

Smooth talk

Implementing the Integrated Review – a replacement to the Progress Check at Two – should see early years settings working more closely with health visiting teams, *Dr Kay Mathieson* explains



The Integrated Review, involving both health visitors and early years practitioners, is being rolled out across England as a replacement to the Progress Check at Two. Speed of implementation by local authorities is varying greatly, largely due to the nature of existing information-sharing systems. However, general feedback from early years practitioners is that the closer they are able to work with their local health team, the greater the benefits for all.

Closer working means:

- for individual children, more coherent information-sharing with parents and smoother access to advice and support when required
- for parents, easier and less frustrating access to advice and support
- for practitioners, an opportunity to have a more holistic understanding of a child and their current needs.

Undoubtedly, it takes time to adapt systems, processes and links between professionals to bring about a more integrated way of working. Most local authorities are devising new protocols through small pilot projects, and these are now being rolled out in some areas.

Discussions with early years practitioners over recent months paints a very mixed picture, with some clearly well informed about local approaches to the Review, while others are feeling isolated and unclear about their

role in the new process. Also clear, however, is practitioners' desire to feel confident that they are doing all they can to support the children in their setting. So, perhaps the Review can be a catalyst for reflecting on how well we communicate with parents and other professionals.

COHERENT SYSTEM

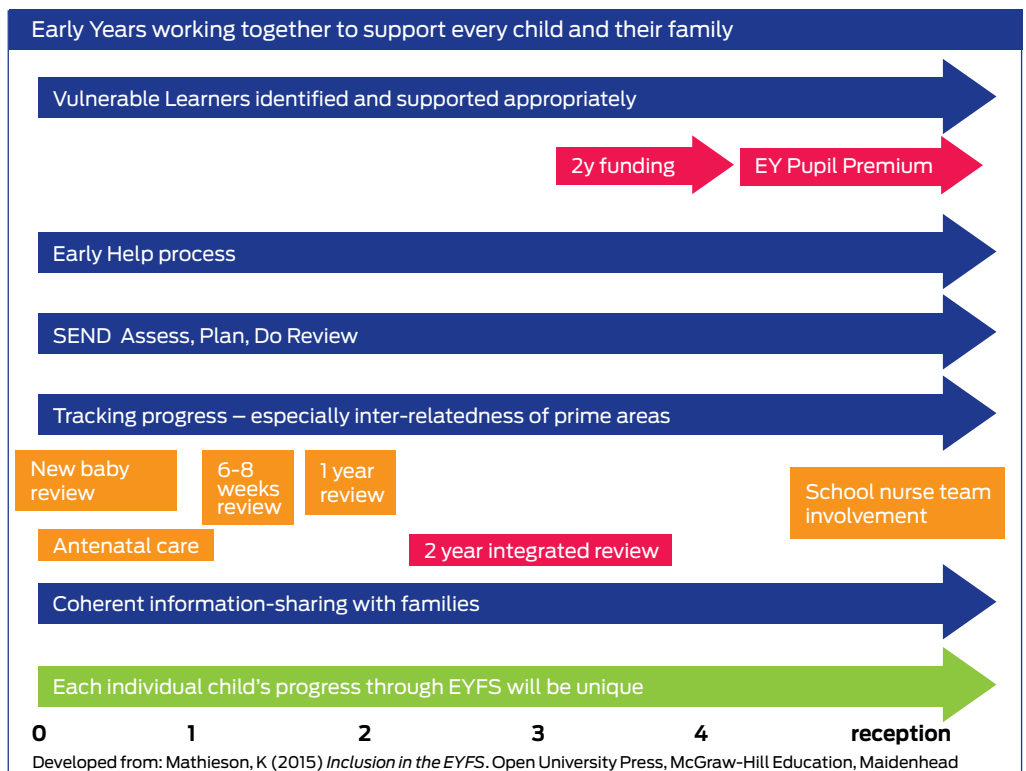
The diagram (below) illustrates how the Integrated Review fits into

It would be difficult to think of an objection to more integrated working with health teams

a coherent system across the early years, enabling identification and access to support for any child as appropriate. However, the fact that the systems exist does not ensure that they are implemented appropriately.

The systems are the 'big picture'; it is the professionalism, responsibility and accountability of each practitioner that make them work for the individual child. The same is true of systems within settings; they have to be used appropriately, conscientiously and effectively by all involved.

The diagram highlights how the health and early years reviewing and tracking systems complement each other. In particular, they give important information about developmental progress across the Prime areas of learning. Specifically, the Integrated Review offers a unique chance to bring together the information from health, EYFS and parents to consider surprises, delights and concerns about the child's progress. In addi-



THE RED BOOK: POINTS TO CONSIDER

Using the Personal Child Health Record (Red Book):

- Confirm details of the local health visiting team where child is registered (note that after the age of one year, a child will be registered with the team rather than an individual health visitor in most areas, so parents are unlikely to know a health visitor's name)
- With parents' permission, check that the health visiting team is aware the child is attending your

setting and when the integrated review is due

- Engage parents in discussion about their child's development and support them to update their Red Book as part of the admission process
- Invite parents to suggest topics for health practitioners to offer in a short group session – for example, toileting, sleeping and eating
- Discuss with health practitioners opportunities

for delivering advice and information sessions for parents – with input from setting practitioners – about language, physical or social development as relevant to current children

- Invite health visiting team practitioners to events and new parent sessions at the setting
- Offer to raise awareness of clinic and drop-in sessions and appointments or specific events at the local clinic or children's centre

tion, there is the requirement that where concerns are raised, action is taken to meet the child's needs.

In preparing for this integrated sharing of information, we as practitioners should scrutinise aspects of our practice by asking:

- To what extent do our admission discussions with parents highlight and set a positive tone for working closely with health colleagues?
- How coherently do our written and verbal reporting to parents tell the story over time of the child's progress?
- Does the organisation of information in our reporting make it easy to recognise where there are concerns or cause for celebration?

The family-held document outlining their child's progress over time is the Personal Child Health Record (commonly known as the Red Book). Supporting parents to add and share significant information via the Red Book is an important indicator that health and early years practitioners are working together.

There are varying reports about the consistency with which parents are empowered to use the Red Book. Settings that are proactive in drawing together their developmental information with that of the Red Book really help to give coherence to the information shared between health and early years professionals. Strategic leadership can also exert a strong influence on practice – for example, West Sussex County Council uses the insightful phrase 'one message, many voices' to highlight the need for coherence but also the reality that there will be contributions from more than one source.

SHARING EXPERIENCES

As early years practitioners, it is useful to remember that our health colleagues are also implementing the changes necessary to make the Integrated Review work smoothly. A first step to increasing coherence is to make contact and share experiences with the local health visiting team. Key questions that may help include:

- What is the timing of the health review and use of the Ages and Stages Questionnaire (commonly, but not always at 27 months)? This enables settings to organise the timing of their progress check so that the information can contribute to the health review.
- Prior to local authority systems being implemented, what would be the most effective way to share the progress check information? For example, placing a copy of the progress check inside the cover of the Red Book.
- With parental permission, would it be useful to share the names of children whose progress check/health review are due and help make arrangements for the health team to see the child or meet the parents in the setting?
- Is there any public health information (smoking cessation, diet, sleep, toileting, etc) that you could distribute to families or that health professionals could talk about with small groups of parents?

Once initial contact has been made with the health visiting team, sharing practice and looking for effective ways to support each other's work begin to become established. Professional discussions will recognise the appropriateness of sharing some information



MORE INFORMATION

- Department for Education (2014) *Statutory Framework for the Early Years Foundation Stage*
- Mathieson, K (2015) *Inclusion in the EYFS*. Open University Press, McGraw-Hill Education, Maidenhead
- National Children's Bureau (2015) *Integrated Review* (available from www.ncb.org.uk)
- For further information about the Healthy Child Programme and Integrated Review: www.foundationyears.org.uk and www.nhs.uk

and respecting the confidentiality of some medical information. A particularly useful forum for exploring these issues is to attend joint training opportunities available locally.

Giving and receiving feedback about our record-keeping and communication from those beyond the setting is a valuable tool for continuous improvement. Inviting health colleagues to share their understanding of the information we provide can be a valuable exercise in improving our communication with parents and professionals. This could include:

- the progress check
- ongoing reporting to parents about children's progress
- admission process
- phone calls
- leaflets/website about support and services provided by the setting.

Developing this into a two-way process where settings and parents are able to share their understanding of the information received via the health visiting team facilitates a deepening of understanding and trust between practitioners. The ultimate joint working is when health and early years professionals are able to use local professional forums to engage in shared problem-solving about specific priorities, such as those included in the '6 high impact areas' for health visitors. For example, healthy weight, nutrition and physical activity, reducing hospital attendance/admission and wellbeing/development with support to be 'ready for school' (details available from: www.gov.uk/government/publications/commissioning-of-public-health-services-for-children).

It would be difficult to think of an objection to more integrated working between health and early years to support young children and their families. The initial struggle though is in the detail of local systems and processes. Where the strategic leads in local authorities are already working closely together, the messages are strong, practical and build on existing effective practice. However, whatever context you find yourself in, you can take action to build relationships across agency boundaries and engage parents in thinking positively about sharing information between early years settings and health visitors. EYFS practitioners have closer relationships with parents over time, so are in a key position to support parents in recognising the advantage for their child of the Integrated Review and engagement with health colleagues. ■