

Integrated Review at 2 Years

Nottingham City Guidance for Health and Early Years Providers.



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1. Introduction

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

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

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

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

2. Definitions

- **Parents:** For the purposes of these materials, 'parents' are defined as all parents, carers and family members who may be involved in the care of young children.
- **Early Years Foundation Stage (EYFS):** sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the **EYFS**, including childminders, preschools, nurseries and school reception classes.
- **Early Years Practitioners:** childminders, nursery nurses in day nurseries and pre-school playgroups, nursery managers and leaders, Early Years Teachers.
- **Early Years and Childcare settings:** day nurseries, pre-school playgroups, childminders
- **Health Visiting Teams:** Health Visitors and Community Nursery Nurses.
- **Ages and Stages Questionnaires (ASQ):** an outcome measure of child development at age 2 – 2½ years used by the Health Visiting service.
- **Healthy Child Programme:** The HCP is a public health **programme** for **children**, young people and families, which focus on early intervention and prevention. It offers a **programme** of screening tests, immunisations, developmental reviews, information and guidance on parenting and **healthy** choices.
- **CAF:** Common Assessment Framework
- **TAC:** Team Around the Child

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3. Evidence Base

The policy context: key documents

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

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

The six high-impact areas for health visiting:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf

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

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

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

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

Early Years Foundation Stage Progress Check at Two: A Know How Guide:

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

The Integrated Review (Bringing together health and early education reviews at two to two-and-a-half) NCB:

http://www.ncb.org.uk/media/1201160/ncb_integrated_review_supporting_materials_for_practitioners_march_2015.pdf

4. Scope

The integrated 2 year review requires joint working between Health and Early Years Providers.

This guidance is aimed at all Nottingham City Health Visiting staff, Nottingham City Early Years and Childcare practitioners and their relevant support services and managers.

5. Purpose of the Integrated Review

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

The purpose of the review is to:

Identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour.

Facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected. Generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

DH and DfE joint Integrated Review Development Group (January 2012)

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

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

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

The Healthy Child Programme is the universal public health programme for all children and families. It consists of a schedule of reviews, immunisations, health promotion, parenting support and screening tests that promote and protect the health and wellbeing of children from pregnancy through to adulthood.

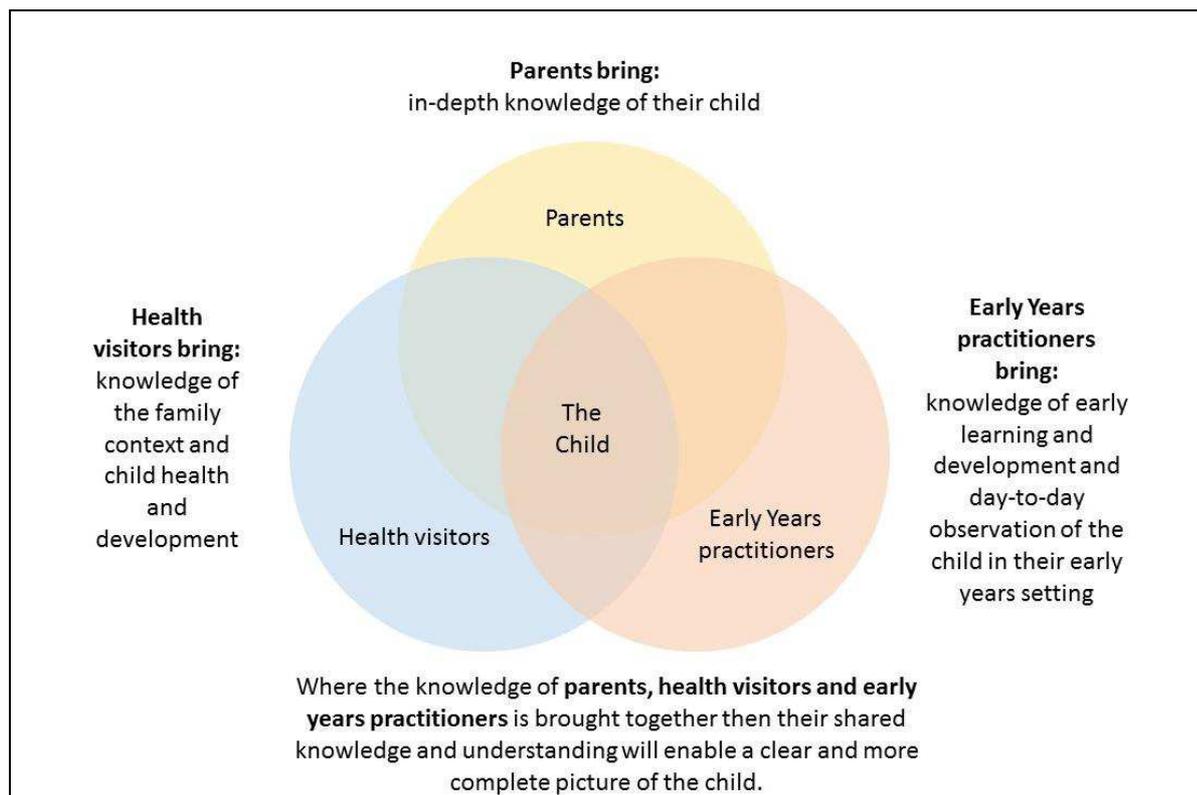
The health, wellbeing and development of the child at age two has been identified as one of the six high impact areas where the health visiting service can have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

The Healthy Child Programme Review at age two to two-and-a-half is a health focused review incorporating a review of child development, including social and emotional wellbeing.

The Early Years Foundation Stage (EYFS) progress check at age two

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

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



Model developed from NCB Parents, Early Years and Learning materials at:

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

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6. Associated resources/equipment

Health:

- ASQ
- ASQ toolkit (if child has limited access to toys)
- Parent Held Child Record (Red Book)

Education:

- Nottingham City Council Progress Check at 2 document (see appendix 1)
or;
- Early Years Providers own Progress Check at 2 document

7. Responsibilities

Chief Executive and Board (City Care)

The Chief Executive and the Board has overall accountability and responsibility for the strategic and operational management of Nottingham CityCare Partnership.

Senior Management Team (Health and Local Authority)

The Senior Management Team is responsible for ensuring that Directorates and Services engage and comply with the Integrated Review at 2 years Guidance and associated procedures

Heads of Services and Managers (Health and Early Years provision)

Heads of Services and Managers are responsible for ensuring that all staff have access to and are made aware of the Integrated Review at 2 years Guidance and associated procedures

They are responsible for ensuring that practitioners follow this guidance and attend appropriate training for their role if identified.

They are also responsible for ensuring that there is a robust monitoring system in place identifying the completion of associated records, communication with partner organisations and any subsequent follow-up actions

All Nottingham CityCare Children, Young Peoples and Families Service Employees

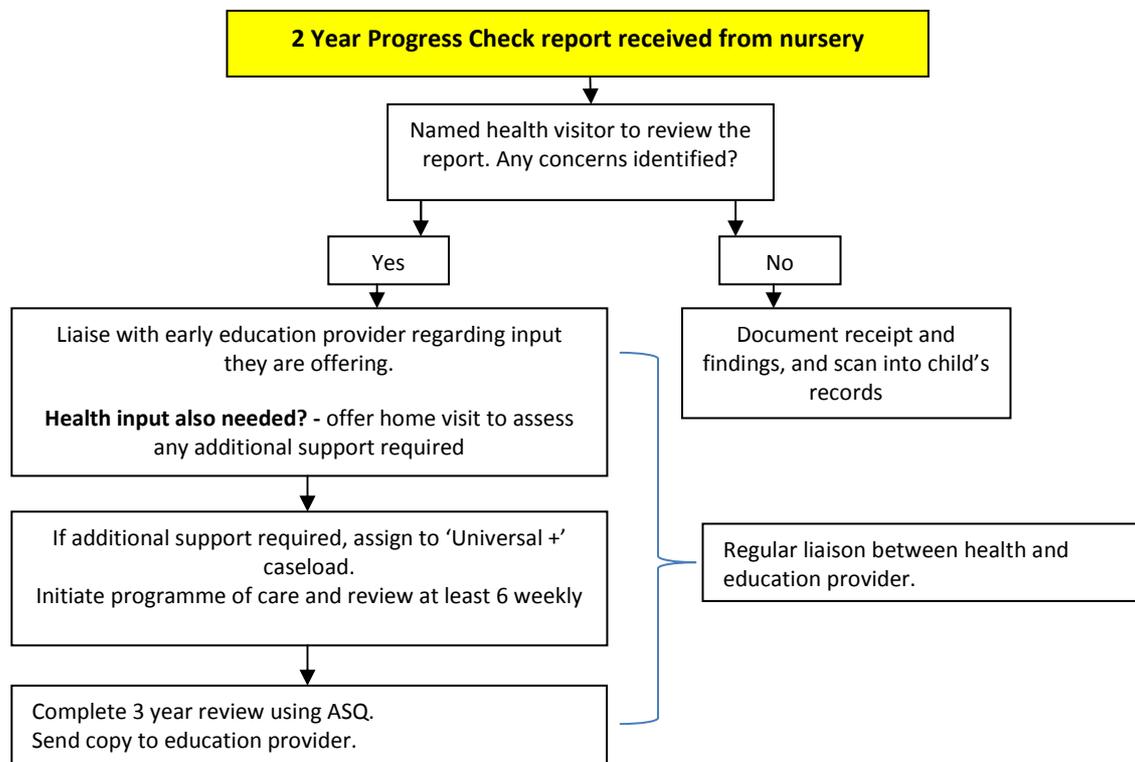
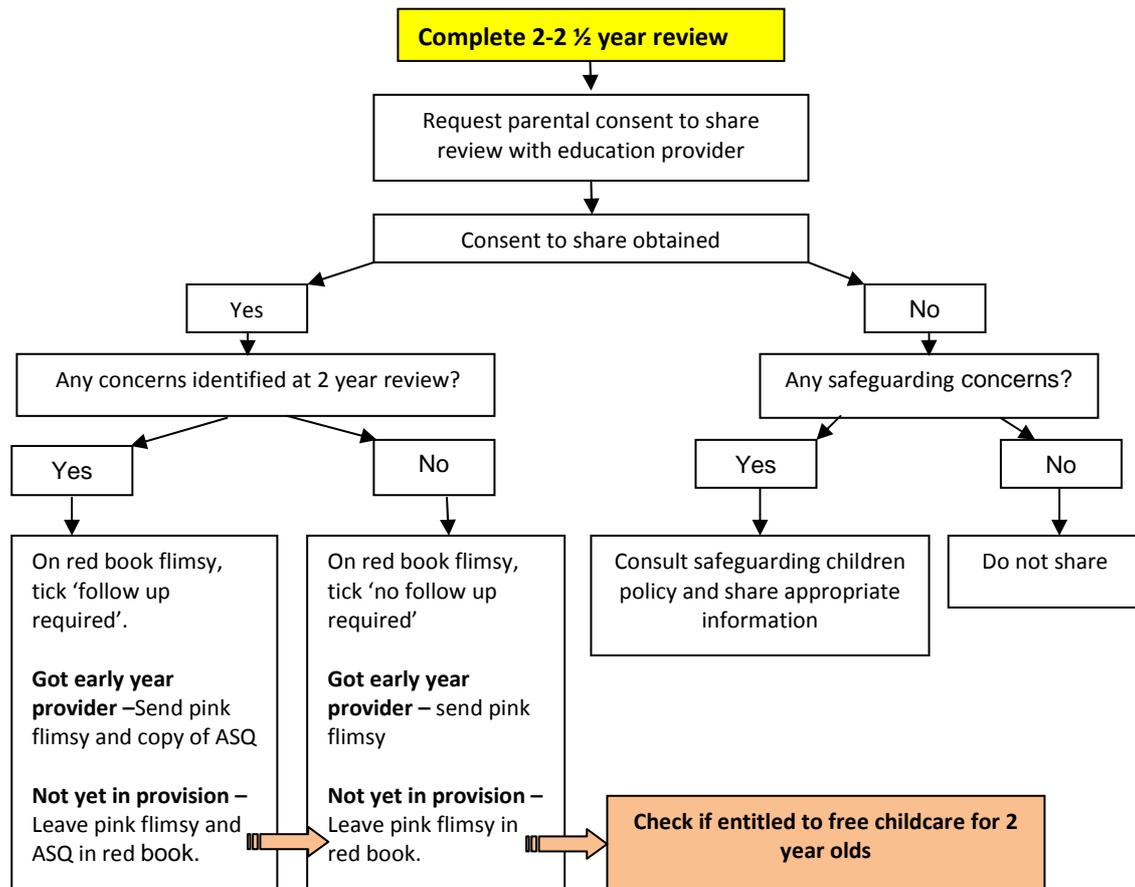
All practitioners are responsible for ensuring they read and comply with the Integrated Review at 2 years Guidance and associated procedures as part of their normal duties. All practitioners should ensure that they are adequately supported and that their practice follows a consistent process identified in this procedure when they are involved in the Integrated Review at 2 years with children and families access their service.

Administrative Staff

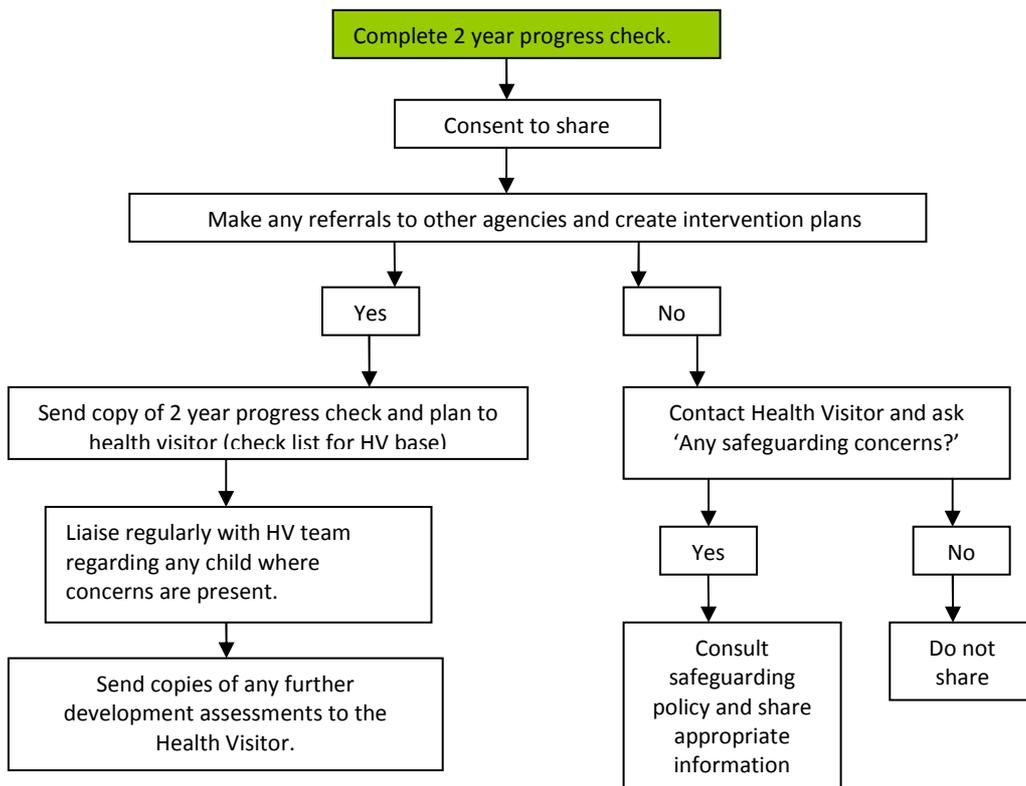
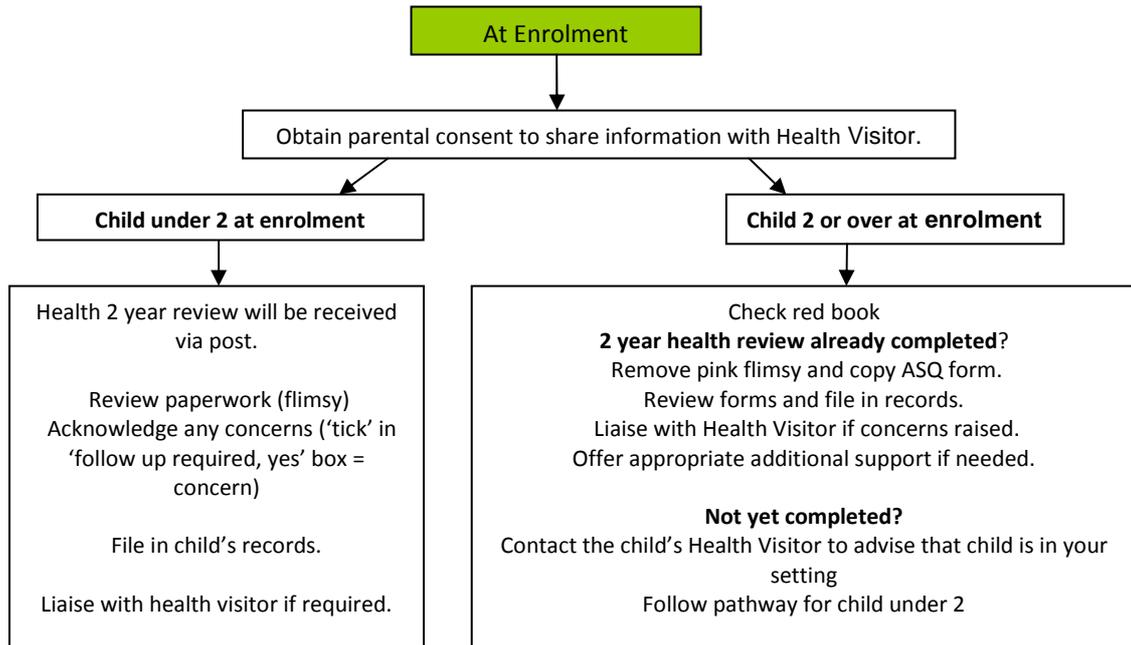
Administrative staff provides support in the administration of the processes associated with this guidance.

8. Procedure

8.1 Integrated 2 year review: FLOW CHART FOR HEALTH



8.2 Integrated 2 year review: FLOW CHART FOR EDUCATION



8.3 Additional guidance - Health and Education procedures

Health

2 year review to be completed following Local Guidance and the National Healthy Child Programme: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

Complete 2 year review at as close to 2 years old as possible to prevent both Health and Education reviews being completed at the same time.

Follow the Pathway on page 8

If the child is not in childcare provision, check eligibility for a funded childcare place (Free childcare for 2 year olds) with the parents: by contacting the **Families Information Service** – www.nottinghamcity.gov.uk/fis
Tel: 0800 458 4114

A summary of the review should be written on the 2 year page of the red book. If a concern is identified that requires a follow up contact (including telephone follow ups and referrals to other services), the *'follow up required 'YES' box'* should be clearly ticked. If your assessment of the child finds normal development and no concerns, tick the *'follow up required; NO' box*.

If the child does not have a red book available when review completed:

- Document this within the electronic health record, and document if consent to share was obtained
- If the Child is in childcare provision, contact the provider and inform of outcome of review (with parental consent only)
- If not yet in childcare provision, await nursery provider to contact Health Visiting team for information. Share information if parental consent was obtained at the time

Concerns/additional health needs identified – implement programme of care as required and consider if child would benefit from CAF/TAC/Priority Families and complete referral and liaison to other appropriate support agencies.

Education/ Childcare Provider

2 Year Progress Check to be completed following Early Years Foundation Stage Guidance and Local Guidance.

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

Complete the child's 2 year Progress Check as close to 2 ½ years old as possible (so not completed at same time as Health Review)

Whilst the EYFS framework does not prescribe a standardised Progress Check format, we recommend the use of the Nottingham City Council standardised paperwork 'Progress Check at age 2' as this has been constructed in partnership with local early years managers and is recognised and understood by Health Visiting teams in the city.

<http://www.nottinghamcity.gov.uk/earlyyears/index.aspx?articleid=27903>

If the child starts childcare provision after their Health check at 2 years - it is the childcare providers responsibility to contact the Health Visitor to advise and request a copy of the Health Assessment/ 'flimsy'.

9. Supporting Children with ongoing needs: making a real difference

It is a joint requirement of the childcare provider and Health Visiting team to develop and maintain regular communication regarding any child where additional needs are identified. This communication will enable both providers to work in partnership and share strategies regarding how best to support and promote the development of the child. The parent should be fully involved in discussions and strategies, and communication should be coordinated, productive and relevant to meet the needs of the child.

For some children, the interventions will be time limited as their additional need may be resolved quickly. For other children the interventions will be ongoing. In both cases Early Years settings will continue to carry out assessments on all children on a termly basis and act on any concerns accordingly; health will re-review at the end of an intervention, and again at 3 years (because this provides a targeted 3 year assessment of children where some level of concern regarding progress has been identified previously).

Some children will have high level/complex needs that will also require Health and Education to involve wider services to contribute to partnership working. With parental consent, these services should be involved at the earliest opportunity.

One of the aims of the integrated review is to harness and maximise the strengths, knowledge and expertise of all the people involved:

- The parent is primary carer and will, in most cases know the child better than anyone else involved.
- The childcare practitioner can provide ongoing support and assessment of the child and regular intervention when the child is in the setting.
- The health visitor can see the child in the home setting (relaxed, behaviour can be very different, can work direct with the parents etc.).
- Referrals to other specialists should be made by whichever provider identifies the need for it.

10. Building and Maintaining Partnerships (before and beyond 2 yrs).

Whilst this guidance is specifically focused on the integrated 2 year review, building and maintaining relationships and partnership working should not be limited to this process, or just to 2 year old children. One of the aims of Nottingham City adopting this process is to facilitate and improve the communication channels between Health Visiting services and childcare providers. Therefore it is expected that if a childcare provider or health visiting staff member identify concerns regarding the physical, social or emotional, speech and language development or wellbeing of a child under their care, they should gain parental consent to liaise with their partner agency, and initiate this communication process at the earliest opportunity.

If a safeguarding concern for the child overrides the need for consent, consult local safeguarding procedures regarding the sharing of this info without consent (see point 11).

11. Interaction with Other Policies and Procedures

Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures. Here you will find the NCSCB Safeguarding Children Procedures and Practice Guidance documents. These documents are regularly reviewed and updated:

<http://www.nottinghamcity.gov.uk/article/23729/Safeguarding-Children-Procedures-and-Practice-Guidance-Documents>

12. Equality & Diversity Statement

Nottingham CityCare Partnership and Nottingham City Council will not tolerate the less favourable treatment of anyone on the grounds of their age, disability, gender, marital status, being pregnant or on maternity leave, race/ethnicity, religion or belief, sexual orientation, responsibility for dependents, trade union or political activities, or any other reason which cannot be shown to be justified (Equality and Diversity Policy 2015 section 16).

13. Monitoring and Review

This document Policy will be reviewed every 3 years or where changes are required.

Method And Frequency	Evidence Source	Responsible Officer/Group for Monitoring the use of this procedure
CityCare Annual Record Keeping Audit	The annual Record Keeping Audit will enable the reviewer to check the level of accuracy of record keeping of child health documentation.	Health Records Group
Sys 1 Activity codes	The use of activity codes in sys 1 will enable the capture of data, both of reviews received from education, and those sent by health.	Locality manager and data analysts.
CityCare Management Supervision	<ul style="list-style-type: none"> 6 months post implementation managers will be requested to monitor the compliance of this procedure by discussing its contents at management supervision to establish whether staff are aware of the appropriate actions in the 	Locality and Children's Services Team Managers

	integrated 2 year review process	
Implementation group	<ul style="list-style-type: none"> An implementation group will be held every 6 months following implementation of the policy to review compliance across health and education, and improve engagement in compliance with this guidance, until the integrated 2 year review process is widely embedded in practice. 	Implementation group, which consists of integrated 2 year review champions from every CityCare HV team, and many child care providers, as well as managers from both services.
Incident reporting	<ul style="list-style-type: none"> Any incidents regarding non-compliance with this procedure and incidents occurring in relation to the procedure will be reviewed and investigated as they occur. 	Service Heads, Locality Managers and Children's Services Team Managers
Childcare Providers and OFSTED	<ul style="list-style-type: none"> Evidence of working in partnership with other agencies during OFSTED inspections. 	Nursery managers and OFSTED
Review of Procedure	<ul style="list-style-type: none"> The Procedure will be reviewed every 3 years or earlier if the need is identified 	Locality Manager and Children's Services Team Managers

14. Further Guidance

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact:

Health: Jo Brazener Email Joanna.Brazener@nottinghamcitycare.nhs.uk

Education: Catherine Smith Email catherine.smith@nottinghamcity.gov.uk

15. Version History

All published versions should be recorded here. For the current document the draft versions should also be completed.

CONTROL RECORD			
Purpose	To provide Health and education providers in Nottingham City with a joined up, and clear pathway for communicating about the health and development of children aged 2 years, and improve communication and joint working to improve school readiness, and long term outcomes for children in the City.		
Audience	Health Visiting Service Staff, and Early Years providers, including nurseries, schools and child minders.		
Version	1.0	Version Date	12.7.16
Issue		Issue Date	
Status	Ratified	Review Date	12.7.19
Author	Jo Brazener (Nottingham CityCare) and Catherine Smith (Nottingham City Council)		
Development group	Integrated 2 year review champions group		
Superseded Documents	NA		
Approved by		Date	
Ratified by		Date	
Distribution to			

Version	Date	Status	Comment

16. Change Control Record

This should be completed for changes made to this version/issue of the policy. Previous versions changes can be removed

Date	Version	Section	Changes made

17. Appendix 1 - Nottingham City Council

Progress Check at 2 document

17 Children and Adults – Early Years Team

Progress Check at age 2

Name of setting:

Child's name:

Child's date of birth:

Age:

Length of time child has been attending the setting:
setting:

Date started:

No. of hours per week in

Attendance (good/periods of absence):

Other settings attended:

EAL / ISG / Premature Birth / CAF / Working with agencies (add details)

Date of summary:

My Family have noticed I am interested in:

How I like to learn (characteristics of effective learning)

Personal, Social & Emotional Development

Self-confidence & Self-awareness			Managing Feelings & Behaviour			Making Relationships		
Birth- 11 Months	8-20 Months	16-26 Months	Birth- 11 Months	8-20 Months	16-26 Months	Birth- 11 Months	8-20 Months	16-26 Months
22-36 months	30-50 Months	40 – 60+ Months	22-36 months	30-50 Months	40 – 60+ Months	22-36 months	30-50 Months	40 – 60+ Months

Communication & Language

Listening & Attention	Understanding	Speaking
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<p>Next steps to support learning and development:</p> <p>What you may like to do at home:</p>
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<p>The child's voice (I like....I am good at...)</p>

<p>Parent (s) comments</p>

<ul style="list-style-type: none">• I confirm that I have received a copy of this document.• I have given my consent for the setting to send this form to my child's Health Visitor.• I understand that this information is confidential; this means that it will be stored securely. I understand that my child's key person may need to speak to other professionals or agencies in order to meet the needs of my child. I am happy for this to happen.
<p>Parent's signature Print name Date</p>

<p>Key person's signature Print name Date</p>
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Moderator's signature

Print name

Date