NHS SCOTLAND

THE SCOTTISH CHILD HEALTH PROGRAMME
Guidance on the 27-30 month child health review

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SCOTTISH GOVERNMENT

Contents

Executive Summary

- The Scottish Child Health Programme provides proactive care and support to all children to help them attain their health and development potential. Overall policy on the Child Health Programme was set out in 2005 in *Health for All Children 4: Guidance on Implementation in Scotland* http://www.scotland.gov.uk/Resource/Doc/37432/0011167.pdf.

- The universal child health reviews are a core element of the Child Health Programme. The reviews provide an opportunity to work with parents to assess children's wellbeing, provide age appropriate health promotion advice, build parenting capacity, identify needs for support, and facilitate early access to effective interventions. The Scottish Government indicated in a 2010 Chief Executive letter (http://www.sehd.scot.nhs.uk/mels/CEL2010_15.pdf) and subsequent policy update (http://www.scotland.gov.uk/Resource/Doc/337318/0110676.pdf) that a new child health review for children aged 24-30 months should be added to the Scottish Child Health Programme.

- The Scottish Government set up a short-life working group in late 2011 to produce national guidance on the content and delivery of the 24-30 month review: the group's guidance is provided in this report. The guidance is primarily aimed at front line health staff involved in delivery of the review, in particular Public Health Nurses - Health Visitors (PHN-HVs) and their managers.

- The significance of findings may be less clear at the 24 month point due to the relatively high degree of variability in younger children's development, potentially leading to a high number of re-assessments being offered. The guidance recommends that the CHSP-PS system will issue the first invitation for the review when children attain 27 months, therefore the review will now be known as the 27-30 month review. NHS Boards should aim to ensure that reviews are completed by the time children attain 30 months.

- The 27-30 month review should be offered to all children, regardless of their circumstances. Achieving high uptake of the review can be challenging but is critically important to ensuring that the review makes the greatest possible contribution to improving children's outcomes and reducing inequalities. The review should be face-to-face with the child present. Provision of the review should be in line with asset based approaches to health promotion.

- The overall priorities of the review should be the promotion of strong early child development (particularly social/emotional and language/cognitive development) within a context of helpful parenting and wider family wellbeing, and the promotion of child healthy weight. Guidance is provided

on the core issues that should be considered for all children attending 27-30 month reviews.

- The Getting It Right for Every Child approach provides an overall framework for the 27-30 month review (http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright). How the GIRFEC national practice model supports assessing and addressing children's needs is outlined. Additional guidance is provided on assessing children's development and their nutrition and growth.

- Information is provided on current health promotion resources that can be used to facilitate discussions with families, and relevant evidence summaries that support professional practice.

- A national minimum dataset that should be returned on all completed reviews is provided. The resulting data will allow robust monitoring of delivery of the 27-30 month review and of young children's health and development.

- Further actions that will be required to ensure successful delivery of 27-30 month reviews in line with this guidance include:
    - NHS Boards, the Modernising Nursing in the Community education sub-group, and NHS Education for Scotland working together to explore solutions to address any staff training needs.
    - NHS Boards developing clear local clinical pathways for children found during the course of their review to need additional support, and ensuring that relevant services, such as parenting support, developmental paediatrics, etc have adequate capacity to meet anticipated need.
    - The Child Health Surveillance Programme – Pre School information system national user group ensuring that the system modifications required for the review are made.
    - The Scottish Government and NHS Health Scotland working together to ensure that relevant resources, such as the 'Red Book', are updated to reflect the new 27-30 month review.

- It is expected that all NHS Boards will be providing reviews in line with this guidance, and returning the national dataset on completed reviews, from April 2013.

Introduction

1. The Scottish Child Health Programme provides proactive care and support to all children to help them attain their health and development potential. The universal child health reviews are a core element of the overall programme. The reviews provide an opportunity to work with parents to assess children's wellbeing, provide age appropriate health promotion advice, build parenting capacity, identify needs for support, and facilitate early access to effective interventions.

2. Policy on the content and delivery of the Child Health Programme was set out in 2005 in *Health for All Children 4: Guidance on Implementation in Scotland*[1]. This policy was supplemented in 2010 by a Chief Executives' letter[2] and, following extensive consultation, in 2011 by the policy update *A New Look at Hall 4 – the Early Years – Good Health for Every Child*[3]. The letter and policy update recommended that a universal review for children aged 24-30 months ('the review') should be added to the Child Health Programme.

3. The 2011 policy outlined the key issues to be addressed at the 24-30 month review (specifically speech, language and communication skills; personal, social and emotional development (including behavioural issues); nutrition, growth and weight; immunisations; parental concerns and issues; vision, hearing and oral health; and physical activity and play) but did not provide further detail[3].

4. In October 2011 the Scottish Government therefore established a short life working group ('the group') to produce detailed guidance on the content and delivery of the review. The group's aims were:

- To identify the core issues which should be addressed at the universal 24-30 month review in all NHS Board areas,
- To achieve consensus regarding the use of standardised methods of assessment, and
- To improve national data collection from the review and hence facilitate the production of robust, reliable statistics that can inform child health policy and service delivery.

5. The group met four times between December 2011 and April 2012. The group was concerned to base the guidance on the best available evidence, to encourage and incorporate comments from stakeholders across Scotland, and to seek consensus wherever possible. To facilitate this, all members (see Appendix 1) were invited on to the group to represent their relevant professional groups and organisations and were asked to discuss the work of the group with them. A briefing note was produced after each meeting which documented the progress of the group and the development of the draft guidance and these were widely circulated. Specific input was also sought from key individuals, for example academics with relevant areas of expertise.

6. Consideration was given on the best age to carry out the review. The Group agreed, based on comments received, that the review should be carried out between 27 and 30 months, rather than 24-30 months, therefore the review

will now be known as the 27-30 month review. NHS Boards should aim to ensure that reviews are completed by the time children attain 30 months.

7. The group was also concerned to ensure that this guidance is congruent with other policy, in particular the *Getting it right for every child* approach[4] and the Early Years Framework[5].

8. The aim of this guidance is therefore to facilitate the implementation of an effective 27-30 month review for all children in Scotland. The guidance is primarily aimed at front line health staff involved in delivery of the review, in particular Public Health Nurses - Health Visitors (PHN-HVs), and their managers. The guidance will also be of wider interest to General Practitioners and colleagues involved in early learning and childcare and the wider care and support of young children.

Core components of the 27-30 month review

9. Consideration of what should be included in the 27-30 month review has taken account of:

- The prevalence of different health and developmental problems at this age, their implications for long term outcomes, and their contribution to inequalities,
- The availability of effective interventions for this age group that improve long term outcomes,
- The feasibility of including different issues within a universal child health review,
- Best practice in other settings, and
- The opinion of a wide range of stakeholders from across Scotland.

10. The overall **priorities** of the 27-30 month child health review have been agreed as:

- Promotion of strong early child development (particularly social/emotional and language/cognitive) within a context of helpful parenting and wider family wellbeing, and
- Promotion of child healthy weight.

11. The **core issues** that should be covered in the review are shown in Table 1. This list represents the minimum range of issues that should be considered for every child. A wide range of other issues may also be addressed depending on children's individual circumstances and local priorities.

12. Although the core issues listed in Table 1 should be considered for every child at every review, this does not mean that lengthy assessment/discussion of each issue will always be necessary. For example, if information available prior to a review shows that a child has been fully immunised on time, parents may simply be reminded that they will be called for the pre-school vaccination contact in due course and asked if they have any questions about that. Conversely, if a child is found to be inadequately vaccinated, detailed discussion of the benefits and potential harms of immunisation and parents' views and concerns may be required.

13. Consideration of children's development and their nutrition and growth are likely to be major components of each review in line with the overall review priorities hence assessment of these issues is discussed in more detail in the next chapter. As each review is aiming to provide a balanced view of a child's overall strengths and needs within the context of their family and wider environment, the way that the *Getting it right for every child* (GIRFEC) approach can support this is also discussed in the next chapter.

Table 1: Core issues to be covered in the 27-30 month review

Core issue	Specific topics to consider
How I grow and develop	
Child development	All domains including
	Social, emotional and behavioural
	Speech and language
	Gross and fine motor
Child nutrition and growth	Nutrition and healthy eating
	Physical activity
	Growth
Child physical health	Immunisations
	Dental health
	Unintentional injuries
	General physical health
What I need from people who look after me	
Parenting and family relationships	Parenting capacity, enjoyment and stress
	Parent – child relationship and attachment
	Wider family relationships including domestic abuse
Parental health*	Parental smoking
	Parental alcohol or drug misuse
	Learning disabilities
	Mental health
	General physical health
My wider world	
Home learning environment	Play opportunities
	Books and reading
	Screen time (e.g. television, computer)
Early learning and childcare	Nursery/childminder/playgroup attendance or registration
Family finances	Poverty and debt
Overall need for support	Health Plan Indicator

* Note that wherever 'parent' is used, this indicates all those in a parenting role, including foster parents and other carers.

Assessing children's needs

General approach

14. Assessing children's wellbeing and needs within the context of their family and wider environment is a fundamental part of the 27-30 month review. Assessment is a complex task that requires a high level of professional knowledge and skill.

15. Successful needs assessment takes place within the context of a positive relationship between Public Health Nurse - Health Visitor (PHN-HV) and the family. It is recognised that PHN-HVs may have had minimal contact with some children and their parents since early infancy. Re-establishing relationships may therefore be a challenging task that requires more than one contact.

16. There is broad agreement that structured professional judgement supported by the informed use of validated tools offers the best general approach to needs assessment[4-6]. The benefits of using standardised tools to support (not replace) professional decision making include creating consistent thresholds for intervention, supporting communication with families and between practitioners, and providing consistent data that allows the prevalence of problems in different population subgroups to be explored.

17. This guidance provides an overview of assessment tools (particularly those assessing child development) that are appropriately validated and considered likely to be of practical use in Scotland. Checklist or tick box approaches to assessment and/or the use of unvalidated assessment tools not included in this guidance are unlikely to be helpful and should be avoided, unless their use is part of a robust research process.

18. The assessment process is ultimately aiming to provide a balanced view shared by the PHN-HV and parents of a child's development and health, the factors in their life that are likely to influence (positively or negatively) their future progress, and their need for additional support to attain good outcomes. It is recognised that occasionally there may be significant discrepancy between the PHN-HV view and that of parents, for example in cases of child neglect, and such circumstances require a sensitive approach.

The GIRFEC framework

19. The *Getting it right for every child* (GIRFEC) approach provides a useful general framework for assessment, analysis and planning covering both general and specific assessments. GIRFEC encourages practitioners to keep children's wellbeing, and what they can do to support and advance that, as their primary consideration at all times[4]. The approach breaks down the concept of children's wellbeing into eight indicators: safe, healthy, achieving, nurtured, active, respected, responsible, and included. Whenever practitioners come into contact with children, they are encouraged to consider the child's wellbeing and ask themselves five key questions, namely

- What is getting in the way of this child's or young person's wellbeing?

- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?[4, 7]

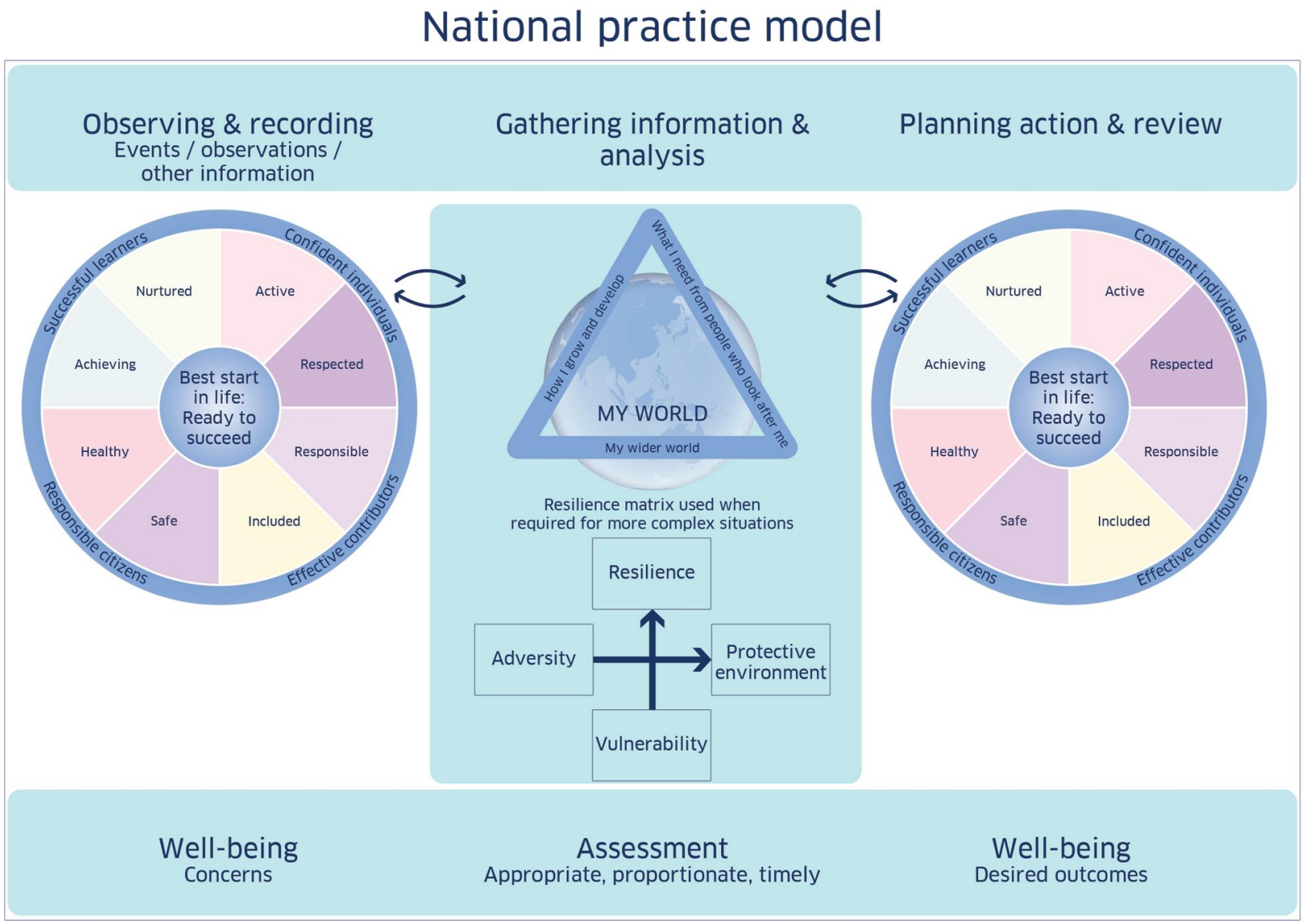
20. Underpinning this approach is the use of the national practice model (see Figure 1) to support more detailed assessment of children's circumstances when required[7,8]. This more detailed approach to assessment is appropriate for 27-30 month reviews.

21. The national practice model encourages practitioners to adopt an integrated approach to assessment and planning by:

- Initially considering a child's wellbeing in the round using the wellbeing indicators
- Gathering more detailed information about a child's intrinsic characteristics and their immediate and wider environment using the My World assessment triangle[9]
- Analysing the information to build a picture of the strengths and pressures in a child's life, using the resilience matrix[10], and
- Using the information gathered as the basis for planning, implementing, and reviewing the actions necessary to secure and promote the child's wellbeing, again using the wellbeing indicators.

22. All practitioners should be familiar with the national practice model. Full information on the GIRFEC approach can be found at http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright.

Figure 1: GIRFEC national practice model[8]



Assessing children's development

23. Although formal screening for developmental delay is not currently recommended by the National Screening Committee, the 27-30 month review should include systematic consideration of all children's development as part of ongoing surveillance[11,12]. Staff undertaking the review should have a good understanding of normal child development. Mary Sheridan's classic work in this field has been recently updated and provides a very helpful framework[13]. The Personal Child Health Record (Red Book)[14] also contains relevant pages on developmental milestones that most (at least 90%) children have reached by specified ages.

24. All reviews should entail a structured discussion with parents to assess the extent to which children are attaining expected milestones and to elicit any concerns that parents have about their child's development. The Parents' Evaluation of Developmental Status (PEDS) questionnaire offers a well validated approach to eliciting parental concerns that Boards may wish to use[15,16]. The PEDS: Developmental Milestones questionnaire offers a systematic way of assessing whether children have attained key milestones[17]. Formal scoring of the PEDS and/or PEDS: DM indicates children at increased risk of having problems in the various developmental domains.

25. There is good evidence that in most instances, parental reporting of children's developmental status, for example attainment of specific milestones, is highly accurate[18,19]. If parents express significant concerns about an aspect of their child's development, these should always be taken seriously and investigated appropriately[20]. It is recognised that some parents will have difficulties in accurately reporting their children's development[21], for example due to learning difficulties or mental illness.

26. There is a general trend towards greater reliance on parental reporting of children's developmental status rather than practitioners always having to seek 'proof' through direct testing of children. Nevertheless, careful observation of children during the course of the review will provide PHN-HVs with useful additional information on their developmental status[22,23]. A greater reliance on direct testing will be required for children whose parents are less able to objectively report on their development.

27. If after initial structured discussion and observation there are any uncertainties or concerns regarding a child's developmental progress, a more in depth assessment should be undertaken using a validated developmental assessment tool. A very large number of tools are available but the following are suggested as a core set that should be available to PHN-HVs across Scotland. Further detail on the tools, how to access them, and available manuals and training resources is provided in Appendix 2.

28. The Ages and States Questionnaire 3 (ASQ)[16] and the Schedule of Growing Skills II (SOGS II) both assess all developmental domains (although they are relatively light on social/emotional development). Both provide standard questionnaires that can be completed by the PHN-HV in discussion with the

parent and both involve the PHN-HV in observing children's ability to undertake specific tasks during guided play.

29. Both questionnaires are 'scored'. Children do not pass or fail but the profiles of scores generated do provide clear suggestions for subsequent action, for example provision of additional support and retesting or formal referral. Both cover the whole pre-school age range hence can help to track children's progress over time and monitor the effectiveness of interventions provided. The process of working through the questionnaires with parents can be a useful way of structuring discussion about children's developmental ability and their strengths and areas of concern.

30. Both are already widely used in Scotland and areas that are already using these tools report very high satisfaction with them. The tools are relatively low cost to purchase (see Appendix 2), come with dedicated training resources, are easy to administer and are acceptable to parents. Furthermore, they have been found to provide clear pointers to subsequent action and to support communication, for example when making referrals.

31. It should be emphasised that these tools should support rather than erode or replace PHN-HV professional decision making. None of the suggested tools should be used in a mechanistic way: professional judgement should be used when deciding the appropriate clinical response to an individual child.

32. When developmental assessment tools are being produced, they are usually applied to a relatively large number of children to see the distribution of scores at a particular age in the general population. Cut offs are then set to indicate children scoring below a certain threshold. The cut offs can be set to identify a certain proportion of children (e.g. the lowest scoring 10%) or children known to be having functional difficulties related to development (e.g. those identified by educational staff as struggling at pre-school). Further cut offs may also be set to identify children near the threshold that may benefit from additional ongoing monitoring or support. The tools are then usually tested again on different populations of children to ensure that the cut offs remain meaningful across a range of settings.

33. The proportion of children expected to score below a cut off can therefore be predicted for any given test. It should be noted that this proportion is often quite high – usually around 10% of children in the general population and potentially considerably higher in vulnerable groups such as children living in poverty. Systematic use of developmental assessment tools can therefore be expected to increase the numbers of children identified as developmentally vulnerable. This in turn has implications for other services that families may be already using or be referred on to e.g. parenting programmes, early learning and childcare, family support, Speech and Language Therapy, physiotherapy, occupational therapy, developmental paediatrics, Child and Adolescent Mental Health Services, etc. Local areas will therefore need to develop clear care pathways for children identified at their 27-30 month review as having possible developmental problems and ensure adequate capacity among all relevant services.

34. Additional tools are available that assess particular developmental domains or assess the risk of particular pathologies. The ASQ: Social-Emotional (ASQ:SE)[24] and the Strengths and Difficulties Questionnaire (SDQ)[25,26] both assess social and emotional development. The SDQ is freely available and results have been shown to indicate the risk of future mental health problems[26]. Traditionally it has been used for children aged 3-16 years but recently it has been provisionally validated for use in 2 year olds[25,26 *].

35. The Sure Start Language Measure (SSLM)[27,28] assesses children's language development by asking parents whether they have concerns about their child's language, whether their child is starting to combine words, and which, from a standard list of 50 words their child can say. At 27-30 months, children who can say fewer than 10 words from the 50 list are likely to be around or below the 10th percentile for expressive language development at that age and hence may warrant further investigation, support or referral[28,29].

36. The Modified Checklist for Autism in Toddlers (M-CHAT)[30-34] is a further useful tool that assesses the risk of Autistic Spectrum Disorder and may be useful prior to making referrals to services such as Child and Adolescent Mental Health or developmental paediatrics. The Eyberg Child Behaviour Inventory (ECBI)[35-37] can also be used to provide an assessment of childhood behavioural problems.

37. Many of these tools are already in widespread use in Scotland. The ASQ and ASQ:SE are routinely administered to all children receiving the Family Nurse Partnership service[38]. SOGS II is used when necessary within the 24-30 month reviews already being delivered in Dumfries & Galloway to facilitate more in depth assessment of selected children's development. NHS Greater Glasgow & Clyde has been routinely administering the SDQ and SSLM in the universal 30 month review that they have been piloting for some time.

38. It is likely that, at least in the shorter term, Boards will take different approaches to the use of the recommended tools. Some may choose to use one or more tools on a universal basis, i.e. routinely offer them to all children at their 27-30 month review. Some may choose to use the tools on a more selective basis, i.e. only offer them to children if initial discussion and observation suggest they are required. Some tools, in particular the M-CHAT and Eyberg scales should definitely only be used on a selective basis when indicated.

39. The national dataset to be returned on all completed 27-30 month reviews (see later chapter) has been designed to capture information on the tools used to assess children's development, the outcome of the overall assessment process (e.g. whether any new concerns about any developmental domain have been identified), and the actions that have been planned as a result (e.g. recall to PHN-HV for early reassessment, referral to GP or more specialist services for more detailed assessment, and/or provision of parenting support). It is anticipated that over time the data generated will allow exploration of any associations between

[*] The results of the validation of the SDQ on 2-year olds have not yet been published in peer reviewed format. Further work on this issue is currently ongoing in Glasgow and results are likely to be published soon.

different approaches to developmental assessment, identification of developmental concerns, interventions, and ultimately children's outcomes and hence inform further refinement of policy and guidance on this issue.

40. The national dataset asks PHN-HVs to note their assessment of children's development in each of several domains, such as social, gross motor, vision, etc. It is important that all developmental domains are given due consideration but it is likely that the main focus of assessment will be on children's social/emotional and language development as these are the areas in which issues are mostly likely to be coming to light at the 27-30 month stage. Assessment of other domains may be quite brief, for example enquiring whether parents have any concerns about a child's vision and whether they have noticed a squint, and observing how a child manipulates small toys during the course of the review, is likely to be sufficient to assess a child's visual development in most cases. The 27-30 month review provides a useful opportunity to remind parents of the pre-school vision screening that all children will be offered.

41. Some of the developmental assessment tools will not be appropriate for children with obvious, severe developmental problems that have been previously diagnosed, and PHN-HVs will need to tailor their approach accordingly. Conversely, it should not be assumed that children with known problems in some developmental domains do not need any developmental assessment. Children with motor development problems due to cerebral palsy may well still benefit from assessment of their social/emotional and language development, for example.

Assessing children's nutrition, physical activity, and growth

42. The National Screening Committee does not currently recommend formal screening for growth problems at 27-30 months[39] but surveillance of children's nutrition, physical activity and growth will be an important part of the 27-30 month review.

43. The 27-30 month review can contribute to the promotion of child healthy weight by providing all families with consistent messages on healthy eating, family meals, physical activity, screen time, and adequate sleep. Relevant health promotion resources and evidence summaries on this issue are included in Appendices 3 and 4.

44. The National Obesity Observatory[40] has produced helpful resources that outline how the Child Health Programme can contribute to the promotion of child healthy weight and has also developed relevant training for staff through the HENRY programme[41]. Some children are known to be at higher risk of developing childhood obesity than others and these health promotion messages will be particularly important for them. Key risk factors for developing obesity in childhood include parental obesity, high maternal weight gain in pregnancy, gestational diabetes, inappropriate weight for gestational age, rapid weight gain in infancy, bottle feeding, early weaning, Asian ethnicity, and poverty[20, 42-44].

45. In Scotland around 25% of children aged 27-30 months are already overweight according to the epidemiological definition (BMI ≥85th centile) with

around 5% clinically obese (≥98th centile) and 3% clinically underweight (≤2nd centile)[†]. There is some debate about how stable overweight is in this age group but in general children with severe overweight at 27-30 months are likely to remain overweight (particularly if there is coexisting parental obesity)[45-50]. The long term adverse physical and mental health implications of child and adult obesity have been well documented although there is little specific evidence relating to children aged 27-30 months[44, 46, 51-55].

46. The 27-30 month review can therefore also contribute to the promotion of child healthy weight (CHW) by referring children with established obesity to child healthy weight interventions. There is some debate about the effectiveness of CHW interventions but in general evidence is accumulating for both preventive and treatment interventions, including in the pre-school age group[56-59]. Multifaceted family interventions can lead to sustained meaningful changes in eating, activity and weight.

47. The Child Healthy Weight HEAT3 target[60] has been specifically designed to increase capacity within Boards to deliver child healthy weight interventions to children from age 24 months upwards. Almost all Boards have developed some capacity for delivering CHW interventions to pre-school children in response to the target although the precise services available vary between Boards. NHS Board Child Healthy Weight coordinators will be able to advise on services available in specific areas. The 27-30 month review will provide an important early opportunity for families to be referred to these services as appropriate.

48. Children found to be clinically underweight may need more detailed medical assessment to exclude underlying pathology.

49. The relative merits of weighing and measuring all children, or only selected children, at the 27-30 month review have been robustly debated during the process of producing this guidance. Differences of view persist but on balance it is recommended that all children should be offered measurement of weight and height as part of their 27-30 month review. This recommendation will be kept under review. Measurement is not necessarily straightforward, particularly of height (standing height is used to assess growth from 24 months onwards) but accuracy is important. Appropriate equipment and good technique are required[61]. Good practice guidance is provided on the A4 World Health Organisation (WHO) growth charts and through the Royal College of Paediatrics and Child Health[62]. The Scottish Government has also produced guidance on weighing and measuring children to support the Child Healthy Weight HEAT3 target[61].

50. All weight and height measurements should be plotted on the appropriate UK-WHO (0-4 years) growth chart[62] and returned as part of the national dataset to the Child Health Surveillance Programme – Pre-School (CHSP-PS) information system. UK-WHO growth charts are available from the Royal College of Paediatrics and Child Health[63] and from Harlow Printing[63].

[†] Data from 2 year olds included in the Scottish Health Survey 2008-2010 and historical data on child health reviews done on 3½ year olds in 2001 and recorded on CHSP-PS. UK 1990 reference files used as the standard.

51. There is good evidence that both parents and practitioners are poor at identifying children with over or underweight just from 'eyeballing'[64-69]. BMI centile is the appropriate measure of child (un)healthy weight from 24 months onwards[61]. It will not be necessary to calculate a BMI centile for all children as part of the 27-30 month review, for example if a child's weight and height are both near to the 50th centile, calculation of BMI would not be required. If there is possible concern about a child's growth, for example their weight is above the 75th centile or below the 9th centile, or there is marked discrepancy between weight and height centiles, BMI centile can be estimated for children aged two to four years using the conversion chart provided on the A4 UK-WHO growth charts[63].

52. The CHSP-PS system calculates an accurate BMI centile for each child from the weight and height data that is entered. These additional data can then be used for population monitoring of child growth at the local and national level.

53. The weighing and measuring of children should not be seen as an end in itself and it should not dominate the 27-30 month review. Weighing and measuring should be seen as part of wider promotion of healthy eating, family meals, physical activity, active play, and child healthy weight and should clearly link to subsequent action, for example PHN-HV support and re-measurement or referral onto more specialist services depending on findings.

Assessment of other specific issues

54. It will be important for PHN-HVs to have access to up to date information on children's physical health and any parental health issues prior to the 27-30 month review to ensure the assessment process is as comprehensive and efficient as possible (see later chapter on Delivering the review).

55. Some children will have had specialist assessments that could provide very rich information relevant to their 27-30 month review. For example, children who were in Neonatal Intensive Care due to premature birth are all offered a detailed developmental assessment when they attain two years of age as part of their routine follow up. It would be helpful if PHN-HVs had access to the results of these assessments prior to conducting children's 27-30 month reviews so that the review can add value to the specialist follow up (for example by considering the child's development within the wider context of their family circumstances) rather than unnecessarily duplicate assessment processes. Similarly, the results of the 27-30 month review would be valuable to those providing ongoing specialist follow up and information should be shared with parental consent.

56. Although parent-child attachment is very important to children's outcomes[70,71], formal assessment of attachment is not feasible within a universal child health review. Nevertheless, PHN-HVs will be able to use their observation of the parent-child relationship in their overall assessment of the child's family environment.

57. A number of Boards have implemented routine enquiry about domestic abuse as part of post-natal/early child health surveillance services in response to

CEL 41 2008 on gender based violence[72]. Some Boards have indicated that they also intend to incorporate routine enquiry about domestic abuse into the 27-30 month review and this approach is supported given the widespread nature of domestic abuse and its known detrimental effects on children's development and long term physical and mental health[73].

58. If there are concerns about a child's physical health following their 27-30 month review, a general medical assessment can be requested from the General Practitioner. If there is any doubt about testicular descent this should be assessed on examination and prompt referral initiated if required. Similarly, if there is any concern about a child's gait, in particular presence of a limp that may indicate previously unsuspected congenital dislocation of the hip, this should be formally assessed and referral initiated as appropriate.

59. Exposure to second hand smoke is detrimental to children's health. It increases the risk of respiratory and middle ear infections, and exacerbates asthma symptoms. ASH Scotland has recently published a REFRESH 'how to' guide for practitioners on assessing parental smoking and discussing smoke free homes[74].

60. Parental substance misuse can have a profound impact on children's development and wellbeing, both through direct in utero exposure and through impairment of parenting capacity after birth[75]. Fetal Alcohol Spectrum Disorder is a common and under-recognised cause of childhood developmental problems in Scotland[76] . Effective interventions are available for children affected by fetal alcohol harm, for example tailored parenting and educational support. Effective interventions for mothers are also available to help avoid further affected pregnancies[76].

61. The HOME inventory is a useful validated tool to support assessment of parenting and the home learning environment[77]. PHN-HVs may wish to use this for families experiencing particular challenges and to monitor the effectiveness of support provided to such families over time.

62. PHN-HVs should be aware of the Scottish Government *National Risk Framework to Support the Assessment of Children and Young People* (published in final form in 2012)[78]. This document is a national risk assessment 'toolkit' for child protection to support practitioners in identifying and acting on child protection risks in children and young people

63. There are complex relationships between many of the topics to be covered in the review that all contribute to the wellbeing of the child. For example: relationships between motor development, play opportunities, physical activity and injury prevention or between social/emotional development, language/cognitive development, parenting and wider family circumstances. Equally, many different issues may underlie particular problems, for example growth problems will usually reflect unhealthy eating and physical activity patterns within the family but may indicate a specific underlying medical condition.

64. Dealing with this level of complexity requires substantial professional skills. It also means that assessment of apparently very specific issues (such as language development) can be seen as a lens through which to consider various issues (such as parenting and the home learning environment, autism risk, and hearing).

Health promotion and evidence resources

65. A wide range of health promotion resources that can be shared with families is available to support delivery of the 27-30 month review. Use of these resources facilitates the delivery of consistent, clear, and evidence based messages to parents. Currently available resources from NHS Health Scotland and other organisations are listed in Appendix 3.

66. Clear communication is essential for safe and effective healthcare yet people remember and understand less than half of the information they are given during the course of a consultation. The role of the health practitioner is crucial in supporting effective communication including access to translations and alternative formats for parents and carers. The 'Teach-Back Technique' is a simple way to check that important information that has been conveyed to someone has been adequately understood. It involves asking patients to explain, or demonstrate, in their own words, what you have discussed with them.

67. The provision of written resources is useful to complement effective communication between the professional and the parent, however the following points need to be borne in mind: one in five adults in Scotland has difficulty with reading/numeracy and learning acquisition and it is therefore important to ensure that any information leaflets are not given out without full discussion of their contents. Additional materials may be available through local Health Promotion Libraries. NHS Health Scotland provides accessible and inclusive resources including materials for families whose vision is impaired, for parents with learning difficulties and sources of information in other formats.

68. Women and families from minority ethnic groups may require assistance with communication through the provision of interpreting and translated written resources. Currently interpreting services are arranged independently by each NHS Health Board or Local Authority. Health professionals should ensure that they are familiar with local arrangements (contact your local equality and diversity officer if you are unsure). This will help to ensure that appropriate need is identified and proper interpreting provision is in place when required. Effective communication is necessary for informed consent and effective care.

69. Health promotion and evidence resources change rapidly and it can be difficult to keep up to date. NHS Health Scotland maintains an Early Years Information Pathway that summarises available health promotion resources[79].

70. The Maternal and Early Years website[80] is another key resource that brings together a range of up to date resources for all practitioners working with pregnant women and young children.

71. Selected evidence summaries relating to the epidemiology and/or effective management of the issues covered in the 27-30 month review are listed in Appendix 4. The list is by no means exhaustive: particular focus has been paid to evidence summaries produced by NHS Health Scotland for the Modernising Nursing in the Community programme[81] and high quality clinical guidelines such

as those produced by the National Institute for Health and Clinical Excellence (NICE)[82] and the Scottish Intercollegiate Guidelines Network (SIGN)[83].

72. The e-learning resource developed on behalf of the Department of Health to support delivery of the Healthy Child Programme in England also provides very useful and accessible summaries of current evidence on a range of topics relevant to the 27-30 month review, such as attachment, feeding difficulties, injury prevention, and numerous aspects of child development[84]. The e-learning resource is provided as 76 on-line tutorials grouped into 12 modules, with each tutorial taking 20-30 minutes to complete. Although the resource was developed to support the English programme, the vast majority of the information presented is equally applicable to the Scottish situation. All NHS staff (including those based in Scotland) can register to access the resource which is then freely available for them to work through at their own pace.

73. The Scottish Government is responsible for producing the national Personal Child Health Record ('Red Book')[14] and the overarching parent information leaflet on the core Child Health Programme offered across Scotland ('The Child Health Programme: a Guide for Parents and Carers')[85]. Both of these resources will be updated to reflect the inclusion of a universal 27-30 month review in the core Child Health Programme.

Delivering the review

74. As previously noted, the Child Health Programme aims to help all children attain their health and development potential. The universal child health reviews are a core element of the overall programme. The reviews provide an opportunity to work with parents to assess children's wellbeing, provide age appropriate health promotion advice, build parenting capacity, identify needs for support, and facilitate early access to effective interventions.

75. The 27-30 month review is an important addition to the existing programme. Children's developmental skills are evolving rapidly at this time, family eating habits are becoming established, and many children are in or are soon to make the transition into early learning and childcare. Many effective interventions to support parents and improve children's outcomes are available.

76. The *Getting it right for every child* approach provides a useful framework within which to deliver the 27-30 month review[4]. GIRFEC offers an important reminder that the reviews (and all follow on care) should remain focused on understanding and enhancing children's wellbeing and securing the best possible outcomes for every child[4].

77. The current emphasis on assets based approaches to health promotion[86] also has important implications for the delivery of the 27-30 month review. An asset based approach to practice involves focusing on children's and parents' strengths and working in partnership to build on these. Parents have a fundamental influence on young children's health and development and hence building parents' capacity for positive parenting, including consistent affection, appropriate boundaries, and encouragement of exploratory play and early reading, should be an important aspect of the review.

78. An asset based approach fundamentally means that the 27-30 month review should not be seen as something that is 'done to' children and parents but rather as an opportunity to work with them, to build their own capacity, and to help families secure the good outcomes that they want for their children. An asset based approach should not be seen as being in conflict with one of the fundamental roles of the 27-30 month review which is to identify concerns at an early stage and hence facilitate prompt intervention. Instead, it is about taking a balanced approach to identifying need, and not immediately 'stepping in to sort things out'. Practitioners' knowledge of the family should indicate, where additional services are required, if this can be done through simple 'sign posting' or if a more 'direct referral approach' is required. Some parents may need more support to access services, due to their individual circumstances. The right approach to communication is also required. Considering how to manage difficult conversations and discussing issues at a pace that suits the parent and child are important to embedding a person-centred approach.

Achieving universal uptake of the 27-30 month review

79. The 27-30 month review is intended to be universal i.e. provided to every child, regardless of their circumstances. Achieving universality is challenging, particularly amongst families that potentially have the most to benefit from the review, but high uptake is essential if the review is to meet the goal of improving children's outcomes and reducing inequalities[87]. Achieving high uptake depends on robust call-recall systems, appropriate methods of invitation, family friendly and accessible timing and location of reviews, and sensitive provision that builds supports for the Child Health Programme across communities. Working with families in local areas to understand their views and needs and tailor processes accordingly will be helpful.

80. All NHS Boards across Scotland use the Child Health Surveillance Programme – Pre-School (CHSP-PS) information system to manage call-recall for the child health reviews. Through its dynamic link to the Community Health Index (CHI) system that maintains an up to date record of GP registrations, the CHSP-PS system provides a very robust mechanism for ensuring that all children receive an invitation to their 27-30 month review, including those that have recently moved area.

81. There are arguments for and against inviting children for the review earlier or later within the 24-30 month window period. The final assessment in the Family Nurse Partnership (FNP) programme[38] is undertaken by the Family Nurse at 24 months when the handover of the child and family to universal services takes place. Information gathered at this final assessment should augment any future assessment of the child. As the first clients of the FNP programme graduate from the programme 'good practice' guidance for FNP sites will be developed to ensure that communication at this transition is both robust and client centred.

82. Issuing invitations early allows for the earliest possible intervention if concerns are identified, however the significance of findings may be less clear at the 24 month point due to the relatively high degree of variability in younger children's development, potentially leading to a high number of re-assessments being offered. The CHSP-PS system should therefore issue the first invitation for the review when children attain 27 months. The system should issue up to a further two invitations if children fail to attend after the initial invitation.

83. The CHSP-PS system issues standard invitation letters and as such is unlikely by itself to achieve high review uptake. The CHSP-PS invitations are unlikely to be sufficient for parents with communication difficulties or limited access to mail. Active follow up of families should therefore be triggered when parents fail to attend their 27-30 month review after their first invitation: PHN-HVs should not wait until families have failed to respond to three invitations. The CHSP-PS system can support this by producing regular lists of children at particular ages who have not yet attended their review.

84. Active follow up of families who fail to respond to their first invitation should therefore run in parallel with the ongoing CHSP-PS invitation system and should

involve genuine efforts to make contact with families i.e. not just sending an additional letter. Boards should aim to ensure that reviews are completed by the time children attain 30 months. Boards should have clear pathways in place for responding to families that fail to bring their child for the 27-30 month review despite the active invitation process described. These pathways should be congruent with national and local guidance on the 'unseen child'. Achieving high review coverage can be very labour intensive and Boards will need to resource the service accordingly.

85. Universal provision means that the 27-30 month review should be offered to children with known health or development problems in the same way as it is to apparently healthy children. It is recognised that some children with significant health problems may already be under the active review of a wide range of professionals. The PHN-HV remains the GIRFEC Named Person for all pre-school children however and the 27-30 month review may well be valuable for these children by taking a holistic view of child wellbeing and offering wider family support.

Who should be involved in 27-30 month reviews?

86. The 27-30 month review should be a face to face review with the child present. Telephone, written, email, or text contact with parents can be a useful adjunct to the review but by itself these kinds of contact would not be adequate to constitute a 27-30 month review. The increased emphasis on parental reporting (e.g. parent completed questionnaires) rather than direct testing of children when assessing development does not mean that children are not required to be present during the review. Most 27-30 month reviews will be provided on an individual family basis. PHN-HVs may judge that group based reviews are beneficial for some areas or groups of parents. Group based reviews can bring benefits in terms of increasing social contact between parents but providing effective group based reviews requires a great deal of skill, for example being able to systematically observe groups of children at play. If group based reviews are provided, it is essential that all parents are given a meaningful opportunity to raise any concerns they have in private.

87. Traditionally, it has been viewed as the norm for mothers to accompany children to their child health reviews and the involvement of fathers has been paid scant attention. It is now known that fathers are a very important influence on their children's health and development, and their involvement in the 27-30 month review should therefore be encouraged. Promoting the involvement of fathers requires attention to the wording of invitations, having appropriate visual representations of fathers on health promotion leaflets, and ensuring that the timing and location of reviews takes account of the needs of working parents[88].

88. There is also the question of which professionals should deliver the 27-30 month review. PHN-HVs have lead responsibility for delivery of the universal child health reviews. PHN-HVs often work alongside staff nurses, nursery nurses, and others in skill mix teams and these other colleagues may assume responsibility for delivery of certain elements of the reviews depending on local circumstances. It is of course imperative that staff are always appropriately

trained for, and competent in, the roles they are asked to perform, and that they receive adequate supervision.

89. Close liaison will also be required between PHN-HVs and GPs over the delivery of 27-30 month reviews. GPs will be expected to support PHN-HVs for example by providing more detailed medical assessment of children as required and by sharing relevant knowledge of wider family circumstances.

Training and resource issues

90. The 27-30 month review as described in this guidance is new. PHN-HVs and associated staff that have been in post for some time will find some aspects that are similar to the pre-2005 two year review but also there will be new elements such as the updated approach to assessing children's development. Staff who are relatively new in post will have no experience of delivering a universal child health review to this age group. GPs have traditionally had little involvement in the provision of child health reviews at this age. Implementation of the 27-30 month review will therefore have implications for the education and training of existing and future staff.

91. A Community Nursing education sub-group established under the auspices of the Modernising Nursing in the Community programme is actively considering the education and development needs of PHN-HVs and other community nursing staff. This group and NHS Education for Scotland have been kept up to date with this guidance during the process of its development and will be responsive to any future training needs at a national level for undergraduates and the existing workforce. Higher education establishments responsible for the PHN-HV and other relevant curricula will need to consider the implications of the 27-30 month review. NHS Boards will also have a role in responding to local training needs.

92. No new resources have been made available centrally to support the implementation and delivery of the 27-30 month review. For the foreseeable future, Boards will therefore be responsible for directing adequate resources towards the review through local prioritisation and resource allocation processes. When developing this guidance, the evidence regarding the potential impact of different components of the 27-30 month review on children's outcomes has been the primary focus of the Short Life Working Group. Practical considerations have also been borne in mind however: in particular keeping what is asked of the review to a reasonable level to ensure that resource considerations are not overwhelming and the reviews are not so extensive as to undermine parental engagement.

93. It should be recognised that meaningful child health reviews take time. NHS Greater Glasgow & Clyde found that their pilot 30 month reviews (which included universal use of the SDQ and SSLM to assess children's development but no weighing and measuring of children) took an average of 45 minutes each. Boards may wish to bear in mind the work of the Early Years Taskforce, which encourages local partners to bring the totality of their resources to discussions on how best to support preventive and early intervention work, when considering resources for the 27-30 month review.

94. Implementing a 27-30 month review has substantial implications not just for PHN-HVs, and their multi-disciplinary teams, and GPs, but also a wide range of other services including parenting support, specialist health services such as developmental paediatrics and speech and language therapy services, and others such as early learning and childcare and benefits/money management advice services. Careful local needs assessment, planning, and service development will be required to ensure that clear pathways are in place for common issues likely to be identified at the 27-30 month review and that all services have adequate capacity to meet likely demand.

Data and information sharing issues

Information required prior to the review

95. It is good practice for PHN-HVs to have relevant information on the health of children and their family members prior to conducting 27-30 month reviews. Relevant information available from the CHSP-PS and linked national immunisation system (Scottish Immunisation Recall System, SIRS) – that could be routinely fed back to PHN-HVs when children are due to a review - includes information on a child's prior access to preventive services such as neonatal bloodspot screening, neonatal hearing screening, immunisations, the 10 day and 6-8 week child health reviews, and also potentially dental registration and attendance status in areas where that is being fed back through the CHSP-PS system as part of the Childsmile data linkage and feedback project. The child's most recent Health Plan Indicator (PHN-HV assigned overall indicator of need for ongoing professional support) is also available from CHSP-PS.

96. PHN-HVs should also have access to information on recent GP, A&E, and outpatient attendances and hospital admissions through GP records and/or local clinical portal systems. Other relevant information that PHN-HVs should have available to them could include the results of specialist assessments (for example the two year developmental assessments for NICU graduates) and information on child protection concerns. The results of assessments undertaken within early learning and childcare settings may also be very useful.

97. PHN-HVs should consult the Framework[89] which covers the Accessing of Personal Information on Patients and Staff along with the Intra-NHS sharing accord[90.] Access to confidential information may owe duties of confidence and have issues relating to consent. Consideration should be given to the data being processed. It must be adequate, relevant, not excessive, processed lawfully and in line with the data subject's rights. Access must be in line with current NHS Information Governance processes and agreed by identified Caldicott Guardians in line with the NHS Code of Confidentiality[91.] In all cases it is important to comply with the Data Protection Act 1998[92], including its fairness provisions ensuring that data are shared in accordance with the Data protection principles and the Information Commissioner's Office data sharing code of practice[93].

98. Adult services have a clear responsibility to consider the implications of parents' health issues on their children, and this is emphasised within GIRFEC.

Significant physical ill-health, mental health issues, and substance misuse problems in parents can all have serious implications for children's wellbeing[94]. GPs are likely to be the key source of relevant information on parental health, and PHN-HVs should ensure close liaison with GPs prior to reviews so they are aware of significant issues.

99. If there are concerns regarding the wellbeing of a child the police may have additional relevant information, e.g. information about drugs, alcohol or domestic abuse incidents, and will share information with the GIRFEC named person i.e. the PHN-HV.

Information generated at the review and national minimum dataset

100. Extensive information on children's health, development and wider circumstances will be generated during 27-30 month reviews. Traditionally, PHN-HVs have recorded core information generated at child health reviews on review specific CHSP-PS forms, with additional information recorded in locally held paper-based clinical notes as required. The CHSP-PS forms have then been retained in the clinical notes, with one copy given to the parent for inclusion in the child's Red Book[14] and one returned to the local child health department for keying into the CHSP-PS system by administrative staff.

101. This model is changing, with PHN-HVs in some NHS Boards moving to electronic patient record systems. In these areas, PHN-HVs may directly enter all relevant information generated at the review into the electronic system. It would therefore be beneficial in these areas for electronic data transfer between local systems and CHSP-PS to be developed to avoid the need for duplicate data entry. However data gets into the system, CHSP-PS will remain the ultimate repository of information on completed 27-30 month reviews for the foreseeable future.

102. A national minimum dataset to be returned through CHSP-PS on all completed 27-30 month reviews has been agreed and is presented in the next chapter. It is recognised that all data collection takes time and resource, hence the dataset has been restricted to key items that are necessary to monitor delivery of the reviews and priority public health issues such as early child development, child healthy weight, and children's exposure to second hand smoke. Other information may be recorded locally as required but the national dataset should be systematically recorded on all completed reviews. Supporting definitions and code lists have been included to ensure consistency of recording across areas. Two categories have been included for the Health Plan Indicator (core and additional) in line with Scottish Government policy[3] and a definition indicating when an additional HPI should be assigned has been provided.

103. The national dataset will be used by the CHSP-PS National User Group as the basis from which to develop a CHSP-PS 27-30 month review form. This form will then be available to PHN-HVs in areas that are still using paper based records. In areas that are using electronic patient records, it is expected that these systems will be developed to enable recording of the national dataset according to the specified standards and definitions. If children attend their

review late, the CHSP-PS 27-30 month form/national dataset should be returned for children aged up to and including 32 months. From 33 months onwards, a CHSP-PS unscheduled review form should be used.

Information sharing after the review

104. All personal information should be collected and handled in line with current legal requirements and best practice guidance, for example the Data Protection Act 1998[92] and NHS and professional guidance on confidentiality[91]. Parents are given information regarding the Child Health Programme (including an outline of what is offered and basic information on how information generated is processed), and the option to opt out, shortly after their child is born (for example through the Red Book[14] and the Scottish Government leaflet 'The Child Health Programme: a guide for parents and carers')[85]. The leaflet 'Confidentiality: It's Your Right' produced by Health Rights Information Scotland[95] also provides a very useful overview for the general public of how personal information is used within the health service.

105. As discussed above, it is normal practice for the information generated at child health reviews to be recorded in the PHN-HV notes, given to the parent, and entered into the CHSP-PS system. Review findings should also be routinely shared with the child's GP who has an ongoing duty of care to the child. As parents have already been informed about this usual practice, no specific additional consent need be sought during the 27-30 month review. The Scottish Government will keep the Red Book[14] and Child Health Programme leaflet[85] under review to ensure that the information provided, including that on use of data generated through the programme, continues to reflect current practice.

106. It is likely to be in children's best interests for the findings of the 27-30 month review to also be routinely shared with their provider(s) of early learning and childcare. This will facilitate integration and strengthen relationships and coherent planning between health and early learning and childcare to best meet children's needs. Routine sharing of the findings of 27-30 month reviews with early learning and childcare should therefore be seen as the norm. Such information sharing is likely to be beyond what parents would expect to happen to their child's data however so specific verbal consent should be sought. A variable has been added to the national dataset to help PHN-HVs record that they have obtained consent. If parents withhold consent, their reasoning should be sensitively explored to see if ungrounded fears can be allayed and/or the benefits of data sharing better explained. If parents continue to withhold consent for data sharing, this should be respected unless serious concerns about a child's welfare override the need for consent. If PHN-HVs are planning to share data against parents' wishes, they should follow local guidance. The wellbeing and best interests of the child should always remain the primary consideration.

107. The practicalities of routinely sharing the results of 27-30 month reviews with early learning and childcare will require local consideration. Children may be using a variety of forms of early learning and childcare at the time of their 27-30 month review and they may well change their provider(s) between the time of the review and school entry. It may be that electronic transfer of the data to local

education authority systems such as SEEMIS (which could then be made available to wherever the child was attending) could be implemented. Practical issues such as children not having a Scottish Candidate Number allocated until school entry may need to be considered to make this work. Active communication between health and early learning and childcare using the Red Book[14] is also likely to be helpful. Early learning and childcare providers have a duty to keep children's records safe and the Care Inspectorate has a role in assuring that adequate procedures are followed.

Monitoring of review delivery and outcomes

108. The national dataset has been designed to allow proportionate monitoring of the delivery of 27-30 month reviews. It would be beneficial for the coverage of reviews to be routinely published to allow NHS Boards to assess how well they are doing in terms of achieving high uptake. Monitoring coverage by deprivation category as well as by geographical area would also be helpful.

109. Ethnicity has been included in the national minimum dataset. Ethnicity has been defined as 'the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race'[96]. Ethnicity is usually self defined but it is acceptable for the parents of young children to indicate their ethnicity on their behalf. Individuals may change their chosen ethnicity over time. It is not acceptable for health professionals to 'guess' someone's ethnicity and assign them to a particular category without asking their opinion. An individual's ethnicity may be different from their family origin as assessed in antenatal services and during newborn bloodspot screening when considering haemoglobinopathy risk.

110. Collecting data on ethnicity will allow Boards to assess how many children of different ethnicities are receiving 27-30 month reviews, and to compare how rates of identified problems such as developmental concerns or child unhealthy weight vary by ethnicity. Evidence from the Millennium Cohort Study has shown very substantial inequalities in early child development by ethnicity hence there is a clear need to improve equity of outcome in this area[97].

111. Public bodies have a duty under the Equality Act 2010[98] to treat all groups equitably and not disadvantage individuals on the basis of characteristics such as their ethnicity. Unfortunately, ethnicity is not currently recorded on the Community Health Index, hence there is no up to date source of information on the numbers of people of different ethnicities living in different areas. Adding ethnicity to the 27-30 month review dataset will therefore not enable review coverage for different ethnic groups to be calculated but it will nevertheless make a useful contribution towards helping Boards fulfil their responsibilities.

112. It would be helpful for ethnicity to be added to the minimum dataset returned on 10 day and 6-8 week reviews. If ethnicity was already in the CHSP-PS system for a child, parents would then just need to indicate if this had changed at the 27-30 month review. Concerted effort has been made to improve the recording of ethnicity on other health services records such as hospital

discharge records[99]. As part of this, useful training materials and further resources have been produced for staff who have limited experience of asking patients about protected characteristic status[100,101].

113. As well as active monitoring of the delivery of 27-30 month groups, the national dataset will allow comparative monitoring of the approach to developmental assessment in different areas, the detection of/occurrence of particular problems, and the actions taken following reviews. Over time, follow up using data linkage will also allow review of longer term outcomes. An active approach to monitoring the effectiveness of the 27-30 month review will be important to ensure it makes the maximum contribution to improving children's outcomes.

Implementation and review of this guidance

114. The initial letter and the subsequent policy update indicating that a 27-30 month review should be introduced were published some time ago[2,3]. Several NHS Boards have therefore already started planning, and in some cases delivering, a universal 27-30 month review. Nevertheless, substantial work will be required in all areas to ensure that the reviews provided are in line with this national guidance, in particular developing and implementing relevant local clinical pathways.

115. Further work will also be needed to ensure that the CHSP-PS system (and local information systems in some areas) is updated to enable call-recall for the 27-30 month review and recording of the national dataset on completed reviews. The CHSP-PS National User Group will work with ATOS Origin Alliance (the company that maintains the system on behalf of the NHS) to determine the modifications that will be required. The required e-health funding will then be sought through the e-health Public Health Portfolio Management Group.

116. Mindful of this outstanding work, it is expected that all areas will be providing 27-30 month reviews in line with this guidance, and returning the national dataset on completed reviews, from April 2013. It is anticipated that national comparative monitoring of review delivery and findings would commence from then. It is recognised that this timescale will be challenging for many areas but on balance it is considered feasible.

117. The evidence base underpinning the delivery of the Child Health Programme evolves all the time. The Scottish Government will therefore keep this guidance under review and determine when and how it should be updated.

National minimum dataset

118. The national minimum dataset to be returned on all completed 27-30 month reviews is included below. Response options or full code lists are provided as required along with comments to promote consistent interpretation and recording and hence facilitate comparative analyses over time or across areas. Pre-printed items are those potentially already held on the CHSP-PS system which can therefore be pre-printed onto a child's 27-30 month review form to minimise data entry required at the review. The PHN-HV can amend this information if required and then CHSP-PS can be updated accordingly.

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Demographic data			
First name	Y		
Surname / family name	Y		
Home postcode	Y	Full postcode	
Gender	Y		
CHI	Y		
Ethnicity		See code list at end	If ethnicity, main home language, and bilingual status were added to other CHSP-PS forms, these could also then be pre-printed on the 27-30 month form.
Main home language		English, other than English, unknown	Is English the main language spoken at home?
Bilingual/multilingual		Yes, no, unknown	Is the child routinely exposed to more than one spoken language in their home and/or care environment?
Looked after status		See code list at end	Is the child currently looked after by the Local Authority for any reason?
Professional identifiers			
Health visitor identifier	Y		
Clinic identifier	Y		
GP practice identifier	Y		
Information about review			
Date of review			If reviews are conducted over more than one appointment, please include the date the review was completed
Place of review		Home, GP practice, community clinic, other	Tick all that apply if review conducted over multiple appointments
Professionals directly involved in delivering review		Health visitor, staff nurse, GP, paediatrician, other	Tick all that apply
Family members present with child at review		Primary carer, additional carer, other	Tick all that apply. Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care. Additional carer refers to a second adult

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
			(living with the child or not) who contributes to their day to day care. In most but not all cases, the primary and additional carers will be the child's mother and father.
Development			
Social		No concerns, concern newly suspected, concern/disorder previously identified	A concern about a child's development may be newly identified during their 27-30 month review through a combination of structured discussion with the child's carers and elicitation of any concerns parents have, observation of the child, and the use of validated developmental assessment tools. If concerns are newly identified, action would be expected to follow such as arrangement for early review, more detailed assessment, and/or wider parenting support. Some children with developmental concerns at this stage will ultimately follow 'normal' developmental trajectories. Developmental concerns, or specific disorders such as cerebral palsy, congenital deafness, etc, may have been identified prior to the 27-30 month review. Newly suspected concerns and previously identified concerns/disorders should be recorded separately to allow the yield of the 27-30 month review to be monitored.
Emotional			
Behavioural			
Attention			
Speech and language			
Gross motor			
Fine motor			
Vision			
Hearing			
Tools used during the review to support developmental assessment		PEDS, PEDS:DM, ASQ3, SOGS II, SDQ, ASQ:SE, SSLM, M-CHAT, ECBI, other	Tick all that apply

Data item	**Pre-printed on CHSP-PS form?**	**Response options**	**Comments**
Growth			
Weight		Weight in kg to one decimal place	
Height		Height in cm to one decimal place	
Date measured			Complete if different to date of review. Only measurements taken within four weeks of the date the 27-30 month review was completed should be entered.
Second hand smoke			
Primary carer current smoker?		Yes, no, unknown	Is the child's primary carer a current smoker? Primary carer refers to the adult living (at least most of the time) with the child who provides most day to day care.
Exposed to second hand smoke?		Yes, no, unknown	Is child regularly exposed to second hand smoke within their home, car, and/or care environment from any source? Exposure in the home means anyone smoking anywhere inside the house or on the doorstep with the door open. Regularly means once a week or more frequently.
Dental health			
Childsmile referral status at 6-8 weeks	Y	Yes, no, refused, incomplete	Was the child referred to Childsmile following their 6-8 week child health review? Incomplete means either that the child is too young to have had the opportunity to be referred to Childsmile at their 6-8 week review (referral option added in July 2011) or that no definitive response (yes, no, refused) was indicated by the PHN-HV at their 6-8 week review.

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Registered with dentist	Y (if available as part of the national Childsmile data linkage project – otherwise PHN-HVs to complete)	Yes, no, unknown	Is the child currently registered with a dentist?
Attended dentist in last 12 months		Yes, no, unknown	Has the child attended a dentist within the last 12 months?
Diagnoses/needs			
Diagnoses/needs	Y	Free text subsequently Read coded	Known specific diagnoses and wider social needs should be recorded here using the GIRFEC My World Triangle as a guide. How I grow and develop All medical diagnoses (including congenital conditions) that are likely to be relevant to the continuing health and development of the child should be noted. Note that these could have been diagnosed by any health professional and the PHN-HV and associated skill mix team do not need to be involved in managing the condition for it to be included here. The CHSP-PS NUG, with support from ISD, should provide PHN-HVs and child health departments with regularly updated lists of Read codes for common problems to minimise the administrative resource required locally for Read coding and improve the accessibility of the information recorded for analytical purposes.

Data item	Pre-printed on CHSP-PS form?	Response options	Comments
Diagnoses/needs (con))	Y	Free text subsequently Read coded	What I need from people who look after me, and My wider world Social and wider environmental issues likely to be relevant to the continuing health and development of the child should also be noted. Again, the CHSP-PS NUG, with support from ISD, should provide regularly updated suggested standard wording and associated Read codes for common and/or serious problems. The standard wording should aim to balance the requirement to accurately record children's needs with considerations about confidentiality and maintaining parental engagement with services and consent for data sharing. Additional detailed information on family circumstances can be recorded in local notes and does not need to be included in the national minimum dataset.
Health plan indicator			
Current HPI	Y	Core, additional (will also include some intensive until this code no longer used and possibly some unknown eg children new to area)	This is last HPI entered into CHSP-PS prior to the 27-30 month review
Updated HPI		Core, additional	This is the HPI assigned on completion of the 27-30 month review. An additional HPI indicates that the child requires sustained (>3 months) additional input from professional services to help them attain their health or development potential. Any services may be required such as additional PHN-HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.

Data item	**Pre-printed on CHSP-PS form?**	**Response options**	**Comments**
Future action			
Recall to PHN-HV		Interval to next appointment in weeks if child to be reviewed by PHN-HV	
GP		Provide, signposted to, discuss with, refer to/request assistance from, refused	Provide indicates that the PHN-HV and/or associated skill mix team will directly provide the specified additional support e.g. parenting support (only relevant for some options). Signposted to indicates that parents have been given details of specified local services and how to access them. Discuss with indicates that the PHN-HV will formally discuss the child/family with the specified service to inform future management plans. Refer to/request assistance from indicates that the PHN-HV will formally refer the child/family to the specified service, whilst retaining responsibility for overall monitoring of the child's wellbeing and outcomes as their GIRFEC Named Person. Refused indicates that the carer has been offered provision/ signposting/ discussion/ referral to the specified service but has refused this.
Parenting support			
Audiology			
Speech and Language Therapy			
Community paediatrics			
Child and adolescent mental health service			
Childsmile dental health support worker			
Smoking cessation/smoke free homes service			
Child healthy weight intervention			
Early learning and childcare			
Financial advice services			
Social work			
Other service		Specify	
Support Needs Status	Y	Not active on SNS, active – not yet notified to doctor, active – not yet assessed, active – being assessed, previously on SNS	
Data sharing			
Consent to share review findings with early learning and childcare		Provided, refused, not sought	

Ethnicity code list

Group A - White
1A Scottish
1B Other British
1C Irish
1K Gypsy/ Traveller
1L Polish
1Z Other white ethnic group

Group B - Mixed or multiple ethnic groups
2A Any mixed or multiple ethnic groups

Group C - Asian, Asian Scottish or Asian British
3F Pakistani, Pakistani Scottish or Pakistani British
3G Indian, Indian Scottish or Indian British
3H Bangladeshi, Bangladeshi Scottish or Bangladeshi British
3J Chinese, Chinese Scottish or Chinese British
3Z Other Asian, Asian Scottish or Asian British

Group D - African
4D African, African Scottish or African British
4Y Other African

Group E - Caribbean or Black
5C Caribbean, Caribbean Scottish or Caribbean British
5D Black, Black Scottish or Black British
5Y Other Caribbean or Black

Group F - Other ethnic group
6A Arab, Arab Scottish or Arab British
6Z Other ethnic group

Group G - Refused/Not provided by patient
98 Refused/Not provided by patient

Group H - Not Known
99 Not Known

Please note that this code list is the one developed for the 2011 census. It is used on other NHS Scotland datasets such as SMR01 returns. Alternative code lists should not be used. Code 99 indicates that the individual was not asked to give their identity. If they are asked but decline to answer, code 98 should be used.

Looked after status code list

01 No, not currently looked after by local authority
02 Yes, looked after at home
03 Yes, looked after with friends/relatives (placed with friends or relatives who are not approved foster carers)
04 Yes, looked after with foster carers (placed with approved foster carers provided by or purchased by the local authority)
05 Yes, looked after with prospective adopters
06 Yes, looked after in other community placement (e.g. supported accommodation, hospital)
07 Yes, looked after in residential care (any form of residential care e.g. local authority or voluntary children's home or crisis care refuge)

Please note that this code list is a shortened version of that used by the Scottish Government to collect looked after children data from local authorities. Overall numbers of looked after children in Scotland are reported by the Government in the Children's Social Work Statistics Scotland publications (see http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/TrendLookedAfter).

Appendix 1: Short life working group membership

	Representing
Rachael Wood, Consultant in Public Health Medicine, NSS Information Services Division, Chair	
Val Alexander, Lead, Family Nurse Partnership, NHS Lothian	Health Visitors – Public Health Nurses
Susan Bolt, Team Leader, Scottish Government Early Years	Early Learning and Childcare
Marion Burns, Education Scotland Inspector	Education Scotland
Jim Carle, Child Health Commissioner, NHS Ayrshire and Arran	Child Health Commissioners
Charles Clark, Consultant in Public Health Medicine/Child Health Commissioner	Public Health
Sandra Dee Masson	Unison
Morag Dorward, Child Health AHP Lead, NHS Tayside	Allied Health Professionals
Bob Fraser, Scottish Government, Better Life Chances Unit	*Getting it right for every child* (GIRFEC)
Gillian Garvie, Head, Scottish Government Children and Young People's Health	Child Health
Annie Hair, Health Visiting and Children's Services	Unite
Fatim Lakha, NSS Information Services Division	
Amanda Loudon, Head, Laurieston Day Nursery, Glasgow	Early Learning and Childcare
Zelda Mathewson, Consultant in Public Health Medicine (Children & Young People), NHS Tayside	Child Health Systems Programme-Pre School National Users Group (CHSP-PS NUG)
Deirdre McCormick, Scottish Government Nursing Officer	Chief Nursing Officer, Patient, Public and Health Professionals Directorate
Ali McDonald, Programme Manager, Early Years and Families, NHS Health Scotland	Health Improvement
Kate McKay, National Clinical Lead for Children and Young People's Health in Scotland	Child Health
John O'Dowd, Consultant in Public Health, NHS Greater Glasgow and Clyde	Public Health
Graham Monteith, Scottish Government	Child and Adolescent Mental Health
Anne O'Hare, Consultant in Community Child Health, NHS Lothian	Paediatricians
Elaine Peace, Assistant Director of Nursing	Directors of Nursing
Mary Sloan, Policy Manager, Scottish Government Children and Young People's Health	Child Health
Debbie Smith Senior Nurse, NHS Dumfries and Galloway	Public Health Nursing

Laura Stewart/Jeff Maguire, Policy Delivery, Scottish Government Curriculum Unit	Literacy Strategy
Phil Wilson, Royal College of General Practitioners	General Practitioners
Jonathan Wright, Principal Research Officer, Scottish Government Analytical Services	Health Analytical Services
Helen Yewdall, Scottish Government, Maternal and Infant Nutrition Co-ordinator	Maternal and Infant Health

Appendix 2: Developmental assessment tools

Primary purpose	Age range	Administration	Source and costs	Comments
Parents' Evaluation of Developmental Status (PEDS)				
Structured elicitation of parental concerns about a child's development (various domains) to identify those at increased risk of developmental problems requiring more detailed assessment	Birth to 9 years	Parent complete questionnaire 10 questions 5 mins to complete and 2 mins to score	PEDSTest.com, LLC http://www.pedstest.com/Home.aspx Manual: $79.95 Starter kit (includes 1 admin and scoring guide, 1 response form pad and 1 scoring and interpretation pad): $36 Administration and Scoring Guide: $4 Response forms (x50): $18 Score and Interpretation Forms (x50) : $18	Structured scoring required as the different concerns are more or less predictive of developmental problems at different ages
Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS:DM)				
Structured elicitation from parents of children's developmental status relative to selected milestones/skills (various domains) to identify those at increased risk of developmental problems requiring more detailed assessment	Birth to 7 years	Parent complete questionnaire 6-8 questions about expected milestones depending on the child's age 5 mins to complete and 2 mins to score	PEDSTest.com, LLC http://www.pedstest.com/Home.aspx Starter kit (includes manual, reusable laminated forms; 100 longitudinal recording forms; scoring template): approx $275 Recording forms (x100):	The selected milestones are those known to indicate increased risk of developmental problems if not met by the specified age

Primary purpose	Age range	Administration	Source and costs	Comments
			$32	
Ages and Stages Questionnaire 3 (ASQ 3)				
Structured assessment of all developmental domains using a parental questionnaire supported by observation of the child at play to identify children at increased risk of developmental problems	4 months to 5½ years	Health visitor and parent co-completed questionnaire and observation of child involved in guided play A series of age specific questionnaires are available each covering children within a 3 month age window Around 30 questions 10-15 mins to complete and 2-3 mins to score	Brookes Publishing Co, Baltimore http://agesandstages.com/asq-products/asq-3/ http://products.brookespublishing.com/Search.aspx?k=ASQ One off cost of $275 (includes user guide, quick start guide, photocopiable print master set of questionnaires and scoring sheets, as well as a CD-ROM with printable PDF questionnaires)	Can be used in conjunction with ASQ:SE No specific 'toy box' is provided to support the observation of play – normal household items are used
Schedule of Growing Skills II (SOGS II)				
Structured assessment of all developmental domains based on observation of the child at play to identify children at increased risk of developmental problems.	Birth to 5 years	Health visitor and parent co-completed questionnaire and observation of child involved in guided play Comprises 179 questions which cover the 0-5 age range. Only those	GL-assessment http://www.gl-assessment.co.uk/assessment-solutions/child-development Starter set (includes toy set, user guide, 10 record forms and 50 profile forms): £190 (+VAT)	Can be used in conjunction with an additional tool to assess social/emotional development eg SDQ Developed and validated in the UK A specific 'toy box' is provided to support the

Primary purpose	Age range	Administration	Source and costs	Comments
SOGS II (cont)		pertinent for the age the child attends would be asked 10-14 mins to complete 15mins to score	Reference manual: £72.50 (+VAT) User guide: £47.50 Training DVD: £108.00 (+VAT) Picture book: £55.00 Record forms (x50): £112.50 (+VAT) Profiles (x 50): £72.50	observation of play
Ages and Stages Questionnaire 3: Social and emotional (ASQ 3:SE)				
Structured assessment of children's social, emotional and behavioural development using a parental questionnaire	6 months to 5 years	Parent complete questionnaire A series of age specific questionnaires are available each covering children within a 6-12 month age window Around 30 questions 10-15 mins to complete and 2-3 mins to score	Brookes Publishing Co, Baltimore http://products.brookespublishing.com/Search.aspx?k=ASQ One off cost of around $175 (includes user guide, quick start guide, photocopiable print master set of questionnaires and scoring sheets, as well as a CD-ROM with printable PDF questionnaires) Training DVD: $50 Online options available also.	Can be used along with the ASQ3 to provide more detailed assessment of social, emotional, and behavioural development

Primary purpose	Age range	Administration	Source and costs	Comments
Strengths and Difficulties Questionnaire (SDQ)				
Structured assessment of children's social, emotional, behavioural, and attention development using a parental questionnaire	2 to 16 years	Parent complete questionnaire Specific questionnaires for children aged 2-4 years are available The short version (around 25 questions) can be completed by parents or nursery teachers 5 mins to complete, 2-3 mins to score Longer versions (same questions plus questions assessing impact of problems on family functioning or change over time) also available	Youth in Mind http://www.sdqinfo.com/ Available free of charge	The 5 sub-domains assessed map easily to domains included in the national minimum dataset Developed and validated in the UK The SDQ was originally designed for children aged 3-16 years but has recently been validated on children aged 2 years although results are not yet published in peer reviewed format
Sure Start Language Measure (SSLM)				
Structured assessment of children's language development using a parental questionnaire	16-30 months	Parent complete questionnaire including standard word list Initial questions eliciting parental concerns about a child's development and	The SSLM is available free of charge in the report of 2004 data collection exercise ('The third implementation of the Sure Start Language Measure' available under	Developed and validated in the UK The SSLM was developed to monitor the language development of children in Sure Start areas

Primary purpose	Age range	Administration	Source and costs	Comments
SSLM (cont)		asking whether children are starting to combine words followed by a 50 word list from which parents are asked to indicate the words that their child can say 5-10 mins to complete, 5 mins to score	'Evidence' on http://www.maternal-and-early-years.org.uk/topic/0-3-years/speech-language-and-communication-development). It is also available on the Modernising Nursing in the Community website: http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/working-with-clients,-carers-patients-as-partners/resources-tools.aspx The team that developed the SSLM can provide training on its use. One day's practical training with two trainers can be provided to Boards for around £600 plus travel expenses. The training would involve an overview of language and speech development across childhood, the importance of early building blocks and what to look for, comorbidity issues such as behaviour and hearing,	Three waves of data collection were undertaken In 2001 and 2003 a longer questionnaire and 100 word list were used; in 2004 a shorter questionnaire and 50 word list was used Girls consistently achieve higher word count scores than boys hence gender specific cut offs may be appropriate The 2004 SSLM performs equally well in children from a range of language backgrounds (e.g. bilingual homes)

Primary purpose	Age range	Administration	Source and costs	Comments
			and the role of the parent in the process as well as using the SSLM itself. Interested Boards should contact Professor James Law at the University of Newcastle (http://www.ncl.ac.uk/ecls/staff/profile/james.law - email James.Law@newcastle.ac.uk) for further information.	
Modified – Checklist for Autism in Toddlers (M-CHAT)				
Questionnaire designed to identify children at increased risk of Autistic Spectrum Disorder	18 to 30 months	Parent complete questionnaire +/- follow on interview Initial questionnaire has 23 questions If questionnaire results raise concerns, a structured follow up interview is undertaken with the parent. This reduces the number of false positives identified and hence reduces unnecessary referrals 5 mins to complete, 2 mins to score (questionnaire only)	M-CHAT.org or direct from the author https://m-chat.org/ http://www2.gsu.edu/~psydlr/DianaLRobins/Official_M-CHAT_Website.html Available free of charge	At 27-30 months the M-CHAT may not reliably detect children at the higher functioning end of the autistic spectrum but it does show good ability to detect classical autism at this age In the UK, current advice is that the M-CHAT should not be used to screen for autism risk in all children; note that this is in contrast to advice in the US which is reflected on the M-CHAT websites

Primary purpose	Age range	Administration	Source and costs	Comments
Eyberg Child Behaviour Inventory				
Questionnaire designed to assess parents' perception of the occurrence and impact of problematic childhood behaviours	2 to 16 years	Parent complete questionnaire 36 questions (same questionnaire and scoring method covers all age groups) 5 mins to complete, 5 mins to score	Ann Arbor Publishers http://www.annarbor.co.uk/index.php?main_page=index&cPath=248_126 Professional manual: £45 Record forms (x25): £33	The questionnaire asks solely about negative or problem behaviours A teacher-complete version (the Sutter-Eyberg Student Behaviour Inventory) is available for older children only
Home Observation for Measurement of the Environment: Infant/Toddler version (HOME: I/T)				
Structured observation tool that supports assessment of young children's home environments and the quality of the parenting they are receiving	Birth to 3 years	Structured professional observation 45 items grouped into 6 subscales Assessment and scoring are conducted over about an hour. An observer spends time talking to the parent and observing their interaction with their child in their home environment. Presence or absence of various indicators (e.g. child has at least 10 age appropriate books, parent kisses child at least once, etc) are noted during the session.	HOME inventory LLC Arizona State University http://fhdri.clas.asu.edu/home/index.html Comprehensive manual $50 Standard manual $40 Infant/toddler forms (x50) $15	The 6 subscales are parental responsiveness; acceptance of child; parental involvement; organization of the home environment; learning materials; and variety of experiences Other versions of the scale are available for older children up to 14 years and for children with disabilities

Appendix 3: Health promotion resources to share with families

Core issue covered in review		Health Scotland resources	Other resources
NHS Health Scotland is happy to consider requests for translations and alternative languages and formats. Email nhs.healthscotland-alternativeformats@nhs.net or call 0131 536 5500.			
General		Maternal and early years website www.maternal-and-early-years.org.uk Meeting the needs of parents with communication support needs: http://www.maternal-and-early-years.org.uk/how-can-i-help-meet-the-needs-of-parents-with-communication-support-needs Early years information pathway http://www.healthscotland.com/documents/3708.aspx Ready, Steady, Toddler! http://www.readysteadytoddler.org.uk/index.aspx	Modernising Nursing in the Community www.mnic.nes.scot.nhs.uk Personal Child Health Record (Red Book) http://shop.healthforallchildren.co.uk/pro.epl?SHOP=HFAC4&DO=USERPAGE&PAGE=DEC09

Core issue covered in review		Health Scotland resources	Other resources
How I grow and develop			
Child development	Social, emotional and behavioural		Family and parenting institute: Over the top behaviour in the under tens www.familyandparenting.org/Resources/FPI/Documents/pubs%20catalogue%202012.pdf
	Language and cognitive		ICAN www.ican.org.uk Talking Point www.talkingpoint.org.uk Words for life www.wordsforlife.org.uk ; Communication Trust http://www.hello.org.uk/ Talking trouble website www.talkingtrouble.info Before words http://www.beforewords.co.uk/site/index.htm National Autistic Society http://www.autism.org.uk/

Core issue covered in review		Health Scotland resources	Other resources
Child nutrition and growth	Nutrition and healthy eating	Happy healthy kids…simple steps for a healthy weight at home http://www.healthscotland.com/documents/4143.aspx Vitamin D and you http://www.scotland.gov.uk/Resource/0038/00386785.pdf	Healthy Start http://www.healthystart.nhs.uk/ BDA Help my child won't eat! http://www.nutrikids.ie/help-my-child-wont-eat/ NDR-UK (Nutrition and Diet resources) provides a range of nutrition and diet leaflets written by dietitians. This includes recommended resources from the British Dietetic Association (BDA) Paediatric Specialist Group, *'Help my Child Won't Eat' and 'My Child Still Won't Eat'*. Further information can be found on www.ndr-uk.org, http://www.ndr-uk.org/BDA-Paediatric-Group/View-all-products.html. Take Life On http://www.takelifeon.co.uk/eat-healthier/ Community food and health (Scotland) website http://www.communityfoodandhealth.org.uk/

Core issue covered in review		Health Scotland resources	Other resources
	Physical activity	Hassle free exercise (a) http://www.healthscotland.com/documents/17.aspx	
Child physical health	Immunisations	A guide to childhood immunisations up to 5 years of age http://www.healthscotland.com/documents/6016.aspx BCG and your baby http://www.healthscotland.com/documents/3932.aspx Immunisation Scotland website http://www.immunisationscotland.org.uk/index.aspx	
	Dental health	First teeth, healthy teeth http://www.healthscotland.com/documents/3251.aspx Drinks for babies and young children http://www.healthscotland.com/documents/5064.aspx	Child smile www.child-smile.org.uk

Core issue covered in review		Health Scotland resources	Other resources
Child physical health (cont)	Unintentional injuries	Good egg guide http://www.inhomechildsafety.co.uk/the-in-home-guide	Child Accident Prevention Trust (CAPT) www.capt.org.uk Royal Society for Prevention of Accidents http://www.rospa.com/about/aroundtheuk/scotland/default.aspx Royal Pharmaceutical Society: Medicines are not child's play http://rps.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=14749&shelfbrowse_itemnumber=14524 Traffic Club http://www.trafficclub.co.uk/ Road safety with Ziggy www.gosafewithziggy.com
	General physical health	Meningitis – don't ignore the signs posters and symptom cards. http://www.healthscotland.com/documents/2077.aspx Meningitis can happen to anyone poster and symptoms cards http://www.healthscotland.com/documen	Sleep Scotland http://www.sleepscotland.org/

Core issue covered in review		Health Scotland resources	Other resources
		ts/2988.aspx	
Child physical health (cont)	General physical health (cont)	Headlice: information for parents http://www.healthscotland.com/documents/25.aspx	
What I need from people who look after me			
Parenting and family relationships			NSPCC Behave yourself http://www.nspcc.org.uk/Inform/Applications/PublicationsSearch/CH_ProcessMoreInfo.asp?id=37&PublicationTitle=BEHAVE%20YOURSELF!:%20A%20GUIDE%20TO%20BETTER%20PARENTING&download=True Family and Parenting Institute. From breakfast to bedtime: Helping you and your child through the day! http://www.familyandparenting.org/Resources/FPI/Documents/FPI_FBTB%20may%202011.pdf

Core issue covered in review		Health Scotland resources	Other resources
Parenting and family relationships (con)			National Parenting Strategy: Making a positive difference to children and young people through parenting www.scotland.gov.uk/Publications/2012/10/4789 Parenting across Scotland http://www.parentingacrossscotland.org/ Fatherhood institute http://www.fatherhoodinstitute.org/ One Parent Families Scotland http://www.opfs.org.uk/ Parentline plus http://familylives.org.uk/ NSPCC http://www.nspcc.org.uk/ Mumsnet www.mumsnet.com Netmums www.netmums.com
Parental health	Parental smoking	Aspire magazine http://www.healthscotland.com/documents/313.aspx	REFRESH How To Guide – creating a smoke free home www.refreshproject.org.uk/how-to-guide

Core issue covered in review		Health Scotland resources	Other resources
Parental health (cont)	Parental smoking (con)	How to stop smoking and stay stopped http://www.healthscotland.com/uploads/documents/16267-HowToStopSmoking.pdf Fresh start (for pregnant women therefore relevant if mums are pregnant again) http://www.healthscotland.com/documents/3424.aspx We can help you stop smoking DVD and Smokeline card also available from Health Scotland	
	Parental alcohol or drug misuse	Alcofacts http://www.healthscotland.com/uploads/documents/9344-Alcofacts2009.pdf Cutting down your drinking http://www.healthscotland.com/uploads/documents/16232-CuttingDownYourDrinking.pdf	You, your child and alcohol http://www.drinksmarter.org/media/14397/parents-guide.pdf

Core issue covered in review		Health Scotland resources	Other resources
Parental health (cont)	Learning disabilities	You and your little child (easy-read version of RST!) www.changepeople.co.uk/productDetails.php?id=1733&type=3	
	Mental health		Depression alliance http://www.depressionalliance.org/
My wider world			
Home learning environment	Play opportunities	Play@home leaflet giving details of available books including the toddler book for children aged 1-3 years http://www.healthscotland.com/documents/4935.aspx	Play, talk, read http://playtalkread.org Scottish pre-school play association http://www.sppa.org.uk Education Scotland Every Day's a Learning Day for 0-3 and 3-6 years (distributed through Book-bugs) http://www.educationscotland.gov.uk/resources/e/everydaylearning.asp Family and parenting institute. Learning and play: giving your child the best start http://www.familyandparenting.org/Resources/FPI/Documents/LearningAndPlay.pdf

Core issue covered in review		Health Scotland resources	Other resources
Home learning environment (cont)	Books and reading		Scottish Book Trust Bookbug scheme http://www.scottishbooktrust.com/babies-early-years
Early learning and childcare	Nursery/ childminder/ playgroup attendance or registration		Education Scotland. Early years website. www.educationscotland.gov.uk/earlyyears/index.asp
Family finances	Poverty and debt		Money Advice Service - a parent's guide to money http://www.moneyadviceservice.org.uk/parents/ NES DVD for EY health professionals on benefits and money management (under development) http://www.nes.scot.nhs.uk/ NHS Greater Glasgow and Clyde Healthier, wealthier children http://www.nhsgg.org.uk/content/default.asp?page=home_hwc Child Poverty Action Group (CPAG) training for professionals http://www.cpag.org.uk/scotland/

Core issue covered in review		Health Scotland resources	Other resources
Family finances (cont)			DirectGov pages for parents and relevant benefits http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/index.htm Citizen's Advice Scotland http://www.cas.org.uk/
Other	Adult education		The big plus http://www.thebigplus.com/homepage English for speakers of other languages http://esolscotland.com/

(a) indicates the resource is aimed at adults but many of these are still useful when discussing wider family health eg family meals

Appendix 4: Evidence summaries for practitioners

Core issue covered in the review		Evidence resources
General		Maternal and early years website http://www.maternal-and-early-years.org.uk/ [80] Modernising Nursing in the Community children and young people evidence base site including series of evidence reviews on relevant topics being undertaken by Health Scotland for the MNiC programme http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx NHS e-learning resource developed for the English Healthy Child Programme http://www.e-lfh.org.uk/projects/healthychild/index.html Scottish Government literature review on the effectiveness of interventions to address inequalities in the early years http://www.scotland.gov.uk/Resource/Doc/231209/0063075.pdf[102] Children in Scotland Early Years Briefings http://www.childreninscotland.org.uk/html/ScotlandsChildrensSectorForum.htm Scottish Government literature review on communication support needs http://www.scotland.gov.uk/Publications/2007/06/12121646/0
How I grow and develop		
Child development		NHS Health Scotland MNiC Evidence summary: public health interventions to support mental health improvement http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx

Core issue covered in the review		Evidence resources
Child development (cont)		Solihull approach http://www.solihull.nhs.uk/Your-services/solihullapproach/Solihull-Approach-Parenting-Group Scottish Collaboration for Public Health Research and Policy (SCPHR&P) review of interventions for promoting early child development for health https://www.scphrp.ac.uk/node/103 [103]
Child nutrition and growth	Nutrition and healthy eating	NHS Health Scotland MNiC Evidence summary: public health interventions to promote maternal and child nutrition http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx Maternal and Infant Nutrition: a Framework for Action and supporting evidence documents http://scotland.gov.uk/Publications/2011/01/13095228/0, http://www.healthscotland.com/documents/4692.aspx, http://www.healthscotland.com/uploads/documents/13869-ImprovingMaternalAndInfantNutrition_FrameworkForAction.pdf NHS Health Scotland Scottish Perspectives / Briefings on NICE guidance. Maternal and child nutrition http://www.healthscotland.com/understanding/evidence/NICE.aspx NHS Health Scotland. Vitamin D professional leaflet (2010) http://www.healthscotland.com/documents/5273.aspx

Core issue covered in the review		Evidence resources
Child nutrition and growth (cont)	Physical activity	NHS Health Scotland MNiC Evidence briefing on physical activity forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx NHS Health Scotland Scottish Perspectives / Briefings on NICE guidance. Promoting physical activity for children and young people http://www.healthscotland.com/understanding/evidence/NICE.aspx
	Growth	NHS Health Scotland MNiC Evidence briefing on obesity forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx National Obesity Observatory resources especially Tackling obesity through the Healthy Child Programme http://www.noo.org.uk/ SIGN 69 superseded by SIGN 115. Management of obesity. http://www.sign.ac.uk/guidelines/fulltext/115/index.html [104] Cochrane systematic review on interventions for preventing obesity[59]. Cochrane systematic review on interventions for treating obesity in children[57]
Child physical health	Immunisation	NHS Health Scotland MNiC Evidence briefing on immunisation forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx

Core issue covered in the review		Evidence resources
Child physical health (cont)	Immunisation (cont)	NICE guidance on Reducing differences in uptake of immunisations in those <19years http://www.nice.org.uk/Search.do?searchText=reducing+differences+in+the+uptake+of+immunisations&newsearch=true&x=20&y=16#/search/?reload
	Dental health	NHS Health Scotland MNiC Evidence briefing on dental health forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx SIGN 83. Prevention and management of dental decay in the pre-school child http://www.sign.ac.uk/guidelines/fulltext/83/index.html[106] Cochrane systematic review on fluoride varnishing [107]
	Unintentional injuries	NHS Health Scotland MNiC Evidence summary: public health interventions to prevent unintentional injuries among the under 15s http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx NHS Health Scotland Scottish Perspectives / Briefings on NICE guidance. Strategies to prevent unintentional injuries among under 15s and Preventing unintentional injuries in the home among children and young people aged under 15: home safety assessments and providing safety equipment http://www.healthscotland.com/understanding/evidence/NICE.aspx 2007 multiagency Child Safety Strategy for Scotland www.scotland.gov.uk/Resource/Doc/211243/0056109.pdf

Core issue covered in the review		Evidence resources
What I need from people who look after me		
Parenting and family relationships		NHS Health Scotland MNiC Evidence briefing on parenting forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx Department of Health review on health led parenting interventions in pregnancy and early years https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-RW070[108] NHS Health Scotland briefing on attachment http://www.healthscotland.com/documents/5755.aspx[109] NHS Health Scotland MNiC Evidence briefing on domestic abuse forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx Scottish Government national gender based violence and health programme booklet What every health worker needs to know about domestic abuse http://www.gbv.scot.nhs.uk/wp-content/uploads/2009/12/GBV_Domestic-Abuse-A4-61.pdf

Core issue covered in the review		Evidence resources
Parental health	Parental smoking	NHS Health Scotland MNiC Evidence summary: public health interventions to support smoking cessation and prevention of uptake http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx NHS Health Scotland & ASH Scotland. A guide to smoking cessation in Scotland 2010. Contains three documents: Helping a smoker to stop smoking; Brief interventions; Planning and providing specialist smoking cessation services; and a Brief interventions flowchart http://www.healthscotland.com/documents/4661.aspx NHS Health Scotland. Literature review: Second-hand smoke prevention. http://www.healthscotland.com/documents/5822.aspx [110] REFRESH literature review on effective interventions to reduce children's exposure to SHS in the home www.ashscotland.org.uk/projects[74] Cochrane review on reducing child exposure to second hand smoke[111] NICE guidance on brief interventions and referral for smoking cessation http://publications.nice.org.uk/brief-interventions-and-referral-for-smoking-cessation-ph1[112] NICE guidance on smoking cessation services http://publications.nice.org.uk/smoking-cessation-services-ph10[113] NICE guidance on quitting smoking in pregnancy and following childbirth http://publications.nice.org.uk/quitting-smoking-in-pregnancy-and-following-childbirth-ph26[114]

Core issue covered in the review		Evidence resources
Parental health (cont)	Parental alcohol or drug misuse	NHS Health Scotland MNiC Evidence briefing on substance misuse (drugs and alcohol) forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx Scottish Government research report on parental substance misuse http://www.scotland.gov.uk/Publications/2006/07/05120121/0 NICE guidance on alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (CG115). http://guidance.nice.org.uk/CG115[115] NICE guidance on Alcohol use disorders: preventing harmful drinking (PH24). http://www.nice.org.uk/guidance/PH24[116] SIGN 74. The management of harmful drinking and alcohol dependence in primary care. A national clinical guideline http://www.sign.ac.uk/pdf/sign74.pdf[117]
My wider world		
Home learning environment	Play opportunities	Family and Parenting institute 2009. Early home learning matters: A brief guide for practitioners. http://www.familyandparenting.org/Resources/FPI/Documents/EHLM%20A%20brief%20guide%20for%20practitioners.pdf

Core issue covered in the review		Evidence resources
Other	Community assets and assets based approach	NHS Health Scotland MNiC Evidence briefing on community assets/capacity building forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx Briefing on asset based approaches to health improvement http://www.healthscotland.com/uploads/documents/17101-assetBasedApproachestoHealthImprovementBriefing.pdf[86] Education Scotland. Community learning and development. http://www.educationscotland.gov.uk/communitylearninganddevelopment/
	Looked after and accommodated children	NHS Health Scotland MNiC Evidence briefing on looked after and accommodated children and young people forthcoming http://www.mnic.nes.scot.nhs.uk/children,-young-people-families/promoting-health-addressing-inequality/evidence-base.aspx

References

1. Scottish Executive. Health for all children 4: Guidance on Implementation in Scotland. Getting it right for Scotland's children. Edinburgh: Scottish Executive; (Published 2005). Available at: http://www.scotland.gov.uk/Resource/Doc/37432/0011167.pdf.

2. Scottish Government. Refresh of Health for All Children (HALL 4) - Reinforcing the key messages. CEL 15 (2010) Edinburgh; Available at: http://www.sehd.scot.nhs.uk/mels/CEL2010_15.pdf.

3. Scottish Government. A New Look at HALL 4 - the Early Years - Good Health for Every Child. [online] Edinburgh: Scottish Government; (Published 2011). available at: http://www.scotland.gov.uk/Resource/Doc/337318/0110676.pdf.

4. Scottish Government. Getting it right for Children and Families: A guide to Getting it right for every child (GIRFEC). [online] Edinburgh: Scottish Government; (Published 2012). Available at: http://www.scotland.gov.uk/Resource/0039/00394308.pdf.

5. Scottish Government. The Early Years Framework. [online] Edinburgh: COSLA; (Published 2008). Available at: http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family/Early-Years-Framework.

6. Deacon S. Joining the dots - a better start for Scotland's children - an independent report. [online] Edinburgh; (Published 2011). Available at: http://www.inspiringscotland.org.uk/UserFiles/Documents/Joining%20the%20Dots%202011.pdf.

7. Scottish Government. Getting it right. Practice briefing 3: Using the National Practice Model I. Identifying Concerns and using the Well Being Indicators. [online] Edinburgh: Scottish Government; (Published 2010). Available at: http://www.scotland.gov.uk/Resource/Doc/1141/0109331.pdf.

8. Scottish Government. Practical tools for putting GIRFEC into practice. Edinburgh: Scottish Government. Available at: http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/practical-tools.

9. Scottish Government. Getting it right. Practice briefing 4: Using the National Practice Model II: Gathering information with the 'My world triangle'. [online] Edinburgh: Scottish Government; (Published 2010). Available at: http://www.scotland.gov.uk/Resource/Doc/1141/0109332.pdf.

10. Scottish Government. Getting it right. Practice briefing 5: Using the National Practice Model III: Analysing Information using the 'Resilience matrix'. [online] Edinburgh: Scottish Government; (Published 2010). Available at: http://www.scotland.gov.uk/Resource/Doc/1141/0109967.pdf.

11. National Screening Committee. Child Health Sub-Group Report on Speech and Language Delay [online] National Screening Committee; (Published 2005). Available at: www.screening.nhs.uk/policydb_download.php?doc=23.

12. Nelson H, Nygren P, Walker M et al. Screening for speech and language delay in preschool children: systematic evidence review for the US Preventive Services Task Force. Pediatrics 2006;117(2):e298-319.

13. Sheridan MD, Sharma A, Cockerill H. From Birth to Five years: Children's developmental progress. Third edition ed. London: Routledge; 2008.

14. The Personal Child Health Record (Red Book) http://shop.healthforallchildren.co.uk/pro.epl?SHOP=HFAC4&DO=USERPAGE&PAGE=DEC09.

15. Glascoe F. Collaborating with Parents: Using Parents' Evaluation of Development Status (PEDS) to Detect and Address Developmental and Behavioural Problems. Nashville, Tennessee: Ellsworth and Vandermeer Press; 2002.

16. Limbos M, Joyce D. Comparison of the ASQ and PEDs in screening for developmental delay in children presenting for primary care. Journal of Developmental and Behavioural Pediatrics 2011;32(7):499-511.

17. Brothers K, Glascoe F, Robertshaw N. PEDS: Developmental Milestones - an accurate brief tool for surveillance and screening. Clinical Pediatrics (Philadelphia) 2008;47(3):271-9.

18. Feldman T, Kurs-Lasky M, Rockette H, Dale P, Colborn K, Paradise J. Concurrent and predictive validity of parental reports of child language at ages 2 and 3 years. Child Development 2005;76(4):856-868.

19. Glascoe F. Using parents' concerns to detect and address developmental and behavioural problems. Journal of the Society of Pediatric Nursing 1999;4(1):24-35.

20. Billingham K. Healthy Child Programme - The two year review. [online] London: Department of Health; (Published 2009). Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108329.pdf.

21. Seagull F, Mowery J, Simpson P, Robinson T, Martier S, Sokol R, et al. Maternal assessment of infant development: associations with alcohol and drug use in pregnancy. Clinical Pediatrics (Phila) 1996;35(12):621-8.

22. Bates E, Bretherton I, Snyder L. From first words to grammar. Cambridge: Cambridge University Press; 1988.

23. Wilson P, Barbour R, Graham C et al. Health visitors' assessments of parent-child relationships: a focus group study. International Journal of Nursing Studies 2008;45(8):1137-1147.

24. Salomonsson B, Sleed M. The Ages & Stages Questionnaire: Social–Emotional: A validation study of a mother-report questionnaire on a clinical mother–infant sample. Journal of Infant Mental Health. 2010;31:412-431.

25. Mattsson C, Marild S, Pehrsson N. Evaluation of a language screening programme for 2.5 year olds at child health centres in Sweden. Acta Paediatrica 2001;90(3):339-344.

26. Angold A, Link-Egger H, Erkanli A. Reliability and screening properties of the SDQ in preschoolers. (report unpublished); 2010.

27. Harris F, Law J, Roy P. The Third Implementation of the Sure Start Language Measure. London: City University; 2005.

28. Roy P, Kersley H, Law J. The Sure Start Language Measure standardisation study. Department for Education and Skills; 2005.

29. Adamson-Macedo E, Patel R, Sallah D. An independent psychometric evaluation of a speech and language tool for two year old children from a Sure Start trailblazer site in the West Midlands. Child Language Teaching and Therapy 2009;25:191.

30. Herlihy L. Screening for Autism Spectrum Disorders in toddlers Using the MCHAT. [online] University of Connecticut. Available at: https://louisville.edu/education/kyautismtraining/actearly/searching-for-asd-using-M-CHAT.pdf.

31. Robins D, Fein D, Barton M et al. The Modified Checklist for Autism in Toddlers: an initial study investigating the early detection of autism and pervasive developmental disorders. Journal of Autism Developmental Disorder 2001;31(2):149-51.

32. Pandey J, Verbalis A, Robins D et al. Screening for autism in older and younger toddlers with the modified checklist for autism in toddlers. Autism 2008;12(5):513-5.

33. Snow A, Lecavalier L. Sensitivity and specificity of the Modified Checklist for Autism in toddlers and the Social Communication Questionnaire in preschoolers suspected of having pervasive developmental disorders. Autism 2008;12(6):627-44.

34. Blackwell P. Screening young children for autism and other social-communication disorders. Journal of the Kentucky Medical Association 2002;100(9):390-4.

35. Gross D, Fogg L, Young M et al. Reliability and validity of the Eyberg Child Behaviour Inventory with African American and Latino parents of young children. Research in Nursing and Health 2007;30(2):213-23.

36. Boggs S, Eyberg S, Reynolds L. Concurrent validity of the Eyberg Child Behaviour Inventory. Journal of Clinical Child Psychology 1990;19(1):75-78.

37. Eyberg S, Pincus D. Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory - Revised. Odessa, florida: Psychological Assessment Resources; 1999.

38. Family Nurse Partnership programme. Available at http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family/family-nurse-partnership

39. National Screening Committee UK. Child Health Subgroup Report - Growth screening in children National Screening Committee; 2004. Available at http://www.screening.nhs.uk/growth.

40. Solutions for Public Health. National Obesity Observatory. Available at: http://www.noo.org.uk/ [accessed 29 June 2012].

41. HENRY - Health Exercise Nutrition for the Really Young. Available at: http://www.henry.org.uk/.

42. Birch L, Davison K. Family environmental factors influencing the developing behavioural control of food intake and childhood overweight. Pediatric Clinics of North America 2001;48(4):893-907.

43. Reilly J. Physical activity, sedentary behaviour and energy balance in the preschool child: opportunities for early obesity prevention. Proceedings of the Nutrition Society 2008;67(3):317-25.

44. Scottish Government. Scotland's obesity strategy: Preventing overweight and obesity in Scotland: a route map towards healthy weight. [online] Edinburgh: Scottish Government; (Published 2010). Available at: http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf.

45. Daniels S. The consequences of childhood overweight and obesity. Future Child 2006;16(1):47-67.

46. Deckelbaum R, Williams C. Childhood obesity: the health issue. Obesity reviews 2001;9(Suppl 4):239S-243S.

47. Baird J, Fisher D, Lucas P, Kleijnen J, Roberts H, Law C. Being big or growing fast: systematic review of size and growth in infancy and later obesity. *BMJ* 2005; 331(7522):929.

48. Wright CM, Emmett PM, Ness AR, Reilly JJ, Sherriff A. Tracking of obesity and body fatness through mid-childhood. *Arch Dis Child* 2010; 95(8):612-617.

49. Wright CM, Cox KM, Sherriff A, Franco-Villoria M, Pearce MS, Adamson AJ. To what extent do weight gain and eating avidity during infancy predict later adiposity? *Public Health Nutr* 2011;1-7.

50. Power C, Lake JK, Cole TJ. Measurement and long-term health risks of child and adolescent fatness. *Int J Obes* 1997; 21:507-526.

51. Kiess W, Reich A, Muller G et al. Obesity in childhood and adolescence: clinical diagnosis and management. Journal of Pediatric Endocrinology and Metabolism 2001;14(Suppl 6):1431-40.

52. Reilly J. Obesity in childhood and adolescence: evidence-based clinical and public health perspectives. Postgraduate Medical Journal 2005;82:429-437.

53. Reilly J. Descriptive epidemiology and health consequences of childhood obesity. Best Practice and Research: Clinical Endocrinology and Metabolism 2005;19(3):327-41.

54. Reilly J, Kelly J. Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. International Journal of Obesity 2011;35(7):891-8.

55. Reilly J, Methven E, McDowell Z, Hacking B, Alexander D, Stewart L, et al. Health consequences of Obesity. Archives of the Diseases of Childhood 2003;88:748-52.

56. Epstein L, Wrotniak B. Future directions for pediatric obesity treatment. Obesity (silver spring) 2010;18(Suppl 1):S8-12.

57. Oude-Lutikhuis H, Baur L, Jansen H et al. Interventions for treating obesity in children. Cochrane database systematic reviews 2009;21(1):CD001872.

58. Stewart L, Houghton J, Hughes A et al. Dietetic management of pediatric overweight: development and description of a practical and evidence-based behavioral approach. Journal of American Dietetic Association 2005;105(11):1810-5.

59. Waters E, de-Silva-Sanigorski A, Hall B et al. Interventions for preventing obesity in children. Cochrane database of systematic reviews 2011(12).

60. Scottish Government. HEAT Target H3: child healthy weight [online] Edinburgh: Scottish Government; Available at: http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance/childhealthyweight.

61. Scottish Government. Reference guidance for measuring weight and height - Child Healthy Weight HEAT target 2011-14. Edinburgh: Scottish Government; 2011.

62. Wright CM, Williams AF, Elliman D, Bedford H, Birks E, Butler G et al. Using the new UK-WHO growth charts. *BMJ* 2010; 340:c1140.

63. Royal College of Paediatrics and Child Health. UK-WHO growth charts. Available at: http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-charts and from Harlow Printing http://www.healthforallchildren.com/index.php/shop/category-list/Growth+Charts.

64. Doolen J, Alpert P, Miller S. Parental disconnect between perceived and actual weight status of children: a metasynthesis of the current research. Journal of the American Academy of Nurse Practitioners 2009;21(3):160-6.

65. Parry L, Netuveli G, Parry J et al. A systematic review of parental perception of overweight status in children. Journal of Ambulatory Care Management 2008;31(3):253-68.

66. Tschamler J, Conn K, Cook S et al. Underestimation of children's weight status: views of parents in an urban community. Clinical Pediatrics (Phila) 2010;49(5):470-6.

67. Harnack L, Lytle L, Himes J et al. Low awareness of overweight status among parents of preschool-aged children. Minnesota 2004-5. Prevalence of Chronic Disease 2009;6.

68. Carnell S, Edwards C, Croker H, Boniface D, Wardle J. Parental perceptions of overweight in 3 - 5 y olds. *International Journal of Obesity* 2005; 29:353-355.

69. Wald ER, Ewing LJ, Cluss P, Goldstrohm S, Cipriani L, Colborn DK et al. Parental perception of children's weight in a paediatric primary care setting. *Child Care Health Dev* 2007; 33(6):738-743.

70. Waldfogel J. What children need. Massachussetts: Harvard University Press; 2006.

71. Blair M, Stewart-Brown S, Waterston T et al. Child Public Health. Oxford: Oxford University Press; 2003.

72. Scottish Government. CEL 41(2008) Gender-Based Violence Action Plan. [online] Edinburgh: Scottish Government Healthcare Policy and Strategy Division; 2008. Available at: http://www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf.

73. Felitti V, Anda R, Nordenberg D et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. the Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 1998;14(4):245-58.

74. ASH Scotland. Creating a smoke-free home: REFRESH How to guide for professionals working with families and children. [online] Edinburgh; (Published 2011). Available at: http://www.refreshproject.org.uk/wp-content/uploads/2012/02/REFRESH-How-to-Guide.pdf.

75. Scottish Government. *Getting our Priorities Right.* Available at: http://www.scotland.gov.uk/Publications/2012/07/9484/0.

76. Children in Scotland. Briefing paper 1. Fetal alcohol harm [online] Children in Scotland; (Published 2011). Available at: http://www.childreninscotland.org.uk/docs/EYFbriefingsFetalAlcoholv6_000.pdf.

77. Totsika V, Sylva K. The Home Observation for Measurement of the Environment Revisited. Child and Adolescent Mental Health 2004;9(1):25-35.

78. Scottish Government. National Risk Framework to Support the Assessment of Children and Young People; (Published 2012). Available at http://www.scotland.gov.uk/Publications/2012/11/7143/0.

79. Health Scotland. Early Years Information Pathway, Edinburgh: NHS Health Scotland; (Published 2011). Available at: http://www.healthscotland.com/documents/3708.aspx.

80. Health Scotland. Maternal and Early Years Website - for early years workers. Available at: http://www.maternal-and-early-years.org.uk/.

81. NHS Education for Scotland. Modernising Nursing in the community - Safe, Effective and Person-centred Care. Available at: http://www.mnic.nes.scot.nhs.uk/.

82. National Institute for Health and Clinical Excellence. NICE website. Available at: http://www.nice.org.uk/.

83 Scottish Intercollegiate Guidelines Network. SIGN website. Available at: http://www.sign.ac.uk/.

84. e-Learning for Healthcare website. Healthy Child Programme Available at: http://www.e-lfh.org.uk/projects/healthychild/index.html.

85. Scottish Government. The Child Health Programme: a guide for parents and carers. [Available in paper copy only].

86. Sigerson D, Gruer L. Asset-based approach to health improvement. [online] Glasgow: NHS Health Scotland; (Published 2011). Available at: http://www.healthscotland.com/uploads/documents/17101-assetBasedApproachestoHealthImprovementBriefing.pdf.

87. Wood R, Stirling A, Nolan C et al. Trends in the coverage of 'universal' child health reviews: observational study using routinely available data. BMJ Open 2012;2(2):e000759.

88. Scottish Government. *National Parenting Strategy: Making a positive difference to children and young people through parenting.* Available at www.scotland.gov.uk/Publications/2012/10/4789.

89. Accessing Personal Information on Patients and Staff: A Framework for NHSScotland. Available at: www.ehealth.scot.nhs.uk/wp-content/documents/Access-Framework-July-2011.pdf.

90. Intra NHS Information Sharing. Available at: www.ehealth.scot.nhs.uk/wp-content/documents/Intra-NHS-Information-Sharing-Accord-Fnl-V1-Dec-2011.pdf.

91. NHS Code of Confidentiality. Available at: www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4011563/Revised%20Code%20of%20Confidentiality%20-%20Final.pdf.

92. The National Archives. Data Protection Act 1998. [online] Available at: http://www.legislation.gov.uk/ukpga/1998/29/contents.

93. Information Commissioner's Code of Practice. Available at: http://www.ico.gov.uk/for_organisations/data_protection/topic_guides/data_sharing.aspx.

94. Glascoe F, Leew S. Parenting behaviors, perceptions, and psychosocial risk: impacts on young children's development. Pediatrics 2010;125(2):313-9.

95. Health Rights Information Scotland. Confidentiality - it's your right. [online] Available at: http://www.hris.org.uk/index.aspx?o=1027.

96. Information Services Division. Improving ethnic data collection for equality and diversity monitoring. [online] Edinburgh: ISD; (Published 2012). Available at: http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Publications/2012-02-28/2012-02-28-EDIP-Report.pdf?65420168639.

97. Dearden L, Sibieta L. Ethnic inequalities in child outcomes. In: Hansen K, Joshi H, Dex S (eds.) Children of the 21st century: the first five years. Bristol: The Policy Press; 2010. p. 169-184.

98. The National Archives. Equality Act 2010. [online] Available at: http://www.legislation.gov.uk/ukpga/2010/15/contents.

99. Information Services Division. Equality and Diversity Information Programme. [online] Edinburgh: ISD. Available at: http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/.

100. Information Services Division. Training materials: Equality and diversity. [online] Edinburgh: ISD. Available at: http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials/.

101. Health Scotland. Advancing equality in health. [online] Available at: http://www.healthscotland.com/equalities/index.aspx.

102. Hallam A. The effectiveness of interventions to address health inequalities in the early years: A review of relevant literature. [online] Edinburgh: Scottish Government, Health Analytical Services Division; (Published 2008). Available at: http://www.scotland.gov.uk/Resource/Doc/231209/0063075.pdf.

103. Geddes R, Frank J, Haw S. Interventions for Promoting Early Child Development for Health. [online] Edinburgh: Scottish Collaboration for Public Health Research and Policy. (Published 2010). Available at: https://www.scphrp.ac.uk/node/103.

104. Scottish Intercollegiate Guidelines. Management of Obesity. [SIGN publication 115] [online] Edinburgh: SIGN. Published 2010. Available at: http://www.sign.ac.uk/guidelines/fulltext/115/index.html.

105. National Institute for Health and Clinical Excellence. Reducing differences in the uptake of immunisations. [online] London: NICE; (Published 2009). Available at: http://www.nice.org.uk/Search.do?searchText=reducing+differences+in+the+uptake+of+immunisations&newsearch=true&x=20&y=16#/search/?reload.

106. Scottish Intercollegiate Guidelines. Prevention and management of dental decay in the preschool child - A national clinical guideline. [SIGN publication 83]. [online] Edinburgh: SIGN; (Published 2005) Available at: http://www.sign.ac.uk/guidelines/fulltext/83/index.html.

107. Marinho V, Higgins J, Logan S et al. Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents. Cochrane database of systematic reviews 2003;4:CD002782.

108. Barlow J, Schrader-McMillan A, Kirkpatrick S et al. Health-led parenting interventions in pregnancy and early years. [online] University of Warwick; (Published 2008). Available at: https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-RW070

109. Scott E. Briefing on attachment. [online] Edinburgh: NHS Health Scotland; (Published 2011). Available at: http://www.healthscotland.com/documents/5755.aspx.

110. Moore F. Literature review: Second-hand smoke prevention, 2009. [online] NHS Health Scotland. (Published 2009). Available at: http://www.healthscotland.com/documents/5822.aspx.

111. Priest N, Roseby R, Waters E et al. Can interventions for parents and people caring for children reduce children's exposure to tobacco. Cochrane Database of Systematic Reviews. 2008 Oct 8(4):CD001746.

112. National Institute for Health and Clinical Excellence. Brief interventions and referral for smoking cessation. [online] London: NICE; (Published 2006). Available at: http://publications.nice.org.uk/brief-interventions-and-referral-for-smoking-cessation-ph1.

113. National Institute for Health and Clinical Excellence NICE. Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities [online] London: NICE; (Published 2008). Available at: http://publications.nice.org.uk/smoking-cessation-services-ph10.

114. National Institute for Health and Clinical Excellence NICE. How to stop smoking in pregnancy and following childbirth. [online] London: NICE; (Published 2010). Available at: http://publications.nice.org.uk/quitting-smoking-in-pregnancy-and-following-childbirth-ph26.

115. National Institute for Health and Clinical Excellence. Alcohol use disorders: diagnosis, assessment and management. [online] London: NICE; (Published 2011). Available at: http://guidance.nice.org.uk/CG115 .

116. National Institute for Health and Clinical Excellence. Alcohol-use disorders - preventing the development of hazardous and harmful drinking. [online] London: NICE; (Published 2010). Available at: http://www.nice.org.uk/guidance/PH24.

117. Scottish Intercollegiate Guidelines. The management of harmful drinking and alcohol dependence in primary care. [SIGN publication 74] [online] Edinburgh: SIGN; (Published 2010). Available at: http://www.sign.ac.uk/pdf/sign74.pdf.

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