

## STANDARD OPERATING PROCEDURE HULL 0-19 IPHNS 2 TO 2.5 YEAR DEVELOPMENTAL REVIEW

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<b>Author/Lead Job Title</b>	Rebecca Price – Modern Matron Heidi Fewings – Service Manager Louise Chadwick – Specialist Public Health Nurse
<b>Instigated by:</b>	Rebecca Price-Modern Matron Heidi Fewings-Service Manager
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<b>Ratified and Quality Checked by: Date Ratified:</b>	Divisional Clinical Governance Meeting 14 September 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	14/09/23	New SOP. Approved at Divisional Clinical Governance Meeting (14 September 2023).

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## 1. INTRODUCTION

This document is to provide a standardised assessment and referral process across Hull 0-19 Integrated Public Health nursing Service (IPHNS) on the delivery of the 2 to 2 ½ year developmental review.

All health visitors or suitably qualified member of the IPHN team with an identified role or responsibility for the planning, undertaking or management of the 2 to 2 ½ year developmental review are required to adhere to the requirements of this SOP.

## 2. SCOPE

- The 2 to 2 ½ year developmental review is a core contact within the Healthy Child Programme (2009) and will allow the Hull 0-19 IPHN team to provide a holistic review of child health, development, growth and to identify children who are not developing as expected and/or in need of additional support.
- All families with children aged between 24 and 30 months will be appointed for their 2 to 2 ½ year developmental review as part of the mandated service offer.
- This review can be delivered in a variety of settings by a health visitor or delegated to a suitably qualified member of the IPHN team relative to the child's assessed level of need.
- Mandatory use of a recognised tool for developmental review - ASQ-3, ASQ:SE2 and ELIM to be used for all 2-2 ½ year developmental reviews.

## 3. DUTIES AND RESPONSIBILITIES

The chief executive holds overall accountability for the adherence to this policy on behalf of Humber. This includes ensuring the organisation has the correct infrastructure and commitment to enable its implementation and application and seeks assurance through children's and learning disability divisional general manager and clinical leads.

Service manager/Modern matron is responsible for:

- reviewing and updating the guidance at agreed time intervals or sooner if prompted by changes in legislation or best practice requirements.
- cascading the new revised information to all staff.
- arranging periodic audits of records to demonstrate continuous quality improvement.

Clinical team leaders are responsible for:

- ensuring staff compliance to the guidance including comprehensive training and induction.
- providing support and advice to staff as needed.
- escalating issues that cannot be managed directly by themselves - to be discussed with service manager/modern matron.
- ensuring records are reviewed in supervision, in accordance with Humber Supervision Policy.

Health visitors are responsible for:

- management of caseload and appropriate delegation to a suitably qualified 0-19 IPHNS practitioner.
- providing support and supervision to delegated practitioner including overview of record keeping.

- escalating issues that cannot be managed directly by themselves – to be discussed with the clinical team leader.

All clinical and admin staff having contact with patients via the telephone are responsible for:

- entering contemporaneous record keeping and factual documentation details into the electronic care record (ECR) about appointments and telephone conversations with the parent/carer or health professional about the child.

## 4. PROCEDURES

### 4.1. 2 to 2 ½ year assessment offer process

- HDP/NA universal offer process – See appendices.
- HV targeted, specialist (inc. EFSP) offer process – See appendices.
- N-072 Was not brought and no engagement policy – See appendices.

#### 4.1.1. Content of Assessment

- **Holistic review of child health, development & growth:**

Deliver the Healthy Child Programme 2 to 2 ½ review using the ASQ-3, ASQ-SE and ELIM. Assess development for any signs of delay if a developmental delay is observed in multiple domains a GP referral and review should be considered. Outcomes of the 2 to 2 ½ year contact to be recorded on page 51 of the PCHR (Personal child health record/ Red book) and in the electronic care record (ECR). If ASQ-3, ASQ-SE and ELIM are not completed, details to be documented in ECR.

- General monitoring of growth - accurate measurements of weight, height and body mass index (BMI) using approved equipment including SECA scales and Leicester height measure. Interpretation & explanation of the child's weight in relation to height to be shared with parents/carers. Measurements recorded in PCHR and ECR.

[What, When and How to Measure \(rcpch.ac.uk\)](http://rcpch.ac.uk)

[How to Measure \(rcpch.ac.uk\)](http://rcpch.ac.uk)

- Nutrition - promotion of family foods and mealtimes, encourage use of cutlery and an open top drinking cup.

[Start for Life \(www.nhs.uk\)](http://www.nhs.uk)

[First Steps Nutrition Trust](#)

- Toilet training – to advise on toilet training and promote resources, offer appropriate support if any concerns or if toilet training has not commenced.

[Potty training: how to start & best age to potty train - ERIC](#)

- Oral health promotion - promote understanding of good oral health, dental products, and attendance for dental checks, discouraging sugary foods and sugary/acidic drinks, advise on dummy and teat use. Give dental pack at review and refer to a flexible commissioning dentist where appropriate.

[Looking after your baby's teeth - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Find a dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk)

- Accident prevention - raise awareness of home hazards, choking and strangulation, scalds and burns, poisoning, falls, button batteries, water and drowning. Promotion of available resources.

[Child Safety Advice | Child Accident Prevention Trust \(capt.org.uk\)](https://www.capt.org.uk)

[In car child safety - Safety Seats, Boosters, Law and advice \(goodeggcarsafety.com\)](https://www.goodeggcarsafety.com)

- Immunisations - confirm vaccination status, reinforce information on the benefit and discuss barriers or concerns to accessing immunisation program.

[NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](https://www.nhs.uk)

- Minor ailments - function as a source of advice and support to parents by providing proactive information on recognising illness and accessing appropriate health care.

[Looking after a sick child - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Home \(hnyhealthiertogether.nhs.uk\)](https://www.nhs.uk)

- Smoking - highlight the associated health risks to child and parent; discuss smoke free areas. Refer/ signpost to smoking cessation services unless smokers in the household choose to opt out.

[Hull stop smoking service - SmokeFree Hull \(changegrowlive.org\)](https://www.changegrowlive.org)

[Passive smoking - NHS \(www.nhs.uk\)](https://www.nhs.uk)

- **Socialisation and behaviour management:**

- Social and emotional development - use the ASQ-SE to promote understanding and awareness of age-appropriate interactions.

[ASQ:SE-2 Social-Emotional Development Guide - Ages and Stages](https://www.asq.com)

- Behaviour management and routines - raise understanding of normal age-appropriate behaviours and give strategies to support positive parenting, promote available resources.

[Parenting guides | Hull City Council](https://www.hull.gov.uk)

- Routines and sleep: promotion of normal bedtime routines and good sleep hygiene patterns, assess for deviations & target early interventions.

[Sleep problems in young children - NHS \(www.nhs.uk\)](https://www.nhs.uk)

- **Speech, language and communication:**

- Early Language Identification Measure (ELIM) - to be used in all 2 to 2 ½ year reviews to aid in early detection of Speech, language or communication delay. Document ELIM outcome in ECR and PCHR.

[Early language identification measure and intervention: guidance handbook \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

- Promote the acquisition of language through socialisation; provide age-appropriate resources, Book Start pack, signpost to online/digital tools and encourage two-year nursery funding if eligible.

[Hull & East Riding Mumbler: What's On for Families](#)

[Home – Family Hubs \(familyhubshull.org.uk\)](http://familyhubshull.org.uk)

- Children assessed as not meeting age-appropriate expectations practitioner to offer advice and signpost parents to supportive resources.

[Paediatric SLT Resources \(humber.nhs.uk\)](http://humber.nhs.uk)

[Hull SENDIASS \(kids.org.uk\)](http://kids.org.uk)

- If ASQ or ELIM outcome not within age-appropriate parameters or there are any other concerns regarding speech, language, or communication a referral should be made following First Steps and Speech and Language Therapy pathway (see appendices).

- There is a statutory requirement for referral to the Early Years Inclusion Team at Hull City Council via the Early Years SEND referral and notification form available within ECR. Practitioner to consider Portage referral if child not in educational setting (see appendices).

[Home | Hull SEND Local Offer \(mylocaloffer.org\)](http://mylocaloffer.org)

- **Hearing and vision.**

- Discuss child's hearing with parents / carers and consider referral to HUTH audiology for hearing screening, referral documentation available on ECR.

[Hearing tests for children - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Paediatric Audiology Service | Hull University Teaching Hospitals NHS Trust \(hey.nhs.uk\)](http://hey.nhs.uk)

- Discuss child's vision with parents / carers and consider referral to HUTH Optometrist for assessment, referral documentation available on ECR.

[Welcome to the Orthoptic Department | Hull University Teaching Hospitals NHS Trust \(hey.nhs.uk\)](http://hey.nhs.uk)

- **Home learning environment:**

HLE covers the interactions parents have in and around the home with their children from birth. The quality of the HLE is a key predictor of a baby's and child's early language ability and future success. Disadvantaged children are less likely to experience a high-quality HLE, a factor exacerbated during the pandemic.

- **Identification of issues that may adversely impact the HLE (mental ill health, Substance misuse, domestic abuse, poverty)**
- **Promotion of importance of HLE**
- **Parent-infant relationship**

- **Parenting**

[Parenting guides | Hull City Council](#)

- **Safeguarding:** be alert to risk factors and signs and symptoms of child abuse; following local safeguarding procedures where there is cause for concern.

[Worried about a child | Hull City Council](#)

- **Routine Enquiry:** ask parent about Domestic abuse (where safe to do so).

[Hull DAP - Domestic Abuse Partnership](#)

- **Parental mental health:**

Assessment of parent/carer emotional wellbeing and mental health and any impact on the child. Signposting to appropriate support services including General Practitioner and Lets Talk.

[Andy's Man Club | #ITSOKAYTOTALK | Andy's Man Club \(andysmanclub.co.uk\)](#)

[Home - Let's Talk - Hull Depression & Anxiety Services \(letstalkhull.co.uk\)](#)

[Mental health services - NHS \(www.nhs.uk\)](#)

#### 4.1.2. Evidence of service outcomes

- Early identification of developmental delay/physical or emotional health needs and referrals made as appropriate.
- Health promotion delivered and referrals made where appropriate to improve health and development.
- Promotion and support to access immunisation program.

#### 4.1.3. Training Requirements

- Prior to undertaking any tasks outlined within this SOP, all staff with an identified role or responsibility must be trained and assessed as competent.

#### 4.1.4. Performance Indicators

- All families/children offered a 2-2.5-year review within timescale.
- All eligible children to have ASQ, ASQ-SE & ELIM scores documented in records.
- Documented action taken to contact families that did not receive a face-to-face visit.
- All completed 2-year contacts documented contemporaneously.
- 100% of families that received a visit at 2-2.5 years to receive an oral health pack
- Document interventions including integrated work delivered to children below threshold for ASQ and ELIM.
- Document and record early notifications to Local Authority SEND team.

#### 4.1.5. Abbreviations

- ASQ – Ages and Stages Questionnaire
- ASQ-SE – Ages and Stages Questionnaire-Social Emotional
- PCHR – Personal Child Health Record/ Red book
- ELIM – Early Language Identification Measure

- HLE – Home Learning Environment
- SOP – Standard Operating Policy
- EFSP – Enhanced Family Support Pathway
- ECR/ EHR– Electronic Care / Health Record (System 1)
- HDP – Health and development practitioner
- NA – Nursing associate
- KPI – Key Performance Indicator

## 5. REFERENCES

Department of Health (2009) Healthy Child Programme: Pregnancy and the First 5 Years of Life. London.

Department of Health (2009) Healthy Child Programme: The two-year review. London

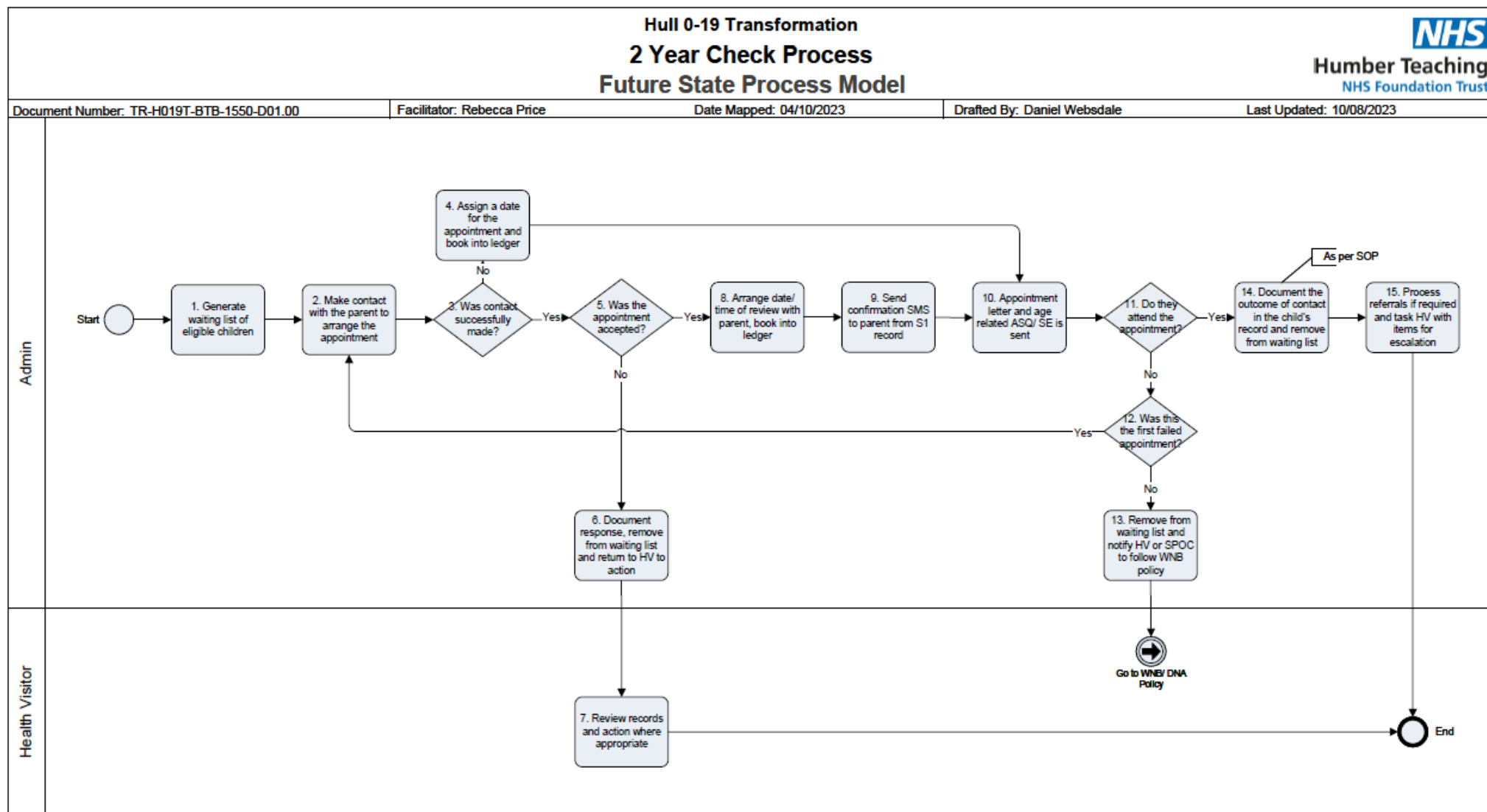
Public Health England (2020) Early language identification measure and intervention. Guidance handbook. London.

PHE (2021) Best start in life and beyond: improving public health outcomes for children, young people, and families. Public Health England. London

Note: Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.



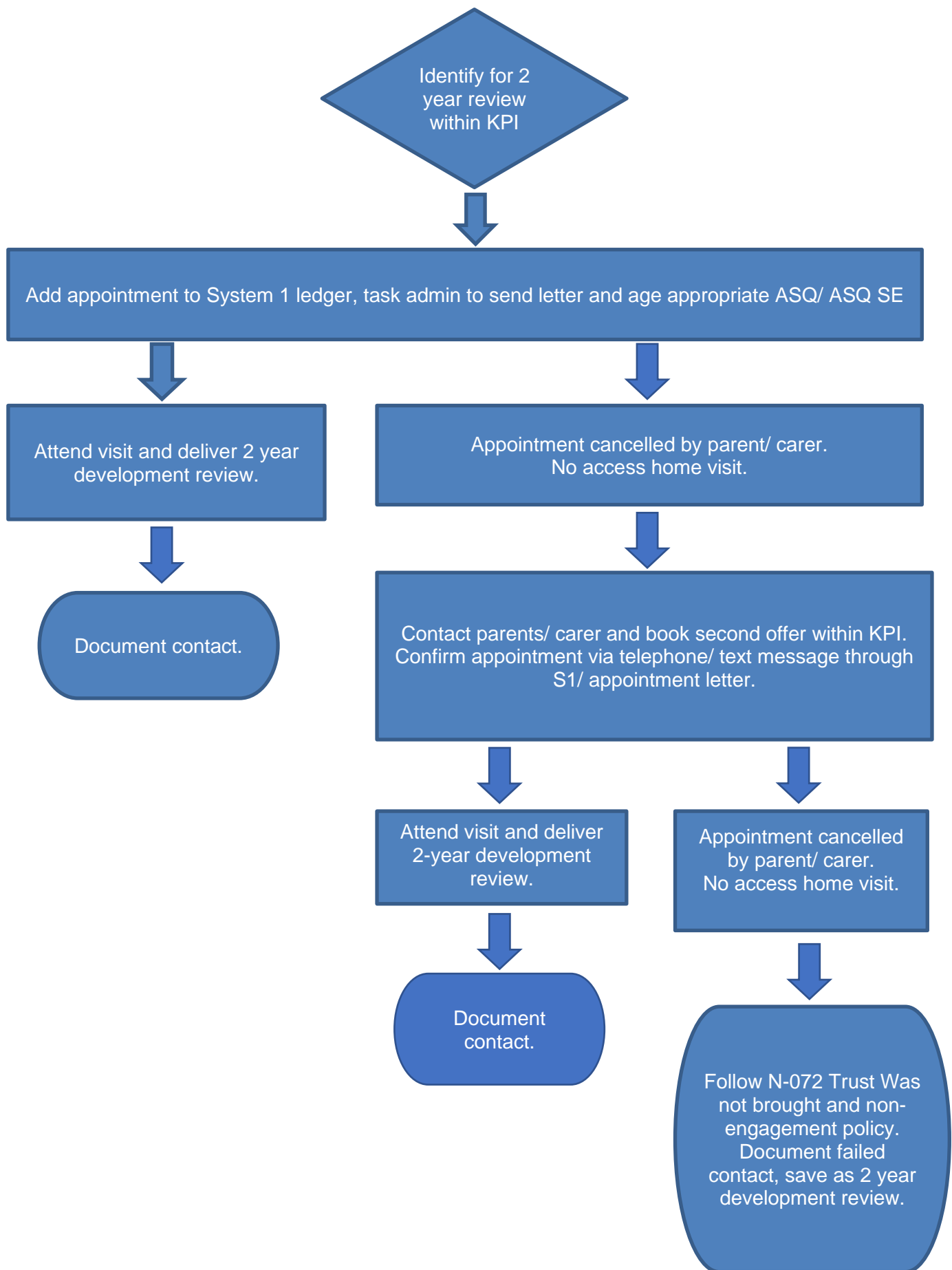
# APPENDIX A – ADMINISTRATION TEAM 2 YEAR CHECK PROCESS MAP



**APPENDIX B – WAS NOT BROUGHT AND NO ENGAGEMENT POLICY LINK**

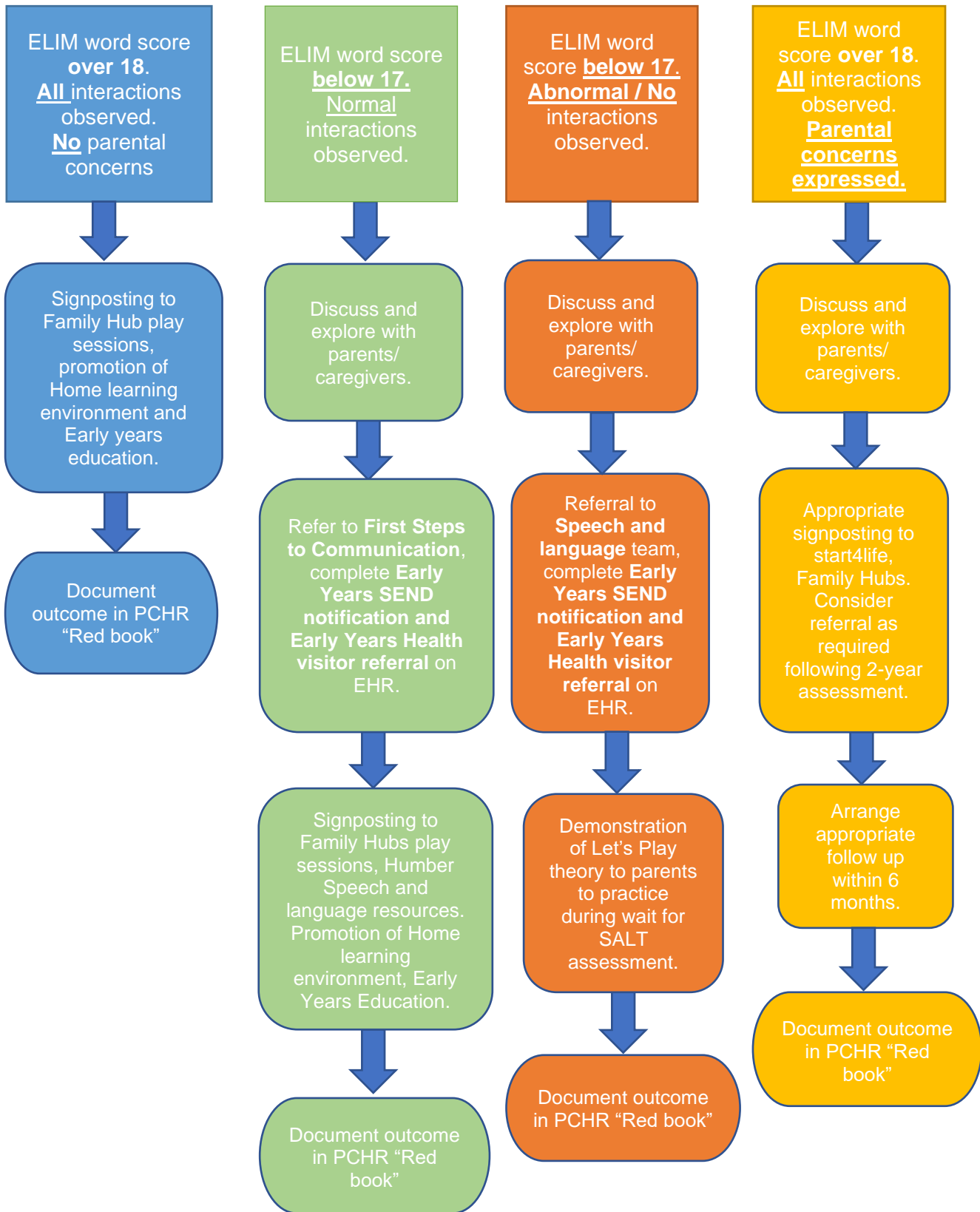
[Was Not Brought and No Engagement Policy N-072](#)

**APPENDIX C – HEALTH VISITOR 2 YEAR DEVELOPMENT REVIEW BOOKING PROCESS**



**APPENDIX D – SPEECH AND LANGUAGE / FIRST STEPS TO COMMUNICATION  
PROCESS MAP**

Two-year development review outcome process



## APPENDIX E – EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Standard operating policy 2 to 2 and ½ year review.**
2. EIA Reviewer (name, job title, base and contact details): **Louise Chadwick - Specialist public health nurse.**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy.**

<b>Main Aims of the Document, Process or Service</b> <b>To set out the requirements of the 2 to 2 ½ year development review with in the 0-19 service.</b>
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	Low	This policy applies to all families regardless of age.
<b>Disability</b>	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities:  Sensory Physical Learning Mental health  (Including cancer, HIV, multiple sclerosis)	Low	This policy applies to all regardless of any disability
<b>Sex</b>	Men/Male Women/Female	Low	This policy applies to all regardless of sex.
<b>Marriage/Civil Partnership</b>		Low	This policy applies to all regardless of marriage / civil partnership.
<b>Pregnancy/ Maternity</b>		Low	This policy applies to all regardless of pregnancy.
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	This policy applies to all regardless of race.
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy applies to all regardless of religion or belief.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	This policy applies to all regardless of sexual orientation.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy applies to all regardless of gender identity.

**Summary**

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>This policy applies to all families and there is no circumstance where any groups would not be considered.</p>	
EIA Reviewer: Louise Chadwick	
Date completed: 08/07/2023	Signature: Louise Chadwick