

The key child development reviews of the Healthy Child Programme

Fifth visit: A review of the child's development at 2 to 2½ years

Health visitors must recognise the integrated 2-year review as an opportunity to holistically assess the needs of the child and family in partnership with their early years' colleagues. Where necessary support can be offered to parents to reduce the impact of factors that may be affecting the child's progress, physical and emotional health and wellbeing and refer for specialist support and assessment where necessary. The two-year review is a multifaceted contact requiring significant knowledge and skill of health visitors including collaborative working, health prevention, early intervention, and the development of therapeutic relationships. Working with parents whose children have a diagnosed or emerging disability or SEN requires sensitivity, compassion, resilience and the ability to work in a trusting therapeutic relationship.

There is compelling evidence that Health Visitors can have a positive impact on child and family health but their effectiveness depends on practising in particular ways. Successful Health Visiting relies on:

- Organising Health Visiting Services to support best practice.
- Delivering proven programmes and interventions to promote health and well-being; and having a suitably skilled and trained workforce.

(Scottish Government, 2015; Cowley et al, 2013)

The Healthy Child Programme (HCP)

Across the UK, the spine of the HCP is a series of regular, planned universal health visitor reviews of the health and development of each child. Each review is carried out in dialogue with the parents and family, often in the home. The number of reviews/contacts varies across the UK. The minimum in England is *five key child development reviews*, with 11 in Scotland's enhanced programme of health visiting and more intensive provision in Wales' Flying Start programme:

- antenatal health visit;
- new baby review;
- 6 to 8-week assessment;
- one-year assessment;
- the 2 to 2½ year review.

These, together with health promotion, parenting support, screening and immunisation programmes (PHE, 2015) comprise the HCP led by health visitors for the 0-5 population. The Department of Health (2015) states:

It is also important to note the aggregated public health benefits of the range of family assessments and delivery of public health messages at key points during the first five years of a child's life when they can make the greatest difference. The assessments undertaken by health visitors go beyond the[se] specific activities ... The 'return' on such activity is that issues are tackled before

they become more serious, impacting on families and/or impinging on costlier services (para 2.11).

It also states:

It is recommended that professional health visitors with specialist public health knowledge and clinical skills are used to deliver the 0 to 5's HCP. We would particularly recommend that at the very least the first three visits: antenatal; new baby; and 6 to 8 week should be carried out by the health visitor due to the need for continuity for the family as this will help assess infant mental health and attachment and enable detection of any concerns around neglect/safeguarding (para. 2.3).

Fifth visit: A review of the child's development at 2 to 2½ years

This visit can take place at the home, local clinic or children's centre. The universal two-year review provides an opportunity to identify children who are not developing as expected and require additional early intervention to achieve PHE's goal of being "ready to learn at two and ready for school at five". This review is at a key time when specific problems may begin to be evident e.g. behaviour problems, speech and language delays. The review considers the health and development of the child alongside the wider environment of home and family circumstances. It ensures that families are linked in with the right services and support where additional help is needed or if there

are any concerns. It is an opportunity to talk about any issues the parent or carer may have regarding the child's health. This may include their hearing and vision, language development, behaviour, sleeping or toilet training. It is a significant input to the Early Years High Impact Area 6 – Health, wellbeing and development of the child age 2 – Two-year-old review (integrated review) and support to be 'ready for school'. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413134/2903110_Early_Years_Impact_6_V0_2W.pdf

<http://bit.ly/2cSOvsk>

The ASQ-3TM has been adopted as a public health outcome measure for children aged 2 – 2½ to help monitor child development across England so that:

- changes in population health can be observed from year to year;
- potentially to use the data to track children's outcomes as they grow up.

The ASQ3 – SE will also be included to focus on social and emotional development. The data will also help to assess the effectiveness and impact of services for 0-2 year olds and support future planning.

Parents find that behaviour related to communicating, eating, sleeping and toilet training are amongst the most challenging aspects of parenting at this stage and health visitors are well equipped to use strengths-based approaches (e.g. drawing on the Solihull Approach or the Family Partnership Model) and their established trusted relationships to inspire parents with the confidence and ability to respond effectively to their child's needs.

The child will also be weighed and measured, and parents can discuss immunisations and the various options for childcare and early years' education. As part of the review, health visitors will work with parents to complete an Ages and Stages Questionnaire (ASQ-3TM) about their child's development. Where a child already attends an early years setting, the two-year health review may be integrated with the Early Years Foundation Stage (EYFS) progress check undertaken at age two by early years' providers. Integration may be through a joint meeting or information sharing between health and early years' practitioners.

However, the two-year review is more than a review of the child's developmental progress. The review offers an opportunity for a holistic assessment of family need whilst acknowledging any cultural difference and language barriers, assessing determinants of health that can impact upon the child's progress, physical and emotional health and wellbeing e.g. domestic abuse, mental ill-health, poor parenting, poor relationships, substance misuse. Health visitors make use of referral pathways to support the child's and family's journey through the different levels of health visiting service (universal,

universal plus, universal partnership plus) when additional needs are identified. At universal plus service-level the health visitor offers parents support with behavioural issues such as sleep management, toilet training, and behaviour management. At universal partnership plus level health visitors will refer children to specialist services or a paediatrician when a child has a disability or is presenting with signs of developmental delay or special educational needs (SEN) including autistic spectrum disorder.

The context of an established relationship with a health visitor who knows the child and family is helpful to exploring concerns that may be within the normal range of behaviours typical of this age that the health visitor can 'normalise' through education, reassurance and practical support; or they may warrant further exploration. Between a child's first and second birthdays, social and communication disorders may become apparent. The 2-year review is often a time when parents will disclose concerns for their child's progress. Autism can vary in its impact on children and families, but many parents may have early concerns about delays in speech and language development, unusual social responses, or sleeping and eating difficulties (Roth, 2010).

Early diagnosis is extremely important, especially in preparation for education and input for language and communication skills. For example, at the 2-year review health visitors play an important role in observing for signs of autism, communicating concerns to families with sensitivity and make referrals for specialist assessment. The Checklist for Autism in Toddlers (CHAT) (Baird et al, 2001) or Q-CHAT (Allison et al, 2008) can be used by health visitors with children aged from 18 months who are at risk of having social-communication disorders, to assist with professional judgment when considering referrals to specialist services, which the health visitor is uniquely placed to facilitate.

Effective assessment of need lies at the heart of a good quality public health service for children and families and the health visitor should lead these assessments and only delegate universal health reviews to other suitably qualified members of the team when appropriate. Appropriate, safe delegation is deemed as effectively combining the local team's skill mix, so that it suits the circumstances of the family concerned and does not detract from the purpose of the HCP to improve health outcomes for children.

Health visitors' skills enable them to identify risk and individual need, and it is vital these elements are not missed due to inappropriate delegation. Hence, consideration should always be given to the most appropriate combination of professional inputs. A general principle might be one of ensuring such contributions are holistic and reflect as broad a picture as reasonably attainable about the child.

Why a health visitor? continued

More than assessment

As with all five reviews, the 2-2.5-year review is forward looking and includes promoting oral health, promoting healthy weight and healthy nutrition, physically active play and learning, including pre-reading activities, safety in and beyond the home, uptake of the 'two-year offer' of free early education and childcare, immunisation, and as highlighted in Scotland, financial inclusion and routine enquiry into domestic abuse.

The iHV provides tips for parents to know what to expect from the 2-year review and the ASQ-3TM questionnaire http://ihv.org.uk/wp-content/uploads/2015/10/PT_ASQ-for-parents_V9-WEB.pdf or <http://bit.ly/2clZoMC>

Here, Clare Sandling, Starting Well Policy Lead from the Department of Health, talks about the need for the integrated two-year review <https://www.youtube.com/watch?v=K19n9DZgeEs> or <http://bit.ly/2cqoXnj>

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Most of this briefing is drawn directly from:

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