



Islington Healthy Children's Centre Programme



Contents

Introduction.	2
Who will deliver the healthy children’s centre programme?	2
Children’s centres in Islington	3
Health in Islington	4
The process of becoming a healthy children’s centre.	9
Step one – self-assessment	9
Step two – work planning	10
Step three – working towards being a healthy children’s centre	10
Step four – quality assurance	10
Step five – achieving healthy children’s centre status	14
Islington healthy children’s centre programme planning grid	15
Healthy weight, healthy lives.	16
Improving the oral health of children	21
Improving children’s emotional health and wellbeing and adult mental health	22
Reducing teenage pregnancy rates and supporting teenage parents	24
Reducing alcohol and substance misuse	26
Increasing smoking cessation	27
Improving cover rate for all childhood immunisations.	28
References	29
Appendix 1 – Planning grid to support other early years providers to develop their approach to health.	31
Healthy weight, healthy lives.	32
Improving mental health/emotional health and wellbeing	34
Reducing teenage pregnancy rates and supporting teenage parents	35
Increasing smoking cessation	35
Improving cover rate for all childhood immunisations.	35

Introduction

This document sets out the process and standards for the Islington healthy children's centre programme. The programme provides a systematic, structured and evidence-based approach for all activity taking place out of a children's centre and its linked services that relates to the health and wellbeing of children and families.

The document has a number of sections:

- A description of children's centres in Islington, with information about where they are and who they serve
- An outline of the 7 health priorities for Islington, and suggestions for how children's centres can contribute to improving outcomes for each of these
- A suggested process for becoming a healthy children's centre
- The standards that children's centres need to meet in order to become a healthy children's centre. These national and local guidance and policy requirements are shown within a planning grid to help children's centres monitor and prioritise their work on health. The grid is broken down into 7 sections, one for each of Islington's health priorities
- An explanation of how health-related work undertaken as part of the Islington healthy children's centre programme will be quality assured
- A list of all the policy and guidance documents referred to in this document that could help children's centres with their work on health
- A second planning grid to support other early years providers to develop their work on health

Who will deliver the healthy children's centre programme?

The programme will be delivered by a virtual team of professionals including family support workers, health visitors, midwives, clinical psychologists, smoking cessation specialists, substance misuse workers, voluntary sector staff and early years practitioners.

Implementation will be supported by a health improvement specialist for children, who will work with children's centres and their partners to develop a comprehensive and shared approach to health. Quality assurance is built-in to the programme and complements current children's centre health management requirements.

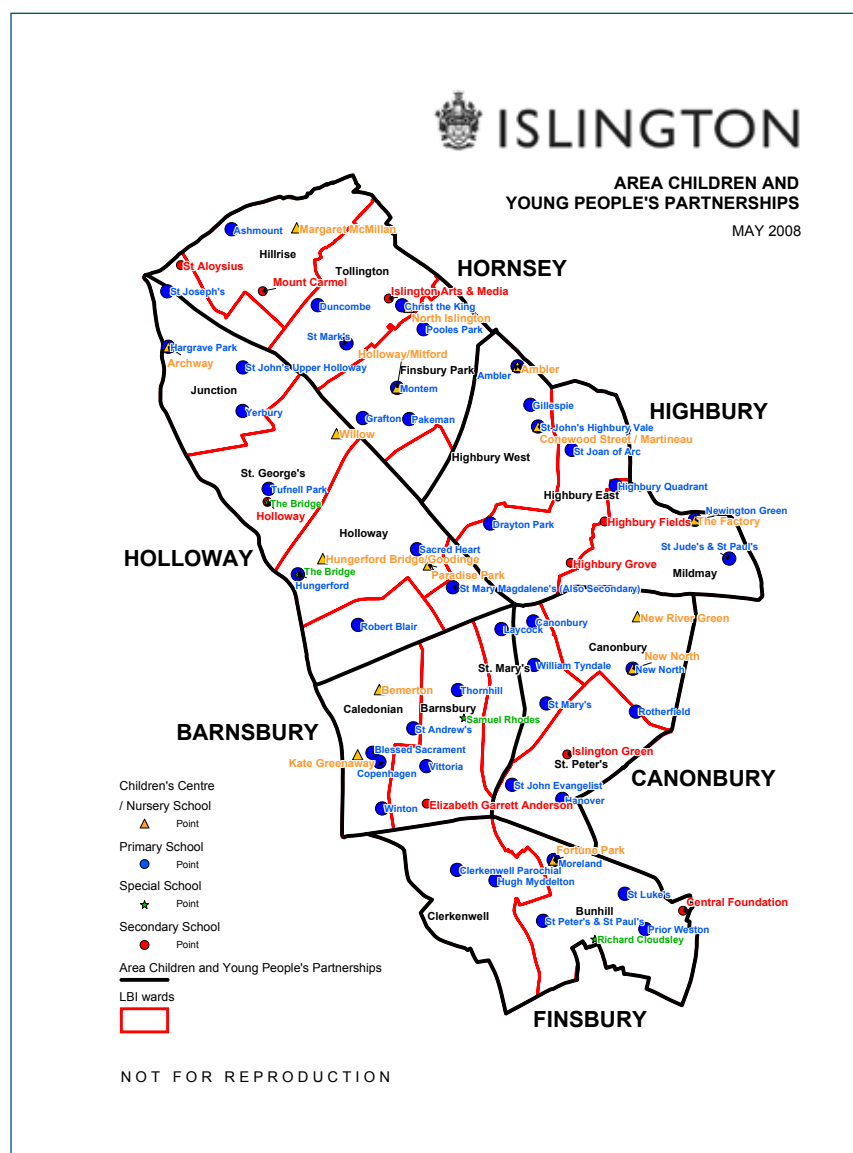
The Islington healthy children's centre programme builds on the successes of the local healthy schools programme which supports the links between health, behaviour and attainment. The healthy children's centre programme provides a similar structure for services used by children aged 0-5 and their families, and aims to support the development of healthier, happier babies and young children.

Children's Centres in Islington

There are 16 children's centres in Islington, each covering a 'reach' area of around 1,000 children aged 0-5. Every family with a child aged 0-5 living in Islington has access to children's centre services. The centres have developed at different times, so while some offer a full range of services, others are at an earlier point in their development. Whatever the stage that children's centre services are at, the vision for the centres is similar:

- A children's centre is the hub for the provision of services to families of children pre-birth to 5, co-ordinating provision with the statutory and voluntary sector, schools and childminder networks
- Children's centres are the vehicle through which the Every Child Matters vision is delivered to families and young children
- Children's centres are locally responsive in their support for families, and target their services towards the most vulnerable families
- Children's centres offer family and parenting support through a small core and much larger virtual team, which includes family support workers, community nursery nurses, midwifery care assistants, clinical psychologists, bi-lingual community link workers, health visitors, social workers, voluntary sector staff and early years practitioners
- Some professionals work across two or three children's centres, to larger Area Children and Young People's Partnership (ACYPP) boundaries

The children's centre also has a role in supporting other local providers of early education and day-care. This will enable children's centres to have contact with more children living in their 'reach' area. Appendix 1 sets out those standards from the overall programme that apply to these providers.



Health in Islington

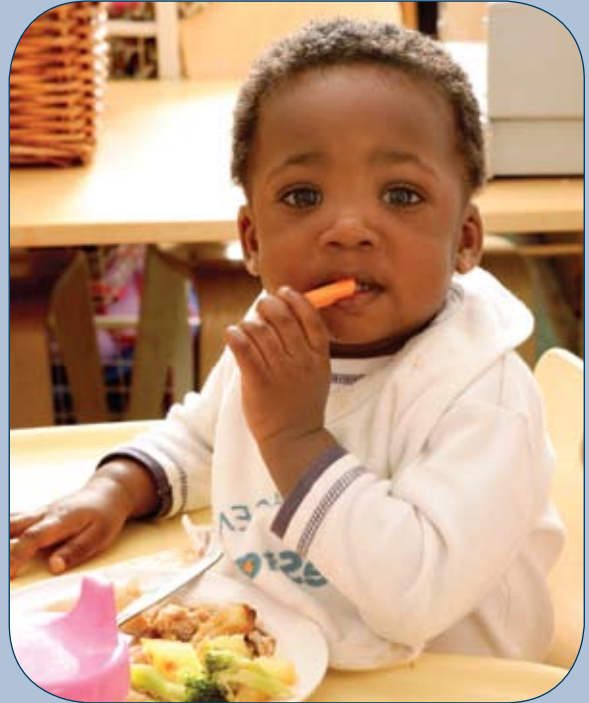
In common with other inner city boroughs in London, Islington has a highly mobile and diverse population, with extremes of poverty and wealth sitting side by side. Islington faces some pressing health issues which impact directly or indirectly on very young children. Children's centres are uniquely placed to tackle these, as they work with families in a holistic way.

This section sets out Islington's health priorities, latest data for the current position in Islington compared to that for London and England, and suggests how children's centres can positively affect outcomes for each priority.

The most pressing health needs for Islington's population are:

- Healthy weight, healthy lives (physical activity, healthy eating and breastfeeding);
- Improving the oral health of children;
- Improving children's emotional health and wellbeing and adult mental health;
- Reducing teenage pregnancy rates and supporting teenage parents;
- Reducing alcohol and substance misuse;
- Increasing smoking cessation; and
- Improving cover rate for all childhood immunisations.

The Islington healthy children's centre programme focuses on these priorities, all of which affect children and their families. The programme has been put together with reference to relevant national and local policy and strategy documents (see references section, page 29). Children's centres that work their way through the programme will meet all their national and local policy requirements. Just as importantly, they will also have followed a quality assured and rigorous process that is based on evidence of effective practice to improve health and wellbeing of children and their families.



Healthy weight, healthy lives

What is the issue?

Nearly a quarter of people in England are obese and current trends may mean that today's children have less good health and a shorter life expectancy than their parents' generation. The Foresight Report predicted that unless we take effective action, 70% of girls and 55% of boys will be overweight or obese by 2050¹. In Islington in 2008, just over 10% of children in reception class were obese, but this rose to almost a quarter in year 6, which was significantly higher than London or national averages.



Breastfeeding exclusively for the first 6 months of a baby's life has many benefits for both mother and baby, including providing protection against obesity and reducing the risk of infections. In 2007/08, 85% of babies in Islington were breastfed at birth. By 2 weeks this had fallen to 59% (exclusively breastfed), with wide variations according to the age of the mother and where in Islington she lived. Despite the government recommendation of exclusive breastfeeding for 6 months, nationally only 1 in 4 children receive any breast milk at 6 months, with less than 1% exclusively breastfeeding at this age².

What can help?

Children's centres can help to reduce obesity through facilitating improvements to diet in line with nationally recognised nutritional guidelines; increased awareness of healthy eating within settings and by children and their families; and increased physical activity. This could be by encouraging active play in all children's centre and satellite settings, supporting programmes that encourage parents and carers to be more active, and encouraging transport to and from the centre on foot or by bicycle. Islington children's centres are working on the UNICEF baby friendly initiative, a national kite-mark scheme, which supports breastfeeding.

Improving the oral health of children



What is the issue?

Poor oral health in children is caused by poor diet, poor oral hygiene and lack of exposure to fluoride. Children from socially disadvantaged groups experience disproportionately high levels of oral health problems^{3,4}. The findings of the 2003/4 Children's Dental Health Survey suggest that the prevalence of decay in Islington is higher than regional and national levels with a population average of almost 2 decayed teeth per child. Children who have any dental decay will have, on average, between 3 and 4 decayed teeth. Around 45% of 5 year olds in Islington experience decay – almost 1 in 2 children.

What can help?

Improvements in oral health can be gained by minimising the amount of sugar in children's diets and increasing access to fluoride. The recently appointed NHS Islington oral health promotion team will be working closely with the virtual children's centre team, in particular health visitors, to promote these messages and deliver fluoride to children and parents.

¹ *Tackling Obesity: Future Choices – Project Report (2007), Foresight, Government Office for Science*

² *The Information Centre for Health and Social Care (2005) Infant Feeding Survey*

³ *Office for National Statistics. 2003 Children's Dental Health Survey. London: ONS; 2004. Available at www.statistics.gov.uk/children/dentalhealth/*

⁴ *Office for National Statistics. Adult Dental Health Survey: Oral Health in the United Kingdom 1998. ONS website, accessed September 2007. Available at http://www.statistics.gov.uk/downloads/theme_health/AdltDentHlth98_v3.pdf*

Improving children's emotional health and wellbeing and adult mental health



What is the issue?

Estimates suggest that overall prevalence of emotional health and wellbeing problems among children and young people aged 5–16 during any one week in Islington in 2008 is 13.1%, or 2,926 children. The prevalence rises with age (10.5% in 5–10 year olds compared with 15.7% among 11–16 year olds). The prevalence of mental health disorders is higher in boys in both age groups (with an overall rate of any disorder of 15.6% compared with 10.6% for girls), though girls have a higher prevalence of emotional disorders, such as depression (5.9% compared with 4.2%).

What can help?

Strong bonding and attachment between parent or carer and infant build resilience in children and support prevention of emotional and mental health problems later in life. Findings of a needs assessment carried out during the development of Islington's parenting strategy indicated the need for increased support for bonding and attachment through evidence-based programmes of support. The healthy children's centre programme supports existing and planned work led by the child psychology service taking place out of children's centres.

What is the issue?

In 2006, there were 1,179 hospital admissions for adult mental health among Islington residents, of which 232 (20%) were due to affective disorders, 218 (18%) to alcohol-related mental disorders, and 206 (17%) due to schizophrenia and related disorders. About 19 people die of suicide each year in the borough, almost 60% higher than the rest of England and Wales (the rates are 9 and 6 per 100,000 for Islington and England and Wales respectively)⁵.

What can help?

The mental health of adults can have a direct impact on the emotional health and wellbeing of children and young people. Children's centres can play an important role in supporting parents and carers with mental health problems with their family responsibilities.

Reducing teenage pregnancy rates and supporting teenage parents

What is the issue?

In 2007 the conception rate for young women under 18 in Islington was 50.5 per 1,000 females. This rate is higher than the London average of 45.6 per 1,000, and the national rate of 41.7 per 1,000⁶. Within Islington, the teenage pregnancy rates vary by ward. In 2006 the lowest rate was in Holloway (31.8 per 1,000). Finsbury Park, Bunhill, Junction and Hillrise wards had the highest rates within Islington – up to 91.6 per 1,000 in Finsbury Park: over twice the national average⁷. Early pregnancy can lead to poor outcomes for both parent and child.



What can help?

Children's centres have an invaluable role in supporting young parents to help improve their health, social and economic outcomes and in preventing subsequent pregnancies. In Islington children's centres, this aspect of the healthy children's centre programme will be delivered collaboratively with the Family Nurse Partnership.

⁵ National Centre for Health Outcomes Development (2005) *Mortality from suicide and injury undetermined, 2003–05*

⁶ Office for National Statistics (2009) and Teenage Pregnancy Unit (2009) 2007 borough data

⁷ Office for National Statistics (2008) and Teenage Pregnancy Unit (2008) 2003–05 ward data

Reducing alcohol and substance misuse



What is the issue?

In 2007/08, there were 1,367 Islington residents in drug treatment, a rate of 9.6 per 1,000 15–64 year olds⁸ and higher than the London average of 7.7 per 1,000 15–44 year olds⁹. The recommended daily amount of alcohol is 3–4 units for men and 2–3 units for women, with alcohol-free days. Estimates suggest that about 15.3% of Islington adults drink at least twice the daily recommended amount of alcohol in a single drinking session compared with 12.7% of London adults and 18% of adults in England¹⁰. The lower Islington and London rates reflect the high proportion of ethnic groups living in the capital that abstain from alcohol.

What can help?

Parental and familial alcohol and substance misuse can cause serious harm to children from conception through to adulthood. Children's centres offer an ideal setting for parents with alcohol and substance misuse problems to be provided with information, advice and support.

Increasing smoking cessation

What is the issue?

Smoking is the number 1 cause of death in Islington and is the main contributor to the gap in health inequalities between the most disadvantaged in the borough and those who are better off.

Approximately 27.5% of the adult population in Islington are expected to be smokers, which is the 6th highest rate in London, and higher than the national rate of 24%.

In 2007/08, 9.5% of Islington women reported that they were smoking during pregnancy¹¹. Exposure to second hand smoke is bad for children and young people and is linked to asthma and Sudden Infant Death Syndrome (SIDS), among other conditions. Up to 30% of infants in Islington are in households exposed to second-hand smoke.

What can help?

Children's centres target the most disadvantaged communities, who are also likely to be those most likely to smoke. They offer an ideal setting for basic and more specialist smoking cessation advice and support.



⁸ Data Manager for Substance Misuse, London Borough of Islington, 2008

⁹ London Health Observatory (2005)

¹⁰ North West Public Health Observatory. Local Alcohol Profiles for England <http://www.nwph.net/alcohol/lape/LAPProfile.aspx?reg=h> Estimates originally produced for the Department of Health (2003–2005)

¹¹ Islington PCT, Lifestyle factors and place of Islington in London (model-based estimates, 2003/05), (2007), Public Health Information Team.

Improving cover rates for all childhood immunisations

What is the issue?

In March 2005, immunisation coverage in Islington for diphtheria was 90% at age 2; lower than the national average of 93.5%¹². 69% of 2-year-old children and 84% of under-5 year olds in Islington were immunised against measles, mumps and rubella in 2004/05. This is lower than the 95% coverage needed to prevent a measles outbreak. The average for London is 71%, and for England it is 81% for 2-year-olds; and 80% and 89% for London and England respectively for those aged less than 5 years old¹³.



What can help?

The evidence base for childhood immunisations to prevent outbreaks of serious illnesses among the child population is very strong. All those working in or out of children's centres can support the immunisation programme through promoting this very clear public health message.

Children's centres could also provide the setting for some of the immunisation programme to be delivered.

¹² Islington Child Health Information Department (2004)

¹³ National Centre for Health Outcomes Development 2004/05

The process of becoming a healthy children's centre

Step one – self-assessment

To effectively co-ordinate and improve health-related work in the children's centre, it is important that a member of the senior management team has responsibility for this work. This will help to ensure that it is embedded within the centre improvement cycle and reflects and supports the local area's priorities and health needs. This person will be the strategic lead, providing the link between the members of the children's centre virtual team, the health improvement specialist for children, other settings in the children's centre reach area and children and families.

In order for the Islington healthy children's centre programme to be understood and owned by all those who work in or out of a children's centre, it is a good idea to have a planning meeting. All invitees will need to read this document beforehand, and consider how they contribute to the standards in the planning grid (page 15).

People to invite to the healthy children's centre planning meeting

- Health visitor locality manager
- Midwifery team manager
- Children's centre senior management team
- Attached clinical psychologist or CAMHS manager
- Head of other early years provision in reach area
- Reception staff from local primary schools in reach area
- Manager of linked voluntary sector provision
- Locality social work manager
- Representative from specialist substance misuse team or service
- Representative from nutrition and dietetics service
- Infant feeding co-ordinator
- Representative from smoking cessation service
- Representative from oral health promotion team
- Teenage pregnancy co-ordinator
- Health improvement specialist for children and young people

At the meeting, we suggest that you agree a rating on the current position for each standard:

RED: This area of work is currently undeveloped.

AMBER: We have some elements of this standard in place.

GREEN: We have all elements of this standard in place.

Remember, this is not just about activity that takes place within the four walls of the children's centre, but also about work taking place in other settings with strong, co-ordinated links back to the children's centre. It is important that the self-assessment also takes into account the local health priorities identified by the local Area Children and Young People's Partnership (ACYPP), and the evidence base for effectiveness in each area. This will inform your judgement about whether current work is sufficient to meet the required standard, and to have an impact on the outcomes for children and families.

Step two – work planning

Where there is agreement that work is currently rated **Amber** or **Red**, you need to agree a time-scale to develop these areas. This will be informed by the priorities of the virtual children's centre team, the health-related performance indicators and the health priorities of the ACYPP. Identifying priorities and developing an action plan will best be carried out in partnership and will involve meetings with other professionals, and could include an agreement to re-shape service delivery. The health improvement specialist for children may be able to help you with this stage of the process.

Use the planning grid for planning your work, completing the *Action to Improve*, *Lead* and *Time-scale* columns. Examples of existing good practice are listed to support and inspire you at this stage of the work.

Try not to think of this as additional work, the programme merely offers you a guided framework to develop evidence-based approaches to address the *Be Healthy* element of *Every Child Matters*.

Step three – working towards being a healthy children's centre

Start to work through the actions that you have prioritised. You will need to work with a range of different professionals: if you need help, contact the health improvement specialist for children.

Monitor and evaluate your work as you go along; you will need this for the quality assurance stage (see below) and also for your self evaluation form (SEF) and other children's centre performance management requirements.

Step four – quality assurance

Quality assurance of the healthy children's centre programme will take place at two levels:

1. Through children's centres' ongoing self-evaluation.
2. At ACYPP level.

These two levels will encourage and support shared accountability and collaborative working across the children's centre virtual team (see page 2 for details), and between children's centres and other early years providers in the ACYPP area.

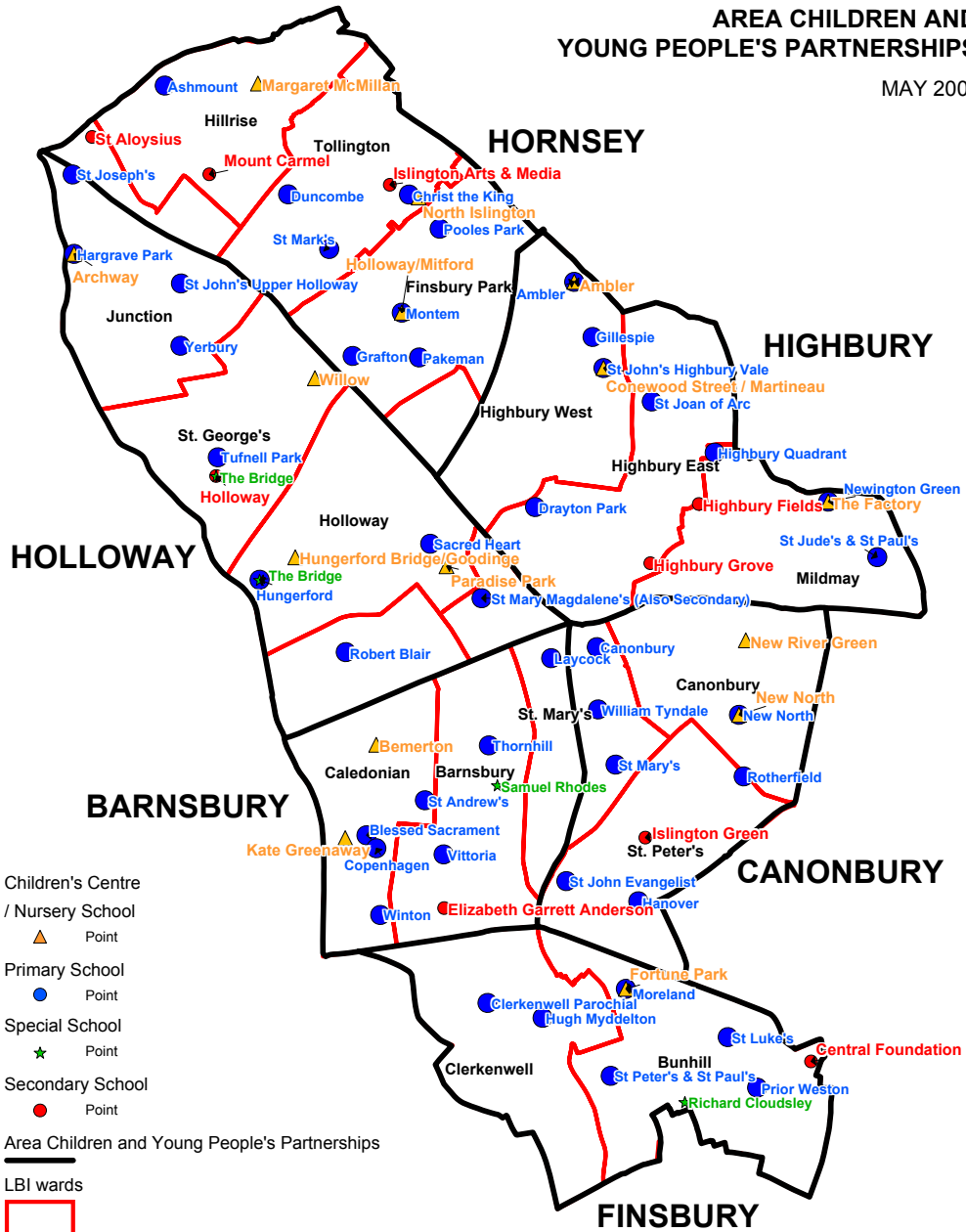
Children's Centres in Islington



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AREA CHILDREN AND YOUNG PEOPLE'S PARTNERSHIPS

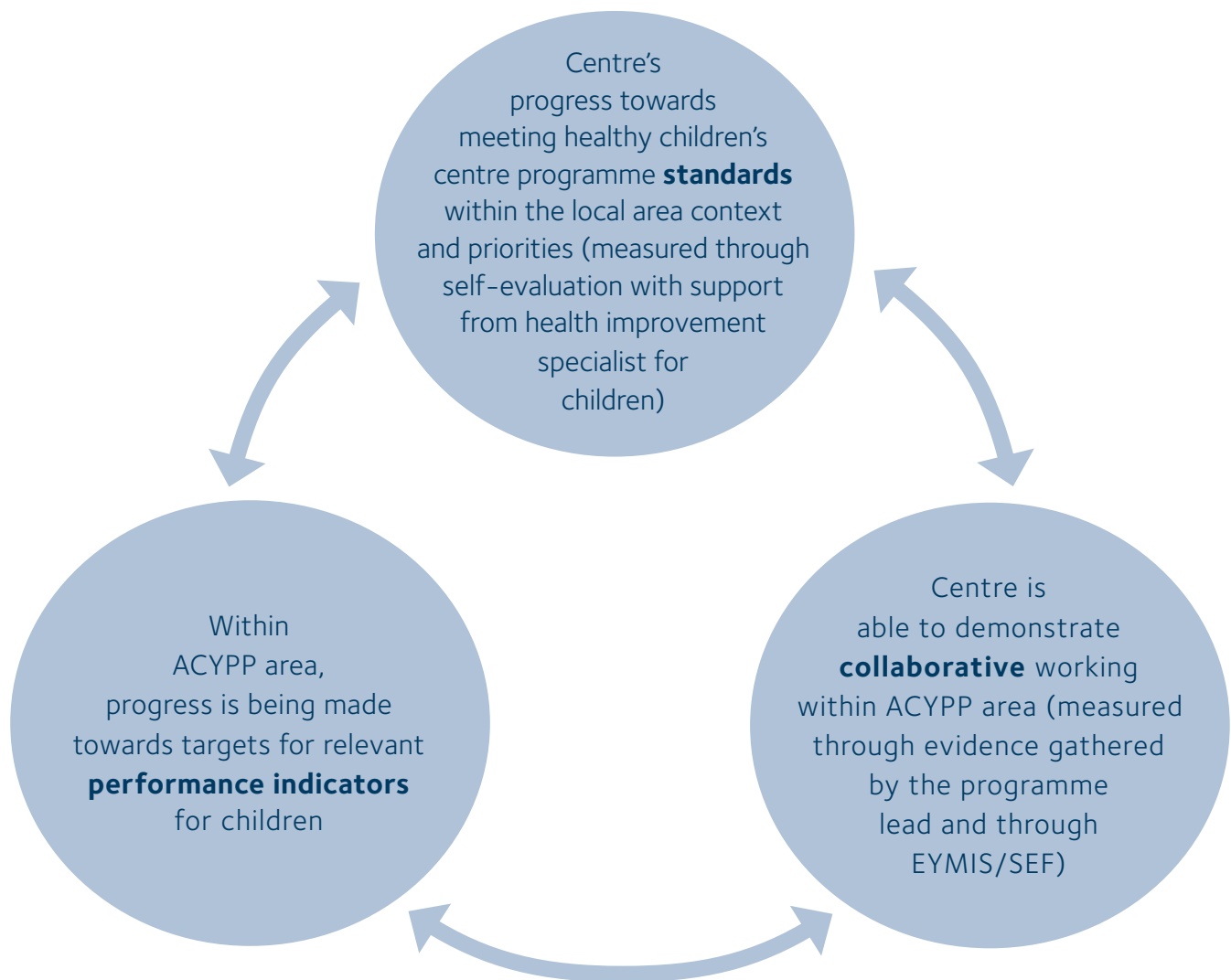
MAY 2008



- Children's Centre / Nursery School ▲ Point
- Primary School ● Point
- Special School ★ Point
- Secondary School ● Point
- Area Children and Young People's Partnerships
- LBI wards

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There are three inter-linking points to the healthy children's centre programme quality assurance process:



To support children's centres in this process, the health improvement specialist for children will:

- Provide quarterly information on progress towards performance indicators for individual children's centres within their ACYPP
- Support children's centres to ensure that data currently submitted to EYMIS reflects the true extent of health activity to support young children and their families
- Provide support to children's centres in identifying and reflecting impact for the children's centre self-evaluation form

Performance indicators that will be considered as part of the quality-assurance process are as follows:

Islington health priority	Performance indicator
Healthy weight, healthy lives	<ul style="list-style-type: none"> • NI 53 – Percentage of infants being breastfed at 6-8 weeks from birth (PSA 12) • NI 55 – Percentage of children in reception year who are obese (PSA 12)
Improving the oral health of children	<ul style="list-style-type: none"> • Numbers of Brushing for Life packs distributed (2009/10 data to be used to set local baseline) • Year-on-year improvements in numbers of child patients seen by NHS dentists (DH)
Improving children's emotional health and wellbeing and adult mental health	<ul style="list-style-type: none"> • NI 72 – Percentage of children who achieve a total of at least 78 points across the Early Years Foundation Stage Profile (EYFSP) with at least 6 points scored in each of the personal, social and emotional development (PSED) and communication, language and literacy (CLL) scales. (PSA 10) • 85% of mothers to be screened postnatally for postnatal depression (DH)
Reducing teenage pregnancy rates and supporting teenage parents	<ul style="list-style-type: none"> • Local authorities should agree with each centre or ACYPP the contribution that it is expected to make to the local authority target to reduce under-18 conceptions (PSA 14) • Islington has a target to reduce the under-18 conception rate by 55% from the 1998 baseline by 2010
Reducing alcohol and substance misuse	<ul style="list-style-type: none"> • A 5% year-on-year reduction in the number of children under 5 who are affected by alcohol and substance misuse and have a child protection plan (local baseline using January 2009 data shows 133 Islington children with a child protection plan, of which 28 are under 5 and affected by alcohol and substance misuse)
Increasing smoking cessation	<ul style="list-style-type: none"> • A year-on-year increase in the number of quits achieved among pregnant women • Number of children's centres with level 2 smoking cessation advice available at the centre and through linked services • A year-on-year increase in the number of homes signed up to the smoke-free homes initiative • A year-on-year increase in the number of homes referred for a home fire safety visit • Reduce health inequalities by achieving a higher number of smoking quitters resident in more deprived areas compared with quitters resident in the least deprived areas
Improving cover rate for all childhood immunisations	<ul style="list-style-type: none"> • To achieve a 95% cover rates across all childhood immunisations (DH)

Step five - achieving healthy children's centre status

In order to achieve healthy children's centre status, a centre needs to demonstrate that it is making progress on the health performance indicators outlined above, has met all the standards and is working collaboratively with its partners. We will ask you to evidence this in two main ways:

1. Progress on performance indicators will be demonstrated through quarterly reports generated as part of the quality assurance process outlined above
2. Meeting the standards and collaborative working will be demonstrated via a round table discussion

People who need to attend the round table discussion to achieve healthy children's centre status

- Health improvement specialist for children
- Head of children's centre
- Head of children's centre management committee
- Parent representative
- Health representative for 2 of the 7 priority areas (see below for detail)
- Childminder
- Representatives from two early years providers in the reach area
- One representative from either the early years foundation stage, healthy schools or public health team

At the meeting, you will be required to provide evidence of all policies included as standards within the healthy children's centre programme, as follows:

- Infant feeding policy
- Whole centre food policy
- Physical activity policy
- Positive behaviour policy
- Confidentiality policy
- Drugs and alcohol policy
- No smoking policy

You will also be asked to explore your work in 2 of the 7 health priority areas. One of these will be healthy weight, healthy lives. The second will need to be agreed in advance through discussion with the health improvement specialist for children and will be informed by ACYPP health priorities for your local area. The health improvement specialist for children will use this discussion as an opportunity to gather information and further examples of good practice for inclusion in the healthy children's centre programme.

Following the round table discussion you will be informed in writing if you have succeeded in achieving healthy children's centre status. If there is still further work to do, this will be clearly indicated, along with an outline of support available. Once you have achieved healthy children's centre status, you may wish to celebrate your achievements with parents, carers and all those who have worked on the programme.

Islington healthy children's centre programme planning grid

Abbreviations used	
Brushing for Life Practical Guide for PCTs	B4L
Child and Adolescent Mental Health Services	CAMHS
Child Health Promotion Programme	CHPP
Children's Centre	CC
Children's Centre Practice Guidance	CCPG
Choosing Better Oral Health: An Oral Health Plan for England	CBOH
Delivering Better Oral Health: An Evidence Based Toolkit for Prevention	DBOH
Early Years Foundation Stage	EYFS
Early Years Obesity Care Pathway	EYOCP
Health Visiting Service	HV
Improving the nutrition of pregnant and breastfeeding mothers and children in low income households (NICE Public Health Guidance 11 2008)	NICE PHG 11
Islington PCT Infant Feeding Policy	IFP
Midwifery Service	MW
National Healthy Schools Programme	NHSP
NICE Clinical Guideline 43. Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children	NICE CG43
Oral Health Promotion Team	OHPT
Smokefree Islington, Tobacco Control Strategy	SFI
Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts	TPNS
UNICEF Baby Friendly Initiative	UBFI
You're Welcome Quality Criteria – Making Health Services Young People Friendly	YW

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Breastfeeding and weaning (this addresses centres' commitment to achieving Unicef baby friendly status)				
The centre has a written infant feeding policy that applies to all those working in or out of the children's centre. The parent's guide to the policy is displayed, and the policy is available for anyone to look at (UBFI, IFP)				
All those working in or out of the centre have access to training to understand the importance of encouraging and supporting breastfeeding. New staff linked to the centre receive orientation to the IFP within one week of starting in post (CCPG p56, UBFI)				The infant feeding co-ordinator has provided staff at Bemerton, Hungerford and Golden Lane CCs with 2-hour breastfeeding awareness training
All pregnant women accessing the centre or its satellite services are informed about the benefits and management of breastfeeding (UBFI, CHPP p26)				
All children's centre settings and satellite venues provide a welcoming atmosphere for women to breastfeed, either in public spaces or in private if that is what the woman prefers (CCPG p56, UBFI)				Archway CC community café has free access to water, and breastfeeding women are not required to make a purchase
The centre runs, or provides the room, for breastfeeding support: through a breastfeeding support group or peer supporters attending antenatal clinics, baby clinics or stay and plays (CCPG p56, UBFI, CHPP p26)				
Breastfeeding peer supporters are part of a multi-disciplinary team and have attended a recognised, externally accredited training course (NICE PHG 11 p11)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Staff at the children's centre are knowledgeable about the benefits of not introducing solids before 6 months, and are confident in supporting parents with a baby-led weaning process (IFP p23, CHPP p25)				A weaning resource pack is being developed by a multi-disciplinary group, including centre staff, for use across Islington
The children's centre offers advice to families that need it in the preparation of food for weaning (IFP p24)				Archway CC community café staff do not use salt in cooking and show families how 'family food' can be mashed for weaning babies
The centre provides facilities for breastfeeding mothers, including staff, to express and store milk (IFP)				
No written or audio-visual material that covers feeding of children up to 5 contains any promotional material from baby food or baby milk manufacturers. Staff in centres do not accept or use any gifts or materials from such companies (IFP p6 and 14)				
Staff working in or out of the children's centre do not recommend the use of dummies or artificial teats for babies who are breastfed (IFP p15)				
Healthy eating and cooking				
All staff at the children's centre are knowledgeable about the importance of a healthy diet, nutrition, food safety and hygiene (EYFS p27, statutory guidance)				At Golden Lane CC, a training session was used to familiarise staff with the wide range of fruit and vegetables that would be included in menus
The children's centre has a welcoming eating environment that encourages positive social interaction (NHSP 2.5)				At Golden Lane CC, 'family service' is used for all meals, with older children playing a role with serving where appropriate

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Drinking water is available at all times for children (NHSP 2.10, EYFS p27)				
All meals, snacks and drinks provided through early years provision and outreach work are healthy, balanced and nutritious (EYFS p27)				Several centres have worked with the healthy schools dietitian and CaterLink to develop tasty and nutritionally balanced menus
Physical activity				
The centre promotes physical activity for children in early years provision, stay and play and satellite settings, with easy access to a range of equipment, both indoors and outdoors (EYFS p35, specific legal requirement, CHPP p25, NICE CG43)				Kate Greenaway CC have Like-a-Bikes and Jabadeo for children using early years provision and stay and plays Archway CC runs 'Mini-Motions' yoga for all children attending the setting
There is appropriate professional development for staff involved in providing physical activities (EYFS p31)				
Work with parents and carers				
The children's centre promotes Healthy Start and health professionals give free vitamins to those families that are eligible, or inform parents where to obtain them and how they can apply for Healthy Start vouchers (CHPP p27, NICE PHG 11, p6)				A leaflet, written in Islington on the vitamins necessary for a healthy diet, is being distributed as part of the promotion of Healthy Start in centres
The children's centre delivers activities which enable children, parents and carers to learn about the importance of diet and nutrition in improving children's health (CCPG p71)				At New River Green CC, children have grown tomatoes in the garden and prepared snacks using the fruits of their labour

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
The centre runs programmes which target particular groups, to support them in providing healthy food for their families (e.g. teenage parents, parents or carers from BME communities) (CHPP p25)				Bemerton CC runs a 'cook and eat' programme for Bengali parents The family support worker at Archway CC targets vulnerable families to encourage them to attend the 'meals in minutes' programme
The centre's outreach programme runs or supports physical activity programmes for children and their parents or carers (CHPP p25)				Bemerton CC runs a swimming programme for dads and children Hungerford CC runs keep fit for parents and children
Parents, carers and staff are encouraged to walk or cycle (NHSP 3.7)				At Archway CC, families with children over 3 are discouraged from using buggies Golden Lane CC parents have run a sponsored pram-push
Targeted work for overweight and obese children and their families				
The centre offers health professional targeted support for families where a child or his/her parents are overweight (EYOCP, CCPG p72, CHPP p25).				
Centre staff are able to recognise families where there may be a weight problem, deal sensitively with them and signpost them to further support (CCPG p72)				Workshops for targeted parents, promoting healthy eating choices for children, were provided at Archway, Bemerton and Ambler CCs by a multi-disciplinary team
Pregnant women who are overweight or obese are given advice on healthy weight-gain in pregnancy, during their 12-week appointment (CHPP p31 and 32)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Policy development				
<p>The centre has worked in partnership with staff, parents, carers and children to develop a whole centre food policy (which is in line with Islington's infant feeding policy), and a physical activity policy. Both are reviewed at least every 3 years and apply to all activities taking place in the centre itself, or under the banner of centre activities (NHSP 2.3 and 3.2, IFP)</p>				<p>Golden Lane CC have a highly visible statement for parents which gives clear messages about food for birthdays and celebrations, asking parents to provide fruit and vegetables</p>

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Improving the oral health of children				
The centre provides information for parents, carers and child minders about oral health for babies and children (CHPP p49)				A hygienist and dental nurse visited Martineau community nursery, distributed toothpaste and spoke to children and parents about oral health, diet, and when to visit the dentist
Families in the centre reach area with infants of 8 months, 18 months and 3 years are targeted with Brushing for Life packs (toothbrush, toothpaste and leaflet) and are provided with follow-up oral health promotion advice and sign-posting to NHS dental services (B4L)				
Workshops for parents and carers on providing a healthy diet make appropriate links between healthy eating and improved oral health (CBOH p23)				
Centre staff are aware of the key components required for improved oral health and are confident to talk to parents, carers and children about these (CBOH p25)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Improving children's emotional health and wellbeing and adult mental health				
Emotional health and wellbeing of children				
New parents are provided with practical information about infant development, including managing crying, healthy sleep practices, and parent-infant interaction (CHPP p45)				Bemerton CC runs activities to support attachment between parents and infants such as baby massage and 'baby master' classes for fathers
Staff model how interactive activities (looking at books, listening to music) can support the development of the parent-baby relationship (CHPP p45)				CAMHS staff attend children's centre activities such as parenting classes or Stay and Plays held at Hungerford CC
Each infant or child accessing the early years provision is assigned a key person (EYFS p37, specific legal requirement)				
The centre identifies vulnerable children (e.g. children with complex needs, refugee and asylum-seeking children) and establishes appropriate strategies to support them and their families (EYFS p22)				Through attendance at stay and plays and staff training, CAMHS are developing good links with staff and families and make referrals for 1:1 support as needed
There is a positive behaviour policy, developed in consultation with parents and carers, that is in line with curriculum expectations and is consistently applied by all staff (EYFS p28, specific legal requirement)				Training for the staff team at Golden Lane CC has been provided by CAMHS in how they can develop positive behaviour. The process is being repeated at Moreland and The Factory CCs
The centre addresses issues of children's emotional health and wellbeing in all areas of learning and provides clearly planned curriculum opportunities (EYFS p37)				The early years foundation stage team and CAMHS have provided borough wide PSE development training
The psychologist linked to the centre focuses on staff development and awareness for staff working at the centre and at linked or satellite settings				A named psychologist spends one session in each centre per week, and focuses on staff development and awareness
Any parenting class that the centre provides, or signposts to, are evidence based (CHPP p47)				Kate Greenaway CC offers Strengthening Families, Strengthening Communities and Parents as 1st Teachers courses

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Improving children's emotional health and wellbeing and adult mental health				
Parent and carers' emotional health and wellbeing				
Home visits include the early identification of parents and carers with mental health difficulties, and signpost support (CCPG p79, CHPP p30)				
The centre has good links with adult mental health services and knows how to refer in to the service (CCPG p77, CHPP p30)				
Centre staff understand the links between centre activities and the promotion of positive mental health (CCPG p78, EYFS p25)				
Centre staff provide access to support for domestic violence, including referral to specialist agencies (CHPP p48)				
Postnatal depression				
Pregnant women who are identified through antenatal appointments as experiencing anxiety or depression are encouraged to attend antenatal classes and other centre-based activities (CHPP p32)				
The centre outreach service offers home visiting, listening visits, access to the community parents' psychology service and access to groups for women with postnatal depression (CHPP p42)				
Centre staff are able to recognise severe postnatal depression and refer to appropriate specialist services (CHPP p42)				CAMHS provides borough-wide training 4 times a year on understanding parental mental health and offering listening visits
The centre offers specific postnatal support for fathers, including support for partner, care of infant, and emotional issues arising from fatherhood (CHPP p47)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Reducing teenage pregnancy rates and supporting teenage parents				
Support for teenage parents (this addresses centres' commitment to addressing You're Welcome quality criteria)				
All pregnant teenagers who meet the criteria are referred to the Family Nurse Partnership (TPNS)				
The centre is accessible to young parents, including offering services at times that are convenient to them, and offering a mix of drop-ins and appointments (TPNS, YW)				
Service publicity includes information for and images of younger mothers and fathers; service publicity is clear about what services can be offered by who, and where from (YW)				
The centre has a confidentiality policy which includes a clear statement on confidentiality and consent for young parents (YW)				
The centre provides access to or information about services dedicated to teenage mothers and fathers such as breastfeeding peer support, ante or postnatal groups and parenting groups (TPNS)				
All staff who come into contact with young parents have received basic training in being young-people friendly (YW)				
Teenage parents meeting Islington children in need eligibility criteria are offered early years provision for their child (TPNS)				
Staff are familiar with other services for young parents and pregnant teenagers and signpost to these (YW)				
Young parents are involved in monitoring and evaluating services and in service development (YW)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Reducing teenage pregnancy rates and supporting teenage parents				
The centre provides or enables pregnancy testing for under-18 teenage mothers with follow-up support to access mainstream health services (TPNS)				
Reducing repeat conceptions				
Information about the range of contraceptive methods (including long-acting methods) is provided to pregnant women and their partners in the antenatal and postnatal period (TPNS)				
Clear messages about the risks of pregnancy after birth are displayed in the centre (TPNS)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Reducing alcohol and substance misuse				
Hidden harm (parental substance misuse)				
The centre works in partnership with specialist agencies to provide access to support groups and individual support to parents and carers with substance misuse problems (CHPP p32)				
Centre staff are aware of the importance of, and issues relating to, supporting parents with substance misuse problems (CCPG p116)				
Parents with drug and alcohol problems are actively targeted by the centre outreach service to encourage them to become involved in centre activities (CCPG p116)				
Centre staff have good knowledge about specialist services, and refer into these (CCPG p116)				
The centre has a policy for dealing with alcohol and drug-related incidents and supporting substance-misusing parents (NHSP 1.5)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Increasing smoking cessation				
Smoking cessation advice				
The centre identifies pregnant smokers at the earliest opportunity so that they can be offered support with smoking cessation (CCPG p32, p73)				
All staff have attended level one smoking cessation training, are aware of the reasons why it is important to stop smoking, and can signpost families to smoking cessation services (CCPG p73, CHPP p32)				
The centre provides access to one-to-one advice (level two smoking cessation) to support parents, carers and family members to stop smoking (SFI p40, CCPG p74)				
Centre staff offer pre-conception counselling to encourage smoking cessation (CCPG p73)				
Centre staff support partners to encourage pregnant partners to give up smoking (CCPG p73)				
Environmental tobacco smoke				
The centre and all linked satellites are smoke-free environments (EYFS legal requirement)				
The centre has a no-smoking policy which ensures that no-one smokes within 15 metres of the building, buggy park or garden (EYFS statutory guidance p27)				
The centre encourages parents not to smoke at home or near children by running the Smoke Free Homes initiative (CCPG p74, CHPP p32, SFI p22)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Improving cover rate for all childhood immunisations				
Promotion				
Centres encourage parents to immunise on time and completely (CCPG p66)				
Centre staff are aware of the importance of the immunisation programme for the prevention of outbreaks of diseases such as measles and promote positive messages to parents, signposting to other services and provide accommodation, where appropriate (CCPG p66)				
Centres include children's immunisation status as part of their admissions policy in order to be aware of children who may be at risk of infections such as measles				
Targeting excluded or at risk groups				
The centre identifies those families who are more likely not to immunise, and encourages them to do so (recently arrived in the UK, deprived, part of a large family, child of a teenage parent, single parent) (CCPG p66)				

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Appendix 1

Planning grid to support other early years providers to develop their approach to health

Children's centres' primary purpose is to improve the life chances of children living in their 'reach' area. One way to do this is through their work with other early years providers¹⁴ in the local area. The health improvement specialist for children may also be able to offer support to other early years providers in a children's centre reach area, if this is agreed as a priority.

The table below mirrors the overall standards for becoming a healthy children's centre, but only includes those aspects that are relevant and appropriate for all early year providers. The expectations of healthy children's centres are broader because these reflect the broader community development, outreach and home visiting elements of a children's centre's work. Other early years providers will need to refer to the main body of this document to see which children's centre services they can signpost for children and families using their services.

The majority of the criteria below are sourced directly from the Early Years Foundation Stage, which was introduced in September 2008. All early years providers will therefore be working towards meeting these standards, and Islington healthy children's centre programme and other partners will be able to help with this.

Abbreviations used	
Child Health Promotion Programme	CHPP
Children's centre	CC
Early Years Foundation Stage	EYFS
Islington PCT Infant Feeding Policy	IFP
National Healthy Schools Programme	NHSP
Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts	TPNS

¹⁴ The term early years providers includes: maintained schools; non maintained schools; independent schools; and childcare registered by Ofsted on the early years register

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Breastfeeding and weaning				
Where appropriate, staff at the setting are knowledgeable about the benefits of not introducing solids before 6 months, and are confident in supporting parents with the weaning process (IFP p23)				
Healthy eating and cooking				
The setting has a welcoming eating environment that encourages positive social interaction (NHSP 2.5)				
All staff have received training in the importance of a healthy diet, nutrition, food safety and hygiene (EYFS p27)				
Drinking water is available at all times for all children (NHSP 2.10, EYFS p27)				
All meals, snacks and drinks provided by the setting are healthy, balanced and nutritious (EYFS p27)				
Physical activity				
The setting promotes physical activity for children, with easy access to a range of equipment, both indoors and outdoors (EYFS p35)				
There is appropriate professional development for those involved in providing physical activities (EYFS p31)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Healthy weight, healthy lives				
Work with children and parents and carers				
Parents, carers and staff are encouraged to walk or cycle (NHSP 3.7)				
Policy development				
The setting has worked in partnership with staff, parents, carers and children to develop a whole centre food policy (which is in line with Islington's infant feeding policy), and a physical activity policy. Both are reviewed at least every 3 years (NHSP 2.3 and 3.2, IFP)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Improving children's emotional health and wellbeing and adult mental health				
Emotional health and wellbeing of children				
Each infant or child accessing the setting is assigned a key person (EYFS p37, specific legal requirement)				
The setting identifies vulnerable children (such as children with complex needs, refugee and asylum-seeking children) and establishes appropriate strategies to support them and their families (EYFS p22)				
There is a positive behaviour policy, developed in consultation with parents and carers, that is in line with curriculum expectations and is consistently applied by all staff (EYFS p28)				
The setting addresses issues of children's emotional health and wellbeing in all areas of learning and provides clearly planned curriculum opportunities (EYFS p37)				
Parent and carers' emotional health and wellbeing				
Centre staff understand the links between centre activities and the promotion of positive mental health (CCPG p78, EYFS p25)				
The setting understands the emotional needs of children and their families and staff and provides appropriate support (EYFS p37)				
The setting promotes physical activity for children, with easy access to a range of equipment, both indoors and outdoors (EYFS p35)				

Standard	Rating (RAG)	Action to improve	Timescale	Example of good practice
Reducing teenage pregnancy rates and supporting teenage parents				
The setting considers the needs of young parents in staff training, service publicity and the need for flexible service provision where possible (TPNS)				
Increasing smoking cessation				
Environmental tobacco smoke				
The setting is a smoke-free environment (EYFS p27, legal standard)				
The setting has a no-smoking policy which ensures that no-one smokes in a room or outside play area, when children are present or about to be present (EYFS p27, statutory guidance)				
Improving cover rate for all childhood immunisations				
Promotion				
The setting is aware of the importance of the immunisation programme for the prevention of outbreaks of diseases such as measles, and promotes positive messages to parents and signposting to services where appropriate (CCPG p66)				
The setting include children's immunisation status as part of their admissions policy in order to be aware of children who may be at risk of infections such as measles				



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