



# Family Nursing & Home Care

## **Standard Operating Procedures**

### **2 Year Developmental Assessments**

July 2023

## Document Profile

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## Version Control / Changes Made

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## Introduction

These standard operating procedures enable Family Nursing & Home Care's (FNHC) Health Visiting Service to work in partnership with children, parents and carers and where necessary, specialist services, to deliver the Healthy Child Programme (HCP). The HCP aims to give every child the best start in life by optimising child development and emotional wellbeing.

The Health Visiting Team has an important role in leading the delivery of the HCP (Department of Health (DH), 2009) which is a universal prevention and early intervention programme.

These standard operating procedures are based on current best practice guidance using a range of resources.

Generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

## Record Keeping

The Health Visiting Team will record all contacts in accordance with FNHC Policies and Procedures.

They will complete the Parent Held Child Record (PCHR) and ensure parental understanding of information recorded within professional records on EMIS.

Contemporaneous records MUST be kept in line with NMC guidance regarding the Code (2018) and FN&HC Recordkeeping Policy.

## Training Requirements

To support the delivery of the Health Child Programme, Health Visitors, Community Nursery Nurses and Staff Nurses should:

- Complete all mandatory training as laid out in FNHC policy and within the annual FNHC Education and Development training prospectus.
- Familiarise themselves with the EMIS guidance on completing templates – available on FNHC document library.
- Undertake training in perinatal and infant mental health and utilisation of EPDS and GAD scoring
- Complete UNICEF Baby Friendly Initiative standard training
- Undertake MECOSH training

## SOP 1 - Booking of 2 Year Development Assessments for Universal Service Level

### **Purpose**

To ensure all children between the ages of two and two and a half have the opportunity to be fully assessed for health, growth and development as part of The Healthy Child Programme (HCP)

### **Scope**

To arrange attendance at Universal Clinics in a suitable venue for the parents and ensuring the appropriate paperwork (ASQ's) are forwarded along with the letter confirming the appointment. Universal Clinics are held by Community Nursery Nurses. Flowchart of Process ([Appendix 1](#))

### **Core Requirements**

Data Spreadsheet of 2 Year Developmental Assessments due provided on a monthly basis from the Clinical Services Co-Ordinator to the Clinical Services Administrator.

Send list to HV's to check for targeted children for the HV's to see these at home to carry out the Assessment. If they do, mark this on the spreadsheet. They will book their own appointments for these. Clinical Services Administrator to keep a track to ensure they are undertaken.

Check parents address to book clinic in their area. Check appointment slots available.

Telephone the parents to arrange appointment for their child's 2 Year Development Assessment at (day, date, time and venue) and get confirmation that this is agreeable for them. Check that they are still living at the address we have on EMIS.

If suitable appointment agreed, send out Nursery Nurse letter confirming this with the appropriate ASQ3 and ASQ:SE and 'Building Blocks to Toilet Training' information ([Appendix 2](#)). Admin to add Quick Note to EMIS, document on EMIS that you have sent out the Toilet Training information.

3 workings days (minimum 2 working days) prior to attendance at Clinic – send text reminder.

### **Declined Appointments**

If the parent declines as the appointment date/time is not suitable, look for alternatives that will work for them. Admin to add Quick Note to EMIS

If the parent declines this assessment, advise the Duty Health Visitor. Duty Health Visitor will then review the electronic records and make the decision whether to contact the parents themselves or just leave as declined. Admin to add Quick Note

to advise passed to Duty Health Visitor, including the name of Health Visitor. Duty Health Visitor will add their own quick note once they have reviewed. Also refer to Declined Services SOP.

If parents decline the assessment; send out the appropriate ASQ3 and ASQ:SE and the 'Building Blocks to Toilet Training' information with the covering letter ([Appendix 3](#)) asking them to complete at their leisure and send back to us in the enclosed stamped addressed envelope.

The stamped address envelope will be addressed to CNN. On receipt of these, CNN will review and any concerns will be flagged to the Health Visitor.

If you cannot contact the parents by telephone at all, send a letter out with an appointment, include the appropriate ASQ forms and Building Blocks Toilet Training info. Check the address with the GP to ensure you do have the up to date address.

If the parents do not attend this appointment, try contacting them by telephone again and if not successful send another appointment letter (using the same appointment letter template). If they also do not attend this appointment, send standard letter to their GP ([Appendix 4](#)) advising non-attendance and also a standard letter to the parents advising you have written to their GP ([Appendix 5](#)). Add relevant note to EMIS, including that you have sent out Toilet Training info.

### **Post Clinic**

After each Clinic – CNN to task Clinical Services Administrator if any parents do not attend.

If they have attended Clinic – the child can be crossed off the spreadsheet

If non-attendance, contact the parents with another appointment. If unable to contact the parent send a letter out with a 2<sup>nd</sup> appointment.

## SOP 2 - 2-2.5 Year Development Assessment

### **Purpose**

The Healthy Child Programme's (HCP) Two Year Health and Development Review is one of the key reviews within this universal prevention and early intervention programme.

The purpose of the HCP two year review is to:

- enable an assessment of a child's health, growth and development of the infant between two and two and a half years of age using an appropriate evidence based assessment tool.
- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing.
- facilitate appropriate intervention and support for children and their families, especially those for whose progress is less than expected.
- enable appropriate and timely information sharing to safeguard children in accordance with Working Together to Safeguard Children (HM Government, 2018) and in line with FNHC safeguarding policy and Jersey's Safe Guarding Partnership Board guidance.
- ensure clear and consistent evidence-based practice resulting in quality and equity of delivery of the Healthy Child Programme 0-5 Years.
- offer the Health Child Programme (Department of Health (DH), 2009) to all infants within the designated age range

### **Scope**

To conduct a health and development assessment for all children aged from two to two and a half years old.

To offer health promotion advice, guidance and support in accordance with the Health Child Programme (Department of Health (DH), 2009) and institute of Health Visiting and Health for all children – fifth edition (2019) and the most relevant HIGH IMPACT AREAS ([Appendix 6](#))

### **Core Requirements**

Undertake the 2 year developmental assessment in accordance with the core requirements ([Appendix 7](#)).

Parents/carers will be able to actively participate in their child's assessment using the Ages and Stages Questionnaire (ASQ-3) and the ASQ: SE ([Appendix 8](#)).

Assess the child's health and social needs within the context of the family. This should include identification of risk and resilience factors together with any changes to family composition and review parental mental health.

The Health Visitor Team should use their professional judgment when undertaking the assessment, provided the approach is evidence based and a clear rationale for the decision-making are recorded/documentated.

**MECSH is a 2 year Programme. When the children are on the MECSH Programme the allocated HV needs to complete the 2 Year Development Assessment. This will be a final contact and then they are discharged from MECSH.**

Develop any universal, targeted or specialist health visiting care plans in partnership with parents; care plans will be based on the High impact Areas in accordance with the service specification ([Appendix 6](#)).

Parents/carers should be provided with a copy of their care plan within their PHCR.

Indicate the level of Health Child Programme intervention in the consultation/template on EMIS.

Document future action plan, including timeframe for future contact and any agreed appointments in the electronic patient record/EMIS.

All children referred to other services, especially from this assessment point should be monitored in targeted service (only returning to Universal when resolution has been achieved).

The Health Visitor Team should consider referral to other agencies in line with ensuring the right help is received at the right time, including Early Help and MASH via the Children and Family Hub, as needed.

Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alert.

**Parental Mental Health** – All practitioners should incorporate NICE Guidance (QS115) Antenatal and Postnatal mental health into their practice by having a general discussion about mental health and wellbeing as part of the review. All practitioners should use the screening tools within NICE Guidance to increase identification of perinatal mental illness. This includes Whooley questions, EPDS and GAD questionnaires and scoring.

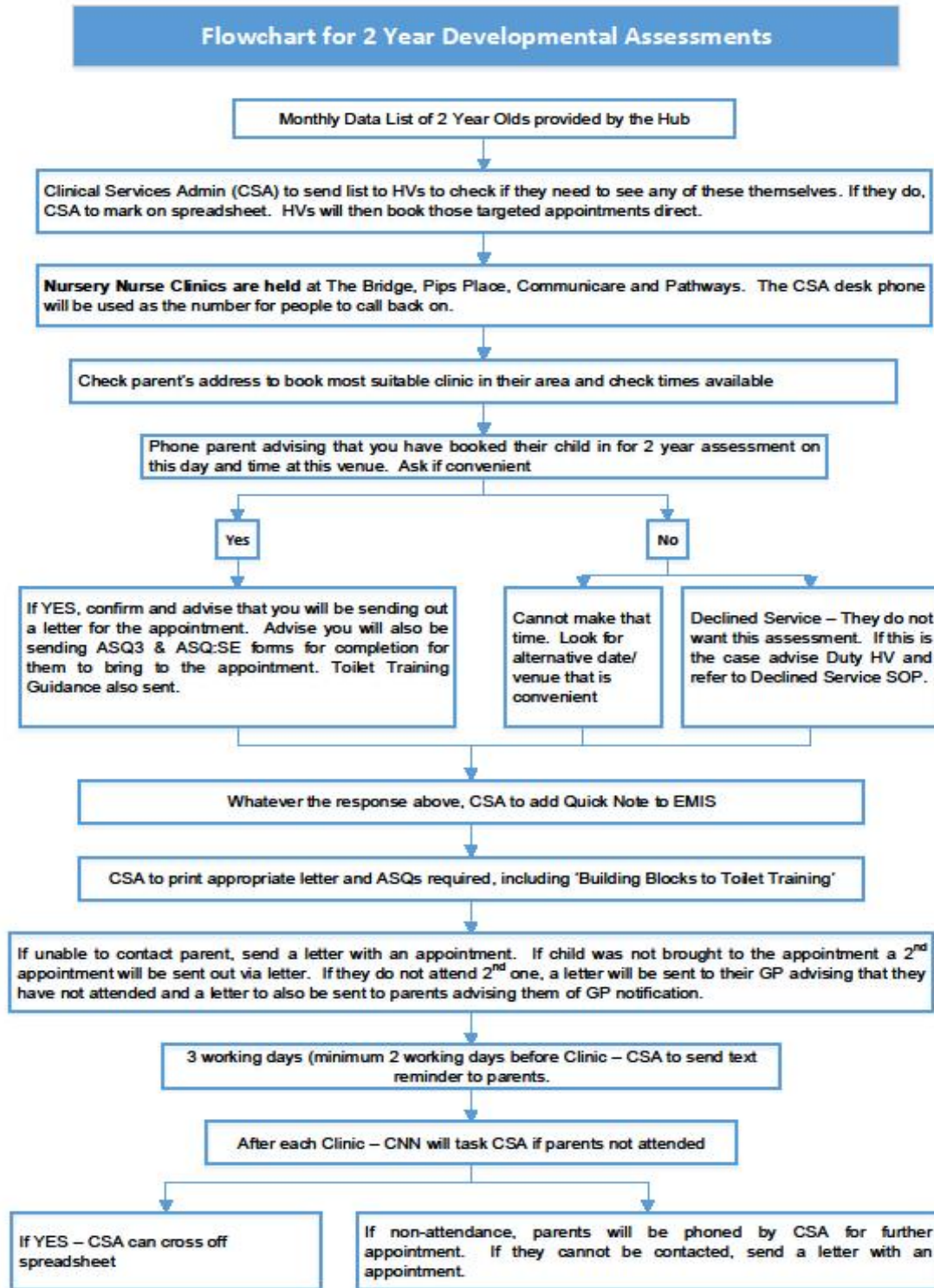
If any mental health or significant events are identified with fathers/partners the HV must liaise with multiagency partners e.g. GP/Midwife/Adult Mental Health and review electronic patient record (EPR) where possible to support assessment of parenting risk and resilience.

**Service provision** – The two year health and development assessment can be undertaken by a Community Nursery Nurse or Staff Nurse as well as Health Visitor. The decision regarding which staff complete the assessment is led by the Health Visitor.

It is recommended that the assessment take place in a clinic setting, however for MECSH families, the assessment should be undertaken at home, preferably by the named Health Visitor.



## Appendix 1 - Flowchart for 2 Year Developmental Assessments



## Appendix 2 - Appointment Letter

Parents/Guardian of  
Given Name Surname  
Home Full Address

Dear Parents

Now that your child has reached 24 – 30 months, we would like to invite you for a routine Child Health and Development Assessment.

This Assessment takes approximately 45 minutes and will give you the opportunity to discuss any issues or concerns you may have regarding your child's health and development.

We have arranged an appointment for you:

On:

At:

Venue:

If you require an Interpreter, please notify us at the earliest opportunity.

If you are unable to attend this appointment, please contact our Clinical Services Assistant on 01534 443857.

Please complete the following enclosed questionnaires 1 week before your appointment using the guidance provided:

- ASQ 3
- ASQ SE2

These will help us identify your child's strengths and any areas of development.

While completing the ASQ's keep these tips in mind:

- Take time to observe or try each item with your child
- Your child will be able to do some but not all of the items asked and this is not necessarily a concern.
- You or family members can help your child practice skills.

Please bring both questionnaires to your child's developmental assessment, along with your Child's Red Book (parent held child record).

If you have any concerns, we can talk about them at the development check. We will also weigh and measure your child, with your consent.

Please also find enclosed 'Building Blocks to Toilet Training'. This information is designed to help you support your child to acquire the pre toilet training skills needed to start their toilet training journey. We suggest that you start this at or around two years of age.

We will be holding 'Building Blocks' presentations on the first Wednesday of every month 10 am – 11.30 am at Pathways Family Centre, located behind Samares School, St Clement, JE2 6TG. No booking is required to attend this session. If you have any queries regarding the 'Building Blocks to Toilet Training' information, please contact our Duty Health Visitor on Tel: 01534 449135

We look forward to seeing you.

Kind regards

**Community Nurse**

### Appendix 3: Declined Service Letter

Parents/Guardian of  
Given Name Surname  
Home Full Address

Dear Parents,

Further to our conversation, I enclose an ASQ3 and ASQ: SE2 questionnaire for you to complete with your child and return in the 'stamped addressed envelope' provided.

Please ensure you enter your correct address and telephone number and inform us of any changes of circumstances.

While completing the ASQs, please keep these tips in mind:

1. Take time to observe or try each item with your child
2. Your child will be able to do some but not all of the items asked and this is not necessarily of concern.
3. You or family members can help your child practice skills.

Once we have received your questionnaire and scored it, we will contact you if we have any concerns.

We also enclose 'Building Blocks to Toilet Training'. This information is designed to help you support your child to acquire the pre toilet training skills needed to start their toilet training journey. We suggest that you start this at or around two years of age.

Kind regards

**Community Nursery Nurses**

GP address

Dear

**Child's Details:**

**Name of Child:**

**Address:**

**Date of Birth:**

**URN**

**Landline:**

**Mobile:**

**2 Year Developmental Assessment**

As a matter of routine, we are informing you that we have tried to contact the family regarding the above child's personal developmental assessment (PDA). Unfortunately we have;

(please tick one box only)

- been unable to get a response using the above contact details
- had the offer declined
- has not attended appointment

If you are aware that the contact details we have on file are incorrect, I would be grateful if you would inform us of the correct details.

In the event that the child attends your surgery, could you please alert the family that the 24 – 30 month PDA is now due.

Kind regards

**Community Nurse Nurses**

## Appendix 5 – Letter to parents that we have contacted their GP

Parents/Guardian of  
Given Name Surname  
Home Full Address

Dear Parents

**Name of Child:**

**Date of Birth:**

### **2 Year Developmental Assessment**

We understand that you have declined the offer of a 2 Year Developmental Assessment for your child. If you would now like this Assessment, please contact our Clinical Services Assistant on 01534 443857 and we will be happy to accommodate you.

As a matter of routine, we have informed your family GP so they will be aware that this Assessment has not been completed. If you have any health or developmental concerns regarding your child, any issues can be raised directly with your GP, if preferred.

Kind regards

**Community Nurse Nurses**

## **Appendix 6 - High Impact Areas**

High impact areas identified by Public Health England (2021) include:

- supporting transition to parenthood
- supporting maternal and family mental health
- supporting breastfeeding
- supporting healthy weight and nutrition
- improving health literacy - managing minor illness and reducing accidents
- supporting health, well-being and development and ready to learn

## Appendix 7 - Core Requirements – 2 Year Developmental Assessment

Core Requirement	Tools and Resources	Plan	Desired Outcome
<p><b>Assessment of growth.</b> (This involves accurate measurement, interpretation and explanation of the infants 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. (results should be recorded and interpreted using the centile charges within the PCHR)</p> <p><b>Length is measured up to age 2 years and then height from then on adult height prediction may be utilised.</b></p> <p><b>Complete ASQ3 and ASQSE</b></p> <p><b>SALT assessment. If ASQ identifies concern then complete Wellcomm tool and consider referral.</b></p>	<p><b>Health Review with use of ASQs*</b> (The infant's physical, emotional and social needs in the context of the family, including predictive risk factors using evidence based tool ASQ-3 and ASQ SE2).</p> <p>Review development and respond to any concerns expressed by the parents regarding physical health, growth, development, hearing and vision.</p> <p>Review with the parents the child's social, emotional, behavioural and language development, with signposting to appropriate group-based parenting support.</p>	<p>Indicate the level of Healthy Child Programme intervention i.e. universal, targeted or specialist in the consultation/template on EMIS and in the PCHR, ensuring parents aware and agree to the plan.</p> <p>Parents to keep ASQ 3 and ASQ SE2 and results/score sheet to be inputted onto 1 year EMIS template.</p> <p>Document future action plan, including timeframe for future contact and any agreed appointments in the EPR/EMIS.</p> <p>If assessed as universal then follow HCP mandated visits.</p>	



Core Requirement	Tools and Resources	Plan	Desired Outcome
<p><b>Nutrition.</b> Offer advice and information on continued Breastfeeding if this is parents' choice, nutrition and physical activity for the family, and on healthy eating, portion size and mealtime routines.</p> <p><b>Any Parental concerns – parental mental health assessment.</b></p> <p><b>Supporting parenting –</b> provide parents with information about attachment and the type of developmental issues that they may now encounter e.g., behaviour management advice, home learning environment, speech and language and communication progress.</p> <p><b>Readiness to toilet train.</b></p>	<p>Promote language development through book sharing and invitations to groups for songs, music and interactive activities.</p> <p>ASQ parent activity sheets. ASQ calculator or iPad.</p> <p>PHCR</p> <p>Wellcomm assessment</p> <p>ERIC resources</p> <p>Whooley Questions GAD and EPDS</p> <p>Safeguarding policy and guidance.</p> <p>Domestic Abuse policy and guidance.</p>	<p>If targeted or specialist need then.</p> <p>The HV should consider referral to other agencies in line with ensuring the right help is received at the right time, including Children and Family Hub, as needed.</p> <p>Families and children assessed as vulnerable according to FNHC safeguarding policy should be identified on the electronic patient record using the appropriate alter.</p> <p>All children with identified need are subject to targeted services until issues resolve.</p>	

Core Requirement	Tools and Resources	Plan	Desired Outcome
<p><b>Nursery Placement</b> – Provide encouragement and support to take up early years education.</p> <p><b>Changes</b> – Any change in family circumstances health, social or well-being and update EMIS appropriately.</p> <p><b>Health promotion</b> – covering the high impact areas including raising awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention, nutrition, active play and accident prevention.</p> <p><b>Practical guidance</b> on managing crying and health sleep practices, bath, book, bed routines and activities, and encouragement of parent – infant interaction using a range of media.</p>	<p>SPB guidance</p> <p>Jersey Children First Approach</p> <p>IHV, NHS Choices, resource links.</p> <p>Book start pack</p> <p>Parent feedback Smart Survey</p> <p>Interpreting services</p>		

Core Requirement	Tools and Resources	Plan	Desired Outcome
<p><b>Screening.</b> Domestic abuse, alcohol and substances misuse, passive smoking risk.</p> <p><b>Signposting</b> to early year's provisions, services (including community and voluntary sector), health access.</p> <p><b>Immunisation status review.</b> Including promotion of pre-school immunisations.</p> <p><b>Safeguarding.</b> Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern.</p> <p><b>Children with health or developmental problems or abnormalities.</b> Early referral to specialist team; invitation to join parent groups. Package of additional support and monitoring,</p>			

Core Requirement	Tools and Resources	Plan	Desired Outcome
<p>as assessed by health professional.</p> <p><b>For children who were born preterm.</b> It is important for practitioners to carefully evaluate and review any developmental concerns reported by parent/carers or other professionals whilst completing the one year health review contact (NICE 2017). Community Nursery Nurses should discuss any possible concerns with the Health Visitor.</p> <p><b>Parents and carers should be clear</b> regarding their child's plan of care at completion of the assessment.</p>			

## Appendix 8 - Ages and Stages Questionnaire

\*(Ages and Stages Questionnaires (ASQ-3) and ASQ: SE-2 – British English Versions).

The ASQ-3 and ASQ: SE-2 are parent-led assessments of child's physical and social emotional development respectively and are the mandated tools within the HCP. The questionnaires are designed for specific ages and it is important that the correct questionnaire is used, taking into account prematurity. The evidence based ASQ-3 covers five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development.

The ASQ: SE-2 was developed to complement the ASQ-3 by providing information specifically addressing the social and emotional behaviour of children. It covers eight domains of child social emotional development: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, interaction with people and general concerns. It supports the identification of those that may need further evaluation to determine if referral to intervention services is required.

These tools are not diagnostic but are indicators of development at population level.

**Children with complex health needs and disabilities:** The ASQ-3 and ASQ: SE-2 should be offered to **all children** as part of their one/two year review and both are helpful tool for identifying children with additional needs. However, where a child already has an identified disability or complex developmental delay, health visiting teams will need to agree with parents/ carers whether they wish to complete the ASQ-3 / ASQ: SE-2 questionnaires as part of their child's one/two year review. Much rests on health visitors' professional judgement and their skill in working sensitively and collaboratively with families to agree the best approach; it may be appropriate to complete all or part of the ASQ-3/ ASQ: SE-2 in these instances. Health visitors should work collaboratively with other professionals in the multi-disciplinary team to ensure a personalised approach to developmental assessment is provided to these children. Where the parent wishes to use the ASQ-3 / ASQ: SE-2 questionnaires, the practitioner should use the appropriate age questionnaires - not an earlier age interval, unless the child was born pre-term. Children with complex health needs and disabilities should be offered all remaining components of the one-year health review.

**Children born pre-term:** (this is defined as all children born at less than 37 weeks gestation). The appropriate age-adjusted ASQ-3 / ASQ: SE-2 questionnaire should be used for all children born pre-term, rather than the chronological age. The ASQ-3 app provides a quick means of calculating the correct questionnaire to be used and guidance is contained within the ASQ-3 User Guide located in each team.

**Record Keeping:** The ASQ-3 and ASQ SE 2, including summary sheet, will be used by the practitioner to inform data entry on the child's electronic patient record- (EMIS) by completing the relevant EMIS templates. The questionnaire is returned to the parent. The summary sheet must then be shredded.