The Healthy Child Programme (HCP)
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1. INTRODUCTION
This briefing provides a summary of the 2009 edition of the Healthy Child Programme (HCP) documentation and its implications for the Voluntary and Community Organisations (VCOs).

The HCP is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Due to its universal reach the HCP aims to identify families who need additional support or are at risk of poor health outcomes.

The HCP is made up of three documents;

1. Healthy Child Programme: pregnancy and the first five years
2. Healthy Child Programme: the two year review
3. Healthy Child Programme: from 5 to 19 years old

The core document of the HCP was updated in 2008. The 2009 update of the HCP brings forward new priority areas of focus based on developing evidence, and tries to address Department of Health concerns that the HCP does not have a sufficiently high profile in some areas of the country by demonstrating its relevance to meeting Public Service Agreements (PSAs) for improving the health, well-being and safety of children.

The document is aimed at PCTs, local authorities, practice-based commissioners, and service providers – some of which will be in the voluntary sector. The documents are intended to set out standards for delivering HCP; implementation should be decided locally.

2. BACKGROUND
The Healthy Child Programme (HCP) is the government’s early intervention and prevention public health programme – the successor to Health for All Children1 (first published in 1989 and overseen by the relevant Royal Colleges) and the Child Health Promotion Programme launched by the National Service Framework for Children, Young People and Maternity Services (NSF).2

Although much of it is directed at statutory agencies, commissioning bodies, GPs, midwives, practice nurses and health visitors, delivery of some of the programmes

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will fall to voluntary sector bodies – in particular those that provide parenting education and support.

The HCP provides the VCS with a valuable framework for identifying priority areas for health provision, and an opportunity to align VCS services with the relevant indicators and outcomes currently found in PSAs, the National Indicator (NI) set (local authority improvement targets) and Vital Signs (the health service equivalent of NIs) that inform local commissioning decisions. One of the most important messages derived from the HCP is that the VCS needs to become better at evaluating how effective its own services are in relation to their cost (cost benefit analysis), and how they improve the health and well-being of children, young people and families.

3. OVERVIEW OF THE HCP

The 2009 HCP is published in three volumes that cover: pregnancy and the first five years; the two year review; and five to nineteen-year-olds.

The recommended standard for the delivery of the HCP depends on services for children and families being fully integrated. If effectively implemented, in terms of overall aims, the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity, leading to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety
- Identification of factors that could influence health and well-being in families
- Better short- and long-term outcomes for children who are at risk of social exclusion

A core element of the programme is the delivery of commissioned service provision through a HCP Team. This team is described as being a single provider, multiple provider, or a partnership arrangement that can involve a number of agencies:

“A cross-locality, multidisciplinary team delivering the HCP across a range of settings: primary care, education, the community, secure accommodation for children and young people3.”

3 Ibid p. 17
The HCP team can also facilitate access to a wider range of specialist support such as CAMHS, speech and language therapy, and support for children with acute or additional health needs. It is crucial that the VCS become familiar with the concept of the HCP team and its competencies framework as outlined in the different HCP documents. Health commissioners need to understand where VCS services can best contribute to the delivery of the HCP.

4. HEALTHY CHILD PROGRAMME; PREGNANCY AND THE FIRST FIVE YEARS OF LIFE

This document is an update of Standard One (incorporating Standard Two) of the National Service Framework for Children Young People and Maternity Services (2004). In this latest update of the HCP, there is increased emphasis on:

- Parenting support, including support for fathers;
- Evidence-informed practice, building on the health community having a greater understanding of attachment, positive parenting, maternal mental health, and responses to risk factors;
- The use of new developments in vaccination and immunisation programmes, newborn hearing screening, and information systems;
- Responding to changed public health priorities (eg, increasing the use of breastfeeding, reducing childhood obesity), including taking a more proactive role in promoting the social and emotional development of children;
- Integrated service provision, including HCP teams in GP and children’s centres, or through better integration between maternity services and the HCP team; and
- An increased focus on vulnerable children and families.

The document sets out the Core Requirements of the HCP. Early identification of need and risk forms the basis of the HCP. This will be achieved by health and development reviews, screening programmes, promotion of social and emotional development, support for parenting, effective promotion of health and behavioural change, prevention of obesity, promotion of breast feeding and additional preventive programmes.

The document goes on to lay out the HCP Schedule, which indicates service areas that should be commissioned in order to help young children meet the optimum outcomes in relation to their health and well-being. There is a section on ‘notes for commissioners’, which appears at Annex A.

The HCP is based on a model of ‘progressive universalism’; in other words, standard services which are available to everyone (universal) and additional services available to those who need them or are at risk (progressively more services provided according to need). The HCP Schedule sets out services divided

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accordingly, into universal and progressive ones. The progressive services are further split in two, with a ‘higher risk’ category. They are as follows:

**Universal services**

- Health and development reviews (including a review at 2 years – further information found in the *Two Year Review* )
- Screening and physical examinations
- Immunisations
- Promotion of health and well-being (parental smoking, diet and physical activity, breastfeeding and weaning, keeping safe, prevention of sudden infant death, maintaining infant health, dental health)
- Promotion of sensitive (ie, not intrusive or passive) parenting and child development
- The involvement of fathers
- Having mental health needs assessed
- Preparation and support with transition to parenthood, and family relationships
- Signposting to information and services

**Progressive services**

- Addressing emotional and psychological problems
- Promotion and extra support with breastfeeding
- Support for behaviour change (re smoking, diet, safety, sudden infant death syndrome, dental health)
- Parenting support programmes
- Promoting child development (eg, language)
- Additional support and monitoring for infants with health or development problems
- Using the Common Assessment Framework (CAF)
- Topic-based groups and learning opportunities for parents
- Help for parents to access other services and information and advice

**Higher risk services** (eg, at-risk first-time young mothers, parents with learning difficulties, drug and alcohol abuse, domestic violence, serious mental illness)

- High-intensity based interventions
- Intensive structured home visiting programmes
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package

**Infrastructure requirements to support the HCP:**

The document stipulates that the HCP must be supported by:

- Information for parents
- Record keeping and data collection (Connecting for Health is developing an electronic child health record)
• Clinical governance (including processes for: monitoring outcomes, service evaluation and improvement, risk management and audit of HCP, parent feedback, safety and quality of screening and immunisation programmes, professional practice regulation, clinical supervision etc.)
• Population needs assessment (through the Joint Strategic Needs Assessment) and resource allocation
• Ensuring HCP is accessible, visible, understandable and popular with parents, particularly among disadvantaged families. (Co-located and multidisciplinary services seen as key)
• Suitable premises and equipment
• Productivity and value, through: offering universal services in different ways (ie web-based, third sector organisations, helplines); having a flexible workforce
• Measuring HCP outcomes (PSA indicators – breastfeeding, obesity, infant mortality, 12-week antenatal assessment; and others: father engagement, smoking in pregnancy, immunisation rates etc.)

Implications for the Voluntary and Community Sector (VCS)

The VCS needs to consider how and where it can contribute to supporting the health service to meet these requirements. In particular, the document emphasises the importance of support for parenting through parent education, but also through parental empowerment (often supported by VCS advocacy services), targeted support for fathers, targeted support for harder-to-reach or socially excluded parents and families (disabled parents, asylum seeking families, parents from some BME groups, young mothers, etc), or support for first-time parents.

Services or programmes that can help parents to change their behaviours and so improve the health of themselves and their children are important drivers in the public agenda in relation to, for example the reduction of childhood obesity. Examples of these can include playgroups and toddler groups, cookery and healthy eating classes, or outreach provided through a children’s centre.

The infrastructure requirements provide useful guidelines for things that VCS providers may wish to consider when applying for a commissioned piece of work: being able to evidence the needs of the local population to whom the organisation wishes to provide a service; having clear rules for sharing information and record keeping, and having policies and guidelines in place on confidentiality and consent; providing accessible information for parents that can be made available through a range of media including the web; and having a plan in place to target and deliver services to disadvantaged families.

5. HEALTHY CHILD PROGRAMME: THE TWO YEAR REVIEW

Reviewing every child’s health at two years of age is one of the key health and development reviews as part of the HCP for pregnancy to five years. The two year

review can be done in a variety of settings: a child health clinic, children’s centre, GP practice, or at home. Parents might want to prepare for the review by looking at the Personal Child Health Record, or through social networking websites like Netmums or Mumsnet. This preparation phase provides VCS agencies that offer advice and support to parents an opportunity to help them understand and prepare for the review.

Individual review findings will inform a population-wide review of the health of two-year-olds at PCT and, potentially, national level. However, further work needs to done to develop quality measures, outcomes and data systems for the HCP that could provide useful information on, for example, father attendance at the review, the social and emotional well-being of the child, the numbers of parents identifying speech, language and communication problems in their children, or the percentage of young children with significant A&E attendance and/or admissions. VCS organisations will be expected to provide relevant information to this data collection exercise.

The Two Year Review document gives supplementary guidance on content and process for the review. Key messages are:

- Priorities at this age are the promotion of emotional development and communication skills, support for positive relationships with families and obesity prevention
- Work with mothers and fathers to develop self-efficacy and support change
- Universal coverage is key – and requires integrated working across children’s services, GPs and outreach.
- Reducing unequal outcomes for children
- Promoting the health of two-year-olds through community and public health actions
- Integrated working with Sure Start children’s centres and GPs, use of new media tools
- Getting the infrastructure right
- Delivering the review in innovative and efficient ways resulting in improved outcomes for children and families

Priority topics are: nutrition, active play and obesity prevention; immunisation; personal, social and emotional development; speech, language and communication; and injury prevention.

This is a universal review for every two-year-old child, so any VCS organisation that works with parents of young children should try to be familiar with the purpose of and framework for this review. It is closely linked to the assessment process and developmental bands that comprise the Early Years Foundation Stage (EYFS). Once the review has taken place, parents may want to access information and advice on their child’s developmental progress – especially if they feel that their child needs help and support to reach certain milestones. VCS organisations that provide general parenting support may be able to help parents understand, discuss and address any concerns they may have by offering emotional support and advice,
or by acting as the parents’ advocates in order to access the most appropriate service(s).

The two year review states that one of the key objectives of the HCP is the early detection of significant impairments. Annex A (pages 34-40) provides a table of the tools used to support that next, and potentially more formal, phase of assessment. If appropriate to their area of specialism, VCS agencies may wish to become familiar with these tools – while remaining aware that many have not been used extensively in the UK and may be subject to local piloting and evaluation before becoming an integral part of the two year review in years to come.

6. HEALTHY CHILD PROGRAMME: FROM 5 TO 19 YEARS OLD

The extension of the HCP programme for younger children from 5 to 19 was announced in the Child Health Strategy, Healthy Lives, Brighter Futures. The Healthy Child Programme: from 5 to 19 years old is good practice guidance for all organisations that commission services for improving 5-19s’ health and well-being, including health service providers, education providers, youth services, local youth justice services, the voluntary sector.

The document sets out a good practice framework for prevention and early intervention services for children and young people aged 5-19. It recommends that health, education and others work together across various settings. It also highlights the five Every Child Matters (ECM) outcomes as the foundations of the HCP.

The HCP should lead to improvements in:

- Quality and experience of health services
- Health and well-being outcomes (including immunisation take up, management of chronic conditions, reduced bullying)
- Broader health and well-being outcomes (including higher life satisfaction, participation in positive activities)
- Educational outcomes
- Targeting support to the particularly vulnerable
- Data capture and analysis on these outcomes

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Principles for a successful local HCP:

- All staff delivering the programme are appropriately trained and skilled
- All services are delivered in the appropriate ‘environment’ – eg, child-friendly environments and health settings conforming to You’re Welcome criteria
- Young people viewed holistically by service providers
- All schools: are Healthy Schools; are working towards having a full range of extended services; and understand their responsibilities to intervene early if children are at risk
- All FE colleges and settings are using the Healthy FE framework
- Effective delivery of physical education and Personal, Social, Health and Economic education (PSHE) curricula
- 5-19 HCP team core skills and competencies are met
- Services and resources are underpinned by systematic assessment of population needs
- Children and young people, families and carers are engaged in service design and delivery

Key components of HCP for 5-19s should include: prevention and early intervention; safeguarding; health and development reviews; screening programmes; immunisation programmes; signposting services; environments that promote health; support for parents and carers (including those whose children have additional health needs.

Priorities for the programme should be set locally in response to assessed needs. However, the document also sets out national health priorities which are covered by the HCP: health inequalities; emotional health, psychological well-being and mental health; promoting healthy weight; long-term illness and disability; teenage pregnancy and sexual health; drugs, alcohol and tobacco.

The guidance includes a schedule of expectations of the programme at different age bands (5-11, 11-16, 16-19) and the bodies responsible for those actions. As with the HCP: pregnancy and the first five years of life, the guidance is based on a model of progressive universalism. Recommended actions are as follows:

**5-11**

**Universal:** sharing information about pre-school background when a child starts primary school; health assessment upon school entry (reception/year 1), including vision and hearing screening; social and emotional aspects of learning (SEAL); targeted mental health in schools; bullying; National Child Measurement Programme; physical activity; PE curriculum; nutrition; safeguarding; identification of additional needs; support for parents and carers.

**Progressive:** immunisations for ‘at-risk’ children (eg, Hepatitis B or flu); referrals to CAMHS; info and signposting for overweight and obese children and their families; additional support, and health assessment requirements, for looked after children and those with complex welfare needs; multidimensional treatment foster care;
special educational needs support; care plans for children with long-term conditions; policies for managing medicines in schools; support for young carers; family/parent support (family pathfinders; family intervention projects; parenting early intervention programme; referrals for parents who smoke and those with drug or alcohol misuse problems or mental health problems; domestic violence; parents with learning difficulties).

11-16

Universal: health review in year 7 (transition to secondary); making contact with young person on 16th birthday to engage them in health services (options being piloted e.g. birthday card from GP); immunisations; SEAL; targeted mental health in schools; bullying; physical activity; nutrition; easy access to contraceptive and sexual health services and chlamydia screening; safeguarding; identifying additional needs; support for parents and carers as above.

Progressive: immunisations for ‘at-risk’ children (eg, Hepatitis B or flu); referrals to CAMHS; info and signposting for overweight and obese young people and their families; referrals to specialist drug and alcohol services; support for smoking cessation; additional support for looked after young people, those with complex welfare needs, special educational needs and complex health needs and young carers; for young people in contact with the youth justice system – supporting them to use mainstream services, developing a health delivery plan and continuity of care for those sentenced to custody, placed away from home or moved between establishments; substance misuse interventions for young people in the secure estate; support for parents and carers (as above plus multisystemic therapy).

16-19

Universal: Highlights the fact these young people may be in a wide range of settings (e.g. school, training, employment, FE, sixth form college, or NEET). Immunisations; sharing information about a young person’s personal, social and health support needs in transition to FE; Healthy FE programme (in development) and development of strong links between HCP team and FE institutions; CAMHS; contraceptive and sexual health services and chlamydia screening (including considering onsite services in FE institutions); three hours of college and community sport per week; safeguarding.

Progressive: immunisations for ‘at risk’ young people (as above); CAMHS; drug and alcohol and smoking cessation services; support for particularly vulnerable groups (looked after, special educational needs, complex health and/or welfare needs, care leavers); one-to-one sexual health interventions for disadvantaged young people, those in or leaving care, and those with low educational attainment; additional support for those in contact with the youth justice system and substance misuse interventions in secure settings (as above); support for parents and carers (as above).
Infrastructure requirements to support the HCP:

The HCP must be supported by:

- A needs assessment (through the Joint Strategic Needs Assessment), which should cover: the wider determinants of health (e.g., housing, leisure, transport) and workforce needs
- Leadership and governance: overseen by Children’s Trust Board; implemented by PCT, LA and other partners; named post with senior responsibility for commissioning HCP services; HCP team with team leader responsible for ensuring delivery to the HCP specification
- Use of the CAF to assess the needs of vulnerable families, with the HCP team working with the ‘team around the child’
- Stronger joint commissioning and better use of data within commissioning and delivery

Children’s Trust Boards should clarify who is responsible for strategically leading the HCP. The local strategy for delivery should be included in the Children and Young People’s Plan (CYPP). At the operational level, the programme should be delivered by the multidisciplinary HCP team. The document also recommends that the HCP is delivered in schools by School Health Teams (with school nurses at the core) and in FE settings through the Healthy FE programme. Families should be engaged in local planning for HCP early on. The role of parents, friends, relatives and the community in influencing a child’s health and well-being should be considered when developing the HCP locally.

7. SUMMARY

The HCP is a complex, inter-related, multi-disciplinary preventive health programme that requires the involvement of statutory and voluntary sector organisations. It covers the breadth of a child’s health and well-being needs from 0 to 19.

VCOs should make themselves familiar with the programme schedules in each of the three volumes and as they are played out in their local area. In order to meet the demands of the programme, commissioners will align their planning and service priorities with the contents of these schedules and, at a more strategic level, the requirements of the various PSAs and local government indicators. VCOs which are looking to continue or win new contracts to deliver health services will be in a stronger position if they align their work with the HCP priorities and schedules. VCOs also have a role to play in collecting robust evidence on the impact of their interventions on the HCP priority areas, which will also strengthen their position to apply for contracts and tenders.

The HCP provides the VCS with a range of opportunities to contribute to the HCP through improving health and well-being outcomes for children and young people. Examples of these opportunities would include:

- Parenting education and support through a variety of settings including children’s centres
• Nutrition and healthy eating advice or cookery classes for parents
• Non-stigmatising and accessible sexual health services for young people
• Alcohol and/or drug treatment services for parents or young people
• Specialist PSHE or Sex and Relationships Education (SRE) support in schools
• Sporting and outdoor activity opportunities through extended school services or in the community
• Advice and advocacy services for parents of disabled children or children with complex health needs
• Translation services for parents who speak English as a second language

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