

0-19 Children's Public Health Service Service Description

Date: 1st April, 2017

Review: 1st April, 2018



National Drivers and Evidence Base

The following policies and reports apply:

- The Children Act 1989.
- The Children and Families Act 2014.
- Working Together to Safeguard Children 2015.
- Fair Society: Healthy Lives. (February, 2010) Sir Michael Marmot
- The Foundation Years: Preventing poor child children becoming poor adults. (December 2010) Frank Field M.P.
- Early Intervention: the Next Steps. An independent report to Her Majesty's Government. (January 2011) Graham Allen M.P.
- The Munro Review of Child Protection: A Child-centred system. (May 2011) Professor Eileen Munro.
- Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013). (August 2014) Alexis Jay OBE
- Report of inspection of Rotherham Metropolitan Borough Council. (February 2015) Louise Casey

Current Government Policy

The All Party Parliamentary Group for Conception to Age Two identifies that tackling problems associated with early life should be no less a priority for politicians and health and social care professionals than national defence.

www.1001criticaldays.co.uk

Underpinned by the guidance and policies cited above Public Health England (PHE) have published four commissioning guides, ***Best start in life and beyond: Improving public health outcomes for children, young people and families.***

Commissioning Guide 1	Background information on commissioning and service model
Commissioning Guide 2	Model specification for 0-19 Healthy Child Programme : Health Visiting and School Nursing Services
Commissioning Guide 3	Measuring performance and outcomes
Commissioning Guide 4	Reference Guide to Evidence and Outcome

Commissioning Guide 4 outlines the extensive range of evidence and guidance which is available to support effective local delivery of services for children and young people aged 0-19 years. It can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification CG4_FINAL_19Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification	CG4_FINAL_19Jan2016.pdf)

The Service should be flexible in meeting the aims and objectives of key national policies and evidence based guidance. In addition the interpretation of key policies and guidance should be demonstrable in practice.

Local Drivers

Our North Tyneside Plan (ONT)

Key outcomes within the Authority's 'Our North Tyneside Plan' which relate to the Service are:

Our people will

- Be listened to, and involved by responsive, enabling services
- Be ready for school – giving our children and their families the best start in life
- Be ready for work and life – with the skills and abilities to achieve their full potential, economic independence and meet the needs of local businesses
- Be healthy and well – with the information, skills and opportunities to maintain and improve their health, wellbeing and independence
- Be cared for and safeguarded if they become vulnerable

Creating a Brighter Future Programme (CBF)

In order to secure the delivery of the ONT Plan, the Authority has developed the 'Creating a Brighter Future Programme' with an agreed set of outcomes. They are as follows:

- Ready for School
- Ready for Work and Life
- Cared for, Safeguarded and Healthy
- A great place to live work and visit

The Service will be delivered within the context of integrated prevention and early help locality teams and will work with a range of partner organisations in each locality and will align with the three key pledges for children, young people and families which are:

Pledge One: we intervene early with evidence based, family focussed services.

- Visible and proactive universal services
- Locality Teams
- Thresholds understood by all
- Early Help Assessments (EHA) used by all

Pledge Two: we work in partnership to keep children in school

- All children receive educational entitlement
- Teams wrapped around schools
- Building school and family resilience
- Healthy, active and happy

Pledge Three: we keep them safe at home and connected to their local communities

- Planning for safety
- Teams wrapped around families
- Safe homes – strong families
- Children in care, kept close to home

Design and delivery of services for children and young people in North Tyneside are shaped by the strategic approach set out in North Tyneside's Children and Young People's Plan, the Joint Health and Wellbeing Strategy and the Prevention and Early Help Strategy all of which are underpinned by the Joint Strategic Needs Assessment.

Service Scope

The delivery of the Service will commence in the antenatal period and continue until age 19 and will provide universal access to residents of North Tyneside, those registered with a North Tyneside General Practitioner and those attending a school in North Tyneside.

It will support and work closely with North Tyneside mainstream maintained schools or academies.

The Service will also work closely with a range of health partners including midwifery services and primary care and with partners in both the voluntary and statutory sectors including learning disability services and early help services and will ensure that coverage of cross boundary issues are dealt with proactively in collaboration with neighbouring providers.

Service Description

The Service will take a lead role in providing support for an effective transition to parenthood and in improving the health and wellbeing of children, young people and their families. It will ensure universal contact for the HCP mandated reviews in addition to universal access and early identification and help to those families who need additional parenting support and targeted interventions, through holistic, evidence-based assessment and referral.

The EHA process and pathway is critical to the success of supporting families and working in a whole family way.

In North Tyneside, whole family working is based on the simple principle of 'one worker, one plan, one family'. A lead professional will ensure that:

- they are the key contact for the family and that their plan is agreed and supported by the agencies around them
- there is nothing that they don't incorporate in the plan
- they work with families in an empowering way, but will offer practical support where appropriate
- they are assertive and challenging if needed and never give up on a family, engaging and supporting them to make changes

The Service will provide clear expertise, leadership, and co-ordination of the Healthy Child Programme (HCP) and universal offer as set out in this document. It will be delivered by a skill mix team of qualified public health nurses (health visitors and school nurses), public health staff nurses, nursery nurses and midwife and will be fully integrated within the prevention and early help locality based teams.

Service Structure

The Service is based in four locality teams in the following areas:

Coastal Team	Whitley Bay Customer Services Centre
Central Team	Riverside Children's Centre in North Shields
North West Team	Shiremoor Children's Centre
Wallsend Team	Howdon Children's Centre

The Service is built on a robust staffing establishment that is aligned to the needs and expectations of the service user.

Professional standards of practice and behaviour are in place including compliance with the Nurses and Midwife Council (NMC)

The Service comprises the following staff:

Band 8(c)	Clinical Manager
Band 8(a)	Professional Lead (Matron)
Band 7	Community Practice Teachers, Health Visitor and School Nurse Area Leads, Safeguarding Nurse and Midwife
Band 6	Health Visitors and School Nurses
Band 5	Staff Nurses
Band 4/3	Nursery Nurses, Administrators and Audio Visual Screeners
Band 2	Health Visitor Assistants and Administrators

The Service is led by a Clinical Manager who is accountable to the Registered Manager.

Within each Locality Team there is an Area Lead who reports to the Professional Lead (Matron) and manages public health nurses, staff nurses, nursery nurses and support staff. The Professional Lead (Matron) reports to the Clinical Manager.

These staff work closely with Locality Team Managers who are responsible for ensuring effective co-ordination of local authority early help resource provision across the locality to ensure that services are working in the most integrated and effective way.

Community Practice Teachers, Midwife and Audio Visual Screeners work with the localities and support the four locality teams.

Aims, Objectives and Outcomes

The aim of the Service is to promote and protect the health and wellbeing of children, young people and their families from the ante natal period through to age 19 and to address inequalities in outcome.

Fundamental to the aim of the Service is universal access to the HCP and early identification of additional and/or complex needs.

The HCP provides a framework to support collaborative work and integrated delivery and aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation (commissioned separately)

- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify health issues early, so support can be provided in a timely manner
- Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ready to learn at two and ready for school by five.

In addition, in delivering on the above, the Service will be able to demonstrate a significant contribution to Public Health outcomes relevant to children and young people from 0-19, as identified below:

- Reducing the number of children in poverty
- Reduction in health and social inequalities
- Improving school readiness and ensuring children receive their ready for school entitlement so they are ready to learn at 2
- Reducing pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16-18 year olds not in education, employment or training
- Reducing under 18 conceptions
- Reducing excess weight (as assessed against reception and year 6 National Child Measurement Programme (NCMP) data)
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people (as assessed against data for 0-14 and 15-24 years)
- Improving emotional wellbeing of all children reception -19
- Reducing smoking prevalence in young people
- Reducing self harm
- Support key partners in improving population vaccination coverage (all sub-indicators)
- Reducing tooth decay in children

Model and Content of Service Delivery

The Service will deliver at the 4 levels of intervention which reflect the existing national guidance in the HCPs 0-19 i.e. community, universal services, universal plus and universal partnership plus.

However, whilst retaining the community level, the other levels will be aligned with the North Tyneside's Local Safeguarding Children's Board (LSCB) thresholds as follows:

Level 1- Universal Services for Children

Level 2 – Additional Needs

Levels 3 & 4 – Complex Needs and Acute/Severe Needs.

Community Level

At the community level and working with locality colleagues the Service will identify community assets, build partnerships, promote services and health and wellbeing messages. There will be a clear understanding of community need and locality priorities.

Level 1 – Universal Support for all children, young people and families

This level will include a range of universal services in response to locality need and priorities, for example, the provision of 'Healthy Child Clinics' which offer an opportunity to monitor growth and height, observe parental interaction and child development as appropriate (e.g. provide toys, books and interactive tools in waiting areas), discuss health and/or development concerns of the child, including feeding issues, identify issues that may impact upon the health and wellbeing of the child and provide advice, promotion and sign-posting to a wide range of family based services.

At this level support will be offered to enable families to navigate health and social care services.

All families with children will be able to contact the Service for advice signposting and support as required. This will include advice on but is not limited to:

- child development (including attachment)
- babies crying
- nutrition (including breastfeeding and the Unicef Breastfeeding Friendly Initiative (BFI))
- bottle feeding (if mum decides not to breastfeed)
- weaning and healthy diet
- baby's sleeping position
- accident prevention (RoSPA guidance on accident prevention in the under 5s)
- bedtime routines
- parenting support including the delivery of parenting programmes
- parental or sibling smoking, smoke free environments (including the use of the Baby Clear Pathway)
- dental health
- parental alcohol and substance misuse
- reducing obesity
- emotional and mental health (Solihull programme)
- domestic violence
- safeguarding
- school readiness including working in partnership to improve speech, communication and language of babies and toddlers and working with parents to improve the home learning environment
- Promotion of immunisation programme, behaviour management

In addition to the above, there will also be a universal offer to schools for the provision of support and resources to staff in relation to Personal, Social and Health Education (PSHE) and Sex and Relationship Education (SRE) working closely with the Authority's School Improvement Team to develop programmes which build the capacity and resilience of the school to deliver. There will be a focus upon medical conditions, drug and alcohol use, mental health and resilience, sexual health, smoking and healthy weight. This does not include face to face teaching of pupils.

Universal Health Assessments

Alongside the support described above there will be a number of holistic Universal Health Assessments. A fundamental part of each Universal Health Assessment will be an assessment of the family circumstances of the children/young people including home conditions and key relationships.

The universal health assessments are listed below with the minimum requirements at each assessment.

Ante Natal Health Promoting Visit

There will be liaison between the Public Health Nurse (Health Visitor) and the midwife before 20 weeks and contact with the pregnant woman will be made between 28 and 36 weeks of pregnancy by a Public Health Nurse (Health Visitor).

The key messages and actions arising from this contact include the promotion of the health and emotional wellbeing and positive mental health of the mother (including an assessment if required). It will also prepare parents for parenthood (including signposting to parenting

support if required) and promote the importance of parent and baby mental health and attachment.

Safe infant feeding information will be provided and breastfeeding and the support available promoted. The visit will also address any maternal risk factors (including smoking, alcohol and substance misuse).

Information and encouragement to take up services in the Children's Centre including new birth registration will also be provided. An introduction to the Ready for School entitlement will be made. (See Appendix 1 for entitlements).

Completion of the Tynedale Health Need assessment will take place at this visit.

New Baby Review within 14 days

Public Health Nurse (Health Visitor) will accept a hand over from a Midwife by 14 days from birth. A face-to-face appointment with the parents, where possible, will be conducted by 14 days of birth by a Public Health Nurse (Health Visitor).

It will cover infant feeding, Sudden Infant Death Syndrome (SIDS) prevention (including promoting safe sleep), keeping safe, development and sensitive parenting. It will include an assessment of attachment using Solihull and maternal mental health.

Children Centre services will be promoted including birth registration.

There will be an assessment of baby's growth, safeguarding concerns, attachment, an on-going review and monitoring of baby's health, promotion of immunisations and smoke free homes and smoking cessation advice, support, prescribing and/or referral as appropriate.

6-8 Week Assessment

This assessment will be conducted between 6 and 8 weeks by a Public Health Nurse (Health Visitor) and will provide on-going support with breastfeeding involving both parents, an assessment of maternal health (including mental health) according to National Institute for Health and Care Excellence (NICE) guidance, promotion and check of immunisations and safeguarding.

The following two reviews will be conducted by a Public Health Nurse (Health Visitor), or suitably qualified health professional or nursery nurse. A non Public Health Nurse (Health Visitor) appointment will be guided and supervised by a Public Health Nurse (Health Visitor) and/or be carried out under a delegated accountability arrangement.

12 month review

This review will take place between 9 and 12 months will cover an assessment of the baby's physical, emotional and social development and needs in the context of their family using evidence-based tools. It will provide support for parenting including information about attachment and development and parenting issues, growth will be monitored and oral health, dental registration, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention will be promoted.

The review will include the Sure Steps to talking assessment for early identification of speech and language issues and will introduce the 2 Year Offer (2YO) to those who may be eligible and identify progress towards the Ready for School entitlement.

2 – 2½ year review

This review will be conducted between 2 and 2 ½ years and will include a review, with parents, of the child's social, emotional, behavioural and language development using the

Ages and Stages Questionnaire (ASQ) 3 and Ages and Stages Questionnaire: Social Emotional (ASQ:SE).

It will respond to any concerns about physical health, growth, development, hearing or vision and offer guidance to parents on behaviour management and what to do if they become worried about their child.

It will offer information and guidance on promoting language development and will offer advice on nutrition and physical activity for the family and raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and information and identify progress towards the Ready for School entitlement. If concerns remain, however, then an EHA must be completed and need escalated to Level 2.

Immunisation status will be reviewed.

During this visit the Public Health Nurse will promote and support the take-up of early year's education and the 2YO. Where eligible families do not take up the offer systematic follow up will be undertaken.

Reception Class (4/5 years)

This assessment will follow a formal handover process with the child's previous key Public Health Nurse/Nursery Nurse unless that person continues to act in the capacity as lead professional on behalf of the child. All Children on Levels 3 and 4 will have a written handover and there should be clear liaison and communication with the schools particularly if there are concerns about school readiness.

All school children in North Tyneside should be on a school roll. If parents choose to home educate a child the Local Authority officer responsible for overseeing home education must be informed so that the ongoing development, education and safety of those children can be ensured.

The Service will work towards a more holistic assessment of the needs of the child at transition and will include the NCMP and vision screening.

Face-to-face assessments must be offered to those children missing from education or home-schooled. All assessments should be complete by March of a given academic year.

Every child will universally be offered vision screening. This will include evidence-based visual acuity tests, followed-up by prompt communication of the outcome with parents/carers. Identified anomalies will be supported by appropriate referrals/sign posting into services, followed by a review of the outcome with parents. Any child with anomalies identified at the initial screening point will be followed-up for further tests within 12 months, unless a formal intervention with a vision specialist has already taken place.

Every child will be offered the NCMP which will be fully compliant with the most up to date PHE operational guidance and NHS Digital technical guidance. A clear local pathway will be developed in line with the national guidance to reflect the process from invitation to follow up and onward referral following feedback of results.

Year 6 (10/11 years)

The Service will work towards a more holistic assessment of the needs of the child at transition and will include the NCMP. For families with children in Primary schools this assessment should support transition to Secondary school. The information provided at this transitional stage will be cognisant of the Department of Health promotional material for school health services, accessible at www.dh.gov.uk/health/2012/08/backtoschool

Year 9 (13/14years)

The Service will work towards a more holistic assessment of the needs of the child at transition into High school for those children in Middle Schools and be focused on the emergence of adolescent-based health issues and concerns. It will be offered to all children regardless of whether they are present in mainstream education or not.

Face-to-face assessments must be offered to those children missing from education or home-schooled. All assessments should be complete by March of a given academic year.

A typical 13/14 year old assessment may include a review of immunisation status, an assessment of safeguarding, access to primary and dental care, home arrangements (i.e. who lives in the family home), development issues and emotional health and wellbeing. Medical/family history will be taken and health promotion advice and/or information and promotion of services for 12-16 year olds will be provided.

The Service will provide a universal texting service for young people between the ages of 11 – 19 years

Level 2 – Additional Needs (Universal Plus)

The EHA process will be used if additional needs are identified that cannot be met by a single agency.

This level provides specific expert help which might be identified through a universal contact for children, young people and families who need extra support for example additional support for breast feeding or weaning, parenting concerns, reassurance about a health worry, advice on sexual health, support for emotional and mental health wellbeing, smoking cessation and support, treatment for parental alcohol and drug misuse and the implementation of the Baby Clear Protocol.

It will also offer specific interventions for young people including weight management, mental health promotion and interventions around risk taking behaviour in particular drug and alcohol misuse, smoking and sexual health.

Intensive support for teenagers who are pregnant for the first time will be delivered at this level via a Vulnerable Parent Pathway which will identify early in pregnancy those parents with additional needs for example mothers under the age of 20 years, history of domestic violence, mental health issues or substance misuse.

There will be a targeted offer to pupils in response to specific needs e.g. community based drop ins. The content and format of the drop in will be age appropriate and staffed by suitably qualified individuals with skills in engaging children and young people. They will be tailored to the needs of the individual locality and delivered in accordance with need and in agreement with partners including the Head Teacher of relevant schools.

In addition to the above, there will be the provision of a targeted offer to some schools within each locality based on need working closely with the Locality Manager, the Authority's School Improvement Team and in negotiation with Head Teachers in each locality for the provision of support and resources to staff of specific schools. This does not include face to face teaching of pupils

Targeted and Additional Interventions

The Service will also provide a range of targeted services in discussion with each locality team and in response to locality need. This may be, for example, the provision of group work

and peer support, specific partnership work with schools and colleges, particularly with the most vulnerable groups, e.g. Looked After Children (LAC).

Targeted service provision will be available following the early identification of need(s), through the EHA which may be emerging or established, dependant on individual circumstances.

The Service will ensure that children not in employment, education or training, children educated from home, and those young people taking up 14-16 provision within further educational settings, are offered the full complement of the HCP.

Parenting Programmes and Support Groups

The Service will contribute to the delivery of agreed parenting programmes in the locality teams, supporting the establishment of health promotion and or support groups in accordance with locality need and in order to reduce demand on services.

Additional Support in Pregnancy

Additional support in pregnancy will be provided in line with the vulnerable parent pathway. This will ensure leadership, expertise and support for women to stop smoking in pregnancy through the Babyclear pathway, advice in relation to drug and alcohol use, healthy weight including diet and physical activity. There will be close working with universal midwifery services to ensure consistency of public health messages and agreed referral routes which include identifying women who need support as early as possible in pregnancy.

Enuresis Support

The Service will deliver support for nocturnal enuresis in line with the North Tyneside enuresis pathway which is being developed by the Authority in accordance with NICE guidance.

Looked After Children

The Service will focus on the needs of the most vulnerable children which include LAC. Whilst LAC have the same health risks as their peers the extent is often exacerbated due to their previous experiences and as a result they show significantly higher rates of mental health issues and emotional disorders.

Education, Health and Care Plans

Education, Health and Care (EHC) needs assessments and plans have replaced SEN assessments and statements (for children) and learning difficulties assessments (for young people). EHC plans will specify additional provisions for those children/young people who the local authority decides requires a plan and whose educational needs cannot be met solely by their early years setting, school or college.

The Service will contribute to the identification of additional health needs and work with relevant partners as required in planning for these needs. The Service may also support the development of health care provisions specified in EHC plans (section G of the plan) as appropriate. This will include supporting the identification of support requirements needed, meeting some of the support requirements through the HCP offer and contributing to relevant reviews as part of a multi-disciplinary team.

The Service will ensure full compliance with the relevant statutory and legislative guidance for SEND, including but not limited to the 'Special Educational Needs and Disability Code of Practice: 0-25 Years'.

Children in Need and Child Protection

Arrangements for safeguarding will span Levels 1 to 4 of the Safeguarding Competency Framework published in the intercollegiate document - '*Safeguarding children and young people: roles and competencies for health care staff*'. In practice, this Service will cover:

- the identification of safeguarding needs
- the assessing, planning, intervening and evaluating of the needs of children/young people and parenting capacity, where there are safeguarding concerns
- named professional responsibilities as appropriate and
- the fulfilment of such responsibilities in line with legislation and statutory guidance

Levels 3 and 4 – Complex Needs and Acute/Severe Needs (Partnership Plus)

In addition to the additional help at Level 2 this level will offer more intensive support for increasingly complex or acute issues that may arise for example vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance misuse problems and risk taking behaviours. This may also include the provision of high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

The EHA will be fundamental at Levels 2 3 and 4. Public Health Nurses working for the Service will be expected to be the lead professional where appropriate and to bring together a plan for the whole family. They will also be expected to play a key role within locality allocation meetings sharing information and identifying how best to support families who are vulnerable and in most need.

High Impact Areas

The following twelve high impact areas have been developed to improve outcomes for children, young people and their families. They are based on evidence of where services can have a significant impact for all children, young people and families and especially those needing more support and on health inequalities. The Service will make a significant contribution to these areas.

- Transition to parenthood, early weeks
- Maternal (perinatal) mental health
- Breastfeeding
- Healthy Weight
- Managing minor illnesses and reducing accidents
- Health, Wellbeing and Development
- Building resilience and emotional wellbeing
- Reducing risk from harm and improving safety
- Improving Lifestyles
- Managing Health and maximising school attendance
- Supporting additional health and wellbeing needs
- Transition and preparing for adulthood

Core Principles

The Service is based on the principle that children, young people and their families are at the heart of decision-making, with the health outcomes that matter to them taking priority.

It is acknowledged that universal services are essential for primary prevention, early identification of need and early intervention and lead to early support and harm reduction.

- Early intervention evidence-based programmes should be used to meet needs and to ensure that needs are identified in a timely way
- Services should strike an optimal balance between provision of universal services and the provision of additional resources for vulnerable groups, including those in local authority care, those with special education need or disability, those in youth custody, care leavers, young carers, homeless young people, asylum seekers, teenage parents, those excluded from education, those living in poverty and those identified as requiring additional support through the EHA
- All areas of delivery focus on improving health outcomes and reducing inequalities at individual, family and community level
- Outcomes and Key Performance Indicators (KPIs) align between all agencies within the locality teams and are shared across the locality team
- Safeguarding is a thread across the entire service, ranging from the identification of risk and need, to early help and targeted work, through to child protection and formal safeguarding
- Clinical judgement should be used alongside formal screening and assessment tools
- It is recognised that a variety of organisations and individuals have an important contribution to make towards delivery of child health outcomes
- Multi agency working, partnerships, integration and communication are key to improving outcomes
- Outcomes are measured in line with the national outcomes framework, commissioning reporting requirements and locally determined outcomes
- Engagement with fathers and the wider family is an essential component of the Service

The Service also adheres to the principles of the locality based prevention and early help model which also includes the following:

- Building resilient children, young people and families who are self sufficient
- Prevention as a focus and as everyone's responsibility
- Focusing on and targeting the most vulnerable and the most in need
- Whole family working
- A personalised offer which addresses all factors affecting the child, young person or family
- Investing in relationships / partnerships which focus on change and improved outcomes
- A skilled, confident and coordinated workforce
- Making every contact count to improve the health and wellbeing of children, young people and families
- Value for money of every public pound spent
- Connectivity across teams, services and organisations
- Building capacity by working with schools, families, communities and a range of partners
- Sharing and using data and knowledge to target resources more effectively
- Supporting a philosophy of professional conversations (See LSCB Professional Conversations Framework)

Accessibility

The Service will ensure optimal accessibility by:

- ensuring equal access for all children, young people and their families, regardless of disability, gender, marital status, sexual orientation or race, religion or lack of belief
- championing and advocating for culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect
- demand for the Service for school aged children may dip during school holidays but the Service will be provided year round and operate on a 52 weeks basis per annum
- operating at times and locations that meet the needs of children, young people and working families
- ensuring that referrals, from whatever source, including children, young people and families, will receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 Business Days
- ensuring that urgent referrals including safeguarding referrals receive a same day or next Business Day response to the referrer and contact within 2 working days and be in line with North Tyneside LSCB processes
- offering a range of non face-to-face contact options including telephone, email, text (as appropriate)
- offering a range of accessible face-to-face contact options including in a community setting, in the home and through group work
- providing service and health information online, linking with the Authority and other partner websites as appropriate

Safeguarding

The Service will work within the scope of all relevant Statutory Guidance, Practice Guidance and LSCB Procedures. These include the current 'Working Together to Safeguard Children 2015' and Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (2015).

Specifically the Service will be able to demonstrate compliance with the requirements stipulated in Section 11 of the Children Act 2004 which places a duty on a range of organisations and individuals to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

The Service will contribute to the development and implementation of the Multi Agency Safeguarding Hub (MASH) at the 'Front Door' (the dedicated service that connects into North Tyneside services for children and families) and work with other representatives within the MASH which includes social workers, police, domestic violence, housing, youth offending and early help workers to assist and inform decision making in relation to the North Tyneside LSCB thresholds.

The Service will:

- adhere to North Tyneside Council's Safeguarding Children and Looked After Children Policy and Procedures
- ensure all staff have undertaken training appropriate to their role within Safeguarding and LAC (including EHA training)
- ensure all staff have access to expert advice, guidance and support from suitably qualified and experienced safeguarding children professionals
- work collaboratively with other agencies, children and families to support children and young people where there are identified health needs. This will include providing therapeutic health interventions for the child and family and referring children and families to specialist medical support where appropriate

- provide information for and contribute towards any relevant LSCB work including multiagency audits, subgroup activity and Learning/Serious Case Reviews
- provide universal public health interventions and preventative measures to reduce the risk of young people moving into vulnerable groups including those in local authority care, those with special education need or disability, those in youth custody, care leavers, young carers, homeless young people, asylum seekers, teenage parents, those excluded from education, those living in poverty and those identified as requiring additional support through the EHA.

The Service will ensure that there are clear processes for sharing information with other professionals and with the LSCB in accordance with Section 11 of the Children's Act 2004.

The Service will comply with all Safeguarding Adult requirements as defined by the North Tyneside and Northumberland Safeguarding Adults Board.