Dear Colleague

INTRODUCTION OF THE NATIONAL PERSONAL CHILD HEALTH RECORD (RED BOOK) FOR SCOTLAND

This is to advise of the introduction of the new Personal Child Health Record (commonly referred to as the Red Book) for use across Scotland. The new Red Book should be used for all children born on or after 1 January 2010 and includes the WHO Growth Charts which are to be implemented from the same date (as advised in CEL 35 (2009)).

Background

1. Getting It Right for Scotland’s Children: Health for all Children 4, Guidance on Implementation in Scotland (hereafter referred to as the Scottish guidance) was issued to NHS Scotland in April 2005 to support consistent implementation across Scotland of the recommendations made by the Royal College of Paediatrics and Child Health (RCPCH) in the fourth edition of Health for All Children (commonly referred to as Hall 4).

2. Hall 4 reviewed the use and content of the Red Book, introduced in the early 1990s to facilitate partnership with parents and empower them to oversee their child’s development and health care. This review showed that parents and health professionals made varied use of the Red Book. Each local health care system had tended to develop its own version of the Red Book, which undermined its usefulness when families move from one area to another as well as its use when the child is referred to tertiary services.

3. A Hall 4 Implementation Network was set up to assist in the implementation of the Scottish guidance. The Network agreed that a Scottish version of the Red Book should be developed with a universal core content to which local information could be added. A small Working Group comprising representatives from NHS Boards, NHS Health Scotland, the Scottish Government, Information Statistics Division and voluntary organisations was established to develop a Scottish national Red Book. The Scottish Hall 4 guidance referred to the “Parent-Held Child Health Record” - the Working Group strongly recommended the title be amended to the Personal Child Health Record.
4. The Red Book should be given to the parent/carer on or as close to the 10th day after the baby is born by the most relevant health professional, normally the Health Visitor or Public Health Nurse. Although the Red Book will only be available in English, as it is mainly completed by health professionals, an accompanying introduction should be given to parents which is available in the standard Scottish Government languages, i.e. Urdu, Punjabi, Bengali, Arabic, Cantonese, Hindi, Polish and Gaelic (attached). The introduction should be issued with the Red Book as appropriate.

5. Extensive consultation took place earlier this year involving focus groups with parents of children aged 10 days to 5 years from different socio-economic backgrounds. In addition, consultation events for health professionals were held in Glasgow, Dundee, Inverness, and an online survey, aimed at GPs and dental health professionals, was also available.


7. Guidance on how the Red Book should be used, by professionals and parents/carers is attached.

**Next Steps**

8. Chief Executives and other addressees are asked to ensure that this information is cascaded as appropriate to all relevant staff to ensure the Scottish national Red Book is issued from 1 January 2010.

Yours sincerely

[Signature]

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PERSONAL CHILD HEALTH RECORD (RED BOOK)

GUIDANCE

1. This guidance is intended for professionals who work with children and families. This includes, but is not exclusive to:
   - Midwives
   - Public Health Nurses/Health Visitors (PHN/HV)
   - School Nurses
   - General Practitioners
   - Paediatricians and other clinicians working with children
   - Dentists
   - Dental Health Support Workers
   - Staff in Hospital Emergency and Out-patient Departments
   - Staff in hospitals treating children as in-patients
   - Allied Health Professionals

2. The accompanying Chief Executive letter, CEL 49 (2009), launches the new version of the Scottish Personal Child Health Record (Red Book) which is now available to order through Harlow Printing. The arrangements for ordering the new Red Book remain the same as the previous Red Book. All Health Boards in Scotland are expected to adopt the new Red Book for children born on or after 1 January 2010.

3. As the Red Book is mainly completed by health professionals and parents or carers supported by health professionals, it is not intended to make it available in different languages. However, a covering letter is attached in Urdu, Punjabi, Bengali, Arabic, Cantonese, Hindi, Polish and Gaelic to hand out as appropriate. They will also be available on the Scottish Government website www.scotland.gov.uk.

4. The Red Book should be given to the parent/carer on or as close to the 10th day after the baby is born by the most relevant health professional – i.e. Health Visitor, Public Health Nurse or midwife. It is the responsibility of the health professional to explain the purpose of the Red Book and encourage the parent/carer to ensure that the Red Book is taken to every health care appointment, eg appointments with the family doctor/general practitioner, dentist, hospital, therapist (eg speech and language), school health, community child health clinic. The Red Book should be issued to all parents/carers on or as close to the 10th day after birth, even if the baby is still in hospital.

5. The new Red Book recognises the importance of good oral health in the early years and the contribution of dentists, dental care workers and those involved in the Childsmile programme to promote good oral health, and therefore includes pages for Dental Care Notes. It also includes Developmental Checklists, which health professionals are encouraged to share with Early Years partners, to facilitate discussions with parents/carers if there are any aspects of a child’s developmental progress which are highlighted as being of possible concern in an Early Years setting.
6. The Red Book should be used as a dynamic communication tool and parents/carers should be encouraged to use it as widely and regularly as possible in order to ensure the record is as complete and comprehensive as possible. The new Red Book contains the following symbols:

- which indicates where a section needs to be completed by the PHN/HV or the parent/carer and

- where the PHN/HV needs to discuss the section with the parent/carer. If the parent/carer is not a fluent English speaker, an interpreter may be needed for these discussions.

7. The aim of the new Red Book is to support the recognition by health services of the value of the parent/carer’s input to discussions regarding their child’s health and wellbeing, and to provide easy access to information on a child’s health for parents/carers and professionals, especially when families move from one area to another and when the child is referred to secondary or tertiary services.

8. The parent/carer should be encouraged to enter information in the Red Book. It should be emphasised that the Red Book will be kept by the parent/carer and can be passed on to the child in the future, and that he/she is free to write in any information he/she feels would be useful and of interest.

9. Where information exists in a format that a professional/parent/carer can insert into the Red Book, the data does not also have to be handwritten in the Red Book.

WORLD HEALTH ORGANISATION (WHO) GROWTH CHARTS

10. The new Red Book includes the new WHO growth charts. These should be used from birth to 4 years. After 4 years, the UK90 charts should be used. Further information on the WHO growth charts is available at www.growthcharts.rcpch.ac.uk.

LOOKED AFTER AND ACCOMMODATED CHILDREN

11. For babies who are looked after and accommodated, the Red Book should be issued to the carer, and not the parent, on or as close to the 10th day after birth. The Red Book belongs to the child and it should accompany the child if he/she becomes looked after and accommodated, and should be available to his/her carer. It should also accompany the child if he/she returns home - the names and addresses of carers should be removed before the child returns home. The Red Book is not a substitute for the British Association for Adoption & Fostering (BAAF) Scotland “Blue Book” which is a record of care. Further information can be found at http://www.baaf.org.uk/res/pubs/books/book_hr.shtml.
DOWN'S SYNDROME

12. A 20 page insert, which contains additional information for parents and professionals, is available for babies born with Down’s Syndrome. Further details and an order form are available at www.dsmiq.org.uk. UK growth charts for children with Down’s Syndrome are also available at www.dsmiq.org.uk.

READY STEADY BABY! AND READY STEADY TODDLER!

13. As the new Red Book is designed to be a record of a child’s health, health promotion information has not been included. The Red Book refers to Ready, Steady, Baby! and Ready, Steady, Toddler! for this information. These publications and other useful booklets and leaflets can be viewed at www.healthscotland.com.

14. Mothers-to-be should be given a copy of Ready Steady Baby! within the first trimester, ideally at booking. Ready Steady Toddler! should be issued at the 13 month immunisation contact.

YOU AND YOUR BABY

15. A handbook, You and Your Baby, is available for parents/carers with Learning Disabilities. It has clear and easy to understand words and pictures about looking after a baby in the first year. Further information can be found at www.changepople.co.uk.

GETTING IT RIGHT FOR EVERY CHILD
(MEETING YOUR CHILD’S NEEDS, page 6)

16. The aim of Getting it right for every child (GIRFEC), is to improve outcomes for all children and young people through the implementation of a national approach to meeting their needs. GIRFEC builds from the universal services of health and education and is a national programme of transformational change. GIRFEC is based on research and best practice and designed to ensure all parents, carers and professionals work effectively together to give children and young people the best possible start and improve their life opportunities. Getting this right across health services for children and families is central to the delivery of GIRFEC and the realisation of this ambition.

17. GIRFEC places the needs of children and young people first, ensures that they are listened to and understand decisions which affect them and that they get more co-ordinated help where this is required for their health, wellbeing and development. It requires that all services for children and young people – health, education, social work, police, housing and voluntary organisations – adapt and streamline their systems and practices to improve how they work together to support children and young people, including strengthening information sharing.

18. It is an exciting programme of transformational change that is referenced in Better Health Better Care and Health for all children 4 (Hall 4), and offers Scotland the opportunity to deliver consistent, equitable and high quality services for children and families regardless of geography or need. Practicing health professionals can
make a difference to the successful implementation of the GIRFEC approach by using the GIRFEC practice model, as appropriate, in day to day work with babies, children and families.

The GIRFEC Practice Model

19. The GIRFEC practice model is a tool to help assess and understand the needs of any child. The practice model enables all agencies to think and act in a consistent way, making it easier to share information and respond to the needs of a child in a single or multi agency context and to identify when to call in other help or support. Parents/carers should be involved when using the model.


21. The following information provides a summary of how the model can help you:

Wellbeing Indicators
The wellbeing of any child can be assessed against the wellbeing indicators in the left hand circle of the model. The indicators can be used to observe and record concerns as part of normal routine. The same indicators are used in planning, action and review on the right hand of the model which is about outcomes for the child.

Considering a child's whole world - the My World Triangle
The central section of the model is about assessment, gathering information and analysis. The My World Triangle supports a model of practice that considers the needs and risks (pressures) in a child’s life together with the positive features (strengths). It can be used to explore a child’s experience at every stage, recognising there are interconnections between the different parts of their world and the likely impact on their well-being and development.

Identifying strengths and pressures - the Resilience Matrix
The Resilience Matrix will help you to analyse the more complex information you may have gathered so that the balance between vulnerability and resilience, and adversity and protective factors, can be weighed. Intervention should aim to identify and support protective resources in addition to nurturing the child’s capacity to benefit from these resources.

22. The tools in this model can be used in a single or multi-agency context. They help practitioners, parents and carers to identify and understand the child’s needs, the strengths and pressures on them and those who are looking after them, and decide what support they might need to improve the child’s wellbeing and give them the best possible start in life.