

Up for review

Existing skills gaps will be brought into sharp focus by the new integrated review in September.

Hannah Crown identifies the areas to consider for investment in training

The Government is very keen on early intervention – working in childhood to prevent the social and health problems that can be costly and damaging in later life. Add to that the importance of the age two to two-and-a-half developmental stage, and a nation-wide increase in the number of health visitors, and you have the recipe for the integrated review.

It will be rolled out from September and combines the existing Early Years Foundation Stage (EYFS) progress check and the health and development review at age two carried out by health visitors under the Healthy Child Programme.

The integrated review itself is not statutory, but meeting the requirements of these constituent parts is. It includes the three prime areas from the EYFS, learning/cognitive development and physical health, and the wider context, including the child's family life. Parents then 'own' all associated documents in the Personal Child Health Record or 'red book'.

Sue Robb, head of early years at 4Children, says that the review pilot showed that 'parents really welcomed the integrated review – in fact, they took it for granted that the different services were doing it already'.

Emma Wallace, National Children's Bureau (NCB) research director and co-author of a report on the integrated review pilot study, says the review brings 'the parties together to give a holistic picture of the child that is more than the sum of its parts. Parents bring detailed knowledge of the child, health brings knowledge of health considerations and home context, and early years brings expertise in early development'.

The pilot study found that early years expertise in child development was the most important aspect of professional knowledge needed to complete an integrated review successfully. It states that: 'There was a common



perception that having an excellent understanding of child development for the integrated review was a must for any practitioner involved'.

However, the report also found 'mixed perceptions as to the extent practitioners had these skills'. Along with child development, there were also other 'gaps which will need to be addressed for successful delivery of the integrated review': information sharing and knowledge of the integrated review processes, and communication with parents.

The NCB says this comes against the backdrop of a sector-wide need for investment in training. 'There is a broader issue of the need for further investment in workforce training and development in the early years sector', says a spokesman. But, he adds, this needn't undermine the integrated review: 'If early years and health teams integrate properly, there is every

The integrated review aims to give a holistic picture of the child, drawing on knowledge from a number of sources

reason to suppose that staff can deliver the integrated review effectively.'

KEY AREAS OF FOCUS Child development

For both the integrated review and the progress check, the NCB says an excellent understanding of child development is 'crucial' because, simply, practitioners 'can accurately identify areas in which children are developing well and areas in which they may need further support'.

However, research shows a majority of practitioners have indicated that when it comes to understanding twos, their initial training isn't enough. The recent study *Two-Year-Olds in England* found that nearly half of surveyed practitioners (49 per cent) said their qualifications only prepared them 'to some extent' for working with twos, more than the 46 per cent who said their qualifications prepared ➤

them very well. On working with children with additional needs, 52 per cent said these qualifications prepared them to some extent. This is compared with higher levels of confidence about working in early years in general, with just over three quarters (76 per cent) reporting that their initial qualifications had prepared them very well for working with children from birth to five. The report authors, Jan Georgeson, Verity Campbell-Bar and Sandra Mathers, state that these figures are likely to be underestimates as these are probably the most proactive of practitioners, in quality settings.

One consequence of having a poor understanding of child development could be wrongly labelling a child as 'behind' when they are simply slow to start. Dr Georgeson says, 'Children's development does not follow milestones in a simple linear fashion. Too much adherence to a tick-box developmental milestone approach has the potential for pathologising normal development. This could be particularly true in relation to children from disadvantaged backgrounds who are attending settings for the first time at age two. They might appear to lag behind in certain areas, when the integrated review/progress check is being carried out, but this could be because they have not had sufficient opportunity to develop in these areas.'

Working with families

'Everything tells us that we need to engage parents to improve children's outcomes', says Ms Robb, 'and I think the early years sector needs to be bet-

ter at engaging parents.' The pilot found there was a perception among managers 'that engaging with parents to raise and probe sensitive issues was critical to [practitioners'] ability to develop clear judgments and advice to parents, but that this was challenging to get right. In a number of areas, they reported that many practitioners would benefit from additional training'.

This may be because an initial qualification does not provide enough preparation. In the twos study, nearly half of practitioners (45 per cent) felt that their initial qualification had only prepared them 'to some extent' for engaging and supporting families. The authors also said that in too many cases this training was either non-existent or too short, with 15 per cent of respondents having none and 19 per cent having just half a day.

Working with families was the most commonly cited area of need for training in open responses from practitioners involved in the two-year-old study, with child development next and working with other professionals last.

Information sharing

'The success of the process was dependent on having common goals from health and early years,' says Ms Wallace. 'Work might be required to build trust in passing on information. It is a challenge how to record the qualitative stuff – this particularly applies to the early years as health is more easy to categorise.'

Dr Georgeson agrees. She says, 'The evidence from our study was



FREE TRAINING

- Department of Health guidance, www.ncb.org.uk/areas-of-activity/early-childhood/resources/integrated-review-at-age-two-to-two-and-a-half
- Royal College of Paediatrics and Child Health has produced Information Sharing Matters – an e-learning module, at www.rcpch.ac.uk/training-examinations/education/information-sharing-matters-online-education-resource
- Training on the ages and stages questionnaire, which forms part of the health check (does not mention the progress check), www.e-lfh.org.uk/programmes/asq-3-and-the-two-year-review

that early years staff were still finding it difficult to share what they know about the children they work with beyond the setting, and that this is an area where more training is required.'

The twos study backed this, finding that 55 per cent of managers thought the skills of their staff were just 'average' at interprofessional working, while 9 per cent said they were 'low'.

According to the NCB, it comes down to trust. 'Where early years professionals have trusted relationships with health professionals, and a clear understanding of relative roles, information-sharing protocols, and how shared information will be used, they tend to be open to sharing information. However, the degree to which early years settings have established relationships with health colleagues varies considerably,' says a spokesman.

Practitioners themselves have reported being frustrated by a lack of specific information coming from health visitors, while some report feeling dismissed. Sarah Neville, a childminder from Knutsford, says, 'A lot of health visitors ignore the [current] two-year-old progress checks written by childminders and some advise parents to send their children to nursery when they were (until then) perfectly happy with their childminder. Many childminders feel that their input into the process is not valued.' The PACEY annual workforce survey backed this, finding that just 13 per cent of those providing childcare from home are working with health professionals, compared with 70 per cent of group-based settings.

A lack of common electronic systems across different early years settings and between early years and health was found to be a 'significant barrier to effective information sharing'. This is an area where local authorities 'need to show leadership' in helping new systems to be created and used, according to Ms Robb.

Support

Dr Georgeson says that supervision is important. The current progress check is 'not left to one person – there is a "team around the two-year-olds" – and more experienced colleagues are involved in supporting less experienced colleagues'.

'This, however, takes time and time is money,' she adds. 'So I would anticipate that the integrated review will have resource implications, and some settings might be better able to absorb this cost than others.' ■

