

department for

**education and skills**



*The National Service Framework for Children,  
Young People and Maternity Services:*

# FOR PARENTS



*The National Service Framework for  
Children, Young People and Maternity Services:*

## **For Parents**



Standards for Children, Young People and their Parents  
or Carers, and Prospective or New Parents

Children and young people tell us that they want to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Do useful things; and
- Have enough money to do the things they want to do.

The NHS and local authority social care and education services are there to support all parents in helping their children to fulfil these ambitions. This document describes for parents just how these services aim to improve the lives and health of children and their parents. We hope it will assist parents in knowing what services are available for them and how staff in the different services will strive to support them and to provide the very best treatment for all children including those who are not well or disabled.

The National Service Framework sets standards for the NHS and council social care services and some education services to make sure that they are:

- Quicker and easier to use;
- More closely matched to individual children and young people's needs;
- Better at achieving good results for children and young people, and
- More like what children and young people say they want.

The aim is that all the relevant organisations should meet these standards over the next ten years. More doctors, nurses, teachers, social workers and other staff will be needed; some may need extra training before we can make some of the changes described here.

### **What is a National Service Framework?**

A series of National Service Frameworks has been developed – all of them setting clear standards that the National Health Service, local council services, and other agencies should aim to meet. So far, there have been National Service Frameworks for diseases such as coronary heart disease and diabetes, mental health, and services for older people.

These National Service Frameworks are part of a wider set of measures to improve the quality of care and make services both modern and dependable, and to give people more choice and more say in the services provided. They are also part of the government's drive to modernise and improve public services in general. National standards for all NHS services – for adults and children - have recently been published and this National Service Framework for Children, Young People and Maternity Services fits into these broader, overarching standards.

## Key messages from the National Service Framework

The standards in this National Service Framework will help the NHS and local councils review and improve their services to:

- Set national standards for the first time for children's health and social care, which promote high quality, women and child-centred services, and personalised care that meets the needs of mothers, children and their families;
- Give children, young people and their parents increased information, power and choice over their care and involve them in planning their care and services;
- Prevent ill health and disease by encouraging children and their families to develop healthy lifestyles and to participate in screening and preventive programmes, and by promoting physical health, mental health and emotional well-being;
- Tackle health inequalities and address the particular needs of children and their families who are often at risk of achieving poor outcomes, such as disabled children and children in "special circumstances" (e.g. those who have particular difficulties in accessing services, for example, looked after children and those who are homeless);
- Promote the safeguarding of children and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare; and
- Ensure that pregnant women receive high quality care throughout their pregnancy, are involved in decisions about what's best for them, have choices about how and where they give birth, and have a normal childbirth, with the use of medical intervention only when it is of benefit to mother or baby.

## What does it Cover?

This National Service Framework divides the services it covers into three types:

- Universal services – used by all children, young people and their families, and those who are about to become parents;
- Targeted services – services designed to encourage their use by people who usually do not use them; and
- Specialist services – for children and young people with difficulties or medical conditions which are identified as needing specialist care, treatment or support.

It is divided into three parts. In Part 1, there are five standards which cover services for all children, young people and parents or carers:

- Standard 1** Promoting Health and Well-being, Identifying Needs and Intervening Early
- Standard 2** Supporting Parenting
- Standard 3** Child, Young Person and Family Centred Services
- Standard 4** Growing Up into Adulthood
- Standard 5** Safeguarding and Promoting the Welfare and Children and Young People

In Part 2, there are five standards which cover services for children and young people who need specialist care, treatment or support:

- Standard 6** Children and Young People who are Ill
- Standard 7** Children in Hospital
- Standard 8** Disabled Children and Young People and those with Complex Health Needs
- Standard 9** The Mental Health and Psychological Well-being of Children and Young People
- Standard 10** Medicines for Children and Young People
- Standard 11** Maternity Services

Part 3 sets out the standard for women expecting a baby and their partners and families, and for new parents:

- Standard 11** Maternity Services

Standards in Parts 2 and 3 need to be read together with the standards in Part 1 which apply to everyone.

## How each Standard is laid out

**Vision** – each Standard begins by setting out our vision of the outcomes we would like to see for the children, young people and their families, and prospective and new parents using the services.

**Standard** – then there is the standard itself which describes very briefly how good services need to be to achieve the Vision.

**Markers of Good Practice** – these describe some of the more important measures against which agencies will be expected to deliver in meeting the Standard.

**Rationale** – this sets out very briefly why the changes are needed and what is known to be effective in meeting the needs of children, young people and their families.

**Interventions** – within each Standard more detailed explanations of what is needed are called interventions and these are set out in boxes.

## Why a National Service Framework for Children?

Nothing matters more to families than the health, welfare and safety of their children and they – and we – want services for children to be good. Children and young people are very different to adults which means that they need services specifically designed for them. Services for children need to be delivered in partnership with parents as parents are essential in helping staff to understand their child's condition. This National Service Framework aims to improve the ways in which children's services are planned and delivered.

There are several reasons why children and young people need services that are different from those provided for adults:

- Children's bodies, minds and feelings are different from adults, and change as they grow older;
- Children's ability to understand things is different to adults;
- Children suffer from different illnesses to adults;
- Children are more vulnerable to abuse and need safeguarding, and
- Children's dependence on adults means that they are vulnerable to whatever is happening in their family and school environment.



## Who has drawn up these Standards?

A number of experts from up and down the country and from a range of different professional and voluntary groups. We have also asked children and young people and their families, and prospective and new parents for views and have used these to write the standards.

## How will these standards be delivered?

The Government has put these National Service Framework standards in place, but has left it for the local NHS and council to decide how best to approach it. They will need to decide on what are the local priorities, in consultation with people locally. So whilst they will all need to meet the standards, it is up to local organisations how to go about it.

There are several inspection bodies (including OFSTED who inspect schools, the Healthcare Commission and the Commission for Social Care Inspection) which will inspect the different organisations to which this National Service Framework applies. Part of their job will be to ensure that progress is being made towards meeting these standards.

## Part 1: The first five Standards

Part One of this National Service Framework sets out five standards and identifies measures which will help the NHS, local councils and their partner agencies to provide high quality services for all children and young people and their families.

### Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early

Parents or carers are the main providers of care for their children, particularly in the early years. They say they can do this best if they have the information and support to make healthy choices for themselves and to help their children to have healthy diets, to do physical activities and to keep safe. Also, to help them avoid smoking, taking drugs or getting pregnant. Parents or carers also want and need information which helps them to recognise quickly when they or their children need medical treatment or support.

**The Standard:** the standard says that the NHS should improve children and young people's health and well-being by agreeing a programme of working with other local agencies to, wherever possible, prevent children and young people from experiencing emotional and social difficulties or becoming ill, and to treat, care for and support those children and young people who do. Our Vision is for children and young people to choose to live their lives

healthily, to be as healthy and well as possible wherever they live, and to receive services which match their needs wherever they live.

There are four main themes in the standard:

## **1. Promoting children and young people's health and well-being through identifying, assessing and treating problems early**

The Standard says that the NHS should offer the new Child Health Promotion Programme to all children. The Programme is the Government's plan for the services all children should receive at each age, to prevent infectious diseases (immunisation or vaccination) or identify difficulties as quickly as possible (e.g. where a child may need speech therapy). The Programme is set out in a chart at the back of this document.

As part of the Programme, before their first birthday all children should have an assessment of their physical, emotional and social development and the needs of their family, with a plan of any action which may be needed. This should be recorded in the NHS record which the parent or carer holds for the child (the Parent Held Child Record).

If parents or staff have concerns about a child's health and development before or after their first birthday, the NHS may need to do another assessment of the child and their family's needs, and have a plan of action to meet those needs. An example of an action that may be needed is therapy. The Standard says that the NHS should ensure that children and young people who need therapy such as speech therapy can get it without waiting too long.

## **2. Partnership with parents and carers and their families**

Planning in partnership with parents or carers is key to meeting a child's health and parenting needs. Parent's knowledge of their children is essential to help professionals fully understand their child's needs. Planning identifies:

- The family's needs as they see them;
- How they wish to address them;
- Agreement with the family about the support to be provided by the midwife, health visitor and others, and
- What has been achieved.

### 3. Preventing ill health and lack of well-being in children and young people

The other important services described in this Standard are that the NHS and the Council should promote children and young people's health by providing information to children, young people and their families about:

- How to be healthy and keep your child healthy;
- What services are available and how to use them; and
- The details of any illness or emotional or social difficulty that may have been identified and the options for dealing with it.

Schools should support parents in helping their children by promoting a good diet, physical activity and keeping safe, often delivered as part of the "Healthy Schools Programme".

The Standard says that the NHS should make a particular effort to identify and offer services to those people or groups of people in the local population who most need health information, advice and services.

### 4. Tackling poverty

Family and child poverty is one of the most important factors influencing what children achieve. This National Service Framework is one part of the government's overall strategy to tackle child poverty. Health promotion strategies must link to programmes to reduce the effect of poverty and the environment on children's health and well-being, in particular to:

- Help parents find and stay in learning or work, including having high quality, affordable childcare for both pre-school and school age children) and child-friendly working practices;
- Ensure that families are made aware of the Healthy Start Scheme, and encouraged to apply for it if they qualify. Healthy Start will provided low income pregnant women and young families with advice on diet and nutrition, local support to eat healthily, and vouchers to buy healthy food;
- Ensure families with low incomes are supported to claim all benefits to which they are entitled;
- Provide support for groups especially likely to be living in poverty, for example, teenage parents and families with disabled children and those who are homeless;
- Ensure as far as possible that local authority accommodation for families with children is not damp or cold (in line with the cross-Government fuel poverty strategy), has adequate space for play and privacy, and at least one working smoke alarm and a carbon monoxide detector, where appropriate; and
- Minimise environmental pollution, in residential areas and around nurseries and schools.

## Standard 2: Supporting Parenting

It is important for children to be raised by their mother and their father wherever possible. Raising children is a challenging task, and most parents or carers would welcome timely information and support as their children grow up. Some parents or carers may need continuing support because they or their child are ill or disabled, or because they are disadvantaged by their circumstances.

**The Standard:** the Standard says that the NHS and other agencies should support parents or carers so that they are able to give their children the best opportunity to do well, be happy and stay safe.

Our Vision is for parents or carers to have the confidence to raise their children well, for them to receive the right information to help them do so and that they are able to get the services they need to support them as parents, when they need them.

There are five main themes in the standard:

### **1. Respect for the role mothers and fathers play in raising their children and listening to parents**

The Standard says that the NHS and local councils should plan ahead to provide information and services with other local agencies, to support parents. Also, parents and carers from all local communities and groups should have an opportunity to be involved in planning and providing support services for parents and carers.

### **2. All parents need information and support at some stage whilst raising their children**

Parents should be able to easily get appropriate information to enable them to make good decisions about caring for their child, and access to local services for them and their child. The Government expects parents with pre-school children to be able to get support from nurseries, Sure Start programmes and Children's Centres. Parents need information and support so that they can confidently support their children moving from dependence to independent adulthood.

The NHS and other agencies should provide services for parents whose children are experiencing problems (e.g. due to learning disabilities and/or difficulties or challenging behaviour). Parents should receive treatment and care for their children and support for themselves as quickly as possible.

### **3. Parents receive support and information to ensure good mental health for their children**

The first few months and years of a child's life are an important period when children form relationships and learn about emotional and social interactions. Infants who have a good, trusting relationship with their main carer are more likely to be healthy.



General parenting support is needed to help parents maintain a strong relationship with their teenagers. Parents should be able to easily get support and information to prevent high risk behaviour, including avoiding sexually transmitted diseases and teenage parenthood, drug taking, misuse of other substances and binge drinking.

#### **4. Children learn best when their parents support their learning**

Parents should be actively engaged to support their children's learning. Good parenting, including active parental involvement in a child's learning (in the home, not just in school), will help children to do well in school, and in college or further education as they get older. Parents should be able to get support from the NHS and local council and Connexions services.

#### **5. Parenting is challenging at the best of times, and can become very stressful if there are added complications**

The Standard says that NHS adults services and children's services should work together to provide support where the parents or carers are experiencing problems, such as a long term illness or a disability, or problems with alcohol or drug dependency. Parents in special circumstances, such as teenage parents or parents in prison, may also need support to fulfil their parenting role.

It should be possible for foster carers and other adults caring for looked after children to get support for the children and for themselves as and when they need it.

### **Standard 3: Child, Young Person and Family Centred Services**

Parents or carers can find it frustrating trying to get the right services for themselves or their child which take into account the whole of their child's life and circumstances – their family, friends, school and other commitments and activities – and results in good outcomes for them and their child.

**The Standard:** the Standard says that children, young people and their families, should receive high quality services which are planned around their individual needs.

Our Vision is that the staff caring for, or supporting children and young people take the time to talk to them and listen to what they are saying. That, as far as possible, services are high quality and are arranged to suit the individual children, young people and their families; and that they have opportunities to help plan, provide and evaluate the services they use.

There are six main themes in the standard:

### **1. Children and young people should be seen as a 'whole' person, and services designed around their individual needs**

Each child or young person needs to be seen as a whole person, as part of a family who goes to school, has friends and lives in a local community. Services which are brought together around the needs of the children or young person must provide joined-up, coordinated care (e.g. through integrated child and family teams), so that children, young people and their parents can get different services easily.

### **2. Children, young people and their parents are partners in their own care and in planning services**

The Standard says that the NHS and other agencies must provide information and support for every child and young person to be actively involved in decisions about their own health and well-being. This must include services having confidentiality and consent policies which their staff all follow and which children, young people and their families can read if they want to.

Children and young people should be able to contribute to any discussions about their needs, care or treatment during appointments or meetings and to express their views.

The NHS and the council need to involve children, young people and their families in all their reviewing, planning or purchasing of services for children and young people.

### **3. Services for children and young people and their families are inclusive**

Services should include and welcome all groups of children, young people and their families who need them, such as those who may be in the minority as a result of their culture, faith, race, ethnicity, sexual orientation, disability, social or family situation.

The Standard says that children, young people and their families should be able to get health and social care information, support and treatment from different places in the community, such as, Children's Centres, extended schools or drop-in centres; and that these services should work together to ensure that the care and support they offer is effective.

#### **4. Children, young people and their parents are treated with respect and courtesy**

All services treat children and young people and their parents with respect, sensitivity, and courtesy.

Agencies share information on the basis of informed and signed consent from children, young people and their families (whoever is appropriate). The exception to this is where the child or young person would be in danger if this information was not shared. The way in which information about a child and their family is shared locally is clear and lawful and professionals should be able to discuss the issues with children, young people and families.

Parents are generally given a Parent Held Child Record (PHCR), sometimes referred to as the Person Held Child Record, either before their baby is born, or as soon as possible after the birth. This is a valuable record which records information such as the child's growth and immunisations, and may also contain local information.

#### **5. Children, young people and their families' needs are identified through appropriate and timely assessments**

Following on from 4) above, the Standard says that the NHS and local councils record important information in such a way that it can be shared, to avoid children, young people and their families having to go through repeated assessments. A Common Assessment Framework is being developed to help staff in different agencies do this.

The *Framework for Assessing Children in Need and their Families* is another tool that is often used to do assessments.

It identifies a child's developmental needs, their parents' capacity to respond to their needs and environmental factors. The assessment is designed to be used for identifying need and planning care for children and young people in all settings and can be used as a basis for referring children for more specialist help.

Children, young people and their families can participate actively in their own assessments. The assessments should always identify a child or young person's and their family's strengths as well as their needs and difficulties. The NHS and the local council should put in place a system for staff in different services to be able to access information from a child or young person and their family's assessment in order to provide the right care and support for them.

## 6. High quality services are offered and maintained

The Standard says that staff should be good at talking to and listening to children and young people and communicate with them.

The NHS and the council must appoint a senior person for children and young people to ensure that children and young people's needs are at the forefront of planning services.

As children and young people's needs differ from those of adults, the staff working with them require specialist training. All staff should be trained in:

- talking to and listening to children, young people and their families;
- knowing how children and young people grow and develop;
- know what actions to take to protect children from harm; and
- work with children, young people and their families and other agency staff to care for and support children and young people.

## Standard 4: Growing Up into Adulthood

Young people can benefit from information and support from health, education and social care services, as well as from their parents, to manage the pressures of modern society. During their teenage years, young people develop patterns of behaviour, some of which can continue into adult life. Some young people, such as those who are disabled, or who have mental health problems, may find it more difficult to accept the responsibilities of adult life, and they will need extra support.

**The Standard:** the Standard says that the NHS and other agencies should provide information, treatment and support for teenagers which is specifically designed for them.

Our Vision is that teenagers have the right support, so they can become healthy and happy adults, and that staff support them to take responsibility and make informed choices about their own health and emotional and social development.

There are four main themes in this standard:

### 1. Young people receive support to become adults

Supporting young people and encouraging them to make their own way in life and take responsibility for their own actions and decisions is essential if they are to grow up into independent adults. Health, education and social care agencies need to take into account changes in the way young people want to use services as they mature into adults.



Young people of sixteen years or over are competent to consent to medical treatment and, even under this age, young people can consent to treatment if the health professional is satisfied the young person can understand the implications of choice of treatment.

The transition from child to adult services can be difficult for young people, particularly disabled young people and those with chronic illness or mental health difficulties who may have got to know and rely on the staff who have looked after them during their childhood. All services to support young people as they develop into adults needs to be planned and focused around the young person and involve them and their families.

Young people who have been looked-after by the local authority (i.e. are in care) have to leave care and live independently at a much earlier age than other young people leave home. Local councils and the NHS need to plan and provide particularly well for them to support them in independent living because their needs are significantly higher than the majority of other young people.

## **2. Confidentiality for young people using services**

The Standard says that all services working with teenagers should have policies which protect their confidentiality and rights. Also, teenagers should be consulted when the NHS and the council are planning local services for them.

## **3. Young people receive information and support for healthy lifestyles**

### **a) Eating well and taking exercise**

Young people are particularly vulnerable to developing poor eating habits and can sometimes find it difficult to make healthy choices in relation to food. From the age of 16, participation in physical activity and sport falls dramatically for both boys and girls. It is important that young people maintain an active lifestyle.

### **b) Sexual health**

There has been a rise in sexually transmitted diseases amongst young people in England and the Government has a 10 year programme to improve the sexual health of young people.

There is also concern about the numbers of teenage pregnancies because, although parenthood can be a positive experience for some teenagers, it can bring a number of problems for young parents and their children.

The Government is committed to improving sexual health and reducing the teenage pregnancy rate which is high in England compared to other countries. There is a lot of work going on to address this, including supporting teenagers by providing them with ways of getting confidential contraceptive and sexual health advice services and emergency contraception (the "morning after" pill).

### **c) Avoiding accidents or injury**

Risk-taking is part of how young people work out their place in the world and develop their identity. Schools, together with other agencies, should support young people in exploring and managing risk and encourage less harmful behaviours through personal, social and health education (PSHE) and citizenship programmes, as part of a 'whole school approach'.

### **d) Avoiding smoking, drinking too much and taking drugs**

Although there has been a recent fall in the number of young people who smoke, there has been an increase in young people using and experimenting with alcohol and taking drugs. Binge drinking is increasingly common and can have serious consequences – a high proportion of people attending accident and emergency departments have an injury or condition related to drinking too much.

Services are available in each locality to actively encourage young people not to smoke and to support them to stop smoking. Information is available to direct young people to local services such as the NHS Stop Smoking Service and Nicotine Replacement Therapy (NRT) – if agreed with a health professional; as well as the NHS Smoking Helpline and [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk).

Young people in school and or college should receive education about alcohol, tobacco, volatile substances and other drugs including the risk of binge drinking, "drinks spiking" and "date rape" drugs. Information and advice helplines and services are provided for young people and their parents, such as the 'Frank' drugs information campaign (see [www.talktofrank.com](http://www.talktofrank.com)) which provides web-based information and a helpline, and local services.

### **e) Identifying and treating mental health problems early**

When children become teenagers, they are more likely to experience mental health problems, including depression, than when they were younger. Schools and Connexions services should promote teenagers' mental health and well-being.

Staff in all agencies should be able to recognise the early signs and symptoms of distress in young people which could lead to, or show that they have mental health problems. Staff should be able to support them and refer them for help. Accident and emergency departments must monitor the quality of the assessments they do when helping young people who have harmed themselves.

The National Service Framework introduces an important new requirement on the NHS that young people between 16 and 18 years with mental health problems should be able to get treatment from adolescent mental health services. These services should work together with specialist drug and alcohol services, teams which support young people with serious mental health illness (psychosis) and Youth Offending Teams.

#### **4. Support for young people to achieve their full potential**

##### **a) Connexions**

Every young person has access to a Connexions Personal Adviser, and confidential counselling is available if they want it. A Personal Adviser can offer a young person more or less intensive support, depending on what they need, to help them manage any problems they have and decide what they want to do in terms of future education or employment.

##### **b) Youth Services**

Youth Services for young people should provide them with informal personal and social education. Youth Services also work with young people with particular problems to overcome such as alcohol and drug misuse, through individual and outreach work.

##### **c) Inclusive services**

Services should be easy to use for young people with difficulties in using services, such as those which may be caused by disability, poverty, ethnicity and sexual orientation. Young people in rural communities and those with particular needs should be able to access services independently.

General practices should improve their services for teenagers by following the guidance called 'Getting it Right for Teenagers in Your Practice', drawn up by the Royal College of General Practitioners and the Royal College of Nursing, April 2002 ([www.rcn.org.uk/members/downloads/getting\\_it\\_right.pdf](http://www.rcn.org.uk/members/downloads/getting_it_right.pdf)).

Young people should be consulted when the NHS and the local council are planning where services for teenagers should be placed.

##### **d) Schools and educational settings**

Young people in school and further education should have opportunities to discuss and learn about health and well-being through Personal, Social and Health Education (PSHE), and Citizenship in the curriculum. Schools may join the Government's "Healthy Schools programme" designed to make schools healthier places for children.

## e) Other settings or circumstances where support services are needed

There is a group of children who are described throughout this National Service Framework as 'children in special circumstances'. They are children and young people whose circumstances mean that they may miss out on some of the services they need, such as children who are abused through prostitution, who have a parent in prison or who are in the criminal justice system, children who are looked after by the local authority, are asylum seekers or whose families are homeless.

The NHS and the local council should provide particular services and make services easy to use for teenagers in special circumstances and their parents or carers.

## Standard 5: Safeguarding Children and Young People

Children and young people say that they want to feel safe – at home, at school and out and about. Sadly, not all children do. And some children's circumstances make them more vulnerable than others, such as disabled children and children in special circumstances (explained above). All adults have a responsibility to protect children from harm. There have recently been several changes in the way that these issues are dealt with locally.

**The Standard:** the Standard says that all agencies must work to prevent children and young people from suffering harm and must promote their welfare, by identifying their needs, and providing protection, treatment and support services for them.

Our Vision is that all children and young people are safeguarded from harm and grow up in circumstances where they are safe and supported.

There are six main themes for this standard:

### 1. Safeguarding children and young people is a priority for all agencies

The importance of protecting and promoting the welfare of children and young people should be a priority in all settings, particularly educational settings where children spend much of their time. This responsibility includes settings providing services for adults who are parents/carers. All agencies including health, social services, education and housing, should work together, to safeguard and promote the welfare of all children and families living in their area.

All agencies promote awareness, within the community and among professionals, of children and young people's rights under the United Nations Convention on the Rights of the Child (in particular Article 19 – the right to be protected from harm).



## **2. Agencies roles in safeguarding children and young people**

### **a) NHS Services**

All health services such as hospitals, ambulance trusts, NHS Direct sites and NHS Walk-in Centres should have a named doctor and a named nurse for safeguarding children.

Where parents/carers have problems that may result in them not being able to respond to their children's developmental needs, the safeguarding of children (including the unborn child) will be the top priority in any assessment of the adults who are parents/carers. An assessment of the children's needs and their parents' capacity to meet them is usually done by NHS staff working with social services.

### **b) Local councils**

Where there are concerns for a child's welfare, the local council's social services is responsible for assessing the needs of the child or young person providing the services necessary to safeguard and promote their welfare.

Where families with dependent children are homeless through no fault of their own, the local authority housing services must provide them with suitable accommodation. Where families are found to be intentionally homeless, housing staff have to notify social services so that the needs of the children can be considered.

For local education authorities, schools and further education institutions, safeguarding covers more than protecting individual children. It also encompasses issues such as pupil health and safety and bullying, where there are legal requirements, and a range of other issues, for example, arrangements for meeting the medical needs of children with medical conditions, providing first aid, school security, drugs and substance misuse.

All schools and further education institutions must appoint a senior member of the leadership team who is responsible for all the arrangements for safeguarding and promoting the welfare of children.

## **3. Services for children and young people who have been harmed**

Being abused or neglected can seriously affect a child's health, development and well-being and these effects can last throughout adulthood. They can include anxiety, depression, substance misuse, eating disorders and self-harm. As an adult, the individual can find it difficult to form close relationships, find and keep a job and to be an effective parent.

The way in which abuse or neglect takes place can affect the way the child is able to deal with it. In addition, experience has shown that the way in which parents and professionals respond to concerns about a child's welfare affects what happens to the child. Parents and staff need to be aware that children who have been harmed may be fearful of talking about what has happened to them.

The NHS and local councils must have a range of services to provide information, treatment, care and support for the child and their family. Helping families where children have been harmed involves working with the children, their siblings, their parents and, sometimes, other relations and the local community.

#### **4. The impact adult problems can have on children's development**

Many families under great stress are able to bring up their children in a warm, loving and supportive environment in which their children do well and they are safe from harm. However, adult problems, such as domestic violence, mental illness, substance misuse, learning disability, being in prison – can damage children's health and development. Many children whose parents experience these types of problems will need help from agencies like social services and, in some circumstances, will need protection from harm.

One in four women say they have experienced domestic violence and two women are killed each week by their partners or former partners; a third of domestic violence starts or escalates during pregnancy. This National Service Framework suggests that staff should give women the opportunity to talk about domestic violence confidentially during medical appointments, including ante-natal ones.

#### **5. Quality of services to protect children**

All agencies are responsible for ensuring that their staff providing services for children and young people and their families are able to safeguard and promote children's and young people's welfare.

It is important for all decisions and disagreements about specific decisions to be recorded in children and young people's health, social care and/or education records as necessary.

The Standard says that the NHS, local councils and other agencies should monitor their services, to be sure that all local children and young people are being protected; and that staff know what to do when a child or young person is being harmed or is likely to be harmed.

## Standard 6: Children and Young People who are Ill

Parents manage many of the illnesses that their children get without seeking help. But children can become sick very quickly, and it is often difficult to tell whether the problem is trivial or serious, so services need to respond quickly, make correct assessments and provide immediate effective treatment. Many children will have one short stay in hospital, but a few will spend long periods there or be admitted often.

**The Standard:** the Standard says it must be easy for all children and young people who are, or who may be ill or injured to get good treatment, advice and care when they need it; and that it fits in with their social, emotional and educational needs.

Our Vision is for children and young people who are ill to get good quality care as close to their homes as possible, with local services working together to properly match the individual health, social and educational needs of each child.

There are five main themes for this standard:

### 1. Services for ill children are easy to use

There must be good co-operation between local health services (called 'Managed Local Children's Clinical Networks', more of which may be set up in the coming years), which make it easy for children and their parents or carers, wherever they live in the area, to get the service they need; for example, from a general practice or a hospital or specialist.

However, children come into contact with the NHS, through general practice, out-of-hours services, NHS Direct, NHS walk-in centres, community pharmacists, minor injuries units, some private providers and accident and emergency departments; each child needs a clear record which is available wherever they require care, within the local health system. This will be achieved once the new NHS information and computer systems are in place.

There should be local arrangements for out-of-hours assessment and treatment of children and young people who become ill; information about these services should be easily available and understandable.



## 2. Partnership with children and their parents or carers, and other agencies

Children, young people and their parents or carers should be given good information in order to manage minor illness themselves and to know when to seek medical help. The information should include:

- preventing and managing health problems;
- details of local NHS services, and how to access them;
- how to recognise significant changes in a child's condition and what to do if symptoms worsen;
- commonly used treatments and medicines;
- other relevant local services.

Children and young people and their parents/carers must be fully informed and involved in the decisions and the planning of their care in hospital or in the community, or when they are discharged from hospital.

Children young people and their families should have the opportunity to become "expert patients", and to participate in the NHS' Expert Patient programme, when it is developed. This is a programme to support people coping with a long term illness which helps people come to terms with it and deal with any problems such as symptoms of their illness and the impact it makes on their life.

Informed consent is obtained for operations and tests, from parents and competent children and young people who are old enough to make decisions of this kind.

## 3. Services specifically for children and young people

The NHS must ensure that the care sick children and young people receive is good quality and provided by staff who are trained to work with children and young people.

The Standard says that there should be arrangements for different services to work together well in providing care for children and young people, including having Community Children's Nursing Teams in each area. The teams should have many different professionals and include people who work alongside health staff, such as therapists. All these professionals must have the skills to work with sick children and young people and some will require extra training.

Some children suffer from genetic diseases. They and their parents or carers should easily be able to get a diagnosis and expert help and support from the NHS genetic services.

#### **4. Services which are child-centred**

The staff who work with children and young people who are physically sick should also make sure their emotional needs are being met, and should be able to recognise when children have a serious mental health problem and get specialist help.

For children with long term health conditions, the aim of treatment and care is to manage their illness in such a way that they are able to participate in enjoying and achieving fully in life and carrying on with normal activities including school.

Many children who have a long term medical condition, and others, have more than one medical appointment in a week. Hospital departments and clinics should synchronise their appointment systems so that families make a minimum number of visits and, where several appointments are needed, these should happen on the same day wherever possible.

#### **5. Working with schools**

The NHS should help ill children not to miss their schooling for example, by offering appointments in school settings or outside school hours where possible to reduce time spent away from school.

Health, social services and education services should work in a co-ordinated way to support children to develop and achieve their full educational potential, including receiving schooling while not in school and support for returning to school after an illness or injury.

Each child with a long term health condition should have a named health professional and named teacher who work together to make sure that their health needs are met at school so they don't miss out on education.

Health services (as well as parents) should tell the education service when a child or young person moves into the area who is unable to attend school because of a medical condition and who will therefore need support from the hospital and home teaching services.

## Standard 7: Children in Hospital

Going into hospital takes children away from their home, family, school, friends and activities and can involve treatment which they find unpleasant. Parents may need to take time off work for appointments or organise their lives in order to spend time in the hospital with their child. The NHS is committed to keeping children out of hospital as much as possible and providing a safe, supportive experience when they are admitted.

**The Standard:** the Standard says hospitals must have evidence that they are giving children and young people the best possible care, that it is monitored and that the environment in which children and young people are cared for is suitable for them.

Our Vision is for hospitals to give care to children and young people which is co-ordinated around their particular needs, and those of their family; that they can make informed decisions about their treatment and that they are consulted when hospital services are planned and reviewed.

There are six main themes in this standard:

### 1. Meeting the needs of the whole child

When caring for children and young people, hospitals must take account of the 'whole' child, they should be seen and treated as a person with many different needs, not just as someone with a particular medical condition or problem.

Hospitals should, wherever possible, prepare children for their stay and reduce any anxiety they or their parents or carers may feel by:

- offering a tour of the children's ward,
- sending written information to the family and planning for any extra support needed such as interpreters for children and their families where English is not their first language, or an advocate for a disabled child.

Hospitals should aim to ensure that a child can go back home to their family as soon as possible. Staff should work with schools to plan for children to continue their schooling if they are in hospital for a while, and to prepare all children to return to school as soon as possible.



## 2. Treating children, young people and their families with respect

Hospital staff should respect children and young people's privacy; young people are particularly concerned about this.

Children and young people's consent must be sought where they are competent to give it, for example, about whether a student sits in on a consultation, or their parent remains present during an examination.

Hospital staff should be aware of parents' needs, for example, where they may need to bring a child's siblings with them to an appointment. Wherever possible, appointments should be offered to suit parents such as minimising the number of attendances required in a week, and advising on financial support for travel to appointments. Hospitals should make it easy for parents or carers to stay with their child and sleep on the ward for the whole time the child is in hospital.

## 3. Information, choice and consent

Parents and their children should be central in the process of decision-making about their care. They should have good, clear information in order to decide whether to go ahead with treatment. This should cover:

- The advantages and disadvantages of treatment;
- The different choices available (hospitals should offer treatment choices to children and young people which are appropriate to their age and development);
- What it will involve;
- Who will be giving the child the treatment, and
- Information on any medicines the child will need, including any side-effects.

Informed consent is obtained for all procedures which involve any form of touching a child or young person from the parent and from a child or young person who is considered competent to make such a decision. Hospitals should have a written policy about administering treatment to a child without the child's consent or co-operation.

Children, young people and their families should be consulted when hospitals plan or review services, and children and young people's needs taken into account when hospitals plan their systems and what training their staff might need for delivering high quality care for children.

#### **4. Services are co-ordinated around children and their families' needs**

Hospitals should have a system for recording and sharing information between services about a child's diagnosis, assessment and treatment, to reduce the need for children, young people and their families to repeatedly give this information.

When a child is discharged, the hospital should work together with the parents, the general practice, the Community Nursing Team and the school, if needed, to plan for any ongoing treatment and support a child might need. Parents and children need to know what to do if their condition deteriorates or if they have concerns.

Where children need specialist treatment, hospitals should aim to have the specialists visit the hospital to minimise the need for children to spend time in a specialist centre, which is often quite a distance from their home.

For children or young people who are being discharged from hospital into foster care, arrangements are made for the foster carer to be given all the information, training and support normally given to parents.

#### **5. Safety and good quality care**

Hospitals need to show that the treatment and care they provide is the highest quality and complies with current government guidelines for best quality practice.

Surgeons and anaesthetists, as well as other staff, who provide care to children should have additional ongoing training for treating children. Children and young people should receive care in buildings which are safe and suitable for their needs. This should include:

- Provision for parents to stay overnight, access to meals for parents and space for relaxation;
- Tight security so that access is strictly limited to those who need it;
- Suitable and safe play facilities in departments where children are seen or treated;
- Breastfeeding and changing facilities;
- Bedside TV, radio free of charge and telephone;
- Some individual rooms, and
- Some separate facilities for older children.

Hospitals should offer children and young people a healthy, well-balanced diet, including giving them choices, providing their favourite foods and providing food for children and young people with different cultural needs and traditions.

Hospitals should ensure that all staff working with children are trained to listen to children and young people to ensure that they are safe from harm and know what to do if a child has been deliberately harmed.

Hospitals must have good arrangements for managing pain in children and young people. This includes children and young people being involved in their own pain management. As well as through medication, children are helped to manage pain through the use of therapies, play and distraction.

## **6. Children with additional needs**

### **a) Disabled children**

Hospitals should have a system for recording information about the particular needs of disabled children and those with complex health needs and how to care for them, so that their needs can be properly met when they come into hospital for routine treatment not connected to their disability. This information should be available to parents or carers.

Hospital staff should also work with community health care staff, the GP, the school and the parents or carers to plan care for the child in hospital.

### **b) Children with mental health difficulties**

Hospitals should have good arrangements with the child and adolescent mental health service to work together to care for and treat children and young people who have mental health problems in addition to the illness or injury that they are in hospital for; for example, young people who have harmed themselves, or have an eating disorder.

### **c) Children transferring to adult services**

Young people with life-long conditions such as diabetes, cystic fibrosis or congenital heart disease will need to move to adult services. Young people and their parents should be able to rely on hospitals planning and preparing for this, together with the family and all the professionals who have been supporting the young person, in order that the move to adult services goes smoothly.

## Standard 8: Disabled Children and Young People and Those with Complex Health Needs

In the past ten years, there has been an increase in the number of children who are severely disabled or have complex health needs. More and better health and other support services are needed for these children and their families. This includes helping those families who are living in poverty, changing people's attitudes and changing the environment so that they can participate more in their local community life.

**The Standard:** the Standard says that children and young people who are disabled or who have complex health needs should receive treatment, care and support which matches their needs, is co-ordinated by the NHS and other agencies, and which helps them and their families to live as ordinary lives as possible.

Our Vision is for disabled children and young people and those with complex health needs to be able to participate in childhood, family and community activities. We want them to have assessments and services which lead to good outcomes, easily and quickly; and for them to be involved in planning their own care, and local services.

There are five main themes in this standard:

### 1. Services promote inclusion for disabled children

The local council, the NHS, and other agencies will need to make arrangements for disabled children to be included in all mainstream activities. This includes having better transport arrangements and ensuring that disabled children and their families can easily get support (such as childcare or equipment) to join in community and other activities.

Disabled children should be able to participate in all the activities and benefit from the support provided by the education service, wherever possible in mainstream schools and nurseries. The local council and the NHS work together, to maximise children's involvement in school life.

### 2. Services for disabled children are easy to use

The Standard sets out how the NHS and other agencies need to work together to identify a child who is disabled, to assess their needs and those of their family and to provide good quality services to match these needs.

Disabled children and young people should get the therapy they need easily. This may mean expanding therapy services over the next few years to cut waiting times. It could also mean having therapy at home. Where children and young people attend schools or educational settings, therapy should be offered there, with the therapists working with the teachers.



Disabled children and young people should be able to receive treatment from child and adolescent mental health services in the same way as other children and young people. This includes children who have emotional and behavioural difficulties, learning difficulties, those recovering from a traumatic accident or those with a life-limiting illness.

Disabled children and their families should get support from social services which is based on the impact the disability or complex health need has on the child and their family. Social services should give children and young people the best chance of participating in family life and achieving their potential.

Disabled children are able to use/access the equipment and assistive technology they need in all places they spend their time (e.g. school, home, short-term care settings).

### **3. Services are child-centred**

Disabilities are identified and diagnosed early and followed quickly by an assessment of the child and their family's needs (using the *Framework for the Assessment of Children in Need and their Families*, and for children from birth to their third birthday, the *Together from the Start Guidance*).

The NHS should plan the treatment and support for each disabled child together with the child and their family, and social services, education and other agencies, using an 'Interagency Care Pathway' or 'Care Package'. This way of planning sets out what each agency is responsible for, and helps plan for the changes needed when the child or young person grows older and/or their disability or health condition changes.

Families are given some choice about where services are delivered, for example, in the home, in hospital, a hospice or other setting.

### **4. Services support and strengthen families**

Families should be offered a range of appropriate family support services according to their assessed needs such as home care, community nursing and other health support, play, leisure, and skills training e.g. in health care interventions, behavioural techniques.

All children and their families who are assessed as needing short term breaks can get them without unnecessary delays. This includes home and community-based breaks as well as family-based and residential breaks and access to childcare and sitting services.

Families caring for a disabled child with high levels of need should have a key worker to co-ordinate services from all the agencies involved in caring for and supporting their child. This is to help them find their way round the system and to make sure families don't have to repeat their child's history to several different professionals.

Where a child dies, a range of flexible, sensitive services should be available to support children and young people who are dying whether in hospital or at home, and their families.

Disabled children are more likely to experience abuse than non-disabled children. Children living away from home are particularly vulnerable. The local child protection committee must provide guidance for staff on how to protect disabled children and young people from harm.

## **5. Partnership with children and their parents or carers, and other agencies**

The NHS and other agencies must give disabled children, young people and their parents or carers good information and involve them in deciding on and planning their treatment and the services they wish to use.

Moving to adult services may present particular challenges for disabled young people and their families, particularly where they have come to know the children's service really well. When disabled young people need to move to adult services, all the agencies which provide support for them need to work together, and with the young person and their family, to plan how this happens. They will need to prepare and support the young person and make sure that adult services are ready to receive them.

The NHS, the local council and other agencies should have arrangements for involving disabled children young people and their families in reviewing and planning local services.

Parents or carers, children and young people should be offered the chance to be part of the Expert Patient Programme (see Standard 6) – to support people coping with a long term illness which helps people come to terms with it and deal with any problems.

## Standard 9: The Mental Health and Psychological Well-being of Children and Young People

Mental health problems in children may lead to poor results in school, family disruption, disability and anti-social behaviour causing distress for the child or young person and for their family. These problems may continue into their adult life. The Government has a programme for expanding services for children and young people with mental health problems, and making it possible for all children, wherever they live, to get treatment and support.

**The Standard:** this Standard says that children and young people who have mental health problems should easily be able to get the right assessment, treatment and support they need, when they need it.

Our Vision is for all children and young people's mental health to improve, supported by different services working together, providing good quality information and treatment, including for those children and young people who need ongoing care.

There are five main themes in this standard:

### 1. Services promote the mental health and well-being of children and are easy to use

All NHS and other agency staff who work with children and young people promote their mental well-being, can recognise when there may be problems and have good arrangements for working together to support children and young people's mental health.

All staff who work directly with children can get support and advice from specialist child and adolescent mental health staff and other staff such as social workers, behaviour specialists, or education psychologists, to help them to identify problems early and get support for children with mental health difficulties.

Children and young people should be able to get treatment and support for their mental health problems as near to home as possible, and in a number of settings depending on their needs and choices. This includes schools, family centres and at home, as well as, traditional clinic settings and hospitals.

Children in special circumstances, such as those who are homeless, those who misuse substances, asylum seekers, young people in young offenders institutions and looked after children, should be able to get treatment and support for their mental health problems which suit their particular needs, including the fact that many of them may move more often than other children do.

## **2. Services are inclusive**

This National Service Framework sets a new requirement for the NHS to provide improved child and adolescent mental health services and to expand mental health services for all children and young people who are 16 and 17 years old. Until now, some young people of this age have been treated by adult services. The government has funded an increase in these services but it will be some time before this part of the Standard is met all over the country.

Services for children with learning difficulties or disabilities and their families need to be improved so that they can get treatment and support for their mental health difficulties as easily as other children and young people.

The ways in which people think about mental illness and how children develop emotional and behavioural difficulties vary across cultures. Services need to be sensitive to these differences; staff need to be trained to work effectively with black and minority ethnic groups in the community.

## **3. Services for children with severe mental health problems are improved**

The NHS and other agencies will need to work together to provide specialist mental health services assessment and treatment for infants/young children and their families to help parents who have found it difficult to bond with their child.

The NHS and other agencies should work together to provide treatment, care and support for children and young people with complex, severe and persistent mental health problems, including helping them not to harm themselves or others.

There should be local arrangements to provide a 24 hour service for children and young people who urgently need treatment and support. These children should also be able to get a specialist mental health assessment within 24 hours or during the next working day.

Where a child or young person needs to be in a hospital, they should be in a facility that is appropriate for their age and maturity (i.e. not in an adult unit). It should also be close to home where possible, so that they can keep in contact with their family.

## **4. Partnership with children and their parents and carers, and other agencies**

The NHS should work with other agencies to provide multi-disciplinary Child and Adolescent Mental Health Teams to treat and support children with mental health difficulties.



All staff working with children and young people should promote and support effective parenting and early attachment or bonding between parents and their babies in order to help parents to develop good mental health in their children.

Mental health promotion and early intervention are very important - all children and young people and their parents or carers should be able to access information and support to ensure that the child or young person's mental health is promoted.

The NHS will need to work with other agencies to involve children and young people with mental health difficulties and their parents or carers in reviewing and planning local services to support and treat them.

## Standard 10: Medicines for Children and Young People

Children and young people's bodies respond to medicines differently, depending on their weight and their development – medicines need to be right for each individual child. For them to be safe and effective, staff must ensure that dosages are correct, children take their medicine and that medicines are equally available to all children and young people.

**The Standard:** the Standard says that all children and young people should be given medicines which are safe and effective and that their families and staff should have good information to make decisions when giving them medicines.

Our Vision is for children and young people to be given medicines which are safe and effective, and which have the best possible impact on their education and lifestyle; and that when they need to take medicines they and their families have good information and support from skilled staff.

The standard has five main themes:

### 1. Safe medication practice

The NHS should make sure that medicines for children and young people are effective, as safe as possible and have minimum side-effects. This includes ensuring that for all medicines for children and young people:

- Dose, volume and rate calculations are carefully checked and recorded;
- The child's age, weight and dose is included on prescriptions;
- A child's allergies should be recorded clearly, and
- Oral syringes are used to give liquid medicines, especially for babies and younger children.

Health professionals who prescribe or give medicines to children should be able to get support and information from specialists with knowledge and expertise in medicines for children.

The NHS and other agencies will monitor how they manage medicines.

## **2. Making medication easy to use**

Each child and their parents or carers should receive information about their medication which is clear, understandable and up-to-date, including assessment of the risks and benefits of medicines, side effects and long-term effects.

Prescribing, administration and supply of medicines should be convenient and suit the needs of children, young people and their parents or carers and improve choice. Some examples are: improvements in the availability of medicines outside working hours and health professionals other than doctors being able to prescribe medicines (nurses already can prescribe some medicines).

## **3. Child-centred medication**

Staff working in early years and childcare settings and schools should have the appropriate advice, training and support from local health agencies to manage prescribed medicines properly.

The NHS, the local council and schools need to work together to support children who need several medicines and possibly equipment, so that they can attend school regularly. For children with complex health needs, travel-to-school escorts should be advised and trained on what to do in an emergency.

Doctors should where practical consider providing two prescriptions for a pupil's medicine: one for home and one for use at school. School staff have been told to follow only the prescriber's labelled instructions since there have been mistakes made where labels have been rewritten.

## **4. Partnership with children and their parents and carers and other agencies**

Parents or carers, children and young people should be involved in making decisions about their medication – at the start of treatment and throughout their treatment. A medication review may be needed in complex treatment – which is a review of a child or young person's medicines to make sure the child is getting the greatest benefit from it.

More Children's Community Teams will be developed to support and treat children or young people in, or as close to their own homes as possible. These can help with children who are on complex medication and the parents or carers who give these medications may need good support.

Parents should be encouraged to use community pharmacies for advice on minor illnesses (one-fifth of calls to out-of-hours services and almost 10% of Accident and Emergency visits could be dealt with by the community pharmacist).

### **5. Medication for children with additional needs**

Some children and young people may be in circumstances which mean that they may miss out on some of the services they need (such as children who are abused through prostitution or who have a parent in prison). It is important that information about the nature of any medical condition and the medicines required, are passed on to all carers and professionals whatever the circumstances. Information should also include the role the child or young person themselves plays in the administration of their medicines.

Children and young people with mental health disorders who are on medication often have persistent and complex health problems which may mean they have a variety of different medicines and doses at different times. It is important that records are kept so that parents or carers, children and young people and relevant professionals are clear about the use and effects of the medicines.

Local arrangements are in place make it clear how repeat prescriptions are provided.

## Part Three:

### Standard 11: Maternity Services

For the majority of women, pregnancy and childbirth are normal life events needing a minimum of medical intervention. When mothers have easy access to good services, choice in the care they receive and support with their new baby, they have healthier babies. So it is important for all pregnant women and mothers to be able to get the services they need, to choose their care and for it to continue until they are confident about looking after their babies.

**The Standard:** the Standard says that it should be easy for women to get support from maternity services which is good quality and is designed around their individual needs and those of their babies.

Our Vision is for services which are individually arranged for each woman and her baby, especially for women who are vulnerable or disadvantaged. We also want each woman to be able to have as normal a pregnancy and birth as possible, to be physically, mentally and emotionally healthy and to be well prepared for new parenthood.

There are five main themes in this standard:

#### 1. Services are inclusive

All women should have easy access to, and confidence in the full range of high quality maternity services the NHS offers; all pregnant women should be offered clear information on:

- a) The choices of types of ante-natal and post-natal care and birth environments;
- b) The full range of screening tests offered and the consequences of these; and
- c) The availability of Healthy Start, particularly in its role in providing support to disadvantaged pregnant women including some foods.

The NHS must make particular efforts to ensure that pregnant women and new mothers from disadvantaged and minority groups and communities receive services whether they are teenage mothers, are disabled, are in asylum-seeker accommodation or centres, or come from community groups who have not been using services because of language-related, cultural or other reasons.

Teenage parents and their babies from these groups face more problems than older parents. In addition to NHS maternity services, there should be arrangements for support in the community for teenage parents, from agencies such as Connexions and Sure Start Plus.



## 2. Services are woman-centred

The majority of women will want to be active participants in their care. All women should have the information to make informed decisions about which type of care or screening for illness or disability best suits their needs and wishes, and to share responsibility for managing their pregnancy in partnership with professional care providers.

Every woman develops and is encouraged to regularly review, her individual care plan in partnership with a healthcare professional. The plan is based on an assessment of each woman's clinical and other needs and she and her health care professional can discuss changing it at any point in her pregnancy.

All women are offered the support of a named midwife throughout pregnancy and can contact a midwife day or night at any stage in their pregnancy if they have concerns.

The Standard says that the NHS must make sure that maternity services are planned and reviewed with the women who use the services.

## 3. Women, their partners and their babies are offered good pre-birth services

Pre-conception care is important since parents who are fit and healthy at the start of pregnancy generally have healthier babies. Parents should receive pre-conception information on the importance of:

- a) pre-conceptual folic acid;
- b) minimising intake of alcohol;
- c) not using recreational drugs;
- d) not smoking during pregnancy and having a smoke-free environment;
- e) pre-pregnancy rubella immunisation, and
- f) seeing a healthcare professional as early in pregnancy as possible.

They should also be given the Department of Health/Dr Foster local maternity guides and "You're Pregnant".

Some women and prospective parents need specialist pre-conception advice, information and support; these include those who have conditions treated with prescription drugs, those with a condition such as heart disease, epilepsy or diabetes and those with a family history of a genetic disorder.

### Pre-birth care -

- The option for all women to access a midwife as the first point of contact is widely publicised;
- Contact details for midwives are easily accessible to all women in the local population; and
- Each pregnant woman has two appointments early in pregnancy with a midwife who can advise her on her options for care on the basis of an in-depth knowledge of local services.

Ante-natal tests and screening are offered to women as options (with the purpose and consequence of each test explained), rather than as a routine part of the process of being pregnant.

It is important that all women with worrying symptoms in early pregnancy can be rapidly assessed and treated as required. Many hospitals have Early Pregnancy Units so that women with problems can be assessed and treated quickly.

Every pregnant woman whose unborn baby is found to have a possible problem has access to high quality, appropriate services in an environment sensitive to her, and her partner's needs.

#### **4. Women, their partners and their babies are offered good birth and post-birth services**

The NHS will help all women to have as normal a birth as possible, with medical intervention only if it is needed. Local options for midwife-led birth care may include midwife-led units in the community or on a hospital site, and births at home for women who have been appropriately assessed.

Should complications arise, the mother and her baby should be immediately and safely transferred to the care of a consultant. These arrangements must be part of the local maternity care network.

In hospital settings, each woman receives an initial assessment of her needs and agrees a care plan with the midwife which takes into account the type of birth, expected length of stay in hospital and the timing of her transfer home. Women need to be provided with post-natal care that identifies and responds to their individual physical, psychological, emotional and social needs.

#### **5. Women receive good mental health and well-being services**

All pregnant women have easy access to information about the normal emotional and psychological changes during pregnancy and following birth, advice on promoting well-being and simple coping strategies. It should also include information on mental health problems and how to access appropriate help.

All pregnant women are offered a supportive environment and the opportunity to disclose domestic violence; local support services and networks are developed and midwives and other health professionals involved are trained to respond appropriately.

A small number of women develop a serious mental illness after the birth of their child. The NHS must ensure that women who are seriously ill can get treatment from Specialist Perinatal Psychiatric Services and that they can be admitted to a Specialist Mother and Baby Psychiatric Unit if they need it, with their baby.

## 6. Post-birth Care for Babies

Babies need early and ongoing contact with their mothers. They may also need care and treatment from health care professionals skilled in appropriate resuscitation methods, identifying problems in new-born babies and in assisting with the chosen method of infant feeding. Parents are encouraged to be present at the first examination.

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer term. Women are routinely supported to breastfeed and can easily access breast-feeding support services. Mothers who are taking medicines need particular advice about breastfeeding.

## 7. Stillbirths and Early Neo-natal Deaths

Women, their partners and other children who have suffered a bereavement arising from a pregnancy, whether a miscarriage, termination, still birth, neo-natal and infant death or the death of the mother herself, are offered supportive information and choices which are:

- Responsive to their individual needs and those of the family;
- Easily accessible for as long as required;
- Consistent in content across all sectors of the health service;
- Appropriate and based on the relevant guidelines, and
- Respectful of culture and diversity.

Skilled staff are available to support parents following maternal or neo-natal death, stillbirth or miscarriage.

## 8. Further Information

Further information can be obtained from this website: [www.dh.gov.uk](http://www.dh.gov.uk)

## Appendix 1



### Overview of the Child Health Promotion Programme

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, particularly in the area of adolescent health, and in response to new health concerns (including priorities that may be identified in the White Paper on public health).

See *Standards 6 and 11* for pre-conception care and advice.

Age	Intervention
Ante-natal	Parents are offered ante-natal tests. An assessment is made of needs of the unborn baby and the needs of parents and carers in caring for it. Parents can get advice on breast-feeding, healthy eating and on how to stop smoking - if this is necessary. Arrangements are made and information is shared so that everything goes smoothly after the birth when the health visitor takes over from the midwife in supporting the new mother and her baby.
Soon after birth	Babies have a general physical examination, especially checking their eyes, heart and hips. Parents are offered vitamin K (if parents choose to have vitamin K drops, these are given to the baby in 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 (low thyroid hormone) and phenylketonuria (PKU – a metabolic disorder). These are rare but potentially serious illnesses. Screening for sickle cell disease and cystic fibrosis is also being implemented. See <a href="http://www.newbornscreening-bloodspot.org.uk">www.newbornscreening-bloodspot.org.uk</a> .
Within 1st 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)	Parents are visited at home by the midwife or health visitor to assess both the baby's health and their family health. Parents receive information and support on health issues (e.g. support for breastfeeding, advice on establishing a routine etc.) Distribution of "Birth to Five" guide and the Parent Held Child Record if not already given out ante-natally.

#### Key

 NHS Care Record Services     Parent Held Child Records

6 –8 weeks	Babies have another general physical examination, especially checking their eyes, heart and hips. Babies get their first set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Parents and carers can talk about the baby's progress and also discuss any worries about being a parent including any health concerns. For example, a mother may be worried about whether she is recovering properly after giving birth. They can also get information and advice about healthy parenting. If a mother is experiencing post-natal depression or other mental health difficulties, she can get help.
3 months	Babies get their second set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. Parents and carers can talk about the baby's progress and also discuss any worries about being a parent. They can also get information and advice about parenting and key health issues, including weaning. If Hepatitis B vaccine has been given after birth, the third dose is given.
4 months	Babies get their third set of immunisations against polio, diphtheria, tetanus, whooping cough, Hib, and Meningitis C. There is another opportunity for parents to get information and advice about healthy parenting and any other concerns they may have.
By the 1st birthday	All children will have an assessment to identify any support or services that are needed to help them to grow up healthy and achieve their full potential
Around 13 months	Children get their immunisation against mumps, measles and rubella (MMR). Parents and carers can talk about the baby's progress and also discuss any concerns. There is another opportunity for parents to get information about good/healthy parenting.
2 –3 years	The health visitor discusses and agrees with parents how to review their child's progress and check that they are healthy and developing well. A review can be done through the child's nursery or the general practice or by offering a contact in the clinic, at home, by phone or email etc. The review could also be done when children are getting other local health services, such as immunisations, visits to the GP etc.

3 to 5 years	Children get their immunisation against mumps, measles, rubella (MMR) and polio and diphtheria, tetanus and whooping cough. Parents and carers can talk about the baby's progress and also discuss any concerns. There is another opportunity for parents to get information about good/healthy parenting.
4 to 5 years	<p>When children go to school this is an opportunity to check that their immunisations are up to date, that they have a GP and a dentist they see regularly, they are getting help if they need it for any physical, developmental or emotional problems. Information on specific health issues should be made available – if needed to children, parents and school staff. At this point also children's height and weight can be measured and all children have their hearing tested (the sweep test).</p> <p>Soon children will also be able to have their eyes tested when they start school.</p> <p>Foundation Stage Profile – teachers assess children'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	Children get information, help and support from the school nurse and they can go to open sessions/drop-in and clinics on their own or with a referral from their parent or their teacher. Children who need it can be referred to a specialist. Depending on their needs, children and young people with medical needs and disabilities may have nursing care in school.
Secondary school	The BCG (immunisation against Tuberculosis) is given if the heaf test shows it is needed.

Department of Health. National Standards, Local Action, Health and Social Care Standards and Planning Framework 2005/06-2007/08. 2004  
 (Department of Health et al, 2000 Gillick v. West Norfolk & Wisbeach HA [1986] AC112



© Crown copyright 2004

If you require further copies of this title, it is available at [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en) where you can download the PDF/*Parents - National Service Framework for Children, Young People and Maternity Services*

A short version is available. If you require copies of the short version quote 40500/Leaflet for Parents and contact:

DH Publications Orderline  
PO Box 777  
London SE1 6XH  
Tel: 08701 555 455  
Fax: 01623 724 524  
E-mail: [dh@prolog.uk.com](mailto:dh@prolog.uk.com)



08700 102 870 – Textphone (for minicom users)  
for the hard of hearing 8am to 6pm Monday to Friday.

[www.dh.gov.uk](http://www.dh.gov.uk)