Department of
Health, Social Services and Public Safety
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AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

Healthy Futures:

The Contribution of Health Visitors and School Nurses in Northern Ireland

2010 – 2015

Action Plan

March 2010

Review of Health Visiting and School Nursing 2009

Action Plan

Theme 1:Clarifying and Understanding the role and contribution of health visitors and school nurses within integrated children's services					
Recommendation 1 **The role of health visiting and school nursing should be clearly communicated within the HSC and to the Public**					
	Key Actions and Service Need	**For Action by**	**Outcome Required**	**Timeframe and key milestones**	**Benefits**
Action	**1.1 The defined role which values Health Visitors and School Nurses as frontline public health practitioners should be recognised, understood and clarified within the HSC and to the public.**	Led by PHA, Board, Trusts with reps from DCS's, DoN's, Users, practitioners, CPHVA, RCN	Clarity with respect to age range, function and expectations by user, partners and HSC system	Communication campaign initiated from June 2010	• Provides guidance to commissioners • Protects workforce from unrealistic expectation • Users understand and know what services they will receive • Improved partnership working
Recommendation 2 **Health Visiting and School Nursing should be delivered as an integrated 0-19 service**					
	Key Actions and Service Need	**For Action by**	**Outcome Required**	**Timeframe and key milestones**	**Benefits**
Action	**2.1 Health visiting and school nursing should be delivered**	Implementation to be led by Trusts through	The UNOCINI Thresholds of Need model will be	Immediate	• Single assessment framework established within integrated services within

		at levels 1 (universal) and 2 (targeted) as part of integrated children's services within a family support model (UNOCINI Thresholds of Need).	DCS's	embedded within practice.		Trusts • More effective and timely sharing of information • Clarity of role within integrated children's services
	2.2	**Service delivery should be through integrated nursing teams providing a single point of access where the child and young person is at the centre.**	Implementation to be led by Trusts through DCS's, DoN's	Team with nominated HV/SN's to co-ordinate interventions and support services to relevant stage of child and young person's life, recognising the need for partnership working and resource constraints Delivery of seamless care from universal assessment to specialist expertise, support and intervention for C&YP 0-19	From September 2011	• Provides a proactive universal service. • Evidence based responses targeted towards early years and public health priorities of school aged children
	2.3	**Equitable workload and optimum use of resources should be ensured through robust Family Health Assessment,**	Trusts	Work within Thresholds model with clearly agreed and understood roles within levels 1-2 IT software in place	Process to be fully developed and utilised on an ongoing basis by September 2012	• Cohesive approach to the development of a single assessment framework for children and young people • Equitable workloads • Skill mix redesign relevant to

	targeting of resources on families most in need, imaginative use of skill-mix, and partnership with users.		Appropriate training introduced Invaluable skilled resources freed to undertake appropriate and more complex work		need • Effective use of resources • Improved morale • Career pathways established
	2.4 The health visiting and school nursing workforce should provide direct access to preventive services for example sponsored day care, family support, etc.	Trusts-led through Directors of Children's Services	Rapid access to early prevention and support for children and families and as a result reduce the need for referral to social services	March 2013	• Timely support to families which avoids unnecessary escalation of difficulties at vulnerable times where families require localised services e.g. family support workers, voluntary agencies to support practice
	2.5 Agreed service specifications should include clear performance outcomes for both core (universal) service and targeted progressive services.	PHA, Board Trusts	Create more responsive and innovative ways of working with partners and communities Clear performance outcomes mapped against public health priorities	From April 2013	• Measure performance against input • Recognise worth of the service • Demonstrate reduction in health inequalities

Recommendation 3 **The role of health visitors and school nurses in safeguarding and Looked After Children should be clarified and strengthened**					
	Key Actions and Service Need	For Action by	Outcome Required	Timeframe and key milestones	Benefits
Action	**3.1 The role of health visitors and school nurses in safeguarding and working with Looked After Children (LAC) should be delivered within the UNOCINI thresholds of need model.**	PHA, Trusts	Roles clarified with optimum use of skills and competencies in identification and monitoring health need where children are at risk	December 2010	• Prevent duplication of resources • Secure effective and timely responses from SN/HV's • Timely and appropriate response to the needs of vulnerable children and families • Secures agreed thresholds for referral
	3.2 The role of HVs and SNs within Child Protection and with Looked After Children is to work in partnership with social care, and in agreeing boundaries between the disciplines. The HV / SN role should be to provide interventions specifically related to health and have	PHA/Board, Trusts, Nurse Education providers	Health visitors and school nurses articulate the health needs of children and young people who are in need of protection or are LAC	June 2010	• The skills and competence of health visitors and school nurses are best utilised to address health issues that impact on the child's health and wellbeing • Early identification of children at risk.

	measurable health outcomes				
	3.3 Health Visitors should focus their role on safeguarding on the preschool child and school nurses should take on the safeguarding and child protection responsibilities of all school aged children.	Trusts	Roll out education and training on child protection to all school nurses Health visitors responsibility for safeguarding should focus on all pre-school aged children	By April 2012	• School nurse who knows the child to act as advocate • Reduced duplication of resource • By undertaking all aspects of children and young people's early intervention and prevention – consistent service delivery • Provides continuity of care • The health care professional the child and family knows best acts as their advocate and supports throughout the whole Child Protection (CP) process
	3.4 To ensure there are clear channels of communication and responsibility, where there are children of varying ages within a family a key worker should be identified between the health visitor and school nurse. This should be based on skills and knowledge of	Trusts	Key worker identified where there are children of varying ages in a family	By April 2012	• Prevents duplication of resource • Families benefit from having the professional they know best to work with them Children and young person do not get 'lost' in the system • There are clear lines of accountability

		the family and who is best placed to take this role.				
	3.5	**The Family Health assessment should be updated within a single assessment framework ensuring IT interface with UNOCINI.**	BSO, PHA, Board, Trusts	HV's and SN's work within UNICONI Thresholds of need model with clearly agreed and understood roles within levels 1-2 Updated Family Health Assessment introduced IT software in place Appropriate training introduced	Ongoing development	• Cohesive approach to the development of a single assessment framework for children and young people
	3.6	**There should be a regional approach to the development of child protection nursing infrastructure and agreed policies and procedures, compliant with Regional Area Child Protection Committee (ACPC) Policies and Procedures (to be replaced by SBNI arrangements).**	PHA, Nursing rep on SBNI when established. (In the interim through DHSSPS policy lead), Trusts	Safe and effective response from nursing and midwifery to safeguarding children	Process to be established and in place by September 2010	Regional clarity and consistency in relation to appropriate policies and procedures which underpin practice

	3.7	**There should be identified LAC post(s) in each Trust for school aged children.**	Commissioners Trusts	LAC children are protected and their needs are identified and met as early as possible	To be secured through CSR – March 2011	LAC children are protected and their needs recognised and addressed
	3.8	**Consideration should be given to an identified nurse consultant post for safeguarding. This person would take responsibility at a regional level for the overarching strategic direction and implementation of safeguarding practice.**	DHSSPS, PHA, SBNI	A senior nurse will be responsible for co-ordinating the needs of children who require safeguarding and provide the link into the Public Health Agency	To be secured through CSR	The care of all children who require protection or are LAC have their needs met through a co-ordinated approach. Their needs are flagged up to the commissioners and PHA Early response can be provided to prevent further harm Local research may be undertaken to identify needs from both user and professional perspective
	3.9	**The regional safeguarding supervision model will be introduced supported by IT based Health Needs Assessment /caseload profiling within the context of FHA/UNOCINI and interfacing with the Child Health System.**	To be progressed as part of the DHSSPS led initiative to develop and implement a safeguarding supervision standard for nurses and midwives, RIT, PHA, Trusts	Safe and effective response from nursing and midwifery to safeguarding children	Ongoing development	Practitioners supported and monitored within the safeguarding role

	3.10 There should be a review of Information Technology systems and record keeping to prevent duplication of information and a single system across all partner agencies to best protect and safeguard children.	BSO, RIT, PHA, Trusts	HV's and SN's work within UNICONI Thresholds of Need model with clearly agreed and understood roles within levels 1-2 Updated FHA introduced IT software in place Appropriate training introduced	Ongoing development	• Cohesive approach to the development of a single assessment framework for children and young people
	3.11 Nursing and midwifery structure required to effectively support safeguarding should be constantly reviewed and adequately resourced.	PHA/Board, Trusts	Evaluation and monitoring Practice supported within existing and developing policies and procedures and in relation to the recommendations of Child Protection Inspections, Inquiries and Case Management Reviews	By March 2011	• Capacity to support safe and effective practice • Compliance with best practice standards

	3.12 Work should be taken forward to assess the impact of recent developments within child protection services on health visiting and school nursing services (incl. the recent increase in referrals to gateway teams and increased numbers of children on the child protection register). If appropriate the outcome of this should be addressed through commissioning arrangements within children's services. A mechanism should be agreed to keep this under regular review. This should be supported with the development of the caseload weighting tool and analysis of relevant information which identifies increased workload.	PHA/Board Trusts- to be taken forward in partnership with social services	The impact of new developments within child protection services will be clearly understood and addressed and when the mechanism has been agreed facilitate a proactive approach to identifying and managing pressures within the system	With immediate effect	• Increased workload identified and appropriately resourced • Focus of prevention retained within health visiting and school nursing services • Health visitors and school nurses continue to contribute effectively to safeguarding children

Recommendation 4 **A review of the funding allocation to pre-school immunisations should be undertaken to ensure an effective and efficient immunisation service is offered universally**						
Action	**4.1**	**Board Commissioners should clarify funding arrangements with all providers and in collaboration with the PHA, Trusts should develop Service Level Agreements (SLAs) with GMS Contractors to ensure the most cost effective use of resources for the delivery of the Pre-School Immunisation programme.**	Board/PHA, Trusts, GPs	Review and clarity regarding funding allocation for childhood immunisations Partnership approach to the delivery of the preschool immunisation programme	To be agreed on a partnership basis within a plan which does not impact on the uptake rates of immunisation	• Fair and agreed allocation of scarce resource • No duplication of resources • Value for Money
	4.2	**Where Health visitors continue to immunise, new arrangements will need to be developed between provider Trusts and GMS Contractors to enable Health**	Board/PHA, Trusts, GPs	Agreement regarding funding resource for health visiting to co-ordinate and deliver immunisations through skill mix or to be fully delivered by GPs if funding allocation remains within GMS	To be agreed within a plan which does not impact on the uptake rates of immunisation	• Early identification of missed targets • Ability to access 'hard to reach' groups through universal provision • HV capacity freed up through skill mix to focus on early preventive services and health promotion

	visitors and school nurses to co-ordinate the delivery of immunisations via skill mix teams.		contract		• Services delivered within context of health promoting practice
	4.3 New arrangements must be carefully planned with HSCB, PHA and GP's to ensure that uptake of immunisations is not reduced as a result of change. (Providers must note that uptake rates for immunisations increased some years ago when moved from Trust to Practice based delivery).	Board/PHA, Trusts, GPs	Appropriate and effective use of resources	To be agreed within a plan which does not impact on the uptake rates of immunisation	• Uptake of immunisation continues to be maximised
Recommendation 5 **The role health visitors and school nurses have in identifying and addressing public health priorities should be recognised and measured through performance outcome measures.**					
Action	**5.1 Family Health Assessment should be used to enable public health priorities to be**	PHA, Trusts	Public health nursing works in partnership with partner agencies to deliver on improved health outcomes	To be agreed by PHA	• Those with greatest need will receive most intensive services • Services will be in response to need as identified by health

	identified and interventions targeted to address health inequalities (appendix 1).		Increased community development		needs assessment
	5.2 There should be clear communication channels between Strategic Public Health and Frontline staff.	PHA/Board, Trusts, Frontline Staff	There is greater understanding of the strategic direction of service delivery and better understanding of challenges faced in frontline practice to deliver health priorities	December 2011	• More cohesive working between strategists and frontline staff • Better team working • Increased motivation of staff • Working towards common goals • Opportunity for frontline staff to influence commissioning
	5.3 The role of health visitors and school nurses as recommended in this review should be included in the revision of 'Investing for Health'.	DHSSPS	There is greater understanding of the role health visitors and school nurses have in reducing health inequalities and addressing public health priorities	To be agreed	• Health visiting and school nursing has a valued contribution at all levels of policy making and frontline practice • Improved health outcomes for children and young people • Reduction in health inequalities

	5.4 Performance outcome measures to address the impact of health visiting and school nursing on public health priorities should be introduced.	PHA, Trusts	Dynamic interchange between frontline staff and strategic decision makers The outcomes of health visitors and school nurses interventions can be measured	To be agreed by PHA	• Increased recognition of role health visitors and school nurses can play in addressing public health targets • Health visiting and school nursing contribution is measured • Increased motivation and enthusiasm by frontline staff as worth is valued
	5.5 Consideration should be given to school nurses undertaking formal needs assessment of the school age population and to integrate this into existing structures to inform commissioning and target resources effectively.	PHA/Board, Education, Trusts	Need identified at standardised points in the school age population A developed Health Needs Assessment process supported with IT infrastructure should be developed	To be agreed by PHA through the introduction of school health profiling underpinned by robust IT infrastructure	• Service that is more responsive to localised need • Improved satisfaction by service users and staff • Direct link to public health performance outcome measures • More streamlined approach to achieving public health targets • Prevent duplication of resources, ensure better understanding between professions and improved collaborative working • Equitable workloads • Relevant workforce skill mix redesign • Identification of need at individual level that can be aggregated to population level and linked to Public Health

					Intelligence • Enable schools to identify risk of underachievement as a result of health and wellbeing issues. Schools, health and other relevant agencies, working in collaboration, can act upon this information to consider provision required to address pupil needs
	5.6 Consideration should be given to the appointment of a nurse consultant in public health within each Trust to lead the strategic development of public health nursing.	PHA/Board	Co-ordination of public health nursing activity at a strategic level	To be agreed by PHA and taken forward through CSR	• Information to commissioners on targeting resources • Inform the commissioning of services • Links to broader public health priorities beyond health visiting and school nursing • Research & Development carried out • Lead in the design of education provision in relation to public health nursing across all programmes • Ability to commission long term through strategic planning informed by public health nursing activity • Recognition of the role of health visitors and school nurses in public health • Targeted activity to public health outcomes

	5.7 The recommendation of a specialist health visitor as identified in the Hidden Harm Strategy should be implemented.	PHA/Board Trust	Specialist universal support to all children and young people born into families where there is alcohol/substance misuse	To be agreed	• Needs of these children and young people identified early • Long term impact can be ameliorated

Theme 2: Prevention, Early Intervention, Mental Health Promotion and Addressing Public Health Outcomes						
Recommendation 6 **Service delivery should focus on Early Intervention, Mental Health Promotion and address Public Health Outcomes**						
Action	**6.1**	**Service capacity should be targeted on early intervention, mental health and emotional wellbeing, and public health outcomes.**	Trusts	Service delivery will be outcome focused and targeted to mental health early interventions	April 2011	• Children, young people and families -intervention as early as possible • Reduction of long term impact • Families will be clear as to the reason for visits and what they can expect with clear outcomes for all interventions
	6.2	**School nurses and health visitors have a role to promote health pre-conceptually.**	Trusts	Reduced number of teenage pregnancies Number of stillbirths and neonatal deaths are reduced	April 2011	• Young people have a better understanding of their health needs pre-conceptually • Young people more able to make informed decisions on their lifestyle behaviours
	6.3	**There should be good interface with Midwifery Services with clear handover arrangements.**	Trusts	Improved communication and health outcomes for babies, mothers and families	Immediate	• Improved understanding of roles. • Improved public health outcomes e.g. breastfeeding, infant mortality, smoking in pregnancy
	6.4	**Health visitors have a critical role to play in**	DHSSPS, Trusts	Early recognition of parenting capability and capacity	To be agreed within the timescales of this interfacing Strategy	• Improved maternal /infant relationships • Early recognition of maternal

	promotion of infant mental health, in early identification of poor bonding and attachment and to assist parents to help them to understand and appreciate the capacities of their babies as they grow and change. The new 'Promoting Mental Health and Wellbeing Strategy' should highlight this role to help ensure that resources are provided to fully support it.		Assessment of parental expectations		mental health issues • Better utilisation of resource • Ability to address relational and emotional aspects of mother/father attachment with baby • Early identification of emotional health and wellbeing need • Ability to identify and target perinatal mental health issues
	6.5 Home visiting should be increased in response to need and where possible group work and community outreach should be supported to deliver services more effectively.	Trusts	Services are re-designed resulting in increased home visits and community development work	From April 2011	Health and social care needs are identified through improved therapeutic relationships with families. This is balanced by community development work that empowers families to be self supportive with a sustainable outcome

	6.6 The review of the Child Health Promotion Programme (Currently Hall 4) will include a 2 year developmental assessment as a universal home visit as recommended in the review of Autistic Spectrum Disorder Services.	Regional Hall 4 steering group to update policy PHA to lead in developing and securing effective and timely implementation	Effective public health outcomes Provision of effective child health promotion services based on evidence including NICE guidelines	From May 2010	Updated programme provided universally across Northern Ireland
	6.7 Stronger links should be made with Speech and Language Therapy and Bookstart should be seen as integral to service delivery.	Trusts, Education, Bookstart, Libraries	All families to receive Bookstart in the first year and where appropriate (subject to agreement and funding from DE) this should be extended to include other age groups-i.e. toddler packs	Immediate	• Children in Northern Ireland will have had the best start in life in developing reading and listening skills through a range of Bookstart Initiatives • Promote speech and language development through early intervention, education and support • Increase parental involvement including fathers in children's early development • Children's speech and language development is improved. Emotional attachment between parents and children is strengthened

	6.8 There should be close integrated working between health visiting and Surestart.	Trusts, Education, Surestart	Work locally with Surestart, Education Sector and other health providers to secure collaborative approaches from birth to school readiness	September 2010	• Service provision is not duplicated and families have increased choice where to access services • Children are better prepared for entry to school • Additional resource is offered where necessary to families
	6.9 School nurses are key professionals in early identification and promoting positive mental health in children and young people. The new 'Promoting Mental Health and Wellbeing Strategy' should highlight this role.	Trusts, Education	Children and young people's emotional health is promoted All children are supported to lead happy healthy lives Children are prevented from escalating to more serious mental health needs	To be agreed	• Early signs of emotional ill health and wellbeing identified • Children with low self esteem are supported
	6.10 There should be recognition of the differing roles for school nurses working with primary school children and post primary school young people.	Trusts	School nurses with specific skills and knowledge will work with children they are most competent to work with to co-ordinate early intervention and prevention	April 2013	School nurses can develop competencies working with discrete groups providing an expert service
	6.11 School nursing should be promoted within	Trusts, Education	Recognition of the added value school nurses can provide to	Immediate	Improved partnership working Improved educational and health outcomes for children

	the healthy schools agenda and their skills and competencies maximised.		the healthy schools agenda Clarity of the role of the school nurse in Healthy Schools		
	6.12 Children with special needs regardless of which school they attend and in particular those attending schools for those with special needs along with those in care should, regardless of additional nursing support, receive the full core universal service through school nursing.	Trusts	All children regardless of additional needs receive a universal child health promotion programme service (Hall 4)	Immediate	Children with special needs and those who are 'looked after' receive equitable services
	6.13 At regional level further work should be undertaken in partnership with other disciplines and agencies to determine Level 2 services which are progressively	PHA, Trusts, Nurse Education (UU and Inservice)	All children receive services they need at the level required to ensure the best possible health outcome Where children no longer require targeted services they revert to universal service	Work to be initiated by June 2010 and completed by April 2011. If appropriate new programmes to be in place and agreed through NMC by 2015	• Children and young people follow comprehensive pathways of care within the UNOCINI Thresholds of Need model to meet their needs • Pathways are flexible enough to enable children and families to move in and out of targeted service provision • Pathways empower families

	targeted and within clearly identified pathways of care.		provision To include a menu of evidence based parenting programmes and tools for engagement/exit strategies based on local Health Needs Assessment and resource Programmes to be commissioned regionally		to take responsibility for their own health needs • Where parents are unable to protect or care for children and young people this is identified and appropriate packages of care are provided that ensure children are safe and well • Practitioners with education and training to provide regionally agreed programmes
Recommendation 7 **Based on the increasing evidence on the effectiveness of home visiting, in particular in identifying and meeting complex and challenging needs within families, the value of home visiting should be recognised and where appropriate should be increased**					
	Key Actions and Service Need	For Action by	Outcome Required	Timeframe and key milestones	Benefits
Action	**7.1 The need for increased home visiting should be considered as a priority in any redesign of early intervention prevention services.**	Commissioners Trusts	Children and families are assessed more effectively and needs identified early	From May 2010	• The most appropriate intervention is initiated at the earliest level to prevent escalation of need

Recommendation 8 **Health Visitors and School Nurses should focus on reducing Health Inequalities through providing a universal service that targets 'hard to reach' groups**					
	Key Actions and Service Need	For Action by	Outcome Required	Timeframe and key milestones	Benefits
Action	**8.1 Family Health Assessment (FHA) should be used at individual and population level by practitioners, Trusts and commissioners to target resources to address health inequalities and to ensure equitable workload and optimum use of resources targeted on 'hard to reach' groups.**	BSO, PHA, Trusts	Need identified at standardised points in child's life. Provide supporting infrastructure	Ongoing development Updated FHA to be used in paper format from October 2010	• Equitable workloads • Workforce skill mix redesign relevant • Identification of need at individual level that can be aggregated to population level and linked to Public Health Intelligence • Most effective use of resources • Services are not duplicated • Hard to Reach families are identified and services are targeted to them to reduce health inequalities • Commission resources more effectively • Prevent duplication of record keeping • Identify areas for targeted interventions • Improved public health outcomes • Measure performance against input • Recognise worth of the service

					Demonstrate reduction in health inequalities
Recommendation 9 **Health visitors and school nurses have a key role in mental health promotion**					
Action	**9.1 Sufficient prioritisation should be given to addressing mental health issues in the neo-natal period and early years. All staff involved in antenatal and post natal care should have knowledge of perinatal mental health issues. (forthcoming Northern Ireland Regional Maternal Mental Health (NICE Guidelines) Action Plan 2009-2011).**	PHA/Board, Trusts, Education providers	All staff have knowledge of mental health issues in the perinatal period and how mental health can effect children and young people during early years and know how to respond	As indicated in Regional Maternal Mental Health Action Plan	• Early identification of mental health issues in neonatal period • Early intervention through partnership working with mental health services where relevant • Improved outcomes for women • Improved outcomes for the baby
	9.2 All health visitors should be made aware of NICE guidance on Maternal Mental Health and skilled in assessment.	Trusts, Education providers	Staff awareness of their responsibilities in addressing maternal mental health Early identification through assessment	As indicated in Regional Maternal Mental Health Action Plan	• Early identification of mental health issues in neonatal period • Early intervention through partnership working with mental health services where relevant • Improved outcomes for women

					• Improved outcomes for the baby
	9.3 School nurses should be skilled to assess the needs of adolescents in the pre and post natal period (teenage pregnancy) with specific reference to consent and capacity issues.	Trusts, Education providers	School nurses working with post primary school pupils are skilled to work specifically with this group	To be agreed by PHA	• Adolescents receive a responsive service that understands their needs • Adolescents are empowered to make decisions on their health and lifestyle • Wider health care professionals recognise the school nurses role with adolescents • Improved health outcomes
	9.4 There should be a recognition of the health visitor / school nurse roles in Tier 1 and 2 CAMHS services.	Trusts	There will be closer integration of health visiting and school nursing with CAMHS services. HV's and SN's will deliver Tier 1 and 2 child and adolescent mental health provision	June 2010	• Seamless delivery of services • Reduced referral to CAMHS Tier 3 and preventive input in place • More appropriate referrals to Tier 3 and 4 CAMHS • Children and young people benefit from integrated service provision
	9.5 Health visitors and school nurses should be trained in relevant and appropriate early intervention strategies as outlined in the	Trusts, Education providers NB- regional approach to be agreed	Targeted early intervention and prevention by HV's and SN's resulting in reduced referral to Tier 3 services	As indicated in Regional Maternal Mental Health Action Plan	• Improved access to brief interventions • Rapid response to need • Improved outcomes for children young people and their families

	forthcoming Northern Ireland Regional Maternal Mental Health (NICE Guidelines) Action Plan 2009-2011).				
	9.6 There is a need to consider increased capacity to support home based therapeutic/evidence based early interventions by HVs and SN's in response to the BAMFORD review e.g. . HV/ SNs should as part of an additional service support and work with mothers and fathers around attachment as a package for early interventions in mental health.	Board/PHA, Trusts	Increased work with fathers Packages of support offered to improve attachment and bonding Increased home visits	Work to be initiated by June 2010 and completed by June 2011. Existing staff to have relevant training when evidence based menu of programmes are agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	• Maintain family unit • Increase input of fathers to their child health and wellbeing • Early identification of parenting capacity and capability • Decreased escalation to Tier 2/3 CAMHS

	9.7 Consideration needs to be given to the development and resourcing of multi-disciplinary local peri-natal mental health teams, which include health visitors and school nurses. The (forthcoming Northern Ireland Regional Maternal Mental Health (NICE Guidelines) Action Plan 2009-2011).	To be agreed	Health visitors and school nurses included within the maternal mental health teams	To be agreed by PHA	• Co-ordinated response to maternal mental health • Increased collaborative working
	9.8 School nurses should have an awareness and understanding of mental health issues in school age population including impact of parental mental health on older children in the family, bullying, emotional impact of obesity and eating disorders and suicide prevention and how to intervene e.g. Assist Programme.	DHSSPS, Board/PHA, Trusts	School nurses have an understanding and awareness of mental health issues in the school aged population	April 2013	• School nurses are able to identify children who are suffering early mental health issues. • School aged children are supported by school nurses who they know well ad have developed a rapport • Prevention of longer term mental health issues in children

	9.9 Health visitors and school nurses working with young parents should be aware of the legislative framework around consent and capacity.	Trusts, Education	Informed workforce	March 2011	Appropriate service delivery

Theme 3: Provision of Evidence Based Programme					
Recommendation 10 **All health visitors and school nurses should be trained in agreed evidence based cost effective, parenting programmes at Levels 1 and 2**					
Action	**10.1 Health Visitors and School Nurses should deliver evidence based intervention programmes at Levels 1 and 2 within the UNOCINI Thresholds of Need model which secure effective interagency multidisciplinary working within integrated children's services.**	PHA, Education providers, Trusts via Directors of Children's Services	A multidisciplinary approach will facilitate and support the identification of appropriate evidence based programmes delivered by HVs and SNs within integrated children's services which where appropriate prevent escalation to Level 3 and 4 services and where necessary have clear referral pathways for those with more complex needs	Work to be initiated by June 2010. New programmes to be in place and agreed by 2015. Existing staff to have relevant training when evidence based menu of programmes are agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	• Early management of behavioural issues • Early support to parents struggling to cope • Assessment of parenting capacity and capability • Improved child parent relationships • Prevent the need for level 3 services
	10.2 Where families have greater need including complex and challenging need, intensive home visiting using regionally agreed specific evidence based interventions should be	PHA, Education providers, Trusts via Directors of Children's Services	Health visitors and school nurses are skilled to undertake relevant evidence based programmes in parenting and have capacity and tools to engage and support families with complex needs	Work to be initiated by June 2010. New programmes to be in place by 2015. Existing staff to have relevant training when evidence based menu of programmes are agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned	• Parents capacity and capability to parent is improved • Support offered to improve parenting capacity • Improved relationships between parent and child/young person • Reduction in negative lifestyle behaviours

	introduced for children of all ages. (Outcomes of the South Eastern Trust pilot should be evaluated and considered as should future outcomes of work being led by DH in relation to the Family Nurse Partnership within the menu of services for the most 'Hard to Reach' families.		Increased targeted home visits	through CSR	• Early identification of need and early response • Children at risk identified earlier
	10.3 The outcomes of interventions with children, young people and families should be evaluated with clear exit strategies in place where appropriate.	PHA, Education providers, Trusts via Directors of Children's Services	Practitioners continuously review and assess the effectiveness of interventions with individuals and families and when appropriate escalate to other services or revert to Level 1 provision	Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place by 2015. Existing staff to have relevant training when evidence based menu of programmes are agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	• Appropriate and effective use of services targeting more highly skilled staff to support those with more complex and challenging needs
	10.4 Interventions offered to families should be evidence based, cost-effective and	PHA Education providers, Trusts via Directors of	Interventions will be outcome focused and measurable	Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place by 2015. Existing	• Long term gain in relation to health and wellbeing impacting broadly on education and employment

	evaluated to ensure value for money.	Children's Services		staff to have relevant training when evidence based menu of programmes is agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	opportunities
	10.5 There should be a review of current HV/SN education to include training in regionally agreed parenting programmes for core and targeted services.	Education strategy to be developed and taken forward in partnership with stakeholders including HSCB, PHA, universities, Trusts, Inservice education providers To be Led by PHA	Current education and training reviewed to include parenting programmes and cascade training in positive parenting, attachment and bonding to all early years staff	Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place and agreed through NMC by 2015. Existing staff to have relevant training when evidence based menu of programmes is agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	• Practitioners equipped to deliver and evaluate the impact of evidence based programmes at individual and population level
	10.6 School nurses should be trained to support all children in promoting social and emotional capabilities.	As part of the above process	School nurses are trained to support children in emotional and social capabilities	Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place and agreed through NMC by 2015. Existing staff to have relevant training when evidence based menu of programmes is agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned	• Children and young people are able to manage their emotional needs • Children and young people are able to socialise and develop increasingly adult relationships of respect and empathy

				through CSR	
	10.7 School nurses should link up with the School Aged Mothers (SAMs) Programme in their area as a basis for reaching young parents/mothers.	Trusts, Education	Health Outcomes for mothers and their babies are optimised.	March 2012	• Young mothers are supported by a health care professional already known to them • They receive support they require to achieve best health outcomes for themselves and their baby • Supported to meet their educational needs and achievements

Theme 4: Leadership and Education					
Recommendation 11 **Implementation of the Vision should be led through the Public Health Agency**					
Action	**The Public Health Agency in collaboration with the HSC Board should develop a single mechanism to fund, commission and develop integrated early intervention and prevention services for children and their families.**	PHA/Board/Trusts	A mechanism is established to deliver the recommendations of this review within integrated children's services	With immediate effect to have mechanisms in place by September 2010 which will deliver full implementation of the plan by 2015	A co-ordinated and effective approach is secured for the commissioning and delivery of integrated children's services
Recommendation 12 **A review of the workforce should be undertaken to assess the resources required to implement the recommendations of this review**					
Action	**12.1 This work should be included within the ongoing DHSSPS led Workforce review of Nursing and Midwifery in Northern Ireland.**	DHSSPS (workforce) PHA/Board/Trusts	Up to date review of current workforce is undertaken	To be agreed by DHSSPS (workforce planning) completion by April 2013	• Greater understanding of the current workforce • Ability to predict future need • Future skill mix determined that ensures safe and effective service delivery • Skill mix encouraged to develop skills along a public health career pathway • Opportunity for existing

					practitioners to develop skills in senior public health positions
	12.2 Further work will need to be undertaken by commissioners and trusts to redesign programmes provided at Level 2.	Trusts, Commissioners	Realignment of current provision to meet future need	Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place by 2015. Existing staff to have relevant training when evidence based menu of programmes is agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR	• Services that are responsive to current and future need • Services that are flexible and dynamic • Services that are sustainable into the future • Increased home visiting to enable earlier intervention • Services that encourage recruitment and retention
Recommendation 13 **Development of Education and Training should be reviewed**					
Action	**13.1 Modernising Nursing Careers should be the mechanism to develop future workforce for both pre and post registration nurses to undertake public health practice within the Skills for Health multi-disciplinary public health career pathway.**	Education strategy to be developed and taken forward in partnership with DHSSPS (education commissioning consortia), Universities, Trusts, Inservice education providers. To be led by PHA	Public health nursing is reflected in developments within MNC Modular approach to training introduced through full review of current education provision.	Immediate initiation of this work which should be introduced in support of service incrementally with full implementation by 2015.	• A career pathway from pre-post registration and advanced practice • Reduced attrition rates • Enables embedding of public health philosophy across number of levels within the organisation

	13.2There is a need to review current education and training for health visiting and school nursing, which should include regional agreement and appropriate programmes to meet policy and local need.	As above	A menu of flexible education packages developed to reflect Health Needs Assessment and the skills needed by practitioners	Immediate initiation of this work which should be introduced in support of service. Work to be initiated by June 2010 and completed by April 2015. New programmes to be in place by 2015. Existing staff to have relevant training when evidence based menu of programmes is agreed within Northern Ireland and workforce analysis identifies the capacity required to deliver this. To be actioned through CSR.	• Education reflects local policies as well as national drivers which ensures that service delivery meets individual and population need
	13.3 New programmes should be flexible and modularised in their delivery.	As above	Programmes should be flexible and modularised	As above	• Improved recruitment and retention
	13.4 Future education and training of health visitors and school nurses should include evidence based parenting programmes.	As above	All relevant members of 0-19 team identify where attachment and relationship issues are present and be trained to deliver evidenced based parenting programmes	As above	• Reduction long term in behavioural, conduct and relationship disorders • Early identification of attachment and relationship issues
	13.5 On completion of training all health visitors and school	As above	Skilled workforce who can engage with users on public health issues	As above	• A career pathway is developed that encourages multi-disciplinary education

	nurses should be skilled to engage individuals and families in addressing a wide number of public health priorities e.g. HENRY training.				and training • Improved understanding of contribution health visitors and school nurses can make to public health outcomes • Recognition of role health visitors and school nurses in addressing public health priorities
	13.6 Specialist skills in engaging 'seldom seen, seldom heard' (hard-to-reach) families should be a competence acquired through training.	As above	HVS and SNS are recognised as key to engaging the most hard-to-reach families	As above	• Reduction in health inequalities
Recommendation 14 **Health visitors and school nurses should take a leadership role within early intervention and prevention services working with the most complex families**					
Action	**14.1 The qualified health visitor and school nurse workforce should lead service delivery through direct referral to access services e.g. sponsored day care, family support to ensure a preventative response as opposed to**	Directors of Children's Services within Trusts	Health visiting and school nursing take on leadership role in delivering early intervention and prevention services Enable localised responsive packages of care and improve access to service	March 2013	• Enables improved access to resources for children and young people • Staff are utilised in the most effective way to achieve the greatest health outcomes for children • Where families require localised services e.g. family support workers, voluntary agencies, this may be accessed on a one off basis in response to need and

	reactive strategies, lead a team and manage skill mix.				within early intervention strategies
	14.2 Identify appropriate skill mix based on client needs and practitioner skill and competence.	Trusts	Skill mix used to ensure skills and competencies are used to determine service delivery	March 2012	• HV and school nurse capacity freed up through skill mix to focus on early preventive services and health promotion and those with more complex or challenging needs
	14.3 Innovative approaches should be developed in partnership with users e.g. consideration to access to services, times of service delivery, settings in which provision is offered, involvement of fathers, curriculum planning in schools, peer education, community development- including the use of volunteers and 'community mums'.	DE, Trusts	Services available at times when families can access e.g. antenatal / parenting programmes in the evenings/week-ends; in settings e.g. youth centres, community groups, home etc; working with social enterprises to grow community support e.g. community mums and involvement in education through curriculum planning	Ongoing to March 2015 and beyond. Initiated from September 2010	• Improved access and equity of provision to fathers, adolescents and working mothers. • Through greater community development initial investment will improve capacity by utilising local resource to support statutory services

Theme 5: Robust information technology and systems to support the delivery of 0-19 services					
Recommendation 15 **Priority should be given to developing robust information technology systems to support the delivery of 0-19 services**					
Action	**15.1 Robust Information Technology systems must be in place to support integrated working at individual and population level and to support commissioners and providers in the effective use of resource , identification of need, outcomes of interventions and prevent duplication of service i.e. a single electronic record for FHA which sits within UNOCINI framework and can inform the broader public health database.**	BSO, PHA, Trusts	An electronic record is developed within the UNOCINI framework Child Health System is updated	Ongoing work has already been initiated with the support of DHSSPS funding to scope requirements for the IT system required to support this work	• More effective and timely communication between key stakeholders • Supports the assessment process for all children young people and families within a single assessment process (UNOCINI) • Supports integrated working at individual and population level • Supports commissioners and providers in the effective use of resources, identification of need, outcomes of interventions • Prevents duplication of service • Informs the broader public health database
	15.2 The Family Health assessment should be updated within a	PHA, Trusts	Existing FHA is updated An electronic record is	Ongoing	• FHA is part of the single assessment framework within integrated children's services

	single assessment framework ensuring IT interface with UNOCINI.		developed within the UNOCINI framework		
	15.3 To ensure equitable workload and optimum use of resources a robust Individual and Family Health Assessment (FHA) should be utilised (UNOCINI).	PHA, Trusts	Caseload weighting tool developed to support this action	To be fully implemented by Sept 2010	• Equitable workload • Supports the safeguarding supervision process • Supports performance management • Supports the appropriate targeting of resources
	15.4 There should be a review of Information Technology systems and record keeping to prevent duplication of information and a single system across all partner agencies to best protect and safeguard children.	PHA, Trusts, RIT	Single assessment framework in place	Ongoing	• Electronic FHA is part of the single assessment framework within integrated children's services • Improved communication • Reduces duplication
	15.5 There should be a review of current paperwork and data collection in particular the use of LCID.	PHA/Board, Trusts	Single integrated purposeful database on children and public health intelligence available	January 2011	• Appropriate and useful data available • Reduction of unnecessary paperwork and data collection

Abbreviations

BSO	**Business Services Organisation**
CPHVA	**Community Practitioners and Health Visiting Association**
CSR	**Comprehensive Spending Review**
DE	**Department of Education**
DON	**Director of Nursing**
DSC	**Director of Children's Services**
FHA	**Family Health Assessment**
HSC	**Health and Social Care**
HSCB	**Health and Social Care Board**
HV	**Health Visitors**
PHA	**Public Health Agency**
RCN	**Royal College of Nursing**
RIT	**Reform Implementation Team**
SBNI	**Safeguarding Board for Northern Ireland**
SN	**School Nurse**
UNOCINI	**Understanding the Needs of Children in Northern Ireland (Threshold of Needs Model)**

Appendix 1

Links to Existing Policy - Investing for Health

This table represents in Column 1 existing health policy as laid down in Investing for Health and some of the goals the policy is designed to address. Column 2 represents the contribution that health visitors and school nurses do and could make to achieve those goals as identified through the review and the final column outlines how the contribution from public health nursing could be/is measured:

Our goal is to ensure that every child should have a chance to develop their full potential in infancy regardless of social background.

Goal	Health Visiting Contribution	Performance Measures
Reduce inequalities in health and improve access to health services.	Universal access to services Ensures improved access for those children who do not attend early years provision Signposting to other services Assessment of need at individual and population levels. Data collected through FHNA and CHS used to inform the Public Health agenda	•Infant mortality rates. • Low birth weight rates • Immunisation Rates.
Promote breastfeeding initiation and continuation.	Health visitors are key to co-ordinating and supporting breastfeeding practice and in particular continuation rates	% of children breastfed. • Children's emotional well-being. • Obesity rate.
Parents provided with	Identification factors that impact on parenting capacity e.g.	Percentage of children accessing preschool

assistance from an early stage to ensure children have a good start in life and are supported into adulthood.	domestic violence, alcohol abuse and mental health issues. Signpost and thus increase access to quality early years services Assessment through universal child health promotion programme identify early developmental delay and need for preventive interventions to maximise a child's potential	places.
Children and young people to feel and be safe and secure in their homes and in their communities.	Increased identification of determinant factors Identification of attachment and bonding in early years and relevant intervention Support for families at risk of being homeless.	Reduce by 20% the number of children requiring to be placed on the CPR or in care by 2013 • Number of children experiencing domestic abuse • Re-registration of children on Child Protection Register Reduce number of children involved in criminal behaviour and juvenile justice systems
Identification emotional and mental health wellbeing in population.	Family health needs assessment provides a means for early identification of emotional health and wellbeing of all family members. They are able to identify alcohol, smoking and drug related behaviour. Identification of Maternal Mental Health issues and support, intervene to promote positive early attachment and relationships	By March 2011, achieve a reduction of at least 15% suicide rate Implementation of appropriate evidence based parenting programmes across NI All health visitors and school nurses trained in Solihull Approach to ensure effective and consistent supportive approaches are applied across all 0-19 services

Identification of women with depressive illness including maternal mental health.	Range of evidence based intervention models including parenting programmes, CBT, Brief solution focused therapy, motivational interviewing etc	Number of women presenting with Maternal Mental Health issues are managed as per WHSSB Maternal health Guidelines
Identification of women suffering DV and identification of vulnerable population.	Through universal and non-stigmatising role of health visitors, key to identification of domestic violence and its impact on family members (MARAC)	Number of parents accessing a specialised support programme in relation to domestic violence. (e.g. Women's Aid "You and Me, Mum") • Number of children experiencing domestic abuse

Our goal is to allow all children and young people to experience a happy fulfilling childhood, while equipping them with the education, skills and experience to achieve their potential to be citizens of tomorrow.

Goal	School Nursing Contribution	Performance Measures
Improved immunisation rates.	Universal access to services Ensures improved access for those children and young people who do not attend school.	• Immunisation Rates.
Improved physical and sexual health.	Universal access to children and young people in a range of settings Health promotion and education within a range of settings.	• Teenage pregnancy rates. • Rates of sexually transmitted diseases.

	Promoting physical activity in the school and home settings, partnership working in the community to identify activities to promote physical activity.	
Young people supported to make healthy lifestyle choices.	Innovative practice in range of health promotion activities – use of routine screening to optimise health education and health protection School nurse involvement in Healthy Schools Programme Post-primary schools initiative to promote healthy eating to a traditionally hard to reach group.	Reduction in: • Levels of tooth decay. • Levels of abuse of alcohol/drugs. • Diabetes and Asthma rates.
National Weight Monitoring Programme.	Early identification of individual and population overweight and obesity rates. Co-ordinate range of interventions and preventive strategy through partnership working with schools.	Reduction in % of overweight and obesity in children and young people. % of children in special schools who are identified at years 8/9 as being overweight/obese.
Improved outcomes for children at risk of abuse.	Identification of children and young people at risk through individual and family health needs assessment. Access to family support services appropriate to age and location via HV and School nurse intervention.	Percentage of young people who feel safe and valued in their community, measured through user audits, school surveys.
Identification children and young people's emotional health and wellbeing issues.	Routine contact plus parenting programmes and interventions. Strengthened services at transition stages from home/preschool/primary/post Primary/employment.	Measures of Emotional and Mental well being Reduction in referrals to Tier 3 Services Reduction in suicide rates of young people Increased % of young people who feel safe and valued in their community.

Identification emotional and mental health wellbeing in disabled population.	Through CHPP able to identify early emotional and mental health issues in disabled children and signpost to support systems, benefits, resources and interventions to promote mental health and wellbeing.	Rate of depression, self-harm, suicide amongst disabled children and young People.
School monitoring and education of alcohol and drug use and misuse.	Health promotion and education in a wide range of settings including schools.	% of pupils in years 8-12 who have ever been drunk. % of pupils in years 8-12 who have ever taken illegal drugs.
Parents and carers supported to encourage Children to enjoy learn and achieve. Access to quality play and leisure facilities.	Through family based 0-19 team approach encourage community involvement and increase in physical activities. Working in partnership with Leisure and recreation, innovative ways of increasing recreational activities.	Uptake of young people who avail of sporting activities, physical activities, hobbies, leisure outside the home Percentage of young people involved in community and voluntary work. • Percentage uptake of registered youth clubs and leisure centres obtained through partnership working with recreation and leisure facilities and planning.
Education dental hygiene.	Health promotion in pre-school and school based activities through 0-19 team.	
	Support to disabled children and young people in accessing dental health, and lifestyle services.	The total number of cavities in children with a learning disability attending the Community Dental service.
School aged children should	Identification and support to children subject to bullying.	Increase in the number of children who feel

feel confident to seek help and appropriate support when they are feeling bullied.	Partnership working with schools anti-bullying strategy to promote positive behaviours, self-esteem and how to manage the situation.	confident enough to seek help if they are bullied.
School nurses should contribute to schools being healthy. Joint DE and DHSSPS healthy schools policy framework.	School nurses should contribute to a school's self – evaluation and school development planning process in relation to promoting the health and wellbeing of staff and pupils. School nurses should contribute to personal development strand of the curriculum – sexual health, mental health, drugs and alcohol etc. School nurses should make links to the community, after schools clubs etc.	Improved health outcomes: • Levels of tooth decay. • Levels of abuse of alcohol/drugs. • Obesity levels. • Diabetes and Asthma rates.
	Both health visiting and school nursing:	
Reduction in road and home accidents.	Contribute to road and home safety through home visiting and identification of risk, promoting use of safety gates, fire and cooker guards etc. Promoting road safety through initiatives with school age children in schools and a range of other settings.	Reduction in Number of 0-17 year olds killed on the roads.
	Contributing to the *Home accident prevention: strategy and action plan* *2004–2009*	To reduce, by 2012, the number of children killed or seriously injured by 50% of the 1996–2000 average of 250 per annum.

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December 2009