

<b>The Universal 24 to 30 month review by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV) Team</b>	
Standard Operating Procedure (SOP)	
Ref No: 2024 Version: 3	
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Ratified by: Care and Clinical Policy Sub-Group	Date: 17 August 2016
	Review date: Care & Clinical group agreed to extend until 28 February 2017
<ul style="list-style-type: none"> <li>• <b>Relating to policies:</b> <ul style="list-style-type: none"> <li>South West Safeguarding and Child Protection Group Guidelines</li> <li>Torbay and South Devon NHS Foundation Trust (TSDFT) (formerly Torbay and Southern Devon Health and Care Trust - TSDHCT) Safeguarding Adults Multi-Agency Policy and Procedure</li> <li>TSDFT (formerly TSDHCT) Lone Working Policy</li> </ul> </li> </ul> <p>TSDFT (formerly TSDHCT) SCPHN Family Health Needs Assessment Tool 2014</p>	

### 1. Purpose of this document:

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.

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 in Torbay and South Devon NHS Foundation Trust (TSDFT). This should be done as a face-to-face, one-to-one interview, in a confidential setting, based on a promotional narrative listening interview.

## 2. Scope of this SOP: - *Who does it relate too and who it is aimed at.*

This Standard Operating Procedure (SOP) must be followed by all TSDFT Specialist Community Public Health Nurse Health Visitors.

## 3. Competencies required:

Practitioners delivering the Healthy Child Programme health and development reviews are expected to be trained in and have an understanding of child development and of factors that influence health and well-being - [www.e-lfh.org.uk](http://www.e-lfh.org.uk) (site accessed 25.11.15). Practitioners need to be able to recognise the range of normal development. (Sheridan, Mary D. "From Birth to Five Years: Children's Developmental Progress" Third Edition 2008)

Practitioners need to be able to complete up-to-date growth charts [www.rcpch.ac.uk](http://www.rcpch.ac.uk) (site accessed 25.11.15).

Practitioners need consultation skills, purposeful listening skills and guiding questions (motivational skills).

TSDFT staff will be aware of the South West Child Protection Procedures [www.swcpp.org.uk](http://www.swcpp.org.uk) (site accessed 25.11.15) and how to refer to the Multi-agency Safeguarding Hub (MASH) using the Child's Journey Threshold Matrix.

**Patients Covered:** This SOP is applicable to all children aged 24 to 30 months who are resident permanently or temporarily in the Borough of Torbay.

## 4. Procedure / Steps:

- 4.1 100% of families will be offered a face to face contact between 24 and 30 months for their child to have a developmental review by the SCPHN team.
- 4.2 The review will be conducted in partnership with parents and carers using the assessment tool Ages and Stages Questionnaire 3 British Edition (ASQ-3 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 John Parkes Developmental 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 for children with significant developmental delay.

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- 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 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 25.11.15*)).
  - 4.6 Parents/carers will be encouraged to complete the ASQ-3 BE self-assessment questionnaire prior to the appointment and bring it with them to their appointment with the HV team.
  - 4.7 The HV team member will be sensitive towards the parent/carer's interpretation and understanding of the ASQ-3 BE. 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 assessment.
  - 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 in the child's index card.
  - 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.
  - 4.11 The parents/carers and professionals work together to review 5 areas of child development including gross motor skills, fine motor skills, personal and social skills, problem solving, and communication.
  - 4.12 A height and weight recording must be taken and recorded in the Personal Child Health Record (PCHR) Red Book.
  - 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 An ASQ-SE (social and emotional) questionnaire must be conducted in response to personal, social and emotional development concerns ([www.brookespublishing.com](http://www.brookespublishing.com) (site accessed 25.11.15)).
- 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.torbaydirectory.com](http://www.torbaydirectory.com) (site accessed 25.11.15)).
- 4.18 Families will be given a Bookstart Plus pack.
- 4.19 The ASQ information sheet 'Activities for Children 24-30 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 (site accessed 25.11.15).  
<http://www.torbaycaretrust.nhs.uk/yourlife/childrenandfamilies/Pages/Default.aspx>
  - Department of Health website for parents and families  
[www.foundationyears.org.uk](http://www.foundationyears.org.uk) (site accessed 25.11.15).
  - NHS Choices - Your Health, Your Choices  
<http://www.nhs.uk/Pages/HomePage.aspx> (site accessed 25.11.15).
  - Information on local support groups and services [www.torbaydirectory.com](http://www.torbaydirectory.com)
  - Where appropriate, signposting to other agencies if support required with smoking cessation, weight management including physical activity, substance use e.g. Healthy Lifestyles.  
[www.torbaycaretrust.nhs.uk/yourlife/healthylifestyles](http://www.torbaycaretrust.nhs.uk/yourlife/healthylifestyles) (site accessed 25.11.15).
- 4.21 The review will be recorded in the PCHR Red Book and, in the child's HV index card stating the child's date of birth, the date of the ASQ-3 BE assessment, which questionnaire was used (24/27/30 months) and the ASQ domain scores. The 3 carbonated 2.5 review pages in the PCHR should record actions as described. The white copy remains in the PCHR, the pink copy should be filed in the HV index card and the third copy should be sent to the Child Health Information team at Torbay Hospital as soon as it has been completed.
- 4.22 If smoking is identified in the household, a smoking cessation referral form will be completed, with the individual's consent, to show how motivated the individual is to quit smoking. The yellow carbonated page is to be forwarded to the Torbay Stop Smoking Service, Lifestyles team.

- 4.23 Update the Family Health Needs Assessment (FHNA) form, clearly indicating any changes to the record. Sign and date the review following TSDFT standards for record keeping.
- 4.24 The review will be recorded on an ASQ-3 BE information summary sheet and filed in with the index card. The questionnaire can be returned to the parent/carer.
- 4.25 The Family and Friends questionnaire will be sent out with each appointment letter and the HV team will ask the family if this has been completed and, if necessary, forward it to TSDFT at Bay House, Torquay.

**Distribution:** This SOP will be distributed to all the SCPHN HVs working in TSDFT. The SOP will be available on TSDFT I-Care / public website and the health visiting home page on i-care.

**5. Monitoring tool:**

Standards:

Item	%	Exceptions
The percentage of completed ASQ 3 BE will be reported quarterly to Public Health Local Authority Commissioners	80	

**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. 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)

4. [www.agesandstages.com](http://www.agesandstages.com) (site accessed 25.11.15).
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: 2015 -16 National Health Visiting Core Service Specification

**Appendix:** *i.e. Flowchart, diagrams etc.*

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

### Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	02/04/2015	Update	Christine Timmon
2	Ratified	28/04/2015	Review	Christine Timmon
2	Ratified	21/07/2015	Review	Christine Timmon
3	Revised	23/09/2016	Revised	Care and Clinical Policy Group



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).

## 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 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> ):			