Early years

High Impact Area 6:
Health, wellbeing and development of the child aged two:
Two year old review (integrated review)
About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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What and why including context

Health visitors have an important role in leading the delivery of the Healthy Child Programme 0-5 years. This is a universal prevention and early intervention programme and forms an integral part of Public Health England’s priority to give every child the Best Start in Life; “Ready to learn at two and ready for school at five”. This comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce. Parents are the experts in their child’s health and wellbeing and health visitors work in partnership with parents to promote child development, assess need and identify problems or issues at the earliest opportunity.

Health visitors have a clear easily understood national framework on which local services can build. Health visiting 4-5-6 sets out a four tiered service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where health visitors have the greatest impact on child and family health and wellbeing.

Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. We know that 80% of brain cell development takes place by age three. Early attachment and good maternal mental health shapes a child’s later emotional, behavioural and intellectual development.

Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood. Socially disadvantaged children are more likely to have poorer oral health and speech, language and communication difficulties than their peers, which has implications for their educational attainment and future life chances. There is also evidence of difficulties with peer relationships, emotional problems and impaired social behaviour.
The health, wellbeing and development of the child aged 2 is one of six public health High Impact Areas. Age 2-2½ is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues become visible and good quality evidence based early intervention improves outcomes. A health and development review is offered to all families with a child aged 2-2½, which should also include advice about potty training, as part of the Healthy Child Programme 0-5 years. If a child is already attending an early years setting, the health review may be integrated with the Early Years Progress Check carried out at age two. The health visitor will also promote uptake of free early education and childcare for eligible children who have not taken up this offer.

Parents will be able to actively participate in their child’s review through the use of the Ages and Stages questionnaire (ASQ-3™). Information gathered from the review will inform discussions with parents about their child’s progress, to identify any problems or delay. The health visitor can coordinate appropriate early intervention before the child starts school.

At a population level, this data will provide a measure of children’s development and wellbeing as part of the Public Health Outcomes Framework.

A health review will be offered to all families with a child aged 2-2½ as part of the Healthy Child Programme 0-5 years.

The purpose of the integrated review is to:
• identify the child’s progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour and promote school readiness.
• facilitate appropriate early intervention and support for children and their families, especially those for whose progress is less than expected.
• generate information which can be used to plan services and contribute to the reduction of inequalities in children’s outcomes.

The review will draw on the content of existing health and educational reviews, focusing on the child in:
• speech, language and communication
• personal, social and emotional development
• physical development
• learning/cognitive development
• physical health, including oral/dental health and bladder/bowel health to prevent such problems as constipation and UTIs

These align with the Early Years Foundation Stage Prime Areas of Learning.
Health visitors also assess children in their family context, taking account of:

- parenting capacity
- home learning environment
- family circumstances
- social/community circumstances
- health and wellbeing, including the immunisation status of the child

Integrating health and early education reviews acknowledges that a holistic approach is important to good health and development and multi-agency/partnership working is essential.

Early parenting matters – some children do not have good parenting experiences which impacts on their future life chances. Health visitors have extensive knowledge of child development and wider parenting risk factors, therefore they are able to quickly spot any deviations from the norm and are well placed to assess and identify risk early as part of their universal and targeted contacts with families. Health visitors can intervene to address additional need, providing evidence based support and work with early years’ providers, school nurses and other community resources to support children to be ready for school. Where a child is assessed as needing support from another agency, or risks to the child’s welfare or safety are identified, the health visitor will make a timely referral to the appropriate service and contribute to multi-agency support packages including Early help, the Troubled Families programme, safeguarding or multi-disciplinary meetings for children with a disability and/or complex health needs.

Health visitors have a vital role to play in educating families about the importance of hygiene, particularly after toileting, before eating or preparing food and when children or family members are unwell so that illnesses are not spread through the family. They also play an important role in education of families and children about using antibiotics appropriately and not when they have viral illnesses such as coughs and colds.

Health visitors have an important role in giving information about the Healthy Start scheme to parents and carers of children under 4 years old who may be eligible, and where families are receiving vouchers providing advice on how to use them to increase fruit and vegetables in their family diet. (Maternal and Child Nutrition (NICE quality standard QS98), 2015)

Pressure on downstream intervention services such as health and social care is growing and is costly; a focus on preventing child maltreatment is essential and the need to work with vulnerable families paramount. Evidence-based prevention and early intervention can make a difference to life-long health and wellbeing, education achievement, employment prospects, economic productivity and responsible citizenship throughout life and achieve significant cost savings. Furthermore, they help to break the cycle of disadvantage setting up the next generation to enjoy better health outcomes than the last. The Early Years Foundation Stage Profile results highlight that too many children currently start school with poor communication skills, and personal care skills, such as not being toilet trained, and are not emotionally ready to learn, with avoidable national variations. The health visiting service aims to support every child to achieve their potential and contribute to reductions in inequality.
This is achieved in part by supporting every child to be ‘ready to learn at two and ready for school at five’.

**NICE guidance to local government on health visiting and delivery of the Healthy Child Programme** has been produced. By implementing these guidelines Local Authorities can ensure that an effective and cost effective health visitor service is delivered that acts as a key public health resource and can also help to achieve indicators in the PHOF.

Public Health England’s provides evidence of the cost effectiveness of programme interventions

Public Health England’s ambition – “ready to learn at 2; ready for school by 5”.

By school entry every child will have reached a level of emotional development which enables every child to

- communicate their needs and have good vocabulary
- be independent in getting dressed and going to the toilet
- be independent in eating
- be able to take turns, sit still and listen and play
- be able to socialise with peers and form friendships and separate from parent/s
- have physical good health
- be well nourished within healthy weight for height range
- have good dental health
- be protected against infectious illness, having received all childhood immunisations

Where a child already has an identified disability or developmental delay, health visiting teams will need to agree with parents whether they wish to complete the ASQ-3 questionnaire as part of their child’s two year review. Much rests on health visitors’ professional judgement and their skill in working sensitively and collaboratively with families to agree the best approach.

Where the parent opts not to use an Ages and Stages questionnaire (ASQ-3™), health visiting teams may wish to use an alternative tool to help assess a child’s development as part of their two year review. It is up to local areas to choose the most appropriate tool, but we would expect this to be an evidence-based, standardised tool, as set out in the Healthy Child Programme two year review guidance document. During the review the Health Visitor should check whether the child has an integrated Education, Health and Care plan or if work is underway to develop one. Where a child does not have an Education, Health and Care plan, the Health Visitor may want to discuss with the family whether they should request one. Where a plan exists, it should provide a comprehensive source of information that can inform the integrated review process.

To promote a smooth transition between health visiting to school nursing services, Public Health England has produced a pathway for supporting health visitor and school nurse interface and improved partnership working.
Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placement, interim proxy measure, measure of access and family experience)

Access:

- **Public Health Outcomes Framework outcomes in development**: 2.5i Proportion of children aged 2-2½yrs who received an assessment as part of the Healthy Child Programme or an integrated review (currently collected within Children and Young People’s Health services dataset in order to establish baseline).

Effective delivery:

- 2.5ii Proportion of all children aged 2-2½yrs offered Ages and Stages questionnaire (ASQ-3™), as part of the Healthy Child Programme or integrated review. Collected as part of Children and Young People’s Health services dataset.

- **outcome sub-indicator(s)**: Collection of scores using the Ages and Stages questionnaire (ASQ-3™). The tool produces a score for five separate areas of development: Communication, Gross Motor, Fine Motor, Problem solving, Personal-social.

Patient experience:

- feedback from health visitor service user experience questionnaire on satisfaction with two to two and a half year review or integrated review via local commissioner and provider data.
- uptake of child immunisation e.g. measles, mumps and rubella.
- Early Years Profile – Dashboard of indicators.
- referrals made – numbers of children with developmental delays detected and referred to early intervention or further assessment.
Connection with other policy areas and interfaces

(How does it fit/support wider early years work)

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years partners, and third sector (voluntary) partners.

How will we get there?

System levers

- Public Health Outcomes Framework measure of child development at age 2-2½ Data will be collected via the Children and Young People’s Health Services dataset
- The Public Health England 0-19 HV and SN commissioning guidance supports the delivery of the high impact areas, the Healthy Child Programme (HCP) and delivery of the 5 universal health reviews, which are currently mandated via legislation.
- Information sharing agreements in place across all agencies
- Local Authorities to commission public health 0-19 services responsive to local needs. Integrated commissioning of services

- 1001 Critical Days – cross party manifesto
- Free early education and childcare offer
- Supporting children with complex and/or additional health needs
- Attainment in the EYFS Profile Integrated service and transition - early years and school nursing
- National obesity strategy
- Marmot Review

- Early intervention
- Troubled Families health offer
- Best start in life
- National Maternity Review
- NHS Five Year Forward View for Mental Health
- Chief Medical Officer report
- Early Years Foundation Stage
- Life Chances Strategy
• Health visiting and Early Years Services are to offer integrated reviews at age 2, bringing together the EYFS progress check and the HCP health review. Data for the outcome measure will be collected during the 2 year HCP review.

• Children’s Centres play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach. Partnerships can use information from Joint Strategic Needs Assessment (JSNA), (including EYFS Profile data, public health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities. Health and Wellbeing Boards to drive integration

• IT system alignment (Health Visiting and early years)

• NHS Outcomes Framework 2016: Tooth extractions due to decay in children admitted to hospital, aged 10 years and under

**Improvement**

• Improved accessibility for vulnerable groups

• Integrated IT systems and information sharing across agencies

• Development and use of integrated pathways

• Systematic collection of user experience e.g. Friends and Family Test to inform service delivery

• Increased use of evidence-based interventions and links to other early years performance indicators.

• Improved partnership working as described in the health visiting and school nursing partnership pathway: Supporting health visitor and school nursing interface and improved partnership working.

• Consistent culturally relevant information for parents and carers

• Standardised measure of child development: British English version Ages and Stages questionnaire (ASQ-3™). ASQ SE-2 to be included in late 2016.

• Appropriate services to address identified needs

• Reduction of the percentage of children with unknown needs identified at school entry.

• Increased uptake of free early years education and childcare for eligible children.
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Professional/Partnership Mobilisation

- Multi-agency training programmes
  - Understanding tools
  - Multi-agency working
  - Use of IT systems
  - Information sharing
  - Safeguarding
  - How to support parents to improve learning environment
- Effective delivery of evidence based universal prevention and early intervention programmes
- Improved understanding of data within the JSNA and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families
- Identification of skills and competence to inform integrated working and skill mix
- Approaches to enrich home learning environments from pregnancy through early years

Associated Tools and Guidance

(including pathways)

- Integrated review FAQs, Foundation Years, accessed July 2016
- Help paying for childcare, accessed July 2016
- Early years (under 5s) foundation stage framework, Department for Education, 2014
- Healthy Child Programme: Pregnancy and the first five years, Department of Health 2009
- Ages and Stages Questionnaires, accessed July 2016
- Public Health Outcomes Framework 2013 to 2016 and technical updates, Department of Health, 2013
- Early Years Foundation Stage profile: Exemplification materials, Department for Education and Standards Testing Agency, 2014
- Children’s Outcomes Framework 0-5, Department of Health, 2014
- Fair society, healthy lives (The Marmot review), UCL Institute of Health Equity, 2010
- Health visiting and school nursing partnership: Pathways for supporting health visitor and school nurse interface and improved partnership working, Department of Health and Public Health England, 2015
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Universal Health visitor reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015, Department of Health, 2015

Health visiting and school nursing partnership – pathways for supporting health visitor and school nurse interface and improved partnership working, Public Health England, 2015

Factsheet on developing a public health outcome measure of child development at age two, Department of Health, accessed July 2016

Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015

The five year forward view for mental health, NHS England, 2016

Perinatal and infant mental health, National Child and Maternal Health Intelligence Network, accessed July 2016

The Best Start at Home, Early Intervention Foundation, 2015.

Working Together to safeguard children, HM Government, 2015

SAFER Communication Guidelines, Department of Health, 2013

Healthy child programme 0 to 19: health visitor and school nurse commissioning, Public Health England, 2016

Public Health Outcomes Framework 2013 to 2016 and technical updates, Department of Health, 2013

Children’s Outcomes Framework 0-5, Department of Health, 2014


Healthy Child Programme 0 to 19: health visitor and school nurse commissioning, Public Health England, 2016


1001 Critical days: The importance of the conception to age two period, WAVE Trust, 2014

NICE Guidance

Oral health, Local authorities and partners, NICE guidelines [PH55], 2014

Oral health promotion, general dental practice, NICE guidelines [NG30], 2015

Health visiting, NICE advice [LGB22], 2014

Maternal and child nutrition, NICE quality standard NICE guidelines [QS98], 2015