

## Executive Summary

# **The Integrated Review: follow-up report on practice in two local authorities**

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### **Aims and methodology**

The Early Childhood Unit at National Children's Bureau commissioned this research to inform and support practice development in relation to the Integrated Review for children aged two to two-and-a-half.

This research aimed to produce case studies on two local authorities, outlining their approaches, practices and processes relating to the Integrated Review, in particular:

- achieving an effective assessment of the whole child
- early years and health practitioners working together, and
- partnership work with parents.

Research work was carried out in Islington (which had adopted a joint meeting model) and in Warwickshire (which had adopted a model of separate meetings). A total of 18 in-depth telephone interviews, nine in each LA local authority area, were carried out with service leads for the review, early years and health practitioners, and parents. Each case study is based on the narrative accounts of the experiences of the interviewees.

### **Main Findings**

#### **Model design, review, tools and materials**

Both local authorities were unable to share information electronically between health and early years sectors. They designed their models based on what was achievable given local area characteristics, infrastructures and systems, available resources and costs, existing partnerships between health and early years sectors, and local authority wide early years strategies.

Both local authorities designed their models through working group meetings. Islington had two working groups; a strategic group and an operational group. The two service leads were from early years and health visiting. They attended both groups and frequently communicated with each other outside of group

meetings. Warwickshire's two service leads were from early years and speech and language.

Warwickshire's separate meetings model relied on parents to pass on paper-based information to and from practitioners. Their model had a focus on assessing the child's development, which is reflected in their use of additional assessment tools: Wellcomm Speech and Language Toolkit and the ASQ:SE. Their model was piloted by four health practitioners in four local areas before it was rolled out to all areas. Warwickshire designed a data sheet to record assessment information and the paper-based information received and sent. Warwickshire reported that their model worked well during the pilot period. At the time of interview, Warwickshire were in the process of reviewing and modifying their model in response to a drop in the number of paper-based review documents received by practitioners. Moving forward, Warwickshire aim to introduce several changes to further support the implementation of their model.

Islington's joint meeting model had a focus on achieving a balance of the three perspectives involved, and reaching agreement on the child's progress and further support needs. This is reflected in their monitoring and guidance tools, particularly their *Integrated Review Form* which was used to record the perspectives of the health and early years practitioners and the parent, the child's details and their assessment information. Islington's model included the introduction of a named link health practitioner for each of their early years settings.

Islington's model was piloted in all their children's centres before it was rolled out to all early years settings. Islington reported that their model was working well, but involved greater challenges in working with private, voluntary and independent (PVI) settings. Moving forward, Islington have decided to prioritise those children in receipt of free early education places for two year olds, focus on the quality of their reviews, and address the need for local evidence of impact.

### **Process for carrying out the review**

In Warwickshire, the early years setting displays a poster informing parents they will receive an appointment letter from their health practitioner, and will need to take their child's EYFS progress summary to their appointment. The early years practitioner identifies children in their care who are due to have a review and prepares their EYFS progress summaries to share with parents. A copy is given to the parent to take to their review appointment, along with a flyer containing the early years practitioner's contact details and comments. At their review appointment, which is usually held in health centres, the parent is given a postcard with the health practitioner's comments and contact details which the parent then returns to their child's early years practitioner. The health practitioner completes a data sheet recording the child's assessment information, and whether paperwork has been received and sent.

In Islington, the early years setting identifies children due for a review and contacts their link health practitioner to arrange appointments. The early years practitioner gives the parent an appointment letter, prepares the EYFS progress summary and shares it with the parent, and completes relevant sections of the

Integrated Review Form. About 15 minutes before the joint review meeting, which is held in early years settings, the two practitioners have a pre-meeting to plan the joint meeting with the parent. During the joint meeting, both health and early years practitioners complete the Integrated Review Form. At the end of the meeting practitioners and parents complete feedback forms.

### **Practitioner training and support**

Warwickshire ran several joint and separate training sessions but attendance levels varied. The practitioners interviewed had not attended training sessions. They accessed guidance and support through attendance at steering group meetings, and through their line managers and peers. Practitioners expressed a need for more detailed guidance and training on: the purpose of the Integrated Review and processes involved; understanding each other's professional approaches to observation; assessment of the child's development; practitioner roles and responsibilities; processes for sharing concerns about the child; making appropriate and agreed referrals, and carrying out follow-up actions.

Islington ran a series of well-attended joint training sessions and developed clear and detailed written practitioner guidance. They also held a local Integrated Review conference to raise practitioner awareness and confidence in recognising signs for concern in very young children, raising concerns with parents, and making referrals to the most appropriate agencies. Islington have developed ongoing joint training on the Integrated Review and follow-up training on speech and language, child development and moderating. Practitioners in Islington indicated a need for further joint training to share their experiences, and learn more about each other's approaches to carrying out observations of the child, and assessing the child's development.

### **Practitioner experiences of the model**

In Warwickshire health practitioners reported that the positive language used in EYFS progress summaries was difficult to interpret especially when they did not contain an age band category. Warwickshire was in the process of trialling a standardised format for the EYFS progress summaries specifically for the Integrated Review.

In Warwickshire, the early years practitioners interviewed received few postcards from health practitioners, and those they did receive contained little information. They expressed a need for more detailed and useful information from the health practitioner to enable them to jointly work towards further supporting the child. Early years practitioners tended to find out about any professional differences of opinion through the parent. In the absence of contact details for the health practitioner, and detailed guidance on processes, they found differences in opinion difficult to resolve.

In Islington, differences in opinion between practitioners were usually resolved through reaching an agreement to further observe the child. Some differences were resolved through reporting to line-managers, and others were addressed by the service leads through clarifying guidance or through practitioner training.

Practitioners in Islington commented that their model was working well, and had resulted in stronger relationships between practitioners and with parents.

However, health practitioners in Islington reported the model was working less well with PVI settings. They also felt that the review needed to happen much earlier, when the child was less than 24 months, in order to have a positive impact on early intervention and development for individual children.

### **Exploring the child in context.**

In both Islington and Warwickshire, discussions about any broader contextual factors surrounding children were led by health practitioners. However, health practitioners felt it inappropriate to ask parents sensitive questions when meeting them for the first time. In most reviews, they had no prior concerns about the family and therefore asked general questions about the child's home life, family members, couple relationships, and use of local facilities. Practitioners tended to rely on their listening and observation skills to identify any areas for concern during the meeting, and indicated it was rare to identify any major concerns.

In reviews where there were known to be prior concerns about the family, Islington advised practitioners to take an individual approach: inform the parent that specific information will be shared; plan how to manage that discussion, and decide whether both practitioners and the child needed to be present. However, health practitioners felt limited in what they could discuss in the presence of early years practitioners who were not necessarily fully aware of prior concerns. Health practitioners also felt that the ideal setting for exploring the child in context was the child's home.

### **Partnership working with parents and involving the child**

Emerging from the two local authorities are a number of positive practices around building partnerships with parents including: informing parents about what to expect in the review and responding to their questions and concerns; reassuring parents that the review is focussed on identifying their child's progress and further support needs; highlighting that the ASQ-3™ is but one of several aspects of the review and not in itself a definitive assessment of their child's development; preparing parents to expect that information will be shared; providing clear practitioner guidance on how to approach the discussion of sensitive information with the parent; involving and supporting the parent to work towards achieving any targets for their child, and keeping parents informed on the status of any referrals made to other agencies.

Also emerging from the two local authorities are a number of positive practices in relation to involving the child in the review. These included: giving the child space and time to get used to the review meeting environment, and reassuring the child; showing an interest in the child and making conversation; engaging the child in play that reflects the child's interests, and engaging the child in activities from the ASQ-3™; physically getting down to the child's level; involving the parent in the child's play and turn taking; encouraging the child to cooperate with being weighed by weighing the toys and adults in the room, and for reluctant children, weighing the parent first then weighing the parent holding the child, and deducting the parent's weight to arrive at the child's weight.

## Parents' experiences

Parents generally reported positive experiences of their review meetings. They found them to be reassuring and supportive. Some parents reported that the reviews had prompted them to register their child with a dentist, change their child's sleep pattern, and check their immunisations were up to date. Parents with a child with SEND reported that it had resulted in further specialist support for their child.

## Key themes, needs and practices

**Effective communication** between health and early years services, providers and practitioners was found to be a fundamental success factor in implementing the Integrated Review and achieving an effective assessment of the whole child. Key emerging good practices around communication included:

- **Introducing a named link health practitioner** for each early years setting which may enable practitioners to communicate directly and develop relationships.
- **Clear and very detailed written guidance** on roles and responsibilities and processes involved which may enable practitioners to more effectively work together.
- **Offering practitioners a range of training and support** including joint training opportunities, separate staff team training sessions, ongoing support and guidance from line-managers, and support and guidance from peers.
- **Specific training and support in specific areas.** Early years practitioners may need specific encouragement and support to more clearly outline their concerns about the child and to allocate the child into age band categories. They may also need specific training and guidance on handling sensitive information about the child and family in relation to exploring the child in context. Health practitioners may need further training to understand in more detail how EYFS observations of the child are carried out and how the child is assessed to enable them to more easily interpret EYFS progress summaries.
- **A shared medium for recording information** such as Islington's *Integrated Review Form* which may be used to ensure practitioners are fully aware of each other's assessment of the child.
- **Working groups** with a mix of strategic level managers, senior team managers and experienced health and early years practitioners which may help to resolve communication issues and identify ways forward.
- **Close monitoring and regular feedback** from practitioners and parents which may enable communication difficulties to be identified and addressed.
- **Frequent communication between service leads** which may enable any difficulties that practitioners experience to be identified and addressed as they arise.