

The Integrated Review: Experiences of Practice



Working with children
for children

2 Involving the child

This document is part of the NCB *Integrated Review: Experiences of Practice* series. This series is intended to support practitioners who are reviewing young children's health, learning and development at age two to two-and-a-half.

Overview

The child is at the centre of the integrated review model. The integrated review offers an opportunity for health practitioners, early years practitioners and parents to come together to discuss how the child is developing and identify any additional support they might need. Practitioners should work to ensure that children have positive experiences of review meetings and actively engage them in the process wherever possible.

Research

NCB carried out research in the London Borough of Islington and in Warwickshire in summer 2015. Both authorities had taken part in early pilots of the integrated review. During the research, participants were asked a number of questions about their own experiences of the integrated review and how it is being carried out in their local area. Participants included the leaders and managers of health and early years services, practitioners and parents. Children were not interviewed as part of the fieldwork, but responses from other participants led to findings around their involvement in the review.

This series of documents is mostly based on the findings of that research, with the intention of illustrating the different ways in which local areas are implementing the review and the experiences of the individuals involved. Where relevant, examples are also drawn from the NCB and ICF GSK implementation study of the integrated review in the five pilot areas (2014).

The Integrated Review: follow-up report on practice in two local authorities:
<http://www.ncb.org.uk/areas-of-activity/early-childhood/resources/integrated-review-at-age-two-to-two-and-a-half>

Implementation study: Integrated Review at two to two-and-a-half years:
<https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study>

Guidance

The Integrated Review should **engage the child**, where they are participating:

- The child should be at the centre of the review, should enjoy the experience, interact and participate, helping to show what they can do, alongside the information given by parents and the ongoing observations of their early years practitioner.

Health and early years practitioners can support this key principle by:

- Creating a safe, open and emotionally warm environment with stimulating and appropriate toys
- Allowing enough time for the child to feel comfortable in the space
- Taking an interested but non-intrusive approach to the child, tuning-in to and empathising with the child, and constantly reflecting, 'how does it feel for this child?'

Guidance is drawn from *The Integrated Review: Supporting Materials for Practitioners* (NCB):
<http://www.ncb.org.uk/areas-of-activity/early-childhood/resources/integrated-review-at-age-two-to-two-and-a-half>

Experiences of practice

Experiences of involving children in the review were influenced by the different integrated review models adopted in each local area.

- In Islington, families attend a **joint meeting** with their health visitor and early years practitioner, either their key person or childminder.
- In Warwickshire, parents attend a **separate meeting** with their health visitor, passing on paper-based information from their child's key person or childminder.

Both health and early years practitioners in Islington were able to contribute their experiences of involving children in a joint review meeting. In Warwickshire, health practitioners were able to contribute their experiences of involving children in the health and development review, while early years practitioners reviewed children as part of their ongoing contact in the early years setting.

Getting started

In Warwickshire, health practitioners found it an advantage to review children in a home environment, where it was easier to build an immediate rapport:

'Lots of the children come to the door and welcome you in, and when you're in their home they want to show you everything. I would spend a few minutes showing an interest in what they are doing or I'll talk about what they are wearing.'

If children were more reserved, the same practitioner found it helpful to build a rapport with the parents first of all, then let children become more open in their own time:

'Sometimes, if they are really shy I will speak to the parent first and just slowly interact with the child till they've got used to me. It's playing it by ear and seeing what the child is like when you come through the door.'

Community nursery nurse, Warwickshire

Early years practitioners in Islington sometimes reported that children were sometimes surprised when they came to the review meeting,

'...they walk into the room and they're like – oh what's happening or overwhelmed to see their parents...'

but that they often relaxed as time went on. Other children were described as 'excited' to be involved and enjoyed having the attention of several adults.

During the review

As Islington joint review meetings were held at early years settings, practitioners were able to ensure that children were comfortable and engaged during the process, for example by providing toys in the room that reflect the child's interests, or by practitioners taking it in turns to play with the child during the process so that the other practitioner could focus on talking to parents. Playful approaches were also found to be helpful: encouraging the child to 'take notes' at the desk or weighing toys to make them feel more comfortable about being weighed themselves.

Both authorities reported a range of child-centred approaches for engaging children's participation in some of the activities for the Ages & Stages Questionnaires (ASQ-3™), if this had not been completed before the meeting. For example, early years practitioners in Islington might play with children, encouraging them to talk, so that the health practitioner could observe their speech and language development. Likewise, in Warwickshire health practitioners encouraged children to initiate play activities that could then be observed for assessment purposes:

'I had a child who was shy at the beginning, and didn't want to come anywhere near me but after seeing the toys, she wanted to sit next to me and do everything I had in my bag. It's about giving them the time, and not just going in and saying- I want you to do this for me.'

Community Nursery Nurse, Warwickshire

Approaches that involved both parents and children in a playful way were also found to be helpful for engaging children in the ASQ-3™

Further information on involving children in the integrated review can be found by following the links below.

Guidance on the integrated review: <http://www.ncb.org.uk/areas-of-activity/early-childhood/resources/integrated-review-at-age-two-to-two-and-a-half>

Toolkit and additional supporting resources for local authorities implementing the integrated review: <http://www.ncb.org.uk/what-we-do/research/our-research/a-z-research-projects/integrated-review-at-2-a-toolkit-for-local-authorities>

NCB materials and publications to support listening to young children and children's participation in services: <http://www.ncb.org.uk/areas-of-activity/early-childhood/resources/publications/listening-and-participation>