

The Universal One Year Review by the Specialist Community Public Health Nursing (SCPHN) Health Visiting Team	
SCPHN Standard Operating Procedure No 5	
Ref No: 2025 Version 3	
Prepared by: Service Manager Professional Lead SCPHN (Health Visiting & School Nursing) Health Visiting Team Leaders	
Presented to: Care & Clinical Policy Group	Date: 19 April 2018
Ratified by: Care & Clinical Policy Group	Date: 19 April 2018
Review date: 17 May 2020	
Relating to policies:	
<ul style="list-style-type: none"> • Relating to policies: <ul style="list-style-type: none"> South West Child Protection Procedures (https://www.proceduresonline.com/swcpp/) (last accessed 19/03/18) Torbay and South Devon NHS Foundation Trust (TSDFT) G1187 Policy for the Protection of Adults at Risk from Abuse (last accessed 29/03/18) TSDFT Management of Lone Working (last accessed 29/03/18) G1906 Disengagement with Community Services in relation to children. V2 Date 20.4.16 – 03.06.2018 Ref 2022 TSDFT SCPHN SOP No 4: The Perinatal Infant Mental Health Contact and the Initial Assessment of Early Attachment by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV) 2017 Ref 2125 TSDFT SCPHN SOP No 7: The Transfer In and Out Process by the SCPHN HV Team 	

1. Purpose of this document:

1.1 This document offers best practice guidance on the 1 year developmental review by the Specialist Community Public Health Nursing (SCPHN) Health Visitor (HV) team.

2. Scope of this SOP:

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

2.2 This SOP is applicable to all families and carers with a 9 month to 1 year old child who are resident permanently or temporarily in the Borough of Torbay.

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 (site accessed 13/03/18)
- 3.2 SCPHN HV teams will be aware of the South West Child Protection Procedures <https://www.proceduresonline.com/swcpp/> (last accessed 19/03/18) and how to refer to the Multi-Agency Safeguarding Hub (MASH) where concerns are present for the welfare of a child.
- 3.3 SCPHN HV team members will be competent in the use of The Signs of Safety tool.
- 3.4 The SCPHN Team members will be competent in making a targeted support referral
- 3.5 All SCPHN HV staff will have attended:
 - 2 day Solihull Foundation training
 - iHV Domestic Abuse training or equivalent
 - iHV Perinatal Mental Health training or equivalent
 - iHV Infant Mental Health Champion training or equivalent
 - annual immunisation update or equivalent training

4. Procedure / Steps:

- 4.1 All families with a child aged between 9 months and 1 year will be offered a face to face contact to complete the universal 1 year developmental review by a member of the SCPHN team.
- 4.2 The HV team will review all the 9 months developmental reviews required each month and allocate to an appropriate team member. Children identified as Universal Partnership Plus will receive an appointment with the HV.
- 4.3 Parents/carers will receive a letter inviting them to an appointment for their child's developmental review, containing the age appropriate ASQ-3 and ASQ-SE questionnaires.
- 4.4 Parents/carers will be encouraged to complete the self-assessment Ages and Stages Questionnaire 3 (ASQ-3) and the Ages and Stages Questionnaire: Social-Emotional (ASQ-SE), prior to the appointment and bring them to their appointment with the SCPHN team member. Spare questionnaires will be available for families who forget to bring the questionnaires to their child's 1 year developmental review.
- 4.5 If the parent/carer does 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.
- 4.6 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 [G1906 Disengagement with Community Services in relation to children](#). V2 Date 20.4.16 –03.06.2018 to support decision making.

- 4.7 The SCPHN team member will be sensitive towards the parents/carers 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. If an interpreter is required information is available for translation and interpretation services on ICON.
- 4.8 The HV will review the Family Health Needs Assessments (FHNA) and the Lone Working Risk Assessment, on Paris Health prior, to the 1 year review.
- 4.9 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. The ASQ information sheets 'Activities for Infants 8 to 12 months old' will be discussed and given to parents/carers to encourage age appropriate games and fun interactions between parent/carer and child.
- 4.10 A height and weight recording will be taken to assess the child's growth and recorded in the Personal Child Health Record (PCHR) Red Book. Children's growth will be assessed using the centile charts in the PCHR. 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. Safeguarding concerns should be reviewed with a Child Protection Supervisor.
- 4.11 The ASQ SE will be discussed with the family to review the child's social and emotional strengths and identify areas where support may be required.
- 4.12 Health promotion information will be discussed. To include:
 - healthy eating
 - vitamin supplements
 - entitlement to Healthy Start vouchers and Healthy Start vitamins
 - teeth brushing & registering with a dentist, and gifting the *Brush for Life Pack*
 - accident prevention and home safety
 - managing minor illness

Families/carers will be signposted to NHS Choices – Your Health, Your Choices www.nhs.uk (last accessed 13/03/18)

Families/carers will be reminded of the TSDFT HV web site

www.torbayandsouthdevon.nhs.uk/services/health-visiting (last accessed 13/03/18)

- 4.13 The SCPHN team member will review the child’s immunisations status and refer to the family GP if required.
- 4.14 The SCPHN team member will ask the family/carer about the child sleep pattern and offer support if required.
- 4.15 The SCPHN team member will encourage language development by gifting the *Book Start Pack* encouraging families to join their local library and promoting local Early Year’s provision.
- 4.16 The SCPHN team member will review the mother’s mental health in accordance with SCPHN SOP No 4. The outcome of reviewing the mother’s mental health will be recorded on PARIS under the mothers name as a mood review assessment.
- 4.17 The SCPHN Team member will complete the one year review targeted assessment on the mother’s records which includes, routine enquiry and life styles choices.
- 4.18 Assessing the nature of the mother and baby relationship will form part of the 9 month to 1 year review and will be recorded on the child’s Paris record using the Child’s Voice section.
- 4.19 The universal 1 year review will be recorded on Paris as a Screening Client Profile assessment and casenotes written for the contact on both mother and child’s records in a timely manner.
- 4.20 On completion of the 1 year review the mothers assessments and record will be end dated on Paris. In Universal Partnership and Universal Partnership Plus cases the mother’s record should remain open until the episode of care has been completed.

5 Monitoring tool:

Standards:

Item	%	Exceptions
Key Performance Indicator quarterly reporting to commissioners	95%	90%

Equality Statement.

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.

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 [Equality and Diversity Policy](#)

References:

- 1: 2015-16 National Health Visitor Core Service Specification (NHS England) NICE guidance: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidelines, Dec 2014 <https://www.nice.org.uk/guidance/cg192/resources/antenatal-and-postnatal-mental-health-clinical-management-and-service-guidance-pdf-35109869806789> (last accessed 29/03/18)
- 2: [Signs and Symptoms](#) (SAM) leaflet for parents (last accessed 29/03/18)
- 3: A guide to immunisations up to one year of age. <https://www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age> (last accessed 29/03/18)
- 4: The Code: Professional standards of practice and behaviour for nurses and midwives: NMC 21/03/2015 <https://www.nmc.org.uk/standards/code/> (last accessed 29/03/18)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	2 June 2018	Review	Service Manager Professional Lead SCPHN (Health Visiting & School Nursing) Health Visiting Team Leaders
2	Draft	10 October 2016	Review	Service Manager Professional Lead SCPHN (Health Visiting & School Nursing) Health Visiting Team Leaders
3	Ratified	17 May 2018	Revised	Care and Clinical Policies Group Meeting

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

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.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.