

The key child development reviews of the Healthy Child Programme (England) Fourth visit: A review of the child's development at one year

The one-year review is part of a series of reviews that health visitors undertake in the context of a valued relationship of trust established with parents from before the birth of their child and based on their knowledge of the family and community, as well as their direct assessment of their child's development at this critical stage. The transition from infancy to toddlerhood marks significant development and anticipates further changes marked by growing independence as the young child exercises his/her new capabilities. The review therefore requires knowledgeable and skilful assessment, observation and relational skills to identify and act on any concerns, and to promote positive health and developmental outcomes amongst which are: Healthy Weight and Healthy Nutrition and physical activity, and Reducing Accidents (unintentional injuries) - High Impact Areas 4 and 5.

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 wellbeing.
- 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;
- the 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 of family assessments and delivery of 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).

Fourth visit: A review of the child's development at 9 to 12 months (the one-year assessment)

This visit may take place in the home, or in a local clinic or children's centre, and focuses on the assessment of the baby's development. It provides an opportunity to discuss with parents how to respond to their baby's needs and to look at safety and health promotion messages linked to next stages of development. It also provides an opportunity to identify where additional support may be needed, including things such as the child's diet, dental health, and safety issues.

- Health visitors are knowledgeable and skilled to sensitively provide parents with information about attachment and the type of developmental issues that they may now encounter (e.g. clinginess or anxiety about being separated

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

from one particular parent or carer; sleep and other behavioural issues).

- Health visitors are knowledgeable about the emergence of speech and language, and can utilise the assessment to stimulate awareness of how parents can provide a rich environment within and beyond the home, for example to share books and limit screen time.
- As part of the visit, the health visitor may weigh and measure the child to monitor growth, using their specialist nursing knowledge to provide interpretation and explanation of the baby's weight in relation to height, to growth potential and to any earlier growth measurements of the baby. A decision can then be made with the family as to whether follow-up or an intervention is appropriate including exploration and promotion of healthy weight and healthy nutrition within the family.
- The health visitor will review immunisation status and prompt and support attendance where required.
- The health visitor will review development of fine and gross motor skills, exploring the trajectory of their emergence and acting with the parents on any concerns.
- The health visitor is able to make routine enquiry about family finances/money worries and raise awareness of the advice available. They can offer families a direct referral to advice services as well as promote the two-year free nursery offer at both the one and two year health reviews, improving school readiness for children from disadvantaged backgrounds.
- Ideally this review should take place close to the first birthday, though to allow flexibility, the Regulations direct that this should be between 9 and 15 months. The health visitor can also put the mother in touch with local mother and baby groups, children's centres or activities in the area. Although the next scheduled visit is not until the child is 2 to 2½ years, the mother can always contact her health visitor or her GP if there are any questions or concerns about the child's development.

High Impact areas and the One-Year 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 4: Healthy Weight and Healthy Nutrition and Physical Activity

At this age, young children are typically transitioning to 'family foods'. Health visitors have a good understanding of how later food preferences, activity levels and leisure activities are all influenced by parenting and the home environment in the first years of life, meaning that obesity prevention is best targeted at

parents in the pre-school years (Skouteris *et al*, 2011). Parental diet, modelling and parenting style affect the development of early food preferences (Birch, 2001). The period between 6-15 months is a crucial window of opportunity to familiarise babies with a wide range of new tastes and textures, especially vegetables.

Children are more likely to eat and try new foods in emotionally-positive atmospheres and when they see their parents enjoying the food. However, health visitors who work with families with babies from infancy to pre-school are well informed and experienced to recognise how food is commonly used by parents for non-nutritional reasons to reward, bribe or comfort babies and young children. This potentially sets up a lifelong dependence on food to satisfy emotional needs – indicating the importance of health visitors' contribution to the encouragement of parents to use non-food related ways to encourage or comfort babies and young children.

Also, at this age, infants are transitioning to active toddlerhood. This review is hence a strategic time to stimulate awareness of the value of being physically active. Given the opportunity, young children will be active and their inactivity often results from being restrained or constrained – indicating the need to encourage parents to provide adequate opportunities for movement (babies) and active play (once children are walking at about this age), especially outdoors (Gunner *et al*, 2005). Children with active parents tend to be more active (Hinkley *et al*, 2008). Levels of physical activity in pre-school children are typically low and sedentary behaviour high.

Health visitors are skilled in motivational interviewing and solution-focused approaches to support behaviour change. They can use this review for a strengths-based, partnership approach to supporting families' understanding of why these are effective in enabling change. They can therefore support parents and their families to eat well and be active through offering practical support and information on local services.

High Impact Area 5: Managing Minor Ailments (reducing hospital attendance and admissions) and Reducing Accidents (unintentional injuries)

Health visitors are able to use this developmental review to provide anticipatory guidance on how the increased level of independence that comes with being a toddler is a key time to ensuring that children are able to explore their environment within and beyond the home safely. Based on their prior knowledge and relationship with the family, health visitors may use their professional judgement to offer this review in the home environment to stimulate awareness of how their child can stay safe as risks change over time with their emerging capabilities.

According to Hayes, Kendrick and Deave (2014)

Having regard for and particularly anticipating child development and its consequences for safety cuts across virtually all safety programmes, regardless of the injury topic being addressed... Exploring child development, provides a foundation for the other(s) [preventative activities].

[In research interviews] *Another significant element, given that parents mentioned the lack of safety advice at different stages of development as a barrier to injury prevention strategies, is the fact that many of the interviews describe a child doing something they had never done before or being able to do more than the parent(s) thought they could.*

Health visitors have a central role to play in reducing unintentional injuries in the under-fives, along with the associated high personal and financial costs to children, families, communities and society. Full implementation of NICE (2010) guidelines [PH29] 'Unintentional injuries: prevention strategies for under 5s' would capitalise on the assets that the health visitor workforce brings to this public health priority area.

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:

- Healthy Weight, Healthy Nutrition
- Reducing Childhood Accidents (unintentional injuries).

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

References

Most of this briefing is drawn directly from:

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