

The key child development reviews of the Healthy Child Programme (England)

Third visit: A review of the child's development at 6-8 weeks old

Health visitors are specialist public health nurses with additional in-depth knowledge and skills that equip them to lead and deliver the Healthy Child Programme (HCP). The 6 to 8-week review forms one component of the HCP with high impact over a wide range of short and long-term outcomes for child and family health and wellbeing.

A competent, confident and effective practitioner is more than the sum of his or her competences; sensitive and appropriate decision-making is often underpinned by professional insight grounded in a wealth of experience. A less-skilled practitioner can undertake aspects of care under the supervision and guidance of a more competent practitioner. However, investing in professionals with higher-level competences can be more cost-effective in terms of outcomes.

Department of Health (2009: 69).

Of particular relevance for practitioners working with families with young children is the capacity to build effective and sensitive relationships with the parents: all practitioners working with this client group are therefore expected to demonstrate compliance with the National Occupational Standards for Work with Parents (Parenting UK, 2005, cited in HCP, 2009: 70).

There is compelling evidence that health visitors can have a positive impact on child and family health but their effectiveness depends on practising in particular ways. Successful health visiting relies on:

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

(Scottish Government, 2015; Cowley *et al*, 2013).

The Healthy Child Programme (HCP)

Across the UK, the spine of the HCP is a series of regular planned universal health visitor reviews of the health and development of each child in dialogue with their parents and family, often in the home. The number of reviews / contacts varies across the UK (11 in Scotland's enhanced programme of health visiting; 9 in Wales¹, with more intensive provision in its Flying Start programme). The minimum in England is five key child development reviews.

- antenatal health visit;
- new baby review;
- 6 to 8-week assessment;
- one-year assessment;
- 2 to 2½ year review.

These, together with health promotion, parenting support, screening and immunisation programmes (PHE, 2015) comprise the HCP led by health visitors for the 0-5 population. The Department of Health (2015) states:

It is also important to note the aggregated public health benefits of the range family assessments and delivery of

¹Reviews are of 'Family Health' focused on resilience.

public health messages at key points during the first five years of a child's life when they can make the greatest difference. The assessments undertaken by health visitors go beyond the[se] specific activities ... [T]he 'return' on such activity is that issues are tackled before they become more serious, impacting on families and/or impinging on costlier services (Para 2.11).

It also states:

It is recommended that professional health visitors with specialist public health knowledge and clinical skills are used to deliver the 0 to 5's HCP. We would particularly recommend that at the very least the first three visits: antenatal; new baby; and 6 to 8 week should be carried out by the health visitor due to the need for continuity for the family as this will help assess infant mental health and attachment and enable detection of any concerns around neglect/safeguarding (Para. 2.3)

Third visit: A review of the child's development at 6 to 8 weeks

According to Department of Health (2015):

This visit is crucial for assessing the baby's growth and wellbeing

alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including breastfeeding, dental health, healthy start vitamins, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The health visitor will review their [parents'] general health. They will also give contact details for the local health clinic or children's centre where the mother can get the baby weighed and access a range of support.

This visit is in addition to the 6 to 8-week medical review, which is often completed by the GP using clinical guidance for the newborn and infant physical examination (NIPE) screening programme. <https://www.gov.uk/government/collections/newborn-and-infant-physical-examination-clinical-guidance>
In Wales, there are reviews at 8, 12 and 16 weeks.

Health visitors have developed their skills based on in-depth applied knowledge of attachment such as by adoption of the Solihull Approach and, more recently, use of tools such as Newborn Behavioural Observation (NBO) and Baby Steps (<https://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/baby-steps/>) to promote parental sensitivity and secure infant attachment. WAVE (2013) advocates full implementation of the HCP and further enhancement by the use of such tools to assess and promote infant mental health during the 6 to 8-week review or other contacts. Embedding such approaches in practice provides the bedrock for establishing infant mental health pathways to specialist services, reducing demand on Child and Adolescent Mental Health Services (CAMHS).

Health visitors are pioneers of universal perinatal mental health services and are critical to the implementation of pathways to specialist services. In accordance with recent developments, health visitors not only seek out unrecognised postnatal depression and offer therapeutic 'listening visits' but increasingly identify both anxiety and depression in mothers and fathers/partners antenatally and postnatally, and develop trusting relationships to support families directly or through referral pathways (NICE, 2014).

Health visitors are able to use their clinical skills as prescribers in relation to commonly occurring health issues such as oral thrush that can impact upon the baby's feeding. Many are also using clinical skills to identify tongue-tie and utilise referral pathways for treatment and resolution of feeding problems.

High Impact Areas and the 6-8 week review

In England, six High Impact Areas (Department of Health, 2014) describe where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

High Impact Area 1: Transition to Parenthood (& the early weeks)

Health visitors have the skills and knowledge to translate knowledge of policy, research and evidence relating to the transition to parenthood into their public health practice. Specifically, they can:

- Share the science and evidence related to pregnancy and the transition to parenthood accessibly with mothers and fathers/partners, avoiding jargon.
- Draw upon skills underpinned by evidence-based strategies to help parents and carers to manage difficult and challenging issues such as parental and infant disability and chronic illness, perinatal depression, toxic stress, family conflict, social isolation.
- Observe parent-infant interaction and develop skills to identify the baby's experience resulting in early identification and support when parents are facing challenges, using attunement principles and strengths-based interventions to support sensitive parent-infant interaction and model reflective function and secure-based behaviour.
- Recognise the signs of relationship distress in the parents' relationship and discuss relationship issues comfortably, offering effective support and refer sensitively to specialist services where necessary.
- Work inclusively to address the risk/impact of inequality that results from race or ethnicity, mental, physical or learning disability, age, sex, sexual orientation, gender identity, religion and belief systems, or that arising from social deprivation.
- Use needs assessment and needs analysis tools in an accurate, engaging and collaborative way with both mothers and fathers/partners acknowledging the influence of age, sex, disability, race and ethnicity, religion and beliefs on parenting, resulting in a shared understanding of family need and clearly established goals.
- Facilitate effective one to one interventions at home visits with the family using strengths-based parenting approaches.
- Facilitate effective universal relationship-based perinatal parenting groups to engage and support parents in the community to promote attachment, building community capacity and drawing upon social capital as appropriate.
- Facilitate or contribute to effective universal partnership-plus relationship-based perinatal parenting groups, signposting and engaging parents with targeted parenting programmes.
- Work inclusively with all individuals and families with protected characteristics in their communities in relation to their transition to parenthood with the aim of intervening to address the impact of health and social inequalities on the family and their new infant.

- Use data (including equality data) from outcome measures and service user feedback to improve delivery of care and services (that are inclusive of parents with protected characteristics) during transition to parenthood.

High Impact Area 2: Maternal (Perinatal) Mental Health

Health visitors recognise the devastating effects of mental illness upon mothers, fathers/partners, their children and families, communities and ultimately society, and can voice that this public health issue results in significant health inequalities for children and families. There is a wide range of requisite knowledge, skills and attributes possessed by health visitors in order to prevent, detect, screen and support the management of maternal mental illness, whilst acknowledging the interaction of equality factors and social deprivation on parental mental wellbeing.

High Impact Area 3: Breastfeeding (initiation and duration)

Research has highlighted that, through offering individualised evidence-based advice and practical support to mothers, breastfeeding initiation and duration rates can be improved. The health and psychological benefits of breastfeeding to both children and mothers has been clearly articulated. Breastfeeding is a priority for improving children's health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome. Health visitors are ideally placed through their provision of the HCP to offer structured advice and support to mothers, partners and the wider family on the public health benefits of breastfeeding. Working in partnership with early years agencies health visitors can offer community-based interventions to provide targeted support to promote safe and effective feeding practice which is sensitive to the interaction between equality factors and feeding practices.

UNICEF Baby Friendly Accreditation is increasingly being achieved by health visiting services in partnership with other services to equip all staff to deliver consistently high level skilled support for best practices in infant feeding. While the rate of initiation of breastfeeding has improved in recent years, there remains a lag in the duration of breastfeeding, with large social variations. Hence health visitors are crucial to achieving cultural change to support wider adoption of best practice. According to Pokharel et al, (2014), supporting mothers to breastfeed exclusively even to four months would save an estimated 11m a year by reducing infections.

High Impact Area 4: Healthy Weight, Healthy Nutrition

The promotion of breastfeeding has numerous short and long-term health benefits, contributing substantially to HIA 4.

Interventions

The Core Service Specification for health visiting (NHS England, 2015, supported subsequently by Commissioning Guidance, PHE, 2016) states health visitors:

- Identify and support those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE (2014) guidance;
- Promote secure attachment, positive parental and infant mental health and parenting skills using evidence-based approaches.

Updated NICE (2014) guidelines highlight key contributions of the health visitor in the recognition of mental health problems in pregnancy and the postnatal period and referral; assessment and care planning in response to a suspected mental health problem in pregnancy and the postnatal period; and providing interventions as appropriate. The guidelines underline the importance of providing "culturally relevant information on mental health problems to the woman and, if she agrees, her partner, family or carer".

The Health Visiting Core Service Specification (NHS England, 2015) includes the expectation that health visitors assess mental health at the New Birth Review, at 6-8 weeks and at 3-4 months making use of evidence-based tools and the skills that support a trusting relationship that is key to sharing concerns at a vulnerable time of life. **This highlights the importance to the planning and commissioning of health visitor services that the five mandated elements form the basis for the fuller health visiting service provision.**

The role of the Institute of Health Visiting

The iHV has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years.

The iHV offers 'Champions' Training for:

- Perinatal and Infant Mental Health
- Healthy Weight, Healthy Nutrition

These are supplemented by e-learning resources available from <http://ihv.org.uk/for-health-visitors/resources/e-learning/>

The iHV has also published Good Practice Points on Engaging with Fathers. http://ihv.org.uk/wp-content/uploads/2015/10/24-GPP_Engaging-with-Fathers_V4.pdf

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Author:

Dr Robert Nettleton iHV Fellow, Institute of Health Visiting

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Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

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