HEALTH SERVICES FOR CHILDREN: THE COMMUNITY

Judith Wilson

Primary and secondary care services

- Primary care for all children
- Secondary care for children with problems
- Close liaison with social services and education

The health services for children outside the hospital are provided by:
- The primary care service for all children
- The specialist secondary care service for children referred with problems.

Close liaison with the local authority social service and education departments is necessary to provide effective services.

Primary health care

Community clinics are particularly important to:

- Vulnerable families
- Recent immigrants
- Homeless people
- Mobile population

The 24 hour home or community based service for ill children, or children thought to be ill, is provided by general practitioners and the primary health care team. Increasingly, appropriately trained general practitioners and teams are also offering the health surveillance and prevention programme, as an integrated primary health care package.

However, there is a continuing need, particularly in deprived inner city areas, for a core of consultant led child health doctors and nurses to provide this service in clinics, nurseries, and schools. Fewer general practitioners are involved with the preventive health care of schoolchildren. The children who continue to attend community clinics may come from the more vulnerable families who:
- May not be registered with a general practitioner
- May be registered with a doctor who does not offer child health surveillance or immunisation
- May be recent immigrants, homeless, or of refugee status
- May be of a more mobile population.

Preschool child health service

The preschool service encompasses:
- Surveillance of growth, health, and development
- Enabling parents in this process
- Prevention of illness, poor health, and accidents by health promotion and immunisation
- Advice to parents on children's health problems
- Medical assessment of children thought to be abused or neglected
- Identification of "children in need" in accordance with the Children
- Act 1989
- Identification and notification of children with special education needs in accordance with the Education Act 1981.

Preschool child health programme

Age	Examiner	Procedure	Health Promotion
Neonatal	GP or hospital doctor	Physical examination (including weight, head circumference, heart, hips, eye for red reflex, genitalia)	Feeding and nutrition Baby care—sleeping position Sibling management Transport in car Effects of passive smoking
	Midwife	Screening for: phenylketonuria, hypothyroidism, haemoglobinopathy	
6-8 weeks	Doctor and health visitor	Physical examination	Immunisation Recognition of illness Nutrition Activities to aid development Dangers: fire, scalds, falls, overheating Good child rearing practices
7-9 months	Doctor and health visitor	Physical examination (this can be done opportunistically) Hearing distraction test Assess for squint Assess growth and development by history and observation	Accident prevention: choking, scalds, safety in cars and house, sunburn Dental prophylaxis Developmental needs Nutrition, etc
18-24 months	Health visitor	Assess development by history and observation Haemoglobin estimation if local policy. Consider whether child will have special education needs, if so notify LEA	Accident prevention: falls from heights, road safety, ingestion Developmental needs Mixing with children—toddler clubs Management of behaviour
36-54 months	Doctor	Physical examination—height, heart, testes (this can be done opportunistically)	Accident prevention Developmental needs in school Prevention of head lice, threadworms, etc
	Health visitor and doctor	Identification of health problems that will: —affect education —require medication in school Preschool booster	

Immunisations

Immunisations should be given by a specially trained nurse who either is experienced in resuscitation techniques or who has medical support nearby. The schedule recommended by the DoH is as follows:

Is the baby unwell in any way? YES/NO

Has the baby had any side effects from previous immunisation? YES/NO

Did the baby behave normally during the first week of life? YES/NO

Has the baby, or anyone in the immediate family, ever had fits or convulsions? YES/NO

Is the baby developing normally? YES/NO

Age	Immunisation
Newborn (if in high risk category)	BCG
2 months	First diphtheria, tetanus, pertussis, polio, and Hib
3 months	Second diphtheria, tetanus, pertussis, polio, and Hib
4 months	Third diphtheria, tetanus, pertussis, polio, and Hib
12-18 months	Measles, mumps, and rubella (MMR)
4-5 years (PSB)	Booster diphtheria, tetanus, and polio
10-14 years	Rubella (girls only) (if MMR not yet received) Mothers can fill out a card in the waiting room at each visit for immunisation (NB interval of 3 weeks between rubella and BCG)
10-14 years	BCG (after Heaf test)
15-18 years	Polio and tetanus

Hib=*Haemophilus influenzae* type b; PSB=preschool booster.

School health service

School health programme

Age	*Examiner*	*Health check in school*
5+ yrs	School nurse	• Obtains information from health visitor report and preschool records • Follows up problems • Tests vision • Measures height and weight and assesses child • Interviews parents • Checks immunisation status—refers to GP if necessary
	Audiologist or school nurse	Tests hearing
	School doctor	Assesses children with problems referred by school nurse, GP, or parents
8+ yrs	School nurse	• Tests vision (including colour vision) • Measures height and weight and assesses child
	School doctor	Assesses children with problems referred by school nurse, GP, or parents
10-11 years	School nurse	Gives health promotion about rubella immunisation and details of arrangements
	School nurse	Immunises girls against rubella (if not done by GP)
11 years	School nurse	Test vision
13+ yrs	School doctor and school nurse	Performs Heaf test and BCG immunisation
	School nurse	• Measures height and weight and assesses child • Tests vision • Runs drop-in surgeries
	School doctor	Assesses children with problems referred by school nurse, GP, or parents
15+ yrs	School nurse	Gives polio and tetanus boosters or refers to GP

Educational medicine is the study and practice of child health and paediatrics in relation to the process of learning. It requires an understanding of child development, the educational environment, the child's response to schooling, the disorders that interfere with a child's capacity to learn, and the special needs of the disabled. Its practitioners need to work cooperatively with the teachers, psychologists, and others who may be concerned with the child and to understand the influences of family and social environment.

The interrelation between health, education, and the social needs of children and their families must be recognised. The rapid increase in the number of single parent families and the needs of the large number of children who are now part of broken, divorced, and reconstituted households and those whose parents are unemployed, must be considered.

The school health team should consist of a named doctor and nurse trained in educational medicine, therapists, and dental staff. Audiometric screening is carried out by the nurse or a technician. A few general practitioners have taken on the role of school doctor.

Some districts have progressively reviewed the school health service and have now completely replaced the programme of routine medical examinations with one of health interviews by the nurse with each child and a parent or carer. The new programme acknowledges and formalises the lead role of the school nurse, and it releases her for other activities, such as targeting children with special health needs, spending more time working with parents and teachers, and taking on health promotion activities. It offers an effective selection process for identifying children who will need further medical assessment. It ensures that those with already identified needs are reviewed and it helps the doctor, who, by spending less time on routine medicals, can concentrate more on school based problems and secondary care activities. Both the school doctor and nurse spend a considerable amount of time advising schools on health problems.

School nurse

The new school health programme allows school nurses:

1) Opportunity, through the health interview, to encourage full parental participation in the child's health and development.
2) Time to develop other activities such as participation in school health promotion activities.
3) Opportunity for increased contact and liaison with parents, teachers, and doctors.
4) Management of and responsibility for their own caseload.

The school nurse reviews all child health and health visitor preschool records of children aged 5-6 to ascertain developmental, emotional, or social problems or previous child abuse and immunisation status and thus identify current needs. She carries out health interviews with the children and their parents or carers, takes growth measurements, perform vision tests, and refers any child with problems requiring medical assessment to the doctors, while continuing to follow up other problems herself. (See box on signals for further intervention).

Signals for further intervention might include:

- Parental request for a medical examination for a specific reason not just a "check up"
- School nurse's concern about child's health
- Teacher's concern about the child's health or behaviour
- Newly identified medical or developmental problem
- Suspicion of child abuse

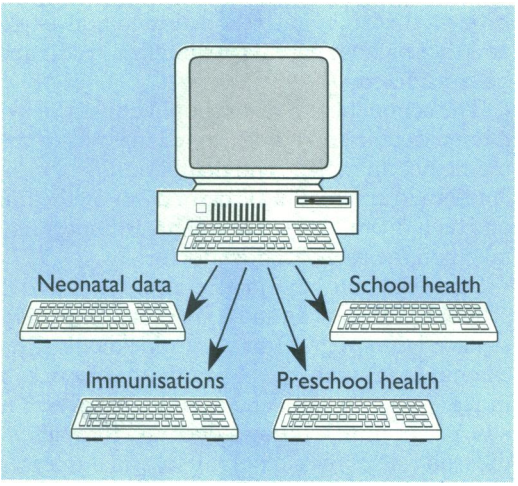
Discussion with class teachers will be important to identify any health, development, or behavioural problem, particularly in the absence of previous records, such as with children recently arrived in the United Kingdom.

A health interview or review is usually carried out three times during each child's school life, but in future the interviews may be necessary only for selected children, and nurses can offer "drop in surgeries" in high schools. The health team involves the parent or carer in working with the child and school nurse towards positive health.

Parents who fail to attend the health interview will be followed up by a telephone call or home visit.

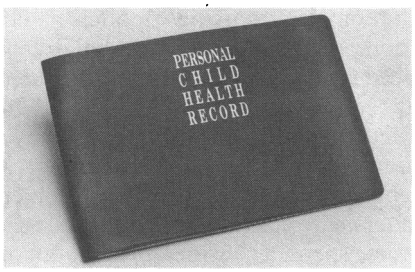
The appointment of nursing assistants facilitates "skill mix" and frees the nurses from clerical and some routine tasks to use their time more effectively and to become increasingly involved with special needs.

Computers in community child health



Most provider units now use one of the child health computer sytems, which have the option of several modules, including: a child register with neonatal data, immunisations, and preschool and school health modules incorporating special needs data. Basic health data are stored, and appointments for checks and immunisations can be sent. Lists of schoolchildren due to undergo various screening procedures are produced, and management advice can be sent to teachers. The systems are also used for epidemiology and audit purposes.

Parent held records



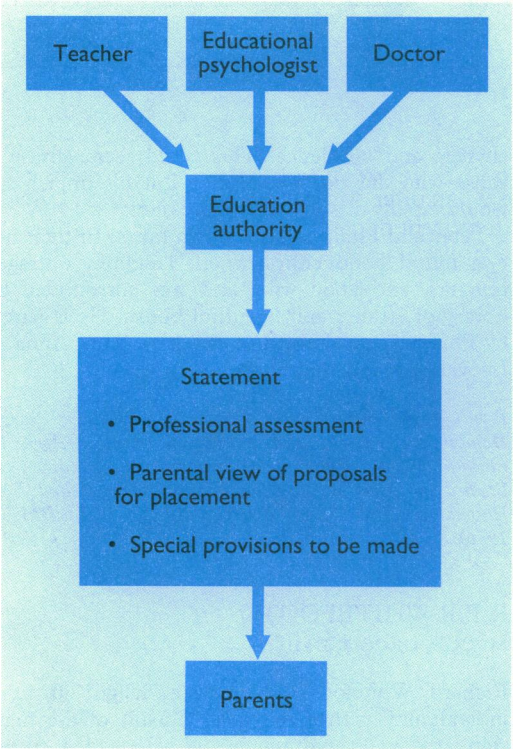
Many districts also use a "parent held" manual record that, if completed correctly by professionals and parents, is a complete record of a child's health. All child health surveillance data, the dates of immunisations, and outcomes of visits to general practitioners and hospitals and contacts with other health professionals can be recorded. Some health advice is also included throughout this record. In addition, the Health Education Authority's book *Birth to Five Years*, which is issued to all first time mothers, is an excellent manual on child health for all parents (and junior doctors).

Secondary care: children with special needs

The community child health service is increasingly concerned with secondary care activity, focusing on children with special needs including learning, communication, physical, sensory, and emotional problems. Behavioural disorders, social deprivation, homelessness, and misuse of drugs and alcohol have emphasised the increasing importance of collaboration with the child psychiatry services.

The Department of Health and most professional bodies concerned with child health have supported the provision of a "combined paediatric and child health service," which includes:

- Accident and emergency facilities for children
- Hospital inpatient, outpatient, and day care facilities in a comprehensive centre
- Child development centre
- Community child health, both primary and secondary care
- School health
- Child psychiatry.



Child development centre—The team of professionals that assesses, treats, and supports children with special needs and their families is ideally based in a district centre situated in the community or the hospital. The same integrated team can support the children at home and in any group, unit, or school they attend.

Education Act 1981—This act incorporates many of the recommendations of the Warnock Committee report (1978) on the special educational needs of children. About 20% of the population have such requirements, and if they cannot be met by the resources and facilities of normal schools a statuory assesment and statement of needs must be made.

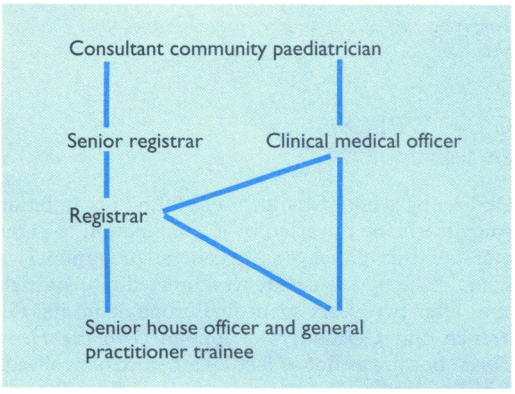
Parents can request this assessment whatever the age of the child; their consent is required only if the child is under 2 years of age. The assessment is often initiated by a professional. Assessment is carried out by the teacher, an educational psychologist, and a doctor, who is either the school doctor or a consultant. The medical report will include all specialist opinions and the paramedical reports. A health authority has a duty to inform the education authority about a child whom it believes may have special educational needs. The statement issued to the parents by the local education authority contains the parental view of proposals for placement and the professional assessment reports, and it lists the special provision to be made by the local education authority and district health authority.

In the spirit of Warnock, handicapped children should be integrated into a normal school whenever the necessary resources are available. The situation is reviewed annually and reassessment carried out at 13-14 years.

Special community clinics—Each district offers a variable service. There is scope for clinics in general and specialty paediatrics, psychiatry, ophthalmology, audiology, dietetics, enuresis, and the treatment of speech and language disorders. A special secondary immunisation clinic for complex problems, run by an experienced paediatrician, will increase the immunisation uptake rate.

Social paediatrics—Consultant paediatricians and the medical team advise on child protection, as required by the Children Act 1989. There is also involvement with fostering and adoption, and children in day nurseries and in care. Together with the primary care team, they support families after a cot death or death from other causes.

Doctors and nurses in community child health



Consultant community paediatricians with both hospital and community experience usually lead the medical team, replacing senior medical officers as they retire. A small core of experienced clinical medical officers remain, mostly involved with secondary care work both in hospital and the community, and are likely to change to the staff grade in the near future. On retirement, these doctors have also been replaced by junior medical staff, with the senior house officers, including general practitioner trainees, working in child health surveillance and registrars and senior registrars training in secondary care.

Health visitors, who are registered nurses with additional obstetric and specific training, work in clinics, general practitioners' surgeries, and the home. Through health education they promote good child rearing practices. They support mothers with management problems and are responsible for many aspects of surveillance (see box on the preschool health programme). They are increasingly involved with children with special needs.

School nurses are also registered nurses, often with "children's training" (SCN), who have received additional training in "school nursing." (For their duties, see earlier section.)

Paediatric home nurses (F and G grades) increasingly support parents of acutely and chronically ill children in their homes and work with school nurses in other community facilities.

Judith Wilson is a consultant community paediatrician in Harrow, Middlesex.

This is a chapter from the third edition of the *ABC of One to Seven*, which has been edited by H B Valman. The book will be published in September 1993.