



Flying Start Health Programme Guidance

Mae'r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Introduction

Flying Start is the Welsh Government's targeted Early Years programme for families with children under 4 years of age who live in some of the most disadvantaged areas of Wales. Flying Start aims to make a decisive difference to the life chances of children by mitigating the impact of poverty, which is linked to poor life outcomes in early childhood, including health outcomes. The Programme comprises of four entitlements which provide:

- free quality, part-time childcare for 2-3 year olds;
- an intensive health visiting service;
- access to parenting support; and
- support for speech, language and communication development.

Through a multidisciplinary team approach, which identifies all of the needs of the child and their family and provides prudent and proportionate interventions, Flying Start aims to ensure that:

- children are healthy and thriving;
- · families are capable and coping; and
- Flying Start children are reaching potential.

The focus of Flying Start is upon the early identification of any needs and the timely application of interventions. While Flying Start offers a distinct programme of health interventions the programme builds upon the universal programme of health visitor interventions set down in Healthy Child Wales Programme (HCWP). The HCWP provides an early intervention and preventative public health programme which is central to public health practice. It is fundamental, promoting the delivery of positive health and wellbeing to families and communities in Wales. While the Flying Start health programme offers additionality to the HCWP, in terms of the regularity and number of interventions provided, the main difference is that health visitors are able to refer to or call upon the support of a multidisciplinary team of other professionals, both health and non-health who can work collaboratively to meet the needs of the child and their family.

Like the HCWP, the Flying Start programme of health interventions is based on progressive universalism, which means the interventions and support actually offered to individual families should always be proportionate to their assessed level of need. While all Flying Start eligible families should receive additional interventions beyond those offered universally through the HCWP, those with the greatest level of identified need should receive the greatest intensity of interventions.

The programme should be read alongside the Healthy Child Wales Programme (HCWP) and the Welsh Government's guidance on the Flying Start Programme, particularly the guidance on Health Support Services, Guidance on Engagement and

Support and Guidance on Speech, Language and Communication. It should also be read in conjunction with the Quality Assurance Framework, which sets out the standards of practice and care for the health visiting service.

Introducing the Programme

All children and families eligible for Flying Start should receive their programme of health visiting and other health interventions delivered by the Programme from the Flying Start health team, rather than the generic service. The Flying Start Health Programme sets down a universal programme of interventions which should be delivered to all Flying Start families. These will either be delivered by the Flying Start health visitor or delegated by the Flying Start health visitor to other members of the health team in line ithe the All Wales Guidelines for Delegation Framework (2010)¹. The Flying Start Health Programme also sets down the programmes of additional interventions which should be provided to those families which have been assessed, by their Flying Start health visitor, as having 'enhanced' or 'intensive' needs.

The implementation of the Flying Start Health Programme ensures a commitment to safeguard the health, wellbeing and welfare of all children in the Programme and aims to achieve the following key priorities:

- to deliver key public health messages which support families to make long term health enhancing choices;
- to promote bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children;
- o to promote positive maternal and family emotional health and resilience;
- to support and empower families to make informed choices in order to provide safe, nurturing environments;
- to assist children to meet all growth and developmental milestones enabling them to achieve school readiness; and
- to support the transition to school provision.

 $[\]underline{www.wales.nhs.uk/sitesplus/documents/829/All\%20Wales\%20Guidelines\%20for\%20Delegation.pdf}$

Delivering the Flying Start Health Programme

The Flying Start Health Programme is central to the delivery of a progressive, universal service. It offers a range of preventative and early interventions, for different levels of risk, which should be determined by the use of the All Wales Health Visiting Family Resilience Assessment Instrument Tool (FRAIT) (Wallace et al 2015¹²).

The aims of the FRAIT are to identify protective factors within families as well as to identify additional need alongside potential safeguarding and child protection risks. Flying Start health visitor should, in partnership with families, assess parental and family resilience in terms of coping with family life, and aim to identify the supportive factors required to improve health outcomes. The FRAIT should be used at key stages throughout the Programme and a bespoke plan of care should be agreed with families encompassing interventions and reviews to evaluate distance travelled. The FRAIT takes into account a complex range of factors including parental mental health, bonding and attachment, child development, family relationships and parenting capacity. It also takes full account of the diversity of families including mothers, fathers, partners, carers and grandparents. The assessment facilitates a robust analysis of these factors and ensures interventions are delivered though the mechanism of prudent health care.

Summary of Flying Start Health Interventions

Universal Interventions

24+weeks gestation

Antenatal home visit - Health Visitor

Birth to 6 weeks

10 – 14 days - Primary Birth Visit home visit - Health Visitor
 3, 4 & 5 weeks – weekly home visits by Health Visitor or delegated to skillmix
 6 week review – home visit Health Visitor

8 - 16 weeks

A home visit by Health Visitor or delegated to skillmix

Clinic - Vaccinations at 8, 12 & 16 weeks

6 Months

A home visit by Health Visitor

9-12 Months

A home visit by Health Visitor or delegated to skillmix

Clinic - Vaccinations between 12/13 months

15 Months

A home visit by Health Visitor, including child assessment child development assessment

18 - 24 Months

A home visit by Health Visitor or delegated to skillmix – including transition to FS childcare

27 Months

A home visit by Health Visitor - to including assessment of child development

3 1/2

A home visit by Health Visitor

Handover from Health Visitor to School Health Nurse at the reception class/rising 5

Child Measurement Programme & Vision screening by School Nurse

Clinic - Vaccinations at 3 years & 4 months

Clinic - Influenza – annual flu nasal spray from 2 years old

Audiology screening

Flying Start Health Programme Schedule:

This section describes the progressive universal programme of interventions for all Flying Start families. The level of intervention should be determined by the health visitor's assessment of family resilience and will range from a standardised universal service through to enhanced or intensive multi-agency packages of support.

The Programme sets out a schedule of interventions which should be offered to Flying Start families and the support, assessments and key public health messages which should to be delivered to families during these interventions. Interventions should be offered at three levels:

- Universal the core minimum programme of universal interventions which should be offered to all Flying Start families regardless of their level of assessed resilience.
- Enhanced the core universal programme of interventions plus additional interventions required to meet any additional needs which have been identified through the assessment of family resilience. The 'Enhanced' additional interventions are likely to be provided by professionals working within the Flying Start Programme.
- Intensive further interventions, built upon ongoing assessment and analysis
 of greater need. Intensive support is likely to involve multi-agency support.
 This is likely to require the provision of interventions from specialist support
 services outside of the Programme.

At every intervention opportunities should be taken to ensure that key public health priorities are identified. Evidence based messages should be delivered to improve the health and wellbeing of children and their families. The safety and wellbeing of the child should be the paramount consideration (Children Act 1998; 2004¹⁶). Where there are professional concerns regarding a child's welfare or when a child is thought to be experiencing significant harm, the child and their family must be referred to their Local Authority Social Services department, using guidance contained in the All Wales Child Protection Procedures.

Overview of the Flying Start Health Programme

The number and intensity of interventions offered should depend upon an assessment of family resilience; which should be undertaken at key points during the Programme. The following illustrates the different levels of provision which should be offered:

Universal

The core universal interventions of the Flying Start Health Programme, which should be made available to all Flying Start families include:

- health and development;
- · screening and physical examinations;
- immunisations;
- key public health messages on:
- social and emotional development and impact on brain development
 - smoking and substance use
 - prevention of Sudden Infant Death Syndrome (SIDS)
 - o breastfeeding, responsive feeding and healthy weaning
 - o nutrition
 - obesity and physical activity
 - child safety
 - home safety & accident prevention
 - healthy relationships and domestic abuse
 - dental health
 - pet/dog safety;
- promotion of positive parenting and informal and formal parenting programmes and parenting groups;
- secure infant, attachment and bonding;
- supporting and understanding childhood behaviour;
- Speech, Language and Communication (SLC);
- stimulation and play;
- involvement of fathers;
- perinatal mental health;
- parental emotional health and wellbeing;
- preparation and support with transition to parenthood;
- safeguarding; and
- transition to childcare and formal education and school readiness.

Enhanced

Building on the universal core components of the Flying Start Services Programme the enhanced service should include further collaborative interventions, as part of an integrated package of care, delivered jointly with other members of the wider health team and/or other professionals working within the other core elements of

the Programme. These should usually have been identified as being required through either the assessment of the family's resilience by the health visitor and/or an assessment of the child's development progression, including in the area of Speech, Language and Communication i.e.:

- emotional and psychological issues;
- attachment issues;
- breastfeeding, responsive feeding and healthy weaning;
- positive behaviour change (smoking, substance use, diet, dental health etc.);
- parenting support programmes, including assessment and promotion of parent-child interaction, offered on either one-to-one support or through informal and formal parenting programmes²;
- support regarding social, emotional and mental health issues;
- child development & support for Speech Language and Communication;
- monitoring and early intervention for infants with health or developmental problems;
- accessing other services and sources of information and advice;
- safeguarding; and
- focused collaborative interventions.

Intensive

This element should build further upon the universal and enhanced provision of the Flying Start Health Programme and is likely to require additional interventions from specialists outside of the Programme and a multiagency approach. The decision to provide this level of intervention should be guided by the individual assessment of family resilience and identification of significant need and may include:

- intensive evidence based interventions;
- intensive structured home visiting programmes;
- · referral for specialist services; and
- safeguarding and child protection.

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² Further information and a list of recognised evidence based parenting programmes can be found within the Flying Start Parenting Support Guidance Annex

Maternity

The Welsh Government's strategic vision for maternity services in Wales (2011)³ sets the direction and the outcomes it expects for women and their babies during pregnancy and childbirth. While Flying Start is targeted at support for 0-4 year olds it is recognised that both positive and negative maternal behaviours can have a significant impact on the child's long-term health, and development. Through antenatal intervention(s) Flying Start is able to encourage and support the adoption of healthy lifestyles and deliver key positive public health messages. The Flying Start health visitor, members of the wider health team and other professionals working with the Programme are ideally placed to deliver interventions to mothers to be and their partners to become resilient families. They are also able to promote positive parenting, provide key messages about early Speech, Language and Communication and to deliver key public health messages at a time when the parents are likely to be at their most receptive to receiving information, advice, guidance and support.

Where the needs of mothers to be and their unborn child cannot be met by the community midwives service, the Flying Start health visitor or members of the health team or wider team, Local Authorities can choose to directly engage midwives as part of their health team. However, any antenatal interventions delivered by Flying Start, whether by the midwife, health visitor, health or other professional working in the Programme must be additional too those offered by the community midwifery service.

Where a Flying Start midwives is engaged they should work alongside and in collaboration with other professionals within the Programme, and the designated community midwife to ensure all of the needs of the mother to be and their baby are met.

The interventions delivered by the Flying Start midwife should contribute towards the Welsh Government's Strategic Vision for Maternity Services in Wales. The focus of the is Strategic Vision is upon improving the health of pregnant women and their babies through encouraging early direct access to a midwife, supporting healthy lifestyles and smoke free homes, improving immunisation uptake in pregnancy, reducing unnecessary intervention and increasing breast feeding rates.

Pregnancy is the beginning of the journey to parenthood and it is essential to identify early need and the support required. To facilitate a smooth transition between health professionals, the standardisation of both records and procedures for handover from midwife to health visitor, whether from within the Flying Start or from the Community Midwifery Service, needs to be in place.

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 $^{^3\ \}underline{www.gov.wales/topics/health/publications/health/strategies/maternity/?lang{=}en$

Community Midwifery Service Notification of pregnancies in Flying Start areas to the Programme

During the second trimester of pregnancy, the Community Midwifery Service should inform Flying Start of any pregnant women living in a designated Flying Start area. All of these women should then be allocated to a named Flying Start health visitor who should contact them to make the necessary arrangements for a home visit. The visit should take place at 24+ weeks into the pregnancy and the main purposes of the visit will be to undertake an assessment of family resilience to identify the programme of interventions to be delivered both during the pregnancy and postnatally. The intervention will also provide an opportunity to introduce the family to the Flying Start Programme.

The Community Midwifery Service should also share any information about the mother-to-be or family such as being a first time mother or requiring additional support because of factors which increase the risk to their health and wellbeing or that of their unborn child. The NICE Guidance on Pregnancy and Complex Social Factors (2010)⁴ refers to four main groups of women who may require additional multi professional support:

- women who misuse substances (alcohol and /or drugs);
- women who are recent migrants, asylum seekers or refugees, or have difficulty reading or speaking English;
- young women under the age of 20;
- women who experience domestic abuse.

Although the four factors highlighted above are not exhaustive they should be used to develop a process of formal communication between both the Community Midwife Service and Flying Start Programme, or between the Flying Start midwife and health visitor. Other factors supporting referral might include parents:

- with learning difficulties;
- who have pre-existing or current safeguarding concerns;
- have been LAC or are care leavers;
- who are at higher risk of have social, emotional or mental health needs; or
- whose unborn baby who is known to have a medical condition or additional need.

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⁴ www.nice.org.uk/guidance/cg110

Community Midwife handover to Flying Start and referral to health visitors in postnatal period

Midwives also provide care for new mothers and their babies postnatally for a minimum of 10 days and, following that, for as long as the midwife considers necessary.

However, because the Flying Start health visitor will undertake a Primary Birth home visit to all new families, from 10 – 14 days, it is important that there is clear communication between the Community Midwifery and Flying Start health services This is particularly important where the family has been identified, prior to or following the birth of their baby, as having additional needs.

A standardised process for formal routine handover and handover of families with additional needs is key to providing family centred high quality services.

Flying Start Antenatal Intervention: 24+ Weeks Gestation

- All pregnant women who are eligible for Flying Start should receive a home visit from their Flying Start health visitor at 24+ weeks gestation.
- Commencing the FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need.
- Parental expectations and preparation for parenthood should be discussed and assessed to identify risk.
- For some families, where English is not their first language, the use of interpreter services should be considered.
- The assessment and evaluation of available information should be undertaken
 to determine the level of antenatal and potential postnatal interventions
 necessary to support the family; this should be discussed with and agreed
 with the family.
- Reasons necessitating enhanced or intensive support could include:
 - o all primigravida;
 - teenage mothers/parents;
 - o all parents expecting multiple pregnancies;
 - \circ low BMI <18 or high BMI >30;
 - excessive weight gain during pregnancy;
 - previous low birth weights <2.5kg;
 - o poor diet or nutrition;
 - smoking;
 - o drugs, alcohol or other substance misuse;
 - parents are or were looked after children (LAC);
 - o parents with learning difficulties;
 - emotional/mental health needs;
 - o previous attachment concerns;
 - previous children with safeguarding concerns or known to social services;
 - frequent non-attenders at hospital or community midwife antenatal clinics;
 - parents with pre-existing or current safeguarding concerns, including domestic violence;
 - o isolated or vulnerable women; or
 - other issues like housing difficulties or debt issues.
- The intervention should also be used to address such issues as:
 - key public health promotion messages;
 - the importance of emotional health/ relationships in pregnancy and the impact on baby's brain development and outcomes; the importance of parental bonding and infant attachment;
 - breastfeeding;

- smoking cessation or smokefree environments;
- substance misuse;
- o emotional health and wellbeing;
- o preparations for parenthood;
- the development of Speech, Language and Communication should be discussed and key messages one and two from "Learning To Talk" should be delievered;

and to inform families about:

- the role of the Flying Start health visitor, their health entitlement and contact information; and
- o the other non-health entitlements of the Flying Start Programme.
- It should also be used to promote the availability of and encourage all families to attend any antenatal groups which:
 - support preparation for parenthood;
 - o promote health and healthy lifestyles;
 - build support networks;
 - o encourage attendance at postnatal support groups; and
 - o encourage access to Flying Start service.
- The Flying Start health visitor should work in partnership with other members of the Flying Start team, and the community midwifery service, to proactively address any identified health needs and coordinate care.

Flying Start Antenatal Intervention: 24+ Weeks Gestation

| | Key Interventions | |
|-----------|---|--|
| | Introduction from Community Midwifery Service | |
| Universal | Flying Start should be notified of all pregnant women, living in a Flying Start area, by the Community Midwifery Service. All eligible pregnant women should receive a home visit from their Flying Start health visitor at 24+ weeks gestation; or as soon as possible after notification has been received 24+ weeks gestation. | |
| Enhanced | The Community Midwifery Service should highlight any families who have been assessed as having any factors which could impact on maternal and/or family health. | |
| Intensive | For families with complex needs the All Wales Child Protection procedures should be followed in order to agree a multi-agency care plan to ensure there is adequate support for the family and protection for the unborn child. | |
| | Assessment of Family Need | |
| Universal | The health visitor should commence an holistic family assessment and review using FRAIT and a plan of interventions and support should be agreed in partnership with the family. The aim is to build on parental capacity in preparation for parenthood. An assessment of maternal mental health should be made using the NICE Mood Questions. The health visitor should also screen for domestic abuse. | |
| Enhanced | This assessment should identify those families needing additional support and a care plan should be developed and agreed in partnership with parents. The health visitor should identify the additional support to be provided by the health team and by other professionals working within the Flying Start Programme. Parents should be offered support to develop secure parental and infant relationships and emotional wellbeing. The health visitor should coordinate the interventions which are provided. | |
| Intensive | The health visitor should work in partnership with Community Midwifery Services, the GP and other partner agencies to address the needs identified in the care plan. | |

| | Planning for Parenthood |
|-----------|--|
| Universal | Parental expectations and preparation for parenthood should be discussed and parents-to-be informed of and encouraged to attend any antenatal parenting groups offered by the Programme. The importance of attachment and bonding should be discussed. There should be a discussion about the development of Speech, Language and Communication and key messages one and two from "Learning To Talk" should be delivered. |
| Enhanced | A care plan should be developed, and agreed in partnership with parents, for those families assessed as being medium risk, including those with an unborn infant with health or developmental problems or abnormalities. Parents-to-be should be referred for additional parenting interventions from within the Programme, including one-to-one support and informal or formal parenting programmes. |
| Intensive | A care plan, involving a multi-agency approach, should be developed and agreed in partnership with parents for those families assessed by as being at high risk, including those with an unborn infant with health or developmental problems or abnormalities. The health visitor should work in partnership with the Community Midwifery Service, GP and other partner agencies to address the needs identified in the care plan. |
| | Key Public Health Messages |
| Universal | Key public health promotion messages should be promoted. |
| Enhanced | Public health issues that impact on maternal and family health should be identified and addressed. |
| Intensive | The health visitor should encourage attendance with specialist provision as indicated and where the unborn child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. |

Flying Start Interventions: Birth to 6 Weeks

- All families will be offered weekly home interventions from the health visitor or appropriate delegated member of the Flying Start health team between the Primary Birth Visit to their six week review.
- Completing the FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need.
- The health visitor should seek opportunities to promote secure attachment and bonding between the parent/carer and their baby. This is vital to ensure the baby's optimal brain development. The knowledge gained will help parents/carers understand the baby's behaviour and enable them to build on their skills and knowledge. This should help to encourage the parents/carers to be caring, confident and competent in their parenting
- The health visitor should emphasise the importance of parental social, emotional and physical wellbeing for family's health. The health visitor should support and advise parents/carers about key health promotion messages which will improve the family's wellbeing and also support parents/carers to become resilient to the challenges of parenting.
- The health visitor should discuss the development of Speech, Language and Communication with the parents/carers and the applicable "Learning To Talk" key messages should be delivered. The child should be observed for any indications of hearing impairment and a referral made to any specialist services, where appropriate.
- The health visitor should seek to influence family health and health behaviours which will impact upon long term health outcomes, including the Tier 1 public health targets, for example smoking cessation, increasing immunisation uptake rates and supporting children and families to achieve a healthy weight.
- The health visitor should discuss expected developmental milestones and the ongoing management of baby's wellbeing, for example the management of minor illnesses and the prevention of accidents, including Choose Well.

Flying Start Interventions: Birth to 6 Weeks

| | Key Interventions |
|---------------------------|--|
| Assessment of Family Need | |
| Universal | The health visitor should undertake an holistic family assessment and review using the FRAIT at the 10-14 day Primary Birth Visit. Between one to six weeks the 'Routine Enquiry' screening for domestic abuse should also be undertaken. All families should receive weekly home visits from the Flying Start health team from the Primary Birth visit until six week review. Observations from the interventions should be used to build the assessment of the family's resilience. These visits can be undertaken by the health visitor or a member of the wider health team, as directed by the health visitor, but the assessment of the family's resilience, to determine the support to be provided, should only be undertaken by the health visitor. |
| Enhanced | A care plan should be developed and agreed in partnership with parents/carers for those families who are assessed as requiring additional support, and whose additional needs can be met from within the Programme. |
| Intensive | A multiagency care plan should be developed and agreed in partnership with parents/carers for those families who are assessed as being high need and whom, as well as receiving support from within the Flying Start Programme, requires additional outside interventions from specialist services. |
| Pror | notion of Secure Parent & Infant Relationship and Attachment |
| Universal | All parents/carers should be offered support to develop secure parental and infant relationship and attachment. A discussion and demonstration of baby`s age appropriate development should be undertaken using Health Observation and Assessment of the Infant (HOAI). Information about crying, colic and sleep patterns should be offered to encourage parental attunement with the new baby. Details of informal and formal parenting programmes for new parents, either in groups or one-to-one should be provided along with information on other activities, such as baby massage, music, early talking and development, which are available through the Programme, should be provided to all parents. |
| Enhanced | For parents/carers assessed as needing additional support informal and formal parenting programmes and activities should be offered on a one-to-one basis, in the home or other appropriate setting. |
| Intensive | For parents/carers assessed as needing significant additional support the health visitor should encourage mothers/fathers/partners/extended family to attend available local support services. |

| | Promotion of Breast Feeding |
|-----------|---|
| Universal | All breastfeeding mothers should be offered bespoke advice and information offered following the breastfeeding assessment to support the continuation of breastfeeding. This may include peer support and details of local groups in line with Baby Friendly Initiative (BFI) guidance. |
| Enhanced | The health visitor should offer additional one-to-one support and liaise with the local breastfeeding champion where difficulties are identified. |
| Intensive | The health visitor should refer to specialist support where the difficulties persist. |
| | Promotion of Safe Infant Feeding |
| Universal | All parents/carers using formula feeds should be given advice and support regarding safe and responsive infant formula feeding. Information on vitamins and healthy family nutrition should be offered, including the benefits of delaying weaning with the safe introduction of solids at six months of age. |
| Enhanced | Information on Healthy Start should be given to the parents/carers who are eligible. Parents/carers assessed as needing additional support should be provided with bespoke parental support and advice on safe infant feeding and family nutrition. |
| Intensive | Parents/carers assessed as needing significant additional support should continue to receive support and advice about safe infant feeding and family nutrition but should also be referred to local specialist support services where appropriate. |
| | Promotion of Baby Safety |
| Universal | All parents/carers should be given advice about keeping their baby safe and providing a safe environment. This should include home safety advice and information about safe handling, car seats, safer sleeping, sudden infant death (SIDS), the risk of parental smoking, smoke free homes and cars, substance use and advice regarding the potential risks posed by animals, including familiar pets e.g. dogs. |
| Enhanced | Further assessments should be carried out as necessary and additional support provided from within the Programme where a need is identified. Referrals should also be made to appropriate safety schemes, where they are available, e.g. the fire service or providers of safety equipment. |
| Intensive | Where there are significant issues a referral should be made to specific programmes e.g. CONI Programme and/or a coordinated multi-agency approach should be taken to address the needs identified in the care plan. |

| | Assessment and Monitoring of Growth and Development | |
|-----------|---|--|
| Universal | An assessment will be undertaken of the baby's growth and development and a physical observation undertaken at the birth visit. This initial assessment should be followed by ongoing monitoring and assessment appropriate to the outcome of this assessment. The baby's weight and head circumference should be measured and interpreted for parents/carers using the UK WHO Growth Foundation Chart ²⁰ . | |
| Enhanced | There should be an ongoing review and monitoring of the baby's growth and development for those with health and/or developmental concerns, including prematurity and low birth weight. An early referral to specialist advice and support should be made for those identified with growth and/or developmental concerns. | |
| Intensive | A bespoke package of care should be developed for those with complex needs, working within a multiagency context. | |
| | Promotion of Maternal Emotional Health | |
| Universal | The health visitor should make enquires regarding the emotional health of the mother at the 6 week Family Health Review and again at the six week intervention using the NICE mood questions ²¹ . Their emotional health should continue to be reviewed during the other weekly interventions. Where the NICE mood questions indicate an issue a clinical interview should be undertaken (EPDS could be used to support this) to assess what level of intervention is necessary. | |
| Enhanced | Mothers identified as needing extra support for their emotional health, anxiety or mental illness should be offered an individualised plan of care. This may include listening visits with the health visitor or other member of the Flying Start team, counselling or Cognitive Behavioural approaches and/or referral to their GP and local mother and baby support groups. | |
| Intensive | Mothers identified with perinatal mental health problems or mental illness should be referred to their GP and may be referred to specialist services. | |
| | Childhood Immunisations | |
| Universal | The health visitor should promote all recommended immunisations. | |
| Enhanced | The health visitor should reinforce the importance of immunisations. | |
| Intensive | The health visitor should reinforce the importance of immunisations. | |

| | Promotion of Speech, Language and Communication |
|-----------|---|
| Universal | Parents/carers should be informed about the baby`s brain development in relation to their social skills and emotional growth and advised regarding the importance of play and stimulation and how to accurately interpret their baby's cues when they are over stimulated. Information should be provided about the benefit of reading and singing to the baby, local baby groups and appropriate local services and resources. Speech, Language and Communication should be discussed and key messages three and four from "Learning To Talk" should be distributed and discussed with the parents/carers. |
| Enhanced | Where a lack of stimulation has been identified the health visitor should advise and monitor and if necessary refer to other agencies. |
| Intensive | Children requiring additional support should be referred to specialist services e.g. hearing impaired or others with additional health needs. |
| | Key Public Health Messages |
| Universal | All parents/carers should be provided information and advised about key public health promotion messages, including family nutrition, how to achieve and sustain healthy weights, smoking cessation, oral health care, home safety and accident prevention, emotional health and wellbeing, contraception and sexual health. |
| Enhanced | Parents/carers and families identified as needing further support to make healthier lifestyle choices should be referred to support groups available within the Programme, for example for smoking cessation or healthy eating or provided with additional one-to-one support. |
| Intensive | Parents/carers and families identified as needing specialist support should be referred to and encouraged to attend specialist provision. Where the baby is at risk of experiencing significant harm a referral to the Local Authority Social Services must be undertaken. |

Flying Start Child and Family Health Review: 8 to 16 Weeks

- Every family should receive a home intervention between 8 and 16 weeks.
 This should be additional to any clinic and/or immunisation interventions, at 8,
 12 and 16 weeks. This could be undertaken by the health visitor or delegated by them to another member of the health team.
- The intervention should include a discussion on weaning to promote healthy family nutrition, prevent the early introduction of solids and promote breastfeeding until six months. The weaning intervention should be used to:
 - o provide evidence based weaning advice;
 - o discuss feeding as part of development;
 - o discourage the use of dummies;
 - o encourage the use of a cup;
 - o discuss family diet;
 - o discuss dental health; and
 - o discuss food handling hygiene.
- The interventions should also be used for health surveillance and to review the child's growth and developmental progress and to discuss age appropriate milestones.
- The development of Speech, Language and Communication should be discussed with parents/carers and the applicable "Learning To Talk" key messages should also be delivered.
- Where there have been previous concerns the health visitor should continue to review the family's resilience and plan appropriate interventions to meet any identified needs.
- Parents/carers should be encouraged to attend Child Health Clinics at 8, 12 and 16 weeks to have their child immunised.
- The mother's emotional health and wellbeing should be reviewed by the health visitor, between three and four monthsusing the NICE mood questions..
- The interventions should also be used to promote health and wellbeing and for the continued promotion of key public health messages i.e. breastfeeding, oral health, Healthy Start vitamins and healthy nutrition and promoting child development.
- Advice should be offered regarding the management of childhood minor ailments.
- The interventions should also be used to signpost families to other Flying Start services and promote and encourage the uptake of all entitlements.

Flying Start Child and Family Health Review: 8 to 16 Weeks

| Key Interventions 8 to 16 weeks | |
|---------------------------------|--|
| | Assessment of Family Needs |
| Universal | A review of family resilience should continue to be undertaken during the period. If no further action is required, the family should continue to receive the universal programme. |
| Enhanced | Additional support should be provided to those families identified as requiring it. Where necessary, for example if the families circumstances had substantially changed since the last contact, the health visitor should undertake an holistic family assessment and review using the FRAIT and agree a care plan in partnership with parents/carers for those needing extra input. A care plan should be agreed in partnership with parents/carers, if it has not already been, and if it has the plan should be updated. |
| Intensive | The health visitor should work with families in crisis alongside other agencies with a multiagency plan of support to help build stronger and more resilient families. |
| | notion of Secure Parent & Infant Relationship and Attachment |
| Universal | Support and advice should be given to parents/carers to help them understand how a child's developing brain is affected by everyday interactions. All parents/carers should be encouraged to attend the parenting groups and participate in the informal or formal parenting support programmes available through the Programme. |
| Enhanced | Families requiring extra help should be provided with one-to-one support and encouraged and supported to attend the parenting groups, parenting programmes, and other parenting support, for example baby massage, which are available through the Programme, which increase parental attunement. |
| Intensive | Families identified with higher needs should be referred to other appropriate external bespoke parenting support programmes. |
| | Promotion of Breastfeeding |
| Universal | All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. |
| Enhanced | Bespoke packages of care, with additional one-to-one support, should be offered and the health visitor should also liaise with the local breastfeeding champion, as necessary, where difficulties have been identified. |
| Intensive | The health visitor should continue to offer support and refer onto specialist support services, when difficulties persist, as part of a shared care plan. |

| | Promoting of Safe Infant Feeding |
|-----------|---|
| Universal | All families should receive information and advice about weaning and nutrition and advice and support about the safe use of infant feeds and safe infant feeding, which also promotes a close relationship. Information on vitamins and healthy family nutrition should be offered including the benefits of delaying weaning with the safe introduction of solids at six months of age. Information on Healthy Start should be given to the parents/carers who are eligible. Parents/carers should be invited to weaning parties and groups where these are offered. |
| Enhanced | Additional parental support and advice regarding safe infant feeding, family nutrition and achieving and sustaining a healthy weight should be offered on a one-to-one basis. |
| Intensive | Parents/carers requiring additional support should be referred to local appropriate services if specialist support is not available within the Programme. |
| | Promotion of Child Safety |
| Universal | All families should receive a home safety assessment before their child is six months of age. In addition, at each intervention all parents/carers should receive advice about keeping their child safe and providing a safe environment. This should include home safety advice and information about safe handling, car seats, safer sleeping, sudden infant death (SIDS), the risk of parental smoking and substance use and advice of the potential risks of animals, including familiar pets e.g. dogs. |
| Enhanced | Further home safety assessments should be carried out as necessary and additional advice and support offered. This might include referral to appropriate safety schemes where they are available e.g. fire service, safety equipment. |
| Intensive | Where there is a continuing risk to the child's safety there should be referral to specific programmes and/or multi-agency support and plans of care. |
| | Promotion of Growth and Development |
| Universal | An assessment should be undertaken of the child's growth and development at each intervention. The child's weight and head circumference should be measured and using the UK WHO Growth Foundation Chart ²⁰ a clear explanation of the results offered to parents/carers. |
| Enhanced | Those identified as having health and/or developmental concerns should be closely monitored. Consideration should be given to bespoke packages of care from within the Programme or to referral to specialist advice and support from outside of the Programme. |
| Intensive | A child and family identified with complex needs should require a multiagency package of care. |

| | Promotion of Maternal Emotional Health |
|------------|---|
| Universal | The mother should be offered routine screening of their emotional |
| | health following NICE guidelines. |
| Enhanced | Mothers identified as needing extra support for their emotional health, |
| | anxiety or mental illness should be offered an individualised care plan |
| | which may include listening visits or cognitive behavioural approaches at home with the health visitor and/or referral to GP and local mother |
| | and baby support groups. |
| Intensive | Mothers identified with perinatal mental health problems or mental |
| | illness should be referred to their GP and may be referred to specialist |
| | services. |
| | Childhood Immunisations |
| Universal | The health visitor should promote all recommended immunisations. |
| Enhanced | The health visitor should promote and reinforce those immunisations |
| | that may have been missed or are overdue for children. |
| Intensive | The health visitor should ensure all scheduled childhood immunisations |
| | are completed and alternative venue immunisations should be offered |
| | for children who have repeatedly failed to attend/not been presented. |
| | Promotion of Speech, Language and Communication |
| Universal | All parents/carers should be informed about the child's brain |
| | development in relation to their social skills and emotional growth and |
| | advised regarding the importance of play and stimulation. Information |
| | should be provided about the benefit of reading to their child, the |
| | availability of baby groups and appropriate local services. Key messages three and four from "Learning To Talk" should be revisited |
| | and discussed. |
| Enhanced | Where lack of stimulation has been identified the health visitor should |
| | advise and monitor and if necessary refer to other support available |
| | within the Programme or other outside agencies. |
| Intensive | Some children will require specialist services e.g. hearing impaired or |
| | others with additional health needs. |
| | Key Public Health Messages |
| Universal | All parents/carers should be provided information and advice about key |
| | public health promotion messages including family nutrition, how to |
| | achieve and sustain healthy weights, smoking cessation, oral health |
| | care, home safety and accident prevention, emotional health and wellbeing, contraception and sexual health. |
| | weilbeing, contraception and sexual health. |
| Enhanced | Parents/carers and families identified as needing further support to |
| | make healthier lifestyle choices should be referred to support groups |
| | within the Programme e.g. smoking cessation or healthy eating or |
| | provided with additional one-to-one support. |
| Intensive | Parents/carers and families identified as needing specialist support |
| IIICONOTAC | should be referred to and encouraged to attend specialist provision. |
| | Where the child is at risk of experiencing significant harm a referral to |
| | the Local Authority Social Services must be undertaken. |
| | |

Flying Start Health Visitor Child and Family Health Review: 6 months

- All families should receive a home intervention from their health visitor at 6 months.
- Completing a FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need.
- The child's social, emotional, behavioural and language development should also be reviewed with the parents/carers.
- The assessment will facilitate an understanding of parental capacity and build on previous assessments to plan future service provision.
- The health visitor should discuss the child's oral health and the dental pack should be distributed.
- The development of Speech, Language and Communication should continue to be discussed with the parents/carers and the applicable "Learning To Talk" key messages should also be delivered. 'Bookstart' should also be discussed and the Bookstart packs distributed.
- The health visitor should discuss positive parenting and behaviour.
- The health visitor should promote secure attachment between a parents/carers and their growing child which is vital for the child`s optimal brain development and the child`s social and emotional wellbeing. This should assist parents/carers to build on their own skills and knowledge of their child`s ever expanding capabilities to encourage caring, confident and competent parenting.
- The health visitor should begin discussions about the Programme's childcare entitlement.
- The health visitor should emphasise the importance of parental emotional and physical wellbeing and include an assessment of maternal emotional health and wellbeing using the NICE mood questions. They should also support and advise parents/carers about key public health messages which improve family wellbeing and provide support to parents/carers to become resilient to the challenges of parenting.

Public health priorities should be met by the provision of support and advice on various key areas including child and home safety, breastfeeding, weaning, healthy food choices, reading and play, pet safety, dental care and dental registration, immunisation programmes, smoking cessation and promoting smoke free environments. The health visitor should discuss the next expected milestones and the management of child and childhood and minor illnesses.

Flying Start Health Visitor Child and Family Health Review: 6 Months

| | Key Interventions 6 Months |
|-----------|---|
| | Assessment of Family Needs |
| Universal | The health visitor should undertake an holistic family assessment and review using the FRAIT. |
| Enhanced | The health visitor should support families needing extra input with a care plan agreed in partnership with the parents/carers. |
| Intensive | The health visitor should work with families in crisis alongside other agencies in a multiagency plan of support to help build stronger and more resilient families. |
| Promoti | on of Secure Parent & Infant Relationship, Attachment & Positive Parenting |
| Universal | All parents/carers should be offered support and information about the child's development to raise awareness of key developmental stages and promote activities that both parents/carers and babies can enjoy together e.g. swimming, music, groups. All parents/carers should be provided with Information about behaviour and positive parenting. Parents should be made aware of and invited to attend parenting groups and informal or formal parenting programmes offered within the Programme. |
| Enhanced | Families requiring extra help should be identified and supported. These families should be given additional encouragement to attend the parenting groups and programmes offered by the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. |
| Intensive | Families identified with higher need should be referred to appropriate parenting support programmes. |
| | Promotion of Breastfeeding |
| Universal | All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. |
| Enhanced | The health visitor should offer additional support and liaise, as necessary, with the local breastfeeding champion where difficulties have been identified. |
| Intensive | The health visitor should refer to specialist support when difficulties persist. |

| | Promotion of Infant Feeding and Nutrition |
|------------|--|
| Universal | Parents/carers who infant feed their child should be given appropriate |
| Omversar | tailored information. All parents/carers should be given further |
| | information about progressing with the introduction of solid foods and |
| | information on further stages of weaning. Information on Healthy Start |
| | vitamins should be given. |
| | vitamins should be given. |
| Enhanced | Mothers should be encouraged and supported to access local |
| Limanood | breastfeeding support with breastfeeding champions and peer groups. |
| | breading support with breading champions and peer groups. |
| Intensive | Referral should be made to appropriate local specialist services e.g. |
| | dietician. |
| | |
| | |
| | Promotion of Child Safety |
| Universal | All parents/carers should be given further information and advice about |
| | child safety which should build upon the home safety review. They |
| | should be given advice about keeping their child safe, with information |
| | about accident prevention, safe handling, safe sleeping, sudden infant |
| | death (SIDS), and the risk of smoking and substance use and pets near |
| | their child. All parents/carers should be given advice about correct use |
| | of basic safety equipment. |
| | |
| Enhanced | Home safety advice and a further home safety assessment should be |
| | offered and, where necessary, there should be a referral to safety |
| | schemes e.g. Fire service. |
| | |
| Intensive | Referrals for specific safety programs programmes with multi-agency |
| | support and plans of care for families. |
| | |
| | Promotion of Oresith and Development |
| Liniversel | Promotion of Growth and Development |
| Universal | The health visitor should review the child's growth and development to |
| | ensure developmental milestones are being met. Parents/carers should |
| | be advised on healthy choices including diet, play and activities which |
| | promote healthy development. All parents/carers should be offered |
| | measurement of their child's height and weight and parents/carers |
| | should be provided with a clear explanation of the results. |
| | |
| Enhanced | Where a potential delay or concern about the child's development is |
| Limanced | raised or identified a Schedule of Growing Skills (SOGS) tool ²³ may be |
| | undertaken by the health visitor and the child's development reviewed |
| | · · · · · · · · · · · · · · · · · · · |
| | again at 9 months of age. Some may need referral to specialist advice |
| | and support. |
| | |
| Intensive | A child and family with complex needs will require a multiagency |
| Intensive | package of care with intensive support and ongoing review. |
| | package of care with intensive support and origining review. |
| | |
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| Promotion of Maternal Emotional Health Support | | |
|--|---|--|
| Universal | The health visitor should enquire regarding the mother's emotional health and wellbeing in line with current NICE mood guidelines, using the mood questions. | |
| Enhanced | Mothers identified as needing extra support for their emotional health, anxiety or mental illness should be offered an individualised plan of care which may include listening visits at home with the health visitor and/or referral to GP and local mother and baby support groups. | |
| Intensive | Mothers identified with perinatal mental healthand/or attachmentl health problems or mental illness should be referred to their GP and/or other specialist services. | |
| | Childhood Immunisations | |
| Universal | The health visitor should continue to promote all recommended immunisations. | |
| Enhanced | The health visitor should promote and reinforce those immunisations that may have been missed or are overdue for children. | |
| Intensive | The health visitor should ensure all scheduled childhood immunisations are completed and alternative venue immunisations should be offered for children who have repeatedly failed to attend/not been presented. | |
| | Promotion of Speech, Language and Communication | |
| Universal | Parents/carers should be informed about their child`s brain development in relation to their social skills and emotional growth and advised regarding the importance of play and stimulation. Information should be provided about the benefit of reading to the child and about local baby groups and appropriate local services and resources. Key messages five, six and seven from "Learning To Talk" should also be discussed. | |
| Enhanced | Where lack of stimulation has been identified the health visitor should advise and monitor and, if necessary, involve or seek advice from their Flying Start Speech and Language Therapists, where available, follow their Flying Start Speech, Language and Communication Pathway (where available) or to other external specialist support services. | |
| Intensive | Some will require specialist services e.g. hearing impaired or others with additional health needs. | |

| Promotion of Dental Health | | |
|----------------------------|--|--|
| Universal | All parents/carers should be offered advice, support and information around good oral dental health care and available resources should be distributed. | |
| Enhanced | Some parents/carers will need extra support and advice with the promotion and implementing of good oral dental health care for their child. Where necessary the health visitor should offer referral to a dentist and further dental services. | |
| Intensive | For those families with concerns around dental health referrals and ongoing advice from specialist dental services. | |
| Key Public Health Messages | | |
| Universal | All parents/carers should be offered information and advice about key public health promotion messages for themselves and their family such as family nutrition, smoking cessation, oral health care, healthy activities and emotional health and wellbeing. | |
| Enhanced | Parents/carers identified as needing further support may be offered referral to other support services within or outside of the Programme for support with making healthier lifestyle choices. | |
| Intensive | The health visitor should encourage attendance with specialist provision as indicated and where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. | |
| | Childcare | |
| Universal | The health visitor should begin initial discussions with parents/carers around the Programme's childcare entitlement. | |
| Enhanced | As above. | |
| Intensive | As above. | |

Flying Start Child and Family Health Review: 9 to 12 months

- All families should receive a home intervention from the Flying Start health team when their child is between 9 to 12 months of age. For families receiving enhanced or intensive services consideration should be given to the intervention being undertaken by the health visitor. This should be additional to the immunisation intervention at 12/13 months.
- The assessment should facilitate an understanding of parental capacity and build on previous assessments to plan future service provision.
- The relationship and interaction between the child and parents/carers should be observed. The health visitor should continue to promote secure attachment between a parents/carers and their child. The health visitor should assist parents/carers to build their knowledge of their child`s ever expanding capabilities and their skills to encourage caring, confident and competent parenting. Opportunities to promote positive interaction should be sought and support provided to help parents/carers become resilient to the challenges of parenting.
- The health visitor should review and assess the child's health, growth and development and discuss any concerns or support needed, with their families, in order to help the child reach their full potential.
- The health visitor should discuss the child's oral health and the dental pack should be distributed, if it has not previously been given out.
- There should be a discussion about any outstanding immunisations and parents/carers should be encouraged to attend clinic for their child's 12/13 month immunisation.
- The development of Speech, Language and Communication should be discussed with the parents/carers and the the "Learning To Talk" key messages eight and nine should also be delivered.
- The health visitor should emphasise the importance of parental emotional and physical wellbeing and key public health messages which improve family wellbeing.
- Public health messages, including home and car safety, feeding and healthy food choices, establishing age appropriate routines, talking, reading and play, pet safety, dental care and dental registration, childhood immunisation programmes, smoking cessation and promoting smoke free environments, should be reinforced.
- The health visitor should discuss the next expected milestones.
- Parents/carers should be offered evidence based advice regarding the management of minor ailments and accident prevention for babies and children.
- The intervention should be used to signpost families to other wider Flying Start services and promote the uptake of all of the entitlements, including the . Programme's childcare entitlement. This should include a discussion on the

Programme's childcare entitlement and of the importance of childcare importance. The intervention should also be used to signpost families to other wider Flying Start services and promote the uptake of all of the other entitlements.

• The intervention should also be used to review information sharing consent.

Flying Start Child and Family Health Review: 9 to 12 Months

| Enhanced Where appropriate the health visitor should undertake an holistic fam assessment and review using the FRAIT and agree a care plan in partnership with parents/carers for those needing extra input. Intensive For families at greatest need the health visitor should work with familialongside other agencies in a multi-agency plan of support to help bustronger and more resilient families. Promotion of Secure Parent & Infant Relationship, Attachment & Positive Parenting Universal All parents/carers should be offered support and information about the child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and positing parenting messages promoted. Parents/carers should be advised aboactivities which both parents/carers and babies can enjoy together experiments of their child of the parenting groups and the informal or formal parenting programmes offered within the Programme. Enhanced Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragement and support to attend the parenting groups and programmes offered in the parenting groups and programmes of the parenting groups and programmes | Key Interventions 9 to 12 Months | | |
|---|----------------------------------|---|--|
| Enhanced Where appropriate the health visitor should undertake an holistic fam assessment and review using the FRAIT and agree a care plan in partnership with parents/carers for those needing extra input. Intensive For families at greatest need the health visitor should work with familia alongside other agencies in a multi-agency plan of support to help bu stronger and more resilient families. Promotion of Secure Parent & Infant Relationship, Attachment & Positive Parenting Universal All parents/carers should be offered support and information about the child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and posit parenting messages promoted. Parents/carers should be advised aboactivities which both parents/carers and babies can enjoy together e.g. swimming, parent and toddler groups, music, groups should be promoted. All parents/carers should be invited and encourage to atter parenting groups and the informal or formal parenting programmes offered within the Programme. Enhanced Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encourageme and support to attend the parenting groups and programmes offered the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. Intensive Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. The health visitor should refer to specialist support when difficulties | • | | |
| assessment and review using the FRAIT and agree a care plan in partnership with parents/carers for those needing extra input. For families at greatest need the health visitor should work with familialongside other agencies in a multi-agency plan of support to help bustronger and more resilient families. Promotion of Secure Parent & Infant Relationship, Attachment & Positive Parenting Universal All parents/carers should be offered support and information about the child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour. Appropriate management of their child's behaviour should be discussed and posit parenting messages promoted. Parents/carers should be advised about activities which both parents/carers and babies can enjoy together experimentally activities which both parents/carers and babies can enjoy together experimentally activities which be promoted. Parents/carers should be invited and encourage to attent parenting groups and the informal or formal parenting programmes offered within the Programme. Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragement and support to attend the parenting groups and programmes offered the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. Families identified with higher need should be referred to appropriate parenting support programmes. Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive | Universal | | |
| alongside other agencies in a multi-agency plan of support to help bu stronger and more resilient families. Promotion of Secure Parent & Infant Relationship, Attachment & Positive Parenting All parents/carers should be offered support and information about the child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and posit parenting messages promoted. Parents/carers should be advised about activities which both parents/carers and babies can enjoy together experienting groups and the informal or formal parenting programmes offered within the Programme. Enhanced Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragementand support to attend the parenting groups and programmes offered the Programme or provided with one-to-one support as necessary, with earn of increasing parental attunement. Families identified with higher need should be referred to appropriate parenting support programmes. Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | Enhanced | · · · · · · · · · · · · · · · · · · · | |
| Universal All parents/carers should be offered support and information about the child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and posit parenting messages promoted. Parents/carers should be advised about activities which both parents/carers and babies can enjoy together experience. Bramilies requiring extra help should be invited and encourage to atterparenting groups and the informal or formal parenting programmes offered within the Programme. Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragementand support to attend the parenting groups and programmes offered the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. Families identified with higher need should be referred to appropriate parenting support programmes. Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | Intensive | For families at greatest need the health visitor should work with families alongside other agencies in a multi-agency plan of support to help build stronger and more resilient families. | |
| child's development to raise their awareness of key developmental stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and positive parenting messages promoted. Parents/carers should be advised about activities which both parents/carers and babies can enjoy together experience. All parents/carers should be invited and encourage to atterparenting groups and the informal or formal parenting programmes offered within the Programme. Enhanced Families requiring extra help should be identified and supported with early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragement and support to attend the parenting groups and programmes offered the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. Intensive Families identified with higher need should be referred to appropriate parenting support programmes. Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | Promot | | |
| early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragement and support to attend the parenting groups and programmes offered in the Programme or provided with one-to-one support as necessary, with eaim of increasing parental attunement. Intensive Families identified with higher need should be referred to appropriate parenting support programmes. Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | Universal | stages and their impact on their child's behaviour. Appropriate management of their child's behaviour should be discussed and positive parenting messages promoted. Parents/carers should be advised about activities which both parents/carers and babies can enjoy together e.g. swimming, parent and toddler groups, music, groups should be promoted. All parents/carers should be invited and encourage to attend parenting groups and the informal or formal parenting programmes | |
| Promotion of Breastfeeding Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | | early referral to appropriate services either within or outside of the Programme. These families should be given additional encouragement and support to attend the parenting groups and programmes offered by the Programme or provided with one-to-one support as necessary, with the aim of increasing parental attunement. | |
| Universal All breastfeeding mothers should be offered bespoke advice and information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | Intensive | • | |
| information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. Enhanced The health visitor should offer additional support and liaise as necess with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | | - | |
| with the local breastfeeding champion where difficulties have been identified. Intensive The health visitor should refer to specialist support when difficulties | | information to support the continuation of breastfeeding. This may include peer support and details of local groups in line with BFI guidance. | |
| | | with the local breastfeeding champion where difficulties have been identified. | |
| | Intensive | · · · · · · · · · · · · · · · · · · · | |

Promotion of Child and Family Nutrition Universal All families should be provided with advice and information on nutrition and physical activity/play for the child and the family, and around healthy eating using portion size and mealtime routines. Family diet and the importance of a balanced diet, regular meals and healthy snacks should be discussed with all parents/carers. Parents/carers should be given further information about progressing to family foods, discontinuing use of bottles and advice on vitamins in line with current guidelines that all children should take Healthy Start vitamins from 1 year to 5 years. **Enhanced** Parents/carers can be offered extra support and advice if they have concerns about their child's weight and growth. The health visitor should discuss any identified feeding problems and provide advice and support on management, including referral to local support groups and programmes on nutrition and activity or to the FS dietician, where available. One-to-one support and advice maybe required for some parents/carers Intensive where concerns have been raised or identified in relation to the child's or family's nutrition. Referral to specialist advice and support may be necessary e.g. paediatrician or dietician. **Promotion of Child Safety** Universal All parents/carers should be given advice about keeping their child safe in relation to their age and stage of development. The information provided should build upon the home safety review and any additional information or advice which was provided at the six month intervention. All parents/carers should be given advice about keeping their child safe with information about accident prevention, safe handling, safe sleeping, sudden infant death, and the risk of smoking and substance use and pets near their child. All parents/carers should also be given advice about correct use of basic safety equipment. Parents/carers should be made aware of the exploring child and the need to assess their home, and those of any family members providing childcare, for potential dangers in and outside of the home. **Enhanced** Some parents/carers will require extra support to help them keep their child safe and implement safety precautions in and outside of the home. A further home safety assessment should be offered if any concerns are raised or identified and, where necessary, there should be a referral to safety schemes e.g. Fire service. Further home safety assessments should be offered. Intensive For those families where there are professional concerns related to maintaining the child's safety one-to-one support and referral to specific safety programmes of other services may be necessary, with multiagency support and plans of care for families.

| Promotion of Child's Growth and Development | | |
|---|---|--|
| Universal | The health visitor should make a general enquiry regarding the child's | |
| | developmental milestones. All parents/carers should be offered | |
| | measurement of their child's height and weight to provide a baseline for | |
| | a yearly follow-up and provided with a clear explanation of the results. | |
| Enhanced | If any concerns are raised or identified regarding growth the child's | |
| | length and weight should be measured and a clear explanation of the | |
| | results or assessment should be given to the parents/carers. | |
| | | |
| Intensive | Babies and families with complex needs should require a multi-agency | |
| | care plan of intensive support and ongoing review. | |
| | Promotion of Maternal Emotional Health Support | |
| Universal | The health visitor should enquire regarding the mother's emotional | |
| Full and a second | health and wellbeing in line with current NICE guidelines. | |
| Enhanced | Mothers identified as needing extra support for their emotional health, anxiety or mental illness should be offered an individualised plan of care, | |
| | which may include listening visits at home with the health visitor and/or | |
| | referral to GP and local mother and baby support groups. | |
| | | |
| Intensive | Mothers identified with mental health, attachment problems or mental | |
| | illness should be referred to their GP and/or other specialist services. | |
| | Promotion of Childhood Immunisations | |
| Universal | The health visitor should continue to promote the importance of all | |
| | recommended immunisations, including the 12/13 month immunisations. | |
| Enhanced | The beauth visites about a grant and uninferred these increasions that | |
| Enhanced | The health visitor should promote and reinforce those immunisations that may have been missed or are overdue for some children. | |
| | may have been missed of are overdue for some children. | |
| Intensive | The health visitor should ensure all scheduled childhood immunisations | |
| | are completed and alternative venue immunisations should be offered | |
| | for children who have repeatedly failed to attend/not been presented. | |
| | Promotion of Speech, Language and Communication | |
| Universal | Parents should be provided with ongoing advice and support around the | |
| | importance of play and stimulation in their child's development of | |
| | Speech, Language and Communication. The messages about promoting | |
| | their child's language development through early talking, book sharing | |
| | and invitations to groups i.e. music and interactive activities should be reinforced and key messages eight and none from "Learning To Talk" | |
| | should also be discussed. | |
| Enhanced | Where lack of stimulation has been identified the health visitor should | |
| | advise and monitor and, if necessary, involve or seek advice from their | |
| | Flying Start Speech and Language Therapists, where available, follow | |
| | their Flying Start Speech, Language and Communication Pathway | |
| Intensive | (where available) or to other external specialist support services. Children and families with complex needs should be offered early | |
| THE TISTY C | intensive support e.g. Speech and Language Therapy and Play | |
| | Therapists. | |
| | | |

| | Promotion of Dental Health | |
|-----------|---|--|
| Universal | All parents/carers should be offered advice, support and information around good oral dental health care for their child's teeth. The aim is, by 12 months, for all children to be bottle and dummy free and brushing their teeth twice a day with a fluoride toothpaste. | |
| Enhanced | Parents/carers needing extra support and advice with the promotion and implementing good oral dental health care for their child should be offered referral to dentist and further dental services, where appropriate. Any available resources should be distributed. | |
| Intensive | For those families with concerns around dental health referrals and ongoing advice from specialist dental services. Those families where there are continuing concerns there should be a referral to and ongoing advice provided from specialist dental services. | |
| | Key Public Health Messages | |
| Universal | All parents/carers should be offered information and advice about key public health promotion messages, for the whole family, such as family nutrition, substance use, smoking cessation, safety in and outside of the home, oral health care, healthy activities and emotional health and wellbeing. | |
| Enhanced | Parents/carers needing extra support to help them stop smoking should be signposted or offered referral to reduction programmes. Home safety advice and assessments can be offered for those families with extra safety needs. Parents/carers and families identified as needing further support may be offered referral to other support services within or outside of the Programme regarding making healthier lifestyle choices for themselves and their families. | |
| Intensive | The health visitor should encourage attendance with specialist provision as indicated and where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. | |
| | Childcare | |
| Universal | The intervention should be used as opportunity to discuss with parents/carers the childcare entitlement. | |
| Enhanced | As above. | |
| Intensive | As above. | |

Flying Start Health Visiting Child and Family Health Review: 15 months

- All families should receive a home intervention from their health visitor when their child is 15 months of age.
- Completing a FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need.
- This is the opportunity for the health visitor to support the family and to assess
 the child's health and development. There should be a particular focus on the
 child's Speech, Language and Communication development. Any concerns or
 support needed, in order to assist families to help their child reach their full
 potential, should be discussed. The "Learning To Talk" key messages should
 also be delivered. The Flying Start childcare entitlement should be discussed.
- Children not walking should be observed and followed up at 18 months of age.
- Public health priorities should be met by the provision of support and advice on various key areas including:
 - dietary advice;
 - o smoking cessation;
 - substance use;
 - o dental Health;
 - vision;
 - stimulation of development through play and reading;
 - promotion of safety in and outside of the homeincluding pet safety;
 - supporting and understanding of childhood behaviour;
 - positive parenting advice and promotion of secure child and parent/carer attachment and relationships;
 - o preparation of school readiness; and
 - o childhood immunisation programme.

Flying Start Health Visiting Child and Family Health Review: 15 Months

| | Key Interventions at 15 Months | |
|-----------|--|--|
| | Assessment of Family Needs | |
| Universal | The health visitor should undertake a holistic family assessment and review using the FRAIT | |
| Enhanced | The health visitor should support families needing extra input with a care plan agreed in partnership with parents/carers. | |
| Intensive | For families at greatest need the health visitor should make referrals to local intensive programmes and work with a multi-agency plan of care to support families and help prevent crisis. | |
| | Promotion of Child and Family Nutrition | |
| Universal | The health visitor should offer advice and information on nutrition and physical activity/play for the child and the family, and around healthy eating using portion size and mealtime routines. The health visitor should recommend the use of Healthy Start vitamins in line with current guidelines. | |
| Enhanced | Parents/carers should be offered extra support and advice if they have concerns about their child's weight and growth. The health visitor might provide additional one-to-one advice or refer families to specialists within the Programme e.g. dieticians or nutritionists, where available, or local support groups and programmes for further support around nutrition and/or activity. | |
| Intensive | One-to-one support and advice maybe required for some parents/carers where concerns have been raised or identified in relation to the child's or family's nutrition. Referral to specialist advice and support from outside of the Programme might be necessary e.g. paediatrician, dietician. | |
| | Promotion of Child Safety | |
| Universal | All parents/carers should be given advice about keeping their child safe in relation to their age and stage of development. All parents/carers should be given advice about correct use of basic safety equipment. | |
| Enhanced | Some parents/carers will require additional one-to-one support to help them keep their child safe and implement safety precautions in the home or the community. | |
| Intensive | For those families where there are professional concerns related to maintaining the child's safety, referral to services outside of the Programme might be necessary. | |
| | Promotion of Child's Growth and Development | |
| Universal | The health visitor should review, with the parents/carers, their child's development using the 15 Month Development Review. All parents should be offered measurement of their child's height, weight and length and provided with a clear explanation of the results. | |
| Enhanced | Where a potential delay or concern in the child's development is identified the Schedule of Growing Skills (SOGS) assessment should be undertaken by the health visitor and the child's development reviewed again at 18 months of age. | |
| Intensive | Children and families with complex needs will require a multi-agency care plan of intensive support and ongoing review. | |

| Promotion of Childhood Immunisations | | |
|--------------------------------------|---|--|
| Universal | The health visitor should ensure that all children have received all of | |
| | their scheduled childhood immunisations. | |
| Enhanced | | |
| Enhanced | The health visitor should follow-up any childhood immunisations which | |
| | may have been missed or are overdue. | |
| Intensive | The health visitor should ensure all scheduled childhood immunisations | |
| | are completed and alternative venue immunisations should be offered | |
| | for children who have repeatedly failed to attend/not been presented. | |
| | | |
| | Promotion of Speech, Language and Communication | |
| Universal | The health visitor should assess the child's speech and language | |
| | development and provide advice and support. All parents/carers should | |
| | receive information about promoting their child's language development | |
| | through early talking, book sharing and invitations to groups i.e. music | |
| | and interactive activities. The relevant key messages from "Learning To Talk" should also be discussed. | |
| | Taik Should also be discussed. | |
| Enhanced | If the assessment identifies any concerns about the child's social or | |
| | language development, an early referral to the Flying Start Speech and | |
| | Language Therapist, where available, or to a specialist team should be | |
| | considered. Children with identified language delay can be offered | |
| | support through language interventions. | |
| Intensive | Children and families with complex needs should be referred to | |
| Intensive | specialist support services from outside of the Programme, e.g. Speech | |
| | and Language Therapy. | |
| | 3 3 17 | |
| | Promotion of Dental Health | |
| Universal | All parents/carers should be offered advice, support and information | |
| | regarding good oral dental health care. | |
| Enhanced | Some parents/carers need extra support and advice with the promotion | |
| | and implemention of good oral dental health care for their child and the | |
| | health visitor should offer support and referrals to dentists and further | |
| | dental services. Any available resources should be distributed. | |
| | | |
| Intensive | For those families with concerns around dental health referrals and | |
| | ongoing advice from specialist dental services is available. | |
| | Promotion of Positive Child Behaviour | |
| Universal | Parents should be offered advice regarding establishing routines, | |
| - Cilir Ci Gui | including management of sleep. | |
| | mental grantagement of energy | |
| Enhanced | Some parents may require additional support where individual packages | |
| | of care may be delivered from within or outside of the Programme. | |
| | | |
| Intensive | Children with additional or complex needs around behaviour may require | |
| | more intensive or specialist provision from outside of the Programme. | |
| | | |

| | Key Public Health Messages | |
|-----------|---|--|
| Universal | Key Public Health promotion messages for the whole family should be promoted, such as family nutrition, how to achive and maintain healthy weight, substance use, smoking cessation, safety in and outside of the home, parental emotional wellbeing and oral health care and contraception and sexual health. | |
| Enhanced | For those parents/carers who need extra support to help them stop smoking, reduction programmes should be offered from within the Programme, where available, or they should be signposted to support which is available from outside of the Programme. Home safety advice and additional assessments should be offered for those families with extra safety needs. Further support and referrals within the Programme can be offered around healthier lifestyle choices for themselves and their families. | |
| Intensive | The health visitor should encourage attendance with specialist provision as indicated and where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. | |
| | Childcare | |
| Universal | The intervention should be used as opportunity to discuss with parents/carers the childcare entitlement, transition to childcare and to obtain the necessary consent for information sharing. | |
| Enhanced | For children with additional health, learning and/or developmental needs the childcare options and transition to childcare should be discussed. Places should be reserved in an appropriate childcare settings. | |
| Intensive | For children with significant additional health, learning and/or developmental needs the childcare options should be discussed, including the offer of additional childcare, where available along with transition to childcare. Places should be reserved in an appropriate childcare setting. | |

Flying Start Child and Family Health Review and preparation for transition to childcare: 18 - 24 months

- All families should receive a home intervention from the Flying Start health team when their child is between 18 and 24 months of age. For families receiving enhanced or intensive services the intervention should be undertaken by the health visitor.
- The main focus of this intervention will be preparation for discuss the child's transition into Flying Start childcare or other setting.
- Any issues which arose at the 15 month development assessment should be followed-up by the health visitor and there should be a discussion with parents/carers about any concerns and additional support needed in order to assist families to help their child reach their full potential.
- The development of Speech, Language and Communication should be discussed and the applicable "Learning To Talk" key messages should also be delivered.
- A discussion on toilet training should also be included.
- The intervention should also be used to address public health priorities through the provision of support and advice on key areas including:
 - dietary advice and nutrition promote snacks and drinks in line with healthy snacks policy. All fluids in lidless cups;
 - smoking cessation;
 - substance use;
 - o dental Health;
 - o communicable diseases for example head lice, ringworm;
 - Speech, Language and Communication development;
 - o vision:
 - o stimulation of development through play and reading;
 - o promotion of safety in and outside of the home including pet safety;
 - supporting and understanding of childhood behaviour signposting to parenting groups locally or one–to-one advice provided within the home;
 - positive parenting advice;
 - preparation of school readiness; and
 - o childhood immunisation programme.

Flying Start Child and Family Health Review and preparation for transition to childcare: 18 - 24 months:

| - | Key Interventions at 18 - 24 Months | |
|----------------------------|--|--|
| Assessment of Family Needs | | |
| Universal | A review of the family's needs should be undertaken by a member of the | |
| | Flying Start team. | |
| Enhanced | Where necessary, for example if the family's circumstances had | |
| | substantially changes since the last health visitor home contact, the | |
| | health visitor should undertake an holistic family assessment and review | |
| | using the FRAIT and agree a care plan in partnership with | |
| | parents/carers for those needing extra input. | |
| Intensive | For families at greatest need the health visitor should work with families | |
| | alongside other agencies in a multi-agency plan of support to help build | |
| | stronger and more resilient families. | |
| | Promotion of Child and Family Nutrition | |
| Universal | The health visitor should offer advice and information on nutrition and | |
| | physical activity/play for the child and the family, and around healthy | |
| | eating using portion size and mealtime routines. Advice on vitamins, in | |
| | line with current guidelines that all children should take Healthy Start | |
| | vitamins from 1 to 5 years should be provided. | |
| Enhanced | Parents/carers should be offered extra support and advice if they have | |
| | concerns about their child's weight and growth. The health visitor can | |
| | refer families to the Flying Start dietician or nutritionists, where available, | |
| | or to local support groups and programmes re nutrition and activity. | |
| Intensive | One-to-one support and advice maybe required for some parents/carers | |
| | where concerns have been raised or identified in relation to the child's or | |
| | family's nutrition. Referral to specialist services may be necessary e.g. | |
| | paediatrician or dietician. | |
| Hairranal | Promotion of Child Safety | |
| Universal | All parents/carers should be given advice about keeping their child safe | |
| | in relation to their age and stage of development. All parents/carers | |
| Enhanced | should be given advice about correct use of basic safety equipment. | |
| Ellianced | Some parents/carers will require extra support to help them keep their | |
| | child safe and implement safety precautions in the home and the | |
| Intensive | community. For those families where there are professional concerns regarding the | |
| intensive | child's safety, which place the child at risk of harm, referrals should be | |
| | undertaken to Local Authority Social Services as per the All Wales Child | |
| | Protection Procedures. | |
| | Promotion of Child's Growth and Development | |
| Universal | The child's social, emotional, behavioural and language development | |
| Oniversal | should be reviewed with the parents/carers. | |
| Enhanced | Where there is a concern raised about the child's development, or a | |
| Lillanced | delay has been didentified by a SOGS assessment, additional support | |
| | should be provided from within the Programme or referral made to | |
| | specialist support services. For these children an individualised care | |
| | plan might be required. | |
| Intensive | Children and families with complex needs will require a multi-agency | |
| Interisive | care plan of intensive support and ongoing review. | |
| | care plan of intensive support and ongoing review. | |
| | | |

| Promotion of Childhood Immunisations | |
|--------------------------------------|---|
| Universal | The health visitor should continue to promote all recommended |
| | childhood immunisations. |
| Enhanced | The health visitor should promote and reinforce those immunisations |
| | which may have been missed or are overdue. |
| Intensive | The health visitor should ensure all scheduled childhood immunisations |
| | are completed and alternative venue immunisations should be offered |
| | for children who have repeatedly failed to attend/not been presented. |
| | Dramatian of Chasak Language and Communication |
| Universal | Promotion of Speech, Language and Communication The health visitor should use the results of the SGS assessment to |
| Olliversal | provide advice and support regarding the promotion of Speech, |
| | Language and Communication development. The relevant key |
| | messages from "Learning To Talk" should also be discussed All |
| | parents/carers should receive information about promoting their child's |
| | language development through early talking, book sharing and |
| | invitations to groups i.e. music and interactive activities. |
| | |
| Enhanced | If there are concerns relating to any child's social development or to their |
| | development of Speech, Language and Communication an early referral |
| | to the Flying Start Speech and Language Therapist, where they are |
| | available, or to a specialist team, should be considered. Children with identified Speech, Language and Communication delay can be offered |
| | support through language and development schemes. |
| | support unough language and development soliemes. |
| Intensive | Children and families with complex needs should be offered early |
| | intensive support through external referral to expert services. |
| | Decree Conset Device Health |
| Universal | Promotion of Dental Health |
| Universal | All parents/carers should be offered advice, support and information around good oral dental health care for their child's teeth and dental |
| | registration should be reviewed. |
| | regionation enedia se reviewed. |
| Enhanced | Some parents/carers need extra support and advice with the promotion |
| | and implementation of good oral dental health care for their child and the |
| | health visitor should make referrals to dentist provision, where |
| | appropriate. |
| Intensive | Families with ongoing concerns around dental health should be referred |
| | to specialist dental services may be required. |
| | Promotion of Child Behaviour |
| Universal | All parents/carers should be offered advice regarding positive parenting |
| O I I VOI GAI | and managing their child's behaviour and in establishing routines, |
| | including management of sleep and toilet training. |
| | 3 3 |
| Enhanced | Some parents/carers may require additional support where bespoke |
| | packages of care may be delivered. |
| | |
| Intensive | Children with additional or complex needs may require a more intensive |
| | or specialist provision. |
| | |

| | Key Public Health Messages | |
|-----------|---|--|
| Universal | Key Public Health messages for the whole family should be promoted, such as dietary advice, smoking cessation, substance use, dental health, vision, stimulation of development through play and reading, promotion of safety in and outside of the home, including pet safety, positive parenting advice, preparation of school readiness and childhood immunisations. | |
| Enhanced | For those parents/carers who need extra support to help them stop smoking, referrals should be offered to reduction programmes available within the Programme, or signposting made to external programmes. Home safety advice and assessments can be offered for those families with extra safety needs. Further support and referrals can be offered around healthier lifestyle choices for themselves and their families. | |
| Intensive | The health visitor should encourage attendance with specialist provision as indicated and where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. | |
| | Childcare | |
| Universal | The intervention should be used as opportunity to discuss with parents/carers the childcare entitlement and ensure the necessary arrangements were in place, referrals have been made and that the parents/carers have taken up their childcare offer. | |
| Enhanced | Provide additional encouragement and support to those parents/carers who have not yet taken up their childcare offer or are not attending and liaise with childcare providers and other members of the Flying Start team to tackle any barriers to the child attending childcare. | |
| Intensive | For children with significant additional health, learning and/or developmental needs attend play plan meetings and ensure packages of care are in place. | |

Flying Start Health Visiting Child and Family Health Review: 27 months

- All families should receive a home intervention from their health visitor at 27 months.
- The main focus of the intervention is to assess the growth and development progress of the child and review family resilience.
- Completing FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need.
- The development of Speech, Language and Communication should be discussed and the applicable "Learning To Talk" key messages should also be delivered.
- The intervention should also be used to review family resilience and to promote public health priorities by providing support and advice on various key areas including:
 - o dietary advice;
 - smoking cessation;
 - substance use;
 - o dental Health;
 - o vision;
 - stimulation of development through play and reading;
 - promotion of safety in and outside of the home including pet safety;
 - behaviour management;
 - o positive parenting;
 - o preparation of school readiness; and
 - o childhood immunisations.

Flying Start Health Visiting Child and Family Health Review: 27 Months

| | Key Interventions at 27 Months |
|-----------|---|
| | Assessment of Family Needs |
| Universal | The health visitor should undertake a holistic family assessment and review using the FRAIT. |
| Enhanced | The health visitor should support families needing extra input with a care plan agreed in partnership with parents/carers. |
| Intensive | For families at greatest need the health visitor should refer families to local intensive programmes and work with a multi-agency plan of care to support families and help prevent crisis. |
| | Promotion of Child and Family Nutrition |
| Universal | The health visitor should offer advice and information on nutrition and physical activity/play for the child and the family, and around healthy eating using portion size and mealtime routines. Advice on vitamins in line with current guidelines that all children should take Healthy Start vitamins from 1 to 5 years. |
| Enhanced | Parents/carers should be offered extra support and advice where concerns have been identified about a child's weight and growth. The health visitor can refer families to the Flying Start dietician or nutritionists, where available, or to local support groups and programmes re nutrition and activity. |
| Intensive | One-to-one support and advice maybe required for some parents/carers where concerns have been raised or identified in relation to the child's or family's nutrition. Referral to specialist advice and support may be necessary e.g. paediatrician, dietician. |
| | Promotion of Child Safety |
| Universal | All parents/carers should be given advice about keeping their child safe in relation to their age and stage of development. All parents/carers should be given advice about correct use of basic safety equipment. |
| Enhanced | Some parents/carers will require extra support to help them keep their child safe and implement safety precautions in and outside of the home. |
| Intensive | For those families where there are professional concerns related to the child's safety additional one-to-one support and referral to further services, including external services, may be necessary. |
| | 45 |

| Promotion of Child Growth and Development | |
|---|---|
| Universal | The health visitor should review with the parents/carers their child's |
| | development using the 27 month developmental review. All parents |
| | should be offered measurement of their child's height and weight if |
| | there are any concerns and parents should be provided with a clear |
| | explanation of the results. |
| Enhanced | Where a potential delay or concern in the child's development is |
| | identified the Schedule of Growing Skills (SOGS) assessment should be |
| | undertaken. Where there is a concerns raised about the child's |
| | development or a delay identified appropriate referrals for additional |
| | support within the Programme or to external specialist provision should |
| | be made. |
| Intensive | Children and families with complex needs will require a multi-agency |
| | care plan of intensive support and ongoing review. |
| | Promotion of Childhood Immunisations |
| Universal | The health visitor should continue to promote all recommended |
| | childhood immunisations. |
| Enhanced | The health visitor should promote and reinforce those immunisations |
| | which may have been missed or are overdue. |
| Intensive | The health visitor should ensure all scheduled childhood immunisations |
| | are completed and alternative venue immunisations should be offered |
| | for children who have repeatedly failed to attend/not been presented. |
| Heimerel | Promotion of Speech, Language and Communication |
| Universal | The health visitor should undertake an assessment of speech using the |
| | 27 month developmental review and provide advice and support |
| | regarding promotion of Speech, Language and Communication |
| | development. The relevant key messages from "Learning To Talk" |
| | should also be discussed all parents/carers should receive information about promoting their child's language development through early |
| | talking, book sharing and invitations to groups i.e. music and interactive |
| | activities. |
| Enhanced | If there are concerns relating to any child's social or Speech, Language |
| Limanoca | and Communication development an early referral to the Flying Start |
| | Speech and Language Therapist, where they are available, or to a |
| | specialist team, should be considered. Children with an identified |
| | Speech, Language and Communication delay should be offered support |
| | through language and development schemes. |
| Intensive | Children and families with complex needs should be offered early |
| | intensive support through external referral to expert services. |
| | Promotion of Dental Health |
| Universal | All parents/carers should be offered advice, support and information |
| | around good oral dental health care for their child's teeth and dental |
| | registration should be reviewed. |
| Enhanced | Some parents/carers will require extra support and advice with the |
| | promotion and implementation of good oral dental health care for their |
| | children. The health visitor may also need to make appropriate referrals |
| | to dentist provision. |
| | |
| Intensive | For those families with concerns around dental health referrals and |
| | ongoing advice from specialist dental services. |
| | |

| Promotion of Child Behaviour | |
|------------------------------|---|
| Universal | All parents/carers should be offered advice regarding establishing routines including management of sleep. |
| Enhanced | Some parents/carers may require additional support where individual bespoke packages of care may be delivered. |
| Intensive | Children with additional or complex needs around behaviour may require a more intensive or specialist provision. |
| | Toilet Training |
| Universal | The health visitor will discuss toilet training and provide relevant advice. |
| Enhanced | The health visitor will discuss toilet training and provide relevant advice. |
| Intensive | The health visitor will discuss toilet training and provide relevant advice. |
| | Key Public Health Messages |
| Universal | Key Public Health promotion messages for the whole family should be promoted, such as family nutrition, achieving and maintaining a healthy weight, substance use, smoking cessation, safety in and outside of the home, parental emotional wellbeing, contraception and sexual health, and oral health care. |
| Enhanced | For those parents/carers who need extra support to help them stop smoking, reduction programmes can be offered and signposted. Home safety advice and assessments can be offered for those families with extra safety needs. Further support and referrals can be offered around healthier lifestyle choices for themselves and their families. |
| Intensive | The health visitor should encourage engagement with specialist provision as indicated and where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. |

Flying Start Health Visiting Child and Family Health Review:

3½ Years

- All families should receive a home intervention from their health visitor when their child is 3½ years of age.
- Completing the FRAIT will enable the health visitor to make a robust assessment and evaluation of parenting capacity to support identification of individual need and those children who will require a full handover to the School Health Nurse.
- The focus of the intervention should be on identifying any outstanding needs
 which will require further interventions as the family approaches the end of its
 involvement with the Programme, transition planning for referrals in to other
 support programmes or referral onto other specialist partner agencies for
 continuing support and on assessing the child's school readiness. The
 following should be reviewed:
 - > any issues arising from or which have arisen since the 27 month review;
 - > the development of Speech, Language and Communication;
 - > childhood immunisation status;
 - any parental and professional concerns; and
 - those children who will require a full handover to the School Health Nurse because of additional needs.
- Public health priorities will be met by the provision of support and advice on various key areas including:
 - o dietary advice;
 - smoking cessation;
 - substance use;
 - o dental health;
 - o vision;
 - o stimulation of development through play and reading;
 - promotion of safety in and outside of the home including pet safety;
 - behaviour management;
 - o positive parenting;
 - dry by day;
 - o childhood immunisation programme; and
 - preparation for school and introduction to the School Health Nursing Service.

Flying Start Child and Family Health Visitor Review: 3 ½ Years Old (entry to full time education)

| | Key Interventions at 3 ½ - 4 years old |
|-----------|--|
| | Assessment of Family Needs |
| Universal | The health visitor should undertaken an holistic family assessment and review using the FRAIT to identify any outstanding support needs which can be met by the Programme. The health visitor should also review the child's growth and developmental progress, check the child is fully immunised and ensure the child is ready for school. |
| Enhanced | The health visitor should provide additional support and advice as relevant to need and undertake transition planning to assist the family into other support programmes where ongoing support will be necessary. |
| Intensive | The health visitor should refer to specialist services as appropriate to need. |
| | Promotion of Child Safety |
| Universal | The health visitor should identify any potential concerns and support the family to make appropriate changes to the environment. |
| Enhanced | Some parents/carers will require extra support from the health visitor to help them keep their child safe and implement safety precautions in and outside of the home. |
| Intensive | For those children identified at risk of harm specific interventions may be required with referrals to special programmes and/or multi agency support and plans of care, where available. |
| | Promotion of Child's Growth and Development |
| Universal | The health visitor should review the child's growth and development. All parents/carers should be offered measurement of their child's height and weight and parents/carers should be provided with a clear explanation of the results. |
| Enhanced | Children who are identified with concerns about their growth and development and where there is parental or professional concern the health visitor should provide advice and support. |
| Intensive | Those children identified with growth or development needs may be offered a multi-disciplinary plan of care. |
| | Promotion of Child and Family Nutrition |
| Universal | The health visitor should offer advice and information on nutrition, healthy eating, portion sizes, meal time routines and physical activity. The health visitor will recommend the use of healthy start vitamins in line with current guidelines. |
| Enhanced | The health visitor should discuss any identified problems and provide advice and support. |
| Intensive | Referral will be made as necessary to additional specialist support services available within the Programme and/or to apprpropriate external specialist services. |

| | Promotion of Childhood Immunisations |
|-----------|--|
| Universal | The health visitor should review the child's immunisation status and |
| | ensure that all recommended immunisations are complete. |
| Enhanced | The health visitor should promote and reinforce those immunisations |
| | that may have been missed or are overdue for children. |
| Intensive | The health visitor should ensure all scheduled childhood immunisations |
| | are completed and alternative venue immunisations should be offered |
| | for children who have repeatedly failed to attend/not been presented. |
| | |
| | Promotion of Speech, Language and Communication |
| Universal | The health visitor should provide advice and support regarding age |
| | appropriate Speech, Language and Communication development and |
| | the relevant key messages from "Learning To Talk" should also be discussed. |
| Enhanced | If there are concerns relating to any child's Speech, Language and |
| Lillancea | Communication development a referral to the Flying Start Speech and |
| | Language Therapist where they are available, or to a specialist team, |
| | where they are not, should be considered. Children with identified |
| | Speech, Language and Communication delay can be offered support |
| | through language and development schemes. |
| Intensive | Those children with complex and or additional needs should be offered |
| | intensive support within a multi disciplinary plan of care. |
| | |
| | Promotion of Dental Health |
| Universal | The health visitor should provide advice and information with regard to dental care. |
| Enhanced | Those children identified with dental concerns parents'/carers' should |
| | be encouraged to attend local dental services. |
| Intensive | Those children with identified additional and complex concerns should |
| | be referred to specialist services. |
| | Promotion of Child Behaviour |
| Universal | The health visitor should discuss any concerns regarding children's |
| Oniversal | behaviour with parents/carers and encourage preschool/nursery |
| | attendance. |
| Enhanced | Children with identified behaviour difficulties should be offered a |
| | bespoke package of individualised intervention. |
| | |
| Intensive | Children with additional and or complex needs should be offered multi- |
| | agency provision. |
| | Toilet Training |
| Universal | The health visitor should discuss progress with toilet training and |
| | provide the relevant advice to promote the child being dry by day. |
| Enhance | The health visites should assessment OD attendence to evaluate or Park |
| Enhanced | The health visitor should encourage GP attendance to exclude medical |
| | or anatomical cause before addressing any other causes. The provision |
| | of bespoke packages of care should be considered. |
| Intensive | Those children with complex needs should be offered intensive support |
| | within a multi-agency care plan. |
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| Key Public Health Messages | |
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| Universal | The following public health priorities should be met through the provision of support and advice: family nutrition, how to achieve and sustain a healthy weight, smoking cessation, substance use, oral healthcare, physical activity, stimulation of development through play and reading, safety in and out of the home including accident prevention, emotional health and wellbeing, contraception and sexual health, behaviour management, parenting advice, dry by day, childhood immunisation programme, preparation for school and introduction to the School Health Nursing Service. |
| Enhanced | All parents/carers and families identified with additional need should be offered further support in relation to healthy lifestyle choices. |
| Intensive | Parents/carers identified as needing further advice and guidance will be offered referral to specialist support servoces in relation to healthier lifestyle choices. Where the child is at risk of experiencing significant harm a referral to the Local Authority Social Services should be undertaken. |
| Preparation for school – transition from childcare to school | |
| Universal | All parents/carers should be offered advice regarding establishing routines including management of sleep and toilet training (if not already toilet trained). |
| Enhanced | Some parents/carers may require additional support where individual packages of care may be delivered. |
| Intensive | Children with additional or complex needs may require a more intensive or specialist provision. |