



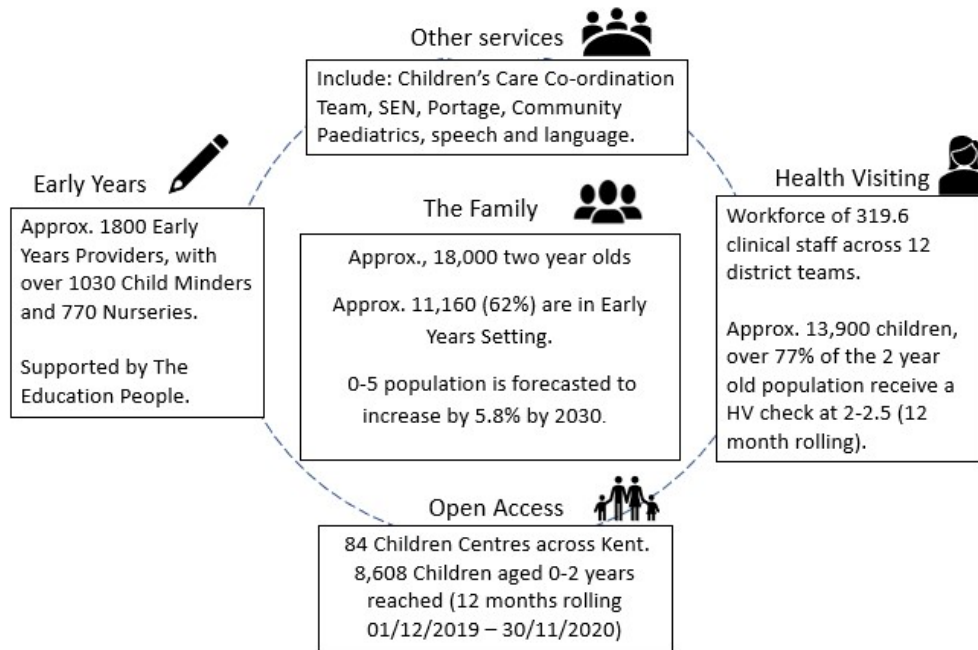
KENT'S INTEGRATED REVIEW AT TWO PROCESS

Contents

WHAT IS AN INTEGRATED REVIEW AT TWO?	1
WHY IS KENT IMPLEMENTING AN INTEGRATED REVIEW AT TWO PATHWAY?	2
KENT'S INTEGRATED REVIEW AT TWO CORE PRINCIPLES	3
WHAT DO EARLY YEAR PROVIDERS NEED TO DO?	3
I HAVE IDENTIFIED CONCERNS AT THE EARLY YEARS REVIEW WHAT DO I DO?	4
WHAT DOES HEALTH VISITING NEED TO DO?	6
I HAVE IDENTIFIED CONCERNS AT THE HEALTH AND DEVELOPMENT REVIEW WHAT DO I DO? ...	6
HOW DO I ARRANGE AN INTEGRATED REVIEW MEETING?	6
WHAT HAPPENS IN AN INTEGRATED REVIEW MEETING?	7
WHAT HAPPENS AFTER THE INTEGRATED REVIEW MEETING?	10
HOW WILL WE KNOW THAT THE PROCESS IS A SUCCESS?	10
APPENDICES	12
Appendix 1: KENT INTEGRATED REVIEW AT TWO PROCESS EARLY YEARS FLOW CHART	12
Appendix 2: HEALTH VISITING DUTY LINE CONTACT DETAILS	13
Appendix 3: HEALTH VISITING REFERRAL FORM	14
Appendix 4: KENT INTEGRATED REVIEW AT TWO PROCESS HEALTH VISITING FLOW CHART	18

WHAT IS AN INTEGRATED REVIEW AT TWO?

The Integrated Review at Two process brings together the Healthy Child Programme Health and Development Review at age two to two and a half and the Early Years Foundation Stage Progress Check at Age Two to support a 'tell it once' approach, early identification and support. The diagram below shows the impact of an Integrated Review in Kent.



WHY IS KENT IMPLEMENTING AN INTEGRATED REVIEW AT TWO PATHWAY?

In line with recommendations from Ofsted and Care Quality Commission, Kent County Council (KCC), The Education People (TEP) and Kent Community Health Foundation Trust (KCHFT) have worked together to develop an Integrated Review at Two Pathway for Kent. This will:

- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and development
- facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected
- generate and share information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes
- improve early identification of children with concerns, including those which may not previously been identified
- Support a family centred approach.

We asked families in Kent for their views on the Integrated Review meeting. Most families advised they would find the meeting useful and that input on their child's identified strengths and needs from both their Early Years provider and Health Practitioner, would be beneficial.

KENT'S INTEGRATED REVIEW AT TWO CORE PRINCIPLES

- The welfare of the child is paramount.
- The voice of and support for the parent/carer is crucial.
- A solutions-focussed approach is crucial, noting that this involves a shift in culture and embedding a tell it once approach.
- Partnership working between all parties is imperative, valuing everyone's involvement and expertise.
- Clear communication and record keeping via the Personal Child Health Record (Red Book) is essential.
- Confidentiality is required within appropriate information-sharing.

WHAT DO EARLY YEAR PROVIDERS NEED TO DO?

Please see the flow chart in Appendix 1.

Early Years providers will request families provide access to their child's Personal Child Health Record (Red Book) on initial admission – check previous entries to support ascertaining child's starting points.

Identify if the child has had a Health Visiting Health and Development Review at two to two and a half recorded in the Personal Child Health Record (Red Book), this should be completed by the age of 30 months:

- **If concerns/actions have been recorded by the Health Visiting Service** discuss these with parent/carer to plan provision and support for child with the family as required.
- **If there is no record of the Health and Development Review being undertaken or the outcome is not recorded** – Ask the parent/carer if their child's Health and Development Review was completed (this may have taken place virtually by video conferencing or phone)
 - If the parent/carer is unsure, contact the Health Visiting duty line (details included in Appendix 2) to confirm attendance and outcomes. Please do not contact individual Health Visiting practitioners.
 - **CONSENT TO CONTACT THE HEALTH VISITING SERVICE ABOUT A CHILD MUST BE SOUGHT AND GIVEN BY THE PARENT/CARER.**
 - If the Health Visiting Health and Development Review did not take place, discuss the purpose of this review – and promote to parents/carers as appropriate. Provide parents/carers with the Health Visitor duty line number so they can contact the Health Visiting Service to book a Health and Development Review. Support parents/carers in updating the Personal Child Health Record (Red Book).



Complete the Progress Check at Two and record the outcomes of the Progress Check at Two in the Personal Child Health Record (Red Book).

When undertaking the Progress Check at Two you should carefully consider the child's age and stage of development. You will need to identify and evidence concerns in any of the three prime areas of development.

- personal social and emotional development
- physical development
- communication and language.

Whilst the use of Development Matters is a good guide, it is important to utilise other tools to ascertain specific concerns. The following tools are useful:

- *What to expect, when? – a guide to your child's learning and development in the Early Years Foundation Stage* www.actionforchildren.org.uk
- *Portage SEND Best Practice Assessment Checklist*
<https://www.theeducationpeople.org/products/partner-providers/portage/>
- *National Strategies' Child Monitoring Tool (re: speech and language concerns)*
<https://webarchive.nationalarchives.gov.uk/20120906012939/http://www.wigan.gov.uk/NR/onlyres/1C28277F-4E17-4DC7-BACF-C3B2D5DC4D17/0/ECATChildMonitoringTool.pdf>
- *Ages and Stages Questionnaire* (used with parents/ carers at the Health Visiting developmental review).

I HAVE IDENTIFIED CONCERNS AT THE PROGRESS CHECK AT TWO WHAT DO I DO?

If you have identified and evidenced concerns about a child's development, then further action is required. You should work closely with parents/carers to agree which of the following actions to take:

- Work together to agree a Targeted Plan, share strategies, monitor, and review progress. Outcomes will be recorded in the Personal Child Health Record (Red Book)
- Where there remains concern after the Targeted Plans have been reviewed then an [Integrated Review Meeting](#) will need to be arranged.

If children are identified as having any of the following health concerns a Health Visiting Referral Form (Appendix 3) can be completed and sent to the Health Visiting team for further assessment.

- toileting
- behaviour
- healthy weight
- sleep
- dental/oral health
- social, communication or emotional difficulties – even if referred to (SALT).

(Please note: The above health issues may be a concern at other ages and stages of a child's development and will also require referral to the Health Visiting Service via a Health Service Referral Form.)

REFERRALS SHOULD BE SIGNED BY PARENT/ CARER and emailed to the Health Visiting Duty Line (Appendix 2).

It is essential that secure emails are utilised due to the sensitivity of the content and in compliance with GDPR requirements. This can be carried out utilising Egress, a Human Layer Security platform. For those Early Years settings that do not have an Egress account, as Kent's Community Health Foundation Trust is registered with Egress, emails can be sent securely through their Egress portal by signing up for a free account and creating an ID. Please refer to this link for more information.

<https://www.egress.com/why-egress/free-users>

In the event of an Early Years setting does not have access to email, the Health Service Referral Form can be submitted by post using Recorded Delivery. Please contact the Health Duty Line for the relevant address.

- If following the Health Visiting Service's assessment, a Package of Care (PoC) is not appropriate, an [Integrated Review Meeting](#) will be arranged with the family, Early Years provider and Health Visiting team.
- If a PoC is appropriate and concerns remain following its completion an [Integrated Review Meeting](#) will be arranged by Health (refer to page 6).
- If you have identified and evidenced concerns within at least two aspects of a prime area of development (or have significant concerns in one area) and the child is within three months of the relevant age band and their development is not yet within the age band or is assessed to be 'emerging' then a 'risk of delay' would be identified. Discuss and fully involve the parent/carer and arrange an [Integrated Review Meeting](#).
- If the child presenting with concerns as per the criteria above is aged under two years an [Integrated Review Meeting](#) should be arranged.
- Children with known complex needs with additional services in place will not require an [Integrated Review Meeting](#).

All outcomes will be recorded in the Personal Child Health Record (Red Book).

Settings should continue to make any additional referrals where judged as appropriate, to seek support with SALT, Education (Early Years LIFT) and Care (Early Help). Sometimes circumstances will require a combination of referrals which can be completed simultaneously. Please contact your local Early Years and Childcare Equality and Inclusion Adviser at The Education People if further guidance is required.

WHAT DOES HEALTH VISITING NEED TO DO?

Please see the flow chart in Appendix 4.

The Health Visiting team will invite parents/carers and their child to attend a Health and Development Review as close to age two as possible, up to age two and a half. An Ages and Stages Questionnaire (ASQ3) will be sent to the parents/carers prior to the Health and Development Review and this will be used in the review to support professional assessment.

If the Health and Development Review is undertaken face to face, the Health Practitioner will document the review in the handheld Personal Child Health Record (Red Book). If the Health and Development Review is virtual, the Health Practitioner will request that the parent/carer completes the relevant page in the Personal Child Health Record (Red Book) with the agreed outcomes.

Health Practitioners should use their professional judgement and if any concerns are raised they should complete a face to face review.

I HAVE IDENTIFIED CONCERNS AT THE HEALTH AND DEVELOPMENT REVIEW WHAT DO I DO?

Where ASQ3 and/or parent/carer identifies concerns following discussion with the parent/carer the following action will be taken where appropriate:

- A Package of Care will be offered as appropriate following assessment.
- If concerns are still identified on review of the outcomes of the Package of Care an [Integrated Review Meeting](#) will be arranged.
- If a Package of Care is not appropriate an [Integrated Review Meeting](#) will be arranged.
- If a referral regarding the child's development is received at age 2 from another service and the child is attending an Early Years setting an [Integrated Review Meeting](#) should be considered
- Where a parent/carer raises concerns regarding the child's development an [Integrated Review Meeting](#) should be considered

Children with known complex needs with additional services in place will not require an [Integrated Review Meeting](#).

Please note: Only a child currently attending an Early Years setting can receive an [Integrated Review Meeting](#).

HOW DO I ARRANGE AN INTEGRATED REVIEW MEETING?

Before a meeting is arranged, the practitioner who has identified the need for an [Integrated Review Meeting](#) should talk through the meeting with the parent/carer. This should include who will be attending, the purpose of the [Integrated Review](#) and why this is being offered for their child. The practitioner can signpost families to the relevant page on the Kent Baby website

(<https://www.kentcht.nhs.uk/service/kent-baby/>) or the Kent Local Offer pages (<https://www.kent.gov.uk/education-and-children/special-educational-needs>) for more information on the **Integrated Review Meeting**.

The **Integrated Review Meeting** should be arranged by the practitioner who has identified the need for it to be held. The Health Visiting team can be contacted via the duty line (Appendix 2). Contact details of individual providers can be found using the Kent Children and Families Information Service (<https://www.kent.gov.uk/education-and-children/childcare-and-pre-school/find-childcare>).

If Early Years are making the referral for an **Integrated Review Meeting**, three convenient potential dates/times, two weeks hence, should be ascertained from the family and conveyed on the Health Service Referral Form before submitting to Health Duty Line. The Duty Line will ascertain an available health practitioner and will inform the Early Years setting of the chosen date and time. The Early Years setting will send out email confirmation to the family and the Health Duty Line. *Please note the requirements and guidance for using secure emails on page 5 above.*

If Health are making the referral for an **Integrated Review Meeting**, the health practitioner who is liaising with the family will ascertain three convenient potential dates/times, two weeks hence, for the family to attend an **Integrated Review Meeting**. It is important that the meeting does not fall between 8.30 - 9.30am and 12.00 – 1.00-pm to avoid conflict with arrival and lunch times. The health practitioner will make contact with the relevant Early Years setting by telephone and agree the most convenient date/time. Health will send out email confirmation to the family and the Early Years setting.

The **Integrated Review Meeting** appointment should be booked for a duration of one hour, at a date and time suitable for all (parents/carers, Early Years provider and Health Visiting practitioner).

Within two weeks of a need for an **Integrated Review Meeting** being identified as required, a meeting date should be agreed. **The Integrated Review Meeting** should take place at the earliest opportunity. The invitation method will be very dependent on whether face to face or virtually online. This needs to be efficient to avoid delay where possible.

An **Integrated Review Meeting** may be arranged face to face or via video on a virtual online platform using either Microsoft Teams or ACCURX. Face to face meetings should be held at the child's Early Years setting wherever possible.

A private environment will need to be provided so that calls/ meetings are confidential for Early Years settings/ Health Visiting practitioners and families.

Parents/carers should be reminded to have to hand/bring their child's Red Book to the **Integrated Review Meeting**.

WHAT HAPPENS IN AN INTEGRATED REVIEW MEETING?



If a Health and Development Review has been completed, the focus of the meeting will be on the child's identified strengths and needs.

If a Health and Development Review has NOT been completed, the Health Visitor will carry out the relevant ASQ, explaining the process and scoring methodology with the parent/carer and Early Years provider. A child's identified concerns will then be discussed.

For both face to face and virtual [Integrated Review Meetings](#), please ensure that confidential information is not visible to those attending the meeting, e.g. confidential information hanging on notice boards is covered/ removed.

Code of Conduct

Professionals should ensure that families and children are treated with respect, openness, honesty and sensitivity throughout. In the very unusual event of there being differences of opinion, always hold the child's interests, wellbeing and potential needs in the forefront of discussions. It is always best to request additional support/make referrals if any concerns have been raised.

Professionals should respect that parents/carers know their children best and that their voice needs to be heard. Some parents and carers may have great difficulty in hearing that their child may require additional support and sensitivity through the process of being offered a package of care and/or referral to other professionals, as well as being given ideas/activities to support their child in the home environment.

Format of the [Integrated Review Meeting](#):

Please follow the below format during the [Integrated Review Meeting](#):

1. Practicalities

Hello, welcome, introductions, explaining the purpose of the [Integrated Review Meeting](#), how long it will take (boundary setting.)

If virtual:

As above and:

May I ask if anyone else is present and are you comfortable to talk? Just so you are aware I am calling from a confidential place.

2. Off-load

How are things? Are you expecting any interruptions? What is going well? What is not going well?

3. Our Agenda

Families, Health Visitors and Early Years

What is most important for you to discuss today?

We would like to cover/ are completing the Health and Development Review and addressing any of your queries/concerns to the best of my ability OR



Following your child's Progress Check at Two we would like to discuss the following...

4. Shared Understanding

Is this what you are expecting? Be sure the parent/carer understands what you are going to discuss. Ensure that the parent/carer has opportunity to express and discuss issues that they wish to.

5. How

If the Health and Development Review has not been completed: provide an explanation of the ASQ process and parent/carer will contribute their observations/understandings of the child to the Health and Development Review.

OR explain that you are going to talk through the findings of the two completed Health and Development Review and Progress Check at Two.

6. Discussion

Parent/carer to share their views of their child. Invite parent/carer to start off the discussion with any concerns or thoughts they may have.

Health Visiting practitioner to share strengths and any issues/concerns from Health and Development Review.

Early Years practitioner to share strengths and issues/ concerns from Progress Check at Two.

Be positive and honest in how you feed back. Ensure you listen to any of the parent/carer's concerns or issues.

Agree who is lead professional.

Agree an action plan and any referrals that need to be made. Set a follow-up date of no more than three months.

Agree communication pathways for agreed action updates.

Ask the parent/carer if they would like further information on development, behaviour, play activities, community resources. Provide useful websites for further information.

7. Re-cap Key Points

Briefly re-cap what seems to be going well and areas where you can offer further support, review or signposting. Include any things identified for follow-up or referral. Arrange follow up meeting.

8. Record the Integrated Review Meeting

ENSURE YOU DOCUMENT THE INTEGRATED REVIEW MEETING IN THE PERSONAL



CHILD HEALTH RECORD (RED BOOK).

Other documentation should also be updated as follows:

Early Years:

- record Progress Check at 2 in PCHR
- update child's personal record in Early Years setting
- update PCHR as actions progress.

Health Visiting:

- record ASQ in PCHR
- record on RiO
- update PCHR and Rio as actions progress.

WHAT HAPPENS AFTER THE **INTEGRATED REVIEW MEETING?**

The Early Years provider and Health practitioner will complete their identified actions and feedback to the parent/carer as appropriate. The parent/carer will complete their identified actions and the relevant practitioner will follow up and support them as agreed at the [Integrated Review Meeting](#).

Following the [Integrated Review Meeting](#), the Health practitioner will send a text message to the parent/carer's mobile phone number, asking if they would like to provide feedback on the meeting. The text message will include a weblink to the following questions:

- Firstly, was it easy and convenient for you to attend the Integrated Review at Two Meeting?
- Were you satisfied with the recent Integrated Review at Two meeting?
- Did you feel listened to at the Integrated Review at Two meeting?
- Was it useful having your child's key person and Health Visiting practitioner together in a meeting alongside you and your child (if attended)?
- Do you clearly understand the next steps being offered to support your child?
- Please provide any further feedback, comments or suggestions you feel would be useful on the Integrated Review at Two meeting in the box below.

The feedback received will be incorporated into a review of the Integrated Review at Two Pathway six months and one year after implementation of the model, to inform of any required changes and improvements to the Integrated Review at Two Pathway.

The follow up meeting will take place within three months of the Integrated Review meeting and will be organised by the lead practitioner.

HOW WILL WE KNOW THAT THE PROCESS IS A SUCCESS?

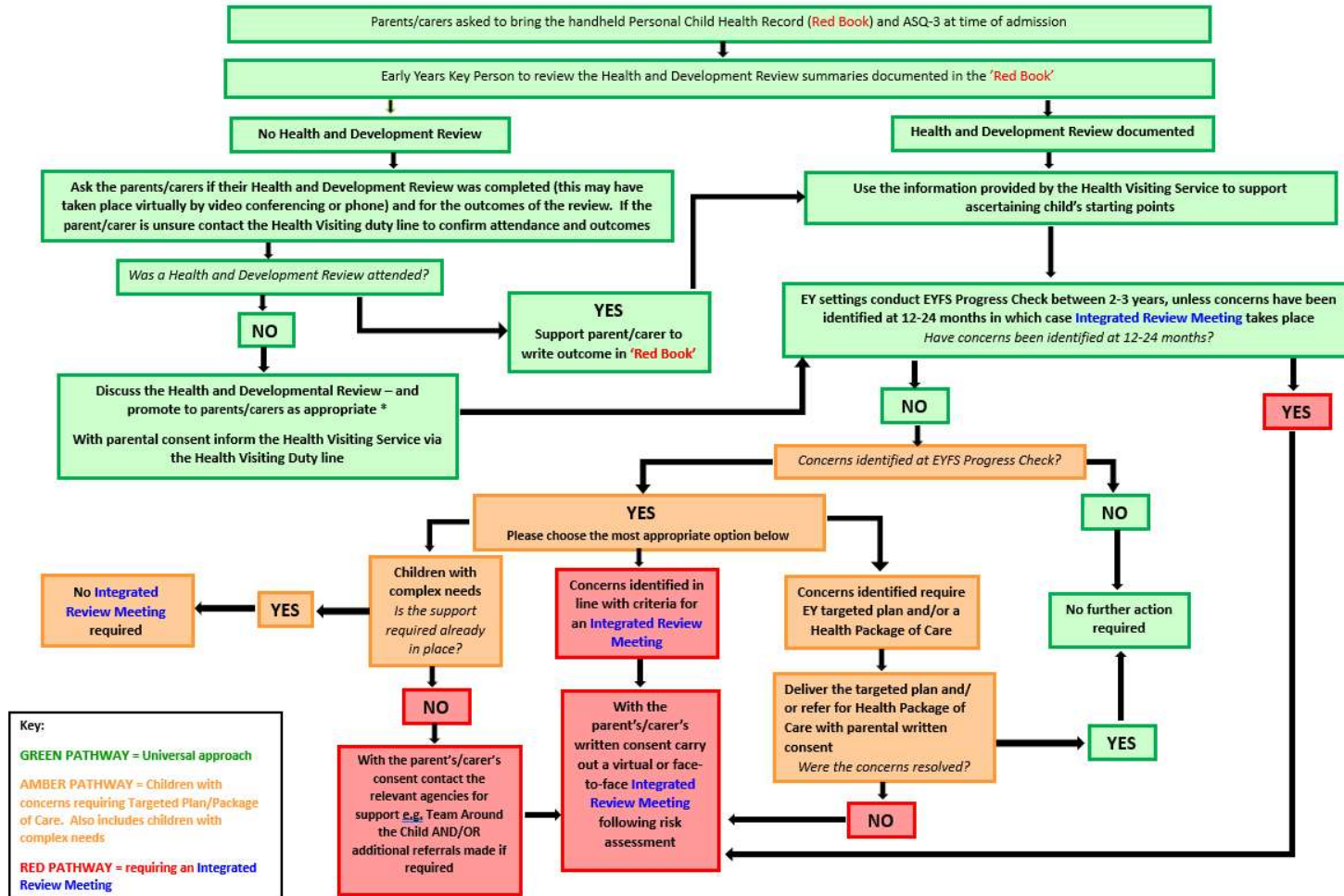
Evaluation measures are being collected to monitor and evidence the below:



- Improved multi-agency working
- Improved information-sharing
- Reduced duplication
- Supports early identification
- Supports the development of a joint agreed plan to best support the child's development
- Family satisfaction.

APPENDICES

Appendix 1: KENT INTEGRATED REVIEW AT TWO PROCESS EARLY YEARS FLOW CHART



* promote to parents/carers where the child has a concern which can be supported/ explored further by the Health Visiting ASQ review, or families who did not opt to miss their appointment (i.e., did not attend due to moving)



Appendix 2: HEALTH VISITING DUTY LINE CONTACT DETAILS

<p>Ashford 0300 123 3092 kentchft.ashfordDutyHV@nhs.net</p>	<p>Sevenoaks, Swanley and Edenbridge 0300 123 4497 kentchft.sevenoaksDutyHV@nhs.net</p>
<p>Canterbury and Coastal 0300 7900 156 kentchft.canterburyDutyHV@nhs.net</p>	<p>Shepway 0300 123 1240 kentchft.shepwayDutyHV@nhs.net</p>
<p>Dartford 0300 123 2075 kentchft.dartfordDutyHV@nhs.net</p>	<p>Swale 0300 123 4014 kentchft.swaleDutyHV@nhs.net</p>
<p>Dover 0300 1233018 kentchft.doverDutyHV@nhs.net</p>	<p>Thanet 0300 0134740 kentchft.thanetDutyHV@nhs.net</p>
<p>Gravesend 0300 123 2076 kentchft.gravesendDutyHV@nhs.net</p>	<p>Tonbridge and Malling 0300 1233041 and 0300 1233017 kentchft.tonbridgemallingDutyHV@nhs.net</p>
<p>Maidstone 0300 555 0506 kentchft.maidstoneDutyHV@nhs.net</p>	<p>Tunbridge Wells 0300 790 0243 kentchft.tunbridgewellsDutyHV@nhs.net</p>

Appendix 3: HEALTH VISITING REFERRAL FORM

CHILDREN'S Public Health Service REFERRAL FORM

Single Agency Request to Health Visiting BASE ADDRESS

Child Details			
Forename	Surname	DOB	Gender
Pre-School: (if applicable)			
Parent/Carer Name & Address (including post code)		Child's GP Name & Surgery Address	
Contact No			
Mother: _____		Tel. No. ____	
Young Persons Tel. No. _____ (if applicable)			

Referrer Details:

Name of Referrer	Designation
-------------------------	--------------------

Date of referral	Telephone Number and E-mail Address
Referrer Signature: (e-signature accepted)	

Special Educational Needs/ Interpreter required/ other additional information important for client engagement

SEN Need	Interpreter	Other

Other Agencies Involved i.e. Homestart	
Are there any Safeguarding concerns?	
If Yes, has this been referred to Social Services?	
If Yes, date referred	
Outcome of referral:	

Domestic abuse concerns? Yes / No	
--	--



Safe contact number	
----------------------------	--

Alleged perpetrator name / DOB	
---------------------------------------	--

Is perpetrator living at home address	
--	--

Reason For Request

Concerns Do you have any or what are your concerns?

--

Strengths What relevant resources are already in place? What supportive measures have been tried?
--

--

Parent`s Goals What changes would the parent/s like to see?

--

Referrer`s Goals Are there changes you would like to see?



Parent/Carer/Young Person Information Sharing Agreement

Referrals cannot be made without the agreement of the parent/carer.

Confidentiality is respected in accordance with the General Data Protection Regulation except for safeguarding concerns.

I agree to the above information being shared and discussed between professionals. I understand that I will be consulted following these discussions regarding any future planning and actions such as referral to another agency.

I understand that I can withdraw my consent at any time to information being shared and discussed between professionals.

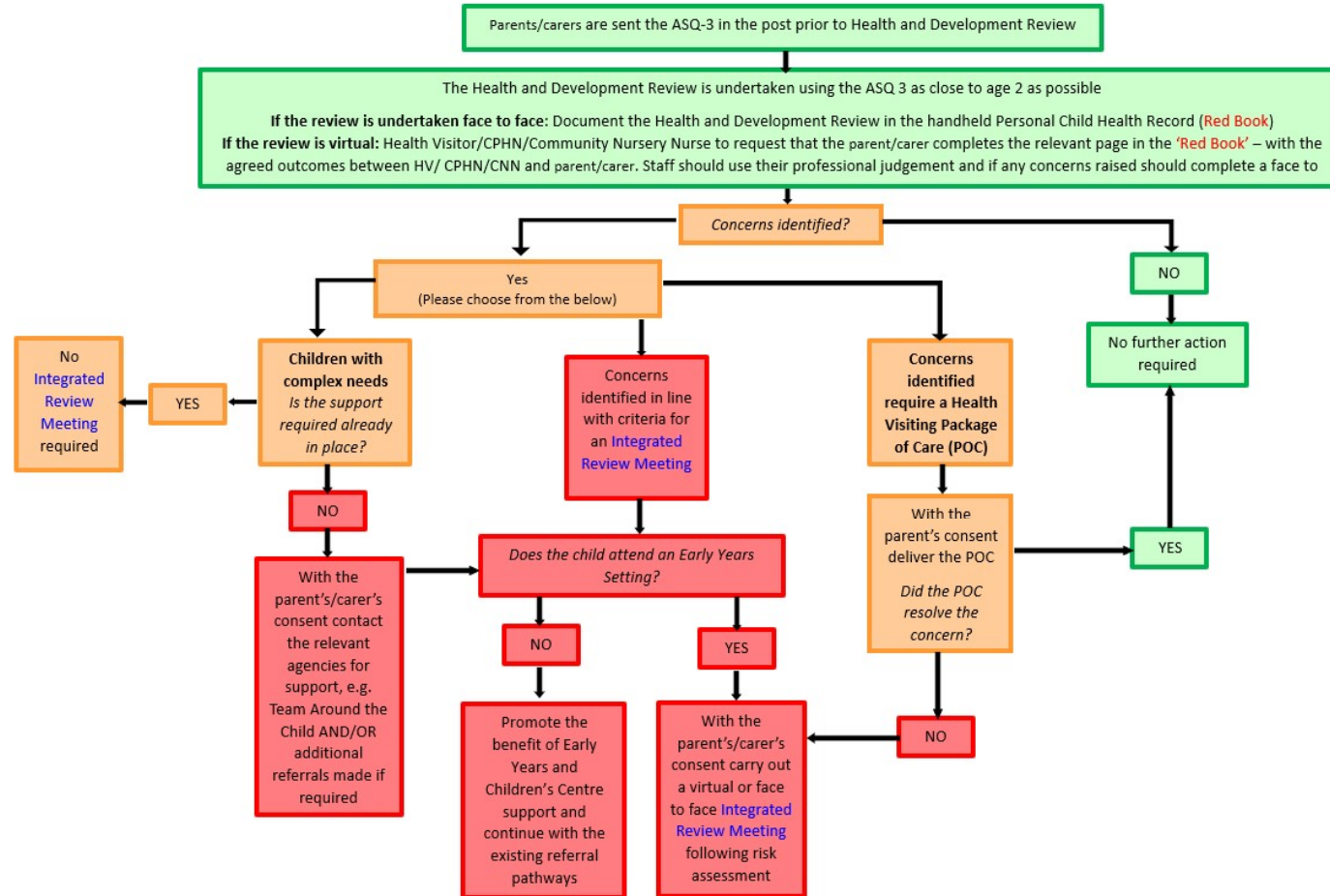
Name of parent/carer

(Print)

Signature:

Date:

Appendix 4: KENT INTEGRATED REVIEW AT TWO PROCESS HEATH VISITING FLOW CHART



*In the event concerns are identified at the 9-12-month Health and Development Review, the Health Visiting Service will contact and inform the Early Years Setting.
Key: GREEN PATHWAY = Universal integrated approach; AMBER PATHWAY = concerns supported outside of Integrated Review Meeting; RED PATHWAY = Integrated Review Meeting