



Department  
of Health

# High Impact Area 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'

Health visitor programme

**Title: High Impact Area 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'**

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# High Impact Area 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'

## Health visitor programme

Prepared by Emily Mattison

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# North of England Calderdale & Huddersfield: Getting ready for school: delivering the 3.5 year contact in Calderdale

## HIA 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'

**Janet Powell – Associate Director of Nursing**

### Rationale behind the work

The health visiting team in Calderdale recently introduced the universal 3.5 year core contact as part of the core health visiting programme delivered to families. The decision to introduce a further universal contact was made following a review of several new policy drivers pertaining to health visiting practice

### Case study overview

The core purpose of the 3.5 year contact is to:

- Assess families' strengths, needs and risks;
- Give clients the opportunity to discuss concerns and aspirations;
- Assess growth, development and detect any abnormalities; and
- Support readiness for school and seamless transfer.

The 3.5 year core contact related to the universal element of the Healthy Child Programme. Before the start of this project there had been no activity in this area in Calderdale. Delivery of the contact was piloted in one locality to ascertain the most appropriate way to deliver the contact, taking into account families' and stakeholders' needs. The pilot site was chosen because of:

- Diversity of client groups;
- Established links with children's centre, GPs and schools; and
- Enthusiastic team with the capacity to manage change.

Families were introduced to the additional contact through an offer letter which provided choice in time of contact and venue. All members of the skill mix team were involved with the change process. The wider health visiting team were involved in developing the standard of contact through a series of focus groups using the available evidence base. Engagement also took place with the Trust IT team to ensure the contact was supported by appropriate data collection within the electronic record.

### Impact

Four months following introduction of the 3.5 year contact 50% of eligible children had been seen.

## North of England Calderdale & Huddersfield: Getting ready for school: delivering the 3.5 year contact in Calderdale

Establishing the contact has ensured that the organisation has reached its commissioning responsibilities for delivering the Healthy Child Programme.

Benefits also include:

- Identifying unmet or developing needs;
- Supporting school readiness, for example, in toilet training;
- Ensuring consistency and quality for all families through delivery of the standard;
- Reducing potential spend where issues are identified early;
- Ensuring best use of resources, improving effectiveness and outcomes;
- Increasing choice for families;
- Improved transfer to school nursing and future universal and targeted services; and
- Engaging the wider community.

# Staffordshire and Stoke-on-Trent: The two year review achieving success in Stoke-on-Trent and Stafford Partnership NHS Trust

**HIA 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'**

**Elizabeth Elliott (Professional Lead for Health Visiting)**

## **Rationale behind the work**

Since 2011, the Trust has focussed its efforts on strengthening the health visiting service and the delivery of the Healthy Child Programme (HCP). One of the key areas the health visiting service was already delivering was the two year developmental review, which is one of the key universal offer requirements of the HCP. However, there was a feeling within the health visiting service that the two year developmental review could be strengthened by understanding the view of the key players in the delivery of this review, such as the child, mother, father, health visitors and commissioners.

It was felt that the two year review was of high standard across the Trust but there was a recognition that staff were not using an evidence-based tool to undertake these reviews in all cases. It was also felt that there was scope to improve the uptake of these reviews.

## **Case study overview**

To address the issues identified the Trust drew on the learning from the Family Nurse Partnership (FNP), and considered how this could improve their delivery of the two year developmental review and involve parents with this process. Within the West Midlands region there was an established 'community of practice' comprised of all the health visiting leaders from the twelve local trusts meeting bi-monthly. The group was used to gather professional opinion on the use of best evidence based tools for child development assessments. The members in this group considered a range of tools available for developmental assessments and a joint decision was made that all trusts within the group would introduce the Ages and Stages Questionnaire 3 (ASQ 3) for the developmental reviews.

For the health visiting service within the Trust it was decided to introduce the ASQ 3 for all of the developmental assessments within the HCP 0-5 years programme. To do this a small working group was set up that included the FNP supervisor, so that her experience of using ASQ 3 in the FNP Team could be drawn upon. All health visitors in the Trust were trained to use the ASQ 3 and a 'go-live' date was agreed. The training covered the detail of using the ASQ 3 but also used the opportunity to revisit the aims of developmental reviews, outlining how reviews give the health

visitor a unique opportunity to engage with the child and their family. This contact allows health visitors to assess family strengths, needs and risks; give mothers and fathers the opportunity to discuss their concerns and aspirations; assess growth and development; and detect abnormalities, as well as being an opportunity to deliver key public health messages. Throughout the training it was emphasised that the ASQ 3 was not a 'tick box approach' and it should always be undertaken in partnership with parents.

### **Impact**

Following the introduction of the ASQ 3 for two year reviews families reported that they felt engaged and involved in the review in a way in which they had not been previously. Staff reported that parents had an improved understanding of the expected development of their children and how they can support their further development. It was felt that introducing the ASQ 3 had facilitated a partnership approach between health visitors and parents in reviewing their child's development.

An additional aim of this project was to increase the uptake of the two year review. To address this issue the Trust developed messages for parents about what the health visiting service provided. Information was added about the service to the Parent Held Record that outlined the HCP programme, and this was also explained to parents at the first home contact by a health visitor. The Trust also developed a leaflet outlining the Universal HCP offer so parents knew what every family received, with the different levels of offer also outlined. This message has been evaluated and feedback demonstrated that over 97% of parents who were asked knew and understood what the HCP had to offer them.

Data from the ASQ 3 will allow the Trust and local authority early years partners to track the progress of children into schools. This will enable the monitoring of the effectiveness of interventions and support that families receive, and also to inform the design and commissioning of services to support best outcomes for children and their families for the future.



# Birmingham: The high impact areas: a multi-agency approach to the two-year review

## Birmingham

### HIA 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'

Lynn Evans

*The [six high impact areas](#) articulate the contribution of health visitors to the 0-5 agenda and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. One of these areas is the two year review, which health visitors in Birmingham are using to work better with the wider system. This is also a universal health visiting review offered to all families.*

The two to two and a half review is a crucial time when certain behavioural issues or problems to do with speech and language become apparent. This review is hugely important to help health visiting teams see if a child is developing well and crucially, getting ready for formal education. It's also one of the [six high impact areas](#) where we know health visiting can make the biggest difference. Data quality on completion of these reviews in Birmingham was an issue due to differences in recording the number of 'did not attends' (DNAs).

Throughout 2014 we have continued to improved data quality by more consistently recording these DNAs so that we can start to address the reasons for this.

In the middle of last year, we achieved 60% uptake of the reviews. In order to build on this we have set up a multi-agency steering group and are developing a model to conduct integrated reviews with the local authority, early years sector, and private and voluntary sector.

Health visitors and nursery nurse staff have received training in the Ages and Stages tool which is now the nationally recommended development screening tool.

We have also consulted with teams achieving in excess of 85% uptake on how they approach the reviews so we can learn from them to incorporate good practice into our work with parents. One thing they do is to call parents prior to appointments.

This has had a good outcome in a short space of time. Uptake of the reviews is beginning to rise, and was 67% in September 2014. It's also improved awareness among health visiting teams of the value of the reviews which they can then share with parents.

We have also tried to integrate better with colleagues from across the system and health visitors and nursery nurse staff are trained to use the same tool.

There has been unanimously good feedback from parents about the 2 year review being conducted in partnership with their early years day care setting. It's also

## Birmingham: The high impact areas: a multi-agency approach to the two-year review

helped increase knowledge of the role of the health visiting service amongst early years education providers.

So, what's next? The team is continuing to support teams to introduce a community development approach to raising the importance of the review with parents. We also want to agree on a text reminder system to improve DNA rates even more.

*Lynn Evans, Health Visitor Implementation Programme, Birmingham*

# Leicester, Leicestershire and Rutland: Speech and Language Therapists working with Health Visitors to help get children ready for school

## HIA 6: Health, Wellbeing and development of child age 2 and support to be 'ready for school'

### Louise Butchart

A commitment to joint working by Speech and Language Therapy (SLT) and Health Visitor (HV) leaders in Leicester, Leicestershire and Rutland, led to a successful bid to DH which was the starting point for getting children talking and ready for school.

Any two year old who is identified as being late to talk, (often at the 2 year Healthy Child Programme universal contact), is now invited with their parents to a locally provided four week group. The 'Let's get Talking' programme written by the local SLT team, is led by a Community Nursery Nurse(CNN), who has received enhanced training in speech, language and communication. Each week a new idea is introduced to parents, for example to play face to face, to comment rather than to question and to simplify their language. Parents are then given the opportunity to practise changing their style of interaction. Our goal is to support parents through this interaction to help their child to use more words and start to build sentences which a child needs in order to be able to communicate their needs, thoughts and ideas in readiness for school.

The outcomes for 2013-2014 are looking very positive. At follow-up 50% of all children who attended the group no longer required intervention (Universal Plus). Evaluation of parent confidence also showed over 60% increase.

#### A child's story:

*"I brought Mohammed along to see the Health visitor because I was worried that he was only using about 6 words and not joining words together. The Health Visitor referred us to the Lets Get Talking group which was starting 4 weeks later at the local children's centre. I was a bit nervous about turning up at the group but it was very relaxed and friendly. There were 4 other families there and it was good to talk to other parents with children who were late talking. At the first session the CNN told me how important it was to follow Mohammed's lead and join in with his play but I told her that Mohammed always runs off if I ever get down to play with him. While we were playing with Mohammed I had a chat with the CNN about how I ask him lots of questions to try and get him to talk but she explained this might put him under too much pressure and what he needs is for me to just watch him and name the toys he is holding or say what he is doing. I found it really difficult not to ask questions but then I started to realise that when I just said the name of the toy, Mohammed would look up at me and listen to me more. By the end of the group, Mohammed had started to like it when I got down to play with him and already he is saying some more words. I can see he's learning now and I'm not so worried about when he starts nursery."*

## Leicester, Leicestershire and Rutland: Speech and Language Therapists working with Health Visitors to help get children ready for school

Despite initial reservations about this new way of working, staff have seen the benefits, both for service users and also for working in partnership with their professional colleagues. This work has also acted as a catalyst for broader collaboration outside the health team. We are now working jointly with our local Higher Education Institute to co-deliver training to the next generation of HV and SLT students.

# Midlands and East (South and West Ipswich): Toilet Training Pilot

**HIA 6: Health, wellbeing and development of child age 2 and support to be 'ready for school'**

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## Rationale behind the work

South and West Ipswich Locality has 3,000 children under five years of age living in the population. Many of these children live in the 20% poorest households in the country. In February 2013 head teachers from local primary schools requested help from the Integrated Services Manager (Health) for assistance in preparing children for school learning. It was agreed that the most pressing need was toilet training as there were a high number of children in their reception years who were still in nappies or 'pull-ups' and this was diverting attention away from their learning.

The objectives of this pilot were:

- To give parents the confidence and skills to toilet train their children;
- Provide accurate information and guidance to families;
- Increase take-up and success rate by proactive promotion of literature;
- Ensure children are confident and that their emotional wellbeing and social skills are not compromised by not being toilet trained prior to the start of school; and
- To support children's development.

## Case study overview

A pilot was planned drawing on the skills of a Suffolk enuresis clinic nurse to devise a leaflet that was given to parents. A display board was developed to stand in each children's centre entrance with leaflets and potties to give to parents who wanted to join the toilet training pilot. The free potties were funded by the locality community development officer as part of the school readiness agenda. Drop-in advice was also available as part of the health visitor child health clinics, where parents could join the pilot and receive help and advice with toilet training during the process.

Awareness of the pilot was also raised at the school readiness champions meeting which was attended by schools, pre-schools, health visitors, school nurses, children's centres workers and integrated team workers so that staff knew where to refer families who needed help to toilet train their pre-school children. The display stand was also taken to local school fetes by the children's centre workers to promote being clean and dry before starting school.

## Impact

During the two months trial 79 potties were given out by health visitors and children's centres. Parents who had attended the pilot sessions was contacted after four weeks by staff from the children's centres to find out if they had successfully toilet trained their child. It was reported that 48% of children has been successfully toilet trained and a further 22% were actively following the guidance. Anecdotal feedback on the scheme was highly positive, with many parents being surprised by how much the information and guidance had helped.

This was a joint project between NHS and local authority staff and both organisations found that this multi-agency way of working with a common focus and shared outcomes was very successful. The practitioners involved stated that it enabled them to recognise each other's unique skills and learn from each other.

The pilot was so successful that the decision was taken to make this a mainstream service in the future. It was agreed that the costs of potties and information packs would be funded from the children's centres budgets.

Following on from this success it was decided to initiate further projects such as dummy swaps and bottle to cup swaps. These projects are all aimed at improving school readiness.