



**STORY BOARD : Public Health role in supporting children and young people with SEND**

**Areas of focus:**

Based on PHE Healthy Child Programme

**Our journey so far:**

The local authority became responsible for the commissioning of health visiting services following the transfer of commissioning responsibilities from NHS England to local authorities in 2015. Soon after a programme of transformation took place to improve the service model and delivery, based on a life course approach of pre-conception (-9 months) to age 19 (25 years for SEND).

**What are we doing?**

East Riding Public Health commission the Integrated Specialist Public Health Nursing Service (ISPHNS). The Service is based on the evidence based Public Health England (PHE) Healthy Child Programme 4-5-6 model for health visiting and school nursing (see attachment below). This offers four levels of service: community, universal, universal plus and universal partnership plus.



The 4-5-6 approach for health visiting at

This model ensures early identification of children, young people and families where early help and additional support is required through the provision of evidence based interventions. Health visiting teams provide assessment, care planning and on-going support for babies and children up to school entry, including children with disabilities, long term conditions, sleep or behavioural concerns and other health and developmental issues.

The ISPHN service work closely with the local authority and are part of the multi-disciplinary Early Years Support Team. Early Years Support aims to facilitate early intervention, information sharing and planning across services for babies and children under the age of 5 years. This will provide support regarding their learning and development and/or physical/medical needs with a named lead professional. ISPHNS support all children and young people including those with additional health needs to achieve well throughout their lives with an emphasis on keeping them and their families at the center of care.

**Example 1:**

As part of 2/2½ year Health Review the Public Health Nurse will review the child’s social, emotional, behavioural and language development using Ages and Stages Questionnaire (ASQ3) and social and emotional development will be assessed. Where needs are identified ISPHNS can make a referral to Children’s Centres for ‘Talk Time’, a targeted intervention





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through play for children aged 2- 4 with delayed communication and language skills. Support is provided to parents and carers to play alongside their children and to give them opportunities to learn techniques to support their child's communication and language skills in the home learning environment.

**Example 2:**

A recent Expression of Interest for Speech Language & Communication Needs (SLCN) wave 2 Training for Health Visitors has been successful. 15 places have been offered and the training will equip ISPHNS 0 – 5 years with additional skills and knowledge to support families in promoting early language in the home learning environment to support improved health and well-being outcomes including School Readiness.

Training will be cascaded to colleagues to use the learning to promote the development of Speech Language & Communication (SLC) with families as early as possible. ISPHNS will be involved in local developments to support SLC pathways and promote the use of evidence to support best practice.

**Example 3.**

ISPHNS (Health Visitors), support and signpost to services during the transition to school as they are often the first point of contact for families who have concerns about their child's development. Common concerns include the monitoring of health issues or pursuing a diagnosis or Education Health & Care Plan. The Healthy Child Programme is designed to ensure all children receive the best possible start in life and creates opportunities to identify the health needs of children early. When it is evident that a child has a developmental delay, a diagnosed medical condition or disability, a member of ISPHNS (usually the Health Visitor) is there to signpost the family for health support via community services including community paediatrician, portage, speech and language (SALT), physiotherapy, occupational therapy, orthoptist and podiatry etc.

ISPHNS offer a continuum of support that can be delivered in partnership with Early Years, Schools and wider stakeholders. Targeted interventions are also offered to children when it has been identified that they have either a special educational or additional health need or are 'Looked After' or subject to safeguarding procedures. ISPHNS also make referrals to the Early Years Support Panel for additional support from the Portage Service for families who have a baby or young child up to age 5.



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By assessing a child's development as they approach school entry Health Visitors are able to identify need and delivery timely support. This enables children to be ready to learn and participate in school life, therefore reducing the risk of school absences or poor attainment. ISPHNS provide effective support to families during the transition to primary school as required including interventions for emotional well-being, speech and language, toileting, immunisations, nutrition, healthy weight and a range of other health needs.

### What difference has this made?

The Health Visitors in the ISPHN service have developed further skills in meeting the needs of primary school aged children and enjoy liaising with schools. Continuity of care for children with SEND and safeguarding concerns is valued as practitioners acknowledge that the professional relationships made with families promotes engagement with other specialist services and that families know what to expect. A valuable health needs assessment is completed at school entry by a practitioner who already knows the child and family circumstances. The benefits of an integrated service means if school nurse input is required the health visitors will speak to the dedicated school nurse in the relevant ISPHN team.

If a child has additional needs the benefits of continuity of care from the family's Health Visitor until age 11 provides a better service for parents and carers

### Service Transformation

The transformation of the service has provided a much needed skill mix and a corporate caseload for routine contacts and developmental assessments. The benefits of additional public health nurses, nursery nurses and support workers provides families with a wider range of skills to support them at the level required.

The transformation of the service has also highlighted the benefits of improved integrated working with other local children's services providers including Children's Centres, Children's Social Care, Youth & Family Support and Midwifery Services. The ISPHNS Service is well placed to signpost families and recommends integration with our partner services to promote shared outcomes for children young people and their families living in the East Riding.



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**Example 4.**

**Case Study Summary – Transitions**



ISPHNS Month 12  
Case Study Summary

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