

The Children's Partnership



Working with children
for children

The Integrated Review:

Follow-up report on practice in two local authority areas

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National Children's Bureau: working with children, for children

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Islington and Warwickshire

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Contents

Acknowledgements	1
1. Introduction	4
1.1 Methodology	5
Analysis and reporting.....	7
2. Islington’s joint meeting model.....	8
2.1 Design of the Integrated Review	8
Tools and materials	9
Arranging and carrying out the Integrated Review	11
Reviewing tools and materials.....	12
2.2 Supporting practitioners	13
Developing a shared language	13
Differences in opinion.....	15
Further support needs.....	16
Successes, challenges and future plans	17
2.3 Child in context	18
2.4 Early years practitioners’ experiences.....	22
Children not attending an early years setting	22
Working with childminders.....	24
Using the ‘What to Expect When?’ booklet	24
Involving the child	25
Building partnership with parents	26
Working with health practitioners	28
Differences in opinion.....	29
Training and support.....	30
2.5 Health practitioners’ experiences	31
Working with PVI early years settings	32
Differences in opinion.....	33
Training and support.....	34
2.6 Parents’ experiences	34
The Ages & Stages Questionnaires (ASQ-3™)	38
3. Warwickshire’s separate meetings model	39
3.1 Design of the Integrated Review	39
Tools and materials	40
Supporting practitioners	41
Reviewing tools and materials.....	43

Using the Ages & Stages Questionnaires (ASQ-3™)	45
Using the WellComm Speech and Language Toolkit.....	45
Using the 'What to Expect When?' booklet	46
3.2 Health practitioner's experiences	47
Arranging and carrying out the Integrated Review	47
Referrals and follow up.....	47
Communication, training and guidance.....	49
Building partnership with parents	50
Involving the child	51
Child in context	52
3.3 Early years practitioners' experiences.....	54
Differences in opinion.....	55
Training and support.....	57
3.4 Parents' experiences	57
4: Key themes, needs and practice	59
4.1 Communication needs and good practice	59
Named link health practitioner	60
Clear and very detailed written guidance	60
A range of joint, and separate, training and support	61
Specific training and support in specific areas	61
A shared medium for recording information	62
Working groups.....	62
Frequent communication between lead persons.....	62
Close monitoring and regular feedback.....	63
Building partnership with parents	63
Parents' experiences of the Integrated Review	64
Moving forward	64

1. Introduction

The Integrated Review at Age 2 to 2½ (Integrated Review) brings together the Healthy Child Programme's Health and Development Review for 2-2½ year olds, which is carried out by health practitioners, and the Early Years Foundation Stage Progress Check for two year olds, which is carried out by early years practitioners.

Through combining the perspectives of health and early years practitioners, and the parent's perspective, the Integrated Review aims to achieve a holistic picture of the child's progress, strengths, and needs.

The Integrated Review is intended to result in earlier identification of need and earlier intervention and support, and improved outcomes for the child. It also aims to provide useful information for planning service provision for very young children.

From September 2015, following a two year pilot period during which a total of ten local areas developed and trialled different approaches and models of delivering the Integrated Review, the Departments of Health (DH) and Education (DfE) rolled-out the Integrated Review nationally to all areas.

The National Children's Bureau's (NCB) Research Centre and Early Childhood Unit (ECU) were previously commissioned by the DfE and DH to lead on a research study on the implementation of the Integrated Review in the pilot areas¹, and to develop supporting materials for health and early years practitioners².

The Implementation Study was carried out in partnership with ICF GHK, and with advisory input from the Institute of Child Health at University College London, the Institute of Health Visiting, and the ECU at NCB.

The Implementation Study identified two viable delivery models:

Joint meeting model, in which early years and health practitioners come together to deliver their own parts of the Integrated Review in one meeting with the parent and child. They discuss the child's progress and needs, and agree plans for further support.

Separate meetings model, in which early years and health practitioners carry out their own parts of the Integrated Review in separate meetings with the parent and child. Practitioners share information with each other

¹ Blades R, Greene V, Wallace E, Loveless L, Mason P, (November 2014) Implementation Study: Integrated Review at 2-2½ Years- integrating the Early Years Foundation Stage Progress Check and the Healthy Child Programme health and development review. NCB, ICF GHK.
<https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study>

² The Integrated Review: supporting materials for practitioners working with young children. March 2015, Early Childhood Unit, NCB.
http://www.ncb.org.uk/media/1201160/ncb_integrated_review_supporting_materials_for_practitioners_march_2015.pdf

prior to and/or after their meetings to discuss the child's needs and plans for further support.

In June 2015, NCB's ECU commissioned NCB's Research Centre to carry out qualitative research into the experiences of two local authority areas implementing the two viable models of the Integrated Review. The ECU intended to use this research to inform the development of resources and materials to further support practice development in relation to the Integrated Review.

The research aimed to produce case studies outlining the processes, practices and approaches used in the two local authority areas in relation to three key aspects of the Integrated Review,

- achieving an effective assessment of the whole child
- early years and health practitioners working together, and
- building partnership working with parents.

The term **whole child**³ is central to the Integrated Review and refers to the aim of achieving a holistic assessment of all areas of the child's learning and development through combining the perspectives of the health and early years practitioners with the parent's perspective.

The related term of **child in context**⁴ refers to the Integrated Review's assessment of the child's learning and development in relation to a set of ten key family and environmental factors known to have an impact on the child's learning and development, and outcomes for the child in later life. These include:

The child in the family context. Factors include, attachment relationships, parenting style, and couple relationships.

The family context. Factors include, home learning environment, family health, education and economic status, and adverse family circumstances.

The community context. Factors include, neighbourhood deprivation and local resources, and community support.

1.1 Methodology

Two local authority areas that originally piloted the Integrated Review were invited to participate:

- Islington which uses a joint meeting model, and
- Warwickshire which uses a separate meetings model.

A total of 18 in-depth telephone interviews of 20 to 70 minutes duration were carried out between July and September 2015 using an interview guide.

³ The Integrated Review: supporting materials for practitioners working with young children. March 2015, Early Childhood Unit, NCB.
http://www.ncb.org.uk/media/1201160/ncb_integrated_review_supporting_materials_for_practitioners_march_2015.pdf

⁴ The Integrated Review: supporting materials for practitioners working with young children. March 2015, Early Childhood Unit, NCB.
http://www.ncb.org.uk/media/1201160/ncb_integrated_review_supporting_materials_for_practitioners_march_2015.pdf

The interview guide included open-ended questions on a range of topic areas including:

- Model design, processes involved, key tools and materials, the model in practice, and developments after the pilot phase.
- Practitioner roles and responsibilities, training and support, experiences of working together, and differences in opinion.
- Approaches to building partnership with parents, involving the child, and assessing the child in context.
- Parent's experiences, involvement in the review meeting, and perceived benefits.

In each local authority area nine interviews were carried out with:

- a health manager with lead responsibility for the Integrated Review
- an early years manager with lead responsibility for the Integrated Review
- two health practitioners with experience of the Integrated Review
- two early years practitioners with experience of the Integrated Review
- three parents who had attended their Integrated Review.

Health and early years leads nominated practitioners for interview, and practitioners nominated parents for interview. All parents interviewed were offered a £25 gift voucher.

In Islington, the three parents interviewed were from one early years setting, and they included:

- two female and one male
- their age range was 36-45 years
- two parents were employed full-time or part-time, and two parents were self-employed (one parent was employed part-time and self-employed)
- the parents had four children between them including one with SEND
- parents had attended four Integrated Review meetings between them which were held 1-18 months prior to interview.

In Warwickshire, the three parents interviewed were from one early years setting, and they included:

- two female and one male
- their age range was 28 to 43 years
- one parent was employed, full-time
- parents had seven children between them, including one with SEND
- parents attended two Integrated Review meetings between them which were held 4-14 months prior to interview. (During interview it transpired that one parent had not had an Integrated Review but had attended a health development review prior to their child attending an early years setting).

Analysis and reporting

Interviews were digitally recorded with the permission of interviewees. All interviews were transcribed. The use of qualitative data management software was unnecessary due to the small sample size of two local authority areas. Transcripts were analysed using a narrative approach and were examined to identify key cross-cutting themes.

This report presents findings as case studies on each model of the Integrated Review in the two local authority areas. It outlines the approaches, processes, and practices used in each model based on the narrative accounts of the experiences of a small number of interviewees. Therefore, caution needs to be applied when making any wider inferences within each local authority area, and inferences relating to the implementation of the Integrated Review more generally.

- Section 2, outlines the Islington's joint meeting model.
- Section 3, outlines Warwickshire's separate meetings model.
- Section 4, outlines key themes, and needs, relating to practice.

2. Islington's joint meeting model

2.1 Design of the Integrated Review

From the outset, Islington chose to develop a joint meeting model because they felt it was achievable given the borough's relatively small geographical area, and existing strong partnerships between health and early years in their children's centres.

We decided right at the beginning that we wanted to go for the gold standard which is to have the health and education practitioners in the room at the same time with the parent and child. We are a small borough, and everything is accessible in a fairly short time either on the tube or the bus so we felt this was doable.

Early Years Team Leader

We are patch-based and our boundaries are children's centre boundaries. If a child lives in one patch and attends a setting in another patch, we will travel to that patch to follow the child because continuity of care is part of our ethos.

Locality Manager Health Visiting

Islington designed their joint meeting model through monthly Integrated Review working group meetings. In light of the large amount of work involved they decided early on into their pilot phase to separate into strategic and operational groups. Both groups had representation from key managers and practitioners from both health and early years.

The operational group nominated an operational lead for health and an operational lead for Early Years. Both leads also attended the strategic group to ensure communication between the two groups. The two leads also regularly communicated with each other via email, telephone, and meetings, to manage implementation and address issues as they arose.

The operational group discussed and developed the Integrated Review processes and protocols, defined practitioner roles and responsibilities, organised training for practitioners, designed and produced supporting tools and materials, gathered feedback, collated data, reviewed progress and made changes where necessary.

Islington's model was developed through a process of trial and error, discussions, monitoring, and feedback. It has been modified many times to ensure clarity for practitioners, and parents, and achieve a sense of fluidity during the review meeting between the different perspectives involved. Islington continues to review their model and make changes to ensure it is working as intended.

Islington began by introducing the Integrated Review for children attending early years provision in all of their children's centres. A few months later, the

The Integrated Review: follow up report on practice in two local authority areas

Integrated Review was rolled-out to include all children attending PVI early years settings, and registered childminders who attend childminder groups held in children's centres.

In addition, Islington have started trialling the Integrated Review in two of their children's centres with children not attending the early years setting within the children's centre but who use other services such as Stay and Play sessions and crèche facilities.

Phase 1 was a quick win because it was children accessing childcare in a children's centre, in the areas in which they live, so health practitioners didn't have to travel anywhere. We did that for the first half-term and then we went full steam ahead with everyone else.

Early Years Team Leader

Children who do not access any services are given a universal health check at their home. These include an ASQ-3™ for the parent to complete, and health practitioners talking to parents about attending a local nursery or play groups, and giving details of local services, in particular provision available to them through their local children's centre.

Tools and materials

Islington developed several of their own tools and materials, including a film, which they have made available on a dedicated page of the local authority website⁵

Both the operational group and the strategic group spent considerable time and effort identifying what information they wanted to record in the Integrated Review from each perspective. They also identified what information was required or could be useful at a local authority level, and what information was required from them by government.

Health had their own forms and we had our progress check forms. We thought carefully about the information we wanted to record, and we tried to develop paperwork that enabled practitioners to do that.

Early Years Team Leader

Islington devised several of their own tools and materials which included:

- a process flow chart for practitioners
- FAQs factsheet for practitioners
- invitation letter for parents

⁵ London Borough of Islington website, Integrated Review documents, and film. http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/early_years/2-Year-Old-Offer/Pages/integrated-review.aspx

- Integrated Review form for practitioners to complete during the meeting, and parents to sign
- a film promoting the Integrated Review to practitioners and parents which was made available on their local authority website

Islington's Integrated Review form is their key tool and it is designed to ensure that the joint meeting captures a range of information including:

- key information about the child's development from three perspectives, the child's early years practitioner, the health practitioner, and the parent.
- data that government had requested such as gestational age at birth and mother's date of birth
- information that is required by their local authority

I think our Integrated Review form has been designed to get the best information, and it's all in one place. It covers both the health and education side, and parent's comments, and I think it flows quite well.

Early Years Practitioner

The Integrated Review form contains sections on:

- **Personal details**, registration with early years setting and health services, and ASQ-3™ details and scores.
- **Characteristics of effective learning**, and **three prime areas** of learning: personal, social and emotional development, communication and language development, and physical development. It also incorporates key aspects of the other **four areas** of child development.
- **Family and environmental context** with emphasis on home learning environment, prompts for family members, couple relationships and changes in family circumstances.
- **Health promotion** with prompts including, diet, vitamins, dental care, outdoor activities and local groups for parents and child.
- **Summary** with ASQ-3™ scores, level of child's development, level of concern for the child's family context, level of intervention in place or required, referrals, agreed actions, and parent signature.

Under each main section, there is equal space for:

- the parents comments about their child and home environment
- the early years practitioner's comments on the child's current progress in the early years setting
- the health practitioner's comments such as behaviour management, sleep routines, diet, vitamins, immunisations, oral health etc.

At the end of each main section there is space for:

- areas for development
- what the parent can do at home
- how the child will be supported within the early years setting
- actions for the health practitioner.

Arranging and carrying out the Integrated Review

The operational group decided they needed to provide detailed guidance to practitioners on their individual roles and responsibilities in terms of arranging and carrying out the Integrated Review. Through regular feedback from practitioners on how the process was working they were able to modify guidance to ensure further clarity, and develop a smoother process.

We wanted to be very clear what the process would look like, what people's roles were, who would be doing what, and who was responsible for what. We really thought about those things in a lot of detail, and then we'd come back and say- well that's not working and make changes. I think we're on draft eight of our Integrated Review form and flow chart.

Early Years Team Leader

Islington decided to carry out the Integrated Review meetings in early years settings when the child is 27 months of age, and no later than 30 months of age.

1. All practitioners have access to a **process flow-chart** which details the process each practitioner is to follow, and a **FAQs factsheet** which clarifies the process further.
2. The early years setting identifies children due an Integrated Review and contacts their link health practitioner to arrange appointments with the relevant health visiting team. Each early years setting has been given the contact details of a **link health practitioner**, and several early years settings have set regular time slots for the Integrated Review meetings to take place.
3. The child's early years practitioner (which might be their key person or childminder) gives the parent an **invitation letter** to attend the appointment along with an **ASQ-3™** to complete. Parents are asked to bring their completed ASQ-3™ and their child's **Red Book** to the meeting. Parents are also given a blank copy of the **Integrated Review form** to prepare them for the content of the meeting.
4. The child's early years practitioner prepares the child's **EYFS progress summary** and shares it with the parent before the Integrated Review meeting. The early years practitioner explains that this information will be shared at the meeting.
5. The early years practitioner completes relevant sections of the **Integrated Review form** including the child's characteristics of effective learning and the three prime areas of learning.
6. The health practitioner checks health visiting records and their **RIO** system for any relevant information about the child and family.
7. About 15 minutes before the joint meeting, the health practitioner and the child's early years practitioner have a short **pre-meeting** to agree who will lead the meeting, and to discuss any concerns they may have about the child, and how these concerns will be raised with the parent. Islington have recommended that the health practitioner lead the meeting as they tend to carry out more Integrated Reviews than early years practitioners.

8. During the meeting, the **Integrated Review form** is completed on the setting's computer system by the early years practitioner and the health practitioner. The early years practitioner tends to have main responsibility for typing up the Integrated Review form. Parents are asked to sign the Integrated Review form and are given a copy.
9. During the pilot phase, Islington also used a **practitioner feedback form** and a **parent feedback form** to gather their views and experiences. Both forms were completed after the meeting. These forms have been collated and analysed by the operational group.

Reviewing tools and materials

Islington regularly reviewed their tools and materials in response to issues arising from training sessions with practitioners, feedback forms from practitioners and parents, and through examining a random collection of completed Integrated Review forms.

An example of how Islington modified processes and guidance is the **pre-meeting**.

Through examining feedback forms, Islington identified that there were several comments about their Integrated Review meetings taking too long, sometimes 1.5 hours or longer. Through discussions with key staff at early years settings they identified that neither of the practitioners were taking the lead.

They were almost being too polite and nice. No-one was saying have we finished that section now, can we move on to the next one.

Early Years Team Leader

In response, Islington modified their process flow-chart to include a brief pre-meeting between the practitioners to decide who will lead and chair the meeting. On the basis that health practitioners tend to carry out more Integrated Reviews than early years practitioners, Islington recommended that health practitioners take the lead. The operational lead for health visiting reinforced this message with the health visiting workforce.

The pre-meeting also functions an opportunity for practitioners to discuss any concerns they may have about the child, and agree how to address that with the parent.

2.2 Supporting practitioners

Developing a shared language

Islington recognised early into their pilot phase that early years and health practitioners needed to be brought together to understand each other's profession, and to start developing a shared language in terms of assessing children.

We knew we had to bring practitioners from the different disciplines together. On a basic level they just didn't know what each other did.

Early Years Team Leader

We were conscious of establishing a shared language because they use different terms when talking about children and assessing children and levels of development.

Early Years Team Leader

For each of their 16 children's centres, Islington ran half-day training sessions attended by early years and health practitioners linked to the children's centre.

Similar, but larger and centrally delivered, training sessions were held for Private, Voluntary and Independent (PVI) early years settings and health practitioners linked to the health centres in the PVI geographical areas. These training sessions were well attended through the Early Years Team making targeted efforts to telephone each PVI setting to promote the events and encourage attendance.

We've got these dates, who's coming along from your setting? People who weren't coming, we were following them up. Phoning them and saying-we really want you to be involved in integrated reviews and we'll make sure you have all the information you need. We were quite pushy. We weren't leaving it to you can come if you want.

Early Years Team Leader

Islington ensured that plenty of time was scheduled for practitioners to talk to each other and learn about each other's professional roles. Generous time was also allocated for discussions about their distinctive approaches to child development and assessment. Key differences emerged in what each profession expected to observe in a two-year-old. Health practitioners were much more specific about their expectations and generally more willing to intervene to support the child further if those expectations were not met.

One of the most interesting things that came out for me was the difference in approach in assessing children. Health were mystified by those broad overlapping age bands education use and were saying, how could that be helpful? Health were far better at saying, at 24 months this is what we want to see from a child and if we are not seeing that, we need to do something

about that now. Whereas education are far more likely to say, we'll wait a while, we don't want to label children, we'll see where we are in another few months.

Early Years Team Leader

The subject of most debate among practitioners was the wider child in context issues that may impact on parenting, such as maternal mental health and family circumstances. Child in context discussions with parents are an integral part of a health practitioner's work with families, but it was new ground for early years practitioners. Most early years practitioners did not feel confident about the prospect of asking parents such sensitive questions, and felt it was inappropriate.

There was a large amount of alarm. They were saying we don't think this is appropriate, this is really intrusive, why would a parent want to talk about such sensitive issues, it's like we're being nosey, and they felt very uncomfortable.

Early Years Team Leader

The Integrated Review's holistic approach to assessing the child, and child in context, represented a significant culture change for practitioners.

That has been a big culture change for the education side. It's a culture change for both sides but for education there is this growing awareness that this holistic review places just as much importance on those things when you're thinking about the child's development.

Early Years Team Leader

Islington found there was general agreement among practitioners that the Integrated Review could be beneficial for the parent and child in terms of early identification.

No one raised an issue or disagreed with the fact that actually this could be good for the parent and child in terms of early identification. There was that basic understanding that there was some overlap in that progress check and health check and that it did make sense to bring it together.

Early Years Team Leader

The majority of the concerns practitioners raised were around the precise details of how Islington's joint meeting model would work in terms of who did what, time, space, capacity, and data sharing protocols. Islington therefore understood early on that there was a need for practitioners to have very clear and detailed guidance on the Integrated Review process, and their individual roles and responsibilities.

Differences in opinion

Practitioners regularly reported back to their respective line-managers in staff team meetings, and discussed any concerns they had about the Integrated Review. The two operational leads for health and early years informed each other of concerns raised relating their workforce, and they resolved issues directly with their own respective workforce. This was done to preserve the relationship building that had already been achieved between health and early years practitioners. It also gave the operational leads a perspective on how their Integrated Review model was working in practice.

I meet regularly with the operational health lead, and she gets feedback from her staff and I get feedback from settings. She will often email me a list of issues that have come up and which settings they have come up at, and then I'll deal with them very directly.

Early Years Team Leader

I get staff to report back to me because I don't want to lose that relationship building.

Locality Manager Health Visiting

An example of a difference in opinion that was resolved in this way is the issue of the child being present in the Integrated Review meeting. Some early years practitioners felt the child could be, or was becoming, distressed in the Integrated Review. Therefore they did not feel it important for the child to be present. For health practitioners it was essential that the child was present so they can observe and assess the child, and observe the interaction between child and parent. Islington have since insisted that the child is present.

Most incidents of differences in opinion were resolved directly by the operational leads. However, sometimes wider issues were raised through differences of opinion between the two disciplines around child development and assessment which required raising awareness and developing practitioner skills. These tended to involve raising concerns about the child with parents, and making appropriate referrals.

For example, an early years practitioner can interpret a child's repetitive behaviour as arising as part of schematic play, and the health practitioner can interpret the same behaviour as a sign of autism.

There was a difference of opinion in whether the child was displaying behaviour that meant it was likely they'd need a referral to the social communication team or whether it was behaviour that was just very schematic- a distinct pattern of repeated behaviour.

Early Years Team Leader

Islington responded by arranging a one day Integrated Review conference which was held a year into the pilot phase and was attended by around 130 people including both early years and health practitioners. At the conference, the Social

Communication Team delivered a presentation on the early signs of autism and identifying autism in very young children.

It was almost like when is a schema not a schema, when to be worried and how long would you leave that behaviour before raising it with the parent.

Early Years Team Leader

The conference also included a presentation from Speech and Language Team addressing the issue of the number of inappropriate referrals they were receiving which should have gone to the Social Communication Team. Islington felt this may be due to a general lack of confidence among early years practitioners in raising concerns with parents.

The reason they don't go there is because practitioners don't feel confident about having that conversation with the parent or sharing their concerns about what this might mean for their child. They take what they think is the slightly easier route of referring them to Speech and Language, and let them make that decision. That still comes up.

Early Years Team Leader

Islington were aware that there was a lack of confidence and reluctance from both early years and health practitioners to raise concerns with parents around sensitive issues such as child obesity, and they used the conference to improve knowledge and understanding.

We had information from the Dietician and raising difficult questions with parents about a child's weight, and when to be concerned. I think generally we are growing understanding.

Early Years Team Leader

Further support needs

Through operational group meetings to examine a random selection of completed Integrated Review forms, Islington identified that EYFS progress summaries often contained discrepancies between the positive language early years practitioners used and the age band they had ticked. Through this process they identified a need to moderate age band categorisation, and address those needs through further practitioner training. Islington have started to address the issue of moderating age bands in staff team meetings.

When we looked at the forms, we would see lots of positive stuff but then we would see things like age bands and clearly the children were in an age band that would indicate they've got concerns about this child. Through quality assurance exercises we're able to identify issues and then raise them in training. That's been really useful for us.

Early Years Team Leader

Islington have planned centrally delivered basic joint training sessions on the Integrated Review throughout the next academic year. They also plan to deliver several follow-up training sessions on topics such as Speech and Language, Child Development, and Moderating.

Successes, challenges and future plans

In relation to joint working, for early years practitioners the key successes included: greater understanding of the health practitioner's role, greater awareness of what an assessment of the whole child involves and a growing willingness to discuss their concerns about a child.

I think it's really strengthened practitioners' knowledge and understanding of what you need to look at to make a proper assessment of the child and family's needs.

Early Years Team Leader

I think there is a growing willingness to say I'm concerned about this child, what do you think, and really have an open dialogue about it before coming to a final decision.

Early Years Team Leader

For health practitioners a key success of joint-working was the development of health practitioners being linked to early years settings, and the opportunities this has provided to build stronger relationships with settings.

The relationship building with our nurseries in our community, I think it wasn't as strong as it is now. That has worked really well. They have got a port of call if there were concerns about the children, and they can give us a call because they know where their health visitors are based.

Family Health Advisor

Ongoing key challenges include working around data protection and data sharing protocols which do not allow for information to be shared electronically between early years and health practitioners. This has led to health practitioners developing time-consuming and cumbersome processes for identifying children and arranging appointments. These are outlined in *section 2.5*.

Another challenge for health practitioners was working with a wide range of early years settings. They found working with some settings, particularly PVI settings, to be very time-consuming and difficult to engage effectively. This was due to several factors which are outlined in *section 2.5*. Additionally, health practitioners reported very few referrals coming through the Integrated Reviews involving private early years settings compared with other settings.

The feedback I get is that it is a cumbersome process. The logistics of getting the appointments is cumbersome. It's happening far too late. They are not picking up early referrals. We get settings that don't want to do it or settings are not ready. It takes so long that you see one child in a morning or an

afternoon then you have to come back and write it up, and you're waiting for them to complete their Integrated Review form to send to you, and then the parent has to sign it.

Locality Manager Health Visiting

If you think about two-year olds in our private settings, there are very few referrals that come out of the Integrated Review in those settings compared with those from other settings.

Early Years Team Leader

In response, Islington have decided to prioritise the Integrated Review for government funded two-year-olds attending early years settings, and accept that PVIs will continue to present challenges around logistics, time and space.

We have decided to prioritise our funded two-year-olds for our integrated review. We have said to our practitioners that these are vulnerable children and we want you to make sure integrated reviews happen for those children. I think there will always be challenges around the time it takes, and practical things like settings saying we haven't got a room.

Early Years Team Leader

Evidence of impact is currently unknown, and Islington intend to address this gap. They have gathered anecdotal evidence through feedback and evaluations but as yet have no hard evidence in terms of impact on early intervention, and value for money.

People always say, how do you know it makes a difference, and I say at the moment I'm not sure that we do. We do lots of evaluation, and we do know anecdotally but in terms of value for money and hard figures we're not quite there yet.

Early Years Team Leader

2.3 Child in context

Islington took steps to ensure that practitioners, and parents, were prepared for a discussion of the potentially more sensitive issues involved when assessing the child in context. Issues such as family health, economic circumstances, parenting style, couple relationships, and adverse family circumstances.

Islington gave health practitioners responsibility for leading the discussion of child in context as they tend to be better trained and more experienced in discussing these issues with the parent. Also, because health practitioners can access family records and background information about the child's family and their circumstances.

Islington were also aware that the parent may have shared sensitive information with only their early years practitioner or only the health practitioner, and may not necessarily want both professionals to know.

We don't want parents to get distressed and we don't want to make this compulsory, and if parent gets distressed at the meeting then the child may get distressed.

Early Years Team Leader

Islington therefore took steps to ensure that parents were fully informed that certain issues will be discussed in the Integrated Review meeting, and ensure that parents retained a sense of control over how sensitive information was discussed and shared during the meeting:

The **invitation letter** informs parents that information will be shared at the meeting, and suggests that if they want any information to remain confidential they should speak with the relevant practitioner before the meeting.

When the early years practitioner gives the **invitation letter** to the parent, the sharing of information aspect is emphasised and parents are given an opportunity to say if there are any issues they want to discuss with only the early years practitioner or only with the health practitioner. The early years practitioner gives a blank copy of the **Integrated Review form** so parents are aware of the question areas around household members and couple relationships.

The **pre-meeting** functions as an opportunity for practitioners to anticipate any particularly sensitive issues, plan and agree how that aspect of the joint meeting can be best carried out, and decide whether both practitioners or the child need to be present when those issues are discussed.

Islington advises practitioners to take an individual approach in terms of discussing sensitive issues with the parent, and to decide beforehand whether one or both practitioners need to be present, and whether the child needs to be present in the room.

We say to practitioners take an intelligent approach to each individual review. If you know there is an issue already or something sensitive might come up, decide in advance with your colleague how this is going to work and who knows the parent best. If you feel it's not going to work with two practitioners in the room or with the child in the room then that's fine. You've got to take an individual approach.

Early Years Team Leader

Where there is a prior major concern or known involvement from social care, the early years practitioners tend to speak with the parent before the Integrated Review meeting. They tend to talk positively with the parent about information being shared for the purpose of providing further support.

I spoke to the mum beforehand and said this is what I will be mentioning and how would she feel about that because we do have to share some of those things. So long as you don't come out with it in the meeting and embarrass the parent, and explain

to the parent that the reason we are mentioning it is so we can put in place things that would support them more. See it more as a positive thing rather than a negative.

Early Years Practitioner

In the majority of cases, early years practitioners have no major concerns about the child prior to the Integrated Review meeting, and the child in context aspects are covered in a very general way. For example, they rely on their listening skills during the joint meeting to find out about parenting rather than ask specific questions about parenting style.

It's important to listen to the parents. We are not aware of how they are at home and problems so it's important to listen and find out how they parent. I kind of look at it in a general way rather than -oh I think you're very authoritative. It's not our place to judge like that. So, it's important to keep it quite general- who the child lives with and whether they've got siblings. We keep it general rather than to label their parenting.

Early Years Practitioner

Early years practitioners also relied on what they already knew from the relationships they had built up with the parent over time through the early years setting. For example, they often knew about the child's extended family and other children's facilities they attended.

Parents do openly tell us if they visit grandparents and other children's centres, and we do speak a little bit about that in the meeting but again it's very general.

Early Years Practitioner

Health practitioners also took a general approach to child in context when they had no prior concerns or they were meeting the family for the first time. They relied on their training and observational skills to identify any areas for concern during the joint meeting. For example, parent's body language, responses to questions and interaction with their child.

Observation is key. We can pick up a lot just speaking to the parent and seeing how they interact with the child.

Health Visitor

You can look at their demeanour and how they answer the questions to see whether they are feeling low so then we would arrange another visit at their home to take that further'.

Family Health Advisor

Health practitioners generally considered it inappropriate to ask parents potentially sensitive questions relating to child in context in the Integrated Review meeting in cases where there were no prior concerns about the family or the health practitioner was meeting the family for the first time.

We certainly wouldn't just ask about their financial situation and what benefits they're on or anything like that. I wouldn't find that appropriate in an Integrated Review. That's the kind of conversation I have with a family at home when I've built up a relationship with them.

Health Visitor

Health practitioners felt very strongly that the child's home is the ideal setting for assessing the child in context as it is the child's normal environment. In the home setting they felt able to observe a lot more to gain insight.

Islington have worked very hard with the integrated reviews. I think it is working as well as it could be but I do feel the best place for the reviews is at home.

Family Health Advisor

If it's a child you haven't seen before then I don't know that the integrated review gives you much insight apart from what you're observing of the interaction between parent and child. Obviously the best place to do an integrated review would be in the home. That is where you get the best insight, and get a rounded view of the child.

Health Visitor

In the early years setting, health practitioners found the early years practitioner may not always be aware of the family situation. Although the manager of the early years setting may be aware, managers did not necessarily share this information with all early years practitioners. Health practitioners therefore felt cautious about how much information they could share with the early years practitioner.

If the manager has not given the information to the key worker, the key worker will be coming in to the integrated review not knowing. If there are sensitive issues we would share it very sensitively.

Locality Manager Health Visiting

In the early years setting, where Islington's Integrated Review meetings take place, health practitioners felt unable to fully use their interviewing skills in the presence of an early years practitioner who may not be fully aware of prior concerns about the family or involvement from social care.

If you were doing this in the home, you'd be able to use your motivational interviewing, probing skills, and listening skills to elicit more. In a setting with a key worker who may or may not know, it's very different.

Locality Manager Health Visiting

To maintain family confidentiality around known concerns or involvement from social care, health practitioners have sometimes asked the early years

practitioner to leave the meeting room so that they can talk more openly with the parent.

What we've done in the past where we've got a safeguarding issue and recognised that the mother isn't really participating in the integrated review because she's just giving yes no answers, the health visitor has said to the key worker -ok we're coming to the end, if you don't mind I'll sit here with the mother and talk about other things.

Locality Manager Health Visiting

Health practitioners felt some early years practitioners were not adequately trained in handling sensitive information.

We are recognising that some key workers are not trained enough around sensitive matters, and how to deal with it because the sensitive matters and discussions are usually done by their managers.

Locality Manager Health Visiting

Health practitioners felt somewhat constrained by the early years setting in which the Integrated Review is held. They generally viewed the setting as a barrier to achieving an effective assessment of the whole child because it limited what they could observe about the family, and limited what they could openly discuss with the parent in the presence of the early years practitioner. They also felt the parent was getting a view of the child only in relation to the early years setting and not in relation to their home setting. If the reviews took place in the home setting, health practitioners felt they would be more able to make relevant observations and discuss in more detail issues such as home learning environment.

The parent only gets the perspective of the child in a nursery setting, and we're not entirely happy with that. We don't come out with getting the best view of the whole child.

Locality Manager Health Visiting

2.4 Early years practitioners' experiences

Children not attending an early years setting

Islington also introduced the Integrated Review for children who do not attend an early years setting but who are attending general Stay and Play sessions at one of their children's centres.

The Integrated Review was initially carried out with children living in the catchment area of the children's centre, and was later extended to include those children who live outside of catchment but do not attend their local children's centre. This has meant the Outreach Coordinator sometimes needs to travel to the area where the child lives to attend the Integrated Review meeting.

I am happy to travel to other children's centres because I know some health visitors are tied to particular centres.

Outreach Coordinator

The Integrated Review is arranged through the following process:

1. The Outreach Coordinator speaks with parents attending Stay and Play to identify children approaching two years of age.
2. She informs the parent about the Integrated Review explaining that they will receive a letter from their health practitioner, and that she will prepare an EYFS progress summary.
3. After the parent receives their appointment letter from their health practitioner, the Outreach Coordinator telephones the health practitioner to ask if she can attend to give her feedback.
4. She carries out observations of the child over several Stay and Play sessions, and shares the EYFS progress summary with the parent prior to attending the Integrated Review meeting with the health practitioner.

In the Stay and Play environment, the Outreach Coordinator found it helped to be organised, designate specific times to carry out observations, and to be mindful of any gaps in observations.

Normally, you are working alongside a team of maybe six practitioners who are inputting their observations. In Stay and Play there is only me and one assistant. We've got so many children and parents that you've got to designate time or be really aware to look out for those things that perhaps you haven't seen before.

Outreach Coordinator

It's a case of being organised and saying to my assistant would you mind talking to parents, and asking if they need any support with anything. She's taking on more of that role when I need to stand back and do some observations.

Outreach Coordinator

Parents at Stay and Play have responded positively.

Parents have been really for it because they are getting two points of view whereas usually they just get the health side.

Outreach Coordinator

Working with childminders

The main way in which childminders were informed about the Integrated Review and supported to carry them out was through weekly Stay and Play sessions for childminders held at children's centres. For example, in one children's centre, the Outreach Coordinator supports childminders to carry out their reviews by:

- Providing access to the relevant tools, materials, and other guidance such as '*Development Matters*'⁶ and its parent version '*What to Expect When?*'⁷
- Giving verbal feedback on what childminders have written on the Integrated Review form.
- Contributing to their EYFS progress summaries by offering her own observations on their children.
- Providing a room for childminders to carry out the Integrated Review meeting, and
- Supervising their other children whilst the childminders are in their Integrated Review meeting.

Using the 'What to Expect When?' booklet

Islington had distributed the '*What to Expect When?*' booklet for parents to many of their early years settings. One early years practitioner interviewed recalled seeing it and using it.

The Outreach Coordinator used the booklet when working with childminders but felt its content needed to be carefully explained to parents to avoid them worrying unnecessarily about their child.

I think it is clear and well written. The bit about how the parent can help the child's learning is very good. I don't want parents to be looking at stuff and thinking there's something wrong because their child is not doing this or that. Everything doesn't happen at the same time. I think it is useful as long as it is explained clearly to parents.

Outreach Coordinator

The '*What to Expect When?*' booklet has been a useful additional resource to use with childminders, and for the purpose of categorising children into age bands. The Outreach Coordinator found that childminders, and some early years practitioners, struggled with deciding which age band was the most appropriate for the child. Using the '*What to Expect When?*' booklet alongside *Development*

⁶ Development Matters in the Early Years Foundation Stage, 2012, Early Education. <http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf>

⁷ 'What to expect, when?' April 2015, 4Children. http://www.foundationyears.org.uk/files/2015/04/4Children_ParentsGuide_2015_FINAL_WEBv2.pdf

Matters, and other resources was useful in these situations as reference points to develop a more consistent approach.

We do use it to have a look at learning intentions. What adults can do, and how environment can be used. It is really good for that, and to use when childminders are fitting children into the correct age band to see what they are asking for in certain areas so that we're all following something similar.

Outreach Coordinator

However, she felt some of the statements in both '*Development Matters*' and '*What to Expect When?*' were too broad and therefore open to varied interpretations.

It has statements in it like, -'can concentrate on an activity for an extended period of time. That's so broad and it's down to the individual what they believe is an extended period of time. Some people will highlight that, and then put the child in 30-50 months when in actual fact it should be 22-36 months. It's about interpreting it. If a child could only sit for one minute before, and now can sit for six minutes, that's an extended period of time for their development and where they've come from but, it's not what 30-50 months is asking.

Outreach Coordinator

Involving the child

How children react to being in the Integrated Review meeting can vary between feeling overwhelmed and being excited.

Sometimes they walk into the room and they're like- oh what's happening or overwhelmed to see their parents. After a while, and with reassuring them that we're all here together, they seem to relax. Some of them get quite excited about being involved and having lots of adults watching them.

Early Years Practitioner

On the day of the Integrated Review meeting, if the child is not in the early years setting the parent brings the child with them to the meeting. If the child is in the setting that day, the early years practitioner brings the child to the meeting room having explained to the child that they will see their parent, and a health practitioner, and will be able to play with the toys in the room.

The meeting room has a box of toys for the child to engage with whilst the adults talk. The early years practitioner ensures that there are toys in the room that reflect the child's interests, and encourages the child to play so that the health practitioner can observe their physical development.

Sometimes, an additional early years practitioner sits with the child and engages in play and supports the child throughout the meeting, particularly if the child

has SEND. Sometimes the health practitioner engages the child in play whilst the early years practitioner talks with the parent.

The child may be invited to sit at the desk and the early years practitioner gives them pen and paper to draw or suggests the child takes their own notes.

Some children may choose to simply sit on their parent's lap and watch. The early years practitioner reassures the child if they seem overwhelmed or anxious in the meeting.

The early years practitioner or health practitioner may ask them questions such as, what do you like, who do you like to play with, what do you like to play with, to encourage them to talk in order for the health practitioner to observe their speech and language.

Sometimes they may encourage the child to engage with some of the exercises in the ASQ-3™ to better understand their development, particularly if the parent has not performed them at home or did not complete the ASQ-3™ before the meeting.

When it comes to weighing the child, early years practitioners encourage cooperation by involving the child in weighing toys, weighing the adults in the room, and drawing their attention to the numbers on the scales.

For reluctant children, they may decide to weigh the parent first, then weigh the parent holding the child and deduct the parent's weight to arrive at the child's weight.

Sometimes, children will absolutely refuse to be weighed. In these cases the health practitioner will suggest weighing them on another day in a clinic or at the child's home.

Building partnership with parents

Early years practitioners recognised that parents may get anxious about the Integrated Review meeting so they tended to reassure parents by explaining what the review involves and emphasising that it is focussed on supporting their child to give them the best start, and working together to help them develop further.

Some parents may think the ASQ-3™ is a test and can get anxious if their child's score is low. Early years practitioners tended to reassure parents by highlighting that the ASQ-3™ is but a small part of the Integrated Review.

Just by explaining that ASQ-3™ is not the only piece of the review. It's something to go with the review we've written or that the health visitor has observed or parent has observed. It's not a test. It's something that is quite broad, and not something to feel really anxious about as an individual piece.

Early Years Practitioner

Obviously if the ASQ-3™ and the health visitor and other observations all showed a significant delay in a specific area then

it's more worrying. But if it's something that's coming just from the ASQ-3™, and if the parents have only seen it once, it's not quite as significant. So we do try to explain that to parents.

Early Years Practitioner

Sometimes parents have asked about the significance of some of the images and tasks in the ASQ-3™. For example, the drawing of a half-man and half-scarecrow, and early years practitioners have explained that it is to see whether children can see the colourful image and to encourage them to communicate.

In situations where a parent does not agree with what is written in an EYFS progress summary, early years practitioners have taken a positive approach and responded by being generally supportive of the parent.

We say, it's good that you say that because that is what we want to hear and we'll continue to monitor and have a catch up.

Early Years Practitioner

Early years practitioners felt the Integrated Review meeting provided a valuable opportunity to be clearer with parents about their expectations for the child and explain how they grade children's development.

Breaking it down in the meetings that this is what we look for. It's not just communication, it's listening, understanding, and not just speaking. It's quite nice to have that time to go through things and give a more of a detailed explanation than just have a five minute catch up.

Early Years Practitioner

They felt the building partnership aspect of the Integrated Review was the most important aspect of working with parents. In setting agreed targets for the child, both the parent and early years practitioner could feel supported knowing that they are working consistently towards the same targets both at home and in nursery.

By the end of the meeting you've come to an agreement together. We set targets for some children which the nursery and the parents do together. We review those every eight weeks. The parents are quite grateful because they feel supported, and we feel we're not just trying to achieve a target ourselves but home is as well. It makes the target more achievable.

Early Years Practitioner

When building partnership with parents, early years practitioners identified several inter-personal skills they felt were important:

- having a relaxed approach
- being open and honest
- using jargon-free language
- having empathy
- respecting parent's views
- listening

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- eye contact
- commenting and asking questions to clarify understanding

I think it's important to have empathy. I've been in reviews before where the penny's dropped, and parents think there is a delay here. It's important that you are aware because you've got a good relationship with these parents and it's important to understand how they could be feeling.

Early Years Practitioner

It's important to show you're listening with your eye contact. It is quite difficult because you have to type at the computer whilst health are talking. As long as your head is not buried in the screen, and it's important that you say- oh I saw that as well, just to let them know you're there and listening.

Early Years Practitioner

Working with health practitioners

Since Islington established more clearly-defined practitioner roles and responsibilities, early years practitioners better understand their own role and the roles of all the three parties. Islington recommended that the early years practitioner takes the responsibility for typing up the Integrated Review form during the meeting.

Because we have the computer and we can log onto the system, we would edit the form as we would have been first to create the form.

Early Years Practitioner

Initial issues around who is leading the Integrated Review meeting and achieving a balance between the three different perspectives have been resolved.

Before, it was about finding a common ground of who was leading the meeting and making sure it wasn't too one-sided and finding that balance. Whereas now, I know exactly what my contribution is and what their contribution is, as well as allowing time for parents to have their say.

Early Years Practitioner

Early years practitioners felt the modifications made to the Integrated Review form have made joint-working a lot clearer and easier, and the health and early years elements are linked together well creating a more fluid process.

It's a lot more fluid, and not so much jumps from one topic to another. It kind of flows together well with the health visitor's comments. For example, when I do the Personal Social, Emotional section, Health will often ask their questions around behaviour and sleep routines which can affect behaviour, and it links them together.

Early Years Practitioner

With physical development, our bit would be moving and handling and toileting, and with the health visitor it was more about oral health and diet. I think it took a while for everyone to get what they should be asking. But the form was developed so that it had prompts for the health visitor to ask certain things. Initially there was difference in what people were asking and what fell into each category.

Early Years Practitioner

As a result of the Integrated Review, early years practitioners felt they had developed stronger relationships with health practitioners. They have found it useful to learn about what their role entails and are more likely to notice a child's diet and eating habits or dental issues in their routine work, and are more likely to raise such issues with the health practitioner.

Now I'm more familiar with what their criteria and expectations are, you kind of look at those things while you are working as well. How far they are struggling with their eating, and now I can ask that information, and about the dentist. I might not have considered that before.

Early Years Practitioner

I've got to know health visitors a lot better and I feel it's created a stronger relationship with them. Before, you'd see them around the centre and say hello but didn't really know much about what their reviews entailed. Doing it together, it's really useful to know what they say about oral health and what they're saying about obesity. You're in a better position to flag up anything you feel might be a concern in what they look for.

Early Years Practitioner

Differences in opinion

When differences in professional opinion occur they are mainly in relation to professional differences in thresholds in relation to where the child should be at for their age. This can lead to disagreement about whether a child should be referred for specialist support. In general, early years practitioners felt such differences were likely to continue.

I guess that's to do with different priorities and thresholds and I think that is always going to be a bit of an issue really.

Early Years Practitioner

Sometimes these differences were resolved through the early years practitioners agreeing to observe the child for another few months. If an agreement is not reached then they tended to refer the matter to their line manager. Regardless of the disagreement, the early years setting could ultimately go ahead with a referral if they felt strongly that it was needed.

When I've carried them out, we've just had to have a conversation about it. But, ultimately if I believe the child

definitely needs a referral, we can do that from the centre without anybody giving us the go ahead because they are in our care.

Early Years Practitioner

There's been a couple of instances. In situations like that we refer to our line manager and she's quite good at communicating with the health visiting team.

Early Years Practitioner

Training and support

Early years practitioners tended to value the joint-training sessions in terms of learning about health practitioner roles. They also particularly valued learning through peer support whereby early years practitioners experienced in the Integrated Review supported other practitioners who are new to the review by:

- Encouraging them to attend another Integrated Review as an observer, with the permission of the parent.
- Sharing copies of old completed Integrated Review forms, and running through sections they need to complete, and questions they should be asking the parent.
- Going through the ASQ-3™ to become familiar with the content, and scoring.

Some early years practitioners found it difficult to categorise the child's development into the appropriate age bands. Further training and support around moderating would be useful to ensure consistency in approach.

Moderating is something we have to try and address. Otherwise we'll put some children at 30-50 months and some at 22 months. They are doing the same thing, and it looks like one is exceeding expectations and the other is just going into that age band.

Outreach Coordinator

It was also suggested that a further opportunity to bring health and early years practitioners together to discuss experiences of the Integrated Review may be useful.

It would be nice to get everyone together and hear what they like or don't like about it, just sharing things and knowing what their experiences are.

Early Years Practitioner

2.5 Health practitioners' experiences

Health practitioners valued the strong relationships they have been able to build with early years settings through the Integrated Review. They felt building a relationship with the early years setting where there is an understanding of each other's perspective was fundamental to the success of the Integrated Review.

Building the relationship with the setting because once you've got that relationship built up, you get the right room for the child, you get the right toys, you get the right set up for the child and the family. The health practitioner is happy, the early years practitioner is happy, and there's this understanding about each other's perspective.

Locality Manager Health Visiting

However, the reality for health practitioners was that building strong relationships across all early years settings was often fraught with difficulties. During the pilot phase, Islington decided to allocate a named link health practitioner to each early years setting, including PVI's, and carry out the Integrated Review in early years settings. This has meant a considerable increase in workload for health practitioners, and has meant they had to be more proactive in developing and maintaining new relationships with a wider range of early years settings.

Due to local data sharing protocols and IT infrastructures, any lists of children and their contact details that early years practitioners may have could not be electronically shared with health practitioners and vice versa. As outlined below, this has meant health practitioners had to develop a time-consuming method of identifying children who are due to receive an Integrated Review, and identifying which early years settings they attended.

- Health practitioners check their system of child birth records to identify children coming up to 27 months.
- They telephone the parent to find out which early years setting their child attends.
- They telephone the setting to explain the Integrated Review process.
- They then match each child to the relevant health visiting team and pass on the child's contact details and the setting's contact details.
- They pass on the health visiting team's contact details to the nursery. This way the two parties can contact each other and arrange an appointment for the Integrated Review meeting to take place.
- Where health practitioners have developed an initial relationship with a setting, they usually visit each term to get a list of children due an Integrated Review at each setting.

Identifying childminders was also particularly time-consuming for health practitioners for reasons around data sharing.

Getting the childminders involved is the biggest challenge because they are self-employed and Early Years doesn't have to give out their telephone numbers. I've been asked to contact the

families of our children to ask whether they are with a childminder, and then ask the family to speak to their childminder, and ask the childminder to give us a call.'

Family Health Advisor

Arranging appointments for the Integrated Review with a wide range of settings was also often challenging and time-consuming for the health practitioner.

Health practitioners telephone each early years setting to:

- arrange and confirm appointment times
- ensure that they have all the relevant paperwork, and
- remind them to speak with the parent.

The early years practitioner will:

- speak with the parent
- give them the invitation letter and ASQ-3™, and
- prepare their EYFS progress summary and discuss it with the parent before the Integrated Review meeting.

I'm constantly phoning them to arrange these appointments, and to make sure they have the right paperwork.

Family Health advisor

For health practitioners another main difficulty was arranging mutually convenient appointment times with working parents. Working parents often preferred to attend meetings at their early years setting either before their working day begins or at the end of day around 6pm. The health visiting team's working hours are 9am to 5pm. This invariably meant parents had to take time off work and that was difficult for some parents.

Working with PVI early years settings

Generally, health practitioners felt their relationships with early years practitioners have become stronger, and they have developed some very good relationships whereby the Integrated Review processes run as smoothly as possible, including with some PVI settings.

However, they have generally found PVI settings much more difficult to engage in the Integrated Review. They suggested this may be due various factors such as:

- management style and ways of working
- practical issues around space and capacity
- lack of understanding of the Integrated Review
- limited training for staff, and
- limited experience of carrying out Integrated Reviews due to fewer children aged two being in their care.

A lot of them are difficult to engage and the reason for that is that they are not really ready. They haven't got the capacity, they haven't got the space, they haven't got the equipment, and only one person is trained. There are a lot issues with the PVI's.

Locality Manager Health Visiting

Health practitioners found that many PVI settings had a relatively small number of children coming up for Integrated Reviews at any given time. An early years practitioner may have only completed one Integrated Review meeting, and it may be several months before their next review takes place. By which time they may have forgotten what the process involves. Health practitioners have therefore experienced a range of difficulties including:

- the setting did not use the Integrated Review form
- incorrect age-related ASQ-3™ materials were given to the parent
- the PVI setting did not invite the parent to the meeting
- the child was not there because they did not want the child to get distressed

They also felt some PVI early years settings waited unnecessarily for health practitioners to come into the setting and make referrals when the setting could have made the referrals themselves.

Differences in opinion

Health practitioners felt they had a more holistic perspective on the child and family compared with early years practitioners and sometimes this meant they did not share each other's point of view.

We think that just because a child isn't potty training doesn't mean there is a developmental thing or parenting issue.

Health Visitor

Working from a health promotion and prevention perspective, health practitioners were particularly concerned that the Integrated Review was happening too late at 27-30 months. They felt it was rare for them to find any major concerns about a child or family at this age, usually they would identify concerns at the health and development review held when the child is one year old.

They felt that in most Integrated Reviews, health practitioners were already aware of any major concerns from their earlier contact with families and that any necessary referrals would be in place. Also that early years practitioners would have identified any concerns prior to the Integrated Review and would already be providing low level intervention and support within the early years setting.

Health practitioners felt strongly that the Integrated Review should take place when the child was 24 months or a little earlier wherever possible. Leaving it till 27-30 months they felt would not be as effective in terms of achieving earlier intervention and school-readiness, particularly given the long waiting times for some referral services.

Part of the review is readiness for school and you're waiting for 27 months. If there are any concerns and you're giving a referral, and with long waiting lists, by the time anything is implemented that child maybe going onto four years old, and that child isn't ready for school but they are in school.

Health Visitor

Training and support

Health practitioners tended to value the training and support they received from their line manager, and peer support from their colleagues.

We've got good support from our manger, and she gives us a lot of guidance on how we do the review. We can feedback to her, and she can then take it to a higher level.

Health Visitor

I went in with a colleague who does most of the integrated reviews and I just watched what she did. Then I had training on ASQ-3™ from my manager.

Health Visitor

I provide the e-learning training that the Department of Health have given out, the modules 1 and 2. I go through all the data sheets, the ASQ-3™, how to do it, listening skills. I do it in small groups because every team and pockets of areas are different.

Locality Manager Health Visiting

Health practitioners indicated a need to better understand how early years practitioners carry out their observations. Particularly, how observations are carried out over a period of a few months, and the processes involved.

2.6 Parents' experiences

Parents generally had positive experiences of their Integrated Review meeting and found them to be comprehensive and rewarding. They felt they could ask questions, share concerns, and felt reassured.

We were concerned he wasn't walking but he suddenly made a huge leap from sitting to just upright and walking off. Just because he was slow didn't mean anything at all and we were reassured that his development was normal. I felt more supported by fact that the health visitor was there. Getting a little bit of advice and telling us he was on track physically, and his development was all good, and we were told his mental development was all there, and all the signs were positive. For me I found that quite rewarding. There was no conflict in what the key worker and the health visitor were saying though they were saying different things at the same meeting. You do get a comprehensive picture of where he is, what his needs are, what we need to address.

Islington Parent 1

Parents tended to experience the Integrated Review meeting as *different* to other meetings at their early years setting, describing it as *more formal* with a *more serious style* and having more focus on *physical* elements of their child's development. Not all parents appreciated the *formal* and *serious style* of their meeting.

This meeting was different and the health visitor was present. The health visitor was very good actually, she asked him to do a few tests like picking things up, walking in a straight line. There was a physical sense to the questions she was asking him and asking us how long he could walk for before he needed a rest.

Islington Parent 1

We all sat at the table and it was all formal. I don't think it needs to be that serious. It would have been better if it was more light hearted, and more in the style of the nursery and the way they talk to you. They have a certain style and it's caring but the health visitor didn't come across like that. Maybe that's a personality thing and maybe that's good in some situations with parents who have a disruptive child and need more guidance

Islington Parent 2

Parents felt strongly that they were centrally involved in their Integrated Review meeting.

I felt completely involved in the meeting. They weren't lecturing us about what he should or shouldn't be doing. All the questions were leading us to talk about him, his development, and his home life. We were of course talking rather a lot. It felt like a two way conversation.

Islington Parent 1

I felt like I was leading the meeting. It was myself and the health visitor who were kind of having a conversation about my child and her development. I felt very involved. The health visitor was making eye contact with me, and asking me questions not just asking the key workers. It was kind of a discussion with me, and the key workers chipped in at various points.

Islington Parent 2

Parents generally felt their child was involved in the Integrated Review meeting and that practitioners engaged their child in play and asked them questions. However, one parent whose child was clingy throughout the meeting doubted whether her child needed to be in the meeting.

His key worker was sat on the floor with him. She had brought toys in, and she was sat playing with him so he was fine.

Islington Parent 3

He was making a lot of noise and running around the place. They went over to him and talked to him directly, and asked him if he would like to come over and play or draw something. They were asking him questions. You could see their manner of dealing with an excitable child was more skilled and they got a better result than I did.

Islington Parent 1

She seemed fairly relaxed initially with everyone there. She was playing with some games in the room till I turned up, and then she just clung onto me really. She didn't want to get weighed or measured, and insisted on coming home with me afterwards. I don't know if she needed to be there at all, they didn't ask her anything.

Islington Parent 2

Generally, parents found the Integrated Review prompted them to attend to issues that they may not have prioritised such as sleep patterns, making dental visits and checking immunisations were up to date.

We hadn't seen it as problem. He's sort of fallen into our pattern of work. When he was with us whilst we're working, he was having nice long naps in the afternoon sometimes 3.5 hours. We were grateful to get that long chance to work without interruption. He was certainly getting enough sleep but his routine was different from the one they wanted us to have. We weren't getting him to bed till half past eight or nine o'clock. It became quite apparent that he was more tired than other children in nursery. They said he really needs that extra couple of hours of sleep. It was really good getting that feedback because we switched our behaviour to make sure he was fed, bathed, and in bed by 7.30pm.

Islington Parent 1

We had been told you need to get him to the dentist, and we took him to the dentist shortly after that. It had occurred to us before but it was simply that our own dentist is miles away from where we live, and he only works Fridays so the window of opportunity was really small. But now, we've had him booked into a different dentist, a more local one.

Islington Parent 1

They told me to check the red book and see if she's up to date with her immunisations, and if not get her checked in with the GP which I still need to do because she is not up to date.

Islington Parent 2

For one parent with a child with SEND the Integrated Review meeting meant the child's needs could be discussed in more detail, referrals could be chased up, and plans put in place for further on-going support both within the early years setting and from other specialists.

We didn't have much involvement with the health visitor before because when we came out of hospital we had a lot of people involved. Different paediatricians, dieticians, speech and language etc. there was a lot of people. It was an opportunity to meet with the health visitor and spend a bit of time with her because actually we'd only had a couple of brief meetings beforehand.

Because we'd had so much medical involvement everyone else stepped back, and suddenly I went from having people seeing us all the time to not. At the meeting we could push that forward and get some appointments made. At that time we were still waiting for speech and language appointment so they discussed re-referral for that. Also we were waiting for his hearing appointment because that was supposed to happen but still hadn't so we agreed that would be chased up.

Being able to get the involvement back of the people we need, and just touch base with everyone in one go so we could see where he's at developmentally. Finding out more about how he was getting on in the nursery because when he started they said he had various significant delays with his language. It meant that the nursery could then plan what could be done to support those areas of development. The nursery implemented something to encourage mark making, and put in an action plan for him from that meeting.

The hearing appointment has come through, and I've finally got an appointment with the paediatrician and that's finally on track again. He's coming on so well now in nursery after that meeting we had. I'm really pleased.

Islington Parent 3

Parents tended not to be prepared for how long the meeting would take or were unprepared for taking their child home after the meeting.

We were anticipating that it would just be a quick fifteen minutes chat regarding his development, and seeing bits of his artwork and things like that. When we sat down and the tests were more comprehensive we understood it was a different thing. My wife was really busy that day and had another meeting booked. I could see she was getting quite anxious in the meeting about getting back to the office.

Islington Parent 1

You're expected to take your child home with you afterwards so it was a bit awkward. I had to liaise with my line manager and organise to work at home after the meeting. I think I would have asked for a later time than 3pm but I wasn't offered that as an option. You're dealing with a health visitor and they rule.

Islington Parent 2

The Ages & Stages Questionnaires (ASQ-3™)

All parents completed the ASQ-3™, although one parent reported not receiving it prior to the meeting and that it was completed during the review meeting. One parent reported using it as an opportunity to focus mainly on the positives about their child and the areas they were strong in, and another parent reported being cautious in their responses and not being positive enough. One parent wanted to know more about the reasoning behind some of the tasks for children in the ASQ-3™.

One parent with a child with SEND, felt the ASQ-3™ was inappropriate in relation to the child's gestational age at birth. However, this parent felt supported in that practitioners had taken this into account when interpreting the scores.

For me personally, I was praising the things that he wasn't actually of age of doing. I could see that he was actually more advanced for his age in some things. Some of the things they were marking, he was premie so he wasn't really at the age of doing them. They were in agreement that although he wasn't doing them, they weren't concerned because he wasn't at that age yet. So, they had that in their heads whilst doing it. They were quite like- oh actually I'm not worried about that. They were quite supportive in that way.

Islington Parent 3

I was looking at the questionnaire quite honestly. I erred on the side of caution, and my health visitor was encouraging me to be more positive. Some of the experiments were quite interesting but you really didn't know why you were doing them. Obviously it's about development but why does she need to turn the bottle upside down and get the ball out? What's the difference between doing it and not doing it? It just seems a bit left of centre.

Islington Parent 2

3. Warwickshire's separate meetings model

3.1 Design of the Integrated Review

Warwickshire designed their Integrated Review model through quarterly steering group meetings held with practitioners and managers from both early years and health. They originally wanted to adopt a joint meeting model but decided this option was unrealistic.

Our preference would have been to bring the practitioners together but the reality of that in terms of cost and time-management meant that we wouldn't have got through the number of reviews that needed to happen. We quickly decided that our pilot would be about bringing information to one point.

Lead Speech and Language Therapist

Their decision to develop a separate meetings model was based on consideration of several factors and constraints:

- Local geographical area boundaries health practitioners worked within.
- Practicalities of health practitioners travelling within the large county area.
- Data sharing protocols and systems that prevented exchange of information electronically between health and early years.
- Additional costs involved in adopting a joint meeting model.
- Time-management, and other practical issues involved for both health and early years practitioners.

Working around these factors and constraints, the steering group developed a model in which the health and early years practitioners hold separate meetings with the parent and child, and the practitioners exchange paper-based information prior to and after the meeting through the parent.

We were trying to think of how we could keep the child at the centre, and make it a process where the family did feel that everybody's information was brought together, and treated equally.

Lead Speech and Language Therapist

In Warwickshire, health and early years practitioners were unable to share data electronically. To work around this major constraint, Warwickshire decided parents would play a crucial role in passing on paper-based information from the early years practitioner to the health practitioner, and vice versa.

It's a huge ask to be having parents ferrying information backwards and forwards. It could be a lot simpler if it could be done electronically, and sent directly to the health visitor and directly back to the nursery. We know that in our own geographical patches level we can't do it. We haven't got the systems and information governance. We just can't do it.

Lead Speech and Language Therapist

Warwickshire carries out the Integrated Review with children attending a range of early years settings including children's centres, PVI settings, and childminders.

Children not attending an early years setting were given a health check at their home which includes using the WellComm Speech and Language Toolkit and the ASQ-3™.

Warwickshire's Integrated Review model was piloted by four health practitioners in four geographical areas, and was later rolled-out to all areas.

Tools and materials

Warwickshire designed many of their tools and materials as described below, apart from the ASQ-3™ and ASQ: SE, Red Book and the WellComm Speech and Language Toolkit.

The steering group consulted with parent groups attending children's centres to design the appointment letter, poster and flyer cover page. Responding to the suggestions of parents, they developed visual images and consistent branding for all their paperwork so that parents can easily recognise them as being part of the Integrated Review. Tailored versions of these materials were developed for childminders and PVI early years settings.

The Integrated Review takes place either at the children's centre or health clinic the health practitioner is attached to, or at the child's home, when the child is 27 months old.

Outlined below is the process for arranging and carrying out the Integrated Review.

1. Early years settings display a **poster** titled '2-2 ½ year development check' and explains to parents they will receive an appointment letter from their health practitioner, and that they will need to take with them their child's EYFS progress summary from their early years setting, and to talk about this with their child's early years practitioner.
2. Early years settings identify which children in their care are due the Integrated Review and the child's early years practitioner starts to prepare their **EYFS progress summaries**.
3. The health practitioner sends out an **appointment letter** to parents explaining what the Integrated Review involves. It asks the parent to complete the **ASQ-3™** and the **ASQ: SE** (Social-Emotional) included with the letter, and to bring it to the appointment along with their child's **Red Book** and their child's **EYFS progress summary** from their early years setting.
4. The parent informs their child's early years practitioner that they have received an appointment.
5. The early years practitioner prepares an **EYFS progress summary** and talks the parent through its content. A **flyer** cover page is attached to the EYFS progress summary, containing the setting's contact details, and any comments from the child's early years practitioner. The parent is given a

copy and reminded to take it with them to their appointment with the health practitioner.

6. At the appointment, the health practitioner goes through the EYFS progress summary and ASQ-3™ and ASQ: SE with the parent, and uses the **WellComm Speech and Language Toolkit** with the parent's permission.
7. At the end of the meeting the health practitioner completes a **postcard** with the health practitioner's comments and contact details, and gives the postcard to the parent to hand deliver to their child's early years practitioner.
8. The health practitioner also completes a **data sheet** which is collated and analysed by the steering group. The purpose of the data sheet is to monitor the Integrated Review process. The data sheet includes the child's (ASQ-3™) scores, WellComm Speech and Language Toolkit rating, level of development in the three prime areas of learning taken from the EYFS progress summary, and whether EYFS progress summaries and flyers were received, and a postcard sent.

Supporting practitioners

The steering group had distributed the tools and materials to all early years settings including tailored versions for childminders. A power-point presentation on the tools and materials was made available on the local authority website⁸. Also available online is a short film about the tools and materials⁹.

Health practitioners, and a small number of early years settings, have been trained to use the WellComm Speech and Language Toolkit as part of Warwickshire's speech and language 'Time to Talk' strategy.

The steering group organised several joint and separate meetings for health practitioners and early years practitioners. However, attendance at these meetings has been very variable.

At these meetings practitioners were introduced to the Integrated Review model and the processes involved. They examined copies of the ASQ-3™ and ASQ: SE, and examined examples of EYFS progress summaries, and discussed the information to record and what information they needed to assess the child. The steering group meetings also functioned as a regular opportunity for practitioners to return to give their feedback on implementing the Integrated Review, and raise any questions or concerns.

The steering group identified good observational skills as a common strength among practitioners.

⁸ PowerPoint Presentation on Warwickshire's Integrated Review model and tools.
<https://timetotalkwarwickshire.wordpress.com/joint-working/>

⁹ Warwickshire's film about their Integrated Review model and tools
<https://www.facebook.com/185744301460454/videos/812090385492506/>

I would say that a lot of their observation skills were good around how a child and the family are coping, and where the child is at. Obviously, it varies from nursery to nursery but I think we are developing an early years workforce that have good observational skills. It often needs backing up with some of the more objective measures so that they can check out when they are not sure.

Lead Speech and Language Therapist

They also identified a need to improve practitioners' understanding of, and respect for, each other's approaches to assessment and professional judgements.

I think we all need to understand a bit better what one another does, and not be quite so precious about who should be doing what, and have a willingness to share those responsibilities. One of the problems we've had is respect for one another's judgement. There is no point in doing something in an integrated way, and then decide to repeat a process yourself because you're not quite sure you trust the nursery or you're not sure you believe the health visitor. That's really hard, letting go of that thinking- I only know if I've done it.

Lead Speech and Language Therapist

The steering group have found their model worked best where both the health practitioner and early years practitioner have each other's contact details and are proactive in developing a relationship.

It works well where there are those open channels of communication. Where practitioners have each other's phone numbers, and they are proactive in using those or where a community nursery nurse already has those links with a setting.

Lead Speech and Language Therapist

However, the steering group have found supporting those practitioner relationships to develop challenging for various reasons including:

- early years settings tend not to have a named link health practitioner
- there is no central database to identify children who are two years old
- there is no means of knowing which early years settings children attend
- constraints of sharing data electronically between early years settings and health practitioners

Certainly, things would be easier if nurseries had a named health visitor. Health practitioners have said could we know where all the two year olds are in our patch, and where they are going to nursery. We just don't know that. Most often the first awareness they have is when the parent turns up with the child and that's when they find out which nursery.

Lead Speech and Language Therapist

Reviewing tools and materials

The steering group have been aware that since the pilot period ended, the model does not appear to be working as well as it did during the pilot. The number of EYFS progress summaries and postcards received have dropped considerably. This maybe partly due to health practitioners not having the same level of understanding and commitment as those who were involved in the pilot.

When we did it as a pilot, we had a good return of progress summaries and not a bad rate of postcards but not as high as we would have liked. When we rolled it out, the percentage return of progress summaries was much, much lower. My thought on this is that the health practitioners doing the pilot were very involved in setting it up, and looking at the paperwork. They had an invested interest in making sure it worked, and I think they put a lot of effort into all that.

Lead Speech and Language Therapist

The steering group were also aware that the content and presentation of EYFS progress summaries varied across early years settings. EYFS progress summaries tend to be written in a positive language that health practitioners can find difficult to interpret. Warwickshire were in the process of addressing this issue, and working towards introducing a set format for progress summaries sent to health practitioners for the Integrated Review.

Some are very much designed to look attractive to parents and health visitors who are working from a different approach say they find it very difficult to interpret the very positive language that is used in the progress summary. So, that's where we are doing some work bringing together nursery managers and health visitors, and saying -what do you need to know.

Lead Speech and Language Therapist

Warwickshire have found implementing the Integrated Review very challenging, particularly since the pilot period ended.

What we want to see, and the parents to see, is that this is about getting as holistic a picture of your child as we can possibly can. It's still difficult to get away from the feeling that you're just screening and assessing their child. I think it's still quite a medicalised procedure and it's difficult to think of it in any other way. We have had parents say we don't want our child assessed and screened. I think having the child at the centre has underpinned what we do but the reality of it is very challenging.

Lead Speech and Language Therapist

At the time of interview, Warwickshire were in the process of reviewing their Integrated Review model, and were planning to gather feedback on experiences of the review from parents, health practitioners and early years settings.

We need to do more work on the ground with our parent groups to talk about how it's been from their perspective, and whether the paperwork has been useful or not. We need to consult with health and the early years sectors separately to find out how it's been for them, and what changes we might need going forward.

Early Years Senior Advisor

The steering group have identified the ways in which their Integrated Review model was not working as well as it could be:

- Many early years settings were not displaying the posters.
- Some early years practitioners were not meeting with the parent to talk them through the EYFS progress summaries.
- Health practitioners frequently did not receive EYFS progress summaries with attached flyers, and many they did receive were lacking in relevant information.
- Early years settings were inconsistently receiving postcards.
- Health practitioners reported there was a lack of clear and agreed pathways for early intervention.

The steering group was in the process of considering what changes to make going forward including:

- 1.** Encouraging early years settings to be more proactive in identifying which children are due to receive an Integrated Review, informing parents about the Integrated Review, discussing the content of EYFS progress summaries with the parent, reminding parents to take their EYFS progress summaries to their Integrated Review meeting, and asking them for feedback and postcards after parents have had their meeting with the health practitioner.
- 2.** Encouraging early years settings to use a set format for EYFS progress summaries. The steering group have drafted an A4 progress summary page which includes key information required for the Integrated Review including the three prime areas of learning and development, the child's development age category, and whether they are beginning, consolidating or secure in that category. They were in the process of trialling and further discussing this new tool.
- 3.** Developing a training and resource pack to make it easier for health and early years managers to cascade information about the Integrated Review process to their respective staff teams. The pack may include a DVD and/or a PowerPoint presentation, dates of relevant meetings, and follow-up training, and some early intervention resources.
- 4.** Developing guidance on referrals, follow-ups, and ensuring clear pathways for early intervention including information that can be given to parents within the Integrated Review meeting on how their child can be supported further.

The steering group also intend to examine the integration of information from all parties during the Integrated Review meeting, and how this can be best achieved through their review model.

We are equally at the stage of thinking, is this really integrated or are we really just bringing bits of paper together, and we have those worries as well.

Lead Speech and Language Therapist

Using the Ages & Stages Questionnaires (ASQ-3™)

Warwickshire found the ASQ-3™ helpful in involving the parent in the Integrated Review, and to build a picture of the child in the home context. But, practitioners are aware that parent's responses can be biased.

You wouldn't take it on face value. We would take a kit with us and ask them to do certain activities. Some parents will tick that their child can do everything when they've already told you they are not talking so, you know there are certain questions they wouldn't answer.

Community Nursery Nurse

Warwickshire found that parents tended to over-estimate what their child can do in relation to speech and language. They therefore decided to introduce the Wellcomm Speech and Language Toolkit as an additional and more objective tool.

Parents massively overestimate their child's speech. From my perspective, I think the ASQ-3™ isn't particularly sensitive linguistically, questions are somewhat vague and open. Also, it leaps a bit from simple expectations and then there is a big jump. When we looked at that we felt we wanted a more objective screen.

Lead Speech and Language Therapist

Using the WellComm Speech and Language Toolkit

Practitioners found the WellComm Speech and Language Toolkit useful in terms of clarifying their expectations of a two-year-old child's speech and language with parents.

It's worked well particularly with parents who didn't think there was an issue normally. Sometimes their expectations are a lot lower of two-year olds and what they can do. When you say they can't do x, y and z, parents are quite surprised that's what they should be doing at two years.

Community Nursery Nurse

Using the WellComm Speech and Language Toolkit has also been useful in highlighting what needs to be done at a strategic level to improve early intervention.

It's given us some data to help us identify the key things we need to do as a local authority in adjusting our 'Time to Talk' strategy. Making it more fit for purpose, and ensure that we can home-in on the children that need the support sooner rather than later.

Lead Speech and Language Therapist

It has also brought to the fore the need for Warwickshire to address, at a local authority strategic level, the issue of carrying out the Integrated Review with families where English is not their first language.

A lot of parents with EAL have declined the WellComm screen. We think that's because of a lack of understanding that the review is about identifying support that the child might need. We have a range of families with EAL, and what are we going to do about that as a local authority?

Lead Speech and Language Therapist

Using the 'What to Expect When?' booklet

The steering group had mixed reactions to the parent booklet 'What to Expect When?' Some practitioners had many reservations, others liked it, and a few were already using it in a limited way.

- Some early years practitioners thought it was informative, and potentially useful for parents.
- Other practitioners had used it but only photocopied a section relevant to their key group and gave it as bite size information to parents.
- Some practitioners questioned the printed format and felt many parents would prefer to access information online or through mobile phone apps.
- Some practitioners were concerned about parent reactions. They felt parents may not read it or may worry about what their child could not do or they may start working on activities before their child was ready.

The steering group have been considering how the booklet can be most appropriately used with parents.

I think there is a huge amount of information in it. I think the timing of it, and the way it would be used with parents would be essential. I have a worry that a lot of them would just pop it onto their shelves. We have looked at it and are still wondering about how we could use it.

Lead Speech and Language Therapist

3.2 Health practitioner's experiences

Arranging and carrying out the Integrated Review

Health practitioners arranged and carried out the Integrated Review through the following process:

- They generate a list of children due to receive an Integrated Review using the health visiting system of birth records.
- They send parents the appointment letters along with the ASQ-3™ and the ASQ:SE.
- The health practitioner will not know until the Integrated Review meeting whether the child is attending an early years setting, and which setting they are attending.
- During the Integrated Review meeting, the health practitioner goes through the completed ASQ-3™ and EYFS progress summary with the parent, and observes the child.
- They ask the parent's permission to carry out the WellComm Speech and Language Toolkit.
- The child is weighed and measured and a BMI centile is created from their height and weight measurements.
- Advice is given to the parent on a variety of issues such as, toilet training, sleeping and eating patterns, and immunisations. Health practitioners also encourage attendance at play groups, and discuss school readiness.
- At the end of the meeting, the health practitioner completes the postcard and gives it to the parent to pass on to their early years setting.
- Practitioners have no way of knowing whether the postcard has reached the child's early years practitioner.

Referrals and follow up

Warwickshire's Integrated Review model does not include guidance on practitioner roles and responsibilities in relation to discussing concerns about the child, making referrals and follow up actions.

If there was a concern, I would contact the nursery and speak to the key person but there's no set process for working with early years. I think it depends on the individual workload and what they see fit.

Community Nursery Nurse

When concerns arise during the Integrated Review, the individual health practitioner may take actions independently of the child's early years setting. Alternatively, if they are unsure they may decide to consult with the child's early years practitioner over the telephone to find out if those concerns are shared, and to put in place an action plan for the child.

Health practitioners felt that some early years settings were reluctant to make referrals themselves and instead they would tell the parent to discuss the matter at their Integrated Review meeting with the health practitioner.

Occasionally, if they identified a speech and language delay they haven't done anything about it, and left it for our appointment. They've said to the parent -your health visitor will talk to you about that. Personally, I'd like to see the nursery be more proactive and do referrals themselves rather than waiting till the parent comes to our appointment.

Community Nursery Nurse

If concerns arise as a result of using the WellComm Speech and Language Toolkit health practitioners may consider a range of options including:

- recommend activities from the WellComm Speech and Language Toolkit 'Big Book of Ideas'
- signpost the parent to local drop-in group sessions, for example on language enrichment or behaviour management
- wait a few months and review the child again
- refer the child with parent's consent, for example to, Speech and Language, Audiology, Optometrist, or to funded nursery placements for two-year-olds if they are not already attending an early years setting. They may also refer the parent to Citizens Advice Bureau or Language Support where required
- arrange follow-up home visits three to four months after a referral to monitor progress

Example referral

I saw a child three months ago at an Integrated Review. He had great difficulties with his weight and mum was struggling with knowing what to feed him. I gave her some advice. He was also delayed with his speech so I signposted him into a language enrichment group at the local children's centre.

I met with mum this week and she's made amazing progress. She's been engaging with the language enrichment group so his speech and language is improved, and he's now linking up to three words together.

She was very positive. She's become empowered through my discussions with her about portion sizes and healthy eating. She's gone away and made these changes and found them to be really successful. Not just for her child but for her as well because she was having weight problems. She said she was losing weight too, and she's become empowered through these changes for herself.

She still needs on-going support so I've just put in a referral for the HENRY service (child obesity family programme) which gives one-to-one support with parent and child to make changes in eating habits for the whole family not just the child.

Community Nursery Nurse

Communication, training and guidance

Establishing a clear and effective process for communication between health and early years practitioners, and developing a clear understanding of their respective roles and responsibilities were the key improvement areas that health practitioners identified.

I think there are some challenges that need to be overcome before it can be as effective as it could be. There isn't liaison between the nursery and the health visiting team for every child. We are not always given the paperwork that's required. I think the nurseries don't always know what's expected because information doesn't always get to the right people.

Community Nursery Nurse

Practitioners also felt communication between health and early years practitioners could be improved if they knew whether a child due to receive an Integrated Review attended an early years setting, which setting they attended, and if early years settings knew the contact details of their local health visiting team.

It would be good to have a conversation with the nursery before the review to say how they are getting on, and do you have any concerns.

Community Nursery Nurse

I write a postcard for parents to give to their setting but I won't know whether that card reaches the nursery. There is no way of knowing whether that communication has happened.

Community Nursery Nurse

Practitioners also identified a need for further training and guidance on Integrated Reviews. Some health practitioners have recently had local training on the Integrated Review, and whilst training for early years practitioners was offered, few had attended.

We haven't had any direct training. Because I was on the steering group, I was able to develop a really good understanding of what the Integrated Review was and was needed out of it.

Community Nursery Nurse

There isn't really any training about what the Integrated Review should be. Just to understand what is expected from an Integrated Review. What action should be taken if you don't get the progress summary, do you chase the nursery for it? Visit them or have a telephone conversation? I don't think there is any standard around that.

Community Nursery Nurse

Practitioners suggested a need for follow-up training, including:

- practitioner roles and responsibilities, and processes, for making referrals for early intervention and carrying out follow-up actions
- information updates on the Integrated Review, and the required processes
- in-depth information on how the EYFS is used, how children are observed, assessed and graded, and how EYFS progress summaries are produced.

I would love to have better understanding of how the nursery create their progress summaries using the EYFS and every child matters, and how they assess the child would be good. I know it's similar to a lot of the tools we use but it still would be nice to know a little bit more about how they come to an 18-22 months assessment or how they know the child is consolidating in that area or secure in that area.

Community Nursery Nurse

Practitioners interviewed had not attended training on Integrated Reviews but had attended steering group meetings and found them useful for learning about the Integrated Review. However, they felt the steering group's progress on agreed actions was slow, and representation from early years settings was limited.

There are a couple of children's centres that have come in recently but there isn't anyone from nurseries that come.

Community Nursery Nurse

Sometimes it feels the actions from those meetings don't move very far forward.

Community Nursery Nurse

Practitioners suggested the steering group consider reducing the amount of paperwork involved in the Integrated Review.

Look at ways to minimise the amount of paperwork. There's so much paperwork.

Community Nursery Nurse

Building partnership with parents

The Integrated Review meeting can often be the first time the health practitioner has met the parent and child. In these situations health practitioners used their interpersonal skills to build partnership within the first few minutes of the meeting.

It is very much about arriving at the house or clinic and establishing a relationship within the first five minutes or so, and that's all about mannerisms, being respectful, and making sure they feel comfortable and at ease.

Community Nursery Nurse

Health practitioners presented the Integrated Review to parents as a unique review of their child's achievements, and an opportunity to identify how they can be further helped and supported.

I start off the review by saying this is about what your child is doing well, and your child's achievements but this is also your opportunity to ask about anything that maybe is worrying you or concerning you. Often you can see them relax at that point.

Community Nursery Nurse

Having a friendly and positive approach, actively listening and making eye contact were identified as important throughout the meeting but health practitioners found that somewhat difficult with the large amount of paperwork they have to complete.

Since we've had all this paperwork, it is a lot to get through and it can become a shuffling of all these papers, and I don't enjoy that particularly.

Community Nursery Nurse

Involving the child

Practitioners involved the child in the Integrated Review in various ways:

- giving the child some space and time to become familiar with them
- showing an interest in the child and making conversation
- showing them some toys, encouraging them to engage in play, and turn taking
- physically getting down to their level when engaging with them
- involving the parent in the assessment activities with the child
- offering stickers to encourage co-operation

Going into the home is different because they are already in a familiar environment. Lots of the children come to the door and welcome you in, and when you're in their home they want to show you everything. I would spend a few minutes showing an interest in what they are doing or I'll talk about what they are wearing. If they've got Peppa Pig on it I'll talk about that. Then I'll ask them if they want to look in my bag for a bag of toys, and they will get the bricks out, and I encourage them to build a tower, and do turn taking.

I had a child who was shy at the beginning, and didn't want to come anywhere near me but after seeing the toys, she wanted to sit next to me and do everything I had in my bag. It's about giving them the time, and not just going in and saying- I want you to do this for me. Sometimes, if they are really shy I will speak to the parent first and just slowly interact with the child till they've got used to me. It's playing it by ear and seeing what the child is like when you come through the door.

I always get down to the child's level, and keep the parent involved and focussing on their child. The child loves to involve their parents. In all my assessments, I get the parent involved and down to the child's level, and getting the child to give toys to their parents so the child feels relaxed and happy to participate.

Community Nursery Nurse

Practitioners have sometimes found weighing and measuring the child difficult particularly in an unfamiliar clinic environment where the child may be reluctant to cooperate. In these cases practitioners will arrange a home visit.

Practitioners have suggested to the steering group the idea of making and distributing a short story book for parents to read with their child to better prepare them for what will happen at the Integrated Review meeting.

Child in context

Health practitioners have access to records detailing each health visiting contact made with families. Before an Integrated Review meeting, health practitioners access these records to identify family circumstances and any ongoing issues within the family.

When exploring child in context, health practitioners usually started discussion with the parent by checking they had the right details about the family, and this often led to a discussion about any changes in family circumstances such as couple separation and working patterns. Through these discussions, the health practitioner can signpost the parent to relevant local advice and support services.

We ask at the beginning about any changes in circumstances. I always say- we haven't seen you for a while and we're making sure we've got the right information on the child's records, you're mum, and I'll name her. If dad is not there I'll say- where is dad, is he at work. That tends to generate conversation- oh no, dad and me are separated. Then I'll ask- how often does the child see dad, and is contact good. That tends to open up them other kind of issues. If they are separated and mum's had to give up work and financially they are not as good, we've got the children's centres and the services they offer that we can signpost the parents into to get support around finances, benefits, education, counselling, and behaviour management.

Community Nursery Nurse

Sometimes, health practitioners have found it particularly difficult to discuss in-depth the family's circumstances when it is the first time they are meeting the parent.

I do ask about relationships, whether they've got support at home, a good support network, and partner's support. But, it is challenging asking that when it's the first time you've met the family. I think they are less willing to tell you when you've just walked in.

Community Nursery Nurse

Health practitioners relied on the EYFS progress summaries to provide insight and corroborate their own observations of the child. On the whole, health practitioners found them useful to build a wider picture of the child's learning and development.

I love having the progress summary because it's nice to see what the child is doing in nursery. It just helps to build a bigger picture

Community Nursery Nurse

Most of the progress summaries I've had have been brilliant. They've been exactly what I've been seeing. If there's a speech and language delay, they've identified it, and I've identified it.

Community Nursery Nurse

Health practitioners often did not receive an EYFS progress summary and therefore felt unable to build a picture of the whole child. In these situations they relied on their own observations to make judgements during the Integrated Review meeting.

They don't always have the progress summary, and that's where I think there is an issue from my point of view. They'll say- yes they are in nursery. But they haven't given me a progress summary.

Community Nursery Nurse

I don't think it works particularly well if I'm honest, knowing what the child is like in context apart from what we see in the home, and what the parents have filled in. We have to use our judgement to see if the child can do activities while we are there.

Community Nursery Nurse

Health practitioners commented that some EYFS progress summaries were insufficient in terms of the information health practitioners need to assess the child fully and particularly in terms of whether the child has reached developmental milestones.

The progress summary they have isn't always in line with what the health visiting service needs. They don't always highlight what age they are secure at which is what we want to know, are they working at the developmental milestones for their age? Sometimes, it doesn't say their gross motor or fine motor are up to scratch so it's not as useful.

Community Nursery Nurse

Health practitioners had varying experiences of EYFS progress summaries. From some geographical areas, and from some early years settings there was a good return of progress summaries and in others it was poor. The EYFS progress summaries also varied in terms of content, size, and presentation. Some were many pages long and others consisted of few lines. Some had flyer cover pages attached and many did not.

3.3 Early years practitioners' experiences

When talking about the Integrated Review with parents, early years practitioners tended to present it as a universal service which all children have when they are aged between two to two-and-a-half years.

EYFS progress summaries on each child were usually written on a termly basis, and early years practitioners ensured that updated versions were given to the parent in time for their appointment with the health practitioner.

Early years practitioners reported they had no direct contact with the child's health practitioner either before or after the Integrated Review meeting. Therefore, they had no means of knowing whether the EYFS progress summaries had reached the health practitioner.

Stapled to the progress summaries are the flyer cover page with the early years setting's contact details, and a blank postcard for the health practitioner to complete and return. Early years practitioners tended to receive a small number of completed postcards from the health practitioner which contained little information.

The postcards are not very useful we usually get OK. Literally, it just says OK.

Early Years Practitioner

The EYFS progress summaries are written from the child's perspective and are usually written using positive language with a focus on the child's strengths and achievements. Any concerns that the early years practitioner may have are not written into the child's progress summaries, but the age band category ticked would normally reflect whether the early years practitioner has concerns.

We wouldn't put it on the summary. It would be the way the age band boxes are ticked.

Early Years Practitioner

We don't sort of outline it as a negative thing. We perhaps say they need a little support or assistance. It is always there for the health worker to pick up on if they need it.

Early Years Practitioner

Early years practitioners usually speak with the parent personally if they have any concerns about the child, and it is left to the parent to share this information with the health practitioner.

The parent will already be aware of our concerns because the majority of delays we pick up within the first six weeks that the child is with us, and we make parents aware then.

Early Years Practitioner

I would like to think the parent is confident enough to say- actually the nursery has referred him to speech therapy or something like that.

Early Years Practitioner

Early years practitioners rarely knew the child's health practitioner contact details when the child starts attending the early years setting. If they identify concerns in the first few months they usually cannot contact the relevant health practitioner to gather further information.

As soon as we find out these delays, it's hard for us to call the health visitor and say- oh how much contact do you have with this child and have you identified any delays.

Early Years Practitioner

Early years practitioners generally had positive feedback from parents about their Integrated Review meeting with their health practitioner. Sometimes, if parents did not understand fully what the health practitioner had said, they would ask their early years practitioner for further clarification.

They are quite pleased how it went. But, if there is a difference of opinion or perhaps a lack of understanding. For example, technical terms, some parents can come back and ask what does this mean.

Early Years Practitioner

Differences in opinion

Early years practitioners relied on verbal feedback from parents about their Integrated Review meeting with the health practitioner, including differences in opinion. Although early years practitioners had experienced a handful of cases where there was a difference in professional opinion, they had never received a phone call from the health practitioner to discuss the matter further.

We are relying on parents to give feedback, and if there is a difference of opinion with the parent and health visitor we only get certain information. We are key workers and we are here to support the children, and sometimes that's difficult when we are only getting certain information back.

Early Years Practitioner

In cases where the early years practitioner had a concern about the child but the health practitioner did not, the early years setting have acted independently, carried out further observations to confirm concerns, and referred the child for specialist support.

We raised it with mum and said we were going to refer. She was fine about it, and signed the forms and everything. Then the health visitor said- oh he's fine. It kind of made us look a bit stupid, and mum's like- well you've told me this. The health visitor has said he's fine but we've overridden that, and gone ahead and referred the child. We've observed him over time, and obviously the health visitor has only seen him for that short period, and we've observed that he is still not meeting the recommendations.

Early Years Practitioner

However, cases where the health practitioner had a concern but the early years practitioner did not were more difficult to resolve in the absence of direct communication. The nature of the concern may not be communicated clearly to parents, and the postcard may simply say 'see you again in three months'. Early years practitioners viewed these situations as a missed opportunity to set and achieve targets with the child.

The health visitor had just written- see you again in three months. Three months, that's a long time for us. If the child attends every day, we could easily achieve targets set if we knew why or what area, and things like that.

Early Years Practitioner

Such situations can leave both parent and the early years practitioner feeling somewhat confused and anxious. Resolving the issue through the parent may involve waiting a few months till the health practitioner sees the child again.

The mum was very worried that the findings of the health visitor didn't match what the key worker had said. She didn't like the fact that the health visitor was trying to say that he's shy, he's got no confidence, and he's not meeting his age bands but to us, he was.

Early Years Practitioner

I had a child that went back after three months, about a week ago. I put a cover letter in to the health visitor, and suggested if she come into the nursery and see the child in a secure and confident environment, she is more than welcome to.

Early Years Practitioner

Early years practitioners generally felt that the Integrated Review had given them more paper-work and little information in return. They wanted the Integrated Review process to include more detailed and useful feedback from the health practitioner, either written or through a phone call, to enable them to jointly work towards further supporting the child.

As a key worker having to support the children, observe them, spend time with them, and support their development, it would be really beneficial to receive some information back from the health worker. Based on what they've discovered, and what

they've picked up because it might be a slight difference of opinion between myself and the health worker but, that's ultimately where we've got to come together and think of a way to support that child.

Early Years Practitioner

Training and support

The early years practitioners interviewed had not attended any specific training on the Integrated Review but received relevant information, support and guidance from their early years setting manager.

Our manager is very up to date on all of the changes in childcare and policy. We get updated frequently and we do get a lot of information passed onto us through our manager. If we have any questions we do know where to go and who to ask.

Early Years Practitioner

3.4 Parents' experiences

The parents interviewed were not familiar with the term '*Integrated Review*' but recognised it as '*the two-and-a-half year development check*' that was held at their local health centre. One parent did not have the Integrated Review because the child had already had a health review prior to attending their early years setting.

One parent did not recall seeing posters in their early years setting, and another parent did not recall being given a postcard. One parent recalled reading the EYFS progress summary and found the detailed content useful but parents tended not to recall the child's early years practitioner talking through the contents prior to their Integrated Review meeting with the health practitioners.

I'd never seen the progress report until then. The only information I had was a meeting to show what progress she was making, and to look at her journal. I thought the summary was good. With that bit more information from the nursery, it helped the health visitor know what her progress in nursery was like, what she's been doing, and the stage she was at.

Warwickshire Parent 3

Parents were positive about both their child's early years practitioner and their health practitioner.

The key worker has worked really well with her. She's out of nappies and everything, and I put that down to the nursery and how they've brought her on.

Warwickshire Parent 3

It's really good actually because nursery brought him out of his shell a bit, and he's more confident.

Warwickshire Parent 2

The health visitor was a really lovely lady. She didn't force him to do anything he didn't want to do so she was quite understanding in that way.

Warwickshire Parent 2

Parents felt their child was involved in the Integrated Review meeting with the health practitioner.

She was a bit shy. But, when they started talking to her, she was telling them her name, and that she was two and her birthday is in March, and everything. They got loads of things out to see if she could do them, and asked her to go towards these things to see if she could do them.

Warwickshire Parent 3

He didn't want to look her in the eye at first. Eventually he didn't mind playing with her. He was happy to be there and play with all the toys.

Warwickshire Parent 1

Parents found their Integrated Review meeting with the health practitioner to be positive and reassuring.

More peace of mind more than anything. Just to know that she's ok, and she's at the stage where she should be, and she's not behind. I was a bit concerned she may be hyperactive but nursery said she isn't like that, and the health visitor said she wasn't. So, we think it's just attention seeking with me.

Warwickshire Parent 3

For one parent with a child with SEND, the Integrated Review meeting did not provide the reassurance they had hoped for and their concerns about their child having autism remained unchanged. However, their meeting resulted in referrals for further specialist support for their child.

I was worried about autism at the time, and still actually, because he just does his own thing. But she told us it was too soon to tell. I remember my wife was quite upset because she was hoping they'd just say- no he hasn't got autism.

She played with him for a while. She basically said what we already knew, that he was very slow with developing his communication skills. She recommended a speech therapist who came to visit. She also recommended portage, and we've had three visits from them, and they're liaising with nursery. He's getting further help when he goes into the three-year-old group.

A lot of people are willing to help. I'm grateful for all the help. He's improving but it is very slow.

Warwickshire Parent 1

4: Key themes, needs and practice

Regardless of the model adopted, the key overarching theme emerging from the two local authority areas is that effective communication is a fundamental success factor in implementing the Integrated Review, and achieving an effective assessment of the whole child.

Developing effective communication however was a major challenge for the two local authority areas, and their experiences demonstrate that communication can break down in practice for a myriad of reasons.

Although they adopted different models of the Integrated Review, both local authority areas faced the same major obstacle of not being able to share information electronically between early years and health. This is probably due to varied and complex reasons relating local and national governance, policies and protocols around data protection and data sharing, and local IT infrastructure.

In Islington, this obstacle was partly overcome through adopting a joint meeting model where by definition both practitioners are present and therefore can communicate directly. In Warwickshire, this obstacle was more pronounced in part due to the separate meetings model, where the practitioners interviewed had little direct contact with each other, and exchanged written information through the parent.

Developing direct, and effective, communication between practitioners across early years and health appears to be a vital success factor, particularly in the absence of electronic means of sharing information about the child.

Outlined below are the key emerging practitioner needs, and emerging good practice, in relation to developing direct and effective communication between all parties involved in the Integrated Review.

4.1 Communication needs and good practice

Emerging from the case studies in this report is that practitioners have a need to be structurally enabled to communicate directly and effectively, and they have a need to be adequately trained and supported to carry out the Integrated Review, and work together. These needs are outlined below.

To work together and communicate effectively practitioners need to:

- Be structurally enabled to communicate directly with each other regardless of which Integrated Review model is used
- Be encouraged to be proactive in directly contacting each other to develop strong relationships
- Have clarity on the purpose of the Integrated Review, their review model, the processes involved, and both practitioners' roles and responsibilities.
- Have clear written guidance on all aspects of the Integrated Review and particularly around making agreed and appropriate referrals, and carrying out follow-up actions.

- Have good knowledge and understanding of each other's professions, ways of working with the child and family, approaches to observing and assessing the child, and making professional judgements of the child's learning and development, and their needs.
- Have the regular and on-going support, and guidance, of their line managers and peers in relation to carrying out the Integrated Review.
- Be given opportunities to share their experiences of the Integrated Review and learn from each other.

Discussed below is a range of interrelated good practices that could enable and support practitioners, and parents, to communicate directly and effectively.

Named link health practitioner

In both local authority areas, their models worked best when practitioners could directly contact each other, and had developed a relationship with each other.

Health practitioners in Islington indicated that allocating a named link health practitioner to each of their early years setting, has enabled and encouraged practitioners to become more proactive in contacting each other. As a result they had developed a stronger relationship.

Practitioners in Warwickshire indicated that allocating a named link health practitioner to each early years setting would be valuable in enabling them to make direct contact with each other to:

- identify children attending the early years setting who are due to receive an Integrated Review
- discuss any concerns they may have about a child
- make agreed decisions around referrals and follow-up actions

Clear and very detailed written guidance

In Warwickshire, practitioners indicated a need for clearer and more detailed practice guidance on the Integrated Review. More specifically around sharing their concerns about the child, resolving any differences in opinion, making appropriate referrals and follow up arrangements.

In Islington, practitioners indicated they had benefited from the modifications made to written guidance to achieve clarity on processes, practitioner roles and responsibilities, and achieve a smoother process of linking together the three different perspectives within the joint meeting.

Clear and very detailed written practice guidance can enable effective communication between practitioners through providing a shared framework for understanding and carrying out the Integrated Review.

Written guidance needs to include clarity on:

- the purpose of the Integrated Review
- the Integrated Review model, the stages, and processes involved
- practitioner roles and responsibilities
- working with the parent

- sharing concerns about the child
- agreeing and making appropriate referrals
- carrying out follow-up actions

A range of joint, and separate, training and support

Emerging from both local authority areas is that practitioners need to be offered a range of training and support including:

Joint opportunities for practitioners' to build their knowledge, confidence, and skills. Topics areas may include: recognising areas for concern in very young children; raising concerns with parents; exploring child in context; asking parents sensitive questions, and making referrals to the most appropriate agency.

Joint opportunities to build understanding of each other's disciplines. Topic areas may include similarities and differences in approaches to: child development, making observations of the child, and assessing the child's progress and development.

Joint opportunities to share practitioner experiences of carrying out the Integrated Review, and learn from each other.

Separate staff team sessions to further clarify the Integrated Review processes, and practitioner roles and responsibilities. Practitioners in both Islington and Warwickshire valued the direct support and guidance of their line-managers.

Support and guidance from peers experienced in delivering the Integrated Review was also valued by practitioners including being talked through relevant tools and materials, and being able to observe an experienced peer carry out the Integrated Review.

Specific training and support in specific areas

In Islington, health practitioners indicated a need for early years practitioners to have more specific training and support around handling and sharing sensitive information about the child's family. Health practitioners indicated this may help them to communicate more effectively with each other when discussing concerns about the family, and assessing the child in context.

Health practitioners in both Islington and Warwickshire experienced difficulties in interpreting EYFS progress summaries written for the purpose of the Integrated Review. They were usually written using positive language to highlight the child's strengths and achievements which health practitioners tended to find difficult to interpret.

In addition, there may appear to be a discrepancy in some EYFS progress summaries between the written description and the age band allocated. In Islington, such discrepancies were identified when managers conducted quality assurance and moderation exercises with a random sample of progress summaries. In Warwickshire, early years practitioners indicated they only reflected their concerns when allocating the child into an age-band category, and omitted writing down any concerns. In instances where EYFS progress summaries are written in this way they might mask any concerns early years

The Integrated Review: follow up report on practice in two local authority areas

practitioners may have about the child. Encouraging early years practitioners to more clearly outline their concerns about the child in their written description could assist managers to more accurately moderate age band categorisation.

In Islington and Warwickshire, health practitioners indicated a need to understand in more detail the processes involved in writing EYFS progress summaries. In particular, how early years practitioners carry out their observations of the child's development and learning, how they assess the child, and allocate the child into the relevant age-band. Improving health practitioners' understanding of these processes may help them in interpreting progress summaries.

A shared medium for recording information

As demonstrated in Islington through their Integrated Review form, having a shared medium for structuring the Integrated Review meeting, and recording information relating to the perspectives of both practitioners and the parent, can help to ensure that all three parties are fully aware each other's assessment of the child. If collated and analysed, a shared medium such as Islington's Integrated Review form can also be used by managers to monitor and evaluate the review model and processes.

Managers in Warwickshire used a data sheet for the purpose of monitoring and evaluation which was completed by the health practitioner but was not designed to be routinely shared with the early years practitioner or with the parent.

Working groups

In working groups with responsibility for overseeing the Integrated Review in local authority areas, it can be very useful to have a relevant mix of strategic level managers, senior team managers, and a range of experienced practitioners from both early years and health visiting. This mix can ensure that a relevant range of perspectives are considered when examining communication issues and identifying ways forward.

Islington found it useful to separate the strategic management of the Integrated Review which was the main responsibility of their strategic group, and the management of the Integrated Review at a practice level which was the responsibility of their operational group. A communication link between the two groups was achieved by two operational leads for health and early years also attending the strategic group meetings.

Frequent communication between lead persons

Frequent communication between lead persons for the Integrated Review representing health visiting and early years can enable any difficulties practitioners experience to be identified and addressed.

Islington has shown this approach can be effective not only in managers identifying and directly resolving communication issues between practitioners, but also as a way for management to identify and respond to any arising need for further practitioner training, written guidance and support.

Close monitoring and regular feedback

Both Islington and Warwickshire monitored closely the implementation of their Integrated Review models, particularly during the pilot phase. Islington also gathered the views and experiences of practitioners and parents using feedback forms completed after each Integrated Review meeting. This enabled Islington to identify areas where communication needed to improve, and led to clearer guidance and improved processes.

Building partnership with parents

Practitioners in Islington and Warwickshire built partnership with parents before the review, during the Integrated Review itself, and sometimes after the review.

Key practices involved in building partnership with parents included:

- Presenting the Integrated Review as a unique opportunity, or a universal service for all children aged two years old, to identify their child's strengths, achievements, and identify how their child can be further supported.
- Informing them about the Integrated Review meeting, what materials they needed to take with them, and what to expect at the meeting.
- Discussing any concerns or questions parents may have prior to the review.
- Preparing parents to expect that information will be shared during the Integrated Review
- Preparing practitioners for discussion of child in context through guidance on who leads the discussion with the parent, and clear process for sharing concerns between practitioners prior to the Integrated Review meeting.
- Giving parents options, before a joint Integrated Review meeting, for how sensitive information will be discussed during the review. Asking them specifically whether they want one or both practitioners to be present, and whether or not they want their child to present during that part of the review.
- Reassuring parents worried about discussing sensitive information that the purpose of the discussion is focused on identifying and responding to the child's need for further support.
- Reassuring parents worried about ASQ-3™ scores that this is but a small part of the Integrated Review considered alongside their views as parents, and both practitioners' observations of the child.
- Involving and supporting the parent to work towards achieving set targets for the child in the home environment whilst early years practitioners focus on achieving the same targets within the early years setting.
- Making enquiries to check on the status of any referrals made to agencies, and keeping parents informed.

Parents' experiences of the Integrated Review

Regular feedback from parents about their experiences of the Integrated Review can be useful in reviewing how the Integrated Review is working in practice. In Islington, parent comments on feedback forms, combined with feedback forms from practitioners, alerted them to the issue of their Integrated Review meeting taking too much time to complete, and the need for practitioners to have clearer guidance in terms of who should lead the meeting.

Parents from both Islington and Warwickshire generally reported positive experiences of their Integrated Review meeting. For some working parents the timing and length of the Integrated Review was an issue in terms of arranging time off work.

Parents generally felt involved in their Integrated Review meeting, felt reassured and supported as parents, and also felt their child was involved. Emerging good practice in involving the child has been outlined earlier in this report in *sections 2.4 and 3.2*. During the Integrated Review meeting, parents felt able to:

- ask questions
- confirm their child's strengths and achievements
- discuss any concerns about their child's development, and get advice
- make arrangements for appropriate support and referrals

For some parents, the Integrated Review meeting prompted them to attend to certain issues they may not have prioritised including tackling any sleeping problems, registering their child with a dentist and checking their child's immunisations were up to date.

Moving forward

Islington and Warwickshire designed and implemented their models through trial and error, detailed discussion and planning, monitoring and review, and making changes along the way, and they indicated their models would continue to evolve in the changing policy context.

In the absence of reliable evidence of impact, in terms of early intervention, school readiness and outcomes for the child, some concerns were expressed about the effectiveness and particularly cost-effectiveness of the Integrated Review. These concerns included individual practitioners reporting relatively few referrals resulting from the Integrated Review and concerns that the Integrated Review was not assessing the child at an early enough age to have significant impact on their school readiness. Concerns were also expressed about limited capacity in local health visiting teams and PVI early years settings and the longer-term sustainability of delivering the Integrated Review to all children aged 2-2½ in the local authority area, and whether a more targeted approach could be a more effective and less costly option moving forward.

Moving forward, Islington have decided to prioritise children aged 2-2½ who have a government funded place in early years settings. They have also decided to address gaps in their local evidence of impact, and focus on developing the quality of their Integrated Reviews.