



National Policy ☐ National Procedure ☐ National Protocol ☐ National Guideline ☒
National Clinical Guideline ☐

HSE National Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service

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Document Owner (post title):	National Lead for the Public Health Nursing Service
Document Owner name:	Grainne Ryan
Document Owner email contact: (Generic email addresses only for the Repository)	nursing.services@hse.ie
Document Commissioner(s): (Name and post holder title):	Grainne Ryan Chair of the Child and Family Health Needs Assessment Steering Group
Document Approver(s): (Name and post holder title):	Dr Abigail Collins National Clinical Lead, Child Health Public Health / National Healthy Childhood Programme
Document Approver Sign-off: (e-signature)	
Document Approver Registration number: (where applicable)	404629
Development Group Name:	CFHNA Guideline Review Group
Development Group Chairperson:	Sinéad Lawlor

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The purpose of this guideline is to provide guidance to all Registered Public Health Nurses/Registered Midwives (RPHNs/RMs) in the Public Health Nursing Service on the use of the child and family health needs assessment framework. The guideline provides a structured approach to: - Identifying children and families requiring additional support. - Recognising concerns or worries at an early stage to enable prevention and early intervention. - Supporting professional judgement in safeguarding and promoting child welfare.	
Description:	
This guideline is the updated national HSE guideline governing the use of the Child and Family Health Needs Assessment Framework by Registered Public Health Nurses (RPHNs) and Registered Midwives (RMs) within the Public Health Nursing Service. It replaces the 2021 version and aims to standardise assessment, documentation, care planning, and intervention processes	

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1.0 Planning

1.1 Purpose

The purpose of this guideline is to provide guidance to all Registered Public Health Nurses/Registered Midwives (RPHNs/RMs) in the Public Health Nursing Service on the use of the child and family health needs assessment (CFHNA) framework.

1.2 Scope

1.2.1 Target users

This guideline applies to RPHNs who have responsibility for the delivery of the National healthy Childhood Programme and RMs delegated the responsibility for undertaking the primary visit. RPHNs and RMs must have undertaken the approved programme of education. This guideline also applies to Assistant Directors of Public Health Nursing (ADPHN) with a role in supporting staff in the implementation of the CFHNA framework. This guideline does not apply to Community Registered General Nurses (CRGN) however under the Children First Act 2015 this group are listed as mandated persons with a legal obligation to report concerns to Tusla and assist Tusla in an assessment. This guideline must always be used in conjunction with professional judgement.

1.2.2 Target population

This guideline applies to RPHNs and RMs providing a service to children and families in accordance with the National Healthy Childhood Programme.

1.3 Objectives

- To minimise the potential risk to a child's health, safety and welfare through identifying issues early (prevention) and to facilitate early intervention to influence positive outcomes.
- To recognise and respond if there are reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected.
- To promote standardisation in the use of the child and family health needs assessment as part of the National Healthy Childhood Programme by the Public Health Nursing Service which is evidence-based and complies with best practice.
- To provide guidance to RPHNs/RMs on the procedures to be followed when using the child and family health needs assessment framework.
- To enable all relevant RPHNs and RMs to assess, interpret and analyse risk and protective factors to inform professional judgment with regard to safeguarding and promoting the welfare of children.
- To assist RPHNs and RMs in exploring parenting/parents' life experiences that have the potential to impact on their capacity to parent safely and effectively.
- To facilitate RPHNs and RMs to use their professional judgement in determining when this assessment is required.
- To assist ADPHNs/ Child Protection CNS and ANPs in supporting and supervising staff with the implementation and use of the CFHNA framework.

1.4 Outcomes

The CFHNA record is a core component of the national standardised Child Health Record. This guideline will provide a standardised approach to implementation and use of the Child and Family Health Needs Assessment Framework.

1.5 Disclosure of interests

None

All signed declaration of interest forms are retained by the National Practice Development Coordinator for Public Health Nursing on behalf of Office of the Nursing and Midwifery Service Directorate (ONMSD).

1.6 Rationale / alignment with HSE national priorities

This document supports the PHN service in providing services in line with the National Service Plan of the HSE and the National Healthy Childhood Programme.

1.7 Supporting evidence

Relevant Legislation & PPPGs;

Government of Ireland (1949) S.I. No. 128/1949 - Health (Duties of Officers) Order, <https://www.irishstatutebook.ie/eli/1949/si/128/made/en/print>

Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie

Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie

Government of Ireland (2015) Children First Act. www.irishstatutebook.ie

Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare.

Health Information and Quality Authority (2015) Guidance for Providers of Health and Social Care Services: Communicating in Plain English.

<https://www.Tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/>

Health Services Executive (2020a) The National Healthy Childhood Programme Child Health Assessment Manual for Registered Public Health Nurses

Health Service Executive (HSE) (2020b) Incident Management Framework

Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management

Health Service Executive (2016) Procedure for Managing the Safe Transfer of Child Health Records in the Public Health Nursing Service

Health Services Executive (2019) Data Protection Policy

Health Services Executive (2022a) National Consent Policy, HSE National Office for Human Rights and Equality Policy

Health Service Executive (2022) Guideline on Maternal Postnatal Care in the Public Health Nursing Service.

Health Service Executive (2024) Management of Non-engagement with the Child Health Screening and Surveillance Programme in the Public Health Nursing Service

Health Services Executive (2026) Child Protection and Welfare Policy

Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

2.0 Methodology

2.1. List of key questions this national guideline will answer

What is the guidance required by RPHNs/RMs to use the CFHNA framework when assessing children and their families?

2.2. Describe and document the evidence search

Have there been any updates to the Hardiker model since 2010 when the CFHNA framework was developed for use in the PHN service? Is this an appropriate tool for assessing services and needs of young children?

The HSE library evidence search was utilised to carry out a standardised literature search. The search specifically looked for any updates to the model and if the ongoing use of the model was appropriate. The full text of articles supplied by the library team is available on request.

2.3. Describe the method of screening and evidence appraisal

The evidence appraisal identified that the Hardiker model – the foundation for the CFHNA framework was still appropriate to use since the last version of this guideline and evidence review in 2021. From the evidence statements and the experience of guideline development members, recommendations were then drafted for this version of the guideline. The evidence presented answered the clinical questions posed and provided the best available evidence-based information to guide RPHNs/RMs in their practice. Once the draft guideline was agreed by the development group it was sent for CFHNA steering group review and then submitted to Dr Abigail Collins National Clinical Lead Child Health/Public Health for approval and sign off.

2.4 Attach any copyright or permissions sought

No copyright or permissions are required in relation to this document.

3.0 Procedure

Clarification

The term child is used throughout this guideline; it is acknowledged that this may refer to an infant, child or children, depending on the individual case circumstances. Where the term 'parents' is used, this should be taken to include other people who may be the child's primary caregiver.

3.1 The Child and Family Health Needs Assessment Framework assists registered public health nurses (RPHN)/registered midwives (RM) in identifying families who require additional support. RPHN/RMs should undertake education and training in the use of the CFHNA framework prior to using it in practice.

3.2 National Healthy Childhood Programme Child Health and Development Checks

The primary purpose of the programme is to optimise the health and wellbeing of every

child through routine examinations and checks; and provision of support and information to parents to help them meet the needs of their child. The prevention and early detection of deviations from standard normal growth and development allow early intervention to best enable the child.

The child's development incorporates the following domains:

Social and Emotional (Personal-social)

Language and communication (Communication)

Cognitive (Problem solving)

Movement and Physical Development (Gross Motor and fine motor)

The child is dependent on the capacity of the parent(s) to reach their growth and development potential. Unmet parental needs may impact on the child's well-being and development. Where a concern or worry in relation to the parent and/or child is identified or expressed by the parent, it should elicit a response from the RPHN/RM.

The RPHN/RM should plan the response in the domains of child development, parenting capacity, and family and environmental factors (See CFHNA Resource Manual Version 2 2022 for full details of domains, dimensions and indicators).

Where a RPHN/RM identifies a concern or worry in any of the domains; Child Development Needs, Parenting Capacity or Family & Environmental factors a care plan should be developed and any referrals should be made to the appropriate services.

3.3 Child and Family Health Needs Assessment Framework

The CFHNA framework is broadly based on the Framework for the Assessment of Children in Need and their Families (UK DOH 2000) and the Active Developing Child Domains and Dimensions from a Whole Child Perspective.

The Child and Family Health Needs Assessment Framework includes:

- Five Child and Family Health Needs assessment questions - incorporated into the National Healthy Childhood Programme assessments in the Child Health Record.
- A single Child and Family Health Needs prompt question incorporated into the CHR at the 3 month, 9-11 month, 21-24 month and 46 – 48 month assessments.
- A Child and Family Health Needs Assessment Record in the CFHNA tab of the Child Health Record.
- The Active Developing Child Domains and Dimensions and Indicators – from a Whole Child Perspective. This includes examples of risk and protective factors. The three key domains that underpin the framework are:

Child Development Needs

Parenting Capacity

Family & Environmental Factors

These are available to RPHNs/RMs in the resource manual provided at the CFHNA training.

3.4 Child and Family Health Needs Assessment Questions

The five CFHNA questions are incorporated into the Child Health Record at the primary visit, 3 months, 9-11 months, 21-24 months and 46-48 month assessments. (Table 1)

Table 1

Child and Family Health Needs Assessment Record (<i>applicable only if training has been provided</i>) Has there been any change in the child or family circumstances from the previous contact? Yes ☐ No ☐ <i>If yes, the following must be addressed:</i> Child Development concerns or worries expressed by the parent/guardian Yes ☐ No ☐ and/or identified by PHN Yes ☐ No ☐ Parenting concerns or worries expressed by the parent/guardian Yes ☐ No ☐ and/or identified by PHN Yes ☐ No ☐ Housing/Environment concerns or worries expressed by the parent/guardian Yes ☐ No ☐ and/or identified by PHN Yes ☐ No ☐ Access to Family/Community Supports concerns or worries expressed by the parent/guardian Yes ☐ No ☐ and/or identified by PHN Yes ☐ No ☐ Other concerns or worries expressed or identified by parents or services involved with the family? Yes ☐ No ☐ Child and Family Health Needs Assessment required? Yes ☐ No ☐ If Yes, CFHNA completed? Yes ☐ No ☐ If a concern or worry is identified a CFHNA should be completed, if a CFHNA has not been completed, the rationale for this decision should be recorded in the 'PHN Progress/Communication Notes' section of the Child Health Record. The rationale for this decision should be discussed with the ADPHN.

The CFHNA questions assist the RPHN/RM to reflect on the health and social information which is gathered in the context of a whole child approach. The RPHN/RM should use the Active Developing Child Domains and Dimensions as a guide to systematically consider the prompts and to decide if there is a concern or worry regarding an unmet need that is likely to have an impact on the child's health and/or development. The language in the dimensions and indicators section of the resource manual issued to each RPHN/RM at the CFHNA training should be used as an aid when completing a CFHNA.

3.4.1 The five CFHNA questions should be completed by the RPHN/RM at the primary visit. The primary visit is an ideal opportunity to assess the housing/environment in which the child is living. The primary visit should take place in the home except in exceptional circumstances (HSE 2022). The HSE policy and guidance on lone working

(2022) guides the RPHN/RM on issues regarding lone working.

3.4.2 The five CFHNA questions may also be used by the RPHN/RM during any other contact with the child/family if concerns or worries arise or following a positive answer to the prompt question.

3.4.3 The outcome of each of the five CFHNA questions should be recorded in the appropriate Yes ☐ No ☐ boxes.

3.4.4 If there are **no** concerns or worries identified by the RPHN/RM or concerns or worries expressed by the parent a CFHNA does not need to be completed. This is then recorded in the CHR as below.

Child and Family Health Needs Assessment required? Yes ☐ No ☒ If Yes, CFHNA completed? Yes ☐ No ☒

3.4.5 If there **are** concerns or worries identified by the RPHN/RM or concerns or worries expressed by the parent a CFHNA should then be completed. This is recorded in the CHR as below.

Child and Family Health Needs Assessment required? Yes ☒ No ☐ If Yes, CFHNA completed? Yes ☒ No ☐

3.4.6 Where there are concerns or worries identified, the RPHN/RM should complete the CFHNA record and initiate care plan(s) as required.

3.4.7 Where there are concerns or worries identified, but the RPHN/RM using their clinical judgment deems a CFHNA record not to be required, the RPHN/RM must record the rationale for their decision in the 'PHN Progress/Communication Notes' section of the Child Health Record. The rationale for this decision should be discussed with the ADPHN.

3.5 The prompt Child and Family Health Needs Assessment question

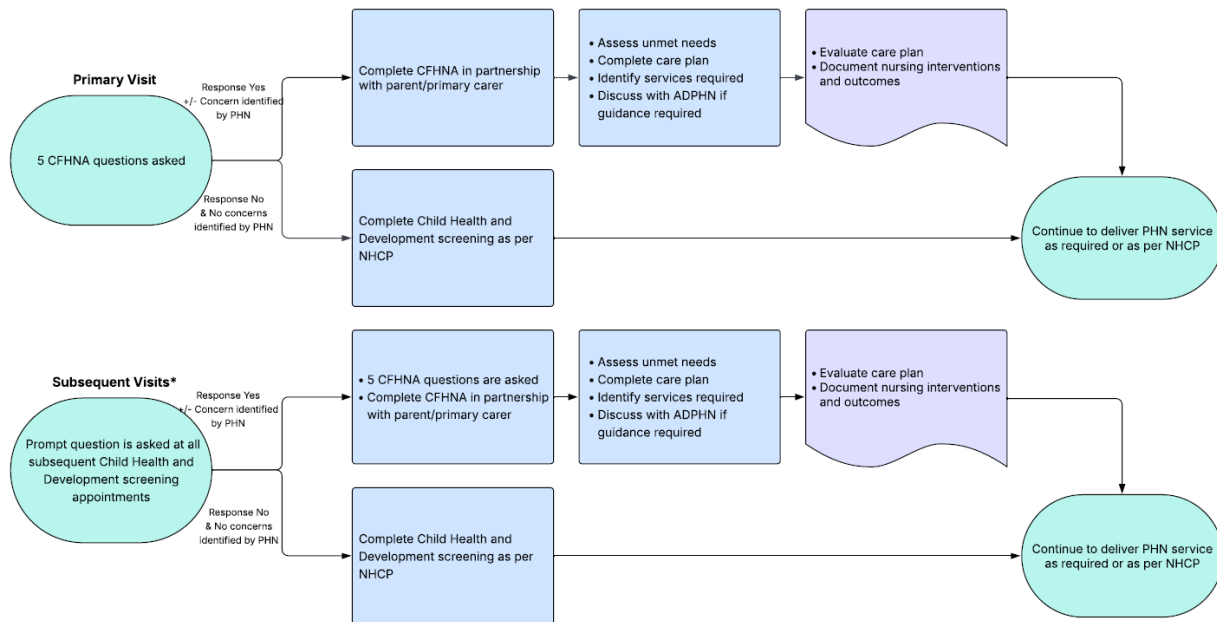
Has there been any change in the child or family circumstances from the previous contact?

This prompt question is incorporated into the Child Health Record at the 3 months, 9-11 months, 21-24 months and 46-48 month assessments. The RPHN/RM should ask the prompt question of the parent at all subsequent contacts following the primary visit. The response must be recorded.

If the response is **yes**, the RPHN/RM must complete the five CFHNA questions outlined in section 3.4. If indicated a CFHNA record should be completed. (Also see 3.4.7).

If the response is **no**, this is recorded. **However if in the course of the visit, there are concerns or worries identified** by the RPHN/RM or concerns or worries expressed by the parent the five CFHNA questions should be completed.

Figure 1 Child and Family Health Needs Assessment Process



*The five CFHNA questions may also be used by the RPHN/RM during the course of a visit if concerns are identified or at any other contact with the child/family as required.

CFHNA - Child and Family Health Needs Assessment
NHCP - National Healthy Childhood Programme

4.0 Completion of the Child and Family Health Needs Assessment Record

The CFHNA should be done in collaboration with the parent as part of a dynamic process. The assessment process focuses on encouraging parents to acknowledge their needs in relation to the 3 domains (Child Development Needs, Parenting Capacity, Family and Environmental Factors) and jointly plan appropriate actions/ interventions to address the identified needs. It is important that the RPHN/RM informs the parent of the role of the RPHN/RM and explore any concerns or worries the parents have. Separate consent to carry out the assessment is not required as it is part of the ongoing assessment process of a child.

**HSE PUBLIC HEALTH NURSING SERVICES
CHILD AND FAMILY HEALTH NEEDS ASSESSMENT**

The purpose of the CHILD AND FAMILY HEALTH NEEDS ASSESSMENT RECORD is to assess, identify and interpret the child and family health needs. The IMPACT of parenting capacity, family and environmental factors on the child's health and development should be examined and recorded. For the most appropriate service to be provided and to ensure the optimum health and well-being of this child please record risk and protective factors

All x label otherwise complete: Name, DOB, Address
 IHI: _____ Sex: ☐ M ☐ F ☐
 Surname: _____
 Forename: _____
 DOB: dd/mm/yyyy
 Address: _____
 Eircode: _____

Date of Assessment: _____ Number of Assessment: _____	
Date and time CFHNA opened: dd/mm/yyyy hh:mm	
Date and time CFHNA closed: dd/mm/yyyy hh:mm	
Signature: _____	Pin: _____ Date: dd/mm/yyyy Time: hh:mm
REASON FOR COMPLETION OF A CFHNA: (If there is more than one child requiring assessment in the family, a separate assessment record must be completed) 	
BRIEF FAMILY/HOUSEHOLD COMPOSITION: Record details of the family/household composition, parent/guardian details and relationship to child. Further details of type of household (e.g. blended, single parent, nuclear, generational) or the care arrangements (e.g. estranged family, mothers partner (not the child's parent) living in the home) may be recorded.	

4.0.1 Complete the demographic and date/time details on the CFHNA record. Indicate what number this assessment is i.e. if this is the second CFHNA for this child it will be CFHNA number 2.

4.0.2 BRIEF FAMILY/HOUSEHOLD COMPOSITION: Record details of the family/household composition, parent/guardian details and relationship to child. Further details of type of household (e.g. blended, single parent, nuclear, generational) or the care arrangements (e.g. estranged family, mothers partner (not the child's parent) living in the home) may be recorded.

4.1.1 Complete the CFHNA record using the Active Developing Child Domains, Dimensions and Indicators as appropriate. Involve and encourage parent participation throughout the process.

CHILD DEVELOPMENT NEEDS Consider and document protective and risk factors in relation (Page 6 Resource Manual) to the child's physical health and well-being, emotional and behavioural development, education, family and social relationships, identity, social presentation, self-care skills which is most relevant to his / her development and well-being).

PARENTING CAPACITY: Consider and document protective and risk factors (Page 6 CFHNA Resource Manual) in relation to the child's basic care (food, warmth, shelter, clothing), safety, emotional warmth, stability, guidance and boundaries and stimulation needs, which is most relevant to their development and well-being. Include any risk factors identified such as parent's ill-health, disability or substance misuse.

FAMILY AND ENVIRONMENTAL FACTORS: (Consider and document protective and risk factors (Page 6 CFHNA Resource Manual) in relation to the family history and functioning, housing, employment, income, wider family, the family integration into the community, and use of community services. Please

give details of history and current situation

4.1.2 Record what is observed/ witnessed at the time of contact (in the clinic or home setting) or what information is disclosed to nurse/midwife. This should be documented accurately and factually (NMBI Code of Professional Conduct and Ethics (2025)). Use the CFHNA resource manual to assist with appropriate language.

4.1.3 Record all identified risk and protective factors to support the assessment, professional judgement and decision making.

4.1.4 Document how strengths and challenges experienced by the family may impact on a child's health and development.

4.1.5 Record the actions/interventions required to support the needs identified in the three domains. See sample CFHNA in [Appendix 7](#).

4.1.6 Document if immediate interventions are required (e.g Gardaí or Tusla child protection involvement).

4.1.7 Complete each of the identified care plan(s) with identified goals and the actions/interventions to be taken and discuss and agree these with the parent. Check the parents understanding of the actions/interventions. Use the standardised care plans where suitable. Identify who is responsible for each action, including the role of the parent and any services or resources that will be required to achieve the identified outcomes. Number each care plan, this enables the RPHN/RM to link this issue to entries in the PHN progress/communication notes in the Child Health Record or Maternal Health record as appropriate.

4.1.8 Complete and record any appropriate referrals made and supports recommended as a result of identified concerns or worries.

4.1.9 Where the RPHN/RM has concerns regarding the referral process or the availability of a service they should discuss this with their ADPHN and Primary Care Team. It is important to identify children who require services as early as possible. Referrals should be made to supports and services in the community even where the service may not currently be available or there is long waiting list. In the event that there are known waiting periods for services parents should be advised of the waiting period. Escalation processes should be discussed with the DPHN/ADPHN. The Single Point of Access process is under development in the HSE at present (April 2026). The RPHN/RM can continue to implement the nursing care plan actions. The RPHN/RM can link with the local Tusla Child and Family Support Network Coordinator regarding available supports and services in the community. <https://www.Tusla.ie/get-in-touch/child-and-family-support-network-co-ordinators/>

4.1.10 Specify the review date, the RPHN/RM should use professional judgement to decide on the appropriate timeframe to review the care plan actions/interventions. Using professional judgement set the review time frame for the care plan interventions – e.g. 3 months follow up for child development goal however a child may need follow up within days for an urgent acute issue.

4.1.11 The completed CFHNA does not accompany a TUSLA referral or NCS referral. It is used to inform the referral process and is filed in the Child Health Record.

4.2 Review of CFHNA/Care plans

The RPHN/RM should:

4.2.1 Review child/family within the specified timeframe in the care plan. In most cases this will require contact/visits outside of core development screening timeframes. All reasons for contact/visits should be clearly documented in the care plan interventions.

4.2.2 Continue to have on-going involvement with the family according to the care plan goals agreed with the parents and the delivery of the National Healthy Childhood Programme.

4.2.3 The involvement of other health care professionals/agencies does not discharge the RPHN/RMs duty of care towards the child and their family.

4.2.4 Document the on-going assessment of the care plan actions/interventions in the CHR progress/communication notes. There must be clear evidence of on-going assessment of the care plan documented. Modifications or new interventions as a result of the review must be recorded and a new review date set. This may indicate that additional referrals and/or interventions are required. See [Appendix 7](#) for sample completed CFHNA.

4.2.5 In the evaluation/outcome column of the care plan, record the outcome and/or evaluation for each problem/need identified and whether the circumstances have resolved, improved, remained the same, or have deteriorated. If there is no improvement on the impact of the issue/s on the child, the RPHN/RM should discuss the case with the ADPHN and may contact the local dedicated contact point/ Tusla duty social worker to discuss the case if necessary.

4.2.6 The care plans should be filed by the RPHN/RM in the care plan tab of the Child Health Record or in the Maternal Health Record as appropriate. This will depend if the child (file in Child Health Record) or mother (file in maternal health record) is the identified person on the care plan.

4.3 In the case where an open CFHNA is in place and a new concern or worry is identified an additional CFHNA will be required to address the new concern or worry.

4.4 Close the CFHNA and care plans when the goals have been achieved. Document date the CFHNA was closed. A closed CFHNA or care plan should not be reused – a new CFHNA and careplan should be commenced if required.

4.5 An open CFHNA must be reviewed at a minimum within one year and care plans updated accordingly. See point 4.3 regarding new concerns or worries.

4.6 Children are routinely discharged from the RPHN caseload after the 46 - 48 month developmental as per the National Healthy Childhood Programme if there are no concerns or worries. However if there is an open CFHNA and care plan in place they may remain on the caseload until age 6 (Health Act 1970). The RPHN should discuss the discharge of a child > 5 years and 11 months with an open CFHNA and careplan in place, with their ADPHN – if Tusla are involved they should be informed the PHN is not involved with the child's development after the age of 6 – this should be addressed in the primary school. If the child has a clinical need they are transferred to the clinical caseload. It may be appropriate to handover the child's case and Child Health Record to

the school PHN team depending on local practices.

5.0 Documentation

5.1.1 Record all entries chronologically in the care plan and PHN progress communication notes.

5.1.2 Record the location where all contacts take place in the PHN progress/communication notes in the Child Health Record.

5.1.3 Include details of telephone calls and discussions with parents and professionals in the CHR progress/communication notes.

5.1.4 File a copy of all correspondence (emails, letters, screenshots of text messages) with the parents in the Child Health Record.

5.1.5 Document all findings and decisions. Discuss this with ADPHN for support/supervision if required.

5.1.6 Entries in the Child Health Record should be individualised, accurate, up to date, factual and unambiguous and relevant. Entries must be contemporaneous, signed, dated and timed as per best practice standards outlined in NMBI Code of Professional Conduct and Ethics (2025). Avoid the use of abbreviations.

5.2 The CFHNA and care plans may be discussed with her/his ADPHN as required.

5.3 Planned supervision with the RPHN/RM or case holder at regular intervals by the ADPHN is recommended.

5.4 When the Child Health record is closed it should be archived as per local procedures. The record should be retrievable if the need arises.

6.0 When to complete a Child and Family Health Needs Assessment

The following is not an exhaustive list of circumstances in which a CFHNA should be completed. The RPHN/RM should use her/his professional judgement and informed by the outcome of the CFHNA questions and/or the prompt question.

6.1 If the outcome to any of the CFHNA questions is yes

6.1.1 Child Development concerns or worries expressed by the parent and/or identified by PHN in the dimensions of
Physical health and wellbeing,
Emotional and Behavioural Development,
Education,
Family and Social Relationships,
Identity,
Social presentation,
Selfcare skills.

6.1.2 Parenting concerns or worries expressed by the parent and/or identified by PHN in the dimensions of
Basic Care (food, warmth, shelter, clothing)

Ensuring Safety
Emotional Warmth
Stability
Guidance and Boundaries
Stimulation

6.1.3 Housing/Environment concerns or worries expressed by the parent and/or identified by PHN in the dimensions of
Family History and functioning
Housing
Employment
Income

Access to Family/Community Supports concerns or worries expressed by the parent and/or identified by PHN in the dimensions of
Wider Family
Family Integration into the community
Community Service

6.1.4 Particular attention should be paid to the importance of carrying out a CFHNA with families living in vulnerable situations such as illness, poverty, bereavement, homelessness, living in the international protection accommodation system, newly acquired disability, child or children with additional needs, alcohol/drug misuse, domestic violence and/or life/family changing event that impacts on the parents capacity to provide for the needs of the child/children.

6.2 If the RPHN/RM has been informed of new/additional concerns or worries in relation to the family's circumstances, for example by a health or social care professional.

6.3 National Childcare Scheme Sponsorship Referral

The National Childcare Scheme provides financial support to help parents meet the costs of childcare. The National Childcare Scheme (NCS) introduced by the Government of Ireland (Childcare Support Act 2018) makes special arrangements for vulnerable children and families to be referred by sponsor bodies so they can receive free childcare for children under the age of 4 years. The HSE is one of the 5 sponsor bodies (Tusla, Department of Education, Irish Refugee Protection programme and Local Authorities).

The RPHN, on behalf of the HSE, can refer a child to NCS:

who are deemed to be in need of early intervention and additional supports in the domains of parental capacity and environmental factors, which are impacting or pose a risk to the child's developmental needs, following completion of a Child and Family Health Needs Assessment by a Registered Public Health Nurse,

and

where there is an identified need for early intervention within a childcare setting, as an additional support to the home environment to meet address the child's developmental needs arising from such parental and/or environmental factors.

6.4 In the case where an open CFHNA and care plan is in place and a new concern or worry arises an additional CFHNA will be required to address the new concern or worry.

6.5 Where child protection and/or welfare concerns arise for a child. See Tusla website for information on definitions of neglect, emotional abuse, physical abuse and sexual abuse. <https://www.Tusla.ie/services/child-protection-welfare/definitions-of-child-abuse/>

A CFHNA should be carried out to assist the RPHN/RM and the information gathered can be used to assist in the completion of a TUSLA referral via the TUSLA portal.

See the attached HSE reporting procedure and link

<https://healthservice.hse.ie/staff/procedures-guidelines/children-first-in-the-hse/children-first-contacts-in-hse/#Tusla>

Tusla Guide for reporters - [https://www.Tusla.ie/uploads/content/4214-TUSLA Guide to Reporters Guide A4 v3.pdf](https://www.Tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf)

6.6 The CFHNA should be completed by the RPHN/RM in circumstances where Tusla Child and Family Agency, are involved or are pending involvement with child/family.

Examples of situations where Tusla may be involved include:

Where a Meitheal process is in place. The CFHNA will also support the Signs of Safety strengths-based approach utilised by Tusla.

Where Tusla Child and Family Agency/ Family support worker is involved with the family.

Where children and families move into the area and have social worker/ TUSLA involvement.

Where there is a request for the RPHN/RM to complete a case conference report, review case conference report or a court report. Templates for these reports are available on <https://dochub.healthservice.ie/>. Completion of the reports is informed by the completed CFHNA.

6.6.1 In the event a Tusla social worker contacts a RPHN to elicit information as part of the network checks regarding a child or family, the RPHN should enquire if there are any new or emerging needs in relation to the child/family that require follow up by the PHN Service.

6.7 In families where a concern or worry is identified for more than one child in receipt of PHN Service, consider the impact on other children in the home and a CFHNA is recommended for each child up to primary school entry. This should be carried out at the same time as the initial CFHNA for the first child.

7.0 Sharing of Information

7.1 Best practice indicates that professionals should obtain informed consent from parent(s) before sharing information with any other discipline, unless to do so would place the child/person at risk of significant harm.

7.1.1 During the decision making process if consent is withheld/not obtained the reasons should be recorded in the Child Health Record and discussed with ADPHN.

7.1.2 The proportionate provision of information to the statutory agencies necessary for the protection of a child is not a breach of confidentiality or data protection.

7.2 All nurses including student PHNs, RPHNs and RMs are designated officers under the Protection of Persons Reporting Child Abuse Act 1998 and as such are mandated to report child abuse to Tusla via the Tusla portal.

The Children First Act (2015) outlines Mandated Persons (18 in total) and relevant services (9 in total). The Registered Nurse or Registered Midwife are specified as mandated persons within the meaning of section 2(1) of the Nurses and Midwives Act 2011. Mandated persons have two main legal responsibilities under the Children First Act (2015)

- To report harm of children above the defined threshold to Tusla
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

8.0 Management of the Child and Family Health Needs Assessment Record

8.1 It is the responsibility of individual RPHN/RM to ensure that the appropriate security and data protection measures are observed for maintaining and storing records containing personal or other confidential information in compliance with HSE policies and procedures.

8.2 The Child and Family Health Needs Assessment Record must be stored in the Child Health Record in the CFHNA tab. Accompanying documentation should be stored in the appropriate section of the Child Health Record i.e. care plan tab, maternal health record, correspondence tab for letters received from social work etc.

8.3 In the event there is a need to transfer the Child Health Record, refer to the Procedure for the Management of Safe Transfer of Child Health Records in the Public Health Nursing Service (2021) for guidance on the management of the child and maternal health records.

8.4 The maternal postnatal record should be removed and archived separately (as per local procedures) when the child is discharged from the Public Health Nursing Service. It is important that should any request come in under FOI or GDPR that only information relating to the subject of the request is released with appropriate redaction of any third-party information.

8.5 As per HSE National Child Protection and Welfare Policy (2026) and HSE Record Retention Policy (2024) as a result of childcare legislation, any child health records containing child protection and welfare concerns must be kept in perpetuity. If a child

health record has any information captured that relates to a child protection and welfare issue, the cover of the Child Health Record must be marked clearly with 'In Perpetuity' in black permanent marker or a 'In Perpetuity' sticker is placed on the front cover. This is to ensure that these Child Health Records can be readily identified as not for destruction or shredding. These records should be archived as per local policy. The HSE record retention policy is currently being reviewed and the recommendations in the latest version of that policy will supersede any instruction here.

9.0 Specific roles and responsibilities

Medical Officer of Health / Consultant in Public Health Medicine

The National Clinical Lead Child Health Public Health, Consultant in Public Health Medicine / Medical Officer of Health (MOH) has MOH responsibilities for the National Healthy Childhood Programme, as legislated for in the 1970 Health Acts, at national level. The National Clinical Lead Child Health/Public Health is responsible for approval and sign off of the document.

The Child and Family Health Needs Assessment Steering Group

The steering group is responsible for ratifying the draft document prior to submission for approval to the National Clinical Lead Child Health/Public Health, The group will initiate a review of this guideline on the date on the front page of the document. The group will initiate an earlier review date in the event of amendments to legislation, HSE policy or other related PPPGs. The group will address any issues nationally which arise from its implementation.

National Lead for Public Health Nursing Service

The National Lead for Public Health Nursing will lead on the implementation of this guideline and bring issues that arise nationally with the implementation to the steering group. The National Lead will liaise with the DPHNs regarding implementation of the guideline.

Director of Public Health Nursing

The DPHN is responsible for implementing, managing and auditing this guideline within their area. The DPHN is also responsible for ensuring that all RPHNs/RMs within their remit are aware of, have access to, have read and understood this guideline. This role may be delegated by the DPHN to the ADPHN. The DPHN will identify and support on-going related educational opportunities required to further enhance knowledge and skills. The DPHN will monitor risks and incidents relevant to this guideline.

Assistant Director of Public Health Nursing

The ADPHN is responsible for the implementation of the guideline by ensuring that current documents are available to all RPHNs/RMs. The ADPHN is responsible for ensuring that all RPHNs/RMs and other designated staff have knowledge of the procedures to be followed within the document. The ADPHN is responsible for ensuring new RPHNs/RMs are informed of the guideline on induction. The ADPHN will ensure that all RPHNs/RMs are aware of any revisions to the guideline and ensure older versions of the guideline are removed from circulation. The electronic policy portal or other electronic

systems will support audit of compliance with this guideline.

RPHN/ RM

Each RPHN/RM is responsible for adhering to this guideline and using it to guide their practice in the delivery of the service they provide. Each RPHN/RM is responsible for ensuring that they read and understand the document and have confirmed this through the electronic policy portal or other electronic systems. When areas of concern are identified, where legislation is known to have changed or where a health, welfare and safety risk is identified, it is the responsibility of each RPHN/RM to ensure that their ADPHN is informed in order to ensure appropriate review and amendments are made to the guideline. RPHNs/RMs should adhere to HIQA and NMBI guidelines regarding documentation, record keeping and file management.

Nursing Practice Development Co-ordinator: The NPDC where in post supports the development of best practice in the PHN service by promoting standardisation, quality assuring and evaluating nursing practice they have a key role in the transfer of knowledge to frontline staff through the dissemination of current evidence-based practice.

10.0 Consultation

10.1 Stakeholder involvement

A draft of this guideline was circulated to all Directors of Public Health Nursing and their teams for consultation and feedback. The draft was also submitted to the HSE National Lead for Health and Social Care professions, Regional Executive Officers, Children First Office HSE and the National Healthy Childhood Programme. All feedback was collated and is held by the National Practice Development Coordinator for Public Health Nursing. This feedback was reviewed by the development group and recommendations accepted or rejected.

11.0 National implementation plan

11.1 Resource implications

This guideline is available on the national central repository
<https://www2.healthservice.hse.ie/organisation/national-pppgs/>

A link to it is also available on <https://dochub.healthservice.ie/>.

Additional resources in relation to blank CFHNA templates, case conference and court report templates are also available on the dochub link.

The Child and Family Health Needs Assessment national education programme suite will support the implementation of this guideline. Governance for the Child and Family Health Needs Assessment national education programme suite is CNMEs and The Child and family Health Needs Assessment steering group and the CFHNA Education subgroup, National Lead for Public Health Nursing, Office of the Nursing and Midwifery Services Director (ONMSD), in collaboration with National Healthy Childhood programme and Tulsa.

Child and family Health Needs Assessment education suite comprises:

- CFHNA Facilitator programme – To provide clear guidance to facilitators on a standardised

approach to the delivery of the Child and Family Health Needs Assessment workshop for Registered Public Health Nurses who will be undertaking the 'Child and Family Health Needs Assessment for Public Health Nurses national education programme suite'.

- CFHNA Facilitator Question & Answer sessions – quarterly – opportunity to update the CFHNA facilitators and also provide feedback related to this guideline and its implications for practice.
- Child and Family Health Needs Assessment national education programme (Phase 1) – Delivered to Student Public Health Nurses (PHNs). The Higher Education Institutes are responsible for coordinating the education to student PHNs in consultation with the CFHNA National Programme Lead and Centre of Nurse and Midwifery Education. This programme is mandatory for all Registered Public Health Nurses. The programme is valid for 3 years.
- Child and Family Health Needs Assessment national education programme (phase 2) -This programme will be delivered through the Centres of Nurse and Midwifery Education (CNMEs/CDL) in collaboration with local PHN services. PHN facilitators must deliver programme through the governance of the designated Centre of Nurse and Midwifery Education and work together with the named CNME Nurse Tutor to deliver the programme. This programme is mandatory for all Registered Public Health Nurses, must be completed within 3 years of completing the Child and Family Health Needs Assessment national education programme (Phase 1).

11.2 Describe the structure and governance of the national implementation team.

The CFHNA education group and CFHNA steering group will be responsible for implementation. See [appendix 4](#)

12.0 Governance and approval

The governance and approval arrangements rest with the CFHNA steering group. This review of the guideline on the use of CFHNA framework in the PHN service was commissioned by Grainne Ryan, National Lead for Public Health Nursing ONMSD. Following development of the national guideline, a checklist was used to assess that the guideline met the standards outlined in How to Develop HSE National PPPGs – A Practical [Guide](#), and signed and dated by the Chairperson of the Development Group.

The CFHNA review group recommended the national guideline to CFHNA steering group with a signed and dated copy of the checklist. The CFHNA steering group submitted the final document for approval to the National Lead Child Health Public Health.

Once approved, the final version was converted to a PDF document to ensure the integrity of the national guideline and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained with National Lead for Public Health Nursing.

13.0 Communication and dissemination plan

The approved document will be circulated to all DPHNs nationally for dissemination to their respective nursing departments and to other key stakeholders. This guideline is available on the national central repository

<https://www2.healthservice.hse.ie/organisation/national-pppgs/>

A link to it is also available on <https://dochub.healthservice.ie/>.

Communication in relation to this guideline will clearly identify that it supersedes all previous local and national guidelines regarding use of the child and family health assessment framework in the PHN service.

14.0 Sustainability

14.1 Describe the plan for monitoring and audit

Monitoring of this guideline will occur by the ADPHN through professional supervision, team meetings and documentation audits. Monitoring will also take place through feedback from the CFHNA facilitators who deliver the education programme throughout the country. Audit of the operation of this guideline will be initiated by the DPHN. Audit of the guideline may be carried out retrospectively by the designated person appointed by the DPHN. This guideline will be the standard for audit using the attached audit tool ([Appendix 5](#)).

The objectives of the audit will be:

- To provide evidence of compliance with the national guideline
- To ensure standardisation of application of the guideline
- To identify areas of improvement, make recommendations and prioritise actions.
- Frequency of audit, sampling processes and timescales for completions will be determined at local level following the first initial audit

14.2 National audit tool

This guideline will be audited using the attached audit tool ([Appendix 5](#)).

14.3 Review / update

This document replaces the Health Service Executive (2021) Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service. This version 2 of the guideline will be revised in 3 years time on the date specified on the front of the document. This review will be triggered by the CFHNA steering group.

15.0 References

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Hanafin S. (2013) Child protection reports: key issues arising for public health nurses. *Community Practitioner* 86 (10) 24-27.

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16.0 Abbreviation

ADPHN	Assistant Director of Public Health Nursing
ANP	Advanced Nurse Practitioner
CFHNA	Child and Family Health Need Assessment
CHR	Child Health Record
CNS	Clinical Nurse Specialist
cRGN	Community Registered General Nurse
DPHN	Director of Public Health Nursing
FOI	Freedom of Information
GDPR	General Data Protection Regulation
HSE	Health Services Executive
NCS	National Childcare Scheme
NHCP	National Healthy Childhood Programme
NMBI	Nursing and Midwifery Board of Ireland
NPDC	Nurse Practice Development Coordinator
ONMSD	Office of the Nursing and Midwifery Services Director
RPHN	Registered Public Health Nurse
RM	Registered Midwife

17.0 Appendices

[Appendix 1 Membership of the Development Group](#)

[Appendix 2 Membership of the Approval Governance Group](#)

[Appendix 3 Conflict of Interest form – held at ONMSD](#)

[Appendix 4 Implementation Plan](#)

[Appendix 5 Audit Tool](#)

[Appendix 6 Child and Family Health Needs Assessment Tool](#)

[Appendix 7 Sample completed CFHNA](#)

[Appendix 8 Checklist – held at ONMSD](#)

Appendix 1: Membership of Development Group

Membership of CFHNA guideline review group	
Name	Role and position
Sinead Lawlor (Chair)	National Practice Development Coordinator for Public Health Nursing HSE
Ann Marie Walsh	PHN Child Protection Cavan/Monaghan
Anne Sweeney	ADPHN Donegal
Bernie Long	ADPHN Limerick
Caroline Lee	PHN Dublin North West
<i>Catriona O'Daly</i>	<i>Assistant Professor Public Health Nursing UCD left group Oct 2025</i>
Ciara Molyneaux	PHN Roscommon
Claire Purcell	PHN Kildare/West Wicklow
Crystal Bourke	PHN Galway
Dr. Fiona Cianci	Consultant in Public Health Medicine, Child Health Public Health
Jacqueline Austin	DPHN Dublin North Central
Keighleigh Byrne	Assistant Professor Public Health Nursing UCD joined group Oct 2025
Kirsten Preisler	Coordinator for Children with Complex Care Needs
Lisa Byrne	PHN Carlow/Kilkenny
Margaret Coleman O'Reilly	ADPHN Dublin North Central
Marie Hickey	ADPHN Dublin North
Nicola McMahon	PHN Louth
Orla Byrne	PHN Dublin North
Pauline Keogh	DPHN Kildare/West Wicklow
<i>Sharon Linnane</i>	<i>ADPHN Galway left group in May 2025</i>
Sinead Flaherty	ADPHN Galway Joined group in May 2025

Appendix 2: Membership of Steering Group

Name	Role and position
Grainne Ryan (Chair)	National Lead for PHN Service
Sinead Lawlor	National Practice Development Coordinator for PHN service
Catherine Mc Bride	Director of Public Health Nursing
Ann Pardy	Programme Manager Child Health Public Health / National Healthy Childhood Programme
Dr. Fiona Cianci	Consultant in Public Health Medicine, Child Health Public Health
Mairead Loftus	Director of CNME
Michelle Mc Loughlin	Programme Director, University of Galway
Jacqueline Austin	Director of Public Health Nursing
Bernie Laverty	National Manager, Area Based Childhood (ABC) Programme. Tusla
Kirsten Simmering	Senior Child and Family Support Network Co-ordinator
Sarah Oakley	Assistant Director of Nursing, Social Inclusion

Appendix 4: National Implementation Plan:

National Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service Date National Guideline approved: 15/10/2026 Expected date of full implementation: The guideline will be launched nationally within 3 months of the approval date. National 3PG implementation lead/role: Grainne Ryan, National Lead for Public Health Nursing Service					
IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
Information session developed nationally for CFHNA facilitators	• Enabler: Support of CFHNA facilitators • Enabler: Webinar will be recorded • Enabler: PowerPoint slide set to support implementation. • Barrier: IT access is variable.	• Set date for national live webinar. • Provide and record webinar. • Disseminate recorded webinar and slides. • Submit guideline to national central repository	Sinead Lawlor National PDC	3 months from approval date	The reviewed and updated standardised Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service will be available for use across the PHN services nationally 3 months from approval date.
National Implementation Plan Continued					
Education / training required to implement the National 3PG: • National Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service is available on national central repository of the HSE. • CFHNA Facilitators support for implementation. • The national procedure will require dissemination to all DPHNs nationally. • Communication from the national PHN office with the Higher Education Institutes responsible for student PHN education will occur to ensure awareness of the new Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service					

Appendix 5: National Audit Tool

Methodology

Population: A sample of target users

Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.

Frequency: To be determined locally at least annually.

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**. **Compliance requirement: 100%**

	Question	Please circle the answer			
1	Is there documented evidence that the five Child and Family Health needs questions were reviewed and the outcomes documented at the primary visit?	YES	NO		
		3 month	9-11 month	21-24 month	46-48 month
2	Is there documented evidence that the prompt question was asked 'Has there been any change in the child and family circumstances from the previous contact?	YES NO	YES NO	YES NO	YES NO
3	If yes to the prompt question is there documented evidence that the five Child and Family Health Needs questions were reviewed and the outcomes documented?	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
4	Is there documented evidence that a Child and Family Health Needs Assessment was completed if required?	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
5	Is there documented evidence that a Care Plan(s) was developed?	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
6	Is there documented evidence that the evaluation outcomes were documented in CFHNA care plan?	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
7	Is there documented evidence that CFHNA care plan review dates were set?	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A

Calculation of Compliance Rate %:

The score, expressed as a percentage, is calculated by dividing the number of "yes" and "no" answers. "Not applicable" answers are excluded from the calculation of the percentage score.

Example: If there are 6 "yes" and 2 "no" answers, the score is calculated as follows:

6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%

Date of Audit:

Audited by (name/title):

Appendix 6: Child and Family Health Needs Assessment Tool

available at <https://dochub.healthservice.ie/public-health-nursing-service/>

HSE PUBLIC HEALTH NURSING SERVICES CHILD AND FAMILY HEALTH NEEDS ASSESSMENT	
The purpose of the CHILD AND FAMILY HEALTH NEEDS ASSESSMENT RECORD is to assess, identify and interpret the child and family health needs. The IMPACT of parenting capacity, family and environmental factors on the child's health and development should be examined and recorded. For the most appropriate service to be provided and to ensure the optimum health and well-being of this child.	Affix label otherwise complete: Name, DOB, Address IHI: _____ Sex: M ☐ F ☐ Surname: _____ Forename: _____ DOB: dd/mm/yyyy Address: _____ Eircode: _____
Date of Assessment: _____ Number of Assessment¹: _____ Date and time CFHNA opened: dd/mm/yyyy hh:mm Closed by Signature: _____ Pin: _____ REASON FOR THE ASSESSMENT OF THIS CHILD: <i>(If there is more than one child requiring assessment in the family, a separate assessment record must be completed)</i> _____ _____ _____	
BRIEF FAMILY/HOUSEHOLD COMPOSITION <i>Record details of the family/household composition, parent/guardian details and relationship to child. Further details of type of household (e.g. blended, single parent, nuclear, generational) or the care arrangements (e.g. estranged family, mothers partner (not the child's parent) living in the home) may be recorded.</i> _____ _____ _____	
CHILD DEVELOPMENT NEEDS <i>Consider and document protective and risk factors (Page 6 CFHNA Resource Manual) in relation to the child's physical health and well-being, emotional and behavioural development, education, family and social relationships, identity, social presentation, self-care skills which is most relevant to his / her development and well-being.</i> _____ _____ _____ _____ _____ _____	
PARENTING CAPACITY: <i>Consider and document protective and risk factors (Page 6 CFHNA Resource Manual) in relation to the child's basic care, safety, emotional warmth, stability, guidance and boundaries and stimulation needs, which is most relevant to their development and well-being. Include any risk factors identified such as parent's ill-health, disability or substance misuse.</i> _____ _____ _____ _____ _____ _____	
Date and time CFHNA closed: dd/mm/yyyy hh:mm Signature: _____ Pin: _____ Date: dd/mm/yy Time: hh:mm	

Appendix 7 Sample completed CFHNA Record

HSE PUBLIC HEALTH NURSING SERVICES CHILD AND FAMILY HEALTH NEEDS ASSESSMENT RECORD

The purpose of the CHILD AND FAMILY HEALTH NEEDS ASSESSMENT RECORD is to assess, identify and interpret the child and family health needs. The IMPACT of parenting capacity, family and environmental factors on the child's health and development should be examined and recorded. For the most appropriate service to be provided and to ensure the optimum health and well-being of this child.

NAME OF THE CHILD Amy Small

MALE

FEMALE X

DATE OF BIRTH 10/12/2024

ADDRESS 234 Yellow Brick Road, Ballybay, Co. Longford

Date of Assessment: 8/11/2025

Number of Assessment 1

Date and time CFHNA opened: 8/11/2025 14.25

Date and time CFHNA closed: dd/mm/yyyy hh:mm

Closed by Signature: Pin: **Date:** dd/mm/yyyy **Time:** hh:mm

REASON FOR THE ASSESSMENT OF THIS CHILD (If there is more than one child requiring assessment in the family, a separate assessment record must be completed)

Mum (Catherine) has mobility problems due to chronic arthritis and is scheduled for bilateral knee replacement surgery in the coming months. Amy is not reaching her gross motor developmental milestones at 11 months old. Catherine is finding it difficult (physically challenging) to provide for her daughter's needs, particularly opportunities to promote Amy's gross motor development.

BRIEF FAMILY/HOUSEHOLD COMPOSITION Record details of the family/household composition, parent/guardian details and relationship to child. Further details of type of household (e.g. blended, single parent, nuclear, generational) or the care arrangements (e.g. estranged family, mothers partner (not the child's parent) living in the home) may be recorded.

Catherine and Amy live in a one-bedroom ground floor flat. Catherine's parents live 3 km outside the town and are a good support to her. Catherine and her partner have recently split up.

CHILD DEVELOPMENT NEEDS Consider and document protective and risk factors in relation (Page 6 manual) to the child's physical health and well-being, emotional and behavioural development, education, family and social relationships, identity, social presentation, self-care skills which is most relevant to his / her development and well-being.

Amy is 11 months old and she has not reached the gross motor developmental milestones as expected of a child of her age. She is not sitting unsupported yet. Her fine motor milestones are intact in that she pokes at objects and picked 'a cheerio' out of the palm of my hand. She smiles, responds to sound and recognises her name. Her weight today is at 99th centile. Birth weight was on the 50th centile. Her head circumference 50th centile since birth. Mum reports that Amy is fretful and can be difficult to settle at times. According to Catherine, Amy spends much of the day in her stroller because Mum finds it difficult to get her in and out of the stroller, into her bed, into a bath, on to the floor for play, or go outdoors

PARENTING CAPACITY Consider and document protective and risk factors (Page 6 CFHNA Resource Manual) in relation to the child's basic care, safety, emotional warmth, stability, guidance and boundaries and stimulation needs, which is most relevant to their development and well-being. Include any risk factors identified such as parent's ill-health, disability or substance misuse.

Catherine is 42 years old and recently separated from her partner. She has a history of chronic arthritis and is scheduled for bilateral knee replacement surgeries in two months' time. Due to her physical limitations Catherine weight has increased significantly which is a source of anxiety for her recovery. She recognises that the surgery is important and will give her an improved quality of life. Catherine wants to do the best for her daughter. Catherine admits that the time in the stroller cannot be good for Amy. Currently Catherine's major challenge is being structured and consistent with meeting Amy's needs and providing her with appropriate opportunities for play and opportunities for socialisation.

FAMILY AND ENVIRONMENTAL FACTORS (Consider and document protective and risk factors (Page 6 CFHNA resource Manual) in relation to the family history and functioning, housing, employment, income, wider family, the family integration into the community, and use of community services. Please give details of history and current situation

Catherine lives in a flat beside a shop on the main street in the village. The flat is in good condition and is well heated and ventilated. There is no outside safe space. She is currently unemployed as her knee and back pain is disenabling. She has frequent contact with her family. Her main source of social support is her parents and former partner

ACTIONS/INTERVENTIONS (Record the actions/interventions required to support the needs identified in the three domains as documented in the care plan(s). Document if immediate interventions are required.

Care Plans:

Delayed Gross motor skills at 9 – 11 months

Parent is socially isolated

Parent is experiencing difficulties with developing effective parenting skills to support their infant's needs

Referrals

Family Resource centre

National Childcare Scheme

Paediatric Physiotherapy

DISCUSSED WITH LINE MANAGER: YES ☒ NO ☐ **DATE:** 8/11/2025

NAME OF LINE MANAGER: Mary McMahon

Have the parents / guardians been informed that the information will be shared with other agencies and professionals, as required in the best interests of the child: YES ☒ NO ☐ If No state the reason:

If this is the first child and family health assessment for this child enter number 1

ASSESSMENT COMPLETED BY (PRINT NAME) Laura Sample

Signature: Laura Sample

Pin: 123456

Date: 8/11/2025 **Time:** 14.30