

<b>The Universal 24 to 30 Month Review by the Specialist Community Public Health Nurse Health Visitor Team</b>	
Standard Operating Procedure (SOP Number 6)	
Ref No: 2024 Version: 4	
Prepared by: Service Manager Professional Lead SCPHN Health Visitor Team Leader	
Presented to: Care and Clinical Policy	Date: 17 May 2017
Ratified by: Care and Clinical Policy	17 May 2017
Review date: 7 July 2020	
<ul style="list-style-type: none"> <li>· Relating to policies: South West Child Protection Procedures (<a href="http://www.swcpp.org.uk">www.swcpp.org.uk</a>) (accessed 15<sup>th</sup> May 2017)</li> <li>· Torbay and South Devon NHS Foundation Trust (TSDFT) Policy for the <a href="#">Protection of Adults at Risk from Abuse Version 3 – Ref 1187</a></li> <li>· TSDFT <a href="#">Lone Working Policy and Guidance No.55</a></li> <li>· <a href="#">Ref 1906 - Disengagement with Community Services in relation to children. V2 Date 20.4.16 – 03.06.2018</a></li> <li>· <a href="#">The Universal Antenatal Contact at 28 week gestation by the SCPHN HV. Date 2015 – 2017 – Ref 2016</a></li> </ul>	

**1. Purpose of this document:**

- 1.1 This document offers best practice guidance on the 24 to 30 month developmental review by the Specialist Community Public Health Nursing (SCPHN) Health Visitor (HV) team.
- 1.2 The HV 24 to 30 week contact described in the Department of Health (DH) Healthy Child Programme (HCP) 0-5 years will be the service and interventions provided to all families who are resident permanently or temporarily in the Borough of Torbay, with a child aged between 24 and 30 months. This should be done as a face-to-face interview, in a confidential setting, based on a promotional narrative listening interview.

**2. Scope of this SOP:**

- 2.1 This Standard Operating Procedure (SOP) must be followed by all the TSDFT Specialist Community Public Health Nurse Health Visitor teams.

2.2 This SOP is applicable to: all families who are resident permanently or temporarily in the Borough of Torbay, with a child aged between 24 and 30 months.

### **3. Competencies required:**

3.1 Practitioners delivering the Healthy Child Programme health and development reviews are expected to be trained in recognising the range of normal child development and the factors that influence health and well-being - [www.e-lfh.org.uk](http://www.e-lfh.org.uk) (site accessed 15/05/17).

3.2 Practitioners require skills to accurately complete and interpret centile charts [www.rcpch.ac.uk](http://www.rcpch.ac.uk) (site accessed 15/05/17).

3.3 Practitioners need consultation skills, purposeful listening skills and motivational interviewing skills.

3.4 Practitioners will have skills to deliver an intervention using a strength based model.

3.4 TSDFT staff will be aware of the South West Child Protection Procedures [www.swcpp.org.uk](http://www.swcpp.org.uk) (site accessed 15/05/17) and how to refer to the Multi-agency Safeguarding Hub (MASH) using the Child's Journey Threshold Matrix.

### **4. Procedure / Steps:**

4.1 All Families with a child between 24 and 30 months will be offered a face to face contact to complete the universal 2.3 years developmental review by a member of the SCPHN team.

4.2 The review will be conducted in partnership with parents and carers using the assessment tools Ages and Stages Questionnaire 3 British Edition (ASQ-3 BE) and the Ages and Stages Questionnaire: Social-Emotional (ASQ-SE BE)

4.3 The HV team will review all the 24 to 30 months developmental assessments required each month and allocate to an appropriate team member. Children identified as Universal Partnership Plus will receive an appointment with the health visitor.

4.4 The HV team will identify children under the care of Early Years support or the Child Development Unit and offer a supportive home visit to review the child's health needs. The HV will make a decision in partnership with the family or carer on whether to use the ASQ-3 BE and the ASQ-SE BE for children with significant developmental delay.

- 4.5 Families/carers will receive a letter inviting them to an appointment for their child's developmental review between 24 and 30 months. This letter will explain the ASQ-3 BE ([Appendix 1](#)) and contain the age appropriate ASQ-3 BE and ASQ-SE BE questionnaire (copyright protected). Each questionnaire has a valid age range; it is essential to determine the child's exact age in months and days on the proposed day of the appointment [www.agesandstages.com/age-calculator](http://www.agesandstages.com/age-calculator) (site accessed 15/05/17).
- 4.6 Parents/carers will be encouraged to complete the self-assessment questionnaires prior to the appointment and bring them to their appointment with the HV team. Spare questionnaires will be available for families who forget to bring the questionnaires to their child's developmental review.
- 4.7 The HV team member will be sensitive towards the parent/carer's interpretation and understanding of the ASQ questionnaires. Literacy skills and ethnicity need to be taken into account and it may be useful for some parents/carers that the HV supports them in completing the questionnaires.
- 4.8 The review will take place in a mutually agreed venue. This could be a clinic, Children's Centre, nursery or the child's home.
- 4.9 If the parents do not accept the invitation by not attending, the HV will make a professional decision on the level of risk to this child. If the child is receiving a Universal level of service, a second appointment will be sent. Following a second non-attendance, a letter offering future support will be sent, but no further appointment. Non-attendance and the action taken by the HV will be recorded on the child's Health Paris record.
- 4.10 Where the HV (or other members of the Primary Health Care team) have identified that the child requires a Universal Plus or Universal Partnership Plus level of service, the HV is responsible for contacting the family to make a professional decision on future actions. It may be necessary to liaise with members of the team and other relevant agencies in making this decision. Staff will use the TSDFT SOP *Disengagement with Community Services in relation to children*. V2 Date 20.4.16 – 03.06.2018 to support decision making.
- 4.11 The parents/carers and professionals work together to review 5 areas of child development including communication, gross motor skills, fine motor skills, problem solving and personal-social skills.

- 4.12 A height and weight recording must be taken to assess the child's Body Mass Index (BMI) and recorded in the Personal Child Health Record (PCHR) Red Book. Children's BMI will be calculated using the NHS Choices website BMI healthy weight calculator [www.nhs.uk/tools/pages/healthyweightcalculator.aspx](http://www.nhs.uk/tools/pages/healthyweightcalculator.aspx) (*sited accessed 15/05/17*) the result will be recorded on the child's Paris Health record. A decision should be made as to whether to follow up children who are recorded as being underweight, overweight or very overweight and an agreement with the family should be sought regarding the most appropriate intervention.
- 4.13 Along with an ASQ-3 BE assessment, HVs should provide health promotion around healthy eating and the use of vitamin supplements, keeping active, teeth brushing, registering with and going to the dentist, keeping children safe, and immunisations.
- 4.14 Guidance will be offered on managing behaviour, encouraging good sleeping habits, nutrition, active play, and language promotion.
- 4.15 Advice will be given on entitlement to Healthy Start vouchers and Healthy Start vitamins.
- 4.16 The health visitor team member will follow the 2 year Integrated review pathway ([Appendix 2](#)) and complete the Integrated 2 year review pages in the PCHR.
- 4.17 School readiness will be discussed with the parents/carers and, where needed, information given relating to free nursery provision for 2 year olds and/or advising parents/carers on free nursery places for 3 year olds ([www.torbay.gov.uk/childcare](http://www.torbay.gov.uk/childcare) (*site accessed 15/05/17*)).
- 4.18 Families will be given a Bookstart Plus pack.
- 4.19 The ASQ information sheets 'Activities for Children 24-30 Months Old' and 'social-emotional activities for young children 30 months old' will be discussed and given to parents/carers to encourage age appropriate games and fun interactions between parent/carer and child.
- 4.20 The HV will advise how to access high quality websites, such as:
- TSDFT HV site for families  
<http://www.torbayandsouthdevon.nhs.uk/services/health-visiting/> (*site accessed 15/05/17*).

- Department of Health website for parents and families  
[www.foundationyears.org.uk](http://www.foundationyears.org.uk) (site accessed 15/05/17).
  - NHS Choices - Your Health, Your Choices  
<http://www.nhs.uk/Pages/HomePage.aspx> (site accessed 26/04/17).
  - Where appropriate signpost to partner agencies if support is required with smoking cessation, weight management including physical activity, substance use.  
<http://www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles> (site accessed 15/05/17).
- 4.21 The review will be recorded in the Parent Child Health Record (Red Book) and, in the child's Health Paris record completing the 2.3 year assessment template.
- 4.22 Review the Family Health Needs Assessment on the child's Paris records *the Child's Development Needs* template and the mothers Paris records *the Family & Environmental and Parenting Capacity* templates when required.
- 4.23 The HV will ask the routine enquiry questions if safe to do so using the guidance in the SOP the Universal Antenatal Contact at 28 weeks gestation by the SCPHN (2015-2017)
- 4.24 The ASQ-3 BE and ASQ-SE scores will be recorded on the 2.3 year targeted assessments template. Additional information on the summary sheets will be recorded in the child's case notes in Health Paris. The questionnaires will be returned to the parent/carer.
- 4.25 The Family and Friends questionnaire will be discussed at each contact and the HV team will ask the family if this can be completed, it is then forwarded to TSDFT at Bay House, Torquay.

## 5. Monitoring tool:

Standards:

Item	%	Exceptions
The percentage of completed ASQ 3 BE and ASQ-SE will be reported quarterly to Public Health Local Authority Commissioners	95%	90%
The Integrated Review is measured and reported to Public Health Local Authority Commissioners	95%	90%
<p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the <a href="#">Equality and Diversity Policy</a></p>		

### References:

1. Healthy Child programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)
2. Healthy Child Programme 2 year review (DH, 2009)
3. ASQ-3 BE [www.brookespublishing.com](http://www.brookespublishing.com) (site accessed 15/05/2017).
4. [www.agesandstages.com](http://www.agesandstages.com) (site accessed 15/05/2017).
5. Squires. J, et.al (2009) ASQ-3 user's guide, Paul H. Brookes Publishing Co. Inc.
6. Squires. J, et.al (2002) The ASQ: SE user's guide: for the Ages and stages questionnaires, social-emotional: a parent-completed, child monitoring program for social-emotional behaviours. Paul H. Brookes Publishing Co. Inc.
7. NHS England: 2016 -17 National Health Visiting Core Service Specification
8. The Early Years and Health Integrated Review for Two Year Olds. Practitioner Guidelines 2016 (DRAFT)

### Appendix:

[Appendix 1: Letter to parents/carers introducing the ASQ-3 BE and containing the age appropriate ASQ-3 BE questionnaire \(copyright\)](#)

[Appendix 2: Integrated 2 year review flowchart](#)

**Amendment History**

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	02 April 2015	Update	Service Manager Professional Lead SCPHN
2	Ratified	26 April 2015	Review	Service Manager Professional Lead SCPHN
2	Ratified	21 July 2015	Review	Service Manager Professional Lead SCPHN
3	Ratified	23 September 2016	Review	Service Manager Professional Lead SCPHN
4	Ratified	7 July 2017	Revised	Care and Clinical Policies Group
4		19 February 2018	Review date extended from 2 years to 3 years	

## Appendix 1

Torbay and South Devon 

NHS Foundation Trust



Date:

Dear parent / guardian

**Welcome to our Screening Assessment ASQ-3 BE**

ASQ-3 is an assessment and provides a quick look at how children are doing in important areas, such as communication, physical ability, social skills and problem solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10-15 minutes. It's that quick. Then please try the activities on the questionnaire with your child and record what you see and any concerns you'd like to share.

Here's how ASQ-3 works:

- You will answer each question "yes", "sometimes", or "not yet", based on what your child is able to do now. Your answers help show your child's strengths and areas where he or she may need practice.
- To answer each question, you can try fun and simple activities with your child. These activities encourage your child to play, move around and practise day-to-day skills.
- After you complete the questionnaire, a professional will share the results with you.

You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start.

Have fun completing this questionnaire with your child!

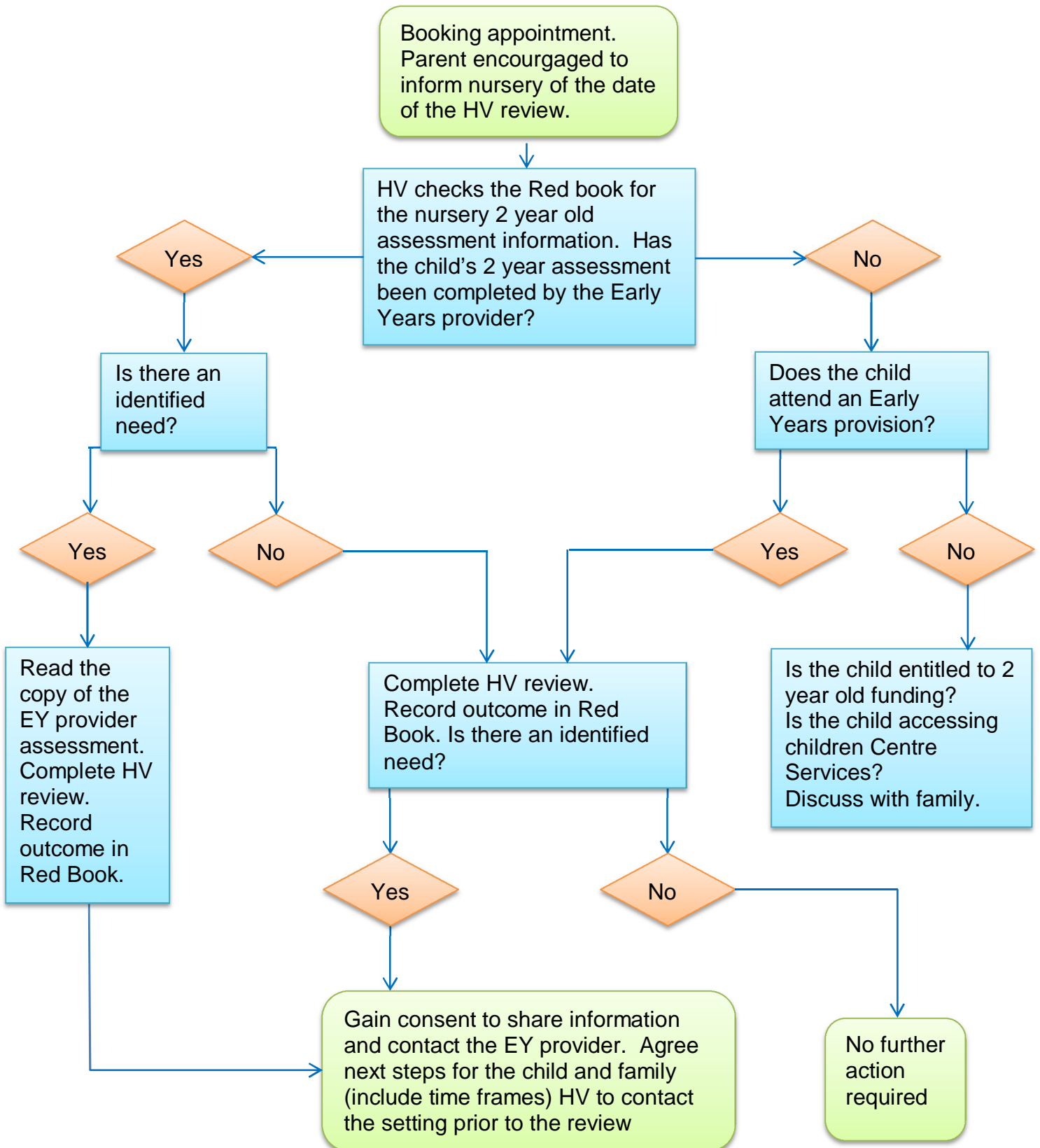
Yours sincerely

Health Visitor

To find out more, or if you need help completing this form then please contact your Health Visitor or Community Nursery Nurse or visit [www.agesandstages.com](http://www.agesandstages.com).



Appendix 2



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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Quality Impact Assessment (QIA)**

<i>Please select</i>				
<b>Who may be affected by this document?</b>	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others ( <i>please state</i> ):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
<b>If applicable, what action has been taken to mitigate any concerns?</b>				

<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details ( <i>please state</i> ):			

**Rapid Equality Impact Assessment** *(for use when writing policies and procedures)*

<b>Policy Title</b> (and number)	<b>24-30 Month HV Review (SOP Number 6)</b>	<b>Version and Date</b>	(2) April 2017		
<b>Policy Author</b>	Service Manager Professional Lead SCPHN Health Visitor Team Leader				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?					
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?					
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?					
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?					
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>					
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
The introduction of the ASQ 3 & ASQ SE tool to screen children at 2.5 years the scores are fed into the children and young person's data returns for TSDFT.					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
Team members					
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>			
<b>AUTHORISATION:</b>					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
<b>Name of person completing the form</b>	Service Manager Professional lead SCPHN	<b>Signature</b>			
<b>Validated by (line manager)</b>		<b>Signature</b>			



