



# Care of Children and Young People

*One in a series of curriculum statements produced by the Royal College of General Practitioners:*

- 1 Being a General Practitioner**
- 2 The General Practice Consultation**
- 3 Personal and Professional Responsibilities**
  - 3.1 Clinical Governance
  - 3.2 Patient Safety
  - 3.3 Clinical Ethics and Values-Based Practice
  - 3.4 Promoting Equality and Valuing Diversity
  - 3.5 Evidence-Based Practice
  - 3.6 Research and Academic Activity
  - 3.7 Teaching, Mentoring and Clinical Supervision
- 4 Management**
  - 4.1 Management in Primary Care
  - 4.2 Information Management and Technology
- 5 Healthy People: promoting health and preventing disease**
- 6 Genetics in Primary Care**
- 7 Care of Acutely Ill People**
- 8 Care of Children and Young People**
- 9 Care of Older Adults**
- 10 Gender-Specific Health Issues**
  - 10.1 Women's Health
  - 10.2 Men's Health
- 11 Sexual Health**
- 12 Care of People with Cancer & Palliative Care**
- 13 Care of People with Mental Health Problems**
- 14 Care of People with Learning Disabilities**
- 15 Clinical Management**
  - 15.1 Cardiovascular Problems
  - 15.2 Digestive Problems
  - 15.3 Drug and Alcohol Problems
  - 15.4 ENT and Facial Problems
  - 15.5 Eye Problems
  - 15.6 Metabolic Problems
  - 15.7 Neurological Problems
  - 15.8 Respiratory Problems
  - 15.9 Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
  - 15.10 Skin Problems



# Contents

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## **Acknowledgements** 5

Key messages 5

## **Introduction** 6

Rationale for this curriculum statement 6

UK health priorities 7

## **Learning Outcomes** 12

Primary care management 12

The knowledge base 13

Person-centred care 14

Specific problem-solving skills 14

A comprehensive approach 15

Community orientation 16

A holistic approach 16

Contextual aspects 16

Attitudinal aspects 16

Scientific aspects 16

Psychomotor skills 16

## **Further Reading** 17

Examples of relevant texts and resources 17

Web resources 17

## **Promoting Learning about the Care of Children and Young People** 20

Work-based learning – in primary care 20

Work-based learning – in secondary care 20

Non-work-based learning 20

Learning with other healthcare professionals 21

**Appendix 1** 22

*For Scotland's Children* report – a snapshot 22

**Appendix 2** 24

Executive Summary, *Health for All Children* 24

**Appendix 3** 27

Aims of the *National Service Framework for Children, Young People and Maternity Services* 27

**Appendix 4** 28

Key messages of the *NSF for Children, Young People and Maternity Services* 28

**Appendix 5** 29

Overview of the Child Health Promotion Programme 29

**Appendix 6** 32

Supporting parents 32

**References** 34

# Acknowledgements

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## Key messages

- General practitioners have an important role in the care of children and young people.
- Most care for children and young people is delivered outside the hospital setting.
- There is good evidence that providing care in primary care delivers improved outcomes in the health of children and young people.
- A child's and young person's experiences in early life – and even before birth – have a crucial impact on their life chances.
- Promoting health in children and young people can be included in all contacts with a child, a young person and their family, and should be targeted particularly at the vulnerable and socially excluded.
- Safeguarding children and young people requires all general practitioners to be effective when dealing with child abuse.
- General practitioners should recognise and respond to the needs of children and young people in special circumstances, through referral and joint working.
- It should be recognised that the needs of young people aged 10 to 19 are different from those of children under the age of 10, particularly in terms of their health problems, consent, confidentiality and communication issues.

# Introduction

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## Rationale for this curriculum statement

Children and young people make up around a quarter of the population of the United Kingdom. They have legally enforceable rights as children and young people and their families have the right to have their family life upheld and respected. Their vulnerability, combined with their inability when young to articulate what they are feeling, poses a challenge for everyone involved in health and social care. Their needs must be met as effectively as for adult services.

A child's experience in early life – and even before birth – has a crucial impact on their life chances. Children and young people spend the great majority of their time in the community – at home and at school – and most care is delivered outside the hospital setting. Ill children and young people must be looked at holistically, taking into account stage of development, long-term conditions, acute illness and minor illness in all the settings in which children are treated (including self-management).

Every child and young person will come into contact with some health or social care services, and these formative experiences will influence their future attitudes and the use they make of these services. GPs need to be aware of these influences.

General practitioners (GPs) have an important role in the care of children and young people, in partnership with other members of the primary healthcare team and, when appropriate, specialist colleagues. The new General Medical Services contract may provide opportunities for enhancing the role of primary care, but it is not without risks; Hall and Sowden have argued that, because of changes to the provision of out-of-hours care and the low quality payments for child health in the new GMS contract, general practice is at a crossroads:

*'To maintain their place as the main providers of health care for children and young people, general practitioners will need appropriate training and remuneration for providing a practice based quality child health service ... and opportunities to develop special interests in various aspects of child and adolescent health.'*<sup>2</sup>

The alternative, they argue, is:

*'that children's health care will increasingly be offered outside general practice by a range of other disciplines and providers.'*

There is good evidence from Starfield in the United States that providing care in the primary care setting delivers improved child health outcomes: health indicators such as percentage of infants born with low birthweight and post-neonatal mortality are better in countries with better developed primary care.<sup>3,4,5</sup>

The fourth edition of the core handbook in this area, *Health for All Children*,<sup>6</sup> recommended a move from child health surveillance towards child health promotion. It presented good evidence that neonatal and six-week checks are effective, and argued that these should be retained. In place of the other elements of the surveillance programme, there is increased emphasis on promoting health in children – something that can be included whenever medical professionals come into contact with a child and their family. In addition, it argued that care should be targeted at the vulnerable and socially excluded (see Appendix 2).

The *National Service Framework for Children, Young People and Maternity Services* launched the new Child Health Promotion Programme, based on *Health for All Children (4th edn)*.<sup>6</sup> The main change in the programme is the

shift away from limited routine developmental checks to much more holistic assessment of each child's and family's needs, coupled with early interventions to address those needs. Priority needs to be given to children, young people and families living in special circumstances (such as asylum seekers, those in temporary accommodation, looked-after children and children of drug-misusing parents) who may need targeted health promotion interventions. Access for disabled children to both general and specialist care is another key priority.<sup>7</sup> Almost all of the Child Health Promotion programme will be carried out by members of the primary healthcare team.

The core Child Health Promotion Programme encompasses:

- Childhood screening
- Immunisations
- A holistic and systematic process to assess the individual child's, young person's and family's needs
- Early interventions to address those needs
- Delivering universal health promoting activities.

The Programme is:

- Offered to all children and young people throughout childhood and the teenage years in a range of settings including general practices, children's centres, early years providers and extended schools
- Provided as an additional service under the GMS contract and through local PMS contracts
- A universal service that is individualised to meet the needs of the child, young person and family, providing more support on a targeted basis to children and families that are vulnerable or have complex needs
- Delivered in partnership with parents to help them to make healthy choices for their children, adolescents and family.

(See Appendix 5 for more details of the programme.)

All GPs need to be trained in the care of children and young people. They should be able to treat them when sick, help them to keep healthy, prevent illness, respond effectively to child protection issues and help them and their parents cope with chronic illness and disability. Then, after completing training, the GP may wish to continue their learning to become a GP with a special interest (GPwSI) which can further increase capacity within primary care, especially within specialist areas such as child protection.<sup>8</sup>

## UK health priorities

In the UK there are approximately:<sup>9</sup>

- 12 million children and young people
  - ◆ more than the entire population of many European countries
  - ◆ just over 6 million are young people aged between 10 and 19 years.
- 600,000 live births a year
- 1 million children with mental health disorders
- 400,000 children and young people in need
- 320,000 disabled children and young people
- 59,700 looked-after children and young people.

Children aged four and under visit their GP on average six times a year and school age children and young people two or three times.<sup>7</sup> The consulting rate for minor illness is the highest of any patient age group.<sup>10</sup> Families are the main providers of care for children and young people, and general practice in the UK has strongly supported the child and family unit.<sup>6,11</sup> The care of children and young people is not a 'special interest' but is a central foundation of UK general practice.

### **The skills needed for working with children and young people are GP skills:**

- Teamwork
- Communication and consultation skills

- Management of undifferentiated symptoms
- The integration of psychosocial and biological aspects of health and illness in the context of the family and community.

Children and young people spend the great majority of their time in the community – at home and at school – and most treatment is delivered outside the hospital setting. Ill children and young people must be looked at holistically, taking into account long-term conditions, acute illness and minor illness in all the settings in which children are treated (including self-management).

The health of children and young people is a priority of the UK government and the devolved administrations. Improving the health of children crosses many departments of health and governmental agencies; many documents have been published and actions initiated.

In 2004, the Department of Health in *England* published the *National Service Framework for Children, Young People and Maternity Services in England*.<sup>12</sup> In 2005, the Department for Education and Skills also published their green paper, *Youth Matters*.<sup>13</sup> There were many drivers that led to the development of the National Service Framework (NSF), but the death of Victoria Climbié in February 2000 was perhaps the first and most harrowing. The eight-year-old girl came in contact with a range of service providers (health, police, social care, etc.) who failed to recognise and prevent the abuse that led to her death. Lord Laming undertook an inquiry, publishing a report in 2003 that outlined 108 recommendations to attempt, as much as possible, to avoid another event like this one occurring in the future. This case increased the government's commitment to vulnerable children and raised the profile for a coordinated approach to child protection services. In 2001, the Secretary of State for Health, Alan Milburn, announced that the Department of Health would develop a new NSF for children, to set in place clear standards upon which service providers would be inspected.

Another incident prompted the government to bring forward the publication date of the module of the NSF on hospital care for children (April 2003). It was the public inquiry into children's heart surgery at the Bristol Royal Infirmary from 1984 to 1995, led by Professor Sir Ian Kennedy, which published its report in January 2002. The Department of Health's response to the report included a commitment to improve children's health services, ensuring that children, like adults, are entitled to high-quality, safe services designed to meet their particular needs. The first module of the NSF, on hospital care, was then released. In the 2002 spending review, there was an announcement of a comprehensive Child and Adolescent Mental Health Service CAMHS by December 2006, and by May 2003 what it meant to have a comprehensive CAMHS was defined (in the *Emerging Findings of the NSF* document).

In 2003, the first Minister of State for Children in the Department for Education and Skills, Margaret Hodge, was appointed, taking responsibility for children's services, child care and provision for under-fives, family policy (including parenting support and family law), and for the reform agenda to be set out in the green paper on children 'at risk'. Responsibility for children's social services was also transferred from the Department of Health to the Department for Education and Skills at this time.

### **Key issues for primary care in the *National Service Framework for Children, Young People and Maternity Services in England***

#### *Standard 1: promoting health and wellbeing, identifying needs and intervening early*

The health and wellbeing of all children and young people is promoted and delivered through a coordinated programme of action, including prevention and early intervention wherever possible, to ensure long-term gain, led by the NHS in partnership with local authorities.

#### *Standard 2: supporting parenting*

Parents or carers are enabled to receive the information, services and support that will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

#### *Standard 3: child, young person and family-centred services*

Children and young people and families receive high-quality services that are coordinated around their

individual and family needs, and take account of their views.

*Standard 4: growing up into adulthood*

All young people have access to age-appropriate services that are responsive to their specific needs as they grow into adulthood.

*Standard 5: safeguarding and promoting the welfare of children and young people*

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

*Note:* the aims of the NSF for Children, Young People and Maternity Services can be found in Appendix 3 and its key messages in Appendix 4

In September 2003, the government launched the green paper *Every Child Matters*. It proposed a range of measures to reform and improve children's care and to protect children from neglect and harm. Later, in March 2004, *Every Child Matters: next steps* was published on the same day as the Children Bill was introduced to parliament: this document set out the purpose of the Children Bill and the next steps for bringing about change of children's services.

The year 2004 was a busy year for governmental action on child health, including the important issue of child poverty, with a report from the treasury, *Child Poverty Review* that examined the welfare reform and public service changes necessary to advance towards the long-term goal of halving child poverty by 2010 and eradicating it by 2020. The review set out the key measures to reduce child poverty in the medium to long term, in particular through improving poor children's life chances, where public services can make a huge contribution, as well as continued efforts to help parents who can work into work, providing financial support to families and tackling material deprivation. Later that year, the remaining 10 modules of the Children's NSF were launched, setting aspirations for the improvement of services across health, education and social care for women, children and their families over the next 10 years.

In November 2004, the white paper on public health, *Choosing Health: making healthy choices easier*, was published, which set out the key principles for supporting the public to make healthier and more informed choices in regards to their health (Chapter 2: Children and young people – starting on the right path). In the same month, the Children Bill received Royal Assent becoming the Children Act 2004, providing a legislative spine for the wider strategy for improving children's lives. This covers the universal services that every child accesses, and more targeted services for those with additional needs. The overall aim is to encourage integrated planning, commissioning and delivery of services as well as improve multidisciplinary working, remove duplication, increase accountability and improve the coordination of individual and joint inspections in local authorities. The legislation is enabling rather than prescriptive and provides local authorities with a considerable amount of flexibility in the way they implement its provisions.

The Department for Education and Skills green paper *Youth Matters*<sup>13</sup> was published in 2005 and outlined a plan that encouraged joint working between health, social services and education when meeting the needs of young people. In October 2005 the Department of Health published *You're Welcome Quality Criteria*,<sup>14</sup> developed from the *Getting it Right for Teenagers in Your Practice*<sup>15</sup> developed by the adolescent committee of the RCGP.

In Scotland, since devolution in 1999, attention to the child health agenda has been high on their Executive's agenda. It has also responded to the Bristol inquiry, and the Climbié report has had a similar effect north of the border. The Scottish Executive is committed to a Child Protection Reform Programme involving all agencies to improve the protection of children at risk of neglect and abuse. Child Health is the fourth national priority for the NHS in the Scottish Health Action Plan, *Our National Health*,<sup>16</sup> alongside cancer, coronary heart disease and mental health, and two of the four pillars of the *Partnership for Care, Scotland's Health White Paper*<sup>17</sup> focus on children's health in the early years, and at vulnerable points of transition in the teenage years.

In 2000, the Child Health Support Group was established to work with ministers and the NHS in Scotland to

drive forward improvement in child health and services. Their work was urgent because, *For Scotland's Children*,<sup>18</sup> a report published in October 2001 found that:

- Services were fragmented, with families having to approach several agencies and undergo repeated questioning and assessment before receiving any support
- Support was poorly targeted with access most difficult for the most disadvantaged families
- Support often came too late to bring about significant improvement
- Services for the most vulnerable children are stigmatised. Many families are too frightened or ashamed to approach or make use of them.

The Child Health Support Group began their work by assessing the situation across the country and producing a national template for a comprehensive child health service and NHS Boards then began using this to inform the planning and commissioning of their services. In 2003, they published a review of its three years work and an action plan for the next three.<sup>19</sup> It emphasised the Executive's strategy to promote patients' engagement with their health service applied to children and young people as well as adult patients. It also focused on a number of areas in primary care that needed attention including:

- A redesign of community nursing and primary care and child health surveillance systems to provide a comprehensive and nationally consistent framework for assessment of children's needs by health professionals, on which to base a programme of early support, agreed with the family, that meets their needs
- Health visitors, working within the new framework of public health nursing, should develop their role in planning and coordinating support for pre-school children, including children in need
- Implementation of recommendations from the fourth UK-wide review by the Royal College of Paediatrics and Child Health of child health screening and surveillance – Health for All Children – which highlights the need and opportunities for greater health promotion and prevention efforts for those children and families most in need
- Improving mental health services and earlier interventions for young people with implementation of the recommendations from the Scottish Needs Assessment Programme review of child and adolescent mental health that set out a vision of a comprehensive continuum of support for child and adolescent mental health and wellbeing, comprising services to promote good mental health, to prevent problems emerging amongst children and young people at risk, and to care for those with mental health problems and disorders.

This work linked with the Scottish Executive's *National Programme for Improving Mental Health and Well-Being*<sup>20</sup> launched in 2001, which has worked nationally and locally to raise the profile of, and to support further action in, mental health improvement (promotion and prevention), to address the stigma of mental ill-health and to prevent suicide in Scotland. While the programme aims to improve mental health and wellbeing of all age groups, it has two key aims involving children: improving infant mental health (the early years) and improving the mental health of children and young people. It stated that

*'There is ample evidence that risk factors and vulnerabilities in infancy and early childhood are associated with mental health problems in children and young people. These in turn are associated with greatly heightened risk of mental illness in adult life. The ability to improve mental health and well-being in the 'early years' is a vital area for action. Ensuring the best possible start for children in their early years, promoting their mental health and that of their parents, and working to prevent and reduce the impact of mental health problems are key priorities.'*

The *National Programme* is working with colleagues in education, the Health Department, the Women and Children's Unit, NHS Health Scotland and others to ensure the integration of mental health in their work on early years. They are also working to encourage and support work that aims to promote greater understanding and awareness of mental, emotional and social health and wellbeing and mental illness amongst children and young people, and those working with them. Emphasis is given to the prevention of mental health problems in children and young people.

In *Wales*, in 2001, the Welsh Assembly Government published its plan for the NHS in Wales. The plan, entitled *Improving Health in Wales – a plan for the NHS with its partners*, set the direction for health services in Wales for the next 10 years.<sup>21</sup> The development of the Children's NSF<sup>22</sup> (*NSF for Children, Young People and Maternity*)

*Services*) began in September 2002 and aims to improve quality and equity of service delivery through the setting of national standards. The framework is being developed as a partnership between health and social care with links to education, housing, leisure, the voluntary sector and other stakeholders including parents/carers, children and young people. The aim of the Children's NSF is that *'all children and young people achieve optimum health and well being and are supported in achieving their potential'*. The scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility. The framework will follow the model developed by the Department of Health in England with the setting up of seven modules to take the work forward; the Children's NSF was launched for consultation in October 2004.

There has also been a strong emphasis on the health of children and young people in *Northern Ireland*. The Department of Health, Social Service and Public Safety published their vision in their 2002 paper *Investing for Health*<sup>23</sup> and then in *A Healthier Future*,<sup>24</sup> their 20-year vision for health and wellbeing in Northern Ireland.

Clearly, child protection is an important issue across the whole of the UK that is being addressed by all four of the UK Departments of Health. In 2005, the RCGP published *Keep Me Safe – the RCGP strategy for child protection*<sup>25</sup> that examined child protection as it relates to general practice in the prevailing policy and research context, described the College's activity in response to the Victoria Climbié inquiry and proposed an RCGP strategy for child protection. The strategy links to this curriculum statement. It reinforces both the need for all specialist registrars (GP) to be trained in child health protection and that established GPs should also include child protection in their continuing professional development so that they can respond more fully and effectively to child protection issues.

# Learning Outcomes

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The following learning objectives describe the knowledge, skills and attitudes that a GP requires when caring for children and young people. This curriculum statement should be read in conjunction with the other RCGP curriculum statements in the series. The full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

## Primary care management

- Manage primary contact with children and their families – and, with older children, on their own.
- Demonstrate an understanding of the importance of multi-agency working (working across professional and agency boundaries).
- Coordinate care with other primary care professionals, paediatricians and other appropriate specialists, leading to effective and appropriate care provision, taking an advocacy position for the patient or family when needed.
- Deal effectively with the abuse of children and young people. Safeguarding children and young people, understanding that:
  - ◆ the welfare of the child and young person must be the paramount consideration and can help to justify actions that challenge ethical and professional norms<sup>i</sup>
  - ◆ GPs are usually family focused, but in dealing with child protection and vulnerable children and young people, a focus on the family risks losing sight of the child
  - ◆ often children and young people in special circumstances are ‘invisible’ to the system because they live in the shadow of their parents’ problems
  - ◆ dealing effectively with abuse of children and young people involves recognising the clinical features, knowing about local arrangements for child protection, referring effectively and playing a part in assessment and continuing management including prevention of further abuse.
- Describe the principles of clinical governance and risk management:
  - ◆ clinical governance systems do not always explicitly recognise children and young people as a separate and vulnerable client group. It is essential that the care of children and young people is given a specific focus within the clinical governance arrangements in primary care<sup>7</sup>
  - ◆ the components of clinical governance strategies in primary care will include: safety of treatment and care; safeguarding; the use of evidence-based practice; clinical audit; effective prescribing and referrals; and continuing professional development.
- Ensure that parents or carers, children and young people receive information, advice and support to enable

<sup>i</sup> Children in Scotland. The paramountcy principle, embodied in (i) 1989 Children Act: ‘When a court determines any question with respect to ... the upbringing of a child ... the child’s welfare shall be the court’s paramount consideration’ and also (ii) the Children (Scotland) Act 1995 (*source*: Information Pack Factsheet No. 2) at [www.enquire.org.uk/enquire/pdf/CAct%20FS%202.pdf](http://www.enquire.org.uk/enquire/pdf/CAct%20FS%202.pdf) [accessed January 2007]

them to:

- ◆ manage minor illnesses themselves, using community pharmacists and triage services where appropriate
- ◆ access appropriate services when necessary.
- Prescribe and advise appropriately about the use of medicines in children and young people, being competent at:
  - ◆ calculating drug doses
  - ◆ understanding the risks and benefits of medicines in relation to children
  - ◆ understanding the needs of ethnic minorities, and cultural differences in beliefs about illness and the use of medicines.
- Demonstrate an understanding of the welfare of the unborn baby by:
  - ◆ being aware of the impact of parental problems including domestic violence, substance misuse and mental health problems
  - ◆ being able to recognise the symptoms and presentations of such problems and being able to make a sensitive enquiry if concerned
  - ◆ providing information about, or referral to, local services for women who have substance misuse problems as they are at greater risk of problem pregnancies and their care should be provided by an integrated multidisciplinary and multi-agency team.

## The knowledge base

### Symptoms:

- Vomiting, fever, drowsiness, developmental delay, infantile colic, 'failure to thrive' and growth disorders, behavioural problems.

### Common and/or important conditions:

- Neonatal problems: birthmarks, feeding problems, heart murmur, sticky eye, jaundice
- Constipation, abdominal pain (acute and recurrent)
- Pyrexia, febrile convulsions
- Cough/dyspnoea, wheezing including respiratory infections, bronchiolitis
- Otitis media
- Sensory deficit especially deafness
- Gastroenteritis
- Viral exanthems
- Urinary tract infection
- Meningitis
- Epilepsy
- Chronic disease: asthma, diabetes, arthritis, learning disability
- Child abuse, deprivation
- Mental health problems such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and self-harm, autistic spectrum disorder and related conditions
- Psychological problems: enuresis, encopresis, bullying, school refusal, behaviour problems including tantrums
- Child and young person development (physical and psychological).

## Prevention:

Areas where healthy choices make a big difference in children's and young people's lives include:

- Prenatal diagnosis
- Breastfeeding
- Healthy diet and exercise for children and young people
- Social and emotional wellbeing
- Keeping children and young people safe; child protection, accident prevention
- Immunisation
- Avoiding smoking, avoiding the use of volatile substances and other drugs, and minimising alcohol intake
- Reducing the risk of teenagers getting pregnant or acquiring sexually transmitted infections.

## Person-centred care

- Adopt a family-centred approach in dealing with patients, their families and their problems. This requires:
  - ◆ effective communication and engagement (listening to and involving children and young people, and working with parents, carers and families)
  - ◆ an understanding of the importance of supporting parents and having the skills, noting that the role of fathers in parenting their children and teenagers is frequently overlooked. Their contribution to their child's development and wellbeing is important. All GPs should be able to support fathers and have the skills for engaging with fathers as well as mothers.
- Develop and apply the primary care consultation to bring about an effective doctor, patient, family relationship to enable parents or carers, children and young people to:
  - ◆ participate in their own care planning and delivery
  - ◆ be routinely involved and supported in making informed decisions and choices about their care, taking into account their age and development, increasing autonomy with age, and the need for confidentiality balanced with the parents' need for information
  - ◆ achieve concordance, including active listening and shared decision-making with children, young people and parents
  - ◆ give information on medicines to children, young people and parents in a clear way.
- Provide longitudinal continuity of care as determined by the needs of the patient and family:
  - ◆ understanding the problems with transitions from child to adolescent, and from adolescent to adult. This applies to all children but especially the vulnerable.
- Support young people with a chronic disease and their parents to negotiate the process of transition.

## Specific problem-solving skills

- Use a decision-making process determined by the prevalence and incidence of illness in the community and the specific circumstances of the patient and family:
  - ◆ being aware of normal growth and development of children and young people
  - ◆ being aware of neonatal problems including jaundice and feeding problems, breastfeeding and nutrition.
- Manage conditions which may present early and in an undifferentiated way, and to recognise a seriously ill child and intervene urgently when necessary by:
  - ◆ having a thorough understanding of normal development, and being able to recognise delayed development through childhood and adolescence
  - ◆ recognising normal growth, and dealing with faltering growth and failure to thrive

- ◆ recognising children and young people at risk
- ◆ being aware that consultations about children may be a presentation of a mother's postnatal depression; and being aware of the effect that postnatal depression may have on her children
- ◆ recognising the significance of non-attending
- ◆ understanding that children and young people failing to attend appointments (in primary or secondary care) may trigger concern, given that they are reliant on their parent or carer to take them to the appointment
- ◆ being conscious that failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy
- ◆ acknowledging that failure to attend can be an indicator that services are difficult for families and young people to access or considered inappropriate, and need reviewing.

## A comprehensive approach

- Manage simultaneously both acute and chronic problems in the child, young person and family by:
  - ◆ assessing children and young people's developmental needs in the context of their family and environmental factors including school and community, and parenting capacity
  - ◆ understanding the key vulnerability factors for children and young people in special circumstances and responding to their needs, including through referral and joint working
  - ◆ recognising inequalities and ethnic diversity, and addressing them proactively.
- Promote health and wellbeing by applying health promotion and disease prevention strategies appropriately, and to detect problems that may already be present but have not yet been detected, by:<sup>ii</sup>
  - ◆ being aware of a GP's role in promoting and organising immunisation
  - ◆ being aware of a GP's role in the prevention of accidents.
- Recognise inappropriate eating habits such as the development of anorexia nervosa or bulimia and be able to make appropriate referrals if specialist help is required.
- Describe the issues involved in delivering services for young people relating to access, communication, confidentiality and consent outlined in the RCGP publication *Getting it Right for Teenagers in Your Practice*.<sup>15</sup>
- Provide access for young people to confidential contraceptive and sexual health advice services that are tailored to meet their needs, as set out in *Best Practice Guidance on the Provision of Effective Contraceptive and Advice Services for Young People*:<sup>26</sup>
  - ◆ note that the revised guidance must be followed for the provision of contraception to under 16-year-olds.<sup>27</sup> This should include providing young people with rapid access to testing and treatment for sexually transmitted infections including blood-borne viruses, rapid access to emergency contraception, early and easy access to free pregnancy testing, unbiased advice, and speedy referral for NHS-funded terminations of pregnancy or antenatal care.
- Describe the importance of supporting parents who have special needs.
- Describe the needs of children of parents with substance misuse, mental health or domestic violence problems, teenage mothers and those with severe chronic or short-term conditions that affect their capacity to parent their children; some may need referral for multi-agency assessment and support services:
  - ◆ this may include referral to the health visitor for a comprehensive family needs assessment to understand and address the impact of the parent's needs on the children's health and development.

<sup>ii</sup> see Appendix 5 for information on the Child Health Promotion Programme

## Community orientation

- Reconcile the health needs of patients and their families, and of the community in which they live, in balance with available resources. This requires:
  - ◆ understanding the legal and political context of child and adolescent care
  - ◆ understanding the organisation of care – care pathways and local systems of care
  - ◆ assessing needs, including the assessment framework.

## A holistic approach

- Support transitions (maximising children's achievements and opportunities, and understanding their rights and responsibilities).
- Describe the impact of disability on the child, young person and their family.
- Promote physical health, mental health and emotional wellbeing by encouraging children, young people and their families to develop healthy lifestyles.
- Describe the role of the GP in dealing with enuresis, sleep disturbance, bullying and school refusal.

## Contextual aspects

- Describe the importance of the health care needs of the paediatric population and the socio-economic and cultural features of the community that might affect health.
- Describe the importance of the workload issues raised by the paediatric problems, especially the demand for urgent consultation and the mechanisms for dealing with this.

## Attitudinal aspects

- Describe the importance of treating children and young people equitably, and with respect for their beliefs, preferences, dignity and rights.
- Describe the importance of the sensitivities of young people about their health attitudes, behaviours and needs.
- Describe the importance of the issues of confidentiality and consent.
- Describe the importance of record-keeping and sharing information.

## Scientific aspects

- Access information on the best evidence about interventions and the effectiveness of medicines.
- Describe the importance of recording significant events and their using them in multidisciplinary and multi-agency audits.

## Psychomotor skills

- The examination of the newborn child.
- The six-week check.
- Basic life support of infants, children and young people.

## Further Reading

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### Examples of relevant texts and resources

- BANNON M AND CARTER Y (eds). *Protecting Children from Abuse and Neglect in Primary Care* Oxford: Oxford University Press, 2003
- BRITISH MEDICAL ASSOCIATION AND ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. *The British National Formulary* London: BMJ Books, updated annually
- BRITISH MEDICAL ASSOCIATION, ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. *The Neonatal and Paediatric Pharmacists Group BNF for Children* London: BMA, 2005
- CHAMBERS R AND LICENCE K. *Looking after Children in Primary Care* Oxford: Radcliffe Medical Press, 2004
- COHEN BA. *Paediatric Dermatology* London: Elsevier Mosby, 2005
- DONOVAN C AND SUCKLING H. *Difficult Consultations with Adolescents* Oxford: Radcliffe Medical Press, 2004
- HALL D AND ELLIMAN D. *Health for All Children (4th edn)* Oxford: Oxford University Press, 2003
- HARNDON A AND SHEIKH A (eds). *Promoting Child Health in Primary Care* London: RCGP, 2002
- JONES R, BRITTEN N, CULPEPPER L, GASS DA, GROL R, MANT D, SILAGY C (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- KEELEY D. *Cot Death* London: RCGP, 1995
- LISSAUER T AND CLAYDEN G. *Illustrated Textbook of Paediatrics (2nd edn)* London: Mosby, 2001
- MCPHERSON A, DONOVAN C, MCFARLANE A. *Healthcare of Young People: promotion in primary care* Oxford: Radcliffe Medical Press, 2002
- MEADOW R. *ABC of Child Abuse (4th edn)* London: BMJ Books, 2005
- VALMAN B. *ABC of the First Year (5th edn)* London: BMJ Books, 2001
- VALMAN B. *ABC of One to Seven (4th edn)* London: BMJ Books, 2002
- VINER R (ed.). *ABC of Adolescence* London: BMJ Books, 2005

### Web resources

#### Children First for Health

Based at Great Ormond Street Hospital in London, Children First for Health was established in 2001 and now receives millions of hits each month from around the world. It is a unique service because it is driven by children and parents. It is a service working across the NHS to support health professionals in the dissemination of engaging health to children and young people. The service is provided to NHS trusts and health professionals without charge. It provides children and young people with: quality, regularly reviewed health information; engaging information about what to expect in hospital; information about individual hospitals; and a safe forum for sharing their own experiences and health news.

[www.childrenfirst.nhs.uk/about/index.html](http://www.childrenfirst.nhs.uk/about/index.html)

#### Department of Health *National Service Framework for Children, Young People and Maternity Services*

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en)

## **eBNF for Children**

The *BNF for Children* has been developed to meet the clinical requirements of GPs, paediatricians, pharmacists, nurses, students and all healthcare professionals involved in the prescribing, dispensing, monitoring and administration of medicines to children. It provides reliable advice on the use of medicines in children of all ages. It is designed to be accessible to healthcare professionals across primary and secondary care, and will help to enhance the quality of medicinal care offered to children. The *BNF for Children* is a joint publication of the British Medical Association (BMA), Royal Pharmaceutical Society of Great Britain (RPSGB), Royal College of Paediatrics and Child Health (RCPC) and the Neonatal and Paediatric Pharmacists Group (NPPG). It will be updated annually. It is freely available to NHS staff with an NHS Athens username and password via the NeLH and NLH websites.

[www.bnfc.nhs.uk/bnfc](http://www.bnfc.nhs.uk/bnfc)

## **Great Ormond Street Hospital for Children NHS Trust (GOSH) and UCL Institute of Child Health (ICH)**

Together they form an international centre of excellence for treating sick children and teaching and training children's specialists. They are the largest centre for research into childhood illness outside the United States. The website contains a wealth of information for parents, patients and health professionals.

[www.ich.ucl.ac.uk/](http://www.ich.ucl.ac.uk/)

## **National Library for Health and Public Health Specialist Library**

The aim of the National Library for Health (NLH) is to provide clinicians with access to the best current know-how and knowledge to support health care-related decisions. Patients, carers and the public are also welcome to use the site, because the NLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NLH – those working in public health and in social care. The Public Health Specialist Library is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

[www.library.nhs.uk](http://www.library.nhs.uk)

[www.library.nhs.uk/publichealth/](http://www.library.nhs.uk/publichealth/)

## **Royal College of General Practitioners**

The British Association for Community Child Health in partnership with the RCGP have developed a package of teaching materials, available on the RCGP website, which supports the delivery of this curriculum statement.

[www.rcgp.org.uk](http://www.rcgp.org.uk)

## **Scottish Executive**

*Health for All Children 4: guidance on implementation in Scotland 2005*

3. Health promotion:

[www.scotland.gov.uk/Publications/2005/04/15161325/13312](http://www.scotland.gov.uk/Publications/2005/04/15161325/13312)

4. Screening and detecting problems:

[www.scotland.gov.uk/Publications/2005/04/15161325/13324](http://www.scotland.gov.uk/Publications/2005/04/15161325/13324)

### **Teenage Health Freak**

Teenage Health Websites Limited is the brainchild of Drs Ann McPherson and Aidan Macfarlane, writers of the original Diary of a Teenage Health Freak series. The worldwide success of the diaries identified a demand for cringe-free health information specific to teenagers. The sites won the prestigious BUPA Communication Award in November 2001 and have attracted over 1.75 million visitors since their launch.

[www.teenagehealthfreak.org](http://www.teenagehealthfreak.org)

### **Youth Health Talk**

The DIPEX charity has produced a unique, award-winning website aimed at patients, their carers, family and friends, doctors, nurses and other health professionals. Their aim is to cover the 100 main illnesses and conditions, as well as covering areas such as immunisation, rare diseases, skin conditions, infertility, chronic illness and many, many more.

[www.youthhealthtalk.org](http://www.youthhealthtalk.org)

# Promoting Learning about the Care of Children and Young People

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## Work-based learning – in primary care

Primary care is the ideal place to learn about the health of children and young people in the context of where they live and go to school. It is important that the specialist registrar (GP) is involved in antenatal and postnatal care, and follows a few babies through their first year of life. Attending an outpatient clinic with a child and their parent is an ideal way of gaining a better understanding of the patient's journey. Exposure to baby clinics and immunisation clinics is essential. Exposure to consultations with young people will provide opportunities for learning about communication skills as well as teamworking and specialist needs in prescribing. The specialist registrar should look for opportunities for a visit or a placement at a dedicated youth clinic or to attend a health session aimed at young people in a community setting.

The specialist registrar should take the opportunity to visit patients in their homes, attend case conferences and participate in the work of the multiprofessional team, which will include practice nurses, health visitors and social workers.

## Work-based learning – in secondary care

Some GP training programmes will contain placements of varying length in a paediatric department, which will give exposure to acutely ill children, young people and those who have been admitted to hospital for specialist treatments. Specialist care is, however, mainly provided in outpatient clinics and increasingly in primary care settings – particularly for children and young people who have rare conditions, require specialist treatments or have proven difficult to be managed by their GP. These are ideal places for the specialist registrar to see concentrated groups of children and young people with health problems. Educational programmes provided in the hospitals are often of value for doctors who are training to be GPs; however, it is important that that education reflects the needs of those doctors and is not just targeted at specialist registrars or for a particular specialist examination.

## Non-work-based learning

Deaneries, often working with their local universities, trusts and social services, provide a variety of courses about child health issues including child protection, immunisation and child development. The RCGP also provides a selection of courses across the UK in both child and adolescent health. The best of these stimulate reflection on real cases seen at work, and help professionals develop the knowledge, skills and attitudes required for high-quality, collaborative care. The changes taking place within child healthcare provide a significant opportunity to develop new ways of learning and teaching, especially in the interprofessional setting.<sup>5,6</sup> To this end, the British Association for Community Child Health has collaborated with the Royal College of General Practitioners and has developed a package of teaching materials that are available on the RCGP website, [www.rcgp.org.uk](http://www.rcgp.org.uk).

## Learning with other healthcare professionals

The effective care of children and young people is a multiprofessional activity with different health professionals working in teams often across the historical primary and secondary care divide. It is, therefore, essential that learning also takes place as often as possible with other health professionals. During their training specialist registrars should gain experience of working in a collaborative way with other professionals in the team. The specialist registrar should participate in the practice's educational programme, audit and critical event meetings.

Interprofessional case-based learning is an effective way for GPs to learn about child protection (safeguarding children), and to remove some of the barriers to collaboration.<sup>28</sup> Specialist registrars should participate in interprofessional education programmes provided by child protection teams in each locality. Child protection training often concentrates on physical signs and symptoms of abuse and provides limited understanding of the emotional and psychological implications for adults of early childhood abuse, trauma and neglect, and how these effects might be manifested in the consultation. The report of the Victoria Climbié inquiry argued that child protection is 'everyone's business' and made a strong case for better communication between professionals. The report also made two specific recommendations that are of immediate relevance to a curriculum for the care of children and young people. The report included a recommendation (No. 87 Summary, p. 46):

*'The Department of Health should seek to ensure that all GPs receive training in the recognition of deliberate harm to children and in the multidisciplinary aspects of a child protection investigation, as part of their initial vocational training in general practice and at regular intervals of no less than three years thereafter.'*

Multiprofessional education and interprofessional education need to be distinguished. In multiprofessional education, different professionals happen to coincide in an educational event of mutual interest. By contrast, interprofessional education involves an explicit examination of different roles. Interprofessional barriers can be a real problem in practice, particularly at times of change or stress within the health service, and this applies as much to education as it does to service delivery. Among other health professionals, negative attitudes about medical practitioners wanting to be involved in interprofessional education programmes can be a problem.<sup>29</sup> These conclusions are supported by a survey of Primary Care Trusts, conducted by the London Deanery. This survey revealed that, although all localities have Area Child Protection Committees, responsible for providing multiprofessional education in child protection, neither specialist registrars nor established practitioners were involved.<sup>30</sup> Others have also reported similar findings.<sup>31</sup> However, successful schemes bringing together GPs, health visitors and community paediatricians are possible.<sup>32</sup> A key component of successful initiatives is that the teaching team should include a mix of professionals, who will be prepared to look at their own different roles and to challenge the stereotypes that many professionals have about each other.

A further challenge is the national shortage of health visitors, who have traditionally been central to the provision of child health promotion, working in close partnership with GPs.<sup>33</sup> Partly in response to the recruitment crisis, health visitors have recently been redefining their jobs, taking on a greater public health role<sup>34,11</sup> and, in many areas, withdrawing from GP surgeries. This has caused tension both within and outside the health visiting profession.

Some aspects of a curriculum for the care of children and young people will be appropriately delivered in a uniprofessional format, but there should be an increasing emphasis on interprofessional approaches in order to encourage collaboration with other professionals. The challenge involved in this should not be underestimated.

# Appendix 1

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## **For Scotland's Children report – a snapshot**

- 1 There are approximately 1 million children under the age of 16 living in Scotland and a further 326,000 16- to 21-year-olds.
- 2 Scotland has some of the highest rates of relative child poverty in the developed world. One third of Scotland's households are in or on the margins of poverty. One in five children is entitled to free school meals, a benefit only available to those children whose carers receive Income Support or Income-Based Job Seeker's Allowance. One in every 10 babies born to families living in poverty has low birth weight; these babies are up to twelve times more likely to die in their first year of life. Fifty-two of the 90 most deprived postcode areas in Scotland are in Glasgow.
- 3 In Scotland 80 children under the age of 16 become homeless every day. In any one year approximately 11,500 young people aged 16- to 24-years-old apply to their local authority for housing support as homeless – one in four of all homeless applications. There are currently 4000 households in Scotland living in temporary accommodation and around 360,000 children in Scotland living in accommodation affected by dampness or condensation.
- 4 In any one year approximately 8000 children under the age of 16 live in families where parents are divorcing.
- 5 Almost 40,000 exclusions are made in Scotland's schools every year. More boys than girls are excluded.
- 6 Fatal child pedestrian accident rates for 10- to 14-year-olds in Scotland are amongst the highest in Europe. The poorest children are four times more likely to be killed in a road accident than the wealthiest. At home the poorest children are nine times more likely to die in a fire.
- 7 Little is known about children's experiences as victims of crime although in one year ChildLine reported 2600 calls from children reporting experiences of violence including being hit, punched, bitten and struck with implements such as belts and electric cables. One in four primary school pupils and one in 10 secondary pupils report having been victimised by bullies. Research conducted by ChildLine reports that black/minority ethnic children 'endure unrelentingly openly racist harassment and bullying on a daily basis'.
- 8 Around 100,000 children in Scotland live with domestic violence.
- 9 The numbers of children reporting abuse is increasing. Approximately 6000 children are referred annually to social work departments in relation to child protection issues.
- 10 In Scotland around 9000 children run away every year; within this figure 1600 children under the age of 11 years run away for the first time. One in seven children who run away will be physically or sexually assaulted while away from home.
- 11 There is a widely shared view that children with disabilities are not receiving the care, education or training opportunities they require. For many, education outwith the mainstream and their community can lead to isolation and exclusion.
- 12 There is a high incidence of mental health problems among children and young people, and access to appro-

priate services is variable, with particular concerns for the mental health needs of looked-after children.

13 The rate of teenage conception in Scotland is the highest in Europe.

14 In terms of 16- and 17-year-olds almost one in four is unemployed, with no automatic entitlement to benefits. In recent years two-thirds of applications for Severe Hardship Payments have been repeat and continuous claims, indicating a core of extremely poor and vulnerable young people.

15 Just over 11,000 children are looked after. Up to 75% of looked-after children leave school with no formal qualifications. Less than 1% go to university. It is estimated that between 20% and 50% of young homeless people have been in the care of a local authority.

*Source:* Scottish Executive. *For Scotland's Children Report: better integrated children's services* Edinburgh: Scottish Executive, 2001

## Appendix 2

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### Executive Summary, *Health for All Children (4th edn)*<sup>6</sup>

- 1 The 2002 programme sets out proposals for preventive health care, health promotion and an effective community-based response to the needs of families, children and young people. It takes account of, and is in line with, government policies and initiatives.
- 2 Primary Care Organisations (PCOs) working in partnership with other agencies will need to ensure that the programme is available and accessible to all families within their boundaries, including socially excluded and hard-to-reach groups.
- 3 In the light of growing evidence that communities, relationships and the environment are important determinants of health, investment in community development and social support networks is increasingly important; health professionals should contribute to and sometimes lead in these aspects of health care.
- 4 PCOs should ensure that allocation of resources between and within areas reflects the greater needs of neighbourhoods that are challenging by reason of deprivation, violence, language barriers, lack of facilities, hostility, etc. Staff recruitment and support should take account of the difficulties of working in such areas.
- 5 The holistic approach of family medicine is commended and the importance of considering the impact on children of parental mental and physical illness, domestic violence and substance misuse is stressed. Health professionals working with adult patients should enquire about their children and liaise closely with paediatric services where needed.
- 6 Every child and parent should have access to a universal or core programme of preventive pre-school care. The content of this is based on three considerations: the delivery of agreed screening procedures; the evidence in favour of some health promotion procedures; and the need to establish which families have more complex needs.
- 7 Formal screening should be confined to the evidence-based programmes agreed by the Child Health Subgroup of the National Screening Committee. Screening activities outside this framework are important in order to ensure continuing refinement of the evidence base, but should be treated as research, reviewed by an ethics committee, time limited, and reported for peer review.
- 8 There is good evidence to support health promotion activity in a number of areas including prevention of infectious diseases (by immunisation and other means), reducing the risk of sudden infant death, supporting breastfeeding, encouraging better dental care, and informing and advising parents about accidental injury.
- 9 There is as yet no single health promotion measure to reverse the emerging problem of obesity, but the importance of the problem and the need to address it as a public health issue are stressed.
- 10 There is growing evidence that language acquisition, pre-literacy skills and behaviour patterns are all amenable to change by appropriate patterns of child management. These insights can be incorporated into programmes like Sure Start but can equally well be provided in non Sure Start areas.
- 11 Many illnesses, disorders and disabling conditions are identified by means other than routine preventive care

programmes, but health professionals must respond promptly to parental concerns. Reluctance to carry out appropriate assessment or refer for more expert advice remains an important cause of delays in diagnosis in both primary and secondary care. Clear pathways of care are vital to facilitate prompt and appropriate referrals and need to be developed at local level.

- 12 Formal universal screening for speech and language delay, global developmental delay, autism and postnatal depression is not recommended, but staff should elicit and respond to parental concerns. An efficient preliminary assessment or triage process to determine which children may need intervention is vital.
- 13 The core programme includes antenatal care, newborn examination, agreed screening procedures, support as needed in the first weeks with particular regard to breastfeeding, review at six to eight weeks, provision of health promotion advice either in writing (where appropriate) or by face-to-face contact, the national immunisation programme, weighing when the baby attends for immunisation, and reviews at eight or 12 months, 24 months, and between three and four years. However, it is expected that staff will take a flexible approach to the latter three reviews according to the family's needs and wishes, and face-to-face contact may not be necessary for all families.
- 14 The Personal Child Health Record is commended. There should be a basic standardised format for universal use, which should be used to gather a core public health dataset.
- 15 Children starting school should receive the agreed screening programmes, and their pre-school care, immunisation record and access to primary healthcare schedule should be reviewed.
- 16 There is an evidence base for the health care of school-age children derived from a range of interview studies with teachers and children designed to establish what they perceive as their main needs. It should include the following: support for children with problems and special needs; participation in health schools programmes designed to improve the school environment and social ethos, promote emotional literacy, exercise opportunities and healthy eating, and reduce bullying; healthcare facilities for young people in line with their clearly stated and well-established requirements for privacy and confidentiality.
- 17 There is an urgent need to secure the provision and the quality of a range of more specialised services to back up those working in primary health care, education and social services.
- 18 Access to a child development centre or team and a network of services, including referral to tertiary units when needed, is essential for the assessment of children with possible or established disabilities. There is ample evidence as to what parents expect, in terms of quality, from those services. The care of children with disabilities involves all the statutory agencies and, in many cases, the voluntary sector as well.
- 19 Emotional and behavioural disorders are common, but service provision is often inadequate and fragmented. A substantial investment involving all statutory agencies is needed, both in preventive programmes at community level and in managing both straightforward and complex problems.
- 20 There are statutory duties in respect of child protection, looked-after children and adoption procedures. The requirements for staffing are set out in the body of the report. Child abuse in all its forms is a major but often unrecognised problem, and there is an urgent need for better multi-agency training of all staff and for improved support for those working in this difficult area.
- 21 There are also statutory duties in respect of liaison work with education authorities with regard to children who have special educational needs. In addition, the development of health promoting policies and programmes for school-age children, in collaboration with education professionals, parents and young people, requires staff time and expertise.
- 22 The report stresses the importance of leadership and management of the whole programme. A coordinator is needed to develop and sustain an overview of the health of all children within the district for which the PCO is responsible.
- 23 It must be clear who is responsible for screening programmes, maintenance and reporting of immunisation uptake, introduction of new immunisation programmes, health promotion, care pathways for children with health or development problems, socially excluded groups, child protection, looked-after children, links with education, staff training and data management.

24 Since all these activities are interlinked, there is a need for a multi-agency steering group to ensure a focus on desired objectives and outcomes.

25 All staff in contact with children should be appropriately trained and take part in regular continuing professional development.

*Source:* Hall DMB and Elliman D. *Health for All Children (4th edn)* Oxford: Oxford University Press, 2003, [www.scotland.gov.uk/Publications/2005/04/15161325/13404](http://www.scotland.gov.uk/Publications/2005/04/15161325/13404)

## Appendix 3

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### **Aims of the National Service Framework for Children, Young People and Maternity Services**

- To promote accessibility to, and high quality in, the *services* that every child and young person needs, from birth to age 19, in order to achieve optimum health and wellbeing.
- To define the *standards* that will enable childbearing women and babies to achieve optimum health and wellbeing.
- To ensure that *disabled children and young people* enjoy the highest quality of life possible; gain maximum benefits from educational opportunities, health care and social care; and that their needs, and those of their families, are promptly and sensitively addressed, and their choices respected.
- To ensure that *children and young people in special circumstances*<sup>iii</sup> (which may be clinical or social or a mixture of both) are provided the most appropriate services to help maximise their social, emotional and physical development within, where possible, stable family settings; and, by doing so, narrow the gap in outcomes between children and young people in special circumstances and their peers.
- To meet the needs and views of *children and young people with mental health problems*, together with those of their families and carers, in order to improve their life chances within family, social and educational settings. This requires access to appropriate, high-quality services that respect difference and diversity, take into account the best available evidence of effectiveness, and are delivered within a reasonable time frame and in an appropriate setting by a competent, skilled and supported multidisciplinary workforce.
- To ensure that children and young people are provided with the *most effective medicines* as part of a comprehensive management plan developed between the healthcare professional, the child or young person and their parent or carer.

<sup>iii</sup> children in special circumstances (CSC) are those children living in difficult family circumstances, for example those where there is domestic violence or where a parent has a mental health problem or drug or alcohol problem

## Appendix 4

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### Key messages of the *National Service Framework for Children, Young People and Maternity Services*<sup>35</sup>

The standards require all relevant services to:

- Give children, young people and their parents *increased information, power and choice* over the support and treatment they receive, and involve them in planning their care and services.
- Introduce a new *Child Health Promotion Programme* designed to promote the health and wellbeing of children from pre-birth to early adulthood.
- Promote physical health, mental health and emotional wellbeing by encouraging children, young people and their families to develop *healthy lifestyles*.
- Focus on *early intervention*, based on timely and comprehensive assessment of a child, young person and their family's needs.
- *Improve access to services* for all children and young people according to their needs, particularly by co-locating services and developing managed Local Children's Clinical Networks for children who are ill or injured.
- *Tackle health inequalities*, addressing the particular needs of communities, and children, young people and their families who are likely to achieve poor outcomes.
- *Promote and safeguard the welfare of children and young people* and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare.
- Ensure that pregnant women receive *high-quality care* throughout their pregnancy, have a normal childbirth wherever possible, are involved in decisions about what is best for them and their babies, and have choices about how and where they can give birth.

## Appendix 5

### Overview of the Child Health Promotion Programme

This is taken from *National Service Framework for Children, Young People and Maternity Services: key issues for primary care*.<sup>7</sup> Guidance for Scotland can be found in *Health for All Children 4: Guidance on Implementation in Scotland*.<sup>36</sup>

This table sets out health promotion services that will be offered to all pregnant women and children, and for which there is evidence of effectiveness. Services may change as new evidence emerges.

<i>Age</i>	<i>Intervention</i>
Antenatal	Antenatal screening and a preliminary assessment of child and family needs. Provide advice on breastfeeding and general health and wellbeing, including healthy eating and smoking cessation where appropriate. Arrangements are put in place, including sharing of information, to ensure a smooth transition from the midwifery to health visiting service
Soon after birth	General physical examination with particular emphasis on eyes, heart and hips. Administration of vitamin K (if parents choose vitamin K drops, these are administered during the first week after birth). BCG is offered to babies who are more likely to come into contact with someone who has TB. The first dose of hepatitis B vaccine is given to babies whose mothers or close family have been infected with hepatitis B
5–6 days old	Blood spot test for hypothyroidism and phenylketonuria. Screening for sickle-cell disease and cystic fibrosis is also being implemented. See <a href="http://www.newbornblood-spot.screening.nhs.uk/">www.newbornblood-spot.screening.nhs.uk/</a>
Within first month of life	Newborn hearing screen now being rolled out to all areas. If hepatitis B vaccine has been given soon after birth, the second dose is given
New birth visit (usually around 12 days)	Home visit by the midwife or health visitor to assess the child and family health needs, including identification of mental health needs. Distribution of 'Birth to Five' guide and the Personal Child Health Record if not already given out antenatally. Information/support to parents on key health issues to be available (e.g. support for breastfeeding, advice on establishing a routine, etc.)

6–8 weeks	General physical examination with particular emphasis on eyes, heart and hips. First set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib and meningitis C. Review of general progress and delivery of key messages about parenting and health promotion. Identification of postnatal depression or other mental health needs. If hepatitis B vaccine has been given after birth, the third dose is given at eight weeks
3 months	Second set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib and meningitis C. Review of general progress and delivery of key messages about parenting and health promotion, including weaning
4 months	Third set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib and meningitis C. Opportunity to give health promotion and advice to parents and to ask about parents' concerns
By the first birthday	Systematic assessment of the child's physical, emotional and social development and family needs by the health visiting team. This will include actions to address the needs identified and agree future contact with service
Around 13 months	Immunisation against measles, mumps and rubella (MMR). Review of general progress and health promotion and other advice to parents. If hepatitis B vaccine has been given soon after birth a booster dose and blood test are given
2–3 years	The health visiting team is responsible for reviewing a child's progress and ensuring that health and developmental needs are being addressed. The health visitor will exercise professional judgement and agree with the parent how this review is carried out. It could be done through early-years providers or the general practice, or by offering a contact in the clinic, home, by post, telephone or email, etc. Use is made of other contacts with the primary care team (e.g. immunisations, visits to the GP, etc.)
3–5 years	Immunisation against measles, mumps, rubella (MMR) and polio and diphtheria, tetanus and whooping cough. Review of general progress and delivery of key messages about parenting and health promotion
4–5 years	<p>A review at school entry provides an opportunity to check that: immunisations are up to date, children have access to dental care, appropriate interventions are available for any physical, developmental or emotional problems that had previously been missed or not addressed, to provide children, parents and school staff with information about specific health issues, to check the child's height and weight (from which the body mass index can be derived for use as a public health indicator), and to administer the sweep test of hearing.</p> <p>National orthoptist-led programme for pre-school vision screening to be introduced.</p> <p>Foundation Stage Profile – assessment by the teacher to include a child's:</p> <ul style="list-style-type: none"> <li>● Personal, social and emotional development</li> <li>● Communication, language and literacy</li> <li>● Physical development</li> <li>● Creative development</li> </ul>

Ongoing support at primary and secondary schools	Access to school nurse at open sessions/drop-in and clinics by parents, teachers or through self-referral. Provision for referral to specialists for children causing concern. Children and young people with medical needs and disabilities may receive nursing care within the school environment according to their needs
Secondary school	The Heaf test is carried out between 10 to 14 years, and BCG vaccine given to those requiring it. <sup>iv</sup> Tetanus, diphtheria and polio vaccines are given between 13 and 18 years. Check other immunisations are up to date

<sup>iv</sup> new guidance on TB testing supersedes this (see: *Changes to the BCG Vaccination Programme in England*, 18 August 2005, [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tuberculosis/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tuberculosis/fs/en))

## Appendix 6

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### Supporting parents

Primary care has an important contribution to make given that, for many families, their main contact with health services will be with the primary care team. Primary Care Providers (PCPs) need to be alert to the need to support parents and be able to refer them to appropriate agencies.

The role of fathers in parenting their children and adolescents is frequently overlooked. Their contribution to their child's development and wellbeing is important. All GPs should be able to support fathers and have the skills for engaging with fathers as well as mothers.

Parents need information to help them make informed decisions about the needs of their children and adolescents. Efforts should be made to ensure that consistent advice and information is given to parents across different care settings, including primary care.

#### **Useful information provided locally to parents might include:**

- What becoming a parent might be like and what it will involve; the importance of pre-conceptual folic acid, and promoting health during pregnancy; not smoking during pregnancy and having a smoke-free atmosphere
- How to breastfeed and, where this is not possible, how to bottle feed safely; healthy weaning at the appropriate age
- Reducing the risks of sudden infant death; accident prevention, reducing non-intentional injury and first aid and basic life-saving skills for children
- The importance of parents communicating with their babies from birth
- How to nurture babies, children and young people, set appropriate boundaries and manage behaviour effectively
- Healthy lifestyles, including skills and knowledge of the purchase and preparation of food to form a balanced diet, the importance of an active lifestyle and of maintaining a healthy weight
- What to expect at different ages, including emotional development, growth, puberty and child and adolescent development
- The importance of creating play opportunities for learning; how to create an effective learning environment at home from the early years, and how to engage effectively in a child's and young person's cognitive, emotional and social development and their education
- Common allergies and how to manage allergic reactions
- A range of other health issues, including emotional health and wellbeing, bullying, sex and relationships, and alcohol, tobacco and volatile-substance misuse and other drug use
- Services to support parents, children and young people through disrupted relationships and bereavement
- How to promote and support independence as young people grow up

- How to access services for their children, how to discuss and/or respond to health and wellbeing issues such as sex and relationships, and alcohol, tobacco and drug use with their children, and how to set boundaries effectively
- Health, leisure/sports facilities, education and social care services and how to access them
- How mainstream or additional services meet the needs of disabled children and young people, children and young people with special needs, and children and young people in special circumstances
- The safe storage of medicines and volatile substances within the home
- The legal concept of ‘parental responsibility’, and information which explains the rights of both the parent and the child and young people in the family.

*See: Birth to Three Matters* London: Department for Education and Skills, 2002, [www.surestart.gov.uk](http://www.surestart.gov.uk)

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