

department for

**education and skills**



*National Service Framework for Children,  
Young People and Maternity Services*

## **Executive Summary**



*Change for Children - Every Child Matters*

# Executive Summary

# Forewords

## Dr. John Reid Secretary of State for Health



Children and young people in Britain enjoy better health than any previous generation. Pregnant women have a greater choice in their healthcare than ever before. Staff working across health services, social services and education are enthusiastic and committed to improving the lives of all those in their care.

However, inequalities still impact on children and young people. Some find it difficult to access the services they need, simply because of where they live or because of their circumstances. Child poverty, though greatly reduced, still means that children and young people from disadvantaged backgrounds risk not realising their full potential as they grow and develop into adolescence and adult life. Life expectancy is lower and infant mortality greater in disadvantaged areas and among disadvantaged groups. Mothers here can find that they don't have or are unable to make the choices that they would like throughout their pregnancy and as they come to give birth. Parents can feel that they don't have all the information and support they need to help them care for their children. And nothing is more frightening for a family than a serious illness or accident experienced by a child.

At the heart of this National Service Framework is a fundamental change in our way of thinking about children's health. It advocates a shift with services being designed and delivered around the needs of the child. Services are child-centred and look at the whole child - not just the illness or the problem, but rather the best way to pick up any problems early, take preventative action and ensure children have the best possible chance to realise their full potential. And if and when these children grow up to be parents themselves they will be better equipped to bring up their own children.

We are publishing this National Service Framework to address these issues and many more. It is a ten-year plan: by 2014 we expect health, social and educational services to have met the standards set in this document. Inequalities will be reduced, so that all children and young people have access to the services they need, no matter where they live or where they come from. Staff from all sectors need to work together so that the services they provide join up across health, social care and education, and offer the best possible solution for children and their

families. Mothers must have the support and the information they need to make the best choices for them and their baby. Children, young people and pregnant women need to be listened to and to be involved in all decisions about their care.

The Government is committed to improving the health of children and young people, and achieving real change. This National Service Framework is part of our overall plan for tackling child poverty and improving the lives of children and families. It is intended to raise standards in hospitals, in GP's surgeries, in schools and nurseries, in maternity units and in Sure Start children's centres. It will build on the excellent work that is carried out by doctors, nurses, teachers and social workers every day, and give children, young people and pregnant women the support they need to thrive, to grow, and to be healthy.

A handwritten signature in black ink, reading "John Reid". The signature is written in a cursive style with a long horizontal stroke underneath.

Dr. John Reid  
Secretary of State for Health

## Professor Al Aynsley-Green The National Clinical Director For Children



Children and young people are important. They are the living message we send to a time we will not see; nothing matters more to families than the health, welfare and future success of their children. They deserve the best care because they are the life-blood of the nation and are vital for our future economic survival and prosperity.

Healthy mothers produce healthy babies who become healthy children and adults; much preventable adult ill health and disease has its roots during gestation, infancy and childhood. Children's vulnerability and the inability when young to articulate what they feel pose a challenge for all those involved in delivering health and social care services to meet their individual needs and those of their carers.

Improving the health and welfare of mothers and their children is the surest way to a healthier nation – the best way to achieve a fairer society for the future is to improve health and tackle inequalities in childhood.

There is now, for the first time for many years, an explicit commitment from Government to improve the lives and health of children and young people in England, one component of this being this NSF for children, young people and maternity services. The practical challenge is how to ensure that children's services locally are coherent in design and delivery, with good co-ordination, effective joint working between and across sectors and agencies, with smooth transitions and in partnership with children, young people and families. Nothing will change for the better without local understanding of, support for and ownership of the policy agenda, coupled with involvement, action and pressure for change.

Despite the difficulties exposed by the recent Kennedy and Laming inquiries into the standing and status of children's health and social care services, I have seen from my visits across England that there is much that is very good about the services provided by the NHS and local authorities to support parents, children, young people and their families. We have an outstanding workforce dedicated to children and young people. Nonetheless, effective change will only happen if staff at all levels seize the opportunities provided by the NSF.

Many people have been engaged in the development of the NSF. It is my great privilege to have chaired the Children's Taskforce and to lead the development of the standards. I would like to express my sincere thanks to all, including children, young people and families, who were involved, and particularly to colleagues who participated in the External Working Groups and underpinning activities.

The Children's NSF is a ten-year strategy and change will not happen overnight. But we are heading in the right direction. There is a real will in Government to place children at the top of the agenda. The Children's NSF provides an outstanding opportunity to improve the lives and well-being of our most precious resource – our children and young people.

A handwritten signature in black ink, appearing to read 'Al Aynsley-Green', with a horizontal line underneath.

Professor Al Aynsley-Green  
National Clinical Director for Children

# List of Standards

## PART I

### **Standard 1:**

#### **Promoting Health and Well-being, Identifying Needs and Intervening Early**

The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.

### **Standard 2: Supporting Parenting**

Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

### **Standard 3: Child, Young Person and Family-Centred Services**

Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.

### **Standard 4: Growing Up into Adulthood**

All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.

### **Standard 5:**

#### **Safeguarding and Promoting the Welfare of Children and Young People**

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

## PART II

### **Standard 6: Children and Young People who are Ill**

All children and young people who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness.

### **Standard 7: Children and Young People in Hospital**

Children and young people receive high quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings.

### **Standard 8:**

#### **Disabled Children and Young People and Those with Complex Health Needs**

Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives.

### **Standard 9:**

#### **The Mental Health and Psychological Well-being of Children and Young People**

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them, and their families.

### **Standard 10: Medicines for Children and Young People**

Children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence.

## PART III

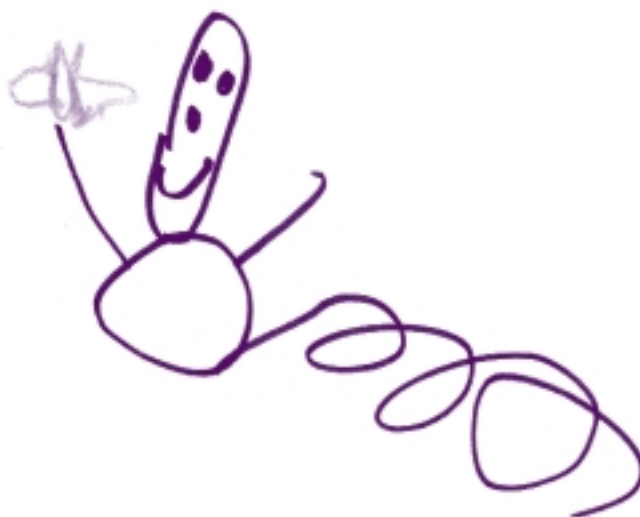
### **Standard 11: Maternity Services**

Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.

### Introduction

The National Service Framework for Children, Young People and Maternity Services (Children's National Service Framework) is a 10 year programme intended to stimulate long-term and sustained improvement in children's health. It aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood. Experience before birth and in early life has a significant impact on the life chances of each individual: improving the health and welfare of parents and children is the surest way to a healthier nation.

At the heart of the Children's National Service Framework is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift, resulting in services which are designed and delivered around the needs of children and families using those services, not around the needs of organisations. The Children's National Service Framework is aimed at everyone who comes into contact with, or delivers services to children and young people.



## Key Messages

### **The Children's National Service Framework:**

- > Sets national standards for the first time for children's health and social care, which promote high quality, women and child-centred services and personalised care that meets the needs of parents, children and their families.

### **The standards require services to:**

- > Give children, young people and their parents increased information, power and choice over the support and treatment they receive, and involve them in planning their care and services.
- > Introduce a new Child Health Promotion Programme designed to promote the health and well-being of children pre-birth to adulthood.
- > Promote physical health, mental health and emotional well-being by encouraging children and their families to develop healthy lifestyles.
- > Focus on early intervention, based on timely and comprehensive assessment of a child and their family's needs.
- > Improve access to services for all children according to their needs, particularly by co-locating services and developing managed Local Children's Clinical Networks for children who are ill or injured.
- > Tackle health inequalities, addressing the particular needs of communities, and children and their families who are likely to achieve poor outcomes.
- > Promote and safeguard the welfare of children and ensure all staff are suitably trained and aware of action to take if they have concerns about a child's welfare.
- > Ensure that pregnant women receive high quality care throughout their pregnancy, have a normal childbirth wherever possible, are involved in decisions about what is best for them and their babies, and have choices about how and where they give birth.

### Every Child Matters

The implementation of the Children's National Service Framework will be a major part of the Change for Children programme, driving up standards and leading to improved outcomes for children. The publication *Every Child Matters*<sup>i</sup> sets out a vision of the outcomes to be achieved, as part of a commitment to support all children to:

- > Be healthy
- > Stay safe
- > Enjoy and achieve
- > Make a positive contribution
- > Achieve economic well-being

The NHS will have a key role to play in helping to achieve all of these outcomes. The evidence-based standards in the Children's National Service Framework will feed into the new integrated inspection framework, and the Children's National Service Framework delivery strategy will be closely aligned to the wider *Change For Children - Every Child Matters* implementation programme. The Government is also promoting the development of Children's Trusts which will have a key role to play in co-ordinating and integrating the planning, commissions and delivery of social health, social care and education services. Other key components of the agenda to improve delivery of services are the development of information-sharing arrangements, a Common Assessment Framework, lead professionals and a common core of training for workforce.

Improving access to services is a priority for achieving good outcomes for children. More co-located, multi-disciplinary services in providing personalised support, as required throughout childhood and into adolescence, will be put in place. There are an increasing number of Healthy Schools which will help lead the way to improving children and young people's health. In addition, schools are being encouraged to develop into "extended schools", providing health, social care and other services for children and young people, their families and the wider community. Starting in the most disadvantaged areas, the Government is also establishing Children's Centres, offering integrated early years education, family and parenting support, and health support.

## Implementation

Full implementation of the standards will take up to ten years. There is already good practice in services in many areas of the country; however, delivering all aspects of the standards in all areas requires a long-term programme of change. The pace of change and immediate local priorities will vary. Nevertheless, the NHS and local authorities will increasingly be assessed on the quality of their services and whether they are making progress towards meeting the standards.

The Children's National Service Framework standards are divided into three parts. Part One contains Standards 1 to 5 which apply to services for all children and young people, while Standards 6 to 10 in Part Two set standards in services for particular groups of children and young people. Part Three contains Standard 11 which is about maternity services.

In this National Service Framework, children and young people are defined as under 19 years. However, the age ranges for service provision will vary according to the different agencies statutory obligations.

## National Service Framework Standards

The paragraphs below describe the standards set by the Children's National Service Framework and summarise, at a very high level, some of the interventions included for each standard. The interventions in the Children's National Service Framework are based on what evidence shows is effective in producing high quality services and good outcomes for children. The bold type highlights some of the main themes that are dealt with in each standard.

<sup>i</sup> Department for Education and Skills. *Every Child Matters*. The Stationery Office. 2003. [www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)

## Part One

Part One of this Children's National Service Framework sets out five standards which will help the NHS, local authorities and their partner agencies to achieve high quality service provision for all children and young people and their parents or carers.

### Standard 1:

**The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.**

- > The new **Child Health Promotion Programme** puts in place a framework to promote the health and well-being of children and help to **reduce health inequalities**. It addresses the needs of children from pre-conception to adulthood and integrates pre-school and school-aged health promotion and assessment including screening and immunisation. The programme is delivered by a range of health and social care practitioners working together to provide comprehensive family support services.
- > Long-term health outcomes for children and young people are improved through multi-agency **health promotion**. Central to this is encouraging children and young people to take responsibility for their actions and make informed choices about healthy lifestyles. Varied and proactive initiatives make maximum use of early years settings, schools and colleges, extended schools and the Healthy School Programme.
- > Information and services are offered to prevent risk-taking and to promote **healthy lifestyles** in children and young people, covering key areas such as healthy eating, active lives, the promotion of good sexual, mental and oral health, preventing or reducing use of tobacco, alcohol, volatile substances and other drugs, and reducing deaths in childhood from unintentional injury.

- > **Universal and targeted health promotion** strategies address inequalities. This includes providing support for children, and those who are homeless or living in temporary accommodation, and those who have fragile social networks.
- > **Access to targeted services** is improved for those sections for the population where take-up of services has been lower e.g. children who are not registered with a general practice, and individual children, young people and their families with particular needs, such as looked after children and juvenile prisoners.
- > A central theme in this Children's National Service Framework is the importance of **assessing the needs of children and young people** and **intervening early**.



**Standard 2:**

**Parents and carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.**

- > **Universal, targeted and specialist services** ensure that parents both (mothers and fathers) receive appropriate support, when required, at any time in their child's journey to adulthood.
- > The importance of providing **up-to-date information and education for parents** is highlighted, including how to manage minor illnesses and common problems, and the range of services available to provide further support if needed.
- > There is **support for parents of pre-school children** to help children develop secure attachments and maximise their health, social and emotional development. There is also **support for parents of school-aged children** as needed, in particular, to promote active parental involvement in a child's learning and to help them manage behavioural problems through a range of multi-disciplinary interventions.
- > **Parents with specific needs** such as relationship conflict, mental health problems, addiction to drugs or alcohol, teenage parents or parents of disabled children, have their needs identified early and are provided with effective multi-agency support.
- > **Services are co-ordinated across child and adult services** both to provide support for parents and to ensure children's safety.
- > **Adoptive parents and adults caring for looked after children** can easily access high quality, multi-disciplinary support to meet their needs and those of the children and young people they are caring for.

### Standard 3:

**Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.**

- > Services provide **appropriate information** to children, young people and their parents, and **listen and respond** to them both, in relation to their individual care/treatment and on the development of local services. Particular efforts are made to ensure that children and young people who are often excluded are actively encouraged and supported to give their views.
- > Services are **respectful** to children and young people and seek consent from them for their treatment. Professionals ensure that consent is explicit, specific to an individual's treatment and is sought with the involvement of the child or young person, taking into account their developmental age.
- > A more systematic approach is taken to **improving access to services** to ensure that all children get the services they need. Sensitive services are provided in a range of more accessible community settings including, where available, Children's Centres and extended schools.
- > There are robust **multi-agency planning** and **commissioning arrangements**, increasingly delivered through Children's Trusts. The Common Assessment Framework currently being developed, is used to reduce the time spent on repeated assessments and there are multi-agency protocols for information-sharing.
- > **Quality and safety of care** is assured by having systems in place across health services and local authorities to deliver continuously improving high quality child-centred services.
- > **A common core of skills, knowledge and competencies** apply to staff who work with children and young people across all agencies. Staff training and development programmes ensure safe practice and comply with clinical governance and good practice guidance.

**Standard 4:**

**All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.**

- > Services implement policies and good practice guidelines on consent and **confidentiality** policies for young people.
- > **Health promotion for young people** is targeted to meet their needs and, in particular, to reduce teenage pregnancy; smoking, substance misuse, sexually transmitted infections and suicide. Young people are actively involved in planning and implementing health promotion services and initiatives.
- > Services **support young people to achieve their full potential** by providing targeted support through co-ordinated working, for example, Connexions and Youth Services. This includes addressing their social and emotional needs as well as assisting their educational and career development.
- > There is **improved access** to services and advice for young people – in particular, addressing the needs of disabled young people, young people in special circumstances and those who live in rural areas.
- > **Transition to adult services** for young people is planned and co-ordinated around the needs of each young person to maximise health outcomes, their life chance opportunities and their ability to live independently – this is particularly important for disabled young people or those with long-term or complex conditions.
- > Additional **support is available for looked after children leaving care** and other young people in special circumstances.

### **Standard 5:**

**All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.**

- > **Safeguarding and promoting the welfare of children** is prioritised by all agencies, working in partnership to plan and provide co-ordinated and comprehensive services in line with national guidance and legislation.
- > The Government through the Children Bill will require each local authority to have a **Children and Young People's Plan** which sets out how the key agencies will work together to safeguard and promote children's welfare.
- > **Agency roles and responsibilities** are clarified to ensure that children and young people who have been harmed are identified as soon as possible and assessed by appropriately trained staff with suitable premises and equipment.
- > An up-to-date **profile of the local population** is compiled to facilitate the identification and assessment of children and young people who may be vulnerable and require services.
- > A **range of high quality and integrated services** is available to meet the assessed needs of the child or young person who has been, or is at risk of being, harmed, abused or neglected.
- > **Effective supervision** is provided to staff who work with children to ensure high quality services, and **clear, accurate, comprehensive and contemporaneous** records are kept.

## Part Two

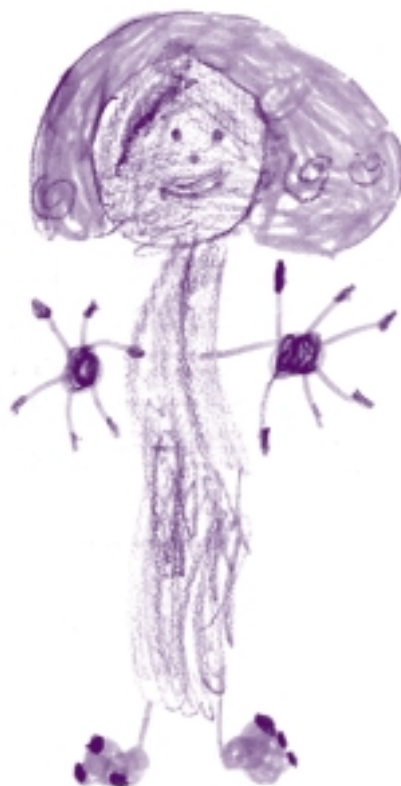
Standards six to ten address children and young people and their parents who have particular needs, and should be implemented in conjunction with standards one to five.

### **Standard 6:**

**All children and young people who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness.**

- > **Comprehensive and integrated local services** are provided, through managed local children's clinical networks to ensure that children and young people who are ill, and their families, receive timely access to appropriate services.
- > Children, young people and their families are supported in **self-care of their illness**, in partnership with professionals by being sufficiently informed about their condition or illness and knowing how, who and when to ask for help.
- > **Access** to advice and services to support children and young people's health is improved through clear local arrangements, which are well-advertised and provided in a range of settings.
- > Whatever the setting they work in, professionals are **trained and competent** to provide consistent advice, to assess and to treat a child who is ill.
- > Services ensure **high quality treatment** through the use of evidence-based guidelines and protocols which are regularly updated and where their implementation is subject to local audit.

- > High quality care is provided for **children and young people with long term conditions**, which enables them to participate as fully as possible in everyday activities.
- > Prevention, assessment and treatment of **pain management** is improved, with children as active partners in the process.
- > **Children's community teams**, including **community children's nursing services**, are integrated and work in partnership with other local services, to meet local need. More services are delivered outside hospital in the community or in the home.



**Standard 7:**

**Children and young people receive high quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings.**

*See also fuller version of the Children and Young People in Hospital Standard published in 2003.*

- > Children and young people receive care that is **integrated and co-ordinated** around their particular needs and those of their family. Hospitals identify those children and families who require extra support. Each assessment of a child builds on earlier assessments, to avoid the child's story having to be repeated. **Play** is an essential part of the services provided to children in hospital.
- > Children, young people and their families are **treated with respect**, as active partners in decisions about their care, and can exercise choice wherever possible.
- > A child's **discharge from hospital is planned** in good time and in liaison with other relevant agencies. The **length of stay in hospital** is kept to a minimum, through improved co-ordination of community-based care.
- > The care provided is **high quality, evidence-based** and developed through clinical governance systems which focus on the care of children and young people.
- > Hospitals meet their responsibilities to **safeguard and promote the welfare of children** in accordance with the Children Act 1989 and as set out in *Working Together to Safeguard Children*.
- > There are policies in place and staff who are trained to care for children and young people with **mental health needs** in hospital. Arrangements for providing emergency and non-urgent **surgical services** for children and young people, reflect their particular needs. **Tertiary services** work closely with local services and commissioners to remodel the way these services are provided.
- > Care is provided in an **appropriate location** and in an **environment that is safe** and well-suited to the age and stage of development of the child and young person.

### Standard 8:

Children and young people who are disabled or who have complex health needs, receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, enable them and their families to live ordinary lives.

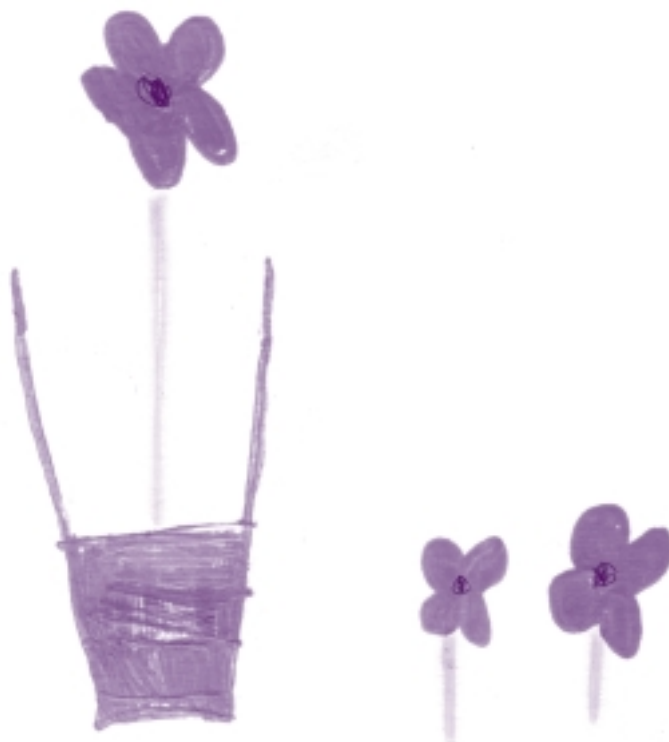
- > **Services promote social inclusion** for disabled children and young people, to enable them to participate in childhood, family and community activities.
- > Children and young people have increased **access to hospital and primary health care services**, therapy and equipment services and social services. Services are co-ordinated around the needs of the child and family.
- > Services provide **early identification** of health conditions, impairments and any social and physical barriers to inclusion, through **integrated diagnosis and assessment processes**.
- > There is better **early intervention and support to parents** through the development of multi-agency packages of care, including the use of direct payments and employment of Key Workers.
- > **Palliative care** is available for those who need it. A range of flexible, sensitive services is available to support families in the event of the death of a child.
- > Services have robust systems to **safeguard disabled children and young people**, who are more vulnerable to abuse than non-disabled children.
- > **Multi-agency transition planning** takes place to improve support for disabled young people entering adulthood.

**Standard 9:**

**All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.**

- > Specialist professional support for children's mental health is available in the **early years**, working in partnership with universal services and providing assessment and therapeutic interventions, including promoting parent-child relationships.
- > All staff working with children and young people are able to make a contribution to **mental health promotion and early intervention**, providing appropriate interventions and specialist referral when problems are identified. They develop good **partnerships with children**, young people and their families to improve the effectiveness of the support.
- > **Access to CAMHS is improved** through the location of services in a range of settings, **high quality multi-disciplinary CAMHS teams** providing direct care and increased support for primary care services, and referral information being widely available. Services are flexible and understanding of the needs of children, young people and their families who may be reluctant to seek help. Local services have arrangements for 24 hour cover, and mental health assessments are undertaken within 24 hours or during the next working day where the child's needs are urgent.
- > **Service equity improvements** are achieved through addressing any service gaps identified in local needs assessments, such as the needs of **children and young people with learning disabilities**, and developing the capacity of specialist services to meet the needs of 16 and 17 year old young people. Planning addresses the need for an increase in capacity of the workforce, new ways of working and new roles, and the need for additional training.

- > The development of **Care Networks** is considered as one of the options for increasing access to highly specialised care; sufficient numbers of in-patient beds are available, matched to need available for each locality.
- > Children and young people are cared for in **appropriate and safe settings**.
- > High quality CAMHS are achieved through good multi-disciplinary working and **multi-agency, specialist commissioning and planning** undertaken in partnership with service providers.



**Standard 10:**

**Children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence.**

- > **Safe medication practice** is enhanced through improved training, continuing professional development, the provision of evidence-based information and systems to ensure safety of practice.
- > The use of **unlicensed and off-label medicines** for children and young people complies with local safety standards and arrangements are in place to oversee and monitor this. There is also **enhanced decision support for prescribers**, which includes information provision and access to specialist advice.
- > Access to medicines is improved through health professionals being familiar with the use of medicines in children, having good information and using evidence-based guidelines, and services working collaboratively, with good multi-agency policies in place.
- > Clear, understandable and up-to-date **information** for children, young people and their parents is provided through a variety of media and formats which are appropriate to the child's development and circumstances.

- > There is greater support for children and young people who take medication at **home, in care and in education settings**. Staff working in schools and early years settings have adequate advice, support and training from local health professionals to enable them to manage the use of medicines safely. Policies are in place for the safe storage, supply and administration of medicines.
- > Particular arrangements are in place to ensure equitable access to medicines and to safeguard **children in special circumstances, disabled children** and those with **mental health disorders**.
- > The expertise of **pharmacists** is used in commissioning medicine management services for children and in supporting wider health promotion strategies for children and young people.



### Part Three

Part three addresses the particular needs and choices of women and their babies before or during pregnancy, throughout birth, and for the first three months of parenthood. It should be implemented in conjunction with the other standards in the Children's National Service Framework, where appropriate.

#### **Standard 11:**

**Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.**

- > **Woman-centred care** services meet the needs of each mother and her baby, and ensure that parents are involved in the planning and evaluation of services. Women make informed choices and plan their care in partnership with professionals. They have **easy access to information and support** throughout their pregnancy and post-birth, including support for women suffering from domestic violence and the opportunity to disclose it.
- > **Care pathways and managed care networks** link maternity and neonatal services with a range of services and professionals to ensure all women and their babies have equal access to high quality care.
- > **Improved pre-conception care** includes local health promotion highlighting the importance of the health of women and their partners before conception. In pre-birth care, women are able to **access a midwife as their first point of contact** and all women are supported by a known midwife throughout their pregnancy. High quality ante-natal and newborn screening is offered to all women.

- > Health care professionals are competent in identifying and addressing mental health problems for women during or after pregnancy and **local perinatal psychiatric services** are available for women who need them.
- > Women are able to **choose the most appropriate place to give birth** from a range of local options including **home birth** and **delivery in midwife-led units**, with the facility for women delivering in the community to be transferred to hospital rapidly if complications arise. A consultant obstetrician is involved in any decision to offer a caesarean section which will also depend on there being evidence of clinical benefit to either mother or baby.
- > A professional skilled in neonatal resuscitation is present at every delivery, and newborn infants receive a physical examination soon after birth. Mothers receive **post-birth care based on a structured assessment** provided by a multidisciplinary team.
- > Up-to-date information on breastfeeding and **breastfeeding support for mothers** is provided in line with the government's commitment to improving the health of the population.



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For more information about the NSF go to:

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