The Integrated Review: **Experiences of Practice**

Working with children for children

3 Professional Working Relationships

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 integrated review for children aged two to two-and-a-half brings together existing reviews for children at around two years of age. The Healthy Child Programme review at age two to two-and-a-half is carried out by health visitors and other health practitioners. The Early Years Foundation Stage progress check at age two is carried out by early years practitioners within early years settings. The integrated review draws upon the content of both reviews and brings them together in a coherent way. This is most effective when health and early years practitioners work in close partnership with each other to carry out the review.

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.

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

A key principle of the integrated review is that it should be a process of **shared decision-making**:

- Practitioners and parents should respect each other's perspectives and contribute together to decisions on realistic and achievable actions to support the child's wellbeing. This can include agreeing changes in how both parents and the early years setting can best support the child's health, learning and development.

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

- Respecting each other's differing professional skills, experiences and perspectives
- Maintaining openness and transparency about expectations and responsibilities

Other professionals working with the child should be invited to participate or to contribute their views where appropriate.

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

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Experiences of practice

Experiences of professional working relationships during the integrated review were influenced by the different 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.

In Warwickshire, health and early years practitioners did not have direct contact during the review, but services were brought together during the development of the review model and during training. In Islington early years and health practitioners had face-to-face contact during reviews, along with liaison both before and after the review meeting.

The review process

Islington set up strategic and operational working groups to develop their review model. One of the roles of the operational group included determining the working relationship between health visitors and early years practitioners:

We wanted to be very clear what the process would look like, what people's roles were, who would be doing what, and who was responsible for what.

Early Years Team Leader, Islington

The Islington integrated review meeting process was also modified to make joint working easier and smoother, with a practitioner describing how topics were now linked across the two disciplines:

'...for example, when I do the Personal, Social [and] Emotional section, Health will often ask their questions around behaviour and sleep routines which can affect behaviour, and it links them together.'

Islington also introduced a short 'pre-meeting' between practitioners before the main review meeting, to give an opportunity for practitioners to agree how they will discuss any concerns or sensitive areas with parents.

Resolving differences

In Islington there were some instances where health and early years practitioners had professional differences in relation to where the child should be at for their age, resulting in disagreement about whether a child should be referred for specialist support. Islington also encouraged practitioners to refer issues and problems with the review process upwards to service leads, to be resolved at strategic level. This was with the intention of maintaining and supporting relationships between frontline practitioners.

In Warwickshire there were some barriers to resolving differences in opinion, due to the mechanism for passing information between services via parents. An early years practitioner noted:

'We are relying on parents to give feedback, and if there is a difference of opinion with the parent and health visitor we only get certain information.'

Service leads in Warwickshire noted that their model worked best where individuals had developed their own channels of communication, for example by exchanging phone numbers, but both health and early years practitioners were keen to have more opportunities for communication during and after the review.

Positive feedback

Both health and early years practitioners in Islington gave positive feedback on the opportunity to work more closely together, describing improved relationships, ease of communication and a better understanding of each other's professional perspectives.

'I've got to know health visitors a lot better and I feel it's created a stronger relationship with them... You're in a better position to flag up anything you feel might be a concern in what they look for.'

Early Years practitioner, Islington

Although there was less contact between practitioners in Warwickshire, health practitioners also gave positive feedback on the opportunity to share information:

'I love having the progress summary because it's nice to see what the child is doing in nursery. It just helps to build a bigger picture.'

Community Nursery Nurse, Warwickshire

Further information on integrating services and building professional working relationships during the integrated review can be found by following the links below.

Guidance on the integrated review, including the roles and responsibilities of early years and health practitioners during the 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