



# Delivering High Quality 27 month integrated reviews in Hackney & the City

**Happy, healthy  
and ready to learn**

# Overview

- Welcome
- Introduction
- [Quiz](#)
- IR Background and rationale
  - Role of health professional
- Break
- Role of EY Professional
- Making it work in partnership
- Questions

## Aims

To celebrate and share good practice in relation to delivery of high quality 27 month integrated developmental reviews within Hackney & the city - Incorporating the EYFS Progress Check at Two and Healthy Child Programme 2-2.5 year review

## Objectives

- ❖ To understand why and how the 27 Month Integrated review is provided in Hackney & the City and what we mean by a ‘fully integrated review’
- ❖ To reflect on the benefits and challenges of working across services
- ❖ To hear partnership working tips from colleagues
- ❖ To understand key features of high quality Integrated reviews including the additional risk mitigation measures required due to COVID-19

# 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-Hackney's 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

### 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**





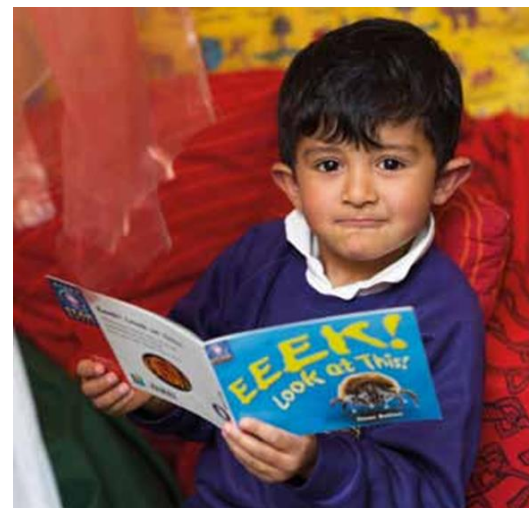
# Mind the gaps!

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

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



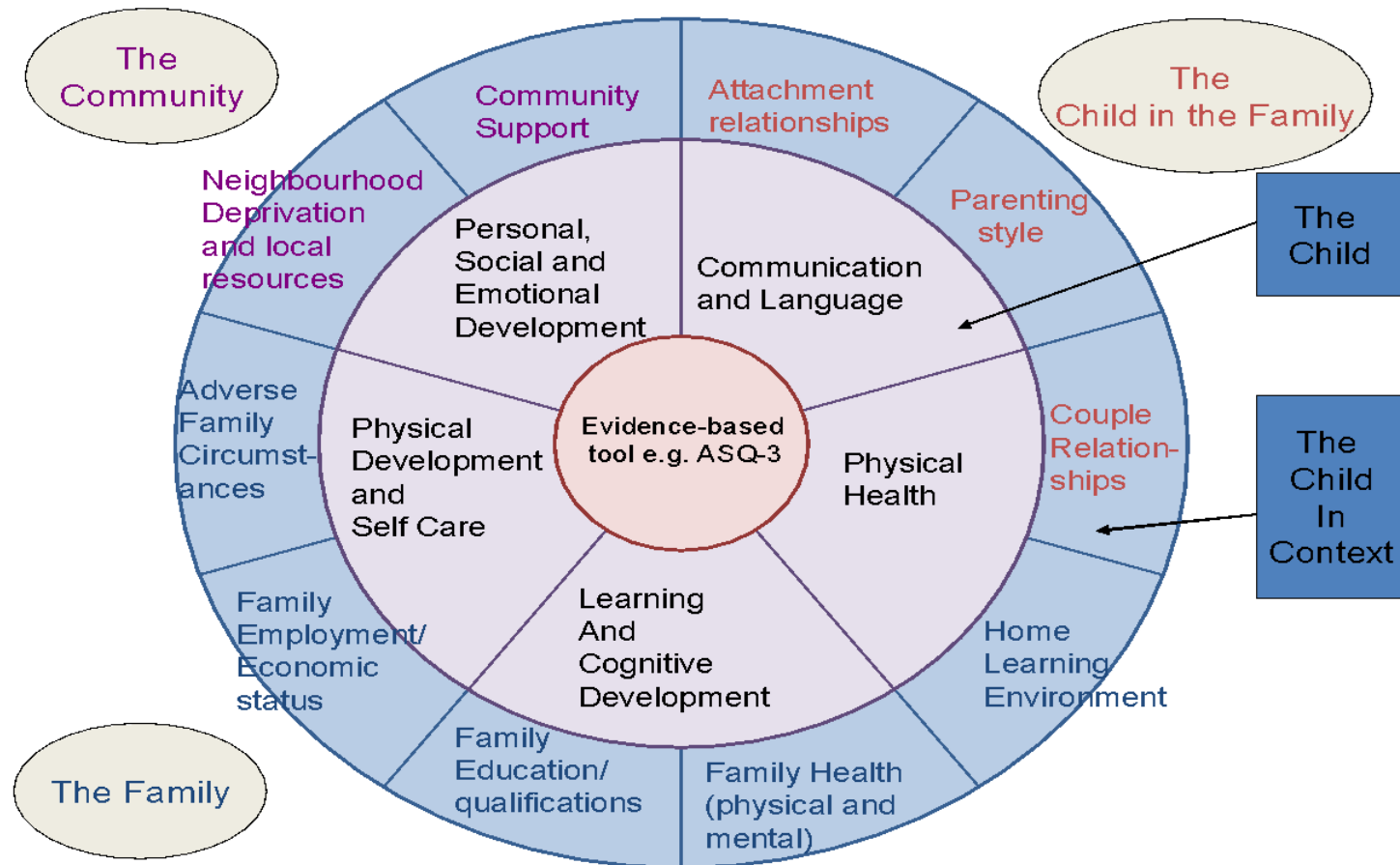
**Early help = Early identification and intervention**



# Integrated 27 month health reviews

The Role of the  
Health  
Professionals (Health  
Visiting Team)

# 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 27 month integrated review & Ages and stages Questionnaire ( ASQ )



ASQ -3 Parental completed questionnaire

Assists the parent to prepare for the meeting and promotes discussion and exploration

*'What's going well for the child and areas of concern or support'*

Covers the following 5 domains of development:

- ❖ Communication –Language and understanding
- ❖ Gross Motor
- ❖ Fine Motor
- ❖ Problem solving
- ❖ Personal-social –Emotional development

# Topics we discuss include:



- Oral health
- accident prevention
- sleep routines
- weight/height
- bottles
- dummies
- diet/nutrition/fussy eating/obesity
- behaviour boundaries/tantrums
- immunisations
- healthy start vitamins
- social skills-feeding themselves and dressing themselves
- parental/carer wellbeing
- General understanding of developmental milestones
- Evidence based health promotion/ current guidelines
- Building parental knowledge, understanding and confidence
- Speech

# Signposting

- First steps
- Dietician/HENRY
- Occupational health
- GP
- Citizens advice Bureau
- ESOL
- Speech and Language
- Physio
- Dentist
- Hackney Play bus
- Hackney Libraries
- Children's centres
- MAT/Family support
- Local voluntary groups
- Housing support letters
- Adult and children's social care

# Vulnerable children and Cultural Adaptability



- For Children identified as having additional vulnerabilities their review will be led by the named Health Visitor
- For Children with a Portage Worker; the named HV in partnership with the Portage Worker will plan to carry out the Integrated review in the most suitable venue for the child and family –This may be the setting
- Cultural Adaptability: For example within the Jewish nurseries:
  - Observing cultural dress codes
  - challenging cultural norms(all my children were like that)
  - flexible appointments (Sabbath )

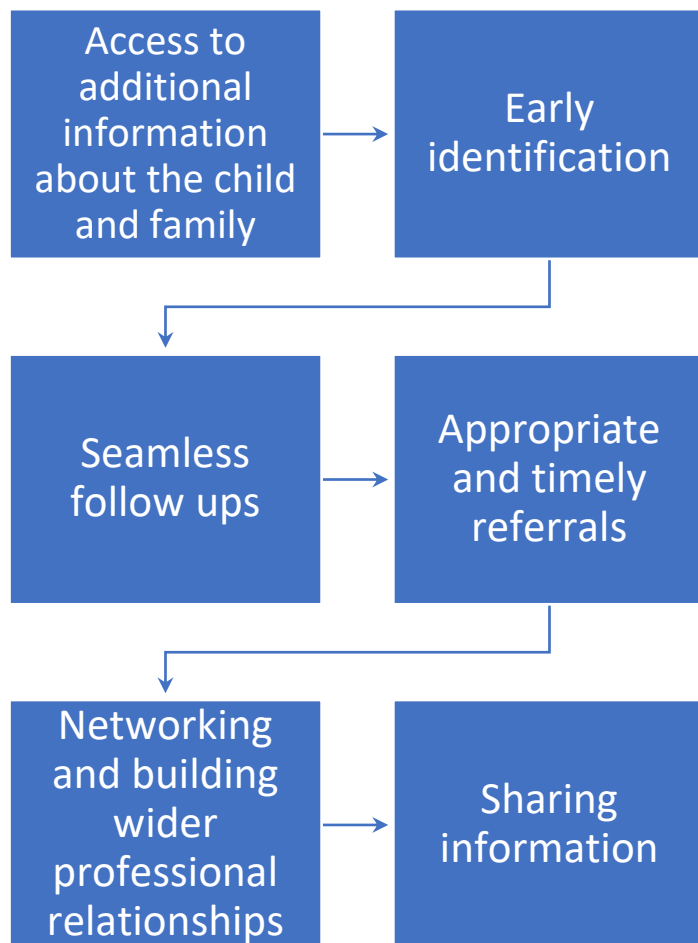
# The professional approach

- Reviews are carried out with a focus on the **children's and parents' strengths** and **working in partnership** them and other professionals to build on these. Parents have a fundamental influence on young children's health and development and hence **building parents' capacity for positive parenting, including consistent affection, appropriate boundaries, and encouragement of exploratory play and early reading**, should be an important aspect of the review.
- That is why partnership working with local nurseries and playgroups is crucial in the implementation and success of Integrated reviews. It allows for early identification and prompt input of additional support where required



# Benefits Vs Challenges of working across services

## Benefits



## Challenges

Working during COVID

Lack of staff-COVID related sickness

New behaviour issues such as fussy eating, emotional meltdowns

Difficulties with coordinating diaries

Lack of professional flexibility

# Continued:

## Benefits

Sound knowledge of child health ,growth and development

Overall well being of the child and family as a whole-A holistic approach

Access to a wide network of professionals from different areas of expertise who can support the child and family

## Challenges

- Parents not wanting to disclose certain information to the nursery but they only to health
- Parents not being transparent/honest about health or domestic issues affecting the child(FAST referrals/Perinatal referral)
- Maintaining a professional relationship between the nursery and health especially when there is a high staff turnover or currently –coming out of the lock down

# Tips for Effective Partnership working



Joint Planning  
and preparation  
is required to  
facilitate  
partnership work

Persuasion and  
Negotiation  
important.

Good will and  
cooperation  
critical

Flexibility re:  
client availability

Effective  
Outreach has to  
be accompanied  
by competences

Making the most  
of different  
modes of  
communication ,  
anycomms, email  
, letter ,text etc.

Regular  
professional  
meetings

Sharing resources  
where possible

# Features of high quality IRs



- ❖ Good communication and transparency between nursery setting ,HP and family
- ❖ Set the scene: Familiar space where the child is able to navigate comfortably so we are able to see him/her at their most relaxed and engaging
- ❖ Appropriate and safe nursery setting set up
- ❖ Appropriate record keeping and data reporting
- ❖ Regular training and up dates for key staff
- ❖ Accurate use and interpretation of the AS questionnaire questions
- ❖ Regular updates from public health England regarding use of PPE and the safe management of staff health and our client group

# Features of high quality

## IRs contd.



- Having a non judgemental attitude
- Recognising that every child is unique
- Being culturally sensitive and appropriate
- 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

**27** 25 months 16 days through 28 months 15 days  
**Month Questionnaire**



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: \_\_\_\_\_

**Child's information**

Child's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's gender:  
 Male  Female

Child's date of birth: \_\_\_\_\_

**Person filling out questionnaire**

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child:  
 Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names of people assisting in questionnaire completion: \_\_\_\_\_  
\_\_\_\_\_

**Program Information**

Child ID #: \_\_\_\_\_

Program ID #: \_\_\_\_\_

Program name: \_\_\_\_\_



## FACE TO FACE INTEGRATED REVIEW IN EARLY YEARS SETTING

Named Health Visitor (HV)/practitioner to visit allocated settings to assess room allocated for Integrated Review (IR) is adequate in line with early years setting risk assessments.

Outcome of visit to be shared with HV leads and team coordinator

HV/Practitioners to access by anycomms/ senior Admin/Nurseries the list of children due for review

Named HV/practitioner to request nurseries risk assessment before carrying out scheduled reviews

Named HV/practitioner to deliver ASQ forms and invite letter in an envelope with initial of each child at settings

Named HV/practitioner to contact carers/parents and early year practitioner to discuss **HOMERTON FACE TO FACE INTEGRATED REVIEW RISK ASSESSMENT** once reviews are scheduled.

Following **HOMERTON FACE TO FACE INTEGRATED REVIEW RISK ASSESSMENT** discussion (section 2) with parents/carer

If answered "YES" rebook another face to face IR appointment if within timeframe. Offer virtual appointment if review is about to breach

If answered "NO" complete IR in the settings.





## HOMERTON FACE TO FACE INTEGRATED HEALTH REVIEW RISK ASSESSMENT

### Section 1

No	Assurances	Tick when completed or applicable
1.	Named Health Visitor (HV)/practitioner to visit allocated settings to assess room allocated for Integrated Review (IR) is adequate in line with early years setting risk assessments?	
2.	Named HV/practitioner to ask families and early years staff all questions in section 2 before going into setting to carry out reviews	
3.	Name HV/Practitioner to discuss with parents/carers prior to appointment the need to wear mask throughout the review.	
4.	Name HV/ practitioner, early years staff and all practitioners must always wear mask during the review and use hand sanitizer as required	
5.	Name HV/link practitioner to ensure and inform parents/carers to complete ASQ form prior to attending review appointments.	
6.	Where parents/carer/child/family member have had contact or show symptoms of COVID 19 – appointment must be rebooked for face-to-face health review within the window frame or virtual appointment to be offered if the review is about to be reached	
7.	Link practitioner to carry out 1 steam Flow Test (1.FT) twice a week	
8.	All equipment and furniture to be clean with Clirex wipes after each use	

### Section 2

If "No" to all questions proceed with face to face Integrated Review

No	Questions	Yes	No
1.	Do you or any member of your household/ family have a confirmed diagnosis of COVID-19? Have you been told to self-isolate by NHS Test and trace		
2.	If yes, wait for the agreed period of time 10 days since symptomatic/ positive test with COVID-19		
3.	Are you or any member of your household/family waiting for a COVID-19 test result?		
4.	Have you travelled internationally or (countries placed on the Red list) in the last 10 days?		
5.	If yes to Q4, confirm if you currently isolating		

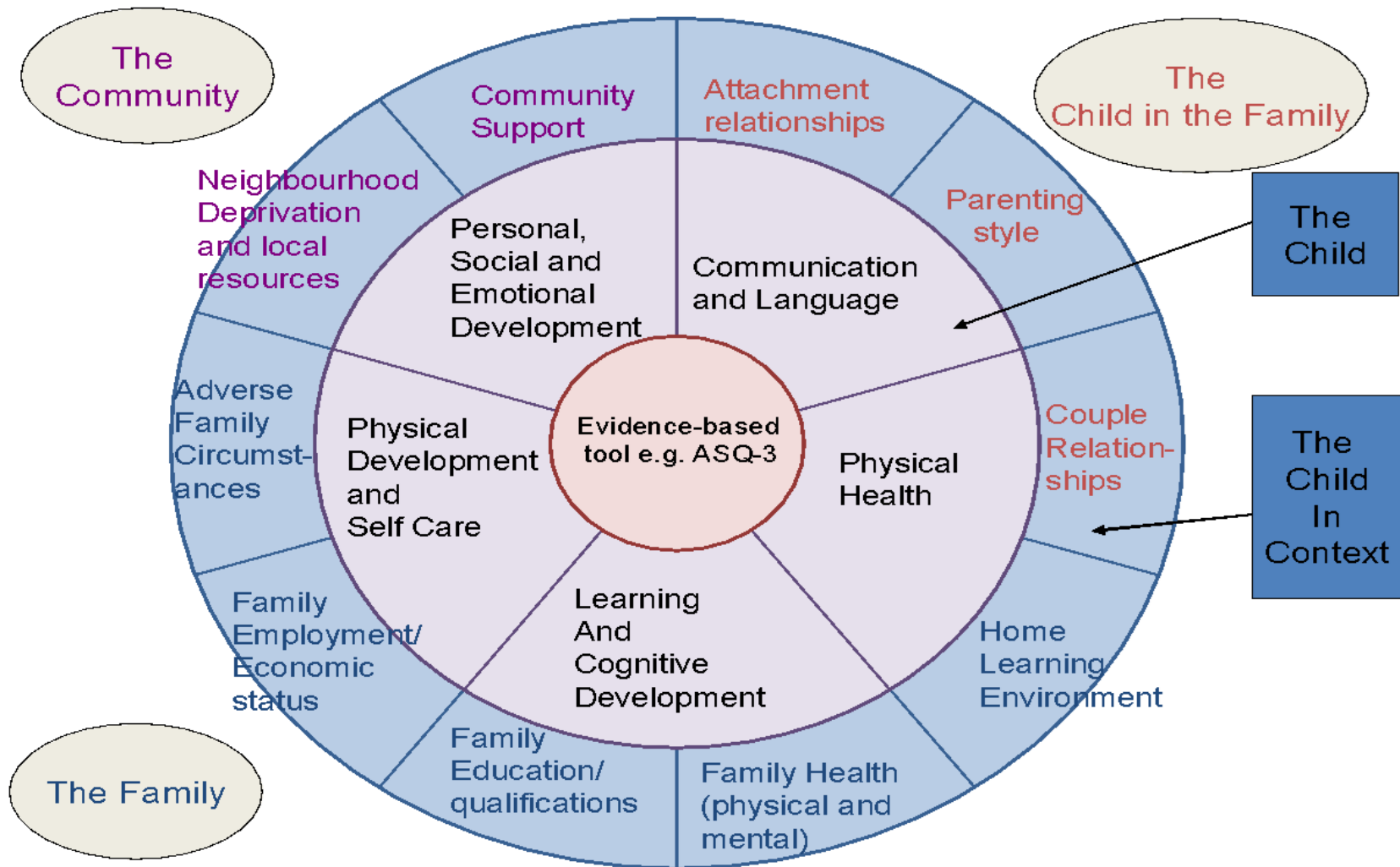
6.	Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		
7.	Do you have high temperature or fever		
8.	Do you have new, continuous cough		
9.	Have you loss or alteration to sense of taste or smell		

The main symptoms of coronavirus are:

- a **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

# Early Years Professional Role

# 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)

# Early Years responsibilities

## The EYFS Progress Check at Two-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, prematurity?  
Has child already had their 27month health review out of the setting? Any concerns?  
*Include parent voice*

**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  
*Exclude parent voice*

Insert recent Photo

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

**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 gestures 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/unfastening skills  
Developing independence in regular washing hands (including after toileting/before food)  
Awareness of bladder/bowel urges.  
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 actions 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 and any further support/signposting needed?
Hib/MenC (dose1)	12 mths	<i>Insert dates from Red Book for each immunisation completed.</i>	<i>Comment if further information was offered/provided regarding access to trusted sources of information about immunisations or signposting to immunisation clinics/GP Practices.</i>
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





### **Example Early Years Risk Assessment template for 'in person' Integrated 27-month Review, 1st Feb 2022**

- The robust risk assessment required for face to face 27 Month Integrated Reviews is the responsibility of the EY setting. This form is a good practice example for you to adapt according to the circumstances of your setting such as layout, occupancy etc.
- Each setting's risk assessment needs to be available for the health visiting area manager and your allocated Link Health Professional to view prior to undertaking any face to face 27 Month Integrated Reviews.

### **The government guidance "Actions for Early Years":**

<https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures> states that settings should:

- **Ensure good hygiene for everyone.**
- **Maintain appropriate cleaning regimes, using standard products such as detergents.**
- **Keep occupied spaces well ventilated.**
- **Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19**

<b>Name of our setting:</b>	<b>Date form completed:</b>	<b>Completed by:</b>	<b>Date shared with Health Visiting team link professional:</b>  <b>Name of Link Health Professional it was shared with:</b>
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# Understanding the parent's context

**Parental capacity** to provide sensitive, responsive caregiving can be influenced by aspects of the parent's:

- 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 child's context

- 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:any recent changes big or small?



# Understanding 2 Year olds

## Main characteristics of a two year olds

- Trusting
- Autonomous
- Able to act intentionally
- Largely self-centred and unable to take on board the views of others
- Aware of the consequences of their actions
- Able to control their normal bodily functions

# Understanding 2 year olds

**TO** help children understand and cope with their emotions, parents need to know **what behaviour is appropriate** for the child's age. However, they also need to understand that their own use of **emotional language** has important consequences for children's emotional development.

For example, when a young child is crying, the language '[labels](#)' the parent uses to respond can define the child's own emotional state. Repeated exposure to these labels will affect the child's ability to experience and express his/her own emotions. However, as the child grows and is able to identify these emotions, he/she will start to recognise differences in the emotions of others. Ultimately, this will enable the child to empathise with these.

# The meaning behind the words

## Example 2

**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.**

# Concerns at 27 Months

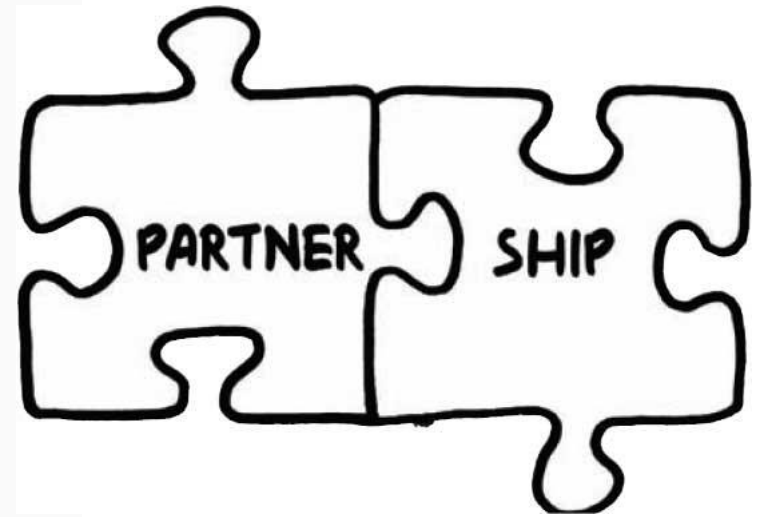
- Engages in compulsive activities (e.g. head banging)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behaviour
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental achievements

**Do not be misled by the compulsively smiling child: they may have learnt that smiling puts their carer in a good mood and therefore keeps them safe.**

# Resources to support you

- **A handbook on the emotional development of 2, 3 and 4 year olds**
- **Talking with families about a child's PSED when you have concerns leaflet**
- **Emotional containment leaflet**

# Achieving together!



# Top tips for effective partnership working for Integrated Reviews

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

# Online information and support



Age	What	Why	By whom	Where
12-15 months	Developmental Review	Check your child's growth and development and discuss any concerns you have.	Practice Nursing Team	Practice Nursery, Community Child Health Clinic or Community Centre
18 months	Immunisation	<b>MM2 (Meningococcal, Mumps, Measles, Rubella)</b> <b>MM2J (Meningococcal, Mumps, Measles, Rubella, Japanese Encephalitis)</b>	Practice Nurse	GP Surgery
2 years	Health Check/Developmental Review	<b>Checklist</b>	Practice Nurse	GP Surgery
27 months	Developmental Review	Check your child's growth and development and discuss any concerns you have.	Practice Nursing Team (and your GP or Health Visitor if you are unable to attend for your child or if you have any other concerns)	Practice Nursery, Community Child Health Clinic or Community Centre

## Our Journey - Birth to 5 Years

My child is aged between...

0 - 6 months
>

7 - 27 months
>

28 - 5 years
>

Age	What	Why	By whom	Where
3 years and 4 months	Immunisation	<b>MM2 (Meningococcal, Mumps, Measles, Rubella)</b> <b>MM2J (Meningococcal, Mumps, Measles, Rubella, Japanese Encephalitis)</b>	Practice Nurse of Health Visiting Team	GP Surgery, Community Child Health Clinic
4 - 5 years	Health Review	To support your child's transition to school if your child has additional needs or if required	School Nurse/Health Visitor	School nurse/Health Visitor/School setting

[View the full appointment timeline](#)

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



# 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

# Evaluation

[https://docs.google.com/forms/d/1MRWSCw\\_Ycg5OS8cvSwUuszAMfwuriEETd\\_kjegWxdY/edit](https://docs.google.com/forms/d/1MRWSCw_Ycg5OS8cvSwUuszAMfwuriEETd_kjegWxdY/edit)