

Delivering High Quality 27 month Integrated Reviews in Hackney & the City

Happy, healthy
and ready to learn

- Welcome and Introductions
- Integrated Review (IR) Background and Rationale
- Role of Enhanced Health Visiting Service

Break

- Working in Partnership and the Role of Early Years Professional
- Questions and Feedback

- To celebrate and share good practice in relation to delivery of high quality 27 month integrated reviews within Hackney.
- To identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and well-being and in learning and behaviour.
- To facilitate appropriate intervention and support for children and their families especially those for whom progress is less than expected.
- To generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcome
- Incorporating the EYFS Progress Check at Two and Healthy Child Programme 2-2.5 year review

Objectives

- To fully understand what is fully meant by ‘integrated review.’ and how this is provided in Hackney
- To understand the key features of high quality integrated reviews.
- To understand child development and early intervention.
- To understand assessment tools use during integrated reviews.
- To reflect on the benefits and challenges of working across services.
- To hear partnership working and practice from colleagues.

Background ~ Hackney's integrated approach

Overall Aim:

- To improve 'school readiness'

Objectives:

- To improve the quality of the 27 month review
- To improve access to the 27 month review
- To further improve multi-professional working across health visiting and early years (education)



Background

City & Hackney integrated approach

Quality

- Child development (joint training)
- **Joint assessment format**
- Complimentary skills and expertise of health and early practitioners – joint decisions
- Solihull Training (health)
- Parent and child voices are integral to IRs

Access (reach)

- Place based-delivered where children are (EY setting)
- Flexible appointment times
- Parent attends only **one meeting**
- Familiar setting and resources

Integrated Working

- Collaboration required
- **Community Model**
‘team around the child, family and setting’
- Joint vision across early years services
- **Information sharing**
- **Holistic assessment**



27 Month Integrated reviews

Successes



- ★ Uptake of the 2-2.5 year review increased to one of the highest levels in the country.
- ★ Hackney's integrated model and training materials gained local and national recognition.
- ★ The Integrated Reviews have contributed to the Hackney children who meet the Free School Meal criteria, achieving well at age 5 years (Ranked 2nd in the country).

What does 'school readiness' mean to you?

A child prepared to learn and thrive



Mind the gaps!

Outcomes at age 5yrs - not all equal, achievement gaps exist among:

- ★ Turkish and Kurdish boys and girls
- ★ Bangladeshi boys
- ★ African boys
- ★ Caribbean boys

Local public health priorities include:

- Speech and language development
- Increasing timely immunisation uptake (MMR in particular)
- Reducing obesity (among boys in particular)
- Reducing hospital admissions related to tooth decay
- Increasing access to Healthy Start vitamins for all families and the vouchers for families who meet the criteria
- Ensuring we are engaging fathers and using specific inclusive language to ensure they feel welcome and included.



Early help = Early identification and intervention



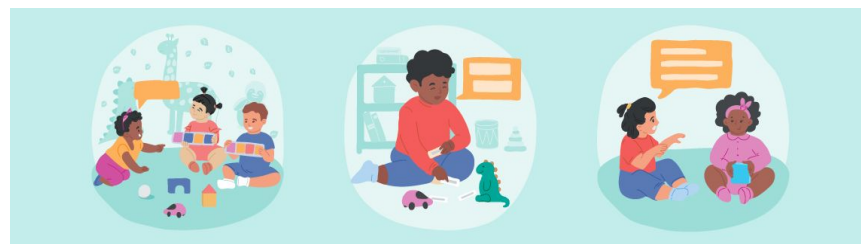
Integrated 27 month health reviews

The Role of the Health
Professionals(Health
Visiting Team)

- Early childhood is an important period of rapid brain growth, including during pregnancy and the first 2 years (first 1,001 days). Getting a good start in life is an important marker for good health and wellbeing throughout life.
- **Age two to two-and-a-half is a crucial time** for a child 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.
- Valid screening instruments are helpful to detect children at risk for developmental problems (ASQ-3 , ELIM-I))

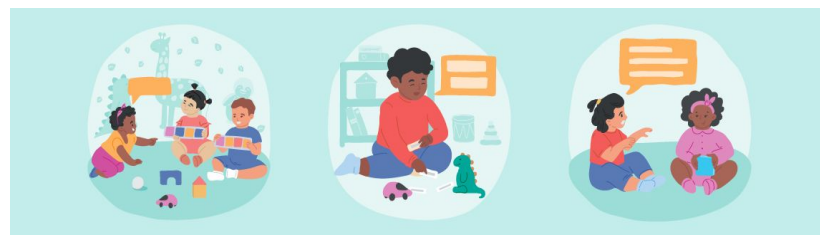
- Runs safely and jumps with two feet together
- Throws and kicks a ball
- Walks up and down stairs holding onto rail
- Draws a circle in imitation
- Picks up small objects accurately
- Is able to match shapes in simple Jigsaw
- Builds a tower of 6 or 7 cubes
- Uses pronouns such as I and You
- Understands action words
- Provides a verbal commentary during play
- Follows 2 words instructions
- Typically uses two- word combinations

2 year key developmental milestones



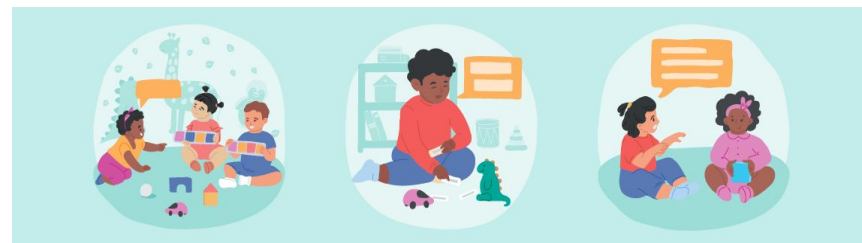
- Able to act intentionally.
- Self-centred and unable to take on board the views of others.
- Becoming aware of the consequences of their actions.
- Emotionally dependent on adult and requires reassurance in unfamiliar situations.
- Emotional outbursts and tantrums.
- Demanding parent/carers attention.
- Plays alongside others.

Understanding 2 year olds and their main characteristics



- The child's developmental needs- age and stage.
- The capacity of the parents to provide security, safety, love, stimulation and boundaries-How does the child communicate needs and can parent respond?
- The family and environmental factors that might also enhance or undermine the warmth, safety and security of the home environment: Have there been any recent changes big or small?

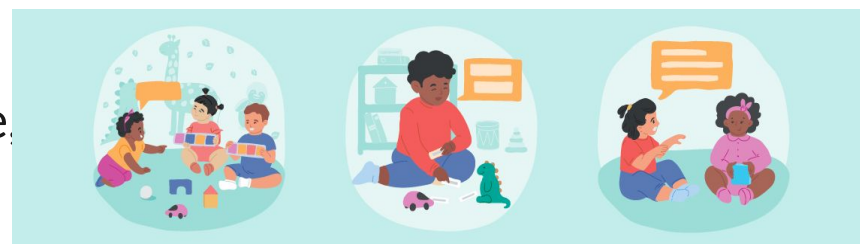
Understanding the child's context



Parental capacity to provide a sensitive, responsive environment. Caregiving can be influenced by a range of aspects:

- Environment (e.g. poor housing, financial worries)
- History (e.g. their own experience of being parented, a history of being in care, traumatic life experiences such as fleeing a war-torn country)
- Culture (e.g. different cultures may have different approaches to parenting)
- Relationships (e.g. availability of social support, impact of abuse).

Understanding the parents/carers context



The meaning behind words

Example:

'He doesn't sleep'

may mean

'He doesn't sleep when I want him to or where I want him to.'

'He doesn't sleep as much as I think he should'.

'He wakes every hour for a feed'.

or

'I am finding it difficult coping with his demands'.

Speech and Language

Early identification
and support are
key

1 in 10 children in
the UK have
speech and
language
difficulties.

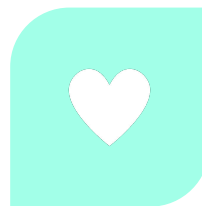
Communication skills are a foundation



FRIENDSHIPS



LEARNING



EMOTIONAL
WELLBEING

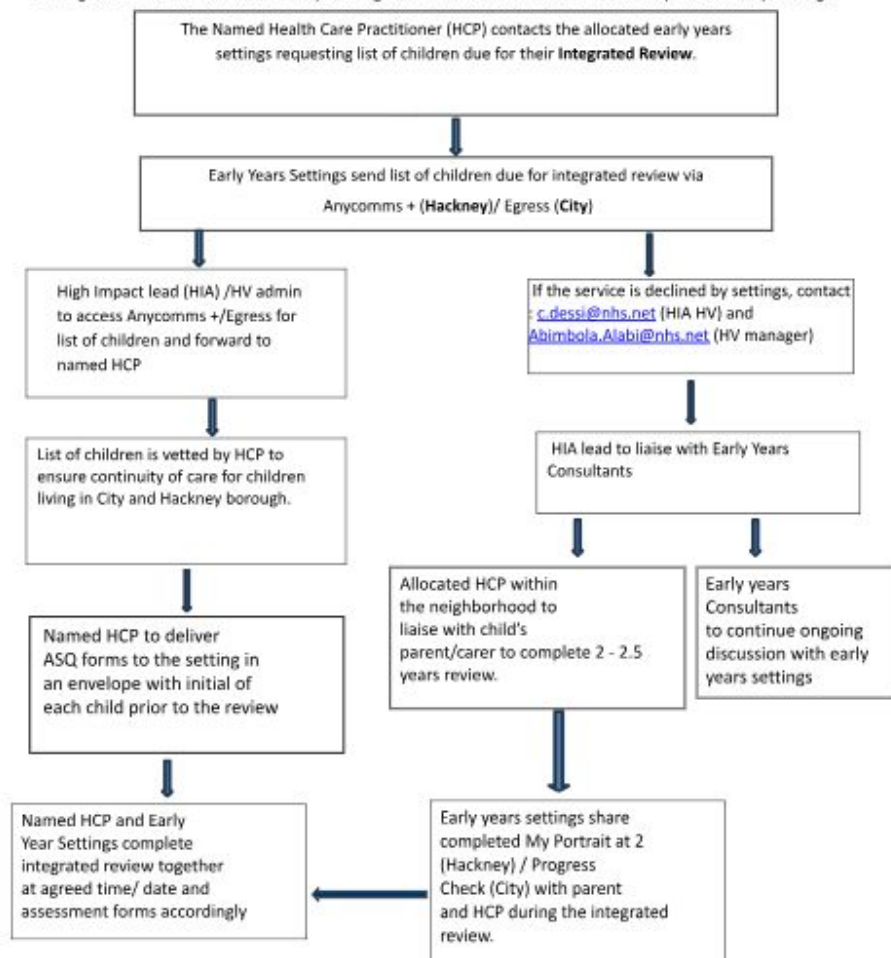


BEING PART OF
A COMMUNITY

FACE TO FACE INTEGRATED REVIEW IN EARLY YEARS

SETTINGS

This pathway defines the collaborative process between the Named Health Care Practitioner (HCP) and early years settings to ensure the effective delivery of Integrated Health Reviews for children in City and Hackney borough.



Early years settings must conduct a risk assessment of the environment to ensure the following:

- Cleaning Protocol: All equipment, including scales, must be wiped and cleaned before and after each review to maintain hygiene standards.
- Infection Control Measures: Hand sanitiser must be made available where required to support

Assessment Tools

used by HV team

- ASQ 3 Questionnaire and tool kit (string and beads, crayon and paper, blocks etc.)
- ELIM Word List and Observations
- Red book (Personal Child Health Record)
- Maternal wellbeing (parent/Carer) assessment tools such as EPDS(parent/Carer) and GAD 7 if required

What is ELIM?

- The Early Language Identification Measure and Intervention (ELIM-I) is a tool designed to support the identification of children's speech, language and communication needs, and to provide tailored support to families.
- ELIM is designed for use with all children attending their 2-2 ½ year Healthy Child Review.

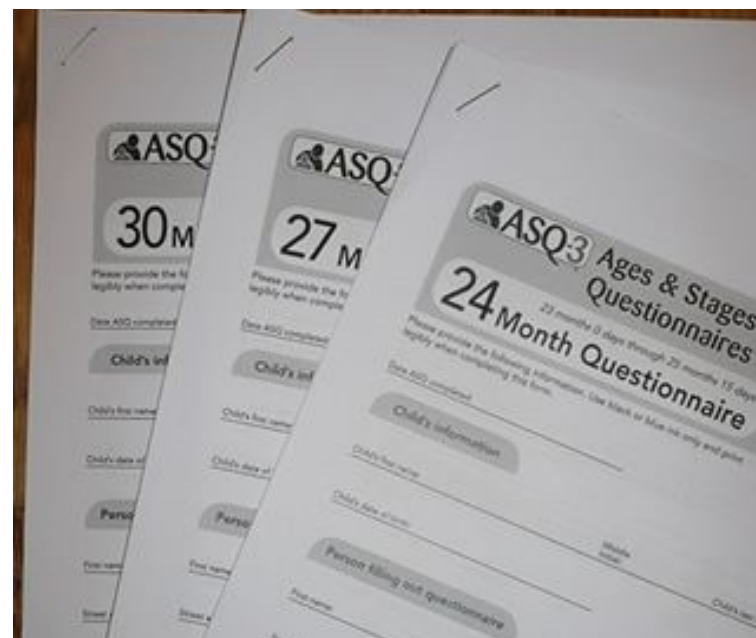
The measure includes 2 sections:

- 50-item word list: to be completed with families during the review
- Practitioner observation: to be carried out throughout the review

What is the ASQ ?

- It is a developmental and social-emotional screening for children from birth to six years of age.
- The ASQ 3 has been applied as a standard part of the Healthy Child Programme 2-2.5 year review since 2015
- The purpose of the screening is to highlight or detect developmental delays
- It focuses on 5 key areas communication, **Gross Motor, Fine Motor, Problem Solving and Personal & Social Development**
- The Department of Health use the ASQ-3 as the population measure of development for 2 to 2.5 year olds across England

ASQ-3™: 24, 27 and 30 months



ASQ-Questionnaire....

- Calculate the child's age
- Convert to months and days
- Match the age to the age range on the from page of the ASQ.



24 Month Questionnaire page 3 of 7

COMMUNICATION (continued)

YES SOMETIMES NOT YET

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

☐ ☐ ☐ —

COMMUNICATION TOTAL —

GROSS MOTOR

YES SOMETIMES NOT YET

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

☐ ☐ ☐ —

2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



☐ ☐ ☐ —

3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



☐ ☐ ☐ —

4. Does your child run fairly well, stopping herself without bumping into things or falling?



☐ ☐ ☐ —

5. Does your child jump with both feet leaving the floor at the same time?



☐ ☐ ☐ —

QUIZ

Which of the following do you think are the key communication skills required to engage parents or carers:

Select one or more options from the answers below.

- | | |
|---|--------------------------|
| A. Asking open questions | <input type="checkbox"/> |
| B. Giving advice | <input type="checkbox"/> |
| C. Providing knowledge and evidence | <input type="checkbox"/> |
| D. Reflecting or acknowledging parents statements/concerns | <input type="checkbox"/> |
| E. Using closed questions | <input type="checkbox"/> |

Key Health Topics

Child

- Oral Health
- Healthy Start Vitamins
- Diet/nutrition/fussy eating/obesity
- Weight / height
- Sleep routines
- Bottles and dummies
- Understanding behaviour
- Immunisations
- Speech and ELIM
- Play and stimulation
- Toilet training
- Access to nursery
- Accident Prevention
- Immunisation

Parent/carers & Environmental factors

- Parent/carers wellbeing
- Building parental confidence/knowledge
- Think Family
- Accident Prevention
- Wider environmental factors i.e. housing and employment, social capital

How to use ASQ effectively with children with disabilities - Titilayo, HIA SEND

The main point of ASQ screening is to help identify a child's strength as well as any areas that the child may need support. It also flag up areas that may be of concern for more in-depth assessment.




To ensure they get further assessment and early intervention required to support their developmental and learning needs.



If children are already diagnosed with a disability, the screening may not be required.



In some cases, specific domains of the ASQ might still be useful to assess areas not affected by the child's primary disability. For example, if a child has a language delay, the ASQ might still be used to evaluate their motor skills or communication skills for a child in a wheelchair .



While screening is hugely helpful for catching kids at risk for delays, it is less helpful, and even hurtful, for the families of children with identified disabilities.

Vulnerable Children and Cultural Adaptability

- Having additional vulnerabilities the review will be led by the named Health Visitor (HV).
- With a Portage Worker (PW); the named HV works in partnership with the PW and will plan with parents to carry out the integrated review within the most suitable venue for the child and family (this may be the setting).
- Requiring cultural adaptability, for example those within the Jewish nurseries ensuring that:
 - cultural dress codes are observed
 - challenging cultural norms (all my children were like that)
 - flexible appointments



Case Study



Homerton Healthcare
NHS Foundation Trust

Mia is 2.2 years old girl and attends 15 hours per week in an early years setting in Hackney. She has been attending the setting for 2 months and staff noticed that Mia's speech appears to be delayed. Mia is using single words and her vocabulary is limited.

An integrated review is arranged for Mia with the HV, key worker and parent to meet in the early years setting.

The key worker shares the My Portrait at 2, the parent is shares her views and concerns and the HV reviews the ASQ 3 Questionnaire completed (previously) by the parent.

The 'Communication' section has a low score low, and is below the cut off.

The HV completes the ELIM - and Mia scores low on the Word List (below 17), the observations also show that Mia is not yet putting words together.

Parental concerns are explored and HV explores the home learning environment (i.e. access to books and toys, home language and wider family circumstances).

On exploration:

HV and parent agreed to a SALT referral and signposted the family to resources to promote speech and language (BBC tiny happy people videos, Super Communicator tips.) Key worker identified activities for Mia in the setting to promote her communication . HV agreed to follow up with family in 3 months time and review . A referral to Hackney baby bank is also made for toys and books for Mia.



Considerations for special groups

- **Vulnerable parents:** face-to-face engagement from people that parents know, and trust is important. Engagement by familiar early years staff can work well for those with poor prior engagement with health visitors.
- **Parents with English as an Additional Language (EAL)** extra time and resources may be needed for parents with EAL to engage and ensure full understanding.
- **Working parents:** sufficient advance notice and choice of date, time and location may support engagement.
- **Fathers:** it is important to make clear that both parents can attend. If fathers are unable to attend in person, ensure they can be involved by providing feedback

Concerns at 27 Months

- Engages in compulsive activities (e.g. head banging)
- Frequent, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behaviour
- Little or no communication; lack of language, concerns with attention and listening
- Loss of earlier developmental achievements (regression in development)
- Delayed motor skills
- Obesity
- Fussy eating
- Tooth decay

Onward referrals

- Where the need for more support is identified at the Integrated Review meeting, the reviewers should consider the level of a child and family's need. This is to determine whether there should be an **immediate referral to specialist services**, or a period of **additional support** from parents, the early years setting, Children and family Hub or Health Visiting Team with a further **check/review at an appropriate interval to monitor progress**.
- Specialist services may involve referral to a GP, paediatrician, a Speech and Language Therapist, initiation of an Early Help Referral, referral to mental health or social care services

Referrals and Signposting

- First Steps
- HENRY/dietician
- GP
- Speech and Language Team
- Physio
- MARS
- Dentist
- Hackney Play Bus
- Hackney Libraries
- Children and Family HUB
- Citizen Advice Bureau
- Housing Support
- Talk Changes
- Early Help
- ESOL
- Local Voluntary Groups
- Little Village/Baby Bank
- MASH/ CYPS

Questions for health visiting service





Take a Break!

- Feel free to grab a drink or snack
- We will resume in 15 mins
- Please be back on time





Integrated 27 month health reviews

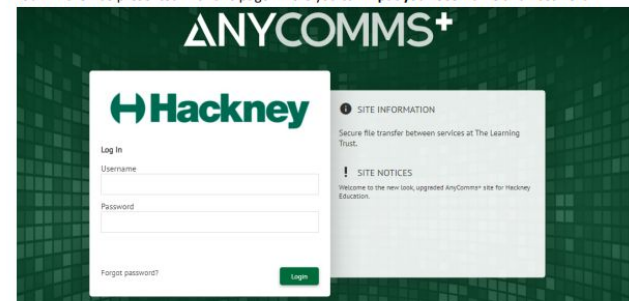
**The Role of the Early
Years Practitioner
(education)**

ANYCOMMS

AnyComms is Hackney Education's secure file transfer site. It is web-based and enables all settings within Hackney to securely transfer data to their local health team. It enables all settings to let the local health visiting team know which Hackney residents have a child currently attending their setting and are due their 27 month Integrated Review progress check.

Login link - <https://anycommsplus.hackney.gov.uk/Login.aspx>

You will then be presented with this page where you can input your Username and Password.



The screenshot shows the ANYCOMMS+ login interface. On the left is a 'Log In' form with fields for 'Username' and 'Password', a 'Forgot password?' link, and a 'Login' button. The Hackney logo is at the top left of the form. On the right is a sidebar with 'SITE INFORMATION' (Secure file transfer between services at The Learning Trust) and 'SITE NOTICES' (Welcome to the new look, upgraded AnyComms+ site for Hackney Education).

Step by step guide on ANYCOMMS

<https://www.hackneyservicesforschools.co.uk/system/files?file=extranet/AnyComms%20Instructions.pdf>

Primary contact for PVI's and health teams

Stuart Bottomley

Contact: Stuart.Bottomley@hackney.gov.uk

2nd contact - Ben.Brennan@hackney.gov.uk

Early Years responsibilities Integrated Review Invite Letter



Homerton University Hospital 
NHS Foundation Trust

ADD YOUR SETTING LOGO
HERE

Date:

Dear Parent/Carer

Re: 27 Month Integrated Review

Now that _____ is _____ old, it is time for his/her 27 Month Review. This review is offered to all children in Hackney. It gives you the opportunity to ask anything you want to know about your child's health and development including their learning and behaviour.

The review will take place at your child's early years setting with a health professional from the local health visiting team. The **My Portrait at Two (Progress Check at Two)** will also be completed by your child's key person and following yours' and the health professional's contributions it will be placed in your Red Book.

Preparing for the Integrated 27 Month Review

You will receive an **Ages and Stages Questionnaire - 3 (ASQ-3)** from your child's Early Years Setting. You must complete this questionnaire **before** the review meeting. As a parent or caregiver, we know you are the best source of information about your child. The ASQ-3 questionnaire will take only 10-15 minutes to complete, it is that quick and easy!

1. Answer each question "yes," "sometimes," or "not yet," based on what you know your child is able to do now. We need your answers to be as accurate as possible so that it shows your child's strengths and any areas where he/she may need practice.
2. Have fun with your child trying the various activities. You can make a note of what you have seen and any questions you may have. **If you do not understand a question you can leave it and ask your child's key worker to explain it/ help you to answer it.**
3. The completed questionnaire will be discussed at the 27 month Integrated review meeting and the health professional will talk about the outcomes with you.

If your child needs help with some skills or development areas, the health professional and early years setting professional will work with you to agree on the best way to support you and your child. Addressing any issues as early as possible supports young children's healthy development and helps to prepare them for life at school later on.

By attending this review, you are helping to ensure that your child is off to the best possible start.

Your child's 27 Month Integrated Review will be on:

Date:

Time:

Venue:

Therefore, it is very important that you attend this meeting.

You must provide:

Your child's **Red Book** and The completed **Ages and Stages Questionnaire** (returned to your child's nursery at least 1 day before the your meeting)



We look forward to seeing you,

Yours sincerely

[Link Health Professional](#)

[Healthy Child Lead Practitioner](#)

The slip must be returned to: _____ by: _____ (date)

Name of parent/carer who will be attending the Integrated 27 Month Review Meeting

Parent/carer name:

N.B. By signing this form you are agreeing to information being shared with a Health Visitor. It will also be used for statistical purposes and may be shared with other professionals. By signing this form, it is deemed that you understand the purpose that the information will be used for.

Signature of parent/carer:

Early Years Practitioner

The EYFS Progress Check at 2 years old

My Portrait Two



N.B: TO BE COMPLETED FOR ALL CHILDREN IDEALLY AT 27 MONTHS AND NO LATER THAN 35 MONTHS
Part 1-To be completed by child's key person with contributions from parent/carer

All about me and my family!
 Position in family, who they live with
 Amount of time child has been at setting
 Was attendance affected by COVID-19?
 Attends fulltime/part time (no, days)?
 Any recent significant events/changes in child's life?
 Previous and current input from other services/professionals including long term health conditions, premature?
 Has child already had their 27mth health review out of the setting? Any concerns?
 Include parent voice

My Portrait at Two

My Personal Social and Emotional Development
 Building Relationships
 Relationship with significant people
 Interest in other children's play
 Awareness of feelings of others
 Self-Regulation
 Understanding and cooperation (regulation) with set boundaries
 Understanding of self: e.g. likes, dislikes, capabilities
 Managing Self
 Ability to express/ communicate needs and seek comfort from trusted adults
 Ability to separate from main carer with support
 Ability to select and complete play activities
 Include parent voice

How I like to play and learn (including my likes and dislikes)
 Interests, choices, favourite activities
 Sense of curiosity
 people/objects
 Preference for large/small social groups?
 Preference for indoor/outdoor activities?
 Willingness to try new things and persist at tasks
 Include parent voice

Insert recent Photo

How I Communicate
 Provide typical examples of speech to demonstrate vocabulary and how many words are used in a sentence.
 If not yet saying words give examples of gesture e.g. pointing, dragging adult

My Physical Development
 Preference for active or sedentary activities. Engages in 3 hours of physical activity throughout each day?
 Gross motor skills-running, jumping, climbing, balance and coordination
 Fine motor skills-mark making/painting/use of tools, dressing/undressing skills
 Developing independence in regular washing hands (including after toileting/before food)
 Awareness of bladder/bowel urges.
 Ability to settle to sleep at night/self sooths.
 Willingness to try new foods, diet (variety), Healthy start vitamins?

My Communication and Language
 Main language spoken by key carers
 Preferred language spoken by child (home)
 Interest and attention to sounds in the environment, songs, rhymes and stories
 Does the child sing along to simple songs/rhymes?
 Understanding of instructions
 Understanding of what/where questions
 Asking simple questions?
 Is the child's speech understood by key carers?
 Ability to turn take when talking e.g. listen and respond to another?
 Approx. number of words spoken are they putting 2 words together?
 Include parent voice

Child's Name:
DOB:
Current age in months:
Name of EY setting:
Name of Key person:
Name of parent/carer contributor:
Part 1 completion date:
Date provided to parent:

Agreed actions to be taken by the setting and parent/carer (this section needs to be fully completed)
 Based on assessment information, your discussion with the parent/carer (and link health professional where applicable), agree on one key action for home (parent/carer) and one or more action your setting will take, to assist the child to meet the desired learning and healthy development outcomes. Clearly state these actions, ensuring that they are: Specific, measurable, achievable, realistic, time bound. (SMART).

The information you have provided in this document will be attached to your child's Personal Child Health Record (Red Book). This information will also be shared with the Health Visitor and may be shared with other professionals if considered necessary for the purpose of providing health, care and education services for your child. This information will also be used for statistical purposes and will be anonymised if it is used outside of your child's education or healthcare setting. By signing this form it is deemed that you understand and consent to the ways in which this information will be used.

Part 2-Summary Information

Was the My Portrait at Two integrated with the 27 Month Health Review? Yes No

2a *complete only for 27 Month Integrated Reviews (virtual and face to face)

Date of 27 Month Integrated Review meeting	Name of Link Health Professional involved in the 27 Month Integrated Review	Name of Early Years Practitioner attending the Integrated review meeting
Did the relevant professional attend the meeting face to face or virtually? (circle which applies)	Face to face Virtual	Face to face Virtual

2b-Assessment Outcome-Indicate which outcome applies, based on your discussion with parent/other professionals, the My Portrait at Two assessment (and "ASQ-3 outcomes)

Reaching key milestones	Beginning to meet key milestones	Not yet meeting key milestones
No referral/signposting required	Provide tailored support, monitor and signpost	Support plan and referral

2c-Record of immunisations due at/around 12 months-35 Months

Name of Vaccine	Due by	Date given (request to view Red Book)	Note if further information was provided or any further support/signposting needed?
Hib/MenC (dose1)	12 mths	Insert dates from Red Book for each immunisation completed.	Consent if further information was offered/provided regarding access to trusted sources of information about immunisations or signposting to immunisation clinics/GP Practices.
MMR (dose1)	12 mths		
PCV (dose2)	12 mths		
Flu (seasonal)	2-3 Years		

2d-Referral information-tick appropriate service where applicable

Area SENCO (Hackney Education)	Speech and Language Therapy	First Steps /Psychology
Special Advisory Clinic (via Health Visitor)	Multi agency team (MAT)	Dietetics service
HENRY (Healthy Eating and nutrition for the really young)	GP	Other (specify)

N.B. Referrals should be made to MAT on a CAF if there are two or more agencies involved or a child needs support from two professionals e.g. a speech and language therapist and Health Visitor

2e-Agreed actions to be taken by professionals

Action to be taken N.B. State clearly what action will be taken.	Who will take the action? E.g. who will make the referral?	When will it be carried out by? (Date)	Who will monitor progress of the action?	When will progress be reviewed? (Date)

2f-My Portrait at Two (part 1 and part 2) has been moderated by

Name	Date	Signature

The early identification of any speech and language difficulty or delay is key to the progressive development of a young child's overall development. WellComm Early Years is a speech and language toolkit available through licence to practitioners (including those involved in the childminders pilot) working in Hackney with children aged 6 months to 6 years. It is available in both digital and paper formats, or a combination of both (paper based with digital assessment) via Hackney Start for Life funding.

What is in the WellComm Early Years toolkit?

Screening Tool

- **Handbook:** Your guide to using WellComm, outlining administration and next steps when using the test
- **Little Book of Score Sheets and Rules:** A handy booklet that contains both the Score Sheets and rules on how to administer the items for each section of the Score Sheets
- **Picture Book:** Contains all the pictures needed for administering the Score Sheets

Interventions

- **The Big Book of Ideas** provides bespoke, fun and practical intervention activities, designed to stimulate and improve the speech and language skills of all children at all levels

Note: in the WellComm Full Digital toolkit, the Handbook, Score Sheets, Rules and Picture Book are combined in the Digital WellComm Assessment. There is also a Digital Reporting Package, which is used alongside the paper resources in the toolkit. The Big Book of Ideas will be provided in addition to this.

The Integrated Review

- Development review used by Health Visiting teams, and the statutory EYFS Progress Check used by early years practitioners
- Assess children's development at 24 to 36 months.



The premises for the integrated review

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 they must make reasonable arrangements, e.g. observing the child for a short while in their group room



The early years set-up for integrated reviews.

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:

- 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
- Items to encourage symbolic play e.g. telephone, small world items
- Interesting items to sort/line up, e.g. natural resources/treasures/cars (linked to child's interests).



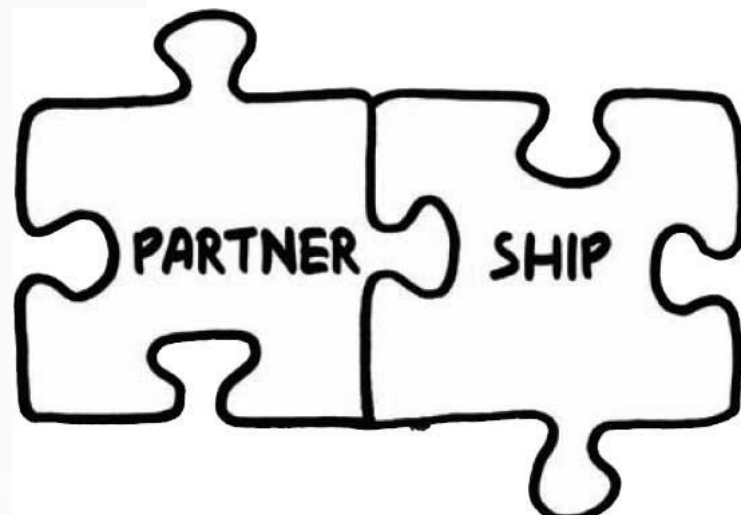
Basic Material kit to include:

- Simple Picture Book e.g. with real life photos. e.g. animals
- Large soft ball
- Clear plastic bottle with screw on lid
- Blocks for stacking (if they have holes in, can double for threading too)
- Short shoelace
- Paper and crayons/pencils
- Plastic drinking cup with handle
- Spoon and fork
- Mirror with safe edges
- Baby doll

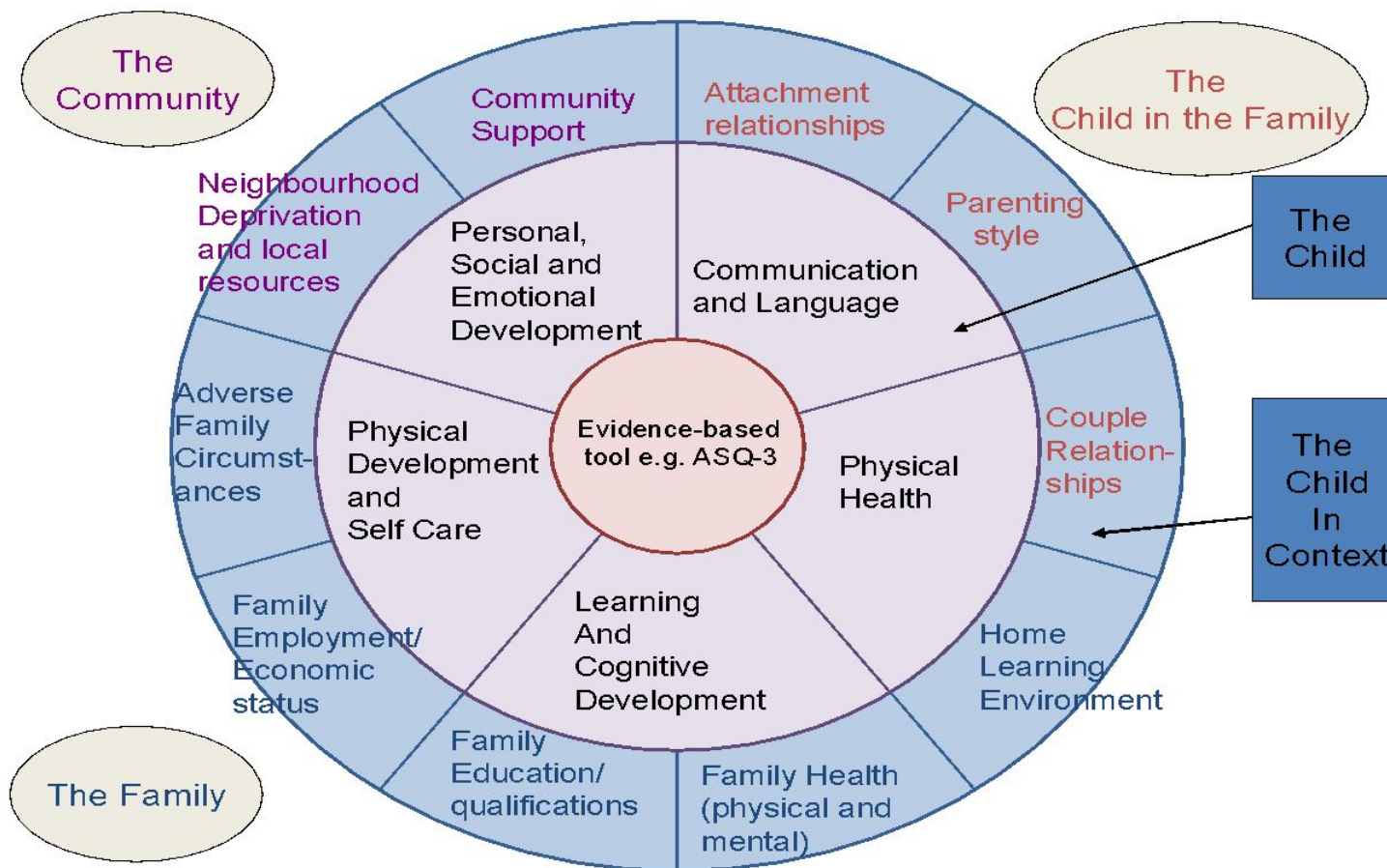
Early Years Professional Role

- Link Health Professional and key person communicate to plan how to approach the review.
- Gather evidence (Give out relevant ASQ-3 to parent(s)/carer(s) and complete progress check.
- Early years practitioner (key person) sets up the room.
- Parent(s) and practitioners work together to discuss the child's learning, behaviour and development at home and setting.
- All parties to agree next steps to support the child's learning and healthy development.
- All agencies monitor and review agreed actions to support early intervention.

Achieving together!



Integrated Review Content



Source: Implementing Integrated Reviews in health and early years, at age 2 (Slide Pack), slide 15, Department for Education and Department of Health, 2014)

The Professional Approach



- Reviews are carried out through working in **partnership** with a focus on the **strengths of the child and strengths in parenting** this will enable professionals to work together in building upon these.
- Parents have a fundamental role in influencing their child's health and development, hence, **working closely with parents'** gives **capacity for positive parenting, including consistent affection, appropriate boundaries, the encouragement of exploratory play and early reading.** These should be important aspects of the review.
- It is crucial for partnership working with local nurseries and playgroups to the implementation and success of Integrated reviews. It allows for early identification and intervention and a prompt input of additional support where required for young children.

Top tips for effective partnership working for integrated reviews

- ★ Trust
- ★ Positive approach
- ★ Professional
- ★ Friendly
- ★ Preparation and communication

Introducing the 6 C's

Care- Getting it right for each child & parent is dependent on strong relationships

Communication- Listening and understanding the needs of our children, parents and practitioners

Compassion- The child & Family at the heart of the review

Competence- Maintain excellent skills for working with children, families and other professionals

Courage – Encouraging innovation and new ways of working

Commitment- Shared goals and 'Can do' attitude



Features of High Quality IRs

- ★ Good communication and transparency between nursery setting, health practitioner and family.
- ★ Having a non-judgemental attitude.
- ★ Recognising that every child is unique.
- ★ Being culturally sensitive and appropriate.
- ★ Comfortable environment - familiar space for the child in order to complete IR in a setting the child is most relaxed and engaged.
- ★ Appropriate and safe nursery setting set up.

Features of high quality IRs

(continued)

- ★ Appropriate record keeping and data reporting.
- ★ Regular training and updates for key staff.
- ★ Accurate use and interpretation of the ASQ questions and answers.
- ★ Offering evidence based health promotions and NOT personal opinions
- ★ Looking at the wider family and supporting as required e.g. ESOL classes, training course, IAPT, Citizens Advice Bureau
- ★ Regular updates from public health England regarding use of PPE and the safe management of staff health and our client group

Benefits Vs Challenges of working across services

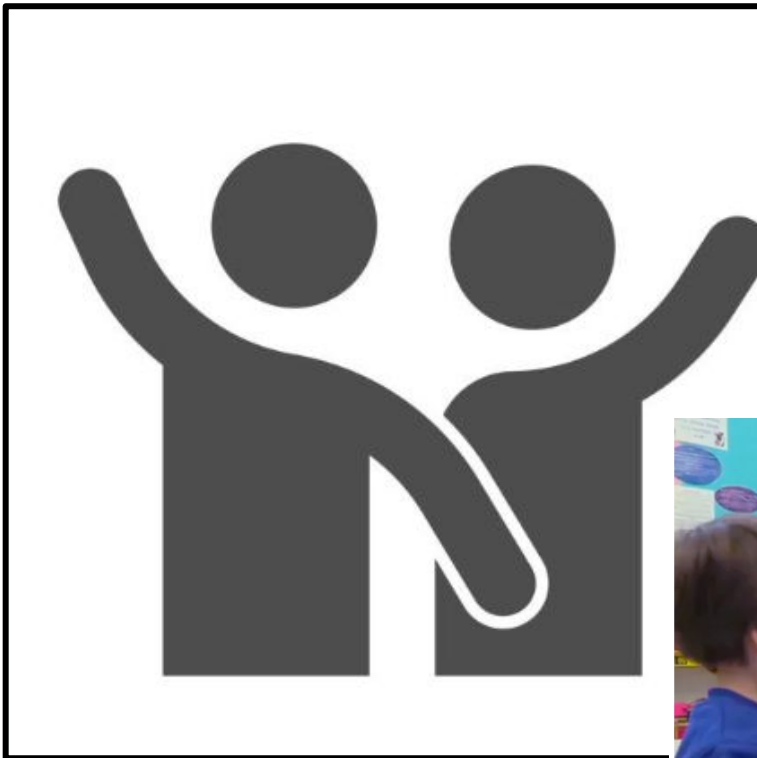


BREAKOUT
SESSION!

We will go into break rooms for
10 mins

- discuss benefits and challenges of working together and across services for the integrated reviews.
- Be ready to feedback

Support each other!



Online help and support (Hackney)

Children & Family Hubs Working for every child **Hackney**

Stay up to date with your appointments and immunisations so you and your baby are healthy.

New baby review

Close and loving infant feeding

Talking, singing and reading builds your baby's brain!

6-8 week review

Back to sleep... on tummy to play

Around 6 months

Introduce solid foods and pick up the cup

8-10 month review

Talk and play everyday!

Our Journey Birth to 5 Years

Visit the dentist for a first check up by age 1 year

Brush teeth twice a day as soon as they appear

Growing up

I'm tall and childcare

27 month review

Active play 3 hours a day

Moving more and sitting less

Pre-school immunisations

Make healthy snacks and drinks part of your 5 a day

Starting school

A healthy weight

Scan the QR code for more information about Birth to 5 Years
education.hackney.gov.uk/birthtofive

NHS
Homerton Healthcare
NHS Foundation Trust

<https://www.birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf>

Resources to support you

- **Guidance for early years settings in 2yr progress check**
- **Personal, social and emotional development in the early years: a handbook for practitioners**
- **Anna Freud - Attachment Booklet - Final**
(download -what is attachment for full guidance)
- **Helping your toddler grow!**
(download poster about helping your toddler grow)

Questions



Feedback

27th Months Integrated Review

Feedback form

We really value your opinion and interested in your views

Name of Early Years Setting _____ Date _____

- 1) Did you understand why and how 27th month integrated reviews are provided in City and Hackney? yes/no
- 2) Did you find the training helpful in fully understanding 26th month integrated reviews? yes/no
- 3) Do you feel confident in your knowledge on assessment tools used for the integrated reviews? yes/no
- 4) Do you understand the importance of health and education teams working together on integrated reviews? yes/no
- 5) Do you agree that integrated reviews support partnership working for children and families? If no state, why? yes/no

- 6) Overall, how satisfied are you with the training?



Very satisfied



Not sure



Dissatisfied

- 7) What could have been done better in this training (ideas and suggestions please?)

Please complete the survey

https://docs.google.com/forms/d/1x5zfaBQ-UE3ibk0juNGnM_u-0Rc_cZkKz7nvhaV5jJc/edit

Thank you so much

Have a wonderful day

