NHS Highland

Public Health Nursing

Child and Family Health Record

getting it right for every child

Working with you to make Highland the healthy place to be

CONTENTS

Section			Page no
Acknowledgements			**iii**
Introduction			**1**
Background			**2**
The aims of the Record			**3**
Principles			**3**
1	**Guidelines for Completing the Child Health Record**		**4**
	1.1	**Organising the paperwork within the Child's Record**	**4**
	1.2	**Child Health Family Details (Form 1)**	**4**
	1.3	**Changes to Child and Family Details (Form 2)**	**6**
	1.4	**Family Information Updates (Form 3)**	**6**
	1.5	**Chronology of Significant Events (Form 4)**	**6**
	1.6	**Associated Professional/Other Agencies Involved in Child's Care (Form 5)**	**6**
	1.7	**Health Information and Investigations (Form 6)**	**6**
	1.8	**Immunisation Status (Form 7)**	**7**
	1.9	**Weight and Height Charts with Centile Charts (Form 8)**	**7**
	1.10	**Pre School and Education Details (Form 9)**	**7**
2	**The *Getting it Right for every child* Practice Model**		**8**
	2.1	**The three main components of the model**	**8**
	2.2	**The SHANARI well-being indicators**	**8**
	2.3	**The My World Assessment Triangle**	**8**
	2.4	**The tree areas of the assessment triangle**	**9**
	2.5	**Incorporating Health for All Children and *Getting it right fro every child* Practice Model**	**10**
		2.5.1 Public Health Nurses Contact Log (Form 10)	
		2.5.2 SHANARI assessment and analysis (Form 11)	
		2.5.3 My World Assessment Triangle (Form 12)	
	2.6	**Resilience Matrix**	**11**
	2.7	**Child's Health Care Plans**	**11**
	2.8	**Child's Health Care Plans Additional & Intensive Evaluation Form (Form 13 & 13a)**	**12**
	2.9	**Child Health Care Plan Evaluation (Form 14)**	
3	**Family Record**		**14**
	3.1	**Guidelines for Compiling Family Individual Record Section**	**14**
	3.2	**Mother's Chronology of Significant Events (Form 18)**	**14**

3.3	Perinatal Mental Health	14
3.4	Edinburgh Postnatal Depression Scale	15
3.5	Family Member Health Assessment Contact Form (Form 19)	15
3.6	Individual Member's Health Plan (Form 20)	16
3.7	Individual Member's Health Plan Evaluation Form (Form 21)	16

4	**Supporting Practice**	**19**
4.1	Other Types of Forms to Support Practice and Record-Keeping	19
4.2	Handover from Health Visitor to School Nurse Summary of SHANARI Issues (Form 15)	19
4.3	The Maternity Booking Summary (pages from the Scottish Women's Hand Held Record)	
4.4	Public Health Nursing Team Signatures (Form 22)	19
4.5	Extraordinary Information (Form 23)	19
4.6	Information Sharing and Consent	19
4.7	Care Aims	20
4.8	Duty of Care	22

Appendix

1	Religion	25
	Ethnic Group	26
2	Child Illness/Disability and Impairment	27
3	My World Assessment Triangle General Guidance	29
4	Child's Core Care Plans	38
5	Contributors	39

Acknowledgements

Thanks to all NHS Highland staff who attended the forums and consultation workshops and supported the development of the Public Health Nursing Record and the supporting guidance, with special thanks to the pilot Health Visitor and School Nurse working group, (see Appendix 5) whose enthusiasm, commitment and determination enhanced the records development.

Appreciation also goes to Ms Anne Gow, Public Health Nurse Consultant and practitioners from NHS Greater Glasgow and Clyde for allowing their Family Health Record to form the basis of the Highland Record and their willingness to share experiences from its development.

To Kate Malcomess, Care Aims Consultant, from Kate Malcomess Consultancy Ltd, who showed endless patience and guidance whilst the Care Aims philosophy was incorporated with *Getting It Right* and *Hall 4* assessment tools.

Elizabeth Watson
Getting it Right for Every Child
Pathfinder Health Lead
Highland Council HQ
Glenurquhart Road
Inverness

Tel: 01463 702788

February 2008

Version 3.0 August 2009. This document is for wide consultation, and subject to further amendment

This Guidance supports version 5 August 09 Public Health Nursing Child and Family Health Record and Version 5 August 09 pre-written Core Care Plans

Public Health Nursing Record –
The Child Health Record

Guidelines for Midwives and Public Health Nurses

Introduction

These guidelines are intended to support Midwives, Public Health Nurses (Health Visitors and School Nurses) and their teams to use the Child and Family Health Record. The record has been designed to record information gathered during a child's pathway through Health Universal Services.

The Record is currently a paper record, developed for electronic use, with a vision for flexible navigation systems and drop down menus to assist the practitioner. The current paper version would have been designed differently and been more user-friendly if there had not been an intention to convert it into an electronic record in the near future.

Section one, presents the forms that help record demographic details of the child and family.

In section two, information on how the record provides a tool to enable practitioners to assess, plan, implement and evaluate interventions is given, using the processes identified in *Health for All Children 4*[1] and structures and framework illustrated in the *Getting It right for every child*[2] My World Assessment Triangle. Relevant information from this process will inform the Multi-Agency, Child's Plan together with information gathered from education, social work, police and voluntary agencies.

Section three identifies the forms for the Family Data Record, which are to be completed alongside the Child Health Record and should not be incorporated within it.

Section four provides supporting information to guide practice using the Record and professional practice

[1] Hall & Elliman (2003) Health for all Children Edition 4
[2] Scottish Exec (2005) Getting it Right for Every Child

Background

Implementation of *Health for all Children 4* and G*etting it right for every child* require that children's needs are systematically assessed on a single and multi-agency basis using the *Getting it right for every child* practice model using a structured assessment format. Involving the child and family at every stage, the assessment is used to identify unmet needs, to analyse, plan, evaluate care and support that is required to meet those needs. The Child's Health Care Plan with the intended interventions and outcomes will inform the multi-agency Child's Plan for those children who require more than two agencies to come together to deliver a service. It is essential therefore; that the Public Health Nursing Child Record is developed and structured using the assessment format and common language that transfers readily into the Child's Plan to support the integrated assessment process.

The *Getting it right for every child* service model will change how agencies plan for and help children who need extra support over and above that which all children need from services. In particular, it will streamline decision making for children with serious or complex needs and those who require an interagency response. Further guidance on the assessment framework can be found in the G*etting it right for every child in Highland Pathfinder Framework Manual*[3]

Getting it right for every child is the supporting framework that sets out to achieve the Scottish Government national outcomes for children in Scotland to be:

- Successful learners;
- Confident individuals;
- Effective contributors;
- Responsible citizens.

To achieve this vision, children need to experience an optimum state within the 7 wellbeing indicators of **SHANARI.**

SAFE: protected from abuse, neglect and harm by others at home, at school, and in the community. (Particularly relates to What I need from people who look after me)

HEALTHY: having the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy choices. (Particularly relates to How I grow and develop)

ACHIEVING: being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community.
(Particularly relates to How I grow and develop)

NURTURED: having a nurtured place to live in a family setting, with additional help if needed, or where this is not possible, in a suitable care setting.
(Particularly relates to What I need from the people who look after me)

ACTIVE: having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.
(Particularly relates to What I need from the people who look after me)

RESPECTED & RESPONSIBLE: involved in decisions that affect them, have their voices heard and are encouraged to play an active and responsible role in their communities.
(Particularly relates to How I grow and develop)

INCLUDED: having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn (Particularly relates to My Wider World)

[3] [3] Highland's Integrated Children's Service (2008) Highland Pathfinder Framework Manual draft version 1.0 March

Practitioners therefore should focus on the SHANARI wellbeing indicators when undertaking any consultation and consider using My World Assessment Triangle as part of any assessment. Using the language of SHANARI and My World Assessment Triangle within the Public Health Nursing Record documentation will ease transfer of information across Agencies and inform the Child's Plan

Aims of the Record

- Provide a tool for assessing the individual child and family needs using a child focus approach.
- Provide a system to record the assessment, analysis, planning and implementation of care for children and their families that meet NMC guidelines[4] and national social care and child health data standards.
- Comply with quality Indicators for child protection[5]
- Reflect the decision making process in allocating families to core, additional or intensive programmes of care involving integrated support on implementing *Health for All Children 4*
- Promote professional and family joint working and decision making.
- Provide universal service contribution to an inter-agency assessment for children with complex needs.

Principles

Practitioners should involve the child and family members to help them play an active part throughout the assessments, care planning processes and intervention.

For each contact record:

- Method and purpose of contact including
  - Type of contact (home visit, clinic)
  - Time of contact
  - Who is present at contact
  - State clearly when child is seen
  - Ensure the child and family details are correct at every contact
- Review of previous Health Care Plan
- Record what was seen, said and done, including;
  - The child – developmental needs, growth etc
  - The parent – parenting capacity
  - Family and environmental factors

Analysis of clinical needs and clinical risks

- Use the 7 wellbeing indicators (SHANARI) to help identify any unmet need/consequences/and risks. Use My World Assessment Triangle to make further sense of these issues and what impact that they might have on the child in terms of strengths and pressures (see Section 2).
- Ask the 5 key questions:
  1. What is getting in the way of this child or young person's well-being?
  2. Do I have all the information I need to help this child or young person?
  3. What can I do to help this child or young person?
  4. What can my agency do to help this child or young person?
  5. What additional help, if any maybe needed from others.

Health Care Plans

- Complete core care plans for every child and
- Complete individual plans for a child and relevant members of the child's family to meet additional or intensive needs.
- Core and individual care plans will inform multi-agency child's plan when necessary.
- Identify Care Aims[6] domains, which support the intervention, the episode of care number, timescales and review dates.

- All documentation and recording should follow principles outlined in the NMC Guidelines for Record Keeping[7] plus NHS Highland Care Planning and Record Keeping Standards.

---

[4] Nursing and Midwifery council 2002 guidelines for Record and Record Keeping
[5] HMIe Children's Unit Quality Indicators for Child Protection
[6] Kate Malcomess Consultancy Care Aims
[7] Nursing Midwifery Council (2002) Guideline for Records and Record Keeping

Section 1
Guidelines for Completing the Child Health Record

1.1 Organising the paperwork within the Child's Record.

- **Child's details** Forms 1-9 should be stored in this section in numerical order. All paper work relevant to the age of the child will be stored in the corresponding age specific sections of the record as given below stored in a chronological order.
- **Maternity** – all information about the child's pre birth up to handover from Midwife to Health Visitor but not information about the mother
- **Pre-School Years** – includes all records of contacts, interventions, and care plans undertaken by the Health Visiting Service including the Handover to School Nurse.
- **School Years** – includes all records of contacts, interventions and care plans undertaken by the School Nursing Service
- **Miscellaneous** – Store all letters emails and any blank pre written core plans ready for use.
- **Other** – Result sheets and casualty sheets attached to a pre gummed blank card
- **Family Section** – Individual family members will have their own sub section and all relevant information should be stored within their section. The maternity information, antenatal summary visits and mothers care plans will be stored in mother's section
- **Family Section – Other** Store for example all family members letters emails and results

Note: Child Health Surveillance forms will be stored in a chronological order with the relevant preschool or school year contact.

1.2 Child and Family Details (Form 1)

This section provides basic demographic details of the child and family, together with other associated people.

All family members in the household/s (the child may have two homes) should be recorded here.

Place in family to the child:
- this should begin with mother/father/partner
- for children please note child 1 (eldest in family)
- note where children are fostered, or are step-siblings

Significant Medical History:
- for each member of the household
- note that permission has to be sought from the individual to include in the record and recording has to be based on factual evidence.

Additional Residents in Household/s:
- Grandparents
- Children who are looked after accommodated by Local Authority
- Lodgers
- Extended family members

Other Associated People are people who have significant involvement or relationship with the child but do not live in the household, such as Grandparents, Child Minders. Indicate relationship to the child and address with telephone number.

Child's General Practitioner, Health Visitor and School Nurse details to include base or practice address and contact telephone number.

Parental Responsibility: Identify who has parental responsibility.
Parental responsibilities are held automatically by the following:

- A mother
- A father if married to the mother at the time of the child's conception or subsequently
- An unmarried father who by agreement with the mother has registered in the Book of Council and Session as the child's father
- Every father named on the young child's birth certificate post May 2006
- A guardian who is a person appointed by a parent to act in the parent's place in the event of his or her death.

Child's Current Religion: The data recorded against this item should be current religion as declared by the person and not the religion he/she was brought up in. (See Appendix 1 for list)

Child's Ethnic Group (Self Assigned): There is a statutory, legal requirement for public authorities to collect data on ethnic group under Race Relations (Amendment Act 2000). Clients can indicate either they do not know or they wish not to disclose the information and this has to be respected. (Please refer to Appendix 1a Codes and Values) Ethnic group and religion are important for ensuring that appropriate person-focused, needs related care services are delivered sensitively to individuals. Children should when ever possible be asked to choose their own status and practitioners should not default to giving babies the same status as their mother[8].

Child's Ancestry Related Health Risk: A narrative box to record a statement made by the individual about the geographic area in which they have their ancestral origin. This may assist health professionals in providing health care to an individual where there may be altered health risk associated with ancestral origin. An example of this would be Mediterranean ancestral origin which is of relevance in raising the clinical index of suspicion of haemoglobinopathy. It is important to relate specifically to the area of ancestral origin rather than to any lifestyle, social or environmental factors[9]

Child and Parent First Language It is important to establish clearly whether there are likely to be any difficulties in communicating or understanding terms and/or service descriptions. Therefore identifying their first language is important to establish communication difficulties.

Child and Parent Communication difficulties should be identified if either parent of child requires;

- Help only with complex language
- Help at all times and interpretation is needed in their preferred language

[8] Scottish Exec (August 2005) Data Standards Branch Data Standards and eCare Division Scottish Social Care Data Standards Manual Version 2.0
[9] ISD Data Dictionary – Ancestry Related Health Risk ISD Scotland

- A person's physical impairment which may affect the ability of professionals to communicate with the person, or may impact on the assessment or the delivery of services.
- Not known

Communication Assistance Required for parents and the child who have visual or hearing or other communication difficulties

1.3 Changes to Child and Family Details (Form 2, supplement, add as required)

The health professional is responsible for recording changes to primary carer, and the child. Changes to other children within the family will be recorded within each individual child's record.

1.4 Family Information Updates (Form 3 supplement, add as required)

This form is to be completed at any time to record changes to the child and family situation.

- Family bereavements will also include family pets that have had an impact on the child's psychological well-being.

1.5 Chronology of Significant Events (Form 4)

Chronology of Significant Events should document systematically life events, developments and changes within a child's life. What is termed as a significant event may differ depending on the view of the practitioner and key agencies. For the purpose of the pathfinder project, a significant event in relation to health is in line with the NHS Highland Child Protection Committee[10] definition. This may include non attendance at health appointment, injuries, A& E attendance (irrespective of reason) anonymous referral of concerns, child concern form data, request for information due to concerns, failed access at planned visits, child plan meetings, requests to other services, family, friend or pet bereavement, and changes in family dynamics.

Contacts via NHS 24 should only be recorded if the contact episode in the practitioners' professional judgement warrants a note of concern.

1.6 Associated Professional/Other Agencies Involved in Child's Care (Form 5, supplement, add as required)

An associated professional may be a care professional from any agency, e.g. consultant, social worker, voluntary worker. Involvement includes contact in relation to a particular episode of care.

1.7 Health Information and Investigations (Form 6, supplement, add as required)

Medical diagnosis and child's disabilities and impairments, should be recorded here along with each of the codes as identified in Appendix 2. This category includes children who are suffering impairment to their health and development as a result of their own intrinsic condition. The resulting needs will require more support than is

[10] NHS Highland Child Protection Guidelines (2003)

available through the capacity of their parents or carers and hence additional services are required.[11]

Definition of impairment identifies whether a person has any difficulty which may affect the ability of professionals to communicate with the person, or may impact on the assessment process or delivery of services.

1.8 Immunisation Status (Form 7)

This form is a recorded summary and visual aid to help identify whether the child is on schedule with the immunisation programme and can be used to promote compliance during consultation. Consent forms and any relevant documentation as used inline with NHS Highland Policy[12] should be filed behind this front sheet.

- **Other Vaccines** will include travel and campaign immunisations
- **Allergies noted** will help with clinical decision making as to the suitability of giving vaccines.
- **Reactions to any immunisations** should be recorded here and the action taken.

1.9 Weight and Height Charts with Centile Charts (Form 8)

Children who either have low birth weight, where a disorder is suspected or present, when health, growth or feeding patterns cause concern or if there are child protection concerns for a child should have their height and weight and BMI recorded on the appropriate centile chart.

1.10 Pre School and Education Details (Form 9 supplement, add as required)

Not every parent wishes for their child to attend a pre-school establishment and some parents opt to home educate their children. If this is the case please record in the relevant section.

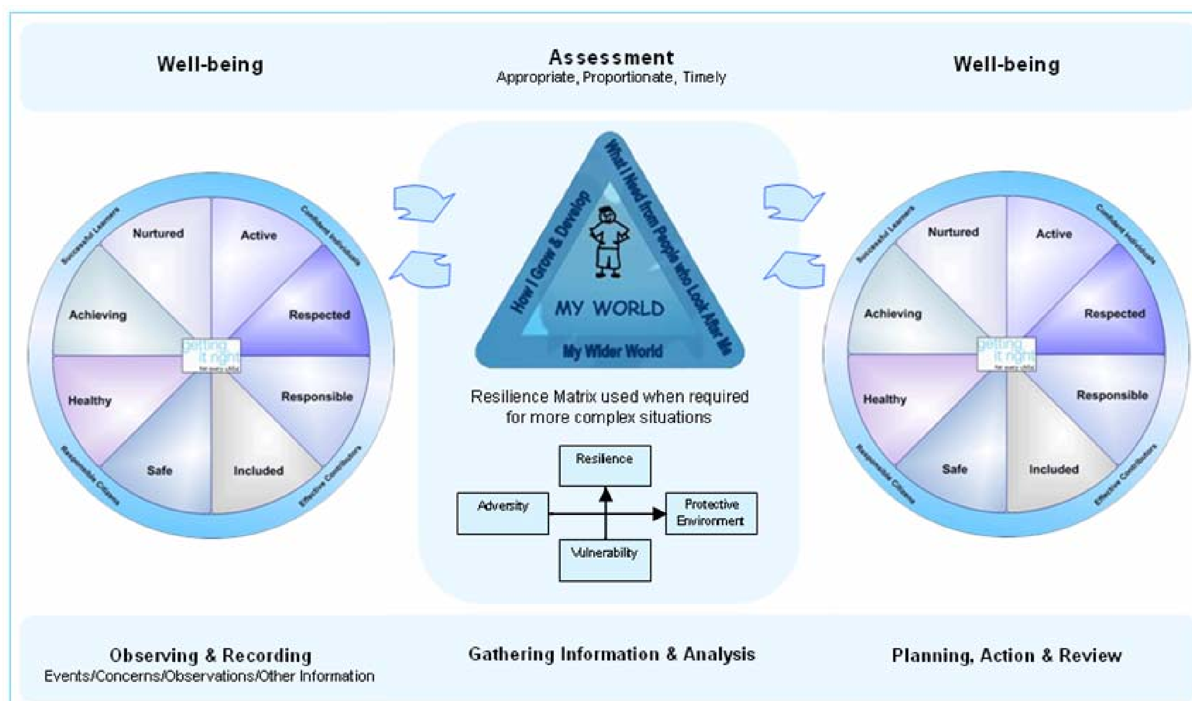
For children attending a pre-school or education establishment identify the name of the establishment with start dates and leaving times. Attendance concerns should also be noted with the reasons for the non attendance. The education authorities are striving to make this information readily available to practitioners. When the record is available in electronic format, this form will be populated by the Education Department.

[11] Scottish Executive Data Standards Branch Children's Single Record (Core) Version 0.2 Draft Date 11th Aug 06
[12] NHS Highland Immunisation Policy

Section 2
The *Getting it right for every child* Practice Model

2.1 The three main components in the practice model

- SHANARI well-being indicators
- The My World Triangle
- The Resilience Matrix



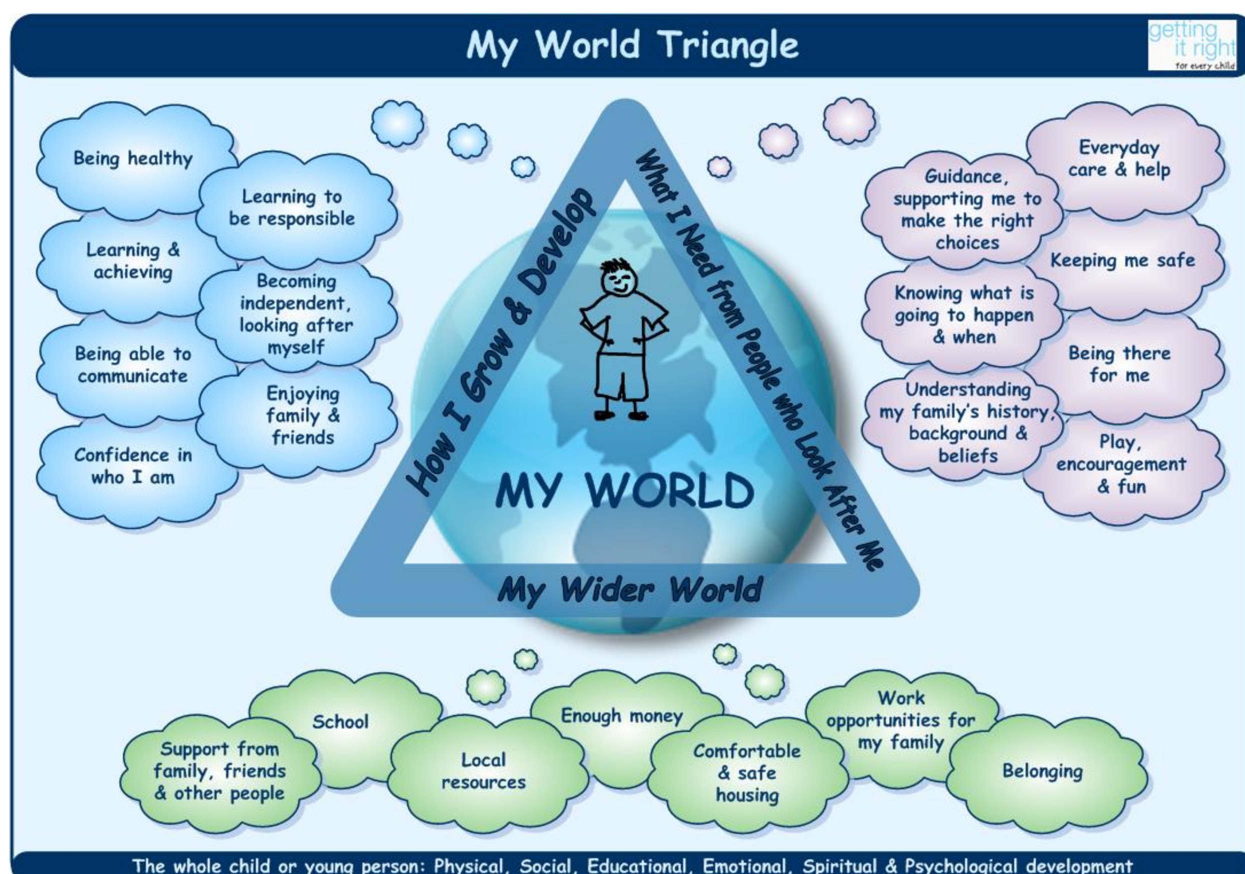
2.2 The SHANARI Well-being Indicators

The well-being indicators are areas in which children and young people need to progress in order to do well now and in the future. It allows practitioners to structure information that may identify needs and concerns and is a trigger for future assessment and planning.

2.3 The My World Assessment Triangle.

The My World Assessment Triangle is the Scottish Government's template for assessment compilation which examines key areas of the child's world under the headings:

- How I grow and develop
- What I need from people who look after me
  and
- My wider world.



These headings will help agencies to think about the child's world in its entirety and allows an assessment to be made on whether the child is:

Safe **H**ealthy **A**ctive **N**urtured **A**chieving **R**espected & Responsible **I**ncluded

2.4 The three areas of the assessment triangle

Many factors shape the developing child and influence good or bad outcomes for him or her throughout childhood, adolescence and beyond. Some factors are within the child, such as genetics or temperament. Others are external such as psychological and family influences or social, economic and environmental factors. Traumatic events and experiences, such as illness, early separation from parents or carers or abuse and neglect can lead to disruption or delay in a child's growth or development, or affect the child's well-being. Later experiences can either reduce or increase the effect of early damaging experiences.[13]

How the child/young person grows and develops

In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their life including physical growth and health, their progress in learning new skills and their attainment in school, their emotional well-being, confidence and increasing independence, developing social skills and relationships with other people.

What the child/young person needs from the people who look after him

It is important to build a picture of how well parents or carers are able to support their child's development and respond appropriately to any needs, provide appropriate care and protection and promote emotional and psychological well-being, so that the child thrives. Parents and carers own history, circumstances and problems can have a big

[13] Jones and Ramchandani (1999)

impact on whether parents feel confident and able to look after their children well and encourage their progress and development. Many other significant relationships will also play a part in shaping how the child grows and develops.

The child's wider world

Parents', carers' and families' personal and social histories shape how they interact with other people and therefore may affect how they interact with their child and the quality of parenting or level of support they can provide. The level of support available from their wider family, social networks and within their neighbourhood influences the well-being of children and their families and how successful attempts to help can be.

Professionals need a good understanding of the family's history to appreciate how the child's parents or carers function and how this affects the child's development and their parenting capacity. They should also take into account wider social and environmental factors, including income, housing and employment, and community supports. Research shows that this crucial focus is often neglected.

Further guidance with the definitions for the sub heading of the three key areas are given in Appendix 3.

2.5 Incorporating Health for All Children and Getting it Right Practice Model

The Universal Screening and Surveillance Programme as outlined in *Health for All Children*[14] and the Highland Policy[15] identifies appropriate times for child health assessments or contacts. The activities required at these contacts and undertaken by public health nurses are given in pre written core care plans. See appendix 4. The core care plans are to record all information in relation to activities undertaken in the core programme. Each core care plan will start at the appropriate time and be added to until the commencement of the next core care plan. (Further information on Care Plans will be given in Section 2.5) The core care plan will be the start of an episode of care and all relevant information and forms pertaining to each episode of care will be stored in a chronological order.

2.5.1 Public Health Nurses Contact Log (Form 10): will list all contacts and telephone calls in the period covered by the core care plan. A new form 10 will be required for each core care plan.

2.5.2 SHANARI assessment and analysis (Form 11 supplement): to highlight any issues identified within each of the 7 well-being indicators. This form is to record the summary of issues following the child and family 6-8 week assessment. The process will also inform the Health Visitor Handover to School Nurse and will be recorded on Form 15. Form 11 can be used with professional judgement at any time to help summarise issues from a a contact or assessment. Form 11 includes:

- **Analysis:** to record the impact the above issues may have on the child
- **Child and or Parental Views**: about the above information to be recorded here
- **Child and or Parental Actions:** to be carried out by child and or parent to support care interventions
- **Professional Actions:** Note here if the child remains in the core programme or requires additional support and other actions to be taken that is not recorded in the care plan.

[14] Hall & Elliman (2003) Health for All Children edition 4
[15] NHS Highland (2006) Implementing Health For All Children Hall 4 Public Health Nursing Policy

- **Consent to Share Information:** If any action to support care requires to share information with other agencies verbal or written consent will need to be obtained.
- **Complete:** Health Plan Indicator and if further assessment in terms of using the My World Assessment Triangle Form 12 is to be used with any individualised care plans to meet additional or intensive needs with review date

2.5.3 My World Assessment Triangle (Form 12 supplement)

It will be the practitioner's judgement as to whether to use the My World Assessment Triangle for children with additional needs, but should be used for complex cases. The assessment will help explore aspects of the child's experience and perspective and identify needs and risks to the child's well-being. An assessment will have to be carried out if a request for service or resource is required from another agency or part of a multi-agency assessment within the Child's Plan.

To make sense of the information, identify and record the strengths and pressures that the child may be experiencing within the relevant sections pertaining to or resulting from the issue, concern or unmet need.

Analyse each separate section asking the questions 'and so what?'…'what does this mean for the child?' and 'how does it affect the child?'

Seek the child's views about the impact of the strength and pressures identified in their world and also what this means for parent/carers

Bring together the three separate analyses into one overall profile

Whilst deciding with the child and or parent what actions if any they need to take to support better outcomes for the child, think about the 5 key questions. Actions will be reflected in the individualised care plan (for additional and intensive)

Decide on what professional actions are required to address the issues identified within the My World Assessment. Actions will be reflected in the individualised care plan (for additional and intensive) and consent to share information will be recorded in the care plan.

2.6 Resilience Matrix

This can either be used in a single or multi-agency environment. It supports practitioners to analyse the more complex information in terms of the child's strengths and pressures and plot them on a blank matrix to help gauge the level of resilience or vulnerability the child is experiencing together with the adverse and protective factors that may influence the outcome. Further information on the resilience matrix can be located in the Scottish Government '*A Guide to Getting it right for every child* September 2008, version 1.1 page 29 and on the tools and resources pages on the Scottish Government *Getting it right for every child* website, www.scotland.gov.uk/gettingitright

2.7 Child Health Care Plans

Each child will receive the *Health for All Children 4*[16] universal programme of screening and surveillance as outlined in the NHS Highland Policy[17]. The programme of activities undertaken by public health nurses are documented in the pre written Core Care plan that will form part of the record and will be completed and signed as appropriate (see Appendix 4).

2.8 Child's Health Care Plan Additional and Intensive (Form 13 and 13a continuation form)

When a child requires additional support over and above the universal core programme that meets the criteria given below, an individual care plan will be required.

The care plan will record:

- Date, level of risk and care aim
- Timescale for Episode/Evaluation
- Consent to Share Information received
- Needs/Risks Identified linked to SHANARI
- Action by Family Member/Child
- Action by Professional

This plan will sit with the relevant assessment and will be the documented evidence for the episode of care given. Using the Care Aims philosophy,[18] each episode of care with its assessment, care plan should have an identified Care Aim.

Additional Criteria

Children may require additional services to ensure that they reach their full potential for example:

- First pregnancy/first time parents/teenage parents
- Breast feeding mothers
- Premature/low birth weight babies
- Mothers recovering from a difficult delivery
- Mothers suffering form post natal depression/mood disorders
- Poor social circumstances/support networks
- Concerns identified from family health assessment
- Previous history of child bereavement
- Families where English is a second language/poor literacy
- Temporary accommodation/travelling families

Intensive Criteria

Children whose health and development is impaired or significantly disadvantaged. Children who suffer significant harm and require extended co-ordinated additional services to reach their full potential and maintain their well-being for example:

- Domestic violence
- Drug/alcohol misuse
- Previous child protection issues/involvement with child protection system

---

[16] Hall & Elliman (2003) Health For All Children Edition 4

[17] NHS Highland Implementing Health for All Children – Hall 4 Public Health Nursing Policy June 2006 refer to Getting It Right Policy and Procedure for Public Health Nurses and Midwives Pathfinder Site only

[18] Kate Malcomess Consultancy Care Aims

- Significant parental stress
- Parents with learning needs/poor parenting skills
- Disabled/chronically sick child/children identified as requiring additional support for learning
- Looked after and accommodated children
- Severe deprivation
- Homeless families

(NHS Highland Implementing *Health for All Children Hall 4* Public Health Nursing Policy June 2006)

> **Note**: Supporting information on Care Aims identifying; appropriate duty of care to a population; the process to identify a client's health plan indicator; what is my duty of care and Care Aims definitions, can be found in Section 4

Health Care Plans should be completed:

- In consultation with the child or parent, to decide the course of action that both parties intend to take to resolve the unmet need or improve the situation as identified within the assessment.
- Recording the need or risk identified and consider which of the components of SHANARI this need or risk refers to
- Decide the level of clinical risk using the Care Aims model
- Identify the action to be taken by the health professional
- Identify the action to be taken by child or parent
- Record the intended outcome for the episode of care and once again consider how this may improve the SHANARI outcomes for the child.
- The timescale for the Care Episode evaluation.

Health Care Plans Multi-agency

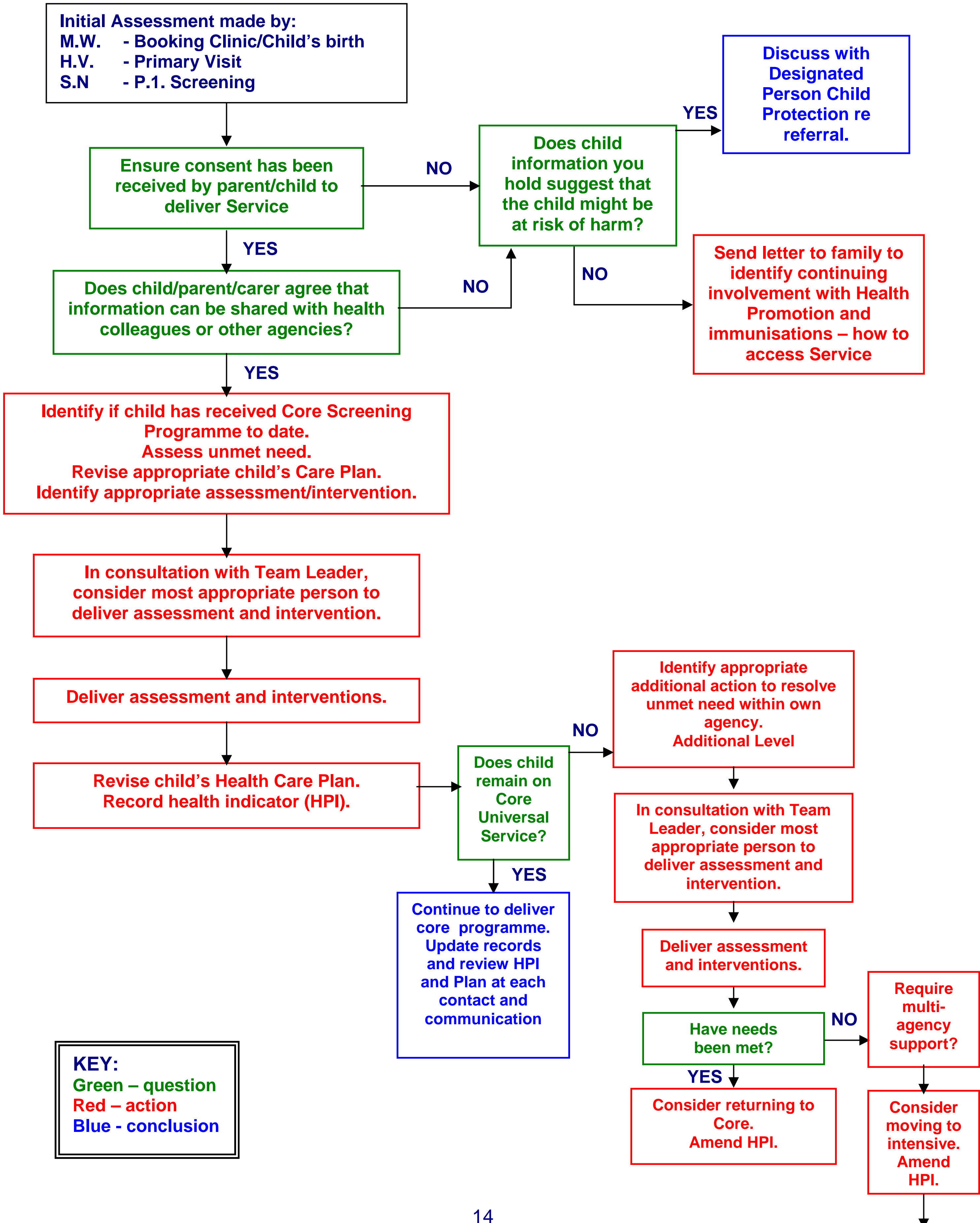
A multi-agency Child's Plan coordinated by a Lead Professional will record the assessment, desired outcomes and actions to meet the child's needs. The every day activities that a health visitor, or school nurse requires to do to meet relevant actions of the multi-agency child's plan will be recorded in the Public Health Nursing Child Care Health Plan. The Child's Plan will be stored with the relevant paperwork in the appropriate care episode.

2.9 Child's Health Care Plan, Evaluation Form (Form 14)

The summary sheet records all Episodes of Care at additional and intensive levels. It should be completed at each episode of care evaluation. The health professional with the child and or parent can decide whether the intended outcome for the episode of care has been achieved. If the outcome has been achieved then the child can be returned to the core programme and identified as such on the child's Health Care Plan Evaluation Form.

If the intended outcome for the care episode has not been achieved, the situation has to be reviewed and a new approach considered or the services of another agency requested that may be better placed to meet the child's unmet need . If a new care episode is opened, the number of the episode should be recorded in a sequential order. This second care plan and any subsequent health care plans to meet the unmet need will be filed with the original assessment. Numbering care episodes throughout the child's journey through the Service should continue in a sequential order even if a long period of time has elapsed between episodes of care.

Health Pathway for Getting it Right for Every Child



Section 3
Family Record

3.1 Guidelines for Compiling Family Individual Record Section

This section includes all information relating to the care of the parents or wider adult family members. Only one set of family records to be compiled. These notes are filed within the oldest child's record in the family section and not duplicated within the younger sibling notes unless the information identified has an impact on the younger siblings well-being and can be recorded in the respective child's record section. When the eldest child record is handed to the School Nurse from the Health Visitor at Handover, relevant information about the family members will be shared with the School Nurse.

In the mother's record,

Maternal Information (Form 16) records the mother's obstetric history. This information is usually sent to the Health Visitor in a letter format, from Maternity Services after the new mother has attended booking clinic and this can be used instead of Form 16. The copy of the Scottish Birth Record printout should also be filed in this section

3.2 Mother's Chronology of Significant Events (Form 18)

This form is a new concept focusing on events that are significant for the mother in the antenatal period. The form will be used mainly by community midwives and is a supplement to the SWHHR. It may have information about other members of the family that have had a significant impact on the mother and the unborn child. The information on this form should be easily shared with the mother but will be confidential to other members of the family. Once a child is born family events that have significant impact on the child will be recorded in the child's chronology.
Significant Events may include:

- Non attendance at health appointments. This will include not being at home for a scheduled home visits.
- Attendance at A/E whilst pregnant.
- Injuries whilst pregnant.
- Domestic Abuse
- Contacts with Out of Hour Services.
- Anonymous referral of concerns.
- Request for information due to concern.
- Case conference/meeting.
- Request to other Services.
- Change in family dynamics.
- Moving house.
- Housing problems.
- Admission to maternity units.
- Issues/risks that can make a mother more vulnerable.

Information from the chronology will inform the handover from midwife to health visitor on child and mother.

3.3 Perinatal Mental Health

"Becoming pregnant and having a baby is a significant life changing event that for many women will be a positive and joyful process. For some though, the first days and

months can be challenging in terms of their mental health and wellbeing and for a significant minority, the consequences can be profound and life threatening" [19] (NHS Highland 2008:7)

Recognising this vulnerable period for women and developing services to support women during this period is acknowledged in the NHS Highland Perinatal Mental Health – Good Practice Guidelines which will be found in the *Getting it right for every child* Protocols and Procedures for Midwives and Public Health Nurses Pathfinder Version.

3.4 Edinburgh Postnatal Depression Scale

It is recommended by SIGN Guideline 60[20] that the Edinburgh Postnatal Depression Scale (EPDS) should be offered to women as an aid to clinical judgement in the assessment of mood at 6-8 weeks and 3-6 months postnatal. The assessor should take into consideration any language, literacy or cultural issues that would affect the interpretation of the information received by use of the tool, and consider if routine questioning may be more beneficial in relation to information gathering to inform any assessment and decision making. If it is not appropriate to use EPDS, practitioners should use their clinical judgement as to when it is appropriate to do so.

3.5 Family Member Health Assessment Form (Form 19 supplement add as required)

This form is to be used for any adult member of the family for any type of contact and if appropriate identify location of contact.

The assessment should take an account of any events or issues using the two main categories; lifestyle and family environmental factors, identifying strengths and pressures in the sub-headings in each category.

Lifestyle Factors subheadings include:

Physical health
Mental health
Emotional health
Diet/exercise
Leisure activities
Relaxation
Dental Health
Use of tobacco and drugs

Family Environmental Factors subheadings include:

Support from family and friends
Employment
Unemployment
Parenting
Money Matters
Housing

Not all sub headings may be relevant to the client's issues but should provide an aid memoir to structure any consultation.

Domestic Abuse

As the Family Member Health Assessment Form could be used for both partners, the question on domestic abuse has been electively omitted. This does not mean that practitioners should not ask any questions on domestic abuse to either mother or partner or provide information on how to access services that support domestic abuse.

[19] NHS Highland 2008. *Perinatal Mental Health –Good Practice Guidelines.* Inverness: NHS Highland
[20] SIGN 2002 Postnatal Depression and Puerperal Psychosis

Practitioners should raise the issue whilst consulting about physical, emotional and mental health as and when the situation allows for the discussion for example when the woman is by herself. In the antenatal period, women are asked by midwives about domestic abuse and offer an opportunity to disclose. If they do not wish to disclose, midwives offer advice on how to access services if and when women are able and ready to seek help. Public health nurses should use contacts to opportunely seek and support women and men who may be experiencing domestic abuse.

In situations where domestic abuse is disclosed, NHS Highland protocol on Domestic Abuse in Pregnancy and Early Years[21] should be followed. Refer to *Getting it right for every child* Protocols and Procedures for Midwives and Public Health Nurses Pathfinder Version and further guidance can be gained from the NHS Highland Abuse Policy[22].

Health Promotion:
- This section is to record all topics discussed and any leaflets given

Analyse the strengths and pressures identifying the impact on the person's wellbeing:
- This section is to record the analysis of the strengths and pressures that the adult member might be experiencing and how this impacts on their health and well-being.

Family Member's Views:
- Seek the client's views on the above information

Family Member's Actions:
- Identify with the client what they can do to help improve their situation. This will be reflected in the care plan

Professional Actions:
- Identify any actions that need to take place to help improve outcomes for the client. These will be reflected in any care plan

3.6 Individual Family Member's Health Plan (Form 20, supplement, add as required)

When a family member requires support, an individual care plan will be required.

The care plan will record:
- Date, level of risk and care aim
- Timescale for Episode/Evaluation
- Consent to Share Information received
- Needs/Risks Identified linked to SHANARI
- Action by Family Member/
- Action by Professional

This plan will sit with the relevant assessment and will be the documented evidence for the episode of care given. Using the Care Aims philosophy,[23] each episode of care with its assessment, and care plan should have an identified Care Aim.

[21] NHS Highland Protocol on Domestic Abuse in Pregnancy and Early Years
[22] NHS Highland Domestic Abuse Policy
[23] Kate Malcomess Consultancy Care Aims

3.7 Individual Family Member's Health Plan Evaluation Form (Form 21)

The summary sheet records all Episodes of Care at additional and intensive levels. It should be completed at each Episode of Care evaluation. The practitioner with the family can decide whether the intended outcome for the episode of care has been achieved.
If the intended outcome for the care episode has not been achieved, the situation has to be reviewed and a new approach considered or request the services of another agency that will be better placed to meet the family member's unmet need. If a new care episode is opened, the number of the episode should be recorded in a sequential order. This second care plan and any subsequent health care plans to meet the unmet need will be filed with the original assessment. Numbering care episodes throughout the child's journey through the service should continue in a sequential order even if a long period of time has elapsed between episodes of care.

Section 4
Supporting Practice

4.1 Other Types of Forms to Support Practice and Record-Keeping.

4.2 Handover from Health Visitor to School Nurse Summary of Identified SHANARI Issues (Form 15)

The health visitor will record a summary of issues relating to SHANARI in respect of the child's health and well-being, prior to the handover meeting with the school nurse. The Health Plan Indicator at time of handover will also be recorded on this form. The handover meeting should be scheduled within the first weeks of the school autumn term according to NHS Highland Policy.

4.3 The Maternity Booking Summary (pages from Scottish Women's Hand Held Record)

The Maternity Booking Summary will form the basis of the handover of client from midwife to health visitor. The information will be given to the health visitor by the midwife at two specific liaison events ie following the Maternity Booking activity and by the Immediate Discharge Letter from the maternity unit after the birth of the baby. This information is relevant to the child only and can be recorded in the Child Record. Information regarding the mother will be filed in her own separate section in the Family Profile.

4.4 Public Health Nursing Team Signatures (Form 22)

Practitioners from the skill mix team who contribute to the record require to print date, name, designation and sign at first entry.

4.5 Extraordinary Information (Form 23, supplement, add as required)

In certain circumstances, it will be necessary to record detailed dialogue held between practitioner and client e.g. when a child or parent discloses something that may be sensitive, perhaps linked to child protection or domestic abuse. This form will be kept with the relevant assessment or contact form.

4.6 Information Sharing and Consent

Consent to share necessary patient information should be sought in advance of sharing information, be informed and freely given. Implementing the *Getting It Right for Every Child* approaches, the principles to share information and receive consent should be addressed at each of the transition points into services, at the beginning of Maternity Care, transferring into Health Visiting Services and into School Nursing Services both at primary school entry and again at entry into secondary school. Good practice would indicate opportunistic review of child and parents wishes at any contact. Consent may be verbal or written and explicit consent is preferable wherever possible and obtained at the child's or family initial contact. Practitioners will discuss how information about the child and family is collected, how it is stored and shared and the safeguards in place to ensure that only those who need it will have access to their personal information.

When talking to children or adult about information sharing, practitioners should:

- Check that the person has received appropriate information and leaflet to make an informed decision

- Make clear when information is recorded and when other agencies' records may be accessed
- Make clear when they are sharing information about the person with other staff or agencies and state who these are;
- Ask if the child or adult has concerns or queries about how their personal information is used or disclosed;
- Answer any queries personally or direct the child or adult to others who can answer their questions or provide other sources of information
- Give information about and facilitate the person's right to see their personal records.

Further guidance on information giving and receiving consent is available in the *Data Sharing within the Highland Data Sharing Partnership:* ***Procedures for Practitioners***[24]

4.7 Care Aims Appropriate Duty of Care to a Population (Process to Identify Client's Health Plan Indicators)

The information below offers guidance on how to incorporate the Care Aims Approach with the clinical decision making process to assess and decide the appropriate level of support to offer client's who either have no identified concerns or have unmet needs, using *Health for All Children 4* and *Getting it Right for Every Child* Framework.

Duty of Care to a Population; as a health professional you have a duty to work to prevent harm occurring as a result of impairment, disease, delay or deprivation in the population by;

- Promoting health and educating the public;
- Targeting vulnerable populations and educating them to manage their own risk;
- Supporting other professionals to manage risk by giving them skills in identification of risk and information about desirable action;
- Supporting commissioners to make sound decisions about public funds;
- Ensuring that your services are as accessible as they can be to the whole population

On identifying a client's potential needs or risks a judgement about whether it would be appropriate for you to investigate further is required and assessment to analyse the needs and risks should be considered.

Assessment
Assessments should be ongoing and reviewed at every contact opportunity or at transition periods if the client has additional needs. Along with any assessment, updating the Care Plan should be completed. It is best to do this in the presence and agreement with the client or carer but this is not always possible.

Universal Core Screening and Surveillance Programme

1. Make a decision as to whether you can manage or address client's needs (in line with *Health for All Children 4* screening and surveillance contacts), by assessing and identifying client's issues, risks, and perception of risks, context and support, relating these to service specifications, available resources and scope of practice.

2. If client is to remain on Core Programme, record decisions within Child's Core Plan. Clarify with client, routes into service and circumstances when this would be appropriate.

[24] Highland's Children's Integrated Services (2006 Oct) Getting It Right for Every Child. Improve Services to children & Young People Guidance for Practitioners draftv1.0

Additional Intervention

1. If you have decided that the client requires additional support to address their unmet needs, and related risks, decide if you are able to address or manage the client's needs or risks within own agency. If yes, agree with client the most relevant care aim domain and outcome that can be achieved to address the identified risks and how long this will take. This is the Care Aim and episode length. Record intervention decision on Child's Health Care Plan.

2. Agree with the client how you will evaluate this change i.e. which outcome measure you will use, and establish a baseline for this.

3. To record this decision and ensure that you have addressed clearly with the client/carer to optimise achievement of outcomes.

4. Refer case to Team Leader to identify appropriate member of the Team to support the client through the Care Aim.

5. The member of the Team who has taken on the responsibility to support the client/carer through the risk/harm or issue will review the decision with client (when ever possible) at designated timescale by evaluating outcome against baseline measures.

6. Repeat steps 3 to 6 for as long as:
   a. you are achieving a reduction in harm/risk or there is progress in resolving the issue and

   b. the client/carer cannot manage their harm/risk/issue without you.

7. Consider client's level of risk and health plan indicator when:
   a. you are not able within own Agency to reduce the client's level of harm/risk or address the issue and may require support from multi-agency approaches. Move client to Intensive/Multi-agency status.

   b. risk/issue is at a manageable level for the client, carer or others in client's environment. Return client to Core Programme.

Returning to Core Programme

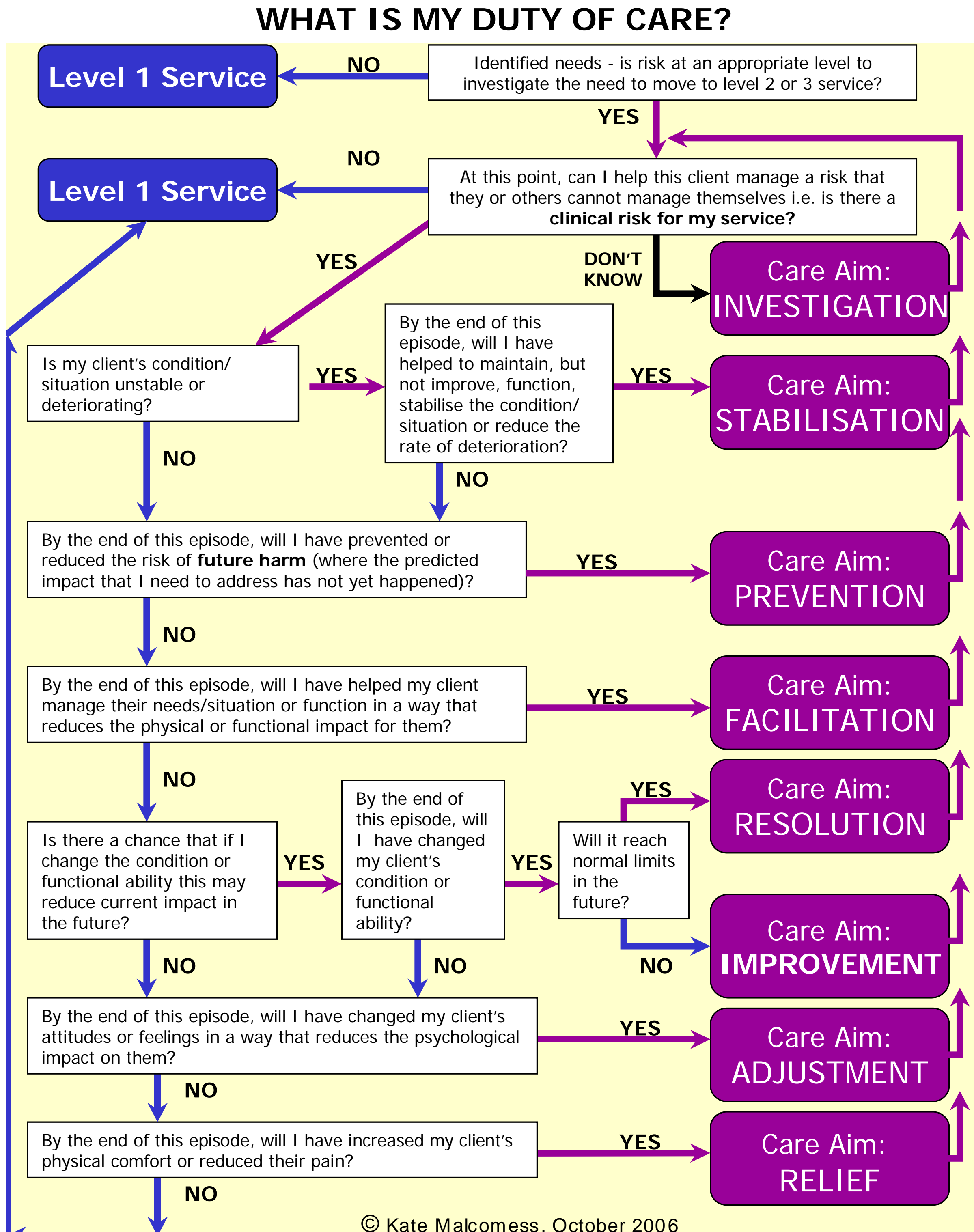
8. To safely return client to Core support, consider:
   c. preparing them/their carers for discharge from Additional Support;
   d. clearly communicating reasons for discharge to Core to everyone involved;
   e. handing any residual risks over to the client, carer;
   f. clarifying routes back into Additional Support and circumstances in which this might be appropriate.

9. To record reasoning throughout this process to ensure that:
   g. the reason for your decisions at each stage are clearly articulated;
   h. a colleague reading the client's record could continue the care in your absence.

Clinical Reflection

10. Reflect on the outcomes of care offered by yourself and the Team and, if appropriate, make any adjustments to practice/policy/procedure that are implied by the outcomes.

4.8 Duty of Care



4.9 Visual guide to decide on who has the duty of care

CARE AIMS DEFINITIONS

(Original Care Aim Labels)

CARE AIM	PRIMARY PURPOSE OF INTERVENTION *Why am I intervening?*
INVESTIGATION (Assessment)	To determine the **nature and impact** of the presenting problem/condition.
PREVENTION (Anticipatory)	To **prevent** or **reduce the** current risk of **future harm/impact** (where predicted harm has not yet happened).
STABILISATION (Maintenance)	To **stabilise/maintain/preserve** the condition.
FACILITATION (Enabling)	To **reduce** the **functional impact** of a condition/difficulty by increasing **use** of function.
RESOLUTION (Curative)	To facilitate **lasting change** in condition or functional ability, to **within normal limits** (chronological age/pre-morbid state).
IMPROVEMENT (Rehabilitative)	To facilitate **improvement/lasting change** in condition or functional ability.
ADJUSTMENT (Supportive)	To **reduce psychological impact** by changing **feelings and attitudes** about care and/or the condition.
RELIEF (Palliative)	To **reduce pain** and/or **increase comfort** (when no other change is possible or appropriate at this point).

Appendix 1

Religion

Code	Value	Sub Code	Value
00	Atheist, Agnostic or no religious affiliation	R012	Atheist
		R003	Agnostic
		R121	None
01	Christian – Church of Scotland		
02	Christian – Roman Catholic		
03	Other Christian (specify	R137	Protestant
		R170	United Free Church of Scotland
		R083	Free Church of Scotland
		R014	Baptist
		R153	Scottish Episcopal Church
		R043	Church of England
		R109	Methodist
		R171	United Reformed Church
		R131	Pentecostal
		R148	Salvation Army
		Other	(refer to Religion Subsidiary Code List)
04	Buddhist		
05	Hindu		
06	Muslim		
07	Jewish		
08	Sikh		
97	Not disclosed		
98	Any other religion (see Subsidiary Codes)		
99	Not known		

Ethnic Group (Self Assigned)

Reference: Scottish Executive Data Standards Branch Scottish Social Care Data Standards Manual August 2005

Code	Sub Code	Value
01	White	E004 Scottish E070 Other British E002 Irish E039 Any other White background
02	Mixed	E029 Any Mixed background - specify
03	Asian, Asian Scottish or Asian British	E041 Indian E042 Pakistan E043 Bangladeshi E059 Any other Asian background – specify
04	Black, Black Scottish or Black British	E061 Caribbean E062 African E069 Any other Black background - specify
05	Other Ethnic Background	E089 Any other ethnic background – specify
97	Not disclosed	
99	Not known	

Refer to the full ethnic Group Specific Code List (below) to identify “Other” values appropriate to the ethnic group

Appendix 2

Child Illness/Disability

Code	Value	Description
CD02	Mental Health problem	Children who have been diagnosed as suffering from psychiatric illness
CD03	Autistic spectrum disorder	Autistic Spectrum Disorders are characterised by triad of impairments which are: • **Social interaction** – difficulty with social relationships, for example appearing aloof and indifferent to other people • **Social communication** – difficulty with verbal and non-verbal communication, for example not fully understanding the meaning of common gestures, facial expressions or tone of voice. • **Imagination** – difficulty in the development of interpersonal play and imagination, for example having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively Source –eSAY National Learning Disability & Autistic Spectrum Disorder Dataset V4.0
CD08	Social, emotional and behavioural difficulties	a) **medically diagnosed emotional or hyperkinetic disorders** **Emotional disorders** includes; anxiety, phobias, depression, obsessive-compulsive disorder, post-traumatic stress disorder; **Conduct disorders** are characterised by a repetitive and persistent pattern of dissocial, aggressive or defiant conduct, forming an enduring pattern of behaviour of at least six months, and significantly more severe than childish mischief or adolescent rebelliousness; **Hyperkinetic disorder** is a persistent pattern of intention, hyperactivity and/or impulsivity that is more pronounced and extreme than is typically observed in individuals at similar stage of development (includes: Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder Source Royal College of Paediatrics (2001) b) **other non-medically diagnosed social, emotional and behavioural difficulties**, including; difficulties with social interaction; poor concentration; temper outbursts, verbal and/or physical aggression to peers; provocative, confrontational or openly defiant; low esteem, under achievement and inappropriate social interaction; withdrawn, quiet and difficult to communicate with; people who find it hard or impossible to accept praise or to take responsibility for their behaviour, people who cannot function at all in group situations and exhibit persistent and frequent violent behaviour which requires physical restraint.
CD10	Learning disability	A learning disability is a significant lifelong condition which is present prior to the age of eighteen and which has a significant effect on a person's development. People with a learning disability will need more support than their peers to: • Understand new and/or complex information • Learn new skills and • Lead independent lives Learning disability does not include specific learning difficulties such as dyslexia Source – eSAY National Disability & Austistic Spectrum Disorder Dataset V4.00

Impairment

Code	Value
01	Specific Learning Difficulties
02	Hearing Impairment
03	Language or Communication Disorder
04	Physical or motor impairment
05	Visual Impairment
06	Cognitive Impairment
07	Combined sight and hearing loss
98	Other impairment
99	Not known

Appendix 3

My World Assessment Triangle - General Guidance

MY WIDER WORLD

Support from family, friends and other people	**You should consider:**
'Networks of family and social support. Relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on. Who are the significant people in the child's/young person's wider environment?' ***All statements in this column – reference Scottish Executive 2005)***	➢ Who in the family provides support and the level and frequency of this support ➢ Whether there are any significant deficits in the wider support network – e.g. no grandparents ➢ The quality of the social network that exists for the parents/carers ➢ Any conflictual /burdensome relationships ➢ The involvement of wider family in decision making about children ➢ Positive relationships for the child/young person ➢ If the child is looked after the contact arrangements with the wider family and the quality of them
Belonging *'Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents' and residents' groups, faith groups. Are there local prejudices and tensions affecting the child's or young person's ability to fit in?'* **School** *From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests.'*	**You should consider:** ➢ Potential support, including nature and quality, available from outwith the family and ability to access the support ➢ Informal caring networks e.g. the role of neighbours in 'watching out' for other people's children ➢ Any frequent changes of accommodation and the impact this has had on the family's ability to maintain good social supports ➢ Sources of support and advice that are available locally ➢ The importance given to continuity of school and relationships with teachers ➢ The importance given to friendships at school and in the community ➢ The extent of bullying and harassment at school ➢ The child's sense of belonging in the community and of feeling safe

Comfortable and safe housing *'Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Is it in a safe, well maintained and resourced and child friendly neighbourhood? Have there been frequent moves?'*	**You should consider:** ➢ The level of maintenance of the house and how safe and secure the environment is for the child (consideration should be given to the responsibilities of the housing provider of the property is rented/leased) ➢ Factual description of the internal conditions of the home should be provided ➢ Whether the appropriate council tax and housing forms have been completed ➢ The length of occupancy of the current home ➢ Impact of any periods of homelessness including effects on support networks and sources of support ➢ Any history of regular changes of address, anti-social behaviour and problems obtaining accommodation ➢ The adequacy of the housing for young children and children with a disability ➢ The child/young person's experience of location of the accommodation including issues of race and racial harassment
Work opportunities for my family *Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment. Supports for the young person's career aspirations and opportunities.'*	**You should consider:** ➢ History of parental/ carer employment/ unemployment ➢ Level of training and skills ➢ Influence of employment status on availability for children ➢ Potential for enhancing education and training opportunities ➢ Effects of disability/ chronic illness on employment opportunities ➢ Influence of social factors e.g. geographical location, gender, ethnicity, social class on employment
Enough money *Has the family or young person adequate income to meet day-to-day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?'*	**You should consider:** ➢ Whether the family is in receipt of all benefits to which they are entitled ➢ Current income and outgoings, including outstanding debts and pressures to repay them and penalties incurred for late/ non-payment ➢ Management of finances and difficulties experienced ➢ The effects of lack of income on physical quality of the home environment ➢ Sufficiency of income to meet the needs of the family and child ➢ Whether the child able to participate in activities similar to that of their peers ➢ Financial support available from family and friends
Local Resources *'Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle. Projects offering support and guidance at times of stress or transition. Access to and local information about health, childcare, care in the community, specialist services.'*	**You should consider:** ➢ Positive environmental circumstances e.g. good housing conditions and low criminality ➢ Negative environmental conditions e.g. high levels of poverty, drug abuse, and poor housing ➢ Impact of environmental circumstances on family stress, coping ability ➢ Formal and informal sources of support, consider needs of child and individual parents/ carers ➢ Levels of advice available on financial/ practical matters ➢ Anti-poverty initiatives, e.g. food co-operatives ➢ The accessibility of affordable, quality child-care provision locally ➢ The family's perception of resources available locally and their ability to access them ➢ Access to neighbourhood play/activities provision ➢ Access to neighbourhood play/activities provision

WHAT I NEED FROM PEOPLE WHO LOOK AFTER ME

<table>
<tr>
<td>Everyday care and help
This includes 'day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of responsibility and independence.'

(All statements in this column - reference Scottish Executive 2005)</td>
<td>You should consider:
➢ Parental knowledge of child developmental needs
➢ Parent(s)/ carer(s) strengths/ weaknesses.
➢ Any health (including mental health) issues that impact on parenting ability
➢ Any learning disability that impacts on parenting ability
➢ Other factors that may affect parenting capacity e.g. drug use/ excessive alcohol use, low self esteem
➢ Relationship between child/ birth parent(s)
➢ Child's diet and developmental progress
➢ Child's attendance for health surveillance, immunisations and developmental checks
➢ Parental willingness/ability to co-operate with treatment
➢ Child's attendance for medical treatment
➢ Provision of care including emotional
➢ The ill-health or disability of other family members that impact on the child
➢ Any caring responsibilities of the child</td>
</tr>
<tr>
<td>Keeping me safe
'Keeping the child safe within the home and exercising appropriate guidance and protection outside. Practical care through home safety such as fireguards and stair gates, hygiene. Protecting from physical, social and emotional dangers such as bullying, anxieties about friendships, domestic problems such as mental health needs, violence, offending behaviour. Taking a responsible interest in child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late or staying away from home. Are there identifiable risk factors? Is the young person knowledgeable about risks and confident about keeping safe?'</td>
<td>You should consider:
➢ Repeated exposure of child to danger or harm
➢ Control and discipline methods used by the parents/carers
➢ The demands made of the child by the parents
➢ Family Interactions
➢ Support and care offered within the family
➢ Level of interaction between family members
➢ Conflict resolution within the family (including issues of domestic abuse)
➢ The general level of safety in the home</td>
</tr>
<tr>
<td>Being there for me
Love, emotional warmth, attentiveness and engagement. Who are the people who can be relied on to recognise and respond to the child's/young person's emotional needs? Who are the people with whom the child has a particular bond? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment?</td>
<td>You should consider:
➢ The child's reactions to the parent
➢ Whether the child is reliant on parental cues when asked sensitive questions by professionals
➢ The child's exposure to parental emotional distress
➢ Levels of praise and encouragement offered to the child
➢ Opportunities the child is given to learn about his/her culture/ tradition and language</td>
</tr>
</table>

Play, encouragement and fun *'Stimulation and encouragement to learn and to enjoy life. Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, and providing an educationally rich environment? Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child's/young person's mentor and champion?'*	**You should consider:** ➢ The parent's interaction with the child i.e. playing with them, reading to them, spending time with them ➢ Level of encouragement that is give to the child to explore their environment, to be active, to play and share with others, to do age appropriate activities for themselves ➢ Encouragement offered to the child to make choices, be independent, to participate in conversation ➢ Encouragement offered to the child to engage in academic and sporting activities ➢ Encouragement offered to the child to learn new skills ➢ Who in the family support the child in learning ➢ Support offered to the aims of the school or nursery ➢ Contribution offered by the parents to the Individualised Education Programme/homework/parent's evenings/school events
Guidance, helping me understand right and wrong *'Values, guidance and boundaries. Making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment'*	**You should consider:** ➢ The boundaries and guidance offered to the child ➢ The level of consistency in parental approach to discipline and guidance ➢ Child's ability to demonstrate an awareness of the needs of others ➢ Child's behaviour – including whether the child is aggressive or violent and if so the context, frequency and triggers for this ➢ The child's exposure to violence in the home ➢ Any occasions the child has run away from home
Knowing what is going to happen and when *'Is the child's/young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child's/young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child/young person? Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her. Transition issues must be fully explored for the child or young person during times of change.'*	**You should consider:** ➢ Information around where the child has lived, who was part of the household who provided primary care to the child. ➢ Reasons for significant changes. ➢ If the child is separated from a parent, the level of contact and any attendant issues

Understanding my family's background and beliefs *'Family and cultural history; issues of spirituality and faith. Does the child/young person have a good understanding of their own background – their family and extended family relationships and their origins? Is their cultural heritage given due prominence? Do those around the child/young person respect and value diversity?'*	**You should consider:** ➢ Child's awareness of the family history ➢ The way secrets are dealt with in the family ➢ Child's relationship with siblings ➢ Levels of affection and hostility ➢ Child's status in relation to other siblings (i.e. scapegoat, favoured, bullied) ➢ Strengths of the family ➢ Physical or intellectual disability ➢ History of mental ill health ➢ History of alcohol substance misuse ➢ History of parental abuse/neglect as a child ➢ How the family copes under stress ➢ Conflicts within relationships/stability ➢ Communication within the family ➢ History of separations

HOW I GROW AND DEVELOP

Being healthy *'This includes full information about all aspects of a child's health and development, relevant to age and stage. Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health. Health care, including nutrition, exercise, physical and mental health issues, sexual health, substance abuse. Information routinely collected by health services will connect with this.'* (***All statements in this column - reference Scottish Executive 2005***)	It is important to ensure that each child's/ young person's health needs are/ have been met. To do this you must be satisfied that any indicators of concern are noted and action required identified. It may be that in many instances the immediately available information on health is sufficient. However you should consider the following: - Current significant health problems ➢ Use of health services ➢ Attendance at medical screenings, or failure to attend ➢ Medical treatment regimes ➢ Compliance with medical advice and treatment ➢ Any particular needs of the child that affect the parent's ability to care for them e.g. disability, ADHD, prematurity etc., Any significant past medical history ➢ Past physical injury including fractures/ unusual injuries, e.g. burns ➢ Any known attendance at Accident and Emergency, Out of Hours Service, NHS24 ➢ Hospital admissions ➢ Suspected or diagnosed non- accidental injuries ➢ Any diagnosed mental illness or psychiatric treatment – ongoing problems/current symptoms Developmental ➢ The child's growth and nutrition ➢ Immunisation record ➢ Attendance at medical surveillance checks ➢ Any known vision or hearing problems ➢ Any use of alcohol or substance use by the child ➢ Any developmental concerns, gross motor, manipulative skills, communication, social skills, behaviour, height, weight ➢ Dental registration and treatment ➢ Whether the family themselves have any concerns about health issues ➢ Family guidance and advice to the child on health issues, including sex education ➢ Has the child had a comprehensive health assessment since being accommodated?

<table>
<tr>
<td>Learning and achieving

'This includes cognitive development from birth, learning achievements and the skills and interests which can be nurtured. Additional support needs. Achievements in leisure, hobbies, sport. Who takes account of the unique abilities and needs of this child? Learning plans and other educational records will connect here.'</td>
<td>You should consider:
➢ Is the child in a stable school placement or have there been frequent changes of school?
➢ Are there problems with attendance/ absence from school? Reasons given
➢ Has the child/ young person been temporarily/persistently excluded from school? If so, reasons
➢ Is the child/ young person achieving their potential?
➢ Is the child/young person engaged in learning (are there any identifiable reasons that are affecting their ability to learn)
➢ At what level is the child/ young person performing e.g. 3-5 Curriculum Framework, 5-14 Assessment, Standard Grade, and National Qualifications?
➢ Date of last educational assessment (National Test etc.)
➢ Has he child been referred to/ received support for learning
➢ Does the child have an Individualised Educational Programme?
➢ Are educational targets being met?
➢ What, if any, external teaching support services have been accessed on behalf of the child? E.g. Sensory support service, ILT, LAAC.
➢ What, if any, support services have been accessed on behalf of the child E.g. SEN auxiliary?
➢ Has a referral been made to psychological services now or in the past? Reasons
➢ Does the child have a record of needs / co-ordinated support plan?
➢ Factors giving rise to additional support needs?
➢ Has the child/young person been discussed at an Integrated Support Team meeting or a multi agency case conference? Indicate level and scope of involvement.
➢ Are the child's /young person's needs being met as a result of any of the above (areas of strength and difficulty)
➢ Does the child /young person relate well to teachers and other staff
➢ Does the child/young person mix well with peers
➢ Is the main attraction for the child/ young person attending school the social peer group
➢ Has the parent been informed of any concerns within the educational establishment? What was their response
➢ Does the child/young person participate in any extra curricular activities?
➢ Are the child's needs being met?</td>
</tr>
<tr>
<td>Being able to communicate

'This includes development of language and communication. Being in touch with others. Ability to express thoughts, feelings and needs. What is the child's/young person's preferred language or method of communication. Are there particular people with whom the child communicates? Are aids to communication required?'</td>
<td>You should consider:
➢ Any difficulties in caring for the child e.g. eating, sleeping, crying, demanding behaviour, illness, wetting, soiling, issues of separation and attachment
➢ Any traumatic events in the child's life e.g. bereavement/loss of parents or siblings
➢ Number and duration of breakdowns in main attachment relationship
➢ The child's general behaviour in different circumstances
➢ Any indication of anxiety or depression and the triggers for these
➢ Any steps that have been taken or interventions currently used to manage the child's behaviour
➢ Other behaviour of the child that may be of concern e.g. risk-taking, offending behaviour, personal safety, mental health, substance misuse</td>
</tr>
</table>

Confidence in who I am *Child's/young person's temperament and characteristics. Nature and quality of early and current attachments. Emotional and behavioural development. Resilience, self esteem. Ability to take pride in achievements. Confidence in managing challenges, opportunities, difficulties appropriate to the age and stage of development. Appreciation of ethnic and cultural background. Sense of identity, which is comfortable with gender, sexuality, religious belief. Skills in social presentation.'*	**You should consider:** ➢ The child's sense of themselves ➢ The child's degree of self-confidence ➢ Any special needs that affect the child's self esteem ➢ The child's attitude to praise and response to achievements ➢ Whether the child feels valued by family and friends ➢ The child's relationships at home and with extended family members ➢ The child's relationships at school and socially ➢ The child's attitude towards others ➢ The child's ability to socialise with others e.g. to play with children of a similar age and to initiate and respond to conversation ➢ Whether the child is aware of the impact of his/her behaviour on others ➢ Whether the child is aware of any risks to themselves of his/her own behaviour ➢ The child's sense of pride in their appearance ➢ The child's sense of themselves as part of a cultural group ➢ Whether there are any issues that make the child feel stigmatised ➢ What information is made available to the young person about sexuality and sexual orientation
Taking responsibility, behaving well *'Learning appropriate social skills and behaviour. Values; sense of right and wrong. Consideration for others. Ability to understand what is expected and act on it. Key influences on the child's social development at different ages and stages.'*	**You should consider:** ➢ The child's ability to advocate on their own behalf. ➢ The child's ability to make choices ➢ The child's role as an advocate with their peers, within their school or any organisation to which he/she belongs ➢ The child's capacity to lead or be led by others ➢ The child's ability to seek advice about their appearance/presentation ➢ The child's awareness of his/her own presentation ➢ Any issues in relation to self care, hygiene, clothing etc including appropriateness of dress ➢ The child's understanding of his/her own and other's emotions ➢ The child's understanding of the perception of the impact of his/her behaviour on others ➢ What support is being provided
Becoming independent, looking after myself *The gradual acquisition of skills and confidence needed to move from dependence to independence. Early practical skills of feeding, dressing etc. Engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. What are the effects of any impairment or disability or of social circumstances and how might these be compensated for?'*	**You should consider:** ➢ Is the child/ young person reaching appropriate developmental milestones? ➢ Is the child/ young person encouraged to eat/ dress/ independently? ➢ Does the child/ young person have a disability that affects self-care? How does the young person view this? Deal with support/ help? ➢ Is the young person learning independent living skills? E.g. cooking/ handling money (even if still at home) ➢ Does the child/ young person receive pocket money on a regular basis? ➢ Importance of money for clothing social activities, music, hobbies, etc. ➢ How well does the young person manage money? Is it an issue/ area of concern? ➢ Does he/she have income from part-time employment? ➢ What happens when weekly funds have been spent? Are there issues? ➢ Are their any issues in relation to self-care, hygiene, clothing etc? ➢ Do they assist with chores/ tidy their own bedroom etc? ➢ Do they have opportunities to acquire self-care skills? ➢ Are there opportunities for involvement in independent activities?

Enjoying family and friends *Relationships, which support, value, encourage and guide the child/young person. Family and wider social networks. Opportunities to make and sustain lasting significant relationships. Encouragement to develop skills in making friends, to take account of the feelings and needs of others and to behave responsibly.'*	**You should consider**: ➢ Is there a good relationship between the parents/ carers and child/ young person? Is the child/ young person relaxed in the presence of the parent/ carer? ➢ Is there a strong attachment/ strong positive relationship between the child/ young person and the parents/ carers? ➢ Does the child/ young person have a good relationship with siblings/ other children in the household? ➢ Is the young person involved in caring for siblings? Is he/she considerate and caring towards siblings? ➢ Does the child/ young person have friends? ➢ Is the child/ young person known to be or thought to be involved in bullying? ➢ Are there any concerns about the child/ young person in relation to a lack of empathy or care for others? ➢ Is there a significant adult in the child/ young person's life in whom he/she can confide? Is this a family member? Appropriateness of the relationship?

Appendix 4

Core Care Plans

August 2009 Version 5 Core Care Plans remain under review.
Please see For Highland Children website for most up to date version.

Appendix 5

Public Health Nursing Record -
Health Visitor and School Nurse Pilot Working Group

List of Contributors

Name	Designation	Area/Team
Alison Beaton	School Nurse	Inverness West Team SE Highland CHP
Shona Davidson	Health Visitor	Inverness East Team SE Highland CHP
Christine Gilmor	Health Visitor	Dingwall Ross-shire Mid Highland CHP
Siobhan Ross	Public Health Nurse School Nurse Team Leader	Nairn and Ardersier SE Highland CHP
Bridie Russell	Health Visitor	Nairn and Ardersier SE Highland CHP
George Sneddon	School Nurse	Dingwall, Ross-shire Mid Highland CHP
Kathryn Taylor	Health Visitor	Inverness West Team SE Highland CHP
Catriona Vernal	School Nurse	Inverness East Team SE Highland CHP
Catherine Zawalnyski	Children and Families Professional Nurse Advisor	Mid Highland CHP
Catherine Clarke	Child Protection Advisor	Mid Highland CHP
Patricia Renfrew	Lead Nurse for Children's Services	Argyll and Bute
Elaine McIntyre	Health Visitor	Argyll and Bute