



# The Integrated Review

Bringing together health and early education reviews at age two to two-and-a-half



Supporting materials for practitioners working with young children

## **Acknowledgements**

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The materials also draw upon:

NCB Implementation study of the Integrated Review 2014

<https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study>.

NCB slide pack and toolkit of resources to support local authorities:

<http://www.ncb.org.uk/what-we-do/research/our-research/a-z-research-projects/integrated-review-at-2-a-toolkit-for-local-authorities>

NCB 'Parents, Early Years and Learning' materials available via the Early Childhood Unit website:

<http://www.ncb.org.uk/areas-of-activity/early-childhood>

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## Introduction

From September 2015, local authorities, health visiting services and early years providers will be expected to bring together health and early education reviews for young children at the age of two to two-and-a-half.

Age two to two-and-a-half is an important time for children and their parents. It is a period of rapid growth, learning and development in a young child's life, and is also a crucial time when a child's need for additional support from health services or the education system can become clear. While the care given during the first months and years of a baby's life is critical for equipping them for the future, age two is another important stage where planned contact with all children and their parents can help to make a real difference to a child's future outcomes

Integrating the existing health and education reviews at age two will help to identify problems and offer effective early intervention for those children who need more support, at an age where interventions can be more effective than they would be for an older child.

This document is intended to provide support to practitioners carrying out Integrated Reviews with young children at the age of two to two-and-a-half, including health visitors, early years practitioners and those managing the provision of health and early education services.

For the purposes of these materials, 'parents' are defined as all parents, carers and family members who may be involved in the care of young children.

### **Why do the early years matter?**

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during those early years (starting in the womb) has lifelong effects on many aspects of health and well-being, educational achievement and economic status.

Marmot, M. (2010)

# Background and context to the Integrated Review

## What are the existing health and early education reviews for two year olds?

The Integrated Review for children aged two to two-and-a-half will bring together existing reviews for children at around two years of age:

- **The Healthy Child Programme Review at age two to two-and-a-half**

The Healthy Child Programme is the universal public health programme for all children and families. It consists of a schedule of reviews, immunisations, health promotion, parenting support and screening tests that promote and protect the health and wellbeing of children from pregnancy through to adulthood. The health, wellbeing and development of the child at age two has been identified as one of the six high impact areas where health visitors can have a significant impact on health and wellbeing and improving outcomes for children, families and communities. The Healthy Child Programme Review at age two to two-and-a-half is a health focused review incorporating a review of child development, including social and emotional wellbeing.

- **The Early Years Foundation Stage progress check at age two**

The Early Years Foundation Stage (EYFS) is the statutory framework setting the standards for all early years providers for learning, development and care for children from birth to age five. The EYFS Progress Check at age two is a statutory point of assessment within this framework.

To carry out the EYFS Progress Check at age two early years practitioners must review a child's progress when they are aged between 24 and 36 months and provide parents with a short written summary of their child's development in the prime areas: Personal, Social and Emotional Development, Communication and Language and Physical Development.

The Integrated Review draws upon the content of both reviews and brings them together in a coherent way.

## What is the purpose of the Integrated Review?

The purpose of the review is to:

- Identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour
- Facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected
- Generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

DH and DfE joint Integrated Review Development Group

January 2012

## Why bring together health and early education reviews?

At present, parents are encouraged to share information from the EYFS Progress Check at age two with other relevant professionals, including health visitors. However, integrating health and education reviews has the potential to give a more complete picture of the child by drawing together:

- Parents' views and concerns about their child's progress
- The early years practitioner's detailed knowledge of how the child is learning and developing, based on day-to-day observation in their early years setting
- The health visitor's expertise in the health and development of young children.

## What are the key principles of the Integrated Review?

The review should be carried out in accordance with the following key principles<sup>1</sup>:

- **The Integrated Review should engage parents, particularly those who are disadvantaged**

The Integrated Review values active participation from parents both intellectually and emotionally in their child's assessment and in making decisions.

- **The Integrated Review should engage the child, where they are participating:**

The child should be at the centre of the review, should enjoy the experience, interact and participate, helping to show what they can do, alongside the information given by parents and the ongoing observations of their early years practitioner.

- **The Integrated Review should be a process of shared decision making:**

Practitioners and parents should respect each other's perspectives and contribute together to decisions on realistic and achievable actions to support the child's wellbeing. This can include agreeing changes in how both parents and the early years setting can best support the child's health, learning and development.

DH and DfE joint Integrated Review Development Group

January 2012

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<sup>1</sup> A more detailed version of these key principles is available in the NCB Implementation study of the Integrated Review, 2014 <https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study>.

## The policy context

The Integrated Review for age two to two-and-a-half is being introduced against a background of other developments in policy and services for children in this age range:

- **The Health Visitor Implementation Programme**

The introduction of the Integrated Review will be supported by the Health Visitor Implementation Programme. This four year transformational programme has focused on recruitment and retention, professional development and improved commissioning. By 1 April 2015 an additional 4,000 health visitors will be in post, with an additional 900 completing training. The programme has set out a clear national framework for local services: the '4-5-6' model of health visiting sets out a four-tiered service reach, five universal health reviews for all children and six high-impact areas where health visitors can impact positively on child and family health and wellbeing.

- **Entitlement to free early education for two-year-olds**

Since September 2010, every three- and four-year-old has been entitled to 15 hours per week of funded early education. This offer was subsequently extended to include disadvantaged two-year-olds, with the aim of providing early education to support their development from the term after their second birthday. The offer was phased in, with around 20 percent of two-year-olds being eligible in September 2013 and around 40 percent of two-year-olds being eligible in September 2014. The increase in two-year-olds attending early years settings will mean that an integrated health and early education review is possible for a greater proportion of children.

- **A public health population measure for children aged two to two-and-a-half**

An indicator of child development at age two has been developed for the Public Health Outcomes Framework which will help to demonstrate the link between this crucial life stage and future outcomes for children, and to inform decisions about services and support during this period. Data for the indicator will be collected during the Integrated Review (or during the Healthy Child Programme Review at age two to two-and-a-half for children not in early education), using the Ages & Stages Questionnaires®, Third Edition (ASQ-3™). ASQ-3™ is an evidence-based tool, developed in the US. Questionnaires are completed by parents, in conjunction with health visitors, and cover five domains of development: Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social. A separate questionnaire, Ages & Stages Questionnaires®: Social-Emotional, (ASQ:SE) covering children's social and emotional development, will be incorporated into the outcome measure at a later stage.

- **SEN and Disability reforms**

The Children and Families Act became law in 2014 and associated statutory guidance set out new requirements for organisations working with disabled children and children with special educational needs. The new legislation covers the 0 – 25 year age range and promotes early identification, co-ordinated assessment and planning and a new 0 – 25 Education, Health and Care plan.

- **Transfer of public health commissioning duties to local authorities**

From October 2015 the responsibility for commissioning public health services for children aged 0-5 will transfer to local authorities. This includes health visiting and the Healthy Child Programme, including the review at age two to two-and-a-half. While health visitors will continue to be employed by their current provider, in most cases the NHS, the responsibility for planning and paying for services will rest with local authorities.

The Government plans to mandate certain elements of the Healthy Child Programme from October 2015. This mandate is designed to support a smooth transfer to allow local authorities to provide universal services that give parents and their babies the best start in life. The mandated elements are the five universal health visitor assessments, including the review at age two to two-and-a-half. The mandated elements reflect six high-impact areas for health visiting, one of which is Health Development and Wellbeing of the Child Age Two.

Alongside these policy and service developments, the core purpose of **Sure Start Children's Centres** remains to improve outcomes for young children and their families, in order to reduce inequalities in child development and school readiness. This is to be supported by improved parenting aspirations, self-esteem and parenting skills; along with improved child and family health and life chances. The introduction of the Integrated Review, with its focus on early identification and child development, is therefore closely aligned with the core-purpose of children's centres. Likewise, the co-location of health and early years services in many children's centres supports the introduction of the Integrated Review.



## The policy context: key documents

Overview of the '4, 5, 6' model for health visiting:

<https://vivbennett.blog.gov.uk/wp-content/uploads/sites/90/2015/03/4-5-6-Model.pdf>

The six high-impact areas for health visiting:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/326888/Early\\_Years\\_Impact\\_Overview.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf)

Review of existing measures of child development for use as a population measure in the Healthy Child Programme Review at age two to two-and-a-half:

[http://www.ucl.ac.uk/cpru/documents/review\\_of\\_measures\\_of\\_child\\_development](http://www.ucl.ac.uk/cpru/documents/review_of_measures_of_child_development)

Research on the acceptability and understanding of ASQ-3™ and ASQ:SE-2 among health care professionals and parents and carers:

<http://www.ucl.ac.uk/cpru/documents/evaluating-the-use-of-a-population-measure-of-child-development-in-the-healthy-child-two-year-review>

Public Health England has published a rapid review of updated evidence for the Healthy Child Programme 0–5:

<http://www.chimat.org.uk/resource/item.aspx?RID=232714>

## What affects outcomes for young children?

**Early experiences:** A child's experiences during their early years provide the essential foundations for life. Their development during this period influences their basic learning, educational attainment, economic participation and health.

Dyson, A. et al (2009)

**Good maternal mental health:** Overall children of mothers with mental ill-health are five times more likely to have mental health problems themselves, resulting in both emotional and behavioural difficulties.

Meltzer, H. et al. (2003)

**High quality early education:** Attending a high or medium quality pre-school has a lasting effect in promoting or sustaining better social/behavioural outcomes, in terms of increased 'self-regulation', higher 'pro-social' behaviour and lower 'anti-social' behaviour levels at age 11.

Siraj-Blatchford, I. et al. (2011)

**Parenting style:** Warm, authoritative and responsive parenting is important in developing good behaviour and preventing children developing behaviour problems.

Sutton, C. et al., (2004)

Effective warm authoritative parenting gives children confidence, a sense of well-being and self-worth. It also stimulates brain development and the capacity to learn.

Utting, D. (2009)

**Home Learning activities:** The home learning environment has a greater influence on a child's intellectual and social development than parental occupation, education or income. What parents do is more important than who they are, and a home learning environment that is supportive of learning can counteract the effects of disadvantage in the early years.

Sylva et al., (2008)

**Early Language Development:** Language development at the age of two years predicts children's performance on entry to primary school. Children's understanding and use of vocabulary and their use of two or three word sentences at two years is very strongly associated with their performance on entering primary school

Roulstone, S. et al (2011)

**Communication environment:** The number of books available to the child, the frequency of visits to the library, parents teaching a range of activities and the number of toys available are all important predictors of the child's expressive vocabulary at two years. The amount of television on in the home is also a predictor; as this time increased, so the child's score at school entry decreased.

Roulstone, S. et al (2011)

# Delivering the Integrated Review

## Designing a local model

Local areas will need to identify the best way to conduct the Integrated Review, depending on their geography, population needs and workforce mix.

A range of models could be used to provide the review, as long as:

- The reviewer or reviewers have the capacity, capability and skills to undertake the Integrated Review, and have had appropriate training
- The Integrated Review is implemented on a co-ownership basis by local health and education systems, where both partners feel jointly responsible and appropriate information sharing processes have been built in
- Governance and accountability structures have been identified.

Parental engagement is key to the success of the Integrated Review, especially for parents who may be ambivalent about contact with local services, or for families who experience psychological, social or economic disadvantage.

The following page provides an overview of some possible models for local areas to consider, drawing on an evaluation of implementation sites carried out by NCB.

During 2013, the Department for Education (DfE) and Department of Health (DH) worked with five early implementer local authorities and other partners to develop and pilot options to bring together the EYFS Progress Check at age two with the Healthy Child Programme Review at age two to two-and-a-half into an integrated process.

A research study was commissioned by the DfE in conjunction with DH to examine the implementation and effectiveness of the approaches taken by the pilot areas. It was led by the NCB Research Centre in collaboration with ICF GHK, and with advisory input from the NCB Early Childhood Unit, UCL Institute of Child Health and the Institute of Health Visiting.

The implementation study can be downloaded at

<https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study>.

A slide pack and toolkit of further resources to support local authorities is available at

<http://www.ncb.org.uk/what-we-do/research/integrated-review-at-2-a-toolkit-for-local-authorities>.

## Possible models for the Integrated Review

This content is drawn from an evaluation of implementation sites carried out by NCB. The evaluation study identified a number of different models for the Integrated Review, two of which are illustrated here. For an in-depth analysis please see the full review report referred to on the previous page.

	<b>Integration through information sharing before and after separate health and early years reviews</b>	<b>Integration through joint review meetings involving health, early years and the family</b>
<b>Description</b>	Health and early years elements are carried out at separate times, and integration arises from information sharing and ensuring integrated responses to identified issues	Early years and health staff come together to deliver the review in one meeting with parents and child
<b>Potential for identifying needs holistically</b>	<ul style="list-style-type: none"> <li>• Allows input of both early years and health expertise with potential for interaction between two services via meetings, but not necessarily with the child or parents present at the point of interaction</li> <li>• Two review points and therefore potential for one to act as a follow-up to the other</li> <li>• Potential to take account of the home context if the health review is conducted in home setting</li> </ul>	<ul style="list-style-type: none"> <li>• The most holistic in terms of allowing interactive input from both health and early years</li> <li>• Enables parents to have access to two professional perspectives.</li> <li>• Just one review point</li> <li>• Less likely to take place in the home, so more difficult to gain insight into the home context</li> </ul>
<b>Parent service experience</b>	<ul style="list-style-type: none"> <li>• Two review processes so less convenient and more risk of duplication and inconsistency if services are not working in a joined-up way</li> <li>• Easier for individual health or early years services to time or tailor the review to fit parents' needs</li> </ul>	<ul style="list-style-type: none"> <li>• Involves just one review process and a more straightforward experience for parents</li> <li>• Potentially less choice in scheduling reviews to fit parents' needs because meetings must fit with joint availability of health and early years staff</li> </ul>
<b>Timeliness</b>	<ul style="list-style-type: none"> <li>• Can optimise the timing of each check to fit the child, depending on the age at which they enter early years provision</li> </ul>	<ul style="list-style-type: none"> <li>• A joint meeting might not be feasible until at least 27 months due to the need for the child to settle into early years settings</li> </ul>

	<b>Integration through information sharing before and after separate health and early years reviews</b>	<b>Integration through joint review meetings involving health, early years and the family</b>
<b>Resource implications</b>	<ul style="list-style-type: none"> <li>• Similar to existing processes; it requires time from both early years and health services, but significantly less time than for joint meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially more time-intensive and costly for both early years and health than conducting separate checks</li> </ul>
<b>Feasibility within existing staff capacity</b>	<ul style="list-style-type: none"> <li>• Flexibility to work within existing systems and capacity</li> <li>• Gives managers and practitioners ownership of the Integrated Review and the ability to shape the process</li> <li>• Minimises any additional training needs with an emphasis on training around the Integrated Review process and information sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Challenging in early years settings in terms of the need for practitioners to be released from staff to child ratios</li> <li>• Particularly difficult to manage for smaller early years settings and childminders, and in areas which still lack health visitor capacity and appropriate skill mix</li> <li>• Challenges in terms of different professional perspectives coming together and adjusting to new ways of working</li> </ul>
<b>Key challenges</b>	<ul style="list-style-type: none"> <li>• Harder to ensure effective join up than with face-to-face meetings carried out jointly</li> <li>• Success would depend on strong individual working relationships and information sharing systems between health and early years to achieve a holistic approach</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling to fit early years, health visitors and parent availability</li> <li>• Lack of suitable spaces to come together to carry out Integrated Reviews</li> <li>• Effective working together is difficult in areas where health visiting capacity is managed via centralised models, without consistency of staffing at local area level</li> </ul>
<b>Ways to overcome key challenges</b>	<ul style="list-style-type: none"> <li>• Named health contact for each participating childcare setting, possibly co-located or working nearby</li> <li>• Strong information-sharing protocols and systems</li> <li>• Regular meetings between health and early years leads</li> </ul>	<ul style="list-style-type: none"> <li>• Central contacts and allocated administrative support to maintain and inform early years and health visiting team of any changes in systems</li> <li>• Carry out reviews at children’s centres or community locations</li> <li>• Adapting the structure of health visiting into locality based teams, where this approach is not already employed</li> </ul>

## Feedback from pilot sites

### **Feedback on integration through information sharing, before and after separate health and early years reviews:**

'...the simple fact of sharing information between teams (i.e. early years having access to health information or vice versa) was regarded as empowering practitioners to have a better understanding of the child.'

'In models where integration additionally involved active discussion between practitioners (i.e. before and/or after the separate elements had been conducted), additional benefits were found to arise from the interaction in terms of being able to pool knowledge to develop more rounded conclusions, and also to work together in supporting the family most effectively.'

'...it was highlighted that strong working relationships and well established information sharing protocols were essential for making integration work when practitioners were not coming together in joint meetings.'

Feedback from interviews with pilot site practitioners

### **Feedback on integration through joint review meetings involving health, early years and the family:**

"I think the strength is that you have two professionals coming to a joint decision about something...I think when there's two of you, sometimes it's easier to say, 'let's do something now'."

Early years manager, pilot site

"...the strength behind that is that you bring together the expertise of parents, of the health visitor and the children's centre staff, that provides that holistic picture."

Early years lead, pilot site

"If I compare it to the reviews my other two children had, it was night and day different. It was actually properly informative and I learnt stuff as opposed to being a one way conversation where I answered questions."

Parent, pilot site

**All extracts taken from NCB Implementation study of the Integrated Review, 2014**

# Working in partnership with parents to carry out the integrated review

The Integrated Review is a valuable opportunity to reflect on how the child is developing and what might be needed to support their future development, as they reach school age and beyond. This is most effective when health visiting services and early years practitioners work in partnership with parents to carry out the review.

## Parents

Parents have a fundamental role to play in the Integrated Review. A starting point for all reviews should be an acknowledgement that parents know their children best. They are their child's first and most enduring educators, with in-depth knowledge of their child's physical, emotional and language development over time. This knowledge should be reflected in ongoing relationships with parents and during the review process.

## Health visiting services

The Healthy Child Programme places an emphasis on the communication skills of the health practitioner when they are in contact with parents. When reviewing a child's health and wellbeing, health visitors should demonstrate an approach that is respectful, empathic and strengths-based:

'For any review to be effective it needs to meet the agenda of both the practitioner and the parent and will depend on a positive relationship being established where parents feel listened to and valued as the expert in their child's life.'

**The Healthy Child Programme – The Two Year Review**

Although some parents might have had little recent contact with a health visitor at the time of an Integrated Review, health visitors can use communication skills to form a positive relationship during the review meeting. This might mean using a parent-led opening, agreeing on the agenda together, reflecting on what has happened since previous reviews and the use of open ended questions to elicit issues and concerns.

## Early years settings

The Early Years Foundation Stage requires that each child has a key person with responsibilities for their provision within the setting and for building a partnership with their parents.

'The key person must ensure that every child's learning and care is tailored to meet their individual needs. The key person must seek to engage and support parents and/or carers in guiding their child's development at home.'

**The Statutory Framework for the Early Years Foundation Stage**

Practitioners within early years settings are also required to encourage and facilitate regular dialogue with parents and the two-way sharing of what parents and practitioners observe about a child's learning, development and interests.

## What does partnership mean in practice?

Building long-term partnership with parents in early years settings and health visiting services might mean:

- Reflecting carefully on existing relationships with parents
- Showing an interest in children and their parents as unique and valued individuals
- Recognising parents as holding expert knowledge about their own child
- Listening carefully to parents' views on provision and services
- Valuing what parents are already doing to support their child's development
- Sharing information and resources
- Encouraging and building confidence in parents
- Including parents in decision making about provision and services.

Adapted from NCB Parents, Early Years and Learning Materials at [www.peal.org.uk](http://www.peal.org.uk)

**The importance of interpersonal skills:** findings from the pilot phase of the Integrated Review highlight the importance of practitioners' communication and interpersonal skills when working in partnership with parents and their expertise in handling sensitive conversations.

"First and foremost, good interpersonal skills so you can get the information you need from parents, and that you can make them feel relaxed so if there are other issues they feel willing to talk about them."

Early years Lead, pilot site

**NCB Implementation study of the Integrated Review, 2014**



## Building partnership during the Integrated Review

Working in partnership with parents during the Integrated Review might mean:

- Giving parents advance notice of the review and listening to parents' preferences on practical arrangements for the review
- Sharing parent-facing materials such as 'What to expect, when?' to encourage parents to think about their child's development before the review meeting
- Where appropriate for families, circulating the Ages & Stages Questionnaire (ASQ-3™) in advance for parents to look at and complete prior to the review
- Thinking carefully about what might help parents to feel comfortable and able to participate as fully as possible
- Employing an approach which is strengths-based, empathic and respects parents' roles in their child's life
- Using communication skills to draw out parents' contributions at every stage of the review.

'What to expect, when?' is a parent-facing document developed by 4 Children to support parents to find out more about how their child is learning and developing during their first five years. Please also see guidance on the use of the ASQ-3™ in the section 'The Review Process'.

### Parents contributing to the Integrated Review

"As a parent you know your child well and you should participate in the review process by sharing this knowledge"

Letter of invitation to parents, pilot site

"There was a difference, for example, that [son] wasn't talking much in nursery but was talking a lot at home, so I was able to say this...there was plenty of time for me to give a fuller picture of how he is and what he's like"

Parent, pilot site

"...[ASQ-3™] it's put focus on parents looking at the development and it's given them a voice to say that this is, this is their child, this is what they know about their child, how are we supporting their child's development, which has been great"

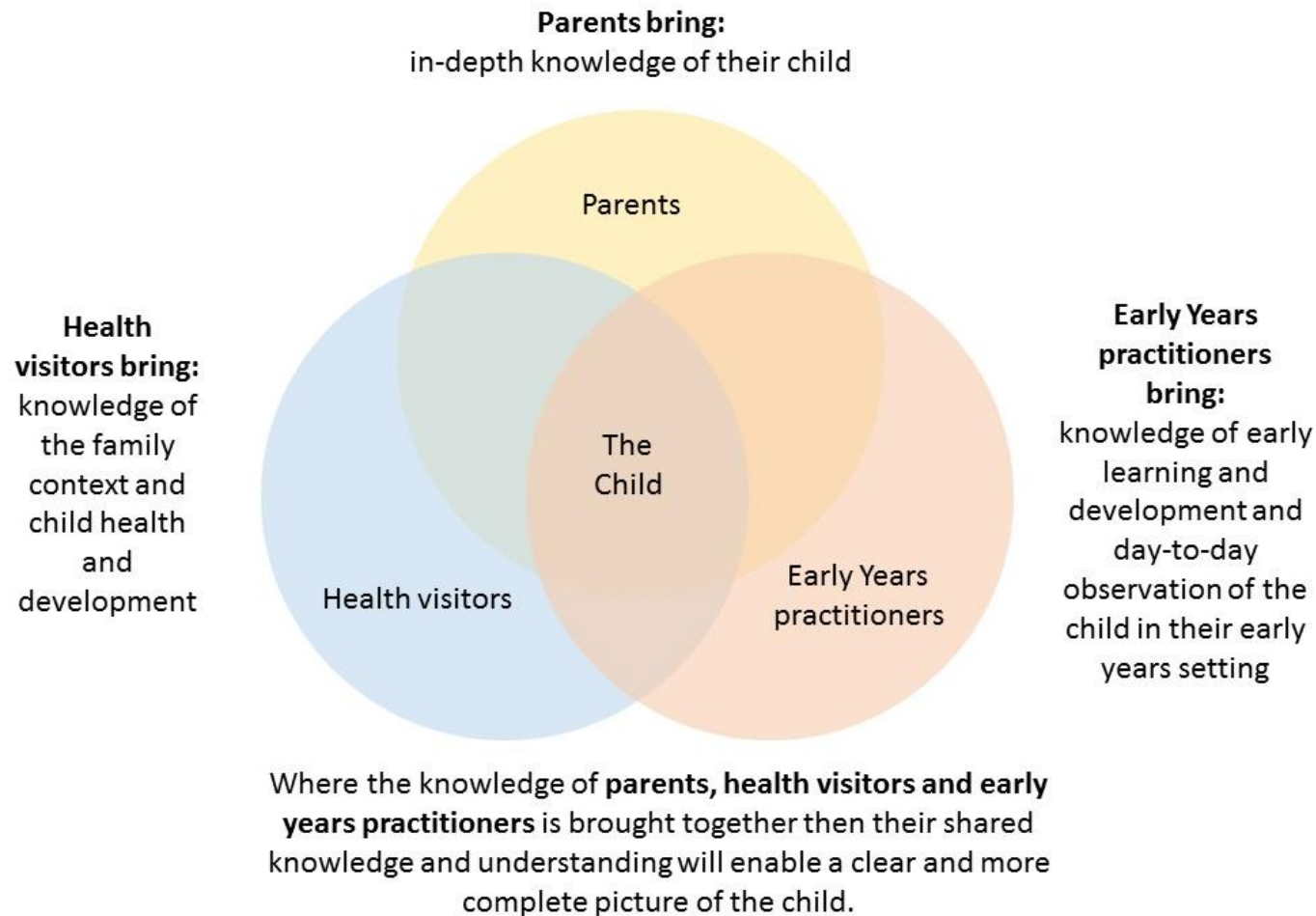
Early years practitioner, pilot site

### NCB Implementation study of the Integrated Review

"...[ASQ-3™]' It was interesting to consider my son's progress, mark the point in time. It made me even more aware of how much he can do and is learning this stage"

Feedback from a parent, pilot partner site

## Bringing it all together: a model of shared knowledge and understanding during the Integrated Review



Model developed from NCB Parents, Early Years and Learning materials at <http://www.ncb.org.uk/areas-of-activity/early-childhood>

## How can practitioners support key principles of the Integrated Review?

### 1) The Integrated Review should engage parents, particularly those who are disadvantaged

The Integrated Review values active participation from parents both intellectually and emotionally in their child's assessment and in making decisions.

**Health and early years practitioners can support this key principle by:**

- connecting with parents' motivations to do the best for their children
- being sensitive to the fact that some parents might feel nervous or anxious about a review of their child
- presenting the review in a way that makes parents feel confident and valued
- skillfully exploring issues with a caring, not intrusive attitude
- Presenting the review as a positive opportunity for parents to discuss how their child is developing and what is going well, as well as any worries that they might have.

### 2) The Integrated Review should engage the child, where they are participating:

The child should be at the centre of the review, should enjoy the experience, interact and participate, helping to show what they can do, alongside the information given by parents and the ongoing observations of their early years practitioner.

**Health and early years practitioners can support this key principle by:**

- Creating a safe, open and emotionally warm environment with stimulating and appropriate toys
- Allowing enough time for the child to feel comfortable in the space
- Taking an interested but non-intrusive approach to the child, tuning-in to and empathising with the child, and constantly reflecting, 'how does it feel for this child?'

### 3) The Integrated Review should be a process of shared decision making:

Practitioners and parents should respect each other's perspectives and contribute together to decisions on realistic and achievable actions to support the child's wellbeing. This can include agreeing changes in how both parents and the early years setting can best support the child's health, learning and development.

**Health and early years practitioners can support this key principle by:**

- A skillful approach by practitioners in dialogue with parents, using listening, checking, summarising and negotiating techniques
- Practitioners respecting each other's differing professional skills, experiences and perspectives
- Openness and transparency about expectations and responsibilities.

# Provision of the Integrated Review to all groups of children

As a universal service, the Integrated Review should be provided to all groups of children, including children from families with high levels of need and children with Special Educational Needs and Disabilities (SEND).

## Children from families with high levels of need

Children from families with high levels of need may already be well known to the health visiting team and other agencies. A clear understanding of information sharing protocols in the area will be essential to ensure facilitation of information exchange between agencies. For those families taking part in the Family Nurse Partnership (FNP) programme (which offers intensive support for teenage mothers), there will be a formal transfer of service from the FNP team to the health visitor at two years. It will be helpful if the Family Nurse's close knowledge of the family can contribute to the Integrated Review.

## Children with Special Educational Needs and Disabilities (SEND)

Children who have already been identified as disabled or who have special educational needs are entitled to access universal services such as the Integrated Review in the same way as any other child. However, provision needs to be in place to ensure that the universal review is adapted to their needs and those of their parents.

### Education, Health and Care Plans

During the review the Health Visitor should check whether the child has an integrated Education, Health and Care plan or if work is underway to develop one. Where a child does not have an Education, Health and Care plan, the Health Visitor may want to discuss with the family whether they should request one. Where a plan exists, it should provide a comprehensive source of information that can inform the Integrated Review process.

In some cases the Integrated Review may identify for the first time that a child has a disability or special educational needs. Where this is the case, a request for an Education, Health and Care Plan may be appropriate, once this has been discussed with the child's parents. Each local area should have a Designated Medical Officer for SEND, who can act as a point of advice and contact with statutory services. Early Support Materials, including a parent-held Early Support Developmental Journal, are also available to support the parents of children with Special Educational Needs and Disabilities.

### Use of the Ages & Stages Questionnaire (ASQ-3™) for children with identified SEND

ASQ-3™ should be offered to all children as part of their Integrated Review and is a helpful tool for early identification of children who may have additional needs. Where a child already has an identified disability or developmental delay, health visiting teams will need to work sensitively and collaboratively with parents to reach agreement about whether or not to use ASQ-3™. However, it is anticipated that the decision not to use the ASQ-3™ would only apply to a small number of children with significant developmental delay who might already be accessing support from a community paediatrician.

Where parents wish to use the ASQ-3™ questionnaire, it is recommended that the appropriate age questionnaire is used (24, 27 or 30 month) and not a questionnaire for an earlier age interval. Where an ASQ-3™ questionnaire is used, scores should be recorded as usual. Local Child Health Information Systems should enable information about Special Educational Needs and identified disabilities to be recorded at the same time as the ASQ-3™ scores.

Where parents opt not to use ASQ-3™, health visitors should record a nil return and information about the child's Special Educational Needs or identified disability, as above. Health visiting teams may wish to use an alternative tool to help assess a child's development as part of their Integrated Review. It is up to local areas to choose the most appropriate tool, but this should be an evidence-based, standardised tool, as set out in the Healthy Child Programme Review at age two to two-and-a-half guidance document.

### **Provision for children who do not attend an early years setting at age two**

Children who do not attend an early years setting at age two will receive a Healthy Child Programme Review at age two to two-and-a-half<sup>2</sup>. This will include the use of the Ages & Stages Questionnaire (ASQ-3™) as a starting point for discussion and in order to gather data for the population measure.

Health visitors should take the opportunity at the Healthy Child Programme review to signpost parents to the benefits of early education for their child, including making them aware of potential entitlement to free early education at the beginning of the term after either their second or third birthday.

If a child subsequently enters an early years setting before 36 months, then once the child has settled in to the provision, early years practitioners must also carry out an EYFS Progress Check at age two by reviewing their progress in the three prime areas and sharing this with parents.

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<sup>2</sup> In March 2015, DfE minister Sam Gyimah announced pilots to look at options for offering a more Integrated Review to children not in formal early years settings <https://www.gov.uk/government/news/parents-to-get-complete-picture-of-childs-development>

## Exploring a model for the Integrated Review

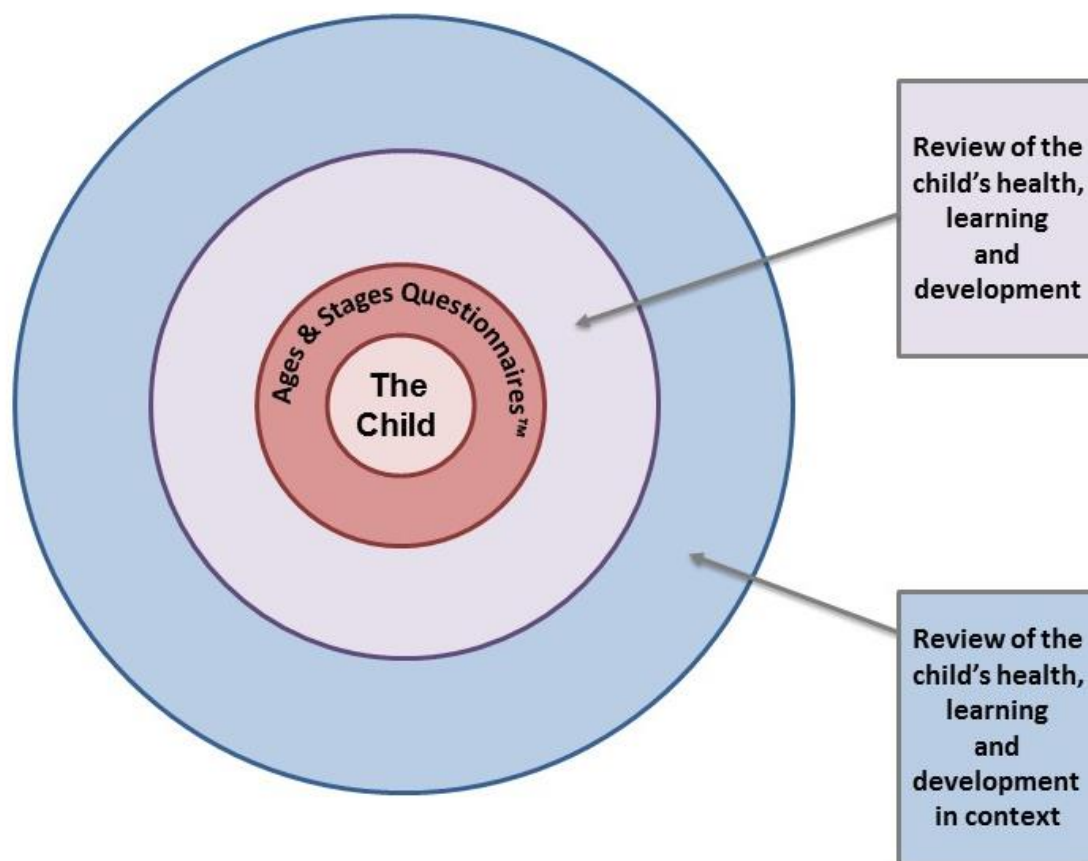
This section sets out the framework for the areas that the Integrated Review will cover, drawn from the Healthy Child Programme Review at age two to two-and-a-half and the EYFS Progress Check at age two.

**The review will make use of an evidence-based tool the Ages & Stages Questionnaire (ASQ-3™), alongside a wider review of the child's health, learning and development and other contextual factors.**

- All participants (parents, early years practitioners and health visitors) can contribute to both the wider review of the child's health, learning and development and other contextual factors.
- The use of ASQ-3™ provides a standardised, evidence based approach in order to provide data for a population indicator of child development at age two.
- The questions in the ASQ-3™ tool will also act as a starting point for discussion with parents.
- The review will, however, mainly focus on wider consideration of other factors which form the outer rings of this model. These are a review of the child's health, learning and development and a wider review of the child's health, learning and development in context.
- A range of additional tools can be used at the reviewer's discretion and depending on the child's needs. Tools that are used need to be evidence-based, validated and suitable for children of two to two-and-a-half years of age.

A model on the next page helps to describe the content of the Integrated Review.

## A simple visual model of the Integrated Review<sup>3</sup>



**This model illustrates what should be included in the Integrated Review:** the information gathered by the Ages & Stages Questionnaire ASQ-3™, a wider review of the child's health, learning and development and a wider review of the child's health, learning and development in context.

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<sup>3</sup> This draws on Bronfenbrenner's 'Ecological Model' of child health and social determinants which describes the circles of influence around a child, including parenting and wider community context.

## **Overview of the Integrated Review**

The Integrated Review will cover five key domains in relation to the child:

- Personal, Social and Emotional Development
- Communication and Language
- Learning and Cognitive Development
- Physical Development and Self Care
- Physical Health

It will take into account ten key influences in relation to the context of the child's life:

### **The Child in the Family**

1. Attachment relationships
2. Parenting style
3. Couple relationships

### **The Family**

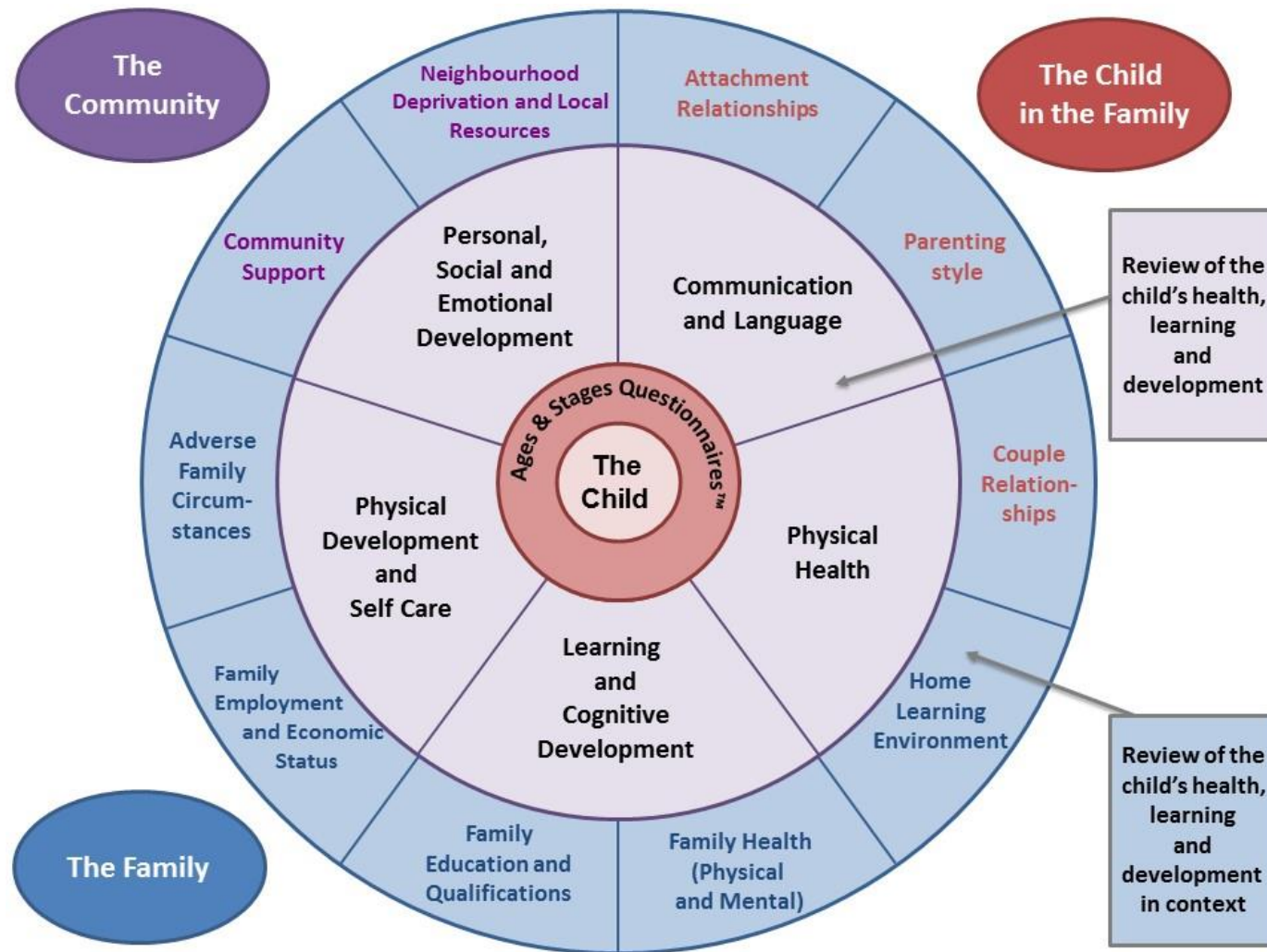
4. Home Learning Environment
5. Family Health (physical and mental)
6. Family Education/Qualifications
7. Family Employment and Economic Status
8. Adverse Family Circumstances

### **The Community**

9. Neighbourhood Deprivation and local resources
10. Community Support

These areas are set out visually in the diagram on the next page.





The Integrated Review: a more detailed visual model

## The review process

Assessment will include the following elements:

- Discussion with parents
- Responses to the ASQ-3™
- The review material contributed by the early years practitioner drawn from ongoing day-to-day observation of the child within their early years setting
- Direct observation of the child (recognising that this may not be a representative view of the child)
- The use of further validated tools, where necessary.

A table on the next page sets out the different contributions of parents, health visitors and early years practitioners to different parts of the review and how this relates to the ASQ-3™.

### Practitioner skills and attributes for the Integrated Review

“They have to have the knowledge of child development when they’re looking at children at two and a half years old so they know what’s normal, for a start. They have to understand that children don’t always perform...they have to be able to make those judgments, particularly Health Visitors, and think, ‘OK, that child isn’t demonstrating that today but is that because they’re in an alien situation?’ It’s having that higher level of thinking that is important.”

Health Manager, Pilot Site

### Should the child be present at the Integrated Review?

In most cases it is expected that the child would be present at the Integrated Review for the reviewers to observe the child and their interaction with their parents and others. See key principles for the Integrated Review: *the review should engage the child, where they are participating.*

However, the Integrated Review also draws on day-to-day knowledge of the child contributed by parents and by early years practitioners. This is important, because a child may not behave representatively at a one-off review meeting or there may be other reasons why they are not present during the review. This could include where the child makes clear they do not wish to be present or where parents wish to discuss concerns without the child hearing.

## Preparation and Overview

The Integrated Review builds on the existing Healthy Child Programme Review at age two to two-and-a-half, and EYFS Progress Check at age two, retaining the distinct elements that each offers.

The content and detail of each review will vary according to how well the family is known to the health visiting team, early years setting and other services.

- **Parents can prepare for a review by:** observing and thinking about their child's development, making note of any questions or areas of concern and by completing the Ages & Stages Questionnaire (ASQ-3™), where appropriate (see below). When thinking about their child's development they may find it helpful to refer to parent-facing materials such as 'What to Expect, When?' Parents should also be asked to bring their Personal Child Health Record or 'Red Book' and any other relevant records to the review.
- **Health visiting practitioners can prepare for a review by:** reviewing their knowledge from any prior relationship with the family and where a family is not well known to them, reviewing the case records and other information sources available.
- **Early years practitioners can prepare for a review by:** carrying out a detailed review of the child's progress against 'Development Matters in the Early Years Foundation Stage' in the three prime areas, Personal, Social and Emotional Development, Physical Development and Communication and Language in accordance with the requirement of the EYFS Progress Check at age two. This should be carried out by the child's key person.

Other professionals working with the child should be invited to participate or contribute their views where appropriate.

### Use of the Ages & Stages Questionnaire (ASQ-3™).

The Ages & Stages Questionnaire (ASQ-3™) is an evidence-based tool, which will be used to collect public health information for an indicator of child development at age two. The purpose of this is to help to demonstrate the link between this crucial life stage and future outcomes for children, and to inform decisions about services and support during this period. The tool will collect data for all children, including those who are not in an education setting and therefore are receiving only a Healthy Child Programme Review at age two to two-and-a-half. Health visitors are responsible for administering and managing the ASQ-3™ and collecting the data.

Alongside its primary purpose of providing data for the population measure, the tool will also help to feed into the Integrated Review, providing a starting point for wider discussion of the child's development. Early years practitioners will therefore need to be aware of the tool's roles, and be prepared to support parents in completing it if required<sup>4</sup>.

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<sup>4</sup> Open-access training for the ASQ-3™ is available at <http://www.e-lfh.org.uk/programmes/asq-3-and-the-two-year-review>

Ages & Stages Questionnaires are completed by parents, either at home in advance of the review or with the support of the early years setting. Ages & Stages Questionnaires can also be completed in conjunction with health visitors during the review, and cover five domains of development: Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social development.

When using the Ages & Stages Questionnaire it is important that the correct time-stamped questionnaire (24, 27 or 30 month) is used according to the age of the child.

In using the Ages & Stages Questionnaires with parents it is recommended that health and early years practitioners clearly communicate that:

- The questionnaire is an evidence-based tool that will be used as a starting point for further discussion during the review
- It provides an opportunity to reflect on what children can do, their strengths and areas where they may still be developing
- The questionnaire is part of a wider holistic review of the child's health, learning and development; numerical scores are recorded for public health purposes but they are not the whole picture
- It is not a test and there is no expectation that children must already be able to do all the things described
- The questionnaire will also be used to gather anonymous public health information about all children's development.

When referring to the Ages & Stages Questionnaires with parents, local teams may prefer to use the descriptive long form of the title (i.e. "Ages & Stages Questionnaires") rather than the acronym 'ASQ-3™'.

**Health visitors must consider each individual family's circumstances carefully when deciding whether or not to provide ASQ-3™ materials for completion prior to an Integrated Review.**

Completing the ASQ-3™ questionnaire in advance may not be appropriate where parents speak English as an additional language, have literacy issues, or who have specific needs which would present challenges in completing the questionnaire. Supported completion may also be more appropriate for high-need families or where work is needed to build a relationship of trust with health visitors.

Practitioners should be aware that it may be inappropriate to use parts of the ASQ-3™ where children have already been identified as disabled or who have special educational needs. Please see the section 'Provision of the Integrated Review to all groups of children' for more details.

## Review of the child's health, learning and development

The child's health, learning and development will be assessed in five key areas, forming the central part of a review model:

- Personal, Social and Emotional Development
- Communication and Language
- Learning and Cognitive Development
- Physical Development and Self Care
- Physical Health

This section draws from the Healthy Child Programme and 'Development Matters in the Early Years Foundation Stage' (Development Matters) to guide health and early years practitioners on what to expect when reviewing the child.

A table on the next page sets out what parents, health visitors and early years practitioners might bring to this stage of the review.

### Supporting children's health, learning and development

The section for each aspect of the review contains suggestions for additional tools and sources of support. Links for these are provided in Appendix 1.

In relation to the first four aspects of the review, early years practitioners should also use the guidance in the 'Positive Relationships' and 'Enabling Environments' columns of Development Matters to consider targeted ways to strengthen and extend the child's current learning and development, both in the early years setting and at home. This should be done in partnership with parents and health visitors, taking into account what might be most helpful and appropriate for the child and family and building upon what they already do. A link for Development Matters is provided in Appendix 1.

Parents can be provided with or signposted to the section 'How can you help me with your learning?' within 'What to expect, when?', which has been developed as a parent-facing version of Development Matters.

The Physical Health section contains suggestions for additional tools or onwards referral that health visitors may find useful when reviewing a child.<sup>5</sup> Local authority commissioners are best placed to ensure that services for children under five are responsive to locally identified needs and priorities.

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<sup>5</sup> Health visiting leads may find it helpful to refer to the rapid review of evidence for the Healthy Child Programme <http://www.chimat.org.uk/resource/item.aspx?RID=232714>

## What can each participant bring to the review of the child’s health, learning and development during Integrated Reviews?

This is not an exhaustive list and contributions may depend on local operating models and the skill set of individual practitioners.

The child	Health visitors might bring:	Covered by ASQ-3™	Parents might bring and be willing to share:	Early Years practitioners might bring:
Personal, Social and Emotional Development <sup>6</sup>	Knowledge from any prior relationship with the family.	~ (Limited coverage)	In-depth knowledge of what their child can do at home.	Review of the child’s learning and development against Development Matters.
Communication and Language	Information about any health problems affecting speech, language and communication.	✓	In-depth knowledge of what their child can do at home.	Review of the child’s learning and development against Development Matters.
Learning and Cognitive Development	Information about any health problems affecting learning and cognitive development.	✓	In-depth knowledge of what their child can do at home.	Observation of the child within the early years setting, including the ‘Characteristics of Effective learning’
Physical Development and Self Care	Information about any health problems affecting physical development and self care.	✓	In-depth knowledge of what their child can do at home.	Observation of the child within the early years setting.
Physical Health	Information about previous reviews of physical health.  Review of growth against standardised growth charts and any issues around hearing, vision and dental care.  Provision of public health information.	✗	In-depth knowledge of their child.  Information about practices within their home.	Observation of the child within the early years setting.  Insight into family practices around health and wellbeing.

<sup>6</sup> ASQ:SE tool will be incorporated into the outcome measure at a later stage and it will be possible to use ASQ:SE to support the review of Personal, Social and Emotional Development at this point.

## Personal, Social and Emotional Development

Age two to two-and-a-half is an important time for children to learn the skills to develop relationships with their peers and with adults, to begin to recognise and manage their emotions, to feel confident in themselves and to see themselves as a person. It is also an important time for parents to develop warm authoritative parenting to manage any challenging behaviour.

During the Integrated Review health and early years practitioners should talk to parents about their child's development, draw on the early years practitioner's knowledge of the child and observe both the child and the parents' interaction with the child.

The ASQ-3™ provides limited coverage of a child's personal social and emotional development, so for this area practitioners will also need to draw out information on this area by asking questions based on the expectations set out in Development Matters. This provides examples of development for children aged 22-36 months, on the next page. It may also be helpful to refer to adjacent age/stage bands where appropriate for individual children. A link for Development Matters is provided in Appendix 1.

### Additional Tools and Support

- Guidance in Development Matters on ways in which adults can support a child's learning and development in the early years setting and at home.
- Parents can be signposted to the section 'How can you help me with your learning?' within 'What to expect, when?', which has been developed as a parent-facing version of Development Matters.
- Where there are concerns about a child's development in this area, it may be helpful to use the Ages & Stages Questionnaires®: Social-Emotional, (ASQ:SE), which looks specifically at this area. It is intended that the ASQ:SE tool will be included as part of the indicator of child development at age two at a later stage.
- Evidence based parenting programmes, such as Triple P, Incredible Years and Mellow Parenting.
- For families with high levels of vulnerability more intensive programmes such as the Family Intervention Projects can be helpful.
- Social and Emotional Aspects of Development (SEAD) resources
- NICE guidelines about children's social and emotional development in the early years are available to support commissioners.

## Personal Social and Emotional Development

### Extract from Development Matters in the Early Years Foundation Stage

Aspect of Personal, Social and Emotional Development	Examples of development statements for children aged 22 – 36 months:
Making Relationships	<ul style="list-style-type: none"> <li>• Interested in others' play and starting to join in</li> <li>• Seeks out others to share experiences</li> <li>• Shows affection and concern for people who are special to them</li> <li>• May form a special friendship with another child</li> </ul>
Self Confidence and Self Awareness	<ul style="list-style-type: none"> <li>• Separates from main carer with support and encouragement from a familiar adult</li> <li>• Expresses own preferences and interests</li> </ul>
Managing Feelings and Behaviour	<ul style="list-style-type: none"> <li>• Seeks comfort from familiar adults when needed</li> <li>• Can express their own feelings such as sad, happy, cross, scared, worried</li> <li>• Responds to the feelings and wishes of others</li> <li>• Aware that some actions can hurt or harm others</li> <li>• Tries to help or give comfort when others are distressed</li> <li>• Shows understanding and cooperates with some boundaries and routines</li> <li>• Can inhibit own actions/behaviours, e.g. stop themselves from doing something they shouldn't do</li> <li>• Growing ability to distract self when upset, e.g. by engaging in a new play activity</li> </ul>
<p><b>Also from Development Matters:</b> 'Children develop at their own rates and in their own ways. The development statements and their order should not be taken as necessary steps for individual children. They should not be used as checklists. The age/stage bands overlap because these are not fixed age boundaries but suggest a typical range of development.'</p>	



## Communication and Language

Age two is an important time for developing early communication and language skills. Communication and language skills at age two have been linked to attainment at school entry age. The causes of delays and problems in speech, language and communication might be physical, perhaps associated with another health or learning problem, or reflecting a specific language impairment, but they can also relate to a child's communication environment, especially the level of interaction between the child, their parents and others around them.

Health and early years practitioners should talk to parents about their child's communication and language skills, drawing on the early years practitioner's knowledge of the child and also talk to the child themselves. However, practitioners need to bear in mind that direct interaction with the child may not provide a reliable picture of their communication and language development if the child does not know them well or is in an unfamiliar setting.

The ASQ-3™ Communication questions act as a starting point for the discussion. Development Matters sets out examples of development for children aged 22-36 months, on the next page. It may also be helpful to refer to adjacent age/stage bands where appropriate for individual children. A link for Development Matters is provided in Appendix 1.

### Additional Tools and Support

- Guidance in Development Matters on ways in which adults can support a child's learning and development in the early years setting and at home
- Parents can be signposted to the section 'How can you help me with your learning?' within 'What to expect, when?', which has been developed as a parent-facing version of Development Matters.
- Signposting parents to local services to support communication and language, including libraries, song and rhyme sessions, toy libraries and stay-and-play sessions at children's centres.
- Signposting parents to online support materials, such as The Communication Trust or the National Literacy Trust 'Words for Life' website.
- Tailored support from the early years setting for example through skilled adult/child interaction, focused work with parents, and language groups. This might include the Every Child a Talker and the Early Language Development Programme.
- Practitioners may be able to offer children and their parents local services such as home-visiting schemes supporting play and interaction in the home
- Referral to a Speech and Language therapist and audiologist, the Portage service or to a GP.

**Bilingual Families:** Bilingualism or multilingualism does not cause speech and language problems. Laying down a firm foundation in a home language or languages confers positive advantages by supporting the acquisition of an additional language. **It is very important that practitioners encourage parents to continue speaking their home language to their children.**

## Communication and Language

### Extract from Development Matters in the Early Years Foundation Stage

Aspect of Communication and Language	Examples of development statements for children aged 22 – 36 months:
Listening And Attention	<ul style="list-style-type: none"> <li>• Listens with interest to the noises adults make when they read stories</li> <li>• Recognises and responds to many familiar sounds, e.g. turning to a knock on the door, looking at or going to the door</li> <li>• Shows interest in play with sounds, songs and rhymes</li> <li>• Single channelled attention. Can shift to a different task if attention fully obtained – using child’s name helps focus</li> </ul>
Understanding	<ul style="list-style-type: none"> <li>• Identifies action words by pointing to the right picture, e.g., <i>“Who’s jumping?”</i></li> <li>• Understands more complex sentences, e.g. <i>‘Put your toys away and then we’ll read a book.’</i></li> <li>• Understands ‘who’, ‘what’, ‘where’ in simple questions (e.g. <i>Who’s that/can? What’s that? Where is?</i>)</li> <li>• Developing understanding of simple concepts (e.g. <i>big/little</i>)</li> </ul>
Speaking	<ul style="list-style-type: none"> <li>• Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts</li> <li>• Holds a conversation, jumping from topic to topic</li> <li>• Learns new words very rapidly and is able to use them in communicating</li> <li>• Uses gestures, sometimes with limited talk, e.g. reaches toward toy, saying <i>‘I have it’</i></li> <li>• Uses a variety of questions (e.g. <i>what, where, who</i>)</li> <li>• Uses simple sentences (e.g. <i>‘Mummy gonna work’</i>)</li> <li>• Beginning to use word endings (e.g. <i>going, cats</i>)</li> </ul>

**Also from Development Matters:** ‘Children develop at their own rates and in their own ways. The development statements and their order should not be taken as necessary steps for individual children. They should not be used as checklists. The age/stage bands overlap because these are not fixed age boundaries but suggest a typical range of development.’

## Learning and Cognitive Development

This domain integrates a review of a child's cognitive development with a review of their dispositions and attitudes towards learning.

The child's learning abilities should be reviewed through discussion with parents, input from the early years practitioner and through direct observation of the child.

The ASQ-3™ Problem Solving questions act as a starting point for the discussion.

Development Matters describes three characteristics of effective learning: Playing and Exploring, Active Learning, and Creating and Thinking Critically (on the next page).

### Additional Tools and Support

- Guidance in Development Matters in the Early Years Foundation Stage on ways in which adults can support a child's characteristics of effective learning in the early years setting and at home
- Parents can be signposted to the section 'How can you help me with your learning?' within 'What to expect, when?', which has been developed as a parent-facing version of Development Matters.
- Evidence-based programmes to support interaction between parent and child, such as 'PEEP' or 'Making it REAL'.
- For serious concerns about a child's ability to learn and cognitive function, referral to the GP or paediatrician and Portage service may be indicated.

## Characteristics of Effective Learning

Extract from Development Matters in the Early Years Foundation Stage

<b>Playing and Exploring</b> <i>Engagement</i>	<b>Active Learning</b> <i>Motivation</i>	<b>Creating and Thinking Critically</b> <i>Thinking</i>
<p><u>Finding out and exploring</u></p> <ul style="list-style-type: none"> <li>• Showing curiosity about objects, events and people</li> <li>• Using senses to explore the world around them</li> <li>• Engaging in open-ended activity</li> <li>• Showing particular interests</li> </ul> <p><u>Playing with what they know</u></p> <ul style="list-style-type: none"> <li>• Pretending objects are things from their experience</li> <li>• Representing their experiences in play</li> <li>• Taking on a role in their play</li> <li>• Acting out experiences with other people</li> </ul> <p><u>Being willing to ‘have a go’</u></p> <ul style="list-style-type: none"> <li>• Initiating activities</li> <li>• Seeking challenge</li> <li>• Showing a ‘can do’ attitude</li> <li>• Taking a risk, engaging in new experiences, and learning by trial and error</li> </ul>	<p><u>Being involved and concentrating</u></p> <ul style="list-style-type: none"> <li>• Maintaining focus on their activity for a period of time</li> <li>• Showing high levels of energy, fascination</li> <li>• Not easily distracted</li> <li>• Paying attention to details</li> </ul> <p><u>Keeping on trying</u></p> <ul style="list-style-type: none"> <li>• Persisting with activity when challenges occur</li> <li>• Showing a belief that more effort or a different approach will pay off</li> <li>• Bouncing back after difficulties</li> </ul> <p><u>Enjoying achieving what they set out to do</u></p> <ul style="list-style-type: none"> <li>• Showing satisfaction in meeting their own goals</li> <li>• Being proud of how they accomplished something – not just the end result</li> <li>• Enjoying meeting challenges for their own sake rather than external rewards or praise</li> </ul>	<p><u>Having their own ideas</u></p> <ul style="list-style-type: none"> <li>• Thinking of ideas</li> <li>• Finding ways to solve problems</li> <li>• Finding new ways to do things</li> </ul> <p><u>Making links</u></p> <ul style="list-style-type: none"> <li>• Making links and noticing patterns in their experience</li> <li>• Making predictions</li> <li>• Testing their ideas</li> <li>• Developing ideas of grouping, sequences, cause and effect</li> </ul> <p><u>Choosing ways to do things</u></p> <ul style="list-style-type: none"> <li>• Planning, making decisions about how to approach a task, solve a problem and reach a goal</li> <li>• Checking how well their activities are going</li> <li>• Changing strategy as needed</li> <li>• Reviewing how well the approach worked</li> </ul>

## Physical Development and Self-Care

Physical development and self-care looks at a child's learning and development in terms of both growth and movement abilities, and their learning and development in terms of self-care skills such as feeding and toileting.

The ASQ-3™ Gross Motor, Fine Motor and Personal-Social questions act as a starting point for the discussion. Development Matters sets out examples of development for children aged 22-36 months, on the next page. It may also be helpful to refer to adjacent age/stage bands where appropriate for individual children. A link for Development Matters is provided in Appendix 1.

Health and early years practitioners should talk to parents about their child's abilities, drawing on the early years practitioner's knowledge of the child, and observation of the child during the review.

### Additional Tools and Support

- Guidance in Development Matters on ways in which adults can support a child's learning and development in the early years setting and at home
- Parents can be signposted to the section 'How can you help me with your learning?' within 'What to expect, when?', which has been developed as a parent-facing version of Development Matters.
- Tailored support can be offered from the early years setting, including the provision of specific opportunities for physical exploration and development indoors or outdoors.
- Meal times and self-care routines within the early years setting can offer opportunities to support a child's developing physical self-care.
- For serious concerns about a child's physical development, referral to the GP or paediatrician may be indicated. Health visitors may also be able to refer children to physiotherapy or occupational therapy where needed, or initiate referral through the GP.
- The NHS home page on potty training is a useful starting point for parents seeking more information about potty training.

### **Potty and toilet training**

- Reassure parents that children will learn potty training at different times and that it is best to begin when they show signs of readiness.
- Signs that they are ready to begin potty training include that they know when they have a dirty nappy, they know when they are passing urine and may be able to tell an adult, and that the gap between wetting is at least an hour.
- Encourage parents to offer choices for children in terms of potties, trainer seats or steps and different styles or patterns of pants.
- Accidents are bound to happen, but encourage parents to keep calm and not let potty training become a battle or a source of anxiety for their child or themselves.

## Physical Development and Self Care

### Extract from Development Matters in the Early Years Foundation Stage

Aspect of Physical Development and Self Care	Examples of development statements for children aged 22 – 36 months:
Moving and Handling	<ul style="list-style-type: none"> <li>• Runs safely on whole foot</li> <li>• Squats with steadiness to rest or play with object on the ground, and rises to feet without using hands</li> <li>• Climbs confidently and is beginning to pull themselves up on nursery play climbing equipment</li> <li>• Can kick a large ball</li> <li>• Turns pages in a book, sometimes several at once</li> <li>• Shows control in holding and using jugs to pour, hammers, books and mark-making tools.</li> <li>• Beginning to use three fingers (tripod grip) to hold writing tools</li> <li>• Imitates drawing simple shapes such as circles and lines</li> <li>• Walks upstairs or downstairs holding onto a rail two feet to a step</li> <li>• May be beginning to show preference for dominant hand</li> </ul>
Self care	<ul style="list-style-type: none"> <li>• Feeds self competently with spoon</li> <li>• Drinks well without spilling</li> <li>• Clearly communicates their need for potty or toilet</li> <li>• Beginning to recognise danger and seeks support of significant adults for help</li> <li>• Helps with clothing, e.g. puts on hat, unzips zipper on jacket, takes off unbuttoned shirt</li> <li>• Beginning to be independent in self-care, but still often needs adult support</li> </ul>
<p><b>Also from Development Matters:</b> ‘Children develop at their own rates and in their own ways. The development statements and their order should not be taken as necessary steps for individual children. They should not be used as checklists. The age/stage bands overlap because these are not fixed age boundaries but suggest a typical range of development.’</p>	

## Physical Health

The Integrated Review is an important milestone for reviewing children's physical health. It is an opportunity to look at the child's growth against standardised charts and check for any issues around hearing, vision and dental care, where intervention at this point can be critical for children.

This is also an important opportunity for offering public health advice including obesity prevention, diet and nutrition, injury prevention, dental care and immunisation. Problems with sleeping are also included in this area.

The child's physical health should be reviewed through discussion with parents, input from the Early Years setting, and direct observation of the child. As well as focusing on the areas below, the health visitor should be open to hearing other concerns from parents and give advice or refer to a GP as necessary.

### Additional Tools and Support

- For most physical health concerns that cannot be addressed by providing support and guidance during the Integrated Review, a referral to a GP or paediatrician would be indicated.
- See also suggestions within individual areas of physical health listed on the next page.

## Physical Health

### Drawn from the Healthy Child Programme Review at age two to two-and-a-half

Aspect of health	Review process
Growth	<ul style="list-style-type: none"><li>• Accurate measurement and plotting on standard growth charts is the best method for judging healthy growth.</li><li>• Only professionals who are competent in weighing and height measurement in this age group should carry these out.</li><li>• Measurement values should be plotted on the UK World Health Organization growth charts and recorded in the Personal Child Health Record (PCHR) or 'Red Book'.</li><li>• The printed advice on the growth charts together with local procedures should be followed when considering referral for further assessment of growth.</li><li>• Body mass index standard charts should be used for overweight and obese children.</li></ul>
Hearing, Vision and Dental Health	<p><b>Hearing</b></p> <ul style="list-style-type: none"><li>• Hearing problems are often linked to speech problems. The Integrated Review will not offer a technical hearing test but will check by observation and establishing whether parents have concerns about the child's hearing.</li></ul> <p><b>Vision</b></p> <ul style="list-style-type: none"><li>• The Integrated Review will not offer a technical eyesight test but will check by observation and establishing whether parents have concerns about the child seeing normally.</li></ul> <p><b>Dental Health</b></p> <ul style="list-style-type: none"><li>• Most children will have all their milk teeth by age two-and-a-half.</li><li>• Parents should be brushing their child's teeth for about two minutes, twice a day. This should be carried out with a baby toothbrush and a smear of fluoride toothpaste.</li><li>• Parents should be reminded to avoid giving their child too many sweet foods and sugary or acidic drinks, including fruit juices, cordials and 'smoothies'.</li><li>• Practitioners should remind parents that that NHS dental care for children is free, and that they should begin taking their child to the dentist for a regular dental check-up.</li></ul>



Aspect of health	Review process
Nutrition, Active Play and Obesity Prevention	<p>Two years is a key age for identifying children who might be overweight and for establishing life-long healthy eating and physical activity habits. Parents are very important role models for encouraging healthy eating and active play at this age.</p> <p>Factors influencing a child's weight include:</p> <ul style="list-style-type: none"> <li>• Parental attitudes to food, such as portion size or usage of convenience food</li> <li>• Poor sleeping patterns</li> <li>• Food choices, such as frequently eating food high in fat, sugar and salt and sugary drinks</li> <li>• Disincentives to physical activity, such as car use rather than walking</li> <li>• home environment, such as a lack of opportunity for families to sit together for meals</li> <li>• Sedentary habits such as television watching or computer games</li> <li>• Rarely, the presence of a medical condition (e.g. Prader–Willi syndrome) or a hereditary predisposition to being overweight.</li> </ul> <p>It is also valuable to support parents with smoking cessation services at this age as food might often be used as a substitute.</p> <p>If the child is confirmed as overweight or obese the health visitor should:</p> <ul style="list-style-type: none"> <li>• Offer individual counselling and ongoing support of positive lifestyle changes</li> <li>• Consider family-based as well as individual evidence-based interventions, e.g. HENRY, MEND 2–4 and Trimtots</li> <li>• Support and promote behavioural change programmes and tailored advice to help motivate people to be more physically active, with reference to the Chief Medical Officer guidelines for physical activity in the early years.</li> <li>• Tailored support can be offered from the early years setting in the area of healthy eating and nutrition, e.g. cookery classes, food diaries etc.</li> </ul> <p>Whilst obesity is a key concern for some families, in other families parents will be concerned that their children are eating too little. Toddlers should eat a variety of foods from the four main food groups: fruit and vegetables, starchy foods, meat, fish, eggs, beans and other non-dairy sources of protein, milk and dairy products.</p> <p>It is important that children at this age are eating energy and nutrient dense foods. Parents can move from giving full fat milk to semi-skimmed milk after the age of two, if the child is a good eater and has a varied diet. Skimmed milk is not suitable for children under five.</p>

Aspect of health	Review process
Immunisation	<p>At the Integrated Review all children’s immunisation status should be checked and action taken to ensure outstanding immunisations are given at the earliest opportunity.</p> <p>The PCHR should offer a record of the child’s immunisations, but where they are unclear health visitors should either contact the child’s GP or access child health information systems.</p> <p>Information should also be provided to parents on future routine immunisations. However, discussion on specific immunisations should only be undertaken by reviewers who are trained in this to Public Health England guidelines. If parents have specific questions related to immunisations, they should be directed to their health visitor or GP who will support them in making an informed choice based on accurate information. Information is also available on the NHS Choices website.</p> <p>Some children with chronic conditions will require additional immunisations. The review should be used to check on this and ensure that, if any are needed, appropriate arrangements are in place to see that they are given.</p>
Injury Prevention	<p>Injury prevention is an essential part of universal and targeted safeguarding of children. Unintentional injuries in and around home are a major cause of death and disability among children under five years in England. The leading, preventable causes of death and serious long-term harm have been identified as choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.<sup>7</sup></p> <p>Unintentional injuries are a major health inequality and children from disadvantaged families are particularly vulnerable.</p> <p>Issues to cover at the two year review include:</p> <ul style="list-style-type: none"> <li>• Promotion of hazard awareness in the home: stairs, blind cords, electric plugs, open fires, cooking and hot liquids, bathing, medicines and cupboard safety</li> <li>• New hazards in the home environment, such as hair-straighteners, button batteries or liquid detergent capsules</li> <li>• Signposting to any local opportunities for parents to learn about first-aid and what to do in the event of an emergency</li> <li>• Parents knowing what equipment to buy/obtain and where in their area it is available</li> </ul> <p style="text-align: right;">Cont.</p>

<sup>7</sup> Public Health England 2014

Aspect of health	Review process
Injury Prevention cont.	<ul style="list-style-type: none"> <li>• free installation of smoke alarms and safety equipment if available in the local area, in order to address health inequalities for disadvantaged families</li> <li>• The law and guidance around car-seat safety</li> </ul> <p>Children’s centres have good opportunities to reinforce safety measures e.g. through demonstrations, giving out free safety equipment, or signposting to local safety schemes.</p>
Sleep	<p>Most two-year-olds will sleep for about 11-12 hours at night, with a nap in the day.</p> <p>Practitioners need to work in partnership with parents to establish whether the child’s sleep pattern is a problem for the family. Different families will have different approaches to bedtime, and, unless sleep patterns are causing problems for the family and parents have indicated that they would like support, there is no reason for practitioners to offer recommendations around family sleep practices.</p> <p>If parents would like support in managing sleep patterns, practitioners can offer suggestions including:</p> <ul style="list-style-type: none"> <li>• Avoiding television and exciting or stimulating activities before bedtime</li> <li>• Trying to regulate a child’s body clock by encouraging waking up, naps and falling asleep at similar times each day</li> <li>• Exploring whether napping patterns might be having any impact on night-time sleep</li> <li>• Establishing a bedtime routine that ends in the child’s bed or place of sleep, such as having a bath, brushing teeth, putting on nightclothes, then reading a story together before bedtime</li> <li>• Checking that the child is comfortable in their sleeping environment, e.g. temperature, darkness or having a favourite toy with them</li> <li>• Calming music or ‘white noise’ might also be helpful.</li> <li>• Helping a child to learn to fall to sleep by themselves, including approaches such as ‘gradual retreat’ where over a number of nights a parent gradually modifies bedtime behaviour patterns.</li> </ul> <p>For more persistent or unusual sleep difficulties, support from the health visiting team or GP should be sought at an early opportunity.</p>

# Review of the child's health, learning and development in context

A child's family and environment are critical for their wellbeing and future outcomes. The Integrated Review will take into account ten key influences in relation to the context of the child's life:

## The Child in the Family

1. Attachment relationships
2. Parenting style
3. Couple relationships

## The Family

4. Home Learning Environment
5. Family Health (physical and mental)
6. Family Education and Qualifications
7. Family Employment and Economic Status
8. Adverse Family Circumstances

## The Community

9. Neighbourhood Deprivation and local resources
10. Community Support

These factors help form a picture of the child's environment which may help indicate whether the child (and their family) are in need of additional support and they should be considered and observed as part of the discussion with parents.

Formats for recording the Integrated Review (alongside the page within the child's PCHR) should contain a free text area to record any relevant observations about the child in context. Any serious concerns should be referred to other services as appropriate.

The Framework of Assessment Triangle available within the statutory guidance for safeguarding 'Working Together to Safeguard Children' is a helpful framework for thinking about all children's needs, and also reflects the factors described on the next page.

## The Child in the Family: Suggested Assessment, Support and Tools

Aspect of the Review	Suggested assessment, support and tools
<p><b>1. Attachment relationships</b></p> <p><i>Attachment relationships are crucially important for children's short-term and long-term socio-emotional development, and their mental and physical health.</i></p>	<p>Health visitors are trained to observe parent-child interaction but children displaying signs that might indicate poor attachment may require further specialist assessment and intervention.</p> <p>Local resources like Children's Centres can offer an environment to support communication and play between parents and children.</p> <p>Where there are significant concerns, initiation of an Early Help or CAF (Common Assessment Framework) process, referral to children's social care, or child and adolescent mental health service (CAMHS) can offer more support as well as in-depth analysis and treatment.</p>
<p><b>2. Parenting Style</b></p> <p><i>Parents should be aiming for a warm and authoritative parenting style, with high expectations, careful supervision, calm discipline, and sensitivity to and support for the child's needs.</i></p>	<p>Evidence-based tools like the ASQ:SE, and the Parenting Daily Hassles scale can be used to identify areas where assistance could be provided by external agencies.</p> <p>Evidence-based parenting programmes can be used to help support the development of a warm and authoritative parenting style. Programmes should be suitable for parents of children in this age group.</p> <p>Where there are significant concerns, initiation of a Early Help or CAF (Common Assessment Framework) process, referral to children's social care, or child and adolescent mental health service (CAMHS) can offer more support as well as in-depth analysis and treatment.</p>
<p><b>3. Couple relationships</b></p> <p><i>How parents get on – or do not get on – influences children's lives, affecting the health and well-being of the family and quality of relationships, including those between parent and child.</i></p>	<p>If appropriate, practitioners should explore this issue sensitively with parents during the review.</p> <p>Some health visitors may have been trained to use the Family Partnership Model approach, which includes training in the sensitive exploration of the couple relationship.</p> <p>Practitioners can also make parents aware of sources of support from voluntary organisations such as Relate or the charity OneplusOne, some of which can be accessed online.</p>

Text in italics is based on the work of the DH and DfE joint Integrated Review Development Group, January 2012

## The Family: Suggested Assessment, Support and Tools

Aspect of the Review	Suggested assessment, support and tools
<p><b>4. Home Learning Environment</b></p> <p><i>A strong early home learning environment is important for all children's social and intellectual development and has been linked to improved outcomes at school starting age and beyond. Key activities include reading books with children, painting and drawing, singing songs and rhymes, playing with friends, going on visits, using the library and other places, and playing with letters and numbers.</i></p>	<p>A positive early home learning environment can be developed through tailored support for the family by early years settings and Children's Centres.</p> <p>The Peers Early Education Partnership (PEEP), Parents, Early Years and Learning (PEAL), Booktrust BookStart Corner and Making it REAL are all programmes to support early years practitioners in working with families to support the early home learning environment.</p>
<p><b>5. Family health (physical and mental)</b></p> <p><i>Parents' physical and mental health can impact on children in a number of ways, including lifestyle issues such as smoking, poor nutrition and alcohol use, or a long term condition or illness that limits a parent's ability to take care of their child.</i></p>	<p>During the review health visitors should use a guided conversation style of enquiry to ascertain whether the family needs additional support. Health visitors should be aware of what is offered locally and provide information or signpost parents where appropriate.</p> <p>Health visitors should be aware that some mothers may still be suffering from undiagnosed postnatal depression or have postnatal depression linked to a subsequent child.</p> <p>Although during the Integrated Review it is unlikely to be possible to enter in detail into the parents' physical or mental health needs, if a need is identified it may be helpful to offer a follow up either with the GP or health visitor.</p>

Aspect of the Review	Suggested assessment, support and tools
<p><b>6. Family education and qualifications</b></p> <p><i>Parents' qualification levels are linked to their children's outcomes, with higher levels of qualification being linked to higher levels of attainment for children at age eleven.</i></p>	<p>During the review practitioners should use a guided conversation style of enquiry to ascertain whether the family needs additional support in these areas.</p> <p>Health and early years practitioners should be aware of what is offered locally and provide information or signpost parents where appropriate.</p> <p>Children's Centres can offer support for parents in working towards qualifications and can also offer information on benefits and entitlements to support families. Where there are high levels of need, referral to social services or inclusion on targeted programmes like the Family Intervention Programme or the Troubled Families programme may be appropriate.</p>
<p><b>7. Family employment status and economic status</b></p> <p><i>Parents being out of work or families living in poverty have been linked to poorer child outcomes.</i></p>	
<p><b>8. Adverse family circumstances e.g. overcrowding, substance abuse, criminality</b></p> <p><i>A number of factors may contribute to making children vulnerable to poor social and emotional well-being. These include children who are exposed to parental drug and alcohol problems, parental mental health problems, domestic violence and criminality.</i></p>	

*Text in italics is based on the work of the DH and DfE joint Integrated Review Development Group, January 2012*

## The Community: Suggested Assessment, Support and Tools

Aspect of the Review	Suggested assessment, support and tools
<p><b>9. Neighbourhood deprivation and local resources (e.g. services, transport, open spaces)</b></p> <p><i>Disadvantage in the family and wider community is linked to poorer outcomes for children. Good local resources support children’s outdoor play and community development. Local transport is vital for access to services and to prevent social isolation.</i></p>	<p>Practitioners should have good knowledge of deprivation levels and community resources in their local areas. This might be through Joint Strategic Needs Assessments or Jarman scores, as well as through observation and experience.</p> <p>Health and early years practitioners should be aware of what is offered locally and provide information or signpost parents where appropriate.</p> <p>Integrated working between health visiting teams and children’s centres can support building community capacity.</p>
<p><b>10. Community support</b></p> <p><i>Support in the local community can offer valuable resources for children and families. Social and community networks can support parental mental health.</i></p>	<p>The review should include discussion with parents about community and social networks available to support the child and parents, including extended family and cultural groups. This may also include parent networks and peer-support available online.</p> <p>The review may be able to direct parents to local community groups and Children’s Centres as an important sources of support where a parent is in an isolated situation.</p>

*Text in italics is based on the work of the DH and DfE joint Integrated Review Development Group, January 2012*



# Following an Integrated Review

## Recording the review

There will be a page in the PCHR (“red book”) on the Healthy Child Programme Review at age two to two-and-a-half and/or the Integrated Review:

The most useful and valuable records of the Integrated Review in the PCHR will:

- Start with the child’s strengths and the assets available in the child’s home and community context
- Recognise parents’ in-depth knowledge of their child by incorporating their observations and comments
- Be clear and easy to read
- Be easy to understand, avoiding unfamiliar jargon, acronyms or terminology (with interpretation and translation available where appropriate)
- Present a truthful yet sensitive reflection of what the child can do and their achievements to date
- Identify areas where the child is progressing at a slower pace than expected
- Provide clarity about what will be done to support the child’s development in these areas, and by whom, and say when the impact of any additional support will be reviewed
- Reflect the child’s individual personality and characteristics
- Record the outcomes of the ASQ-3™ assessment.

## Follow up within the early years setting and at home

Early years practitioners should also use the guidance in Development Matters to consider targeted ways to strengthen and extend the child’s current learning and development, in the early years setting and at home. This should be done in partnership with parents and health visitors, taking into account what might be most helpful and appropriate for the child and family and building upon what they already do.

Parents can be provided with or signposted to the section ‘How can you help me with your learning?’ within ‘What to expect, when?’, which has been developed as a parent-facing version of Development Matters.

Links to Development Matters and ‘What to expect, when?’ are available in Appendix 1.

## Information sharing

The review documentation is owned by the child's parents. Copies of the review should be provided to the following:

- Parents
- Health visiting service
- Early years setting
- Child health information system

At the Integrated Review there should be a discussion with parents about who else might need to receive information about any aspect of the review or receive a copy of the review, for example, other relevant education, health or social care professionals. Parents must be asked for consent to share the information. Where consent is given, the locally agreed lead for the review should make sure the information is passed on securely.

ASQ-3™ scores across the five domains of child development will be reported using the Child Health Information System to build a picture of children's development at age two to two-and-a-half at a local and national level.

Early years practitioners should use review documentation to inform planning for the child's ongoing learning and development within the early years setting, as on the previous page.

Where child protection and safeguarding issues arise from the review, practitioners and providers must take action in line with the policies and procedures of the relevant Local Safeguarding Children Board (LSCB). The statutory guidance 'Working Together to Safeguard Children' expects anyone who has concerns about a child's welfare to make a referral to local authority children's social care.

## Onward Referral

Where the need for more support is identified at the Integrated Review, the reviewers should consider the level of a child and family's need, to determine whether there should be an immediate referral to specialist services, or a period of additional support from parents, the early years setting, Children's Centre or health visiting team with a further check at an appropriate interval to monitor progress.

Specialist services could range from referral to a GP or paediatrician appointment for a health concern, a Speech and Language Therapy appointment, and initiation of an Early Help or CAF (Common Assessment Framework) process, or referral to mental health or social care services.

## **Integrated Pathways**

Clear pathways need to be set out locally for children's needs that may arise from any domain of the review.

Developing pathways may highlight skills gaps or service gaps in the local area, and commissioners should work closely with Health and Wellbeing boards to use this information to ensure the most effective provision of services for the local population.

## **Resources for local use**

For more supporting resources, including letters and templates for engaging parents please see the NCB toolkit for local authorities: <http://www.ncb.org.uk/what-we-do/research/our-research/a-z-research-projects/integrated-review-at-2-a-toolkit-for-local-authorities>

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# Appendix 1: Additional tools and sources of support

## Key guidance on health and early education reviews at two to two-and-a-half

### Health

The Healthy Child Programme: Pregnancy and the first five years of life:

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

The Healthy Child Programme Review at age two to two-and-a-half:

<https://www.gov.uk/government/publications/healthy-child-programme-review-of-children-aged-2>

### Early Education:

The Statutory Framework for the Early years Foundation Stage:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

EYFS Progress Check at age two guidance:

<https://www.gov.uk/government/publications/a-know-how-guide-the-eyfs-progress-check-at-age-two>

Development Matters in the Early Years Foundation Stage:

<http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf>

'What to expect, when?' is a parent-facing document developed by 4Children to support parents to find out more about how their child is learning and developing during their first five years, in relation to the EYFS.

<http://www.4children.org.uk/Resources/Detail/What-to-expect-when>

### Ages & Stages Questionnaires™

Training modules on ASQ-3™, including an open-access route, are available at:

<http://www.e-lfh.org.uk/programmes/asq-3-and-the-two-year-review>

Training on ASQ:SE, will be made available in due course on the same website.

Further information on ASQ-3™, and the outcome measure of child development at age two to two-and-a-half:

<https://www.gov.uk/government/publications/measuring-child-development-at-age-2-to-25-years>

Further information on ASQ-3™, and ASQ:SE is available at:

[www.agesandstages.com](http://www.agesandstages.com)

## **Safeguarding**

Statutory guidance on safeguarding ‘Working Together to Safeguard Children’:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

## **SEND**

Special educational needs and disability code of practice: 0 to 25 years:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Independent Supporters help children and young people gather information for drafting their EHC plan.

<http://www.councilfordisabledchildren.org.uk/what-we-do/independent-support>

Early Support materials are available to support parents of children with SEND including a parent-held Developmental Journal, enabling parents to observe, record and celebrate progress and identify areas where extra help and support may be needed. This is also available as an early support app.

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/resources/developmental-journals>

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/early-support-app>

## **Evidence packs**

‘Families in the Foundation Years’ evidence pack gathers together robust evidence sources for early intervention.

<http://media.education.gov.uk/assets/files/pdf/f/families%20in%20the%20foundation%20years%20-%20full%20evidence%20pack.pdf>

A useful review of evidence is also provided as part of the Institute of Health Equity’s work, ‘An Equal Start, Improving Outcomes In Children’s Centres.

<http://www.instituteofhealthequity.org/projects/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-iimproving-outcomes-in-childrens-centres-an-evidence-review>

## **Early Intervention Programmes**

The Early Intervention Foundation Guidebook is an interactive tool to find evidence and guidance on how to deliver effective early intervention:

<http://guidebook.eif.org.uk/>

The Early Intervention Foundation report 'Getting it Right for Families' provides practical examples of early intervention across health and local authorities from conception to age five:

<http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf>

## **Aspects of the review:**

### **Working with parents and supporting the early home learning environment**

The Peers Early Education Partnership (PEEP):

<http://www.peep.org.uk/>

NCB 'Parents, Early Years and Learning' materials are available via the Early Childhood Unit website:

<http://www.ncb.org.uk/areas-of-activity/early-childhood>

Booktrust BookStart Corner supports children's centres across England in helping families to develop a love of stories, books and rhymes:

<http://www.bookstart.org.uk/professionals/bookstart-corner>

'Making it REAL' is an evidence-based approach to early literacy through partnerships with parents in early years settings:

<http://www.ncb.org.uk/ecu/making-it-real>

### **Communication and Language**

The charity ICAN has produced materials for parents and practitioners including a chart of milestones for speech and language and several DVDs for parents:

[www.ican.org.uk](http://www.ican.org.uk)

ICAN has also developed the Early Language Development Programme:

<http://www.ican.org.uk/ELDP>

Glossary sheets explaining various communication impairments aimed at professionals along with resources for parents are available from the charity Afasic:

[www.afasic.org.uk](http://www.afasic.org.uk).

The Communication Trust provides a wide range of resources for parents and professionals on language and communication:

[www.thecommunicationtrust.org.uk](http://www.thecommunicationtrust.org.uk)

Every Child a Talker (ECAT) aims to raise children's achievement in early language, improve practitioners' skills and knowledge and increase parental understanding and involvement in children's language development:

<http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/>

The National Literacy Trust provides materials for parents and professionals on its 'Words for Life' website:

<http://www.literacytrust.org.uk/>

### **Health, Nutrition and Wellbeing**

Start4Life parent information service materials and pages for professionals are available at:

<http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>

<http://www.nhs.uk/start4life/Pages/healthcare-professionals.aspx>

HENRY is an intervention tool to protect children from the physical and emotional consequences of obesity:

[www.henry.org.uk](http://www.henry.org.uk)

MEND 2–4 is a healthy lifestyle programme for children aged 2 to 4 and their parents and carers:

<http://www.mendcentral.org/whatweoffer/mend2-4>

The Trim Tots healthy lifestyle programme has been developed by a team of child health professionals from the Institute of Child Health:

<http://www.trimtots.com/index.html>

Chief Medical Officer guidelines on physical activity for under fives:

<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

NHS 'Live Well' home for dental health in under fives:

<http://www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx>



The Children's Food Trust 'Eat Better, Start Better' programme helps young children to eat well by working with everyone involved in early years health and education, to help them to support families.

<http://www.childrensfoodtrust.org.uk/pre-school>

Social and Emotional Aspects of Development SEAD:

[http://www.foundationyears.org.uk/wp-content/uploads/2011/10/SEAD\\_Guidance\\_For\\_Practioners.pdf](http://www.foundationyears.org.uk/wp-content/uploads/2011/10/SEAD_Guidance_For_Practioners.pdf)

NICE guidelines about children's social and emotional development in the early years to support commissioners:

<https://www.nice.org.uk/guidance/ph40>

### **Potty and Toilet training**

NHS potty training home page:

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/potty-training-tips.aspx>

Education and Resources for Improving Childhood Continence (ERIC) supports children with continence problems:

<http://www.eric.org.uk/>

### **Safety and Accident Prevention**

The Royal Society for the Prevention of Accidents (ROSPA) information on child safety:

<http://www.rospa.com/homesafety/adviceandinformation/childsafety/accidents-to-children.aspx>

NICE guidance on preventing unintentional injuries in the home:

<https://www.nice.org.uk/guidance/ph30>

ChiMat reports on reducing unintentional injuries in and around the home and on the roads:

<http://atlas.chimat.org.uk/IAS/profiles/topicalreports#injuries>

ROSPA website on the law and guidance around child car seats:

<http://www.childcarseats.org.uk/>

British Red Cross home page for baby and child first aid, including a free first aid app:

<http://www.redcross.org.uk/What-we-do/First-aid/Baby-and-Child-First-Aid>

## Parenting

The CANparent website offers access to quality-marked parenting classes across England:

<http://www.canparent.org.uk/>

The Parenting Daily Hassles scale can be used to identify areas where assistance could be provided by external agencies:

[http://www.cafcass.gov.uk/media/215160/parenting\\_daily\\_hassles\\_scale.pdf](http://www.cafcass.gov.uk/media/215160/parenting_daily_hassles_scale.pdf)

Website for the Triple P parenting programme:

<http://www.triplep-parenting.uk.net/uk-en/home/>

Website for the Incredible Years parenting programme:

<http://incredibleyears.com/>

Website for the Mellow Parenting programme:

<http://www.mellowparenting.org/>

## Couple relationships

The Department for Work and Pensions now has overall responsibility for relationship support policy. They have developed a web-app that offers assistance on finances, housing, health and arrangements for children.

<http://www.cmoptions.org/en/sortingoutseparation/>

The Family Partnership Model approach provides training for practitioners which may assist in sensitive exploration of couple relationships:

<http://www.cpcs.org.uk/index.php?page=about-family-partnership-model>

Services and resources to support relationships, including relationship breakdown, divorce and separation can be found at:

OnePlusOne: <http://www.oneplusone.org.uk>

Relate: [www.relate.org.uk](http://www.relate.org.uk)

The Tavistock Centre for Couple Relationships: <http://www.tccr.org.uk/>

The Freedom Programme is a programme designed for women and men experiencing domestic violence:

<http://www.freedomprogramme.co.uk/>

Women's Aid is the national charity for women and children working to end domestic abuse:

<http://www.womensaid.org.uk/>

The Children and Family Court Advisory and Support Service (CAFCASS) has a range of leaflets and resources for parents and children going through the processes of separation and divorce:

<http://www.cafcass.gov.uk/leaflets-resources.aspx>

## Appendix 2: Key child development and child health approaches

This section provides an overview of the evidence, approaches and theories that underpin the Integrated Review, including early intervention, child development and theoretical approaches to understanding child health.

DH and DfE joint Integrated Review Development Group, January 2012

Approach/Theory Overview	Key Theorists
<p><u>The Ecology of Child Health and Social Determinants</u></p> <p>This theory is about the various determinants influencing child health and wellbeing and is often illustrated as a series of interlinked circles around the child. The determinants closest to the centre are the immediate family, emotional environment and home physical environment, while the outer circles cover influences such as macro-economic policies and local political policies.</p> <p>These concepts are also embedded in the widely used Framework for Assessment of Children in Need triangle model.</p>	<p>Urie Bronfenbrenner</p>
<p><u>Neuroscience and the Biology of Human Development</u></p> <p>This approach looks at the significant impact parenting has on the child's brain development, and underlines the importance of positive parenting in the earliest years of a child's life as a major influence.</p>	<p>Jack Shonkoff, Fraser Mustard, James Heckmann, John Bowlby</p>
<p><u>Lifecourse Epidemiology</u></p> <p>This approach looks at the different stages of life, from before birth, through early childhood, education, work and into retirement. It maps the accumulation of positive and negative impacts on health through the person's life.</p> <p>In the early years of a child's life, some of these factors include nutrition and emotional health in pregnancy, poverty, availability of health services, parenting behaviours and styles, family discord, and physical illness.</p>	<p>David Barker, Peter Gluckman, Chris Power</p>

<p><u>Implementation Science – Theory into Practice</u></p> <p>This theory looks critically at the factors which are necessary for, or act as barriers to, translation of specific health and other programmes into practice.</p>	<p>Dean Fixsen, Karen Blase,</p>
<p><u>Attachment Theory</u></p> <p>Attachment theory describes the dynamics of long-term relationships between people. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Relationships later in life are built on this primary foundation.</p>	<p>John Bowlby, Elinor Goldschmied</p>
<p><u>Resilience theory</u></p> <p>Theories about resilience identify the protective processes which can enable children to develop well despite adverse circumstances - for example, a warm and supportive relationship with a substitute caregiver, or processes which foster self-efficacy.</p>	<p>Michael Rutter</p>
<p><u>Theory of Cognitive Development</u></p> <p>Piaget’s theory looks at how children construct a mental model of the world and sets out specific stages of development, sensorimotor, preoperational, concrete operational and formal operational.</p>	<p>Jean Piaget</p>
<p><u>Social Development Theory</u></p> <p>This theory states that we extend each child’s learning by identifying their current level of understanding and planning activities, experiences and explorations that will take them on to the next stage of understanding. A more experienced learner has a key role in this process.</p>	<p>Lev Vygotsky, Jerome Bruner</p>
<p><u>Home Learning Environment and effective early education</u></p> <p>The Oxford Pre-school Research Project and The Effective Provision of Pre-School Education (EPPE) project are two key contemporary studies that help understand what can make early education effective. They emphasise the importance of the home learning environment and the quality of practitioners.</p>	<p>Jerome Bruner, Kathy Sylva  Kathy Sylva, Edward Melhuish, Iram Siraj, Pam Sammons and Brenda Taggart.</p>

**The Early Childhood Unit (ECU) at NCB works to sustain and improve services for young children through direct work with children's services and settings, and through its national networks.**

**ECU's mission is to promote young children's well-being, learning and development, and to remove barriers to these by providing support for the planning and provision of services for young children and their families.**

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