

**Governance & Accountability Guidelines for the
Integrated 27 Month Development Reviews**

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Version	6.0
Version Date	October 2021
Implementation Date	October 2021
Review Date	October 2024
Review Body	Children's Community Governance Committee
File Reference	

Version Control

Version number	Date	Author (<i>Job title</i>)	Reason	Ratification required?
5.0	January 2017	Elizabeth Begley Senior Nurse, Health Visiting & Early Years	Revised policy	Yes
6.0	October 2021	Christeen Bartlett Senior Nurse, Health Visiting & Early Years	Revised policy No changes to the guidance which remains relevant to current delivery model	Yes

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1. Summary

These guidelines outline the governance and accountability arrangements for ensuring a successful multi-agency response to undertaking the Healthy Child Programme (HCP) review at two to two and a half (DOH,2009) which in Hackney is known as the 27 Month Review.

The 2-2.5 yr. review will now incorporate the Ages and Stages Questionnaire (ASQ-3) and from September 2015 local authorities, health visiting services and early year's providers are expected to bring together the health and early education reviews at age 2-2.5.¹

With so many health and early years practitioners involved in undertaking an Integrated 27 month review it is therefore essential that everybody is aware of their own areas of responsibility and those of others. This includes how the roles and responsibilities interact and overlap, the skills and knowledge they require to do the job and the limits to their competence.

2. Introduction

The first 5 years of life are critical in relation to child development. Prevention, early detection and early intervention are crucial in ensuring the best outcomes for children. The HCP recognizes the value of an effective partnership between health professionals, parents, and early years registered providers (including child minders) and other specialist services such as: paediatric therapy services, community and hospital based paediatrics, child psychology, speech and language therapy and dietetics.

All early years practitioners will need to work together under agreed partnership arrangements with the Homerton health visiting service to ensure that the 27 Month Integrated Reviews are offered to parents of Hackney resident children in formal daycare settings and undertaken in an effective and timely manner. Any concerns raised must be promptly dealt with according to agreed processes and local referral pathways.

The purpose of the Integrated 27 Month Reviews is to:

- Identify the child's progress, strengths and need at this age in order to promote positive outcomes in health, wellbeing learning and behaviour
- Facilitate appropriate intervention and support for children and 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 children's outcomes

3. Scope

This guidance is designed to support all practitioners who undertake the Integrated 27 Month Reviews this includes and applies to all employees of the Homerton Hospital University Foundation Trust in all locations as well as Early Years Foundation Stage registered providers, working within and funded by the London Borough of Hackney (Hackney Learning Trust)

¹ The Integrated Review, NCB. 2015

4. Roles and Responsibilities

Health Visitors as the lead professionals for the delivery of the HCP 2-2.5 year review (27 Month Review), including the Ages and Stages Questionnaire -3, will ensure that the 27 Month Integrated Reviews are carried out in accordance with the Homerton University Hospital NHS Foundation Trust (HUHFT), 27 Month Review Local Guidelines, (see Happy, Healthy and ready to Learn toolkit and the Healthy Child Programme-the two year review 2009 guidance)

All Hackney Early Years registered settings are responsible for completing the EYFS *Progress Check at two* on the recommended Hackney 'My Portrait at Two' format according to the EYFS statutory framework. In accordance with local guidelines, they should integrate the *EYFS Progress Check at Two assessment* with the 27 Month Health Review and to complete the review as one holistic assessment (The Integrated 27 Month Review)

5. Childminders

All registered childminders (as registered Early Years providers) are responsible for completing the *EYFS Progress Check at two* on the recommended Hackney 'My Portrait at Two' format according to the EYFS statutory framework and local guidelines. Where it may not be possible to offer a fully integrated review meeting, integration can be achieved via information sharing using the *My Portrait at Two* to inform the 27 Month Health review. The fully completed My Portrait at Two must be attached to the parent - held Red Book (PCHR).

It is essential that the childminder, the Health Visiting Team Coordinator (who will act as the Link Health Professional for the Childminder Network Coordinator) are in communication to ensure a partnership approach to meeting children's needs. All the My Portrait at Two's completed by Childminders must clearly state the name and email contact for the Childminder, the parent and the Network Coordinator.

6. Accountability Responsibility and Delegation

Registered professionals are regulated within statute and are accountable to their regulatory body, i.e. Nursing and Midwifery Council (NMC) for nurses, midwives and health visitors and, Health professions Council (HPC) for allied health professionals.

Although Early Years practitioners, Community Nursery Nurses (CNN) and Health Care Support workers (HCSW) are not currently regulated by statute they are accountable for their action.

Every registered health profession has a code of professional conduct and an agreed body of knowledge, defined by specified competences and assessment frameworks.

Nursing and Midwifery Council Code (2015)

- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.

- Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and
- Confirm that the outcome of any task you have delegated to someone else meets the required standard.

7. Conducting Integrated 27 Month Reviews-‘Vulnerable Children’

For the purpose of the Integrated 27 month reviews, vulnerable children are defined as:

- Children who have any identified child protection needs (looked after children, children with a child protection plan and children in need (Child in Need Plan).
- Children with developmental delay or identified medical conditions who are already receiving interventions from other health professionals e.g. Paediatricians
- Children with an Education, Health and Care Plan

For all children who are identified as being ‘vulnerable’, the Link Health Professional for the setting will organise for the review to be carried out by the child’s named **Health Visitor** in partnership with the setting. Where the child is not in a setting and has a portage worker, the portage worker, in partnership with the named health visitor can plan to carry out an integrated review.

8. Exceptions-Children residing out of the Borough of Hackney

The Health Visitor has responsibility for the resident population and not those who reside out of Borough; therefore it is not currently possible to offer a fully integrated review to the children who reside out of borough. These children should benefit from having a full ‘My Portrait at two’ completed as close to two years of age as possible. The completed document should be attached to the PCHR ready for the parent to share at the Two-year review in their residing borough. Where there are concerns about the child’s health/development the setting can contact the child’s out of Borough Health Visitor (with parents’ permission) and share concerns with them. N.B SEN code of practice should be adhered to.²

In the case of children arriving at the setting who have already had the 27 Month Health Review out of Borough, the setting is responsible for checking the PCHR for evidence of attendance at the Two-Year review. An integrated review cannot be offered in this circumstance; however, the Early Years provider is still responsible for completing the My Portrait at Two (Progress Check at Two).

9. Exceptions-Children who arrive at the setting having already had a Progress Check at Two but not a 27 Month Review

The setting would inform their Link Health Professional in respect of the above situation and the appropriate HCP review would be offered.

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Special educational needs and disability code of practice: 0 to 25 years, DFE and D of H, 2014

10. Competencies for undertaking the review

Competencies are the knowledge, skills, behaviour and characteristics required to carry out an activity (or combination of activities). An effective, competent and confident workforce, capable of delivering the HCP, is required to carry out the 27 Month Integrated Reviews. With this in mind Hackney Learning Trust and Homerton University Hospital have committed to providing a range of high-quality joint training opportunities, including conferences, professional web-based resources, opportunities to simulate/role play integrated reviews and network meetings in children's Centre clusters.

Please refer to the ASQ Induction training including the ASQ Competency Based Training programme, the ASQ on Line training <http://www.e-lfh.org.uk/programmes/ages-and-stages-questionnaires/open-access-session/> and the HCP Child Development Modules and for Health Visitors the Institute of Health Visiting Website.

Community Nursery Nurses as part of the skill mixed Health Visiting Team must:

- **Be trained** (training can include online training using the HCP child development modules and ASQ modules as well as CPD programmes run within the service)
- **Be assessed and observed** before individually participating in the reviews
- **Ensure that they maintain and update their competence** through training and attendance at relevant meetings

All Early Years practitioners completing the Progress Check at *Two's* and Integrated Reviews must be competent to do so in accordance with EYFS Statutory Framework, 2014. The framework stipulates the following as being within the remit of the Key Person Role:

3.27. Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs (in accordance with paragraph 1.10), to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents (p. 21)

All Practitioners should recognise that developing and maintaining their competence requires regular opportunities to apply knowledge, share experience, practice skills, review competence and identify training needs.

Both health visiting team members and early years practitioners involved in undertaking the integrated reviews must be able to demonstrate a basic level of competence in the six areas of the Common Core of Skills and Knowledge for the Children's workforce:

- Effective communication and engagement with children, young people and families
- Child and young person development
- Safeguarding and promoting the welfare of the child or young person
- Supporting transitions

- Multi-agency and integrated working
- Information sharing

*The Common Core of Skills and Knowledge for the Children's workforce,
Development Council 2010³ supported by DFES.*

The competencies required for the delivery of specific aspects of the HCP should relate to the achievement of health outcomes identified in the City and Hackney health and wellbeing profile, 2014

In order to build effective and sensitive relationships with the parents; all early years practitioners working with this client group are therefore expected to demonstrate compliance with the:

National Occupational Standards for Work with Parents (Lifelong Learning UK, 2011). Health practitioners can work towards the 13 standards. (See appendix 1)

Both the Health Visitor and the Early Years team are responsible for ensuring that all families receive a level of service and support relevant to their needs (see Toolkit Document 17, Hackney Wellbeing Framework)

It is important to note that:

- The Health Visitor is responsible for ensuring that the criteria for delegation e.g. to the Community Nursery Nurses are met (⁴Follow NMC Delegation guidelines).
- The Health Visitor would be accountable if delegation was inappropriate, a less skilled practitioner should be supervised, and guidance given by a more competent practitioner. As a Health Visitor is the HCP lead, it is expected that the Health Visitor will support and Early Years settings and Children's Centre staff to acquire the competencies needed to support delivery of the HCP).

Enhanced levels of competence are required where additional skills are needed to explore sensitive issues or establish and respond to varying levels of vulnerability, complexity and risk.

Service managers should ensure that individual and service training needs are reviewed on an annual basis and that appropriate opportunities for developing knowledge and skills are provided.

The use of competence assessment tools should be encouraged, so that knowledge and skills deficits can be identified and addressed.

11. Resources/Preparation required to undertake the Integrated 27 month review

³ *Common Core of Skills and Knowledge for the Children's workforce, Development Council 2010*

⁴ Nursing and Midwifery Council
<http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/>

- Invite letter (Toolkit doc.7) and blank ASQ (without summary sheet) sent 1-2 weeks prior to review date.
- ASQ questionnaire completed by parent and returned to the EY setting at least one day prior to the review date.
- ASQ Material Kit.(provided by the health professional see below)
- Other play based materials are to be provided by the setting which link to the child's interests and prime areas of learning
- Personal Child Health record (PCHR)
- Draft of the My Portrait at Two (EYFS Progress Check at Two completed by settings in collaboration with parents)
- Electronic Scales which are serviced and calibrated annually as it is recommended that children should be weighed and measured at this review

N.B. Staff should decontaminate equipment that is shared between children. (See Child Health Clinic Guidelines).

Any equipment used should be fit for purpose and all safety measures maintained. An electric, self-zeroing weighing scale, which is properly maintained, should be used to weigh children. It should be placed on a firm surface. The child should be weighed without coat and shoes. Weight will be recorded by the health professional in the PCHR according to local clinical guidelines

Health Professionals remain responsible for the provision of all necessary equipment such as and ASQ Material Kit. Agreement and guidance for the scales and height measurement equipment is being developed.

12. Settings who undertake many Integrated Reviews

A review of weighing scales provision is currently being undertaken with the aim that scales will be made available as a long term loan to all EY settings with more 20 or more two year olds attending regularly. A local agreement may need to be identified to ensure the weighing and measuring is obtained at this review. A cluster decision will take place between the setting, health professional and strategic Children's Centre about the provision, location and service arrangements for electronic weighing scales.

N.B. Please refer to toolkit doc. 5, the HUHFT, HCP, 27 Month review Guidance for Health Professionals for further details relating to the 27 Month Review process.

13. ASQ Basic Material kit for 24, 27 and 30 month questionnaires to include:

1. Simple Picture Book e.g. with real animal photos *
2. Large soft ball *
3. Clear plastic bottle with screw on lid
4. Blocks for stacking (if they have holes in, can double for threading too)
5. Short shoe lace
6. Paper and crayons/pencils *
7. Plastic drinking cup with handle
8. Spoon and fork
9. Mirror with safe edges
10. Baby doll *

1-2 Complete packs to be provided in each health base.

14. Integrated Review Resources (Early Years Setting)

The items with an asterisk must be provided by the setting. **The key person or healthy child lead** is responsible for setting up the room prior to the start of the meeting. The setting should also provide:

1. The child's current preferred play item from the setting e.g. train track and train if it relates to the child's current interests
2. Items to encourage symbolic play e.g. telephone, small world items
3. Interesting items to sort/line up e.g. natural resources/treasures/cars (linked to child's interests)

15. Premises

The 27 Month Integrated Reviews should be undertaken in premises that meet current health and safety guidelines. The space should be appropriate for the task and must offer some privacy and confidentiality. It should be 'child friendly' to enable the child to engage with the various play materials on a low table or on the floor. Where settings do not have the space for the child to play within the review meeting room they must make reasonable arrangements e.g. observing the child for a short while in their group room.

16. Information Sharing

An information sharing agreement has been drawn up by information governance leads at Hackney Learning Trust and Homerton University Hospital. Information sharing is supported by the Specific Information Sharing Agreement, School Role – Part B., Subject Specific, which is signed on behalf of HUHFT and outlines the data to be shared between Early Years and the Health Visiting Service.

The PHCR (Red Book) is the main tool used for the sharing of information about the child. Children and families must be aware of what information is collected and who has access. For this reason it is essential that the completed My Portrait at Two assessments are attached to the PCHR with parent permission. The My Portrait at Two form has been updated (September, 2016) to ensure that the parent is clear, on signing the form, that they are giving consent for the Health Visiting Service to upload the completed 'My Portrait' assessment on the HUFHT patient data base.

Information should only be shared on a need-to-know basis. Where there are concerns in respect to safeguarding children, both parents should be aware that the child is paramount and that information may need to be shared to protect the child. The EYFS statutory framework. DFE, 2014 states:

- 3.69. Records must be easily accessible and available (with prior agreement from Ofsted or the childminder agency with which they are registered, these may be kept securely off the premises). Confidential information and records about staff

and children must be held securely and only accessible and available to those who have a right or professional need to see them. Providers must be aware of their responsibilities under the Data Protection Act (DPA) 1998 and where relevant the Freedom of Information Act 2000.

- 3.70. Providers must ensure that all staff understand the need to protect the privacy of the children in their care as well the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality.

The integrated review necessitates the sharing of information e.g. names, DOB's and postcodes between the early years setting, the local health team and Hackney Learning Trust. For this reason parent consent for sharing information must always be sought. This information must be shared securely via NHS.net accounts (Health Visiting) and via ANYCOMMS (Early Years Settings).

17. Effective Team Working to Deliver the HCP

- On the day of the Integrated Review, the Link Health Professional and key person or Healthy Child Lead are expected to meet briefly before the parent arrives to plan how to approach the review taking into account any concerns /missed questions/info gathered etc.
- All practitioners who work with children, young people and families should be able to demonstrate a basic level of competence in the six areas of the Common Core Skills and Knowledge for the Children's workforce (DCSF 2010)⁵
- Clear information for families about the roles and responsibilities of each practitioner with whom they come into contact should be provided.
- Link health Professionals in partnership with the setting must review all children in the setting except those who reside out of city and Hackney and those defined as 'vulnerable'.
- If children are reviewed who live in a different Children's Centre Area in Hackney from the areas in which the early years setting or Children Centre is based, the Link Health professional is required to undertake the review and notify the child's named Health Visitor as well as documenting the outcome of the review on RIO.
- The Health and Early Years Cluster network meetings will provide opportunities for issues arising regarding the integrated review process including use of ANYCOMMS and reflections of what has gone well and future planning for service improvement.

18. Process for Integrated 27 Month Review (see Appendix for detailed process map)

Initial meeting with link Health Visitor, Healthy Child Lead Practitioner and Early Years Setting Manager

⁵ The Common Core Skills and Knowledge for the Children's workforce DCSF 2010)

The Health Visitor will make contact with the manager of the setting to set up the initial meeting. This meeting should include the manager of the setting and in addition the Healthy Child Lead Practitioner (HCLP) (if different to the manager).

This meeting will need to cover the following:

- Explanation of each other's roles and responsibilities
- Description of the EY setting and its context
- Verification of contact information-(e-mail addresses, telephone number for the team coordinator; contact details for the Link Health Professional (office telephone' mobile and email).).Agree on preferred forms of communication
- Sharing of key points from governance document to ensure clarity among both partners (available on the Happy, healthy and Ready to learn webpage)
- Shared agreement of basic ground rules for on-going meetings including who will start the meeting, who will lead on which bits of the meeting and who will summarise at the end
- Arrangements for the Link Health Professional (or suitable representative from the local Health Visiting team) to make contact at least once a month ideally in person should be agreed
- Mapping activity to identify the names of the children will become due over the coming year (HCLP and HV).
- Clarification of written consent procedures (see Toolkit: Invitation letter and parent 'consent to share' form.
- Finalising space and equipment requirements (quiet/private space).
- Agreement of how long the booking slots will be (leaving opportunity for sharing information before and after the parents arrival)
- Completion and signing of the Expectations Agreement (see toolkit doc. 3).
- The Link Health Professional is responsible for the provision of a health promotion pack containing a range of health promotion information.

19. On-going Monthly Partnership Contact (purpose and process)

- Reflect on how the organisation and set up of the previous reviews went, any adaptations required?
- Discuss any follow up work that was required and the outcome of this
- Healthy Child Lead Practitioner/manager to identify any children due over the coming months (using toolkit doc. 14) for the 27 Month Health review and bring this information to the meeting with knowledge of parent preference i.e. are they agreeing to a fully Integrated review?
- Once review dates are jointly agreed the Link health professional will calculate which forms are required for each child and confirm in writing
- Invitation letter and ASQ Questionnaire (without summary sheet) for any children coming up for review are to be provided 1-2 weeks prior to the review by the HCLP in the Early Years Setting to the relevant parents.

20. Supervision and on-going support

- All participating professionals should access Health and Early Years cluster network meetings, see calendar:
<https://www.learningtrust.co.uk/TPG/happyhealthyandreadytolearn/Pages/Events%20Calendar.aspx> facilitated by the Strategic Children's Centre, to assist development and communication between the Link Health Professionals and

Early Years settings. Network coordinators will attend these meetings on behalf of registered childminders in their area.

- A discussion around the 27 Month Integrated Review process should be an integral part of the Early Year's setting's supervision and appraisal processes (HCLP).
- There must be clear lines of accountability and responsibility, especially when these transcend traditional organisational boundaries.
- Early Years settings must inform parents before referring concerns to another professional such as Health Visitors and Speech and Language Therapy Services. Safeguarding procedures should be adhered to.

21. Documentation

All 27 Month Integrated Reviews completed must be documented by the Link Health Professional in the PCHR on the relevant triplicate tear out slip and. any health promotion advice given should also be noted. Entries must be signed in black with date, time, name (print and signature) with designation, base and GP details. Health visiting team staff need to complete the RIO record that is: the HR2 (27 month review) and the ASQ Integrated review template to ensure data the reports can be produce to reflect the reviews completed in each of the Clusters..

A copy of the My Portrait at Two (EYFS Progress Check at Two) document (see Toolkit; process for the integrated 27 month health and EY review Meeting) needs to be attached to the once it has been approved by the setting's manager and signed by the parent and Link Health Professional. The ASQ-3 questionnaire should be completed by the parent prior to the review, however if the parent is unable to fully complete the questionnaire it can be completed during the 27 Month Integrated review. The ASQ-3 completed questionnaire and summary sheet must be completed and retained by the Link Health Professional.

22. Making Referrals

As Integrated reviews aim to 'facilitate appropriate intervention and support for children and families, especially those for whom progress is less than expected', following the 2-2.5 year review a referral may be required. It is important to note that a referral decision should not be based solely on the information contained in the ASQ-3 form, but rather the professionals involved should use their knowledge of the child and clinical/assessment skills and discussion with the parent to make the decision regarding appropriate referrals.

Any health-related referrals identified by the Link Health Professional and Early Years Practitioner, should usually be referred by the member of the Health Visiting team to the appropriate specialist, (see 27 month review local guidelines in toolkit). The exception to this would be child protection. It may also be appropriate for the Early Years professional to make the referral when services are based locally in the Centre e.g. in the case of a large Children's' Centre. Health and Early Years professionals should always work in partnership with parents/ carers where possible and any concerns should be taken seriously.

Where referrals have been made it should be indicated on the PCHR (Red Book), in RIO and logged separately by the setting (on the back page of the My Portrait in the first instance). It is the responsibility of the professionals involved to agree and document who will make the referral and when the follow up conversation will take place.

Any health/developmental concerns regarding Hackney resident children attending the setting who are not due for their review can be discussed with the Link Health Professional where parent consent to do so has been gained during the ongoing monthly contact meetings.

Significant developmental/pediatrics problems – should be referred by the Health Visitor to the appropriate service e.g. **HACKNEY ARK, special advisory clinic (or the equivalent service within the Borough in which the child resides)** for a consultant opinion. The GP for the family should be informed.

Measurable Policy Objective	Monitoring/ Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, Inc. responsibility for reviewing action
Appropriate delegation of 27-month reviews by health visitors to early years practitioners	Audit	Annually	Health Visiting Lead	Healthy Child Programme

Appendix 1-National Occupational Standards

List of standards

1. Engage with parents to build and maintain effective supportive and empowering relationships.
2. Agree with parents and agencies the aims and purpose of work with parents.
3. Make assessments of parents and their families to develop and coordinate the delivery of a shared support plan.
4. Work with parents to enable them to meet the needs of their family.
5. Enable parents' referral to specialist and other services, in accordance with required protocols.
6. Use persistent and proactive interventions when working with parents with high levels of need to enable positive changes in their lives.
7. Deliver parenting programmes and other structured support for parenting to groups of parents.
8. Enable parents to improve the effectiveness of the parent-child relationship.
9. Operate within policy, legal, ethical and professional boundaries when working with families.
10. Influence and contribute to policies and development opportunities for parenting services.
11. Develop and improve parenting services.
12. Establish and maintain supervision, training and continuous professional development for parenting practitioners.
13. Develop and maintain professional competence as a parenting practitioner.

LLUK Work with Parents National Occupational Standards: Final version 2011

Appendix 2-Integrated 27 Month Reviews with ASQ -Process for Health Visiting and Early Years Foundation Stage registered settings

Step	Action	Responsibility	Rationale
1	Every August/September, early years setting to identify the Hackney resident cohort of children due to be offered Integrated Reviews for the year (Sep-Aug) using the Progress Check/27 month review Assessment Record	Early Years Settings/ Childminding network coordinators	The setting knows how many integrated reviews are possible and approximate timescales which will aid assessment planning.
2	Obtain parent consent regarding letting the relevant health visiting service know the Name, Gender, DOB and postcode of the children currently attending the setting.	Early Years setting/childminders	Enables health team to know which settings children attend which will assist with inviting for integrated reviews.
3	Provide an updated list of all Hackney resident children In EYFS funded settings age 24-30 mths 3 times a year (1 st December, 1 st January, 1 st April) securely to the central password protected nhs.mail account as per the Information Sharing agreement	Hackney Learning Trust Data Team	Secure transfer of child identifiable information via ANY COMMS to the Team Co-coordinators nhs.net accounts.
4	HUHFT Child health Department to cross match Early Years data to identify local RIO number for the Health visiting team.	Health Team Co-ordinations	Local cleansing of information to identify targeted cohort for Integrated 27 Month Review in EY settings /with portage worker to avoid duplication of invites.
5	Communication to Team coordinators in other Cluster Teams alerting them of the children who will be reviewed at their setting (which is outside their team postcode).	Health Team Co-coordinators	Universal families are aligned to the setting they attend, children in need/safeguarding children will be seen by their named health visitor at home or in setting.

6	ASQ forms and posters (without summary sheets) to be delivered to EY settings each September. These will include: 24month, 27 and 30 month ASQ forms poster/fliers. N.B. Discussion on availability of ASQ-3's to be a rolling agenda item during ongoing monthly contact meetings.	Health Visiting	Local supply of forms to avoid delays. Clear guidance on who is responsible for the forms accurate completion of the forms (Health) and a signed form completed to agree licensing restrictions.
7	On a monthly basis Healthy Child Lead (EY setting) and Link Health professional (local health team) to jointly agree and set forthcoming review dates and times. Link Health professional (health visiting team) to calculate the correct ASQ's to be provided for each child for each review. This information can be recorded on the 'Confirmation of Forthcoming Integrated Reviews' form.	Health Visiting and Early Years during monthly contact	All parties are clear of the review dates, times and which ASQ is to be given.
8	Once review dates and appointment times have been agreed between Early Years/ and Health Visiting parents need to be informed via Early Years setting.	Health Visiting and Early years	Forward planning of appointments with parents
9	Integrated Review invite letters and ASQ-3 questionnaires (without summary sheet) to be given to parents – 1-2 weeks before scheduled appointment with brief explanation of how to complete at home.	Early Years Setting	Local management of the forms with parents within Early Years
10	Collect completed forms from parents at least 1 day prior to the review.	Early Years Setting	Information ready for the meeting
11	Integrated review pre-meeting, to take place prior to parents arrival. Link Health Professional to arrive 30 minutes prior to the first appointment to review documents, meet with the Healthy Child Lead/Key person to score the ASQ-3 and identify any issues /vulnerabilities to be addressed.	Early Years and health visiting	An opportunity for both professionals to review and the information and preliminary ASQ scores prior to the appointment
12	Integrated 27 month review meeting with parent; Referrals and actions identified	Health visitor, Early Years	Joint assessment including guided discussion,

	and agreed with parents and EY practitioner		triangulation of information and observation of the child and parent/carer
13	Final Signed copy of My Portrait at Two to be placed into the Red Book. One copy of My Portrait at Two to be retained by the setting. Integrated review notes to be documented in the red book including any referral details.	EY Setting Link Health Professional	Parent has a record
14	Following the integrated review meetings, the completed ASQ-3 questionnaires (including summary sheet) are to be taken by the Link Health Professional for inputting data into RIO.	Link Health Professional	Professional and Trust requirement
15	Early years setting to record outcomes of the review on the Progress Check/27 month review excel assessment record	Early Years Setting (Healthy Child lead)	Early Years local data collection.
16	Family and friends questionnaires to be completed when requested. Issues, complaints feedback documented and given to relevant lead	Health Visitor/ Early years	To support lessons learnt for succession planning

Appendix 3

-What can each participant bring to the review of the child’s health, learning and development during Integrated Reviews? (Excerpt from ‘The Integrated Review’ NCB, 2015)

This is not an exhaustive list and contributions may depend on local operating models and the skill set of individual practitioners. The child	Health visitors might bring:	Covered by ASQ-3™	Parents might bring and be willing to share:	Early Years practitioners might bring:
Personal, Social and Emotional Development ⁶	Knowledge from any prior relationship with the family.	~ (Limited coverage)	In-depth knowledge of what their child can do at home.	Review of the child’s learning and development against Development Matters.
Communication and Language	Information about any health problems affecting speech, language and communication.	✓	In-depth knowledge of what their child can do at home.	Review of the child’s learning and development against Development Matters.
Learning and Cognitive Development	Information about any health problems affecting learning and cognitive development.	✓	In-depth knowledge of what their child can do at home.	Observation of the child within the early years setting, including the ‘Characteristics of Effective learning’
Physical Development and Self Care	Information about any health problems affecting physical development and self-care.	✓	In-depth knowledge of what their child can do at home.	Observation of the child within the early years setting.
Physical Health	Information about previous reviews of physical health. Review of growth against standardised growth charts and any issues around hearing, vision and dental care. Provision of public health information.	✗	In-depth knowledge of their child. Information about practices within their home.	Observation of the child within the early years setting. Insight into family practices around health and wellbeing.

Appendix 4

SHARING BEST PRACTICE FOR HIGH QUALITY INTEGRATED 27 MONTH REVIEWS

CORE VALUES

- ❖ Non-judgmental approach
- ❖ Listening to parents perspective- they know the child the best
- ❖ Work together with all those involved with the child including health and educational professionals
- ❖ Every child is unique
- ❖ Building good relationships with parents
- ❖ Cultural sensitivity- e.g. providing interpreters and awareness how culture can effect parenting styles
- ❖ Flexibility in approach/strategies
- ❖ Create meetings where there is time
- ❖ Focusing on the child and their needs
- ❖ Professional approach, refer to research not just a personal opinion

Appendix 5

SHARING BEST PRACTICE FOR HIGH QUALITY INTEGRATED 27 MONTH REVIEWS-

Guidance drawn up by both health and early years practitioners, March, 2015.

SHARING OUTCOMES: KEY POINTS

- ❖ Score the ASQ in meeting and share scores/results with parents straight away
- ❖ Identify concerns with parent and both health and education professionals
- ❖ Professionals talk first and agree on next steps
- ❖ Confidentiality and privacy when sharing concerns with a parent, in a separate room
- ❖ Have a rehearsal of difficult conversations with a colleague first
- ❖ Help parents understand concerns to aid engagement
- ❖ Offer a home visit if necessary to discuss difficult issues.
- ❖ Give parents time to digest the information, give parents the opportunity to get back in touch with questions
- ❖ Try to understand why parent worried/not worried
- ❖ Don't assume a negative reaction. Parents may be happy a problem has been identified
- ❖ Explain the next steps and advise parents about help available in the community

- ❖ Gain consent from parents before making referrals where possible to aid engagement
- ❖ Congratulate parents on what has gone well in a genuine way. Acknowledging how difficult parent's job is.

Appendix 6

SHARING BEST PRACTICE FOR HIGH QUALITY INTEGRATED 27 MONTH REVIEWS

WORKING IN PARTNERSHIP: KEY POINTS

- ❖ Gaining perspectives and different strategies for home and school; some children behave differently at each setting.
- ❖ Offer to observe the child at home if this is the most convenient
- ❖ Follow up with parents about concerns; continue to monitor and bring back in 6 weeks- give parents time to reflect
- ❖ Empower parents to make decisions
- ❖ Make the child feel comfortable to get best from them
- ❖ Information sharing- what the 27 month review is about and what the role of each person is
- ❖ Using review as opportunity to think with parent about how to understand child's behaviour and how to support their emotional and behavioural development.
- ❖ Thinking about extended family, how to support all of the people involved in child's development and upbringing
- ❖ Send patient questionnaires to fill in in advance

- ❖ Integrated sessions- having early years practitioners knowledge

Appendix 7

City and Hackney FNP Graduation
/transfer Pathway

Is client remaining in City and Hackney?

Yes

No

- Family Nurse to arrange Joint visit with HV. **This is essential if child has ever been discussed in CP supervision.** Complete 2 year ASQ and ASQ SE.
- FN to inform other involved professionals of upcoming graduation. If client transferring to HV as disengaged or has requested to leave FNP arrange meeting with professionals and client.
- Family Nurse to email ;
- HV GP cluster Lead and HV team coordinator and ask for client to be discussed at Vulnerable GP meeting
- At graduation: FNP quality support officer or FN to call child health Hackney and place on HV Monthly team planner
- Family Nurse to Complete FNP summary and upload to RIO
- Testimony/certificate of achievement to be written for client

If current CP client follow CP Transfer Out policy for transferring clients out of City and Hackney

- **If CP, CIN, or any court orders in place or previously discussed in CP supervision:**
- Family Nurse to send letter to SW re closure of FNP and new HV details
- Family Nurse to email huh-tr.CHChildProtection@nhs.net
Inform child protection team of transfer of child – address email for attention of Named Nurse Irene Willie.

Records and paper centile chart to be Quality Assured prior to transfer by FNP supervisor.

FNP quality support officer to

- Send 23 month letter to HV and other professionals named by FN
- Send letter to GP informing GP of graduation
- Upload letters to RIO
- Update database
- Graduate client on Open Exeter

- Identify HV/FN in new area
- Verbal handover and record this on RIO for mum and child
- Joint visit? (decide in supervision)
- Complete FNP Summary form & upload to RIO
- Testimonial completed
- Print off all RIO progress notes and movers out reports for mother & baby – send to Child Health Department at receiving organisation.
- Special recorded delivery, Royal mail number to be logged on RIO.
- Or send via secure email to child health if option available.
- Inform Hackney HV of client moving out of Hackney

If current CP client follow CP Transfer Out policy for transferring clients out of City and Hackney

FNP Quality Support Officer

- Send letter to GP & upload to RIO (and print copy for paper records to be transferred out)
- Update database
- Record on Database when receiving organisation received records.

Appendix 8

ENP CITY and Hackney process to follow when transferring CP records out of Hackney.

(CP records are any records where the client has been discussed in CP supervision with Karen Miller)

- FN to Contact receiving HV/FNP team and give verbal handover and document this in the RIO records for mother and child. Ask for the address of safeguarding team where the records should be sent (electronic transfer preferable, must be an NHS secure email)

If handing over to Health visitor in Hackney arrange face to face meeting with client and all relevant professionals involved.

- FN to Send transfer summary to HV/FNP team via secure NHS email and upload this to RIO.
- FNP supervisor to complete quality assurance check list and attach or upload to records.

QSO to Print off all electronic records and documents and transfer summary. Or if receiving Safeguarding team receives electronic records send via secure email.

- Send records to the receiving children's safeguarding nursing team who are requested to transfer the records to the appropriate HV/FNP team. Records to be sent by special recorded delivery or electronic email.
- **QSO** if sending via special delivery Royal mail request that the receiving organisation send the full address to you. Put the Royal Mail delivery code in the progress notes.
- Request that the receiving organisation send an email receipt once they have received the records.
- **QSO** to update local FNP Hackney Database with
date records were sent
where records were sent
Date email received acknowledging receipt of records

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3. Homerton University Hospital, (2009) Healthy Child Programme, 27 month review guidelines
4. Department for Education and Skills (2005a) *The Children and Young People's Plan (England) Regulations 2005*. London: The Stationery Office
5. Department for Education and Skills (2005b) *The Common Core of Skills and Knowledge for the Children's Workforce*. (Development council Supported by DECSF 2010)
6. National Occupational Standards for Work with Parents (Lifelong Learning UK 2011)
7. Department of Health (2009) Pregnancy and the first five years of life, Healthy Child Programme
8. Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*
9. Department of Health (2007a) *Delivering Health Services through Sure Start Children's Centres*. London: DH
10. Department of Health (2011) Call to Action: Health Visiting Implementation Plan
11. Department of Health (2014) Early Years High Impact Areas: documents to support local authorities in commissioning children's public health services.
12. Hall D and Elliman D (2006) *Health for all Children* (revised 4th edition). Oxford: Oxford University Press.
13. HM Government (2004) *Every Child Matters: Change for Children*. London: The Stationery Office

Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

Policy/Service Name:	Governance and Accountability Guideline for the Delegation of 27 Months Development Reviews
Author:	Christeen Bartlett
Role:	Senior Nurse Health Visiting and Early Years
Directorate:	Children's Services Diagnostic and Outpatients
Date	October 2021

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the trusts overall aims?			As part of effectiveness and partnership work & Integration
2. How will the policy/service be implemented?			Information is shared with partners in Hackney Education Policy shared within the Health Visiting Policy Service. Joint training undertaken to embed policy and provision of review
3. What outcomes are intended by implementing the policy/delivering the service?			To improve the uptake of the 27-month and integrated review as part of school readiness and the Healthy Child programme To deliver the mandated review within the Health Visiting service specification
4. How will the above outcomes be measured?			Monthly performance against target.
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Health Visiting practitioners, Early Years staff, Information Governance and Paediatrician actively contributing and reviewing the old policy.
6. Does this policy/service impact on other policies or services and is that impact understood?	Y		Yes it impact on those children with additional needs and who are under the Portage – this is factored in the polic
7. Does this policy/service impact on other agencies and is that impact understood?	Y		Yes with key partners from Hackney Learning Trust who worked in partnership to develop the policy

8. Is there any data on the policy or service that will help inform the EqIA?	Y		Monthly performance data on the uptake of the 27 month review is available
9. Are there are information gaps, and how will they be addressed/what additional information is required?		√	
Equalities Impact Assessment Question	Yes	No	Comment
10. Does the policy or service development have an adverse impact on any particular group?		√	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		√	
12. Where an adverse impact has been identified can changes be made to minimise it?		√	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		√	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?	√		

Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

1	Details of policy	
1.1	Title of Policy:	Governance and Accountability Guidelines for the Integrated 27 Month Development Reviews
1.2	Lead Executive Director (job title)	
1.3	Author (job title)	Christeen Bartlett Senior Nurse Health Visiting & Early Years
1.4	Lead Sub Committee	Children's Community Governance Committee
1.5	Reason for Policy	To offer clear guidance in relation to delivery of the 27 month / Integrated development review as part of the Healthy Child programme (Mandated contact)
1.6	Who does policy affect?	Health Visiting Service HUH and Early Years Staff (Hackney Education)
1.7	Are national guidelines/codes of practice incorporated?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
1.9	Is this a revision of an existing policy?	Yes
1.10	If yes have you identified the changes in the document? – changes should be highlighted for the Policy Group	No
2	Information Collation	

2.1	Where was Policy information obtained from?	Previous policy clinical updates commissioning changes, Information sharing between key stakeholders
3	Policy Management	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	N/A
3.3	If NO explain why	N/A
4	Consultation Process	
4.1	Was there internal/external consultation?	Internal within Health Visiting Service External with Hackney Learning Trust Staff
4.2	List groups Persons involved	Donna Thomas Children's Centre Strategic Lead, Hackney Learning Trust Christeen Bartlett Senior Nurse, health Visiting and Early Years, Caroline Hart, Early years Consultant Hackney Learning Trust
4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	October 2021
4.5	Signature of Subcommittee chair	Not included
5	Implementation	
5.1	How and to whom will the policy be distributed?	Internally within the HV service Externally with partners Hackney Education
5.2	If there are implementation requirements such as training please detail?	These are ongoing as part of professional updates

5.3	What is the cost of implementation and how will this be funded?	None
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	Health Visiting service performance Indicators Item 9, 10 & 11
6.2	How will this be monitored and/or audited?	Quality assurance audit within Health Visiting Service
6.3	Frequency of monitoring/audit	Annual review

Date policy approved by Trust Policy Group: 23rd November 2021

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Signature of Trust Board Group chair: 