

Fast food route  
to becoming  
fatties of Europe

ADOPTION  
a new approach

10mph limit on  
London streets to  
let children play

Schoolgirl, 15 hanged  
herself over bullying

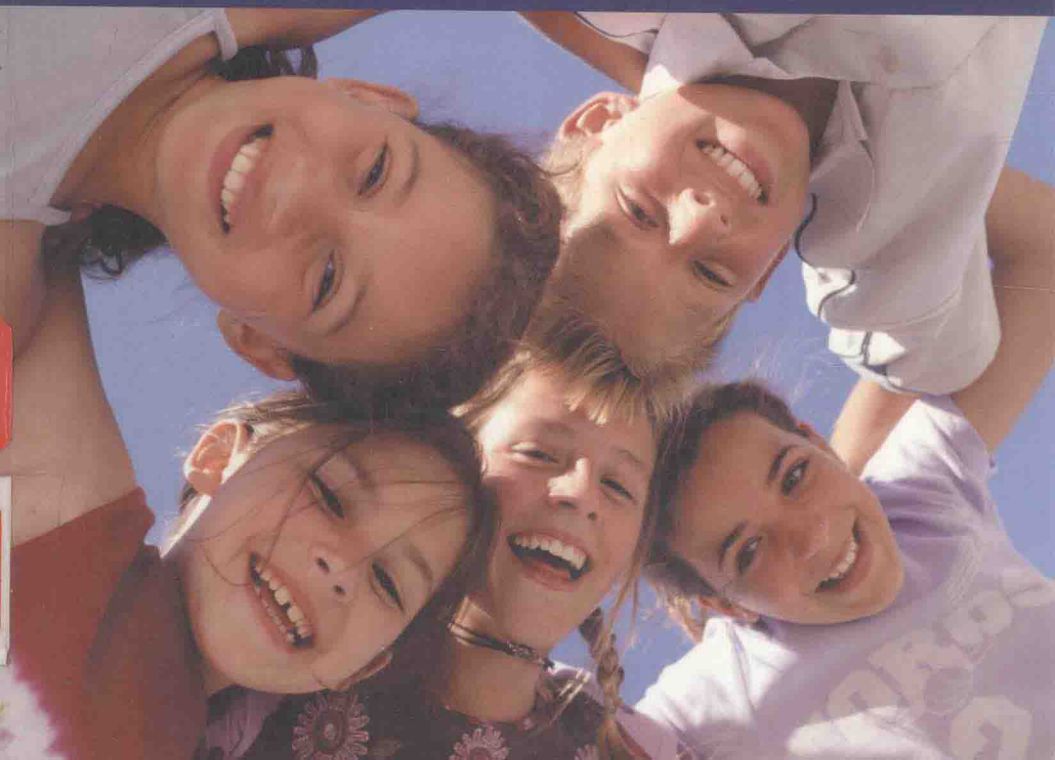
Diabetes threat to  
couch potato children

Domestic Violence  
Break the Chain

Fourth edition

# Health for all children

Edited by **David M. B. Hall** and **David Elliman**



# *Health for All Children*

FOURTH EDITION

Edited by

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Health for All Children

## Preface to the fourth edition

Fifteen years ago, the British Paediatric Association<sup>1</sup> set up a multi-disciplinary working party to review routine health checks for young children. Their report was published in 1989 under the title *Health for all children*. We now present the fourth edition of this work, which targets two distinct audiences. First, we have provided guidance for those responsible for planning, commissioning, and funding community-based services for children. Second, the report offers a framework of practice and prioritization for health professionals working with children in the community.

The fourth edition takes further the gradual shift from a highly medical model of screening for disorders to a greater emphasis on health promotion, primary prevention and active intervention for children at risk, whether for medical or social reasons. This change results from the increasing interest in the social and educational dimensions of child development. In the past decade we have experienced unparalleled prosperity, yet this has been accompanied by increasing levels of violence, family breakdown, disaffection, and alienation. The gap between rich and poor has widened in many countries, including the UK.

There has been an explosion of interest in the causes of these social changes and their impact on children. At the same time, advances in neuroscience, social and political science, and education are beginning to suggest that we do not have to accept this deterioration of our social fabric as inevitable. The phrase ‘neurons to neighborhoods’<sup>2</sup> captures the excitement of researchers, governments, professionals, and parents who believe that new insights into the relationships between early brain development, infant experiences, and social circumstances can be applied to the benefit of our children.

<sup>1</sup> The British Paediatric Association became the Royal College of Paediatrics and Child Health (RCPCH) in August 1996.

<sup>2</sup> J.P. Shonkoff and D.A. Phillips (2000). *Neurons to neighborhoods—the science of early development*. Institute of Medicine. Website: [www.nap.edu](http://www.nap.edu)

While this fourth edition was in preparation, the Secretary of State for Health, the Rt Hon Alan Milburn, announced that a National Service Framework (NSF) for Children would be developed. It is anticipated that this will take 1 to 2 years to complete. This presented our working party with a dilemma. We knew that the fourth edition was eagerly awaited by many colleagues who were keen to modernize their child health services in the light of changes already occurring in line with various Government initiatives. On the other hand, we did not wish to constrain the creative thinking of the group that would be asked to develop the NSF by setting out a policy direction that would be difficult to alter.

Previous editions have been endorsed by all the parent organizations represented on the joint working party and have had the backing of the Department of Health. On this occasion, with the agreement of all the organizations concerned, we have decided to publish this fourth edition without any such formal endorsement in order to expedite publication. We believe that the proposals set out in this book command the support of most professional colleagues working with children and are not aware of any areas of conflict with Government policy, but at the same time we recognize that there will inevitably be many points on which there could be disagreement.

Like the three previous editions, we expect and hope that the fourth will have a short life—indeed, we assume that it will be overtaken within a couple of years by the National Service Framework. We do not claim that it is a final or definitive statement on preventive child health programmes. Its immediate aims are to bring together current evidence and suggest how we should use resources in the best interest of children. If it focuses attention on neglected and marginalized children, raises clinical standards, challenges cherished beliefs, and stimulates new research, it will have served its purpose. And if it is judged to be useful by those working on the National Service Framework, we will be delighted.

David Hall  
David Elliman  
October 2002

## Acknowledgements

As the volume of evidence and literature grows, the preparation of each successive edition of *Health for all children* becomes ever more difficult. Development of this fourth edition has been coordinated and the text edited primarily by David Hall and David Elliman, who are responsible for the final version.

Reviews of the literature and current practice were carried out by separate groups as follows (many people also contributed to general discussion as well as that around specific topics).

1. **Pre-school health surveillance, screening and health promotion**—chair David Hall  
Members of the working group, contributors, and correspondents included Obi Amadi, Ian Bashford, John Boyle, Margaret Boyle, Jean Chapple, Neil Corrigan, Hilton Davis, Naomi Eisenstadt, Penny Gibson, Muir Gray, Mary Hickman, Mustafa Kapasi, Zarrina Kurtz, Caroline Lindsay, Jane Ludlow, Roddy Macfaul, Sam Richmond, David Sowden, Carol Youngs
2. **Secondary care services for children and young people of school age**—chair Leon Polnay  
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3. **Universal services for school-age children**—chair Jane Naish  
Group members: Helen Bedford, Sarah Stewart-Brown, Chris Donovan, David Elliman, Alison Hadley, Pat Jackson, Judy McRae, Katrina MacNamara
4. **Personal Child Health Record**—chair Helen Bedford  
Group members: David Elliman, Derinda Fitton, Helen Hammond, Del Howard, Sue Latchem, Kate Saffin, Mary Slevin, Jacqui Williams
5. **Information and core public health data set**—Brent Taylor with members of the Child Health Informatics Consortium (CHIC).

Cathy Hill and John Hayward made a substantial contribution to Chapter 15.

David Elliman, who was chair of the Child Health Sub-Group of the National Screening Committee from 1999 onwards, coordinated the screening recommendations.

In parallel with the preparation of this edition of *Health for all children*, a separate working group on adolescent health was chaired by John Tripp and a group on 'Helpful Parenting' was chaired by Malcolm Chiswick. Although their reports will be published separately, we acknowledge the importance of their contributions, which will be accessible via the Health for All Children website ([www.health-for-all-children.co.uk](http://www.health-for-all-children.co.uk)).

Many others also offered useful advice and in some cases contributed significantly to the final text. We wish to thank the following.

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Association of Directors of Social Services—access to the report  
*Outcomes are everything*  
Child Growth Foundation  
Department of Health  
Department for Education and Skills  
Infectious Diseases Group affiliated to the Royal College of  
Paediatrics and Child Health  
Members of the British Association of Community Doctors in  
Audiology (BACDA)  
Members of the Child Health Informatics Consortium (CHIC)  
National Children's Bureau  
Sure Start Parenting Education and Support Forum Unit  
The Child Health Sub-Group of the National Screening Committee

If we have inadvertently omitted any individual or organization from this list, we offer our apologies. The list will be displayed on our website and updated from time to time.

## Website

The website (see page 2) was created for us by Harlow Printing Ltd, South Shields, NE33 4PU.

## A note on Devolution

Health care policies and statutory duties are similar but not identical across the four countries of the UK. Wherever possible we refer to equivalent policies and legislation in England, Scotland, Wales, and N. Ireland, but in some cases more detailed information and links will be found on the website.

The Editors thank all those who contributed, but accept full responsibility for the contents of this report and for any errors that remain.

## *Executive summary of the fourth edition of* **Health for all children**

1. The 2002 programme sets out proposals for preventive health care, health promotion and an effective community-based response to the needs of families, children and young people. It takes account of, and is in line with, Government policies and initiatives. The report does not address issues of hospital or acute care but provides links to other sources of information on these topics.
2. Primary care organizations (PCOs) working in partnership with other agencies will need to ensure that the programme is available and accessible to all families within their boundaries, including socially excluded and hard-to-reach groups.
3. In the light of growing evidence that communities, relationships, and the environment are important determinants of health, investment in community development and social support networks is increasingly important; health professionals should contribute to and sometimes lead in these aspects of health care.
4. PCOs should ensure that allocation of resources between and within areas reflects the greater needs of neighbourhoods that are challenging by reason of deprivation, violence, language barriers, lack of facilities, hostility, etc. Staff recruitment and support should take account of the difficulties of working in such areas.
5. The holistic approach of family medicine is commended and the importance of considering the impact on children of parental mental and physical illness, domestic violence and substance misuse is stressed. Health professionals working with adult patients should enquire about their children and liaise closely with paediatric services where needed.
6. Every child and parent should have access to a universal or core programme of preventive pre-school care. The content of this is based on three considerations: the delivery of agreed screening procedures, the evidence in favour of some health promotion procedures, and the need to establish which families have more complex needs.

7. Formal screening should be confined to the evidence-based programmes agreed by the Child Health Sub-group of the National Screening Committee. The agreed screening programmes are given in the table on page 351. Screening activities outside this framework are important in order to ensure continuing refinement of the evidence base, but should be treated as research, reviewed by an ethics committee, time limited, and reported for peer review.
8. There is good evidence to support health promotion activity in a number of areas including prevention of infectious diseases (by immunization and other means), reducing the risk of sudden infant death, supporting breastfeeding, encouraging better dental care, and informing and advising parents about accidental injury.
9. There is as yet no single health promotion measure to reverse the emerging problem of obesity, but the importance of the problem and the need to address it as a public health issue are stressed.
10. There is growing evidence that language acquisition, pre-literacy skills, and behaviour patterns are all amenable to change by appropriate patterns of child management. These insights can be incorporated into programmes like Sure Start but can equally well be provided in non-Sure Start areas.
11. Many illnesses, disorders, and disabling conditions are identified by means other than routine preventive care programmes, but health professionals must respond promptly to parental concerns. Reluctance to carry out appropriate assessments or refer for more expert advice remains an important cause of delays in diagnosis in both primary and secondary care. Clear pathways of care are vital to facilitate prompt and appropriate referrals and need to be developed at local level.
12. Formal universal screening for speech and language delay, global developmental delay, autism, and postnatal depression is not recommended, but staff should elicit and respond to parental concerns. An efficient preliminary assessment or triage process to determine which children may need intervention is vital.
13. The core programme includes antenatal care, newborn examination, agreed screening procedures, support as needed in the first weeks with particular regard to breastfeeding, review at 6–8 weeks, provision of health promotion advice either in

writing (where appropriate) or by face-to-face contact, the national immunization programme, weighing when the baby attends for immunization, and reviews at 8 or 12 months, 24 months, and between 3 and 4 years. However, it is expected that staff will take a flexible approach to the latter three reviews according to the family's needs and wishes, and face-to-face contact may not be necessary for all families.

14. The Personal Child Health Record is commended. There should be a basic standardized format for universal use, which should be used to gather a core public health dataset.
15. Children starting school should receive the agreed screening programmes and their pre-school care, immunization record, and access to primary health care schedule should be reviewed.
16. There is an evidence base for the health care of school-age children derived from a range of interview studies with teachers and children designed to establish what they perceive as their main needs. It should include the following: support for children with problems and special needs; participation in Healthy Schools programmes designed to improve the school environment and social ethos, promote emotional literacy, exercise opportunities and healthy eating, and reduce bullying; health care facilities for young people in line with their clearly stated and well-established requirements for privacy and confidentiality.
17. There is an urgent need to secure the provision and the quality of a range of more specialized services to back up those working in primary health care, education, and social services.
18. Access to a child development centre or team and a network of services, including referral to tertiary units when needed, is essential for the assessment of children with possible or established disabilities. There is ample evidence as to what parents expect, in terms of quality, from these services. The care of children with disabilities involves all the statutory agencies and, in many cases, the voluntary sector as well.
19. Emotional and behavioural disorders are common, but service provision is often inadequate and fragmented. A substantial investment involving all statutory agencies is needed, both in preventive programmes at community level and in managing both straightforward and complex problems.

20. There are statutory duties in respect of child protection, looked after children, and adoption procedures. The requirements for staffing are set out in the body of the Report. Child abuse in all its forms is a major but often unrecognized problem, and there is an urgent need for better multi-agency training of all staff and for improved support for those working in this difficult area.
21. There are also statutory duties in respect of liaison work with education authorities with regard to children who have special educational needs. In addition, the development of health promoting policies and programmes for school age children, in collaboration with education professionals, parents, and young people, requires staff time and expertise.
22. The report stresses the importance of leadership and management of the whole programme. A coordinator is needed to develop and sustain an overview of the health of all children within the district for which the PCO is responsible.
23. It must be clear who is responsible for screening programmes, maintenance and reporting of immunization uptake, introduction of new immunization programmes, health promotion, care pathways for children with health or development problems, socially excluded groups, child protection, looked after children, links with education, staff training, and data management.
24. Since all these activities are interlinked, there is a need for a multi-agency steering group to ensure a focus on desired objectives and outcomes.
25. All staff in contact with children should be appropriately trained and take part in regular continuing professional development.

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