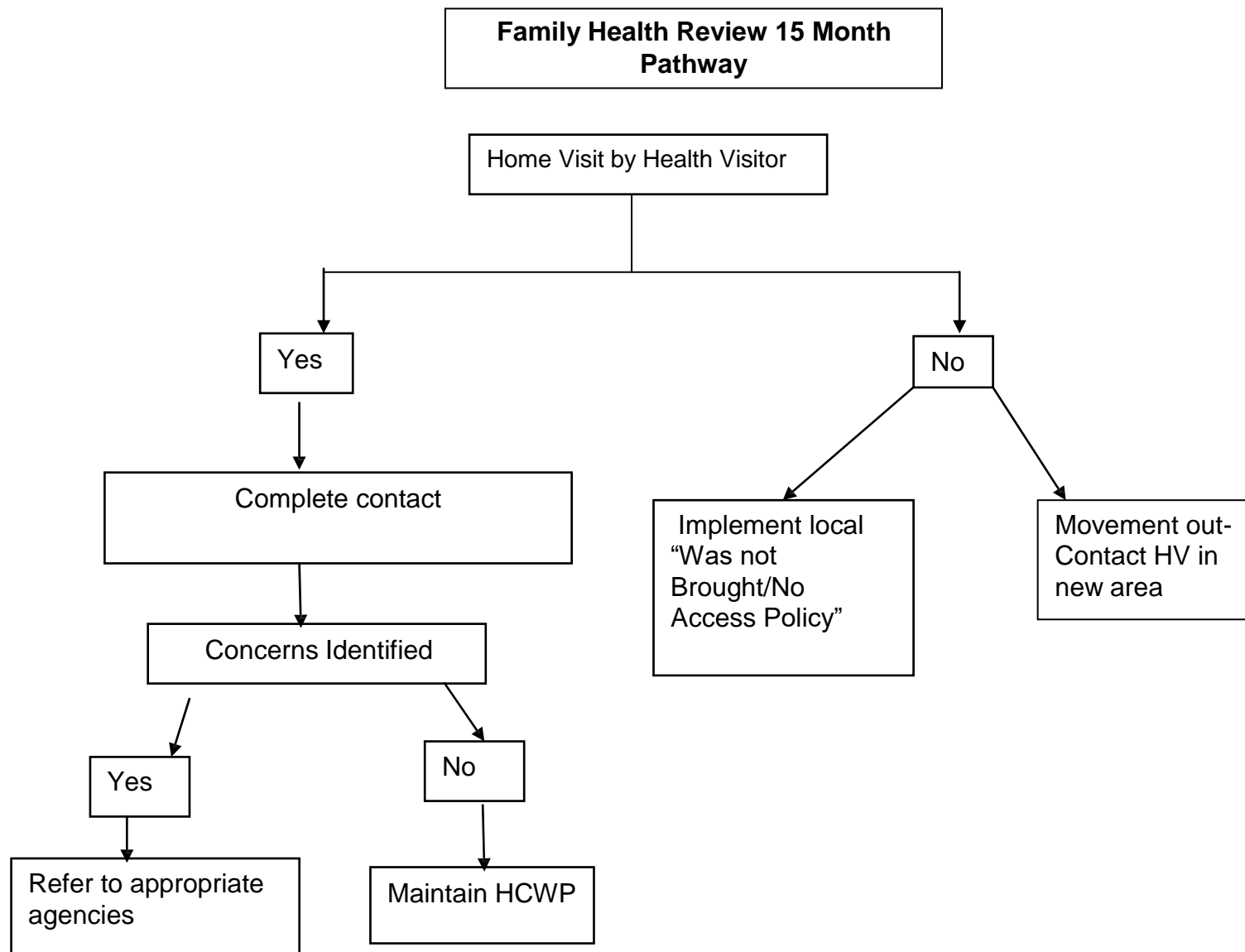
Key Interventions 6 month home visit	Universal	Enhanced	Intensive
	<p>immunisations.</p> <ul style="list-style-type: none"> <li>Assess immunisation history of new entrants to the country and offer 'catch up' immunisations so that they are in line with UK programme.</li> </ul>		
<b>Promotion of Speech, Language and Communication</b>	<ul style="list-style-type: none"> <li>Discuss with parents/carers their baby's vocalisation and speech and language progress in accordance with their age and stage and refer parent to BBB</li> <li>Inform parents/carers about the importance of play, reading and stimulation with regard to their baby's continued brain and social development</li> <li>Provide "Bookstart" pack</li> </ul>	<ul style="list-style-type: none"> <li>Encourage parents/carers to attend baby group.</li> <li>Refer to skill mix to support parental engagement with the child</li> </ul>	<ul style="list-style-type: none"> <li>Work with multi-agency team with a plan of care to deliver intensive support for speech, language and communication needs</li> </ul>
<b>Promotion of Dental Health</b>	<ul style="list-style-type: none"> <li>Offer all parents/carers support and information about good oral health care and commencing brushing baby's gums at the first signs of teething.</li> <li>Advise registration with the family dentist</li> </ul>	<ul style="list-style-type: none"> <li>Offer extra support and advice as required e.g. referral to dentist and provision of toothbrushes, toothpaste and cups if available.</li> </ul>	<ul style="list-style-type: none"> <li>Refer the family to a specialist / community dental service</li> </ul>
<b>Key Public Health Messages</b>	<ul style="list-style-type: none"> <li>Offer information and advice for the family with reference to the BBB, specifically around; family nutrition and healthy weights, activity levels, smoking cessation, oral health care, home safety and accident prevention, emotional health and well being, contraception and positive sexual health.</li> </ul>	<ul style="list-style-type: none"> <li>Offer further support and referrals if required and available.</li> <li>Liaise and inform other services working with families.</li> <li>Offer referrals to other agencies</li> </ul>	<ul style="list-style-type: none"> <li>Work within a multiagency team with a plan of care plan to deliver intensive support for families to make healthier lifestyles choices.</li> </ul>

# **Health Visiting Standard For Family Health Review 15 Months**

## Family Health Review 15 months Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	15 months
<b>Environment</b>	Home contact
<b>Target Client Group</b>	Infant and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Complete FRAIT</li> <li>▪ Deliver age appropriate health promotion</li> <li>▪ Assess and promote the development of the child's speech and language skills</li> <li>▪ Assess the child's health and developmental progress using 15 month development proforma</li> <li>▪ Discuss any concerns and support required</li> <li>▪ Targeted SOGS</li> <li>▪ Assess child's social and emotional attachment</li> <li>▪ Promote appropriate stimulation to enable the child to reach their full potential for their age</li> </ul>

	<p>and stage</p> <ul style="list-style-type: none"> <li>▪ Promote parental/carer awareness of healthy nutrition choices for their child and family and importance of vitamin supplementation</li> <li>▪ Promote parental awareness to implement safety measures in and out of the home to protect their child from harm</li> <li>▪ Include fathers and partners as much as possible in the contact.</li> <li>▪ Liaise and share information with other services</li> <li>▪ Key public health messages are promoted to enable families to make healthier lifestyle choices.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements</li> </ul>



Key Interventions 15 month home visit	Universal	Enhanced	Intensive
<b>Assessment of Family Needs</b>	<ul style="list-style-type: none"> <li>• Parents/carers are notified of the appointment which will take place in the home.</li> <li>• Offer standardised information and evidence based advice and refer to available resources such as the BBB</li> <li>• Where necessary use Language line/interpreter</li> <li>• Ensure that HV contact details including times of, clinic availability and local groups are updated.</li> <li>• Complete the FRAIT</li> <li>• Ask the Domestic Abuse (DA) questions if mother is alone and record and follow DA Pathway. Make clear in Family Record if questions not asked and the reason why.</li> <li>• Document the contact in the PCHR in partnership with the parents/carers.</li> <li>• HV will document visit, information given, assessment outcomes and a care plan completed using the SOAP model in Child &amp; Family Records</li> <li>• Offer further appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Support families identified as needing additional support with a plan of care which will be agreed with the parents/carers. This may include further assessment and/or interventions according to need</li> </ul>	<ul style="list-style-type: none"> <li>• Support families identified as needing intensive support with a multi-agency care plan with: <ul style="list-style-type: none"> <li>○ Intensive based interventions</li> <li>○ Intensive home visiting</li> <li>○ Referral to specialist services</li> </ul> </li> </ul>



Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<p>following plan of care agreed with parents i.e. Universal, Enhanced or Intensive</p> <ul style="list-style-type: none"> <li>• Complete and submit relevant CHD documentation following the contact</li> </ul>		
<b>Promotion of Child and Family Nutrition</b>	<ul style="list-style-type: none"> <li>• Discuss with families any concerns they may have regarding their child's nutrition / feeding.</li> <li>• Use appropriate resources e.g. BBB to advise parents/carers about healthy eating and physical activity for the child and family, meal time routines, portion sizes and types of foods.</li> <li>• Promote the use of vitamin supplements for the child (until the age of 5 years) including information on Healthy Start if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional advice if there are parental/carer or HV concerns about the child's weight, growth, nutrition / feeding.</li> <li>• Agree with parents for HV to review the child's growth, nutrition / feeding at a further visit if indicated.</li> <li>• Signpost to Family Information Service for further information about local play / physical activity provision.</li> <li>• Discuss referring the family to local support groups regarding nutrition and physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer individual family support and advice regarding the child or family's nutrition.</li> <li>• Agree with the family a referral for specialist advice and support e.g. paediatrician, dietician and G.P.</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support for families to make appropriate lifestyle choices about family nutrition</li> </ul>
<b>Promotion of Child Safety</b>	<ul style="list-style-type: none"> <li>• Use resources e.g. BBB to discuss anticipatory guidance regarding keeping the child safe including:</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional advice if indicated regarding safety in and out of the home.</li> <li>• Signpost families to the Family Information Service regarding</li> </ul>	<ul style="list-style-type: none"> <li>• Consider offering individual support when there are concerns regarding the parents' ability to maintain their child's safety.</li> </ul>

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<ul style="list-style-type: none"> <li>➤ Safety around the home – toy safety, pets, fire safety, smoke and carbon monoxide detectors</li> <li>➤ Safety outside the home - car safety, ponds / water safety, road safety, sun safety</li> <li>➤ Supervision</li> <li>• Advise on age and stage appropriate safety for child</li> <li>• Signpost families to local schemes e.g. the provision of safety equipment, Fire Service for a home assessment.</li> <li>• Be alert for any safeguarding concerns / factors and follow All Wales Child Protection Procedures (2008).</li> </ul>	<p>provision of further services / support.</p>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support for families to make appropriate lifestyle choices about child safety.</li> </ul>
<b>Promotion of Growth and Development</b>	<ul style="list-style-type: none"> <li>• Discuss with families their views / concerns they may have regarding their child's physical health, growth and development.</li> <li>• Measure the child's weight (Naked) and length which will be documented in PCHR and Child &amp; Family</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the SOGS assessment and interpret results for parents and provide parent/carer with copy of results.</li> <li>• Children not walking at 15 months must be reviewed at 18 months.</li> <li>• Agree with parents/carers any follow up or referrals for further assessment / intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support for their child's growth and development</li> </ul>

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<p>Record.</p> <ul style="list-style-type: none"> <li>• Provide parents/carers with an explanation of the weight / length measurements.</li> <li>• Complete the 15 month Development Review 2 weeks before or 2 weeks after the child is 15 months. If this is not possible a SOGS must be completed. Interpret the results for the parents/carers, and advice if SOGS assessment required.</li> <li>• Offer advice about appropriate local groups.</li> <li>• Complete CHD documentation.</li> <li>• Advise child attendance at Opticians if there is a family history of Visual problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Recall any child not walking at 15 months for review at 18 months of age. If there are concerns at 18 months review, refer to specialist services.</li> <li>• Complete Child Health documentation</li> </ul>	
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>• Review the child's immunisation status to ensure all immunisations are up to date.</li> <li>• Advise parents/carers about next scheduled immunisations</li> <li>• Record refusal to consent</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up with parent/carers for children that have not completed their primary or 12/13 month vaccinations.</li> <li>• Provide information and advice as needed and offer further appointments and consider alternative venues and time</li> </ul>	<ul style="list-style-type: none"> <li>• Offer domiciliary immunisations for families who have not attended for immunisation appointments.</li> <li>• Ensure alternative venue for immunisations are offered for all children who have repeatedly not been presented</li> </ul>

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<p>and inform GP and Child Health Department</p> <ul style="list-style-type: none"> <li>• Ensure that movements into the Health Visitors caseload are up to date with all their immunisations.</li> <li>• Assess immunisation history of new entrants to the country and offer 'catch up' immunisations so that they are in line with UK programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Child Health documentation</li> </ul>	
<b>Promotion of Speech, Language and Communication</b>	<ul style="list-style-type: none"> <li>• Discuss with parents/carers their views and any concerns they may have regarding their child's speech, language and communication..</li> <li>• Inform parents/carers about the importance of play, reading and stimulation with regard to their child's continued brain and social development.</li> <li>• Offer information if a dummy / teat is still used and advice parents/carers that dummies can cause delay in speech and language, dental problems and can increase the risk</li> </ul>	<ul style="list-style-type: none"> <li>• If any child is identified with concerns around speech and language, intervention will be offered to support with sign posting / referral to local support groups.</li> <li>• Recall any child with speech and language delay.</li> <li>• Depending on the outcome of the review and SOGS assessment, refer the child for further assessment to audiology and speech and language therapy services.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child's speech and language development</li> </ul>

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<p>of ear infections.</p> <ul style="list-style-type: none"> <li>• Use appropriate resources e.g. BBB to encourage parents to provide appropriate stimulation by early talking, book sharing, play, music and interactive activities.</li> <li>• Facilitate access to local services e.g. parent &amp; child group, library, Family Information Service, Language and Play.</li> <li>• Complete CHD documentation.</li> </ul>		
<b>Promotion of Dental Health</b>	<ul style="list-style-type: none"> <li>• Use resources in BBB to offer advice and reinforce the information around good dental health practices <ul style="list-style-type: none"> <li>➤ Tooth brushing twice a day using a smear of suitable fluoride toothpaste.</li> <li>➤ Dummy use and feeding from a bottle should be discouraged. The use of free flow beakers should be encouraged.</li> <li>➤ Not adding sugar to foods, reducing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional advice and support for parents/carers who are having difficulty implementing good dental health practices.</li> <li>• Provide free dental packs if eligible</li> <li>• Refer child to community dentist / signpost to dentist.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child's dental health.</li> </ul>

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
	<p>the consumption of sugary foods, drinks and limiting them to mealtimes</p> <ul style="list-style-type: none"> <li>➤ The use of sugar free medicines.</li> <li>➤ Signposting to a dentist if the child or family are not registered</li> </ul>		
<b>Promotion of Positive Child Behaviour</b>	<ul style="list-style-type: none"> <li>• Discuss any concerns parents/carers may have about their child's behaviour. Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act <a href="https://safeguarding.wales/chi/c6/c6.p11.htm">https://safeguarding.wales/chi/c6/c6.p11.htm</a></li> <li>• See information for parents at 'Ending Physical Punishment – Information for parents</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a care plan with parents/carers with review dates.</li> <li>• Refer to local support services e.g. Family Centre, Homestart.</li> <li>• Signpost families to the Family Information Service regarding provision of further services / support.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to specialist parenting services</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support, review and monitoring for children</li> </ul>

	<p>(gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="https://gov.wales/parenting-give-it-time">https://gov.wales/parenting-give-it-time</a></p> <ul style="list-style-type: none"> <li>• Ensure parents/carers have an understanding of their child's behaviour in relation to his/her developmental age.</li> <li>• Promote 'Positive Parenting' leading to confident parents and happy children.</li> <li>• Discuss strategies and routines to promote development and appropriate behaviour e.g. sleep, toileting and tantrums.</li> </ul>		
--	--	--	--

Key Interventions 15 month home visit	Universal	Enhanced	Intensive
Key Public Health Messages	<ul style="list-style-type: none"> <li>• Offer information and advice for the family to enable parents to make healthy lifestyle choices with reference to the BBB, specifically around; family nutrition and healthy weights, activity levels, smoking cessation, oral health care, home safety and accident prevention, emotional health and well being, contraception and positive sexual health.</li> <li>• Discuss any concerns regarding parental emotional wellbeing and refer to local services for families experiencing difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer further support and referrals to services if required and available.</li> <li>• Liaise and inform other services working with families.</li> <li>• Offer referrals to other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the multiagency team's plan of care to deliver intensive support for families to make healthier lifestyles choices.</li> </ul>



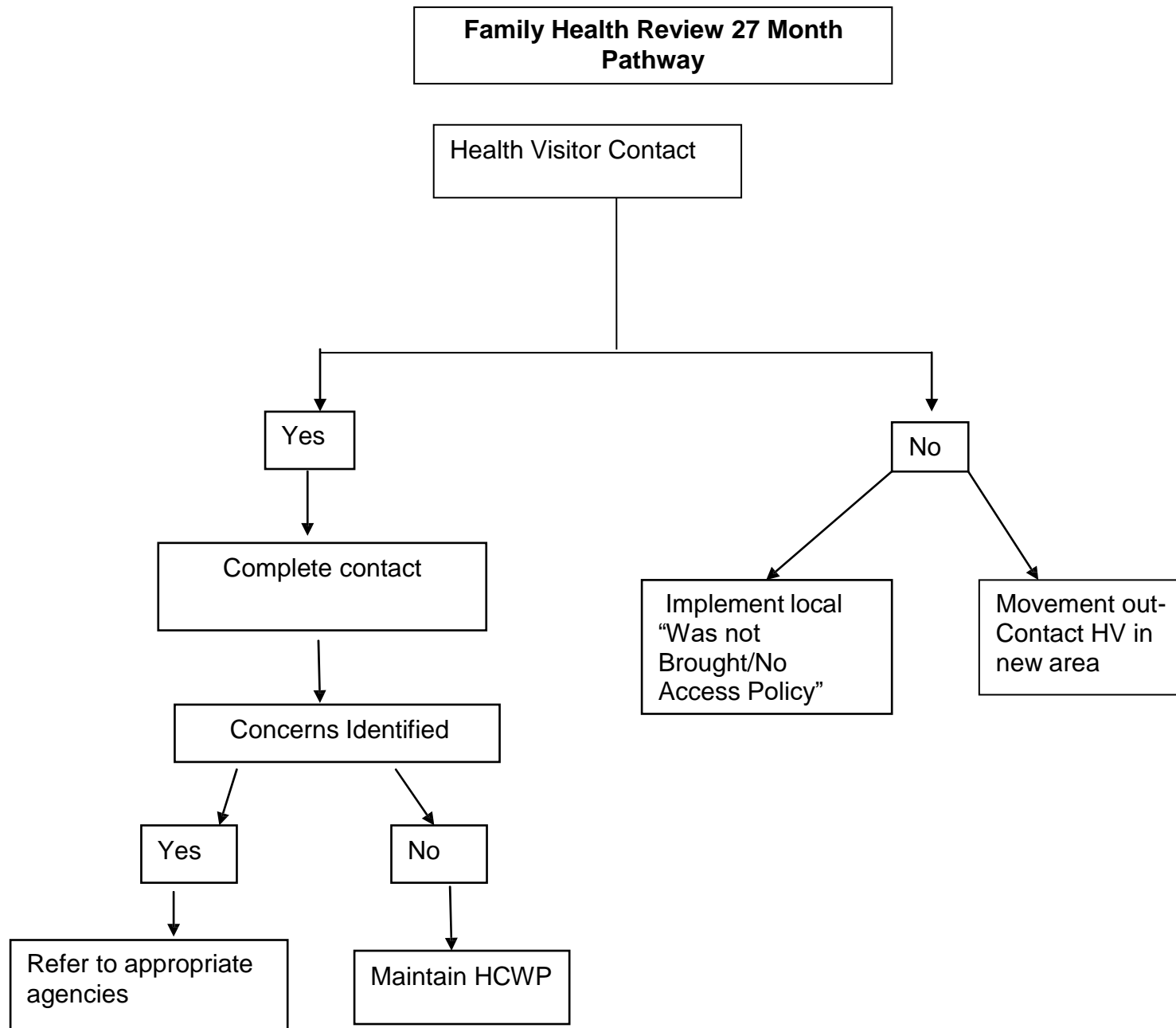
# **Health Visiting Standard For Family Health Review**

## **27 Months**

### Family Health Review 27 Month Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	27 months
<b>Environment</b>	Home contact
<b>Target Client Group</b>	Infant and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Complete FRAIT</li> <li>▪ Deliver age appropriate health promotion</li> <li>▪ Assess and promote the development of the child's speech and language skills</li> <li>▪ Assess the child's health and developmental progress using 27 month development proforma</li> <li>▪ Discuss any concerns and support required</li> <li>▪ Targeted SOGS</li> <li>▪ Assess child's social and emotional attachment</li> <li>▪ Promote appropriate stimulation to enable the child to reach their full potential for their age and stage</li> <li>▪ Promote parental/carer awareness of healthy nutrition choices for their child and family and importance of vitamin supplementation</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Promote parental/carer awareness to implement safety measures in and out of the home to protect their child from harm.</li> <li>▪ Include fathers and partners as much as possible.</li> <li>▪ Liaise and share information with other services</li> <li>▪ Key public health messages are promoted to enable families to make healthier lifestyle choices.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements</li> </ul>



Key Interventions 27 month home visit	Universal	Enhanced	Intensive
<b>Assessment of Family Needs</b>	<ul style="list-style-type: none"> <li>• Contact the family to arrange to visit the home to undertake the assessment</li> <li>• Where necessary use Language line/interpreter</li> <li>• Complete the FRAIT</li> <li>• Offer standardised information and evidence based advice and refer to available resources such as the BBB.</li> <li>• Ask the Domestic Abuse (DA) question if mother is alone and record and follow DA Pathway. Make clear in Family Records if question not asked and reason why.</li> <li>• Document the contact in the PCHR in partnership with the parents/carers.</li> <li>• Offer further appointment following plan of care agreed with parents i.e. Universal, Enhanced or Intensive</li> <li>• Complete and submit the relevant CHD documentation following the contact.</li> <li>• Update the Child health Record and Birth Book with any changes e.g. Address</li> <li>• Record the visit in the Child</li> </ul>	<ul style="list-style-type: none"> <li>• For those children and families identified as needing extra support, a care plan will be agreed in partnership with parents/carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child</li> </ul>

Key Interventions 27 month home visit	Universal	Enhanced	Intensive
	<p>and Family record in line with record keeping policy. The information given, assessment outcomes and a care plan completed using the SOAP model.</p>		
<p><b>Promotion of Child &amp; Family Nutrition.</b></p>	<ul style="list-style-type: none"> <li>• Discuss with families any concerns they may have regarding their child's nutrition and feeding.</li> <li>• Use appropriate resources e.g. BBB to advise parents/carers about healthy eating and physical activity for the child and family, meal time routines, portion sizes and types of foods.</li> <li>• Promote the use of vitamin supplements for the child (until the age of 5 years) including information on Healthy Start if applicable.</li> <li>• Signpost to Family Information Service for further information about local play / physical activity provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional advice or referrals to local support groups where available</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care plan to deliver intensive support for families to make healthier lifestyles choices.</li> <li>• Refer to specialist services e.g. Paediatric dietician.</li> </ul>

Key Interventions 27 month home visit	Universal	Enhanced	Intensive
<b>Promotion of Child Safety</b>	<ul style="list-style-type: none"> <li>The HV will discuss and advise on safety measures inside and outside the home to enable parents/carers to protect their children from harm including smoking, falls, scalds, blind cords and pet safety, using resources such as BBB to facilitate discussion.</li> <li>The HV will discuss safety and supervision appropriate to the child's developmental age.</li> <li>Signpost families to local schemes e.g. the provision of safety equipment, Fire Service for a home assessment.</li> <li>Be alert for any safeguarding concerns and follow the</li> </ul>	<ul style="list-style-type: none"> <li>The Health Visitor may offer additional safety advice and assessment and will make a further referral if required to local safety schemes.</li> <li>Signpost families to the Family Information Service regarding provision of further services / support</li> </ul>	<ul style="list-style-type: none"> <li>Referral for safety equipment if available.</li> <li>Consider individual support to address safety concerns with the family.</li> <li>Work within a multiagency team with a plan of care to deliver intensive support to families to ensure child safety</li> </ul>
<b>Promotion of Growth &amp; Development</b>	<ul style="list-style-type: none"> <li>Complete the 27 month Development Review 2 weeks before or 2 weeks after child is 27 month. If this is not possible a SOGS must be completed. Interpret the results for the parents/carers, and advice</li> </ul>	<ul style="list-style-type: none"> <li>If concerns have been identified and persist the HV will offer parents SOGS assessment.</li> <li>Complete the SOGS assessment and interpret results for parents/carers and provide parent with copy of results.</li> <li>Agree with parents/carers any</li> </ul>	<ul style="list-style-type: none"> <li>Work within a multiagency team with a plan of care to deliver intensive support, review and monitoring for children with complex needs and their families.</li> </ul>

Key Interventions 27 month home visit	Universal	Enhanced	Intensive
	<p>if SOGS assessment required.</p> <ul style="list-style-type: none"> <li>• If parental request or HV concerns weigh the child in minimal clothing and document in PCHR and Child &amp; Family record explain and interpret results to parent/carer.</li> <li>• Discuss with the family any concerns they may have about their child's physical health, growth and development and signpost to relevant support groups..</li> <li>• Offer advice on Nursery/School registration.</li> </ul>	<p>follow up or referrals for further assessment / intervention.</p> <ul style="list-style-type: none"> <li>• Review and monitor growth and development concerns following agreed HV care plan.</li> <li>• Refer to appropriate services following correct referral procedures and documentation if necessary.</li> <li>• Signpost to relevant support groups/websites/parent and child groups.</li> <li>• Review any child with concerns as appropriate</li> </ul>	
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>• Advise parents/carers about next immunisation.</li> <li>• Ensure child is up to date with their immunisations.</li> <li>• Record no consent and inform GP and Child Health Department.</li> <li>• Ensure that movements into the Health Visitors caseload are up to date with all their immunisations.</li> <li>• Assess immunisation history of new entrants to the country and offer 'catch up' immunisations so that</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up with parents/carers for children that have not completed their immunisation programme to date.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow local protocols for missed appointments and domiciliary immunisations</li> <li>• Ensure alternative venue for immunisations are offered for all children who have repeatedly not been presented.</li> </ul>



Key Interventions 27 month home visit	Universal	Enhanced	Intensive
	they are in line with UK programme.		
<b>Promotion of Speech, Language &amp; Communication</b>	<ul style="list-style-type: none"> <li>• Discuss with parents/carers any concerns they may have about their child's speech, language and communication.</li> <li>• Assess Speech Language and Communication development.</li> <li>• Discuss with parents/carers appropriate stimulation to enable their children to reach their full potential with their social, play and language development both in and outside the home.</li> <li>• Provide "Bookstart" pack</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor speech Language and communication concerns following an agreed HV care plan.</li> <li>• Refer to Audiology, Speech and Language Therapy (SALT), Paediatrician and Language and Play following correct referral procedures if necessary.</li> <li>• Signpost to relevant support groups/websites/parent and child groups</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child's speech and language development.</li> </ul>
<b>Promotion of Dental Health</b>	<ul style="list-style-type: none"> <li>• Discuss and advise safe dental practice with parents/carers with regard to cleaning their child's teeth twice a day with suitable fluoride tooth paste and the dangers of sugary foods and drinks in their diet, using resources such as BBB</li> <li>• Promote drinking from an open cup.</li> <li>• Encourage parents/carers to register their child with a</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional support if parents/carers have difficulty implementing the guidelines.</li> <li>• Refer to dentist following local guidelines if required.</li> <li>• Agree care plan and review date with parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure children with complex needs are referred to the appropriate service.</li> </ul>

Key Interventions 27 month home visit	Universal	Enhanced	Intensive
	dentist		
<b>Promotion of Positive Child Behaviour</b>	<ul style="list-style-type: none"> <li>• Discuss any concerns parents may have about their child's behaviour.</li> <li>• Ensure parents/carers have understanding of their child's behaviour in relation to his/her developmental age.</li> <li>• Remind parents that the law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act <a href="https://safeguarding.wales/chi/c6/c6.p11.htm">https://safeguarding.wales/chi/c6/c6.p11.htm</a> See information for parents at 'Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="https://gov.wales/parenting-give-it-time">https://gov.wales/parenting-give-it-time</a></li> </ul>	<ul style="list-style-type: none"> <li>• Develop a care plan with parent/carers with review dates.</li> <li>• Refer to local support services e.g. Family Centre, Homestart.</li> <li>• Signpost families to the Family Information Service regarding provision of further services / support.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to specialist parenting services</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support, review and monitoring for children</li> </ul>

	<ul style="list-style-type: none"> <li>• Promote 'Positive Parenting' leading to confident parents/carers and happy children.</li> <li>• Discuss strategies and routines to promote development and appropriate behaviour e.g. sleep, toileting and tantrums.</li> </ul>		
<b>Toilet Training</b>	<ul style="list-style-type: none"> <li>• Discuss toilet training with advice on preparation for commencement</li> <li>• Refer to BBB</li> </ul>		
<b>Key Public Health Messages</b>	<ul style="list-style-type: none"> <li>• Offer information and advice for the family specifically around; family nutrition and healthy weights, activity levels, smoking cessation, oral health care, home and pet safety and accident</li> </ul>	<ul style="list-style-type: none"> <li>• Where need is identified develop a care plan with families including appropriate review dates.</li> <li>• Offer referral to locally and nationally available services.</li> <li>• With parental consent liaise and inform other services working with families.</li> </ul>	<ul style="list-style-type: none"> <li>• Where the child is at risk of significant harm make a referral to social services following the All Wales Child Protection Procedures</li> <li>• Work within a multiagency team with a</li> </ul>

Key Interventions 27 month home visit	Universal	Enhanced	Intensive
	<p>prevention, emotional health and well being.</p> <ul style="list-style-type: none"> <li>• Discuss any concerns regarding parental emotional wellbeing and refer to local services for families experiencing difficulties.</li> </ul>		<p>plan of care plan to deliver intensive support for families to make healthier lifestyles choices.</p>

# **Health Visiting Standard For Family Health Review 3.5 Years**

## Family Health Review 3.5 year Standard and Pathway

<b>Practitioner</b>	Health Visitor
<b>Timescale</b>	3.5 years
<b>Environment</b>	Home visit.
<b>Target and Client Group</b>	Child and family
<b>Aim</b>	<p>The aim of this standard is to provide the Health Visiting Service with the direction and guidance required to deliver a high quality contact at the Family Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>▪ Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>▪ Families are capable, coping and resilient</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ Complete FRAIT</li> <li>▪ Assess and promote the development of the child's speech and language skills</li> <li>▪ Assess the child's general health, physical ,social and behavioural development to ensure developmental milestones are met and any additional support required identified</li> <li>▪ Children reach their full potential for growth, development and social skills</li> <li>▪ Parents and their children develop a secure relationship and strong attachment and parents understand the needs and capabilities of their child and their pivotal role in providing for their child's optimal brain development</li> <li>▪ Parents/carers will have a realistic expectation of their child's age and developmental stage</li> <li>▪ Promote and support maternal emotional health and well being</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Parents/carers are supported to become coping, resilient and capable to the challenges of parenthood</li> <li>▪ Promote parental/carers awareness of healthy nutrition choices for their child and family and importance of vitamin supplementation</li> <li>▪ Promote parental/carers awareness to implement safety measures in and out of the home to protect their child from harm</li> <li>▪ Include fathers/partners as much as possible</li> <li>▪ Liaise and share information with other services</li> <li>▪ Key public health messages are promoted to enable families to make healthier lifestyle choices</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Comply with all Health Visiting/Health Board Policies and NMC requirements</li> </ul>

# Family Health Review 3.5 Year Pathway

Home Visit by Health Visitor

Yes

Complete contact

Concerns Identified

Yes

Refer to appropriate  
agencies

No

Maintain HCWP

No

Implement local  
"Was not  
Brought/No  
Access Policy"

Movement out-  
Contact HV in  
new area



Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
<b>Assessment of Family Needs</b>	<ul style="list-style-type: none"> <li>• Contact the family to arrange to visit the home to undertake the assessment</li> <li>• Reinforce HV contact details including times of HV availability,</li> <li>• Complete the FRAIT</li> <li>• Ask the Domestic Abuse (DA) questions if mother is alone and record and follow DA Pathway. Make clear in the Family Record if the questions are not asked and reason why.</li> <li>• Use Language Line /interpreter if required</li> <li>• Offer further appointment following plan of care agreed with parents i.e. Universal, Enhanced or Intensive</li> <li>• Complete CHD and submit relevant documentation following the contact.</li> <li>• Update HV Birth Book with correct child information.</li> <li>• HV will document visit, information given, assessment outcomes and a care plan completed using the SOAP model in Child and Family Record.</li> </ul>	<ul style="list-style-type: none"> <li>• Support families identified as needing additional support with a plan of care which will be agreed with the parents. This may include further assessment and/or interventions according to need</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child</li> </ul>

Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
<b>Promotion of Child and Family Nutrition</b>	<ul style="list-style-type: none"> <li>• Discuss with families any concerns they may have regarding their child's nutrition.</li> <li>• Use appropriate resources e.g. BBB</li> <li>• Advise parent/carers about healthy eating and physical activity for their child and family, meal time routines, portion sizes and types of foods.</li> <li>• Promote the use of vitamin supplements for their child (until the age of 5 years) including information on Healthy Start if applicable.</li> <li>• Signpost to Family Information Service for further information about play/ physical activity provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional advice or referrals to local support groups where available if there are parental/carer or HV concerns about the child's weight, growth and nutrition.</li> <li>• Agree with parents/carers for HV to review the child's growth and nutrition at a further visit if indicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child</li> <li>• Refer to specialist services e.g. Paediatric dietician</li> </ul>
<b>Promotion of Child Safety</b>	<ul style="list-style-type: none"> <li>• The HV will discuss and advise on safety measures inside and outside the home to enable parents/carers to protect their children from harm including smoking, falls, scalds, cord blinds and pet safety, road safety stranger danger using resources</li> </ul>	<ul style="list-style-type: none"> <li>• The HV may offer additional safety advice and assessment. The Health Visitor will make further referral if required to local safety schemes.</li> <li>• Signpost families to the Family Information Service regarding provision of further services / support.</li> </ul>	

Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
	<p>such as BBB.</p> <ul style="list-style-type: none"> <li>• The HV will discuss safety and supervision in the context of the child's age and stage of development.</li> <li>• Signpost families to local schemes e.g. the provision of safety equipment, Fire Service for a home assessment.</li> <li>• Be alert for any safeguarding concerns and follow the Wales Safeguarding Procedures (WSP) <a href="http://socialcare.wales/safeguarding.wales">Social care Wales (safeguarding.wales)</a></li> </ul>		

<b>Promotion of Growth &amp; Development</b>	<ul style="list-style-type: none"> <li>• If parental/carer request or HV concern weigh the child in minimal clothing and measure height,</li> <li>• Interpret results to parent and in document in PCHR and Child and Family Record</li> <li>• Complete CHD documentation</li> <li>• Discuss with the family any concerns they may have about their child's physical health, growth and development.</li> <li>• Offer advice on Nursery/School</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor growth and development concerns following agreed HV care plan.</li> <li>• Refer to appropriate services and external services following correct referral procedures if necessary.</li> <li>• Signpost to relevant support groups/websites/parent and child groups</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support, review and monitoring for children with complex needs and their families</li> </ul>
--	---	--	---

Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
	registration/attendance.		
<b>Promotion of Childhood Immunisations</b>	<ul style="list-style-type: none"> <li>• Review immunisation status</li> <li>• Ensure child is up to date with their immunisations.</li> <li>• Liaise with immunisation providers to ensure high uptake of immunisations</li> <li>• Record refusal to consent and inform GP and Child Health Department</li> <li>• Ensure that movements into the Health Visitors caseload are up to date with all their immunisations.</li> <li>• Assess immunisation history of new entrants to the country and offer 'catch up' immunisations so that they are in line with UK programme</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up children who have not completed their primary or preschool vaccinations and offer further appointments.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow local policies for domiciliary immunisations.</li> <li>• Ensure alternative venue for immunisations are offered for all children who have repeatedly not been presented</li> </ul>
<b>Promotion of Speech, Language &amp; Communication</b>	<ul style="list-style-type: none"> <li>• Discuss with parents/carers any concerns they may have about their child's speech, language and communication.</li> <li>• Discuss with parents/carers appropriate stimulation to enable their children to reach their full potential with their social, play and</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor speech language and communication concerns following agreed HV care plan.</li> <li>• Refer to Audiology, SALT, Paediatrician and Language and Play following correct referral procedures and documentation if necessary.</li> <li>• Signpost to relevant support</li> </ul>	<ul style="list-style-type: none"> <li>• Work within a multiagency team with a plan of care to deliver intensive support in partnership with parents for their child's speech and language development.</li> </ul>

Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
	<p>language development, both in and outside the home.</p> <ul style="list-style-type: none"> <li>• Offer information if a dummy / teat is still used and advise parents that dummies can cause delay in speech and language, dental problems and can increase the risk of ear infections.</li> </ul>	<p>groups/websites/parent and child groups</p>	
<b>Promotion of Dental Health</b>	<ul style="list-style-type: none"> <li>• Discuss and advise safe dental practices with parent/carer in regard to cleaning their child's teeth twice a day with suitable fluoride tooth paste. The dangers of sugary foods and drinks in their diet will be discussed using resources such as BBB.</li> <li>• Promote drinking from open cup.</li> <li>• Encourage parents/carers to register their child with a dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Offer additional support if parents have difficulty implementing the guidelines.</li> <li>• Refer to dentist following local guidelines if required.</li> <li>• Agree care plan and review date with parents/carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure children with complex needs are referred to the appropriate service</li> </ul>
<b>Promotion of Positive Child Behaviour</b>	<ul style="list-style-type: none"> <li>• Discuss any concerns parents/carers may have about their child's behaviour.</li> <li>• Remind parents that the</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a care plan with parents/carers with review dates.</li> <li>• Refer to local support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to specialist Parenting services</li> <li>• Work within a multiagency team with a plan of care to deliver intensive support, review and</li> </ul>

	<p>law in Wales has changed (Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020) and it is illegal to use any form of physical punishment. For information see WSP Practice Guide – Safeguarding children in relation to the Children Wales Act</p> <p><a href="https://safeguarding.wales/chi/c6/c6.p11.htm">https://safeguarding.wales/chi/c6/c6.p11.htm</a></p> <p>See information for parents at 'Ending Physical Punishment – Information for parents (gov.wales). Direct parents to positive parenting information at Parenting. Give it time. - <a href="https://gov.wales/parenting-give-it-time">https://gov.wales/parenting-give-it-time</a></p> <ul style="list-style-type: none"> <li>• Ensure parents/carers have</li> </ul>		
--	--	--	--

Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
	<p>an understanding of their child's behaviour in relation to his/her developmental age.</p> <ul style="list-style-type: none"> <li>Promote 'Positive Parenting' leading to confident parents/carers and happy children.</li> <li>Discuss strategies and routines to enable parents/carers to promote appropriate social and emotional development and good behaviour e.g. sleep, toileting and tantrums.</li> <li>Encourage preschool/nursery attendance to promote school readiness.</li> </ul>	<ul style="list-style-type: none"> <li>Signpost families to the Family Information Service regarding provision of further services / support.</li> </ul>	<p>monitoring for children</p>
<b>Toilet Training</b>	<ul style="list-style-type: none"> <li>Discuss any concerns parents/carers may have about their child's toilet training.</li> <li>Discuss strategies and routines to assist with toilet training.</li> </ul>	<ul style="list-style-type: none"> <li>Refer to GP to exclude medical or anatomical cause</li> <li>Refer for toileting programme of care if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Children with complex need will be offered intensive support within a multi agency care plan.</li> </ul>
<b>Key Public Health Messages</b>	<ul style="list-style-type: none"> <li>Offer information and advice for the family specifically around; family nutrition and healthy weights, activity levels, smoking cessation, oral health care, eye care, home and pet safety and accident prevention, emotional</li> </ul>	<ul style="list-style-type: none"> <li>Where need is identified develop a care plan with families including appropriate review dates.</li> <li>Offer referral to available services with parental consent liaise and inform other services working with families</li> </ul>	<ul style="list-style-type: none"> <li>Where the child is at risk of significant harm make a referral to social services following the Wales Safeguarding Procedures (WSP) <a href="https://www.wales.nhs.uk/sites/default/files/documents/2022/04/Social_care_Wales_safeguarding.wales">Social care Wales (safeguarding.wales)</a></li> <li>Work within a multiagency team with a plan of care plan to deliver intensive support for families to make</li> </ul>

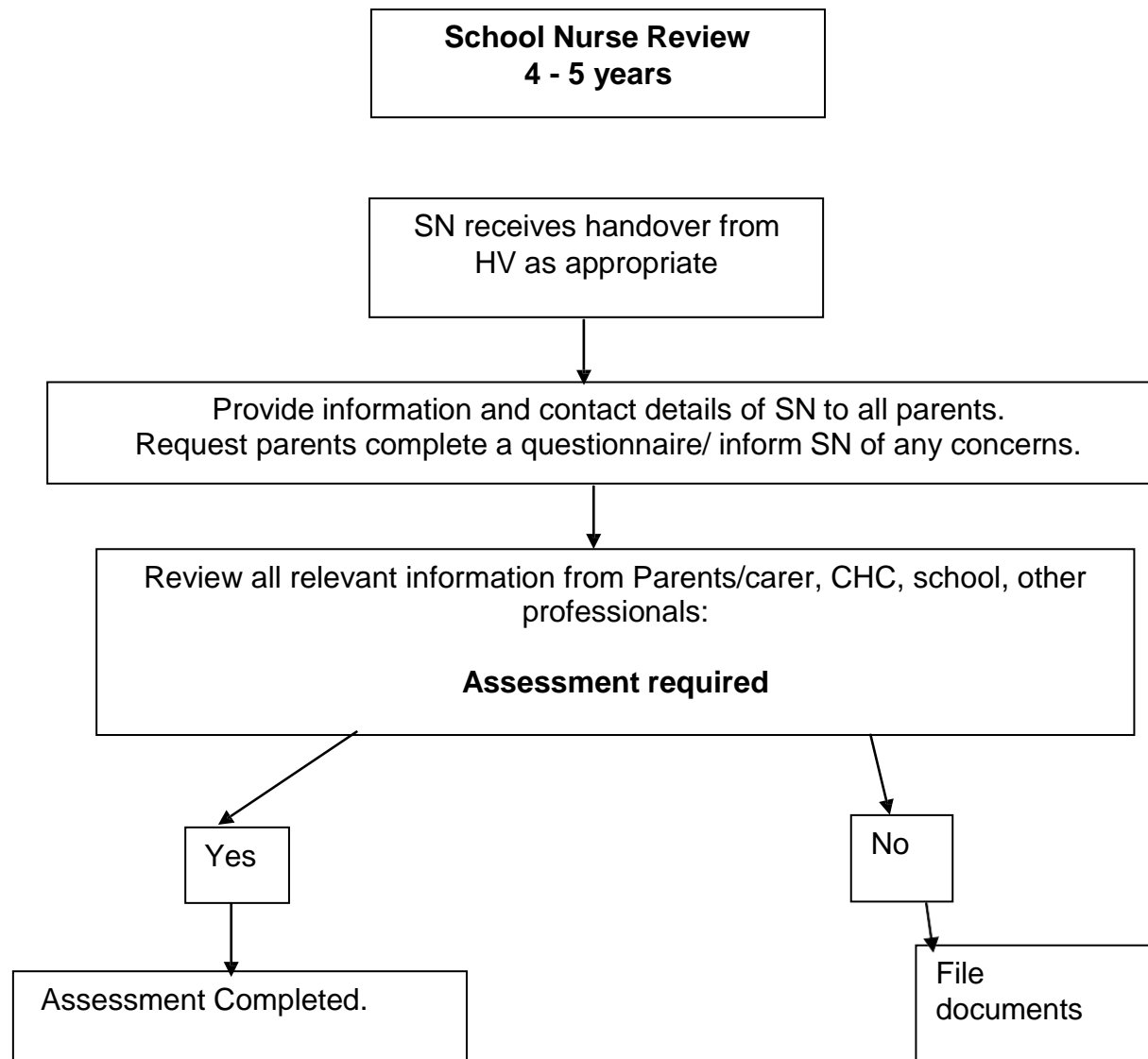


Key Interventions 3.5 year home visit	Universal	Enhanced	Intensive
	<p>health and well being.</p> <ul style="list-style-type: none"> <li>• Discuss any concerns regarding parental emotional wellbeing and refer to local services for families experiencing difficulties.</li> </ul>		healthier lifestyles choices

# **School Nurse Standard For Child Health Review 4-5 years**

## Child Health Review 4 - 5 years Standard and Pathway

<b>Practitioner</b>	School Nurse
<b>Timescale</b>	4 - 5 years
<b>Environment</b>	Contact by information leaflet and targeted school or home visit as appropriate where unmet health needs have been informed by health visitor handover/identified/safeguarding concerns.
<b>Target and Client Group</b>	Child and family
<b>Aim</b>	<p>The aim of this standard is to provide the School Nursing Service with the direction and guidance required to deliver a high quality contact at the School Entry Health Review. This contact is committed to achieving the overarching early years outcomes within Building a Brighter Future WG (2013) that promote:</p> <ul style="list-style-type: none"> <li>• Children that are safe, healthy, well cared for, thriving and reaching their milestones.</li> <li>• Families are capable, coping and resilient</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• A good quality School Nurse handover is received from Health Visitor identifying those children with unmet health needs and/or safeguarding concerns.</li> <li>• Provide Information to all parents of their child's School Nurse with contact details.</li> <li>• Provide information to all parents on the Child Measurement (Surveillance) Programme and growth &amp; Vision Screening programmes.</li> <li>• To review information available from any School Nurse/Health Visitor handover, Parent/carers, Child Health Computer, Childs Record or other professionals.</li> <li>• Undertake targeted Health Assessment in response to concerns and ensure appropriate intervention &amp; referral.</li> </ul>
<b>Documentation</b>	Comply with all Health Visiting/School Nursing/Health Board Policies. The Wales Safeguarding Procedures (WSP) <a href="https://www.safeguarding.wales/">Social care Wales (safeguarding.wales)</a> and NMC requirements



Key Interventions 4- 5 years	Universal	Enhanced	Intensive
<b>School Nurse Assessment of Need</b>	<p>Review all information available, including any HV handover &amp; documentation, questionnaire/parental information.</p> <p>Advice and support offered as appropriate.</p> <p>Immunisation status considered</p>	<p>Children identified with developmental delay or health concern offered further support as required</p> <p>Refer to other agencies as appropriate.</p>	<p>Work in partnership and in line with the Wales Safeguarding Procedures (WSP) <a href="#">Social care Wales (safeguarding.wales)</a> when ongoing care is handed over from the Health Visitor or new concerns are identified.</p>
<b>Screening Programmes</b>	<p>Provide information to parents on growth &amp; vision screening programmes &amp; option to 'opt out'</p> <p>Provide information to parents on the national vision screening programmes &amp; option to 'opt out'</p> <p>Locally agreed clinical and/or proactive follow up</p> <p>Locally agreed process to advise parents of results</p>	<p>Offer advice and support to parents of children not meeting agreed parameters and/or refer in line with local policy.</p> <p>Children failing vision screening will be referred in line with national pathway and local policy.</p>	<p>Children identified with abnormal growth will be referred as necessary.</p> <p>Children identified with vision defects will be referred in line with the national policy.</p>
<b>Surveillance Programmes</b>	<p>In line with the National Standards provide information to parents on the Child Measurement Programme &amp; option to 'opt out'</p> <p>Anonymous inclusion of child's growth measurements into child measurement programme unless 'opt out' received</p> <p>Results available on request (or in accordance with local policy).</p>	<p>As above as the CMP is a surveillance programme.</p>	<p>As above as the CMP is a surveillance programme.</p>
<b>Immunisations</b>	<p>Review immunisation status to ensure the routine childhood immunisation programme completed.</p>	<p>Promote and reinforce those immunisations missed or overdue, including children who do not attend school</p>	<p>Alternative venue immunisation will be advised / offered to children who are not fully immunised, including children who do not attend school.</p>

	Nasal Flu immunisation will be offered to all children in line with the national programme.		
<b>Key Public Health Messages</b>	Support each child's school by delivering positive health promotion messages and locally agreed classroom sessions.	Offer further support for those children where concerns are identified.	The School Nurse will ensure that all Wales Child Protection procedures and local policies are adhered to and will encourage attendance at specialist provision as indicated

# Appendices

**Appendix 1    BFI Information Sheet Infant Feeding Checklist**

**Appendix 2    Monitoring of Infant Growth**

**Appendix 3    Peri Natal Mental Health Pathway**

**Appendix 4    Guidelines for the Selective Use of Schedule Of Growing Skills (SOGS)**

**Appendix 5 Immunisation Pathway**

# **Appendix 1**

## **BFI Information Sheet Infant Feeding Checklist**



Child's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ G.P: \_\_\_\_\_

## Conversations for the health visiting team: Key points

Remember explore what parents already know → accept → offer relevant information\*

All breastfeeding mother/baby dyads should have a feeding assessment using the breastfeeding assessment form during the new birth visit and an appropriate plan of care made.

This may include referral for additional/specialist support

FHR 1-6 weeks

**All mothers** are offered support and information on:

- The importance of closeness and responsiveness for mother-baby well-being
- How to hold their baby for feeding
- Responsive feeding
- Where to access feeding and social support within the local area
- Caring for their baby at night

**All breastfeeding mothers** are offered support and information on:

- Why hand expression is a useful skill and how to do it
- How to recognise effective feeding
- The value of breastfeeding
- Breastfeeding support groups locally and helpline numbers

**Mothers who formula feed** are offered support to:

- Sterilise equipment and make up feeds
- Feed their baby first milks
- Limit the number of people who feed their baby

Comments:

Signature of Health Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

Continued breastfeeding

**All mothers** are offered support and information on:

- Appropriate *introduction* of solid foods

**All breastfeeding mothers** are offered support and information on:

- Feeding whilst out and about
- Maximising breast milk if other milks have been introduced
- Continuing to breastfeed upon return to work

Comments:

Signature of Health Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

How you and your health visitor can recognise that your baby is feeding well		This assessment tool was developed for use in or around day 10-14
<b>What to look for/ask about</b>	✓	✓
<b>Your baby:</b>		
Has at least 8 – 12 feeds in 24 hours		
Is generally calm, and relaxed when feeding and content after most feeds		
Will take deep rhythmic sucks and you will hear swallowing		
Will generally feed for between 5 and 40 minutes and will come off the breast spontaneously		
Has a normal skin colour and is alert and waking for feeds		
Has regained birth weight		
<b>Your baby's nappies:</b>		
At least 6 heavy, wet nappies in 24 hours		
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more		
<b>Your breasts:</b>		
Breasts and nipples are comfortable		
Nipples are the same shape at the end of the feed as the start		
How using a dummy/nipple shields/infant formula can impact on breastfeeding?		
<b>Date:</b>		
<b>Health Visitor Signature:</b>		
		<b>Wet nappies:</b> Nappies should feel heavy. To get an idea of how this feels take a nappy and add 2 – 4 tablespoons of water as this will help you know what to expect.
		<b>Stools/dirty nappies:</b> By day 10-14 babies should pass frequent, soft, runny, yellow stools every day with 2 stools being the minimum you would expect.  After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.
		<b>Feed frequently:</b> Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure, happy baby.
		<b>Care plan commenced:</b> Yes/No

# **Appendix 2**

## **Monitoring of Infant Growth**

## **Monitoring of Infant and Child Growth for Core Health Visiting Programme**

### **1. Introduction**

Measurement of weight, length/height and head circumference (growth monitoring) is part of a holistic assessment. Parents of children whose growth is monitored adequately are likely to receive support and advice not only on nutrition but also on other factors such as emotional and social influence on health which may impact on growth, therefore enhancing a parent/carers confidence and ability in their parenting skills.

### **2. Purpose**

To outline the standardised programme for measuring growth within the Specialist Community Public Health Nursing, Health Visiting, Service.

### **3. Aim**

To set out responsibilities of staff in monitoring growth in order to detect deviation from the norm and offer appropriate interventions and /or referrals.

### **4. Timetable for growth measurements.** The following measurements are to be undertaken and recorded in the clinical records.

<b>Contact</b>	<b>Minimum Requirements</b>	<b>Lead Practitioner</b>
Birth Visit 10-14 days	Weigh (naked) and measure head circumference	Health Visitor
8 week examination immunisation	Weigh (naked) and measure head circumference and record length	G.P / Health Visitor
12 weeks	Weigh (naked)	Health Visitor
16 weeks	Weigh (naked)	Health Visitor
6 months	Weigh (naked)	Health Visitor
15 months	Weigh (naked)	Health Visitor
27 months	Weigh as requested	Health Visitor
3.5 years	Weigh as requested	Health Visitor

#### 4.1 Weight Measurements (Core Programme)

Following the 1 -6 Family Health Review and once feeding has been established, babies should usually be weighed at 8, 12, 16 weeks, and 15 months

Calculate the percentage weight loss of a baby weighed at less than 2 weeks. Most babies lose some weight after birth but 80% will have regained this by 2 weeks of age. Fewer than 5% of babies lose more than 10% of their weight at any stage; only 1 in 50 are 10% or more lighter than birth weight at 2 weeks. Careful clinical assessment and evaluation of feeding technique is indicated when weight loss exceeds 10% or recovery of birth weight is slow.

Only 4 per 1000 children who are growing optimally are below the 0.4<sup>th</sup> centile, so these children should be assessed at some point to exclude any problems. Also calculate BMI if weight and height centiles appear very different.

Babies do not all grow at the same rate, so a baby's weight often does not follow a particular centile line, especially in the first year. Weight is most likely to track within one centile space. In infancy, acute illness can lead to sudden weight loss and a weight centile fall but on recovery the child's weight usually returns to its normal centile within 2-3 weeks. However, a sustained drop of two or more centile spaces is unusual (fewer than 2% of infants) and should be carefully assessed by the primary care team, including measuring length/height.

N.B. Targeted contact – home visit will be made where there are unmet health needs and/or there are safeguarding concerns.

- Where closer monitoring is required, babies should be weighed **no more than:-**
  - once a month before 6 months of age.
  - once per 2 months aged 6 – 12 months.
  - once per 3 months over the age of 1 year (DH, RCPCH, WHO 2009)

#### 4.2 Length / Height Measurements (Core Programme)

For most children there is no need to measure length routinely.

Length measurements are to be taken as follows.

- 6-8 weeks of age.
- 15 months of age
- If a disability / significant concern is present or suspected.
- If infants health, growth or feeding causes concerns.

Those above the 99.6<sup>th</sup> centile for height are almost always healthy.

#### 4.3 Head Circumference (Core Programme)

For most children there is not need to measure the Head circumference routinely. Head circumference should be measured using a single use paper tape measure as follows:

- 10-14 days (birth visit / 01 exam)
- 8 weeks (at 02 exam)
- If a disability / significant concern is present or suspected.

- If infants health, growth causes concerns
- If there is a Safeguarding issues refer to Policy for Managing Safeguarding Children within HV caseload.

Head circumference centiles usually track within a range of one centile space. After the first few weeks a drop or rise through two or more centile spaces is unusual (less than 1% of infants) and should be carefully assessed.

## 5. Criteria for growth monitoring supplementary to HCWP

1. Identified with safeguarding concerns, refer to Policy for Managing Safeguarding Children within HV caseload.
2. Known medical condition.
3. Professional or parental concern.

## 6. Process

6.1 Effective growth monitoring depends on the following factors: -

6.1.1 Equipment used for growth monitoring is provided by the Health Board and must be fit for the purpose it is intended and regularly maintained to ensure accuracy.

- Electronic scales
- Supine length measurement mat
- Leicester height measure
- Recommended Health Board tape measure for head circumference
- UK-WHO centile growth chart or Child Growth Foundation growth chart

## 6.2 Correct measurement techniques

### 6.2.1 Weight

- The electronic scales should be placed on a firm surface
- For children up to 2 years, remove all clothes and nappy; children older than 2 years should wear minimal clothing only
- The weight should be recorded in kilograms.
- For pre term infants (less than 37 weeks gestation) plot on pre term chart in PCHR until 2 weeks after expected date of delivery (42 weeks). From 42 weeks, plot on the 0-1 year charts with **gestational correction**. Plot at actual age then draw a line back the number of weeks the infant was preterm and mark spot with arrow; this is the gestationally corrected centile.

### 6.2.2 Length

Before 2 years of age, children should be measured on a suitable mat or length board by two people, with equipment featuring both a headboard and moveable footboard. The child's nappy and shoes should be removed. Whilst one person holds the head against the headboard, with the head facing upwards in the Frankfurt plane, a second person measures the length by bringing the footboard up to the feet.

### 6.2.3 Height

Standing height should be measured against an appropriate vertical measure, using appropriate equipment (Leicester Height measure). The child's shoes should be removed. The feet should be together with the heels, buttocks and shoulder blades touching the vertical and the head positioned in the Frankfurt plane. To ensure that the maximum height is taken, upward pressure to the mastoid process should be considered.

### 6.2.4 Head Circumference

A narrow single use paper tape should be used to measure where the head circumference is greatest. Any hat or bonnet should be removed.

## 6.3 Recording measurements

All measurements to be made in kilograms and centimetres.

UK-WHO centile charts are to be used on all children or from the issue of a PCHR containing these charts. A parallel A4 version of the growth chart should be used in the HV records. Plotting of weights and measurements should be carried out in accordance with the instructions on the A4 version of the chart.

**As a minimum**, recordings of all contacts as per HCWP are to be made on the WHO centile chart in Child & Family records. Additional recordings will be made in accordance to the criteria for growth monitoring supplementary to the HCWP. Accurate recordings of growth measurements also to be made in PHCR.

## **Appendix 3**

# **Peri Natal Mental Health Guideline and Pathway**



# Peri-natal Mental Health Guideline

## 1. Introduction

The Health Visiting service works in partnership with the family and other relevant agencies to provide a universal service which will promote and support optimum perinatal mental health with women and their families.

## 2. Background

Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point; many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history (NICE CG 192 Reviewed June 2015 page 4)

## 3. Scope

- For all Health Visitors (HV) within Wales to support the provision of interventions to promote optimum perinatal maternal mental health.
- To ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Wales Programme (WG, 2016).
- To enable appropriate and timely information sharing to safeguard children in accordance with Safeguarding Children Working Together under the Children Act 2004 WG (2007), the Wales Safeguarding procedures (WSP) [Social care Wales \(safeguarding.wales\)](#) and Social Services and Well Being Act (2014)
- To support optimal communication links between the HV service and their partners (GPs, Midwives and Mental Health Services) to promote integrated working.

## 4. Recognition and Assessment

All healthcare professionals providing assessment and interventions for mental health problems in pregnancy and the postnatal period should understand the variations in their presentation and course at these times, how these variations affect treatment, and the context in which they are assessed and treated (for example, maternity services, health visiting and mental health services). (NICE CG 192 Reviewed June 2015 page 11).

Below are some of the symptoms health professionals may observe (Hanley 2009):-

- Physical symptoms such as palpitations, hyperventilation, headaches, nausea, aches and pains and exhaustion.
- Psychological symptoms such as poor concentration and excessive worry.
- Behavioural issues such as distress in social situations and avoidance of situations.
- Low Mood associated with guilt and loss of motivation and occasionally suicidal ideation.

- Sleep disruption.
- Personal neglect
- Impact on attachment and bonding

The following risk factors are found to impact on peri natal mental health (Hanley 2009):-

- Anxiety
- Pre-existing depression and/ or low self esteem
- Pre-existing physical health problems
- Pre-existing mental health problems
- Major life events / stresses
- Poor social support / family support
- Insecure environment – housing, financial concerns, unemployment
- Domestic abuse
- Unhealthy lifestyle choices
- Difficult birth
- Baby in SCBU for long period of time

#### **4.1 Clinical Judgement**

- The NICE guidelines are clear that “all tools can have false positives and negatives and that it is the clinical assessment and judgement of the practitioner that is vital” (IHV, 2014).
- The use of depression ID questions and GAD-2 questions “must be supported by the use of other clinical skills such as observation, listening, paraphrasing and clinical judgement to determine if the mother is at risk (IHV, 2014).
- If the HV considers the woman is at risk of developing a mental health problem or there is a clinical concern, consider EPDS as part of a full assessment and follow appropriate pathway

#### **4.2 Maternal Mental Health Assessment**

At all contacts after the first contact with primary care or the booking visit, the health visitor, and other healthcare professionals who have regular contact with a woman in pregnancy and the post natal period (first year after birth) should ask the following depression identification questions as part of a general discussion about her mental health and well being.

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

Also ask about anxiety using the 2-item Generalized Anxiety Disorder scale (GAD-2):

- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

If a woman responds positively to either of the depression identification questions complete the Edinburgh Postnatal Depression Scale (Appendix 1) if indicated offer therapeutic intervention and/or refer to GP (see pathway Appendix 3). When indicated refer to mental health service. Therapeutic intervention should not be continued once the mother is being seen by a mental health professional.

If a woman scores 3 or more on the GAD scale (Appendix 2) if indicated offer therapeutic intervention and/or refer to GP (see pathway Appendix 3). When indicated refer to mental health service.

If a woman scores less than 3 on the GAD 2 scale but you are still concerned she may have an anxiety disorder then consider asking the following question:-

- Do you find yourself avoiding places or activities and does this cause you problems?
- Therapeutic intervention should not be continued once the mother is being seen by a mental health professional.

## **5 The Edinburgh Postnatal Depression Scale (EPDS)**

The EPDS (Appendix 1) is a self-report questionnaire recommended by NICE (2015) for use by health professionals to assist in the assessment of postnatal depression by rating and measuring the frequency of some symptoms relating to depression and anxiety. As such it can be used to assess and review progress over time.

## **6 Generalised Anxiety Disorder**

Generalised Anxiety Disorder (GAD) can be defined as a disorder in which the sufferer feels in a constant state of high anxiety and is often known as 'chronic worrying' or a 'free floating' anxiety condition.

People who suffer with GAD often describe themselves as suffering with 'free floating anxiety' which can be likened to the 'whack the crocodile' game at an arcade – they resolve one issue but no sooner has this been done when another worry pops up. Racing thoughts, loss of concentration, and an inability to focus are also characteristic of GAD.

## **7. Peri-natal Mental Health Support and Therapeutic Intervention**

Following identification of peri natal mental health concerns, the health visitor will work with the mother to formulate a plan of care which may include support visits at home. Support visits should be planned, time limited (maximum 8 weeks), focused and evidenced. At conclusion of intervention or sooner reassess using EPDS. If no improvement, liaise with GP and/or primary mental health team. Therapeutic intervention encompasses a range of skills including Motivational Interviewing, Non Directive Counselling, Solihull Approach, Guided Self Help e.g. MIND Enjoy Your Baby, MIMH, Strength Based Approach, Mental Health First Aid, Mindfulness attending parent and baby groups.

## Edinburgh Post Natal Depression Scale

### For Use Following Positive Response To NICE Post Natal Questions

1. I have been able to laugh and see funny side of things:
 

As much as I always could	0
Not quite so much of the time	1
Definitely not so much now	2
Not at all	3
  
2. I have looked forward with enjoyment to things:
 

As much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	2
Hardly at all	3
  
3. I have blamed myself unnecessary when things went wrong:
 

Yes, most of the time	3
Yes, some of the time	2
Not very often	1
No, never	0
  
4. I have been anxious or worried for no good reason:
 

No, not at all	0
Hardly ever	1
Yes, sometimes	2
Yes, very often	3
  
5. I have felt scared or panicky for no very good reason:
 

Yes, quite a lot	3
Yes, sometimes	2
No, not much	1
No, not at all	0
  
6. Things have been getting on top of me:
 

Yes, most of the time I haven't been able to cope at all	3
Yes sometimes I haven't been coping as well as usual	2
No, most of the time I have coped quite well	1
No, I have been coping as well as ever	0
  
7. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time	3
Yes, sometimes	2
Not very often	1
No, not at all	0

**8.** I have felt sad and miserable:

Yes, most of the time	3
Yes, quite often	2
Not very often	1
No, not at all	0

**9.** I have been so unhappy that I have been crying:

Yes, most of the time	3
Yes, quite often	2
Only occasionally	1
No, never	0

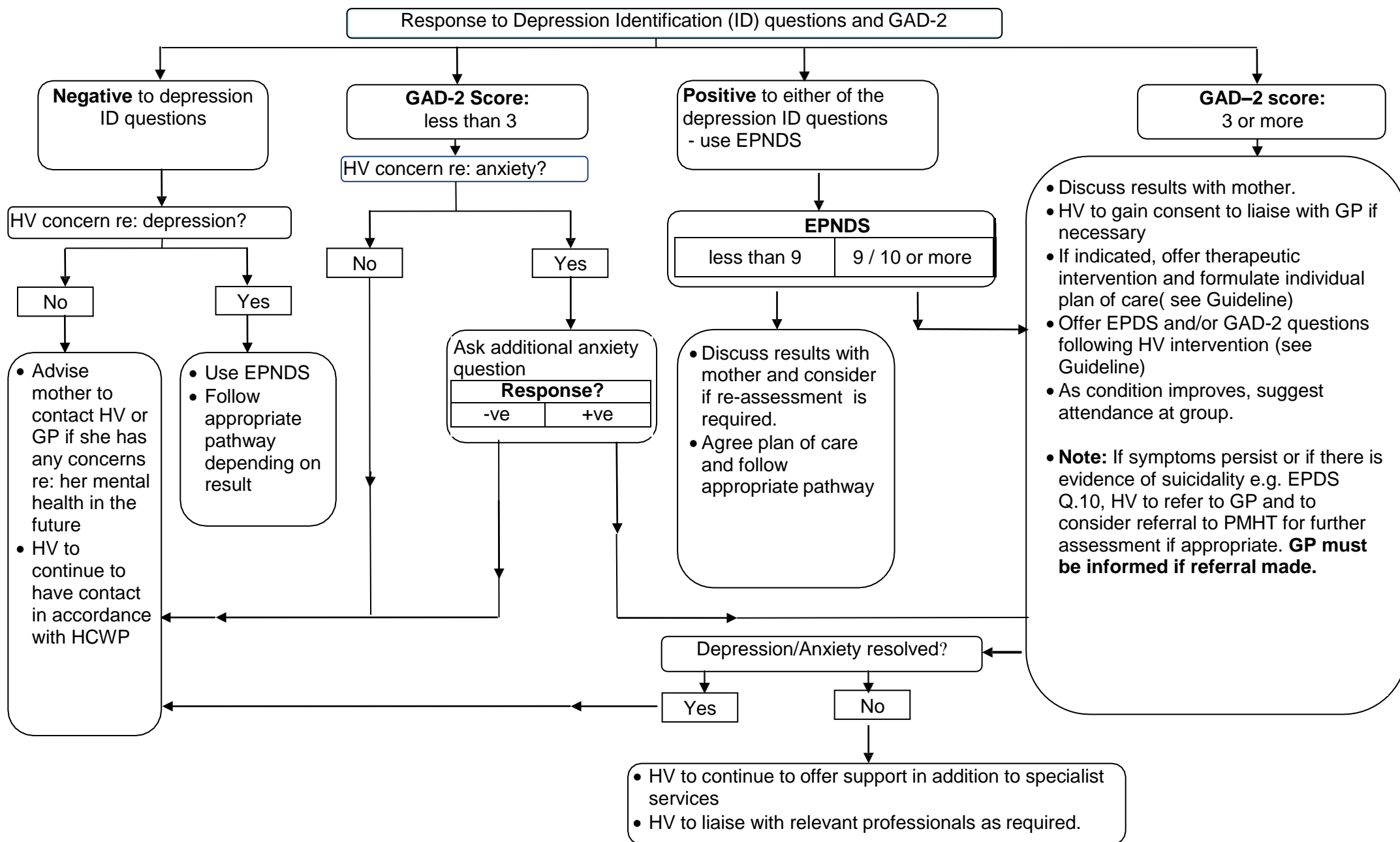
**10.** The thought of harming myself has occurred to me:

Yes quite often	3
Sometimes	2
Hardly ever	1
Never	0

### GAD - 2 Scale

**Over the last 2 weeks, how often have you been bothered by**

	No	Several days	More than ½ days	Nearly everyday
Feeling nervous, anxious or on the edge?	0	1	2	3
Not being able to stop or control worrying	0	1	2	3



# Appendix 4

## Guidelines for the Selective Use of Schedule Of Growing Skills (SOGS)



### **Selective Use of SOGS (Schedule of Growing Skills )**

1. The SOGS will always be utilised and used for the following children: -
2. When there are parental / carer concerns regarding a child's development.
3. When a child fails 2 skill sets when completing of the Development Review at 15 and 27 months.
4. If the Development Review is not completed in timescales i.e. 2 weeks before or 2 weeks after the set age.
5. When siblings have been identified as having developmental delay.
6. When the child has been identified as having safeguarding concerns
7. When the child is a Looked After Child.
8. In Flying Start areas.

### **Exception to selective use: -**

1. All Practice Teachers (PTs) will utilise the SOGS tool for training student Health Visitors.
2. Newly qualified Health Visitors will use the tool for 6 months post registration to enhance knowledge/skills.

## HCWP - 15 MONTHS Development Review

Name:

DOB:

Date of review:

Health Visitor:

SKILL		Yes	No
<b>LOCOMOTOR SKILLS</b>	<ul style="list-style-type: none"> <li>• Pulls to stand</li> <li>• Stands alone</li> <li>• Walks around furniture (or pushing wheeled toy)</li> <li>• Walks alone, feet wide apart, arms up for balance</li> <li>• Crawls upstairs</li> <li>• Kneels unaided</li> </ul>		
<b>MANIPULATIVE SKILLS</b>	<ul style="list-style-type: none"> <li>• To and fro scribbles</li> <li>• Neat pincer grasp either hand</li> <li>• Builds a tower of 2 blocks</li> </ul>		
<b>VISUAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Shows interest in pictures</li> <li>• Looks for hidden toy</li> <li>• Watches movements for people at distance or out of window with interest.</li> </ul>		
<b>HEARING AND LANGUAGE SKILLS</b>	<ul style="list-style-type: none"> <li>• Recognises and responds to own name</li> <li>• Can point to familiar persons/ animals/toys when requested ( 2 out of 4)</li> </ul>		
<b>SPEECH AND LANGUAGE SKILLS</b>	<ul style="list-style-type: none"> <li>• Communicates by mixed gesture and vocalisation</li> <li>• Makes many speech like sounds</li> <li>• Uses several words with meaning ( 2- 6 words)</li> </ul>		
<b>INTERACTIVE SOCIAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Plays clapping or waves 'bye bye'</li> <li>• Explores objects in immediate surroundings</li> <li>• Plays contentedly alone or near familiar person</li> </ul>		
<b>SELF CARE SOCIAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Holds spoon and brings it to mouth but cannot prevent it turning over</li> <li>• Holds cup with both hands</li> <li>• Helps with dressing</li> </ul>		

This checklist was developed from the work of Mary Sheridan "From Birth to Five Years, Children's Developmental Progress" (4<sup>th</sup>. Edition 2014)

This checklist is to be completed for all children not eligible for a targeted SOGS  
Where a problem is identified in any two skill sets the Schedule of Growing Skills (SOGS) tool will be undertaken and reviewed at 18 months of age.

## HCWP - 27 MONTHS Development Review

Name:

DOB:

Date of review:

Health visitor:

SKILL		Yes	No
<b>LOCOMOTOR SKILLS</b>	<ul style="list-style-type: none"> <li>• Walks upstairs holding on using 2 feet per step</li> <li>• Runs confidently avoiding obstacles</li> <li>• Jumps taking both feet off the ground</li> <li>• Able to walk on tip toe</li> </ul>		
<b>MANIPULATIVE SKILLS</b>	<ul style="list-style-type: none"> <li>• Able to hold a pencil</li> <li>• Circular scribbles</li> </ul>		
<b>VISUAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Able to point to large and small detail in a book</li> </ul>		
<b>HEARING AND LANGUAGE SKILLS</b>	<ul style="list-style-type: none"> <li>• Able to follow a two step command</li> </ul>		
<b>SPEECH AND LANGUAGE SKILLS</b>	<ul style="list-style-type: none"> <li>• Uses 50+ words</li> <li>• Uses 2 or more words to form simple sentences</li> <li>• Speech understood by parent/carer</li> </ul>		
<b>INTERACTIVE SOCIAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Good eye contact</li> <li>• Plays with other children but will not share toys</li> <li>• Explores toys with interest and imagination</li> <li>• Throws a ball at shoulder height</li> <li>• Able to kick a large ball</li> <li>• Demonstrates rebellious behaviour</li> </ul>		
<b>SELF CARE SOCIAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Eats with spoon skilfully</li> <li>• Drinks from a cup without a lid</li> <li>• Indicates or vocalises toilet needs or wetness</li> <li>•</li> </ul>		

This checklist was developed from the work of Mary Sheridan "From Birth to Five Years, Children's Developmental Progress" (4<sup>th</sup>. Edition 2014)

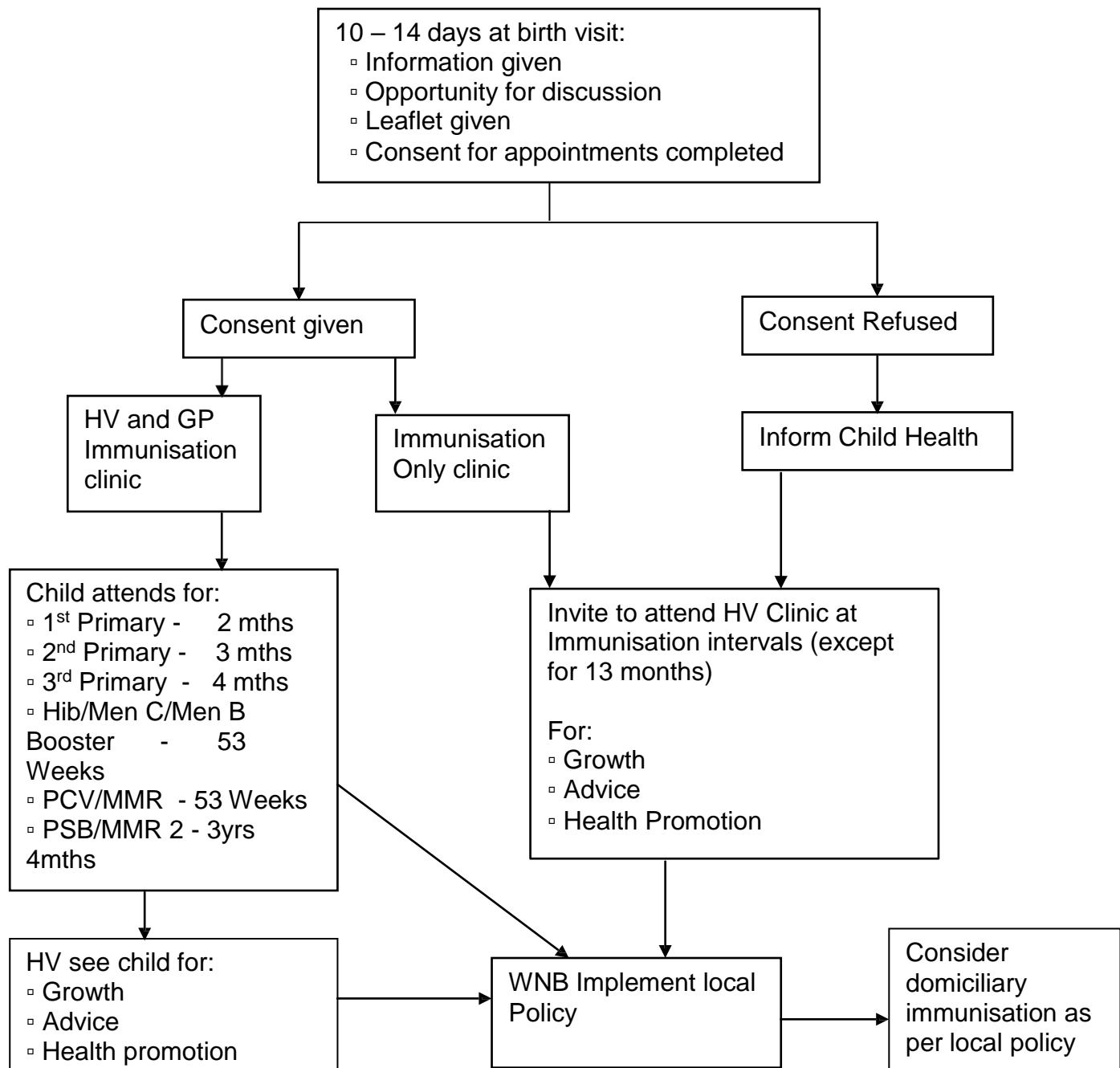
This checklist is to be completed for all children not eligible for a targeted SOGS  
Where a problem is identified in two skill sets the Schedule of Growing Skills (SOGS) tool needs to be undertaken

# **Appendix 5**

## **Immunisation Pathway**

## Immunisation Pathway

At every contact the Health Visitor should identify the immunisation status of the child. The parents/carers should be provided with good quality, evidence based information and advice on immunisations including the benefits and possible adverse reactions. Excluded/at risk families should be targeted e.g. refugees, travelling families, those not registered with a GP.



## References and Bibliography

The Wales Safeguarding procedures (WSP) [Social care Wales \(safeguarding.wales\)](http://safeguarding.wales)

Department of Health (2000) **Framework for the Assessment of Children in Need and their Families**

Department of Health (2009) **UK WHO Growth Chart 0-4 years.**

Department of Health (2014) **The Complete Routine Immunisation Schedule.** Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422787/8584\\_PHE\\_2015\\_Complete\\_Immunisation\\_Schedule\\_A4\\_13\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422787/8584_PHE_2015_Complete_Immunisation_Schedule_A4_13_accessible.pdf) Accessed 18<sup>th</sup> May 2015.

Friedman M Results (2005) **Trying Hard is not Good Enough** Trafford Publishing  
GL Assessment (1996) **Schedule of Growing Skills II**

Hanley, J., (2009) **Perinatal Mental Health: a guide for health professionals and users.** Chichester: Wiley-Blackwell

Home Office (2015) **Mandatory Reporting of Female Genital Mutilation – procedural information** [www.gov.uk](http://www.gov.uk) accessed 06/05/16

Hall and Elliman natal(2006) 4<sup>th</sup>. Edition **Health of all Children** Oxford University Press Oxford

National Assembly for Wales (2006) **All Wales Midwifery & Health Visitors Routine Enquiry - Domestic Abuse Pathway**

National Institute for Health and Care Excellence (2014) **Obesity: identification, assessment and management of overweight and obesity in children, young people and adults.** Available at: <http://www.nice.org.uk/guidance/cg189> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2014) **Oral health: approaches for local authorities and their partners to improve the oral health of their communities.** Available at: <https://www.nice.org.uk/guidance/ph55> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2014) **Vitamin D: Increasing supplement use among at-risk groups.** Available at: <https://www.nice.org.uk/guidance/ph56> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2007) **Behaviour Change: the principles for effective interventions.** Available at: <http://www.nice.org.uk/guidance/PH6> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2008) **Maternal and Child Nutrition.** Available at: <https://www.nice.org.uk/guidance/ph11> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2009) **Promoting physical activity for children and young people**. Available at: <https://www.nice.org.uk/guidance/ph17>  
Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2009) **Reducing differences in the uptake of immunisations**. Available at: <https://www.nice.org.uk/guidance/ph21>  
Accessed 18<sup>th</sup> May 2015

National Institute for Health and Care Excellence (2010) **Preventing unintentional injuries among the under - 15s in the home**. Available at:  
<https://www.nice.org.uk/guidance/ph30> Accessed 18<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (2012) **Social & Emotional Wellbeing: Early years**. Available at: <http://www.nice.org.uk/guidance/ph40/resources/guidance-social-and-emotional-wellbeing-early-years-pdf> Accessed 19<sup>th</sup> May 2015.

National Institute for Health and Care Excellence (Dec 2015) **Antenatal and Postnatal Mental Health: clinical management and service guidance CG 192**

**Newborn Hearing Screening Wales** (2004). Available at:  
<http://www.wales.nhs.uk/sitesplus/980/home> Accessed 19<sup>th</sup> May 2015.

Nursing and Midwifery Council (2015) **Code of Conduct**

Public Health Wales (2011) **Child Health Measurement Programme for Wales**. Available at: <http://www.wales.nhs.uk/sitesplus/888/page/67762> Accessed 18<sup>th</sup> May 2015.

Public Health Wales (2015) **Bump, Baby & Beyond**. Available at:  
<http://www.healthchallengewales.org/sitesplus/documents/1052/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf>  
Accessed 19<sup>th</sup> May 2015.

Royal College of Paediatricians and Child Health (RCPCH) (1994) **Parent Held Child Record**

Royal College of Paediatricians and Child Health (2009) **Growth Guidelines**

**Royal Society for the Prevention of Accidents**. Available at: <http://www.rosipa.com/>  
Accessed 18<sup>th</sup> May 2015.

Slade, P., Morrell, C., J., Rigby, A., Ricci, K., Spittlehouse, J. and Brugha, T.S. (2010) **'Postnatal women's experiences of management of depressive symptoms: a qualitative study'**, *British Journal of General Practice*, November 60(580) pp. 440-8.

Sheridan, M (2014) **From Birth to Five: Childrens Developmental Progress**. Routledge, Abingdon.

**Solihull Approach** (2008) Solihull NHS Care Trust.

Talge NM, Neal C, Glover V; Early stress, **Transitional research and prevention science network:Fetal and Neonatal experience on child and adolescent mental**

**health. Antenatal maternal stress and long term effects on child neurodevelopment: how and why?** J Child Psychol Psychiatry.48 (34): 245-61

UNICEF UK (2012) **Guide to the Baby Friendly Initiative Standards**. Available at: [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Baby\\_Friendly\\_guidance\\_2012.pdf?epslanguage=en](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf?epslanguage=en) Accessed 18<sup>th</sup> May 2015.

Wallace et al (2016) **Family Resilience Assessment Instrument and Tool**

Welsh Assembly Government (2005) **National Service Framework for Children and Maternity Services** WAG Cardiff

Welsh Government, (2009) **Designed to Smile** Available at: <http://www.designedtosmile.co.uk/home.html> Accessed 18<sup>th</sup> May 2015.

Welsh Government (2011) **Together for Health: Five year vision for the NHS in Wales** WG Cardiff

Welsh Government (2012) **A Vision for Health Visiting** WG Cardiff

Welsh Government (2012) **Vitamin D - Advice On Supplements For At Risk Groups**. Available at: <http://gov.wales/docs/phhs/publications/120214ukcmolettervitaminden.pdf> Accessed 18<sup>th</sup> May 2015.

Welsh Government (2012) **Achieving Excellence; The Quality Delivery Plan for the NHS in Wales 2012 - 2016** WG Cardiff

Welsh Government (2013) **Support for Vulnerable Families** WG Cardiff

Welsh Government (2013) **Building a Brighter Future: Early Years and Child Care Plan** WG Cardiff

Welsh Government (2014) **Early Years Outcomes Framework** (Consultation Document) Available at: <http://gov.wales/docs/dcells/consultation/141014-consultation-doc-en.pdf> Accessed 18<sup>th</sup> May 2015.

Welsh Government (2015). **Infant Feeding Guidelines: From Birth to 12 months**. Available at: <http://www.healthchallengewales.org/sitesplus/documents/1052/WG%2021214%20Infant%20Feeding%20Guide%20WEB%20Final.pdf> Accessed 18<sup>th</sup> May 2015.

Welsh Government (2015) **Flying Start Healthy Support Services Guidelines** WG Cardiff

Welsh Government (2016) **Healthy Child Wales Programme**

Welsh Government Public Health Wales **Stop Smoking** Available at: <http://www.stopsmokingwales.com/> Accessed 21<sup>st</sup> May 2015

Welsh Government: Information and resources on ending physical punishment in Wales. ([Ending physical punishment of children | GOV.WALES](#))



## **CONTRIBUTORS OF THE ALL WALES HEALTHY CHILD WALES QUALITY ASSURANCE FRAMEWORK SUB GROUP**

### **Aneurin Bevan University Health Board**

June Manley – Chair / Public Health Nursing Borough Lead

Alison Evans – Admin Support

Helen Crosbie – Flying Start Health Visitor / Clinical Practice Teacher

Nicola Quarry – Generic Health Visitor / Clinical Practice Teacher

### **ABM University Health Board**

Gail Evans – Health Visitor Operational Lead

Georgina Jones – Flying Start Health Visitor / Research

### **BC University Health Board**

Carys Williams – Team Manager, Health Visiting

Sheila Hughes – Health Visitor

### **Cardiff and Vale University Health Board**

Alexis Andrews – Flying Start Locality Team Leader

Marie Button – Generic Locality Team Leader

### **Cwm Taf University Health Board**

Fay Fear – Health Visitor

Sharon Bushnell – Practice Development Health Visitor

### **Hywel Dda University Health Board**

Ann Evans – Health Visitor / Clinical Practice Teacher

Sian Jones – Team Leader, Health Visiting

### **Powys Teaching Health Board**

Sharon Fernandez – Flying Start Health Visitor Lead

Tess Lister – Lead Nurse, Health Visiting

### **Welsh Government**

Tania Jeynes – Healthy Child Wales Programme Implementation Officer, Welsh Government

## **Co- Opted members**

### **ABM University Health Board**

Pamela Josty – Information and Communications Lead

Kathryn Lewis – Policy and Project Development

### **Cardiff and Vale University Health Board**

Lynnette Sewter – CCH lead for PARIS

### **Hywel Dda University Health Board**

Lesley Hill - Senior Nurse Quality Assurance/Public Health and Childrens Partnership

### **Powys Teaching Health Board**

Jayne Garfield – Team Leader Health Visiting North Powys