

<b>The Universal Healthy Child Review at 9 to 12 months by the Specialist Community Public Health Nursing (SCPHN) Health Visiting Team</b>	
SCPHN Standard Operating Procedure (SOP) No 5	
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<b>Presented to:</b> Care & Clinical Policy Group	<b>Date:</b> 27/01/16
<b>Ratified by:</b> Care & Clinical Policy Group	<b>Date:</b> 29/01/16
	<b>Review date:</b> 17/02/2018
<p><b>Relating to policies:</b></p> <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> <li>• TSDFT (formerly TSDHCT) SCPHN Family Health Needs Assessment Tool 2014</li> <li>• TSDFT (formerly TSDHCT) The Perinatal Infant Mental Health Contact and the Initial Assessment of Early Attachment by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV)</li> </ul>	

**1. Purpose of this document:**

This document offers best practice guidance on the 9 month to 1 year Universal contact by the Specialist Community Public Health Nurse Health Visiting team (SCPHN HV). The 9 month to 1 year contact described in the Department of Health (DH) Healthy Child Programme 0-5 year 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.

**2. Scope of this SOP:**

This SOP must be followed by the TSDFT Specialist Community Public Health Nurse Health Visiting teams.

### 3. Competencies required:

- 3.1 To have completed the e-learning module:  
<http://www.e-lfh.org.uk/programmes/healthy-child-programme/> (site accessed 20.01.16)
- 3.2 To have attended the Institute of Health Visiting (iHV) Perinatal Mental Health Champion training.
- 3.3 To have attended the iHV Domestic Abuse Health Visiting Champion training.
- 3.4 To have attended the annual immunisation update for SCPHN.
- 3.5 To have evidence of attendance on a 2 day UNICEF Baby Friendly course followed by a practical skills review completed by the TSDFT Responsive Feeding Team 6 weeks after the initial 2 day training.
- 3.6 To have attended the iHV Infant Mental Health Champion training for health visitors.
- 3.7 To have attended the Solihull Approach Foundation training.
- 3.8 To have attended the Family Partnership Model training.
- 3.9 To have completed an annual prescribing update.

### 4. Procedure / Steps:

- 4.1 100% of families who are resident in the Borough of Torbay will be offered a face to face contact between 9 and 12 months for their child to have a developmental review by the SCPHN team.
- 4.2 The health visiting team will give parents and carers the opportunity to talk about any concerns that they may have about their child's health and development.

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- 4.3 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).
- 4.4 The health visiting team will review all the 9 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 HV.
- 4.5 The health visiting team will identify children under the care of Early Years support or the Child Developmental Centre, John Parkes 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 carers on whether to use the ASQ-3 BE for children with significant developmental delay.
- 4.6 Families/carers will receive a letter inviting them to an appointment for their child's developmental review, explaining the ASQ-3 BE ([Appendix 1](#)) and containing 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 day of the proposed appointment. TSDFT advocates the use of the 10 month ASQ 3 BE ([www.agesandstages.com/age-calculator](http://www.agesandstages.com/age-calculator)) (site accessed 20.01.16).

- 4.7 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 health visiting team.
- 4.8 The health visiting 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 if the HV supports them in completing the assessment.
- 4.9 The review will take place in a mutually agreed venue. This could be a clinic, Children's Centre, nursery or the child's home.
- 4.10 If the parents/carers do not accept the invitation to attend the review, 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.

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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.

4.11 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 other members of the health visiting team, your Child Protection supervisor and relevant agencies in making this decision.

4.12 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 by:

- i. Supporting parenting by providing parents/carers with information about attachment, development, and parenting issues that they may now encounter (e.g. clinginess or anxiety about being separated from one particular parent or carer).
- ii. Promotion of local Action for Children (AfC) Children's Centres.

4.13 A height, weight and head circumference recording must be taken and recorded in the Personal Child Health Record (PCHR) Red Book along with the centiles relating to the measurements taken.

An assessment should be carried out to monitor growth: this involves an accurate interpretation and explanation of the baby's weight in relation to height, to growth potential, and to any earlier growth measurements of the baby.

A decision should be made as to whether follow-up or an intervention is appropriate, and agreement with the family should be sought.

4.14 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 as follows:

- i. Raising awareness of oral health and prevention (ensuring that all children are accessing primary dental health services for routine preventative care and advise);

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- ii. As soon as the child's teeth erupt, to advise parents/carers to brush them twice daily;
  - iii. From six months of age, children should be introduced to drinking from a cup; from one year of age, feeding from a bottle and a dummy should be discouraged;
  - iv. Parents/carers should be advised to use only a smear of toothpaste;
  - v. The frequency and amount of sugary food and drinks should be reduced, and, when consumed, limited to mealtimes; sugars should not be consumed more than 4 times a day;
  - vi. Where possible, all medicines given should be sugar-free;
  - vii. Distribution of the Brushing for Life oral health packs;
  - viii. Injury and accident prevention relating to mobility, safety in cars and skin cancer;
  - ix. Check newborn blood spot status and arrange for urgent offer of screening if child is under one year;
  - x. Adherence to vaccination schedule and final serology results for children born to women who are Hepatitis B positive; status of MMR vaccination for women non-immune to Rubella.
- 4.15 Guidance will be offered on managing behaviour, encouraging good sleeping habits, nutrition, active play, and language promotion.
- 4.16 Advice will be given on entitlement to Healthy Start vouchers and Healthy Start vitamins.
- 4.17 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 20.01.16).
- 4.18 Distribution of Bookstart packs for children and discussions around book sharing. Invitation to groups for songs, music and interactive activities.
- 4.19 The ASQ information sheet 'Activities for Children 8 - 12 Months Old' will be discussed and given to parents/carers to encourage age appropriate games and fun interactions between parent/carer and child.

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4.20 The HV will advise parent / carer how to access high quality websites, such as:

- TSDFT HV site for families *(site accessed 20.01.16)*  
<http://www.torbaycaretrust.nhs.uk/yourlife/childrenandfamilies/Pages/Default.aspx>
- Department of Health website for parents/carers and families  
[www.foundationyears.org.uk](http://www.foundationyears.org.uk) *(site accessed 20.01.16)*
- NHS Choices - Your Health, Your Choices  
<http://www.nhs.uk/Pages/HomePage.aspx> *(site accessed 20.01.16)*
- Information on local support groups and services  
[www.torbaydirectory.com](http://www.torbaydirectory.com) *(site accessed 20.01.16)*

Where appropriate, the HV will signpost to other agencies if support is required with:

- smoking cessation or weight management (including physical activity) - Healthy Lifestyles -  
<http://www.torbaycaretrust.nhs.uk/publichealth/lifestyles/Pages/default.aspx>  
*(site accessed 20.01.16);*
- substance misuse - Torbay Drug and Alcohol Service -  
<http://www.torbaycaretrust.nhs.uk/PublicHealth/drug-and-alcohol-service/Pages/default.aspx> *(site accessed 20.01.16).*

4.21 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 within the Healthy Lifestyles team.

4.22 The HV team will give parent/carers the opportunity to discuss any concerns on returning to work to help their baby or young child make a smooth transition into childcare.

4.23 The HV will review the mother's mental health in accordance with SCPHN Standard Operating Policy No 4, The Perinatal Infant Mental Health Contact, and the Initial Assessment of Early Attachment by the SCPHN HV.

4.24 It is best practice to ask the routine enquiry question at each contact if safe to do so.

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- 4.25 The HV will review the Family Health Needs Assessment (FHNA), clearly indicating any changes to the record. 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 (9/10 months) and the ASQ domain scores.
- The 3 carbonated 1 year 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.
  - The 1 year review page will be completed in the e-birth book with the ASQ-3 scores and questionnaire used.
- 4.26 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.
- 4.27 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 Community Service Delivery Unit headquarters at Bay House, Torquay.

**Monitoring tool:**

Standards:

Item	%	Exceptions
Team audit to review adherence to SOP	100%	
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)
- 2 NICE guidance: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidelines, Dec 2014:  
  
<https://www.nice.org.uk/guidance/cg192> (site accessed 20.01.16)
- 3 Information on all vaccinations:  
<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>  
(site accessed 20.01.16)
- 4 Public Health England (2013) Immunisation Against Infectious Disease: Rubella (German measles): guidance, data and analysis. Chapter 28 Rubella  
  
<https://www.gov.uk/government/publications/rubella-the-green-book-chapter-28>  
(site accessed 20.01.16)
- 5 South Devon Healthcare NHS Foundation Trust (2013) Patient Group Directive: Administration of MMR Vaccine.
- 6 Information on NHS screening programmes and tests for mothers and babies:  
<http://www.nhs.uk/aboutNHSChoices/Pages/NHSChoicesintroduction.aspx>  
(site accessed 20.01.16)
- 7 Public Health England. UK National Screening Committee (NSC):  
[www.screening.nhs.uk](http://www.screening.nhs.uk) (site accessed 20.01.16)
- 8 (S.A.M) Sepsis signs and symptoms leaflet for parents:  
<http://www.southdevonandtorbayccg.nhs.uk/your-health/Pages/child-sepsis-guidance.aspx> (site accessed 20.01.16)
- 9 Professional resources for paediatric sepsis:  
<http://www.england.nhs.uk/south/dcis-at/professionals/sepsis/resources/>  
(site accessed 20.01.16)

## Appendix 1



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).

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**Amendment History**

Issue	Status	Date	Reason for Change	Authorised
1	draft	02/06/15	Review	C Timmon A Bouchaib
2	draft	10/01/16	Review	C Timmon A Bouchaib