



The Gloucestershire Practitioners guide to the Integrated Review



April 2016

Introduction

From September 2015, local authorities, health visiting services and early years providers, including childminders, have been encouraged to bring together health and early education reviews for young children at the age of two to two-and-a-half. This is currently a non statutory requirement but Gloucestershire recognises the significant positive impact that implementing this recommendation could have on the experience of parents and children.

Age two to two-and-a-half is an important time for children and their parents. It is a period of rapid growth, learning and development in a young child's life, and is also a crucial time when a child's need for additional support from health services or the education system can become clear. While the care given during the first months and years of a baby's life is critical for equipping them for the future, age two is another important stage where planned contact with all children and their parents can help to make a real difference to a child's future outcomes.

Integrating the existing health and education reviews at age two will help to identify problems and offer effective early intervention for those children who need more support, at an age where interventions can be more effective than they would be for an older child.

This document is intended to:

- outline Gloucestershire's approach to the Integrated Review,
- detail the process for completion
- provide guidance for practitioners carrying out Integrated Reviews with young children at the age of two to two-and-a-half. This will include health visitors, early years practitioners and those managing the provision of health and early education services.

Gloucestershire acknowledges the influence of the outcomes of the National Children's Bureau (NCB) Implementation Pilot. Case study examples drawn from those involved in piloting different approaches to the Integrated Review (IR) up to the end of 2013 are referred to throughout this documentation. Materials taken from the NCB publication "The Integrated Review: Bringing together health and early education reviews at age two to two-and-a-half" are also used extensively throughout this document.

What is the purpose of introducing an Integrated Review?

The purpose of the 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
- Facilitate appropriate intervention and support for children and their families, especially those for whom 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.

What are the key principles of the Integrated Review?

The review should be carried out in accordance with the following key principles:

- The Integrated Review should engage parents, particularly those who are disadvantaged
- The Integrated Review should engage the child, where they are participating
- The Integrated Review should be a process of shared decision making.

How can practitioners support the key principles of the Integrated Review?

1. The Integrated Review should engage parents, particularly those who are disadvantaged

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

- connecting with parents' motivations to do the best for their children
- being sensitive to the fact that some parents might feel nervous or anxious about a review of their child
- presenting the review in a way that makes parents feel confident and valued
- skilfully exploring issues with a caring, non-intrusive attitude
- presenting the review as a positive opportunity for parents to discuss how their child is developing and what is going well, as well as any worries that they might have.

2. The Integrated Review should engage the child, where they are participating

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

- considering carefully whether it is appropriate and helpful for the child to be present
- creating a safe, open and emotionally warm environment with stimulating and appropriate toys if the child is to be present
- 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?'

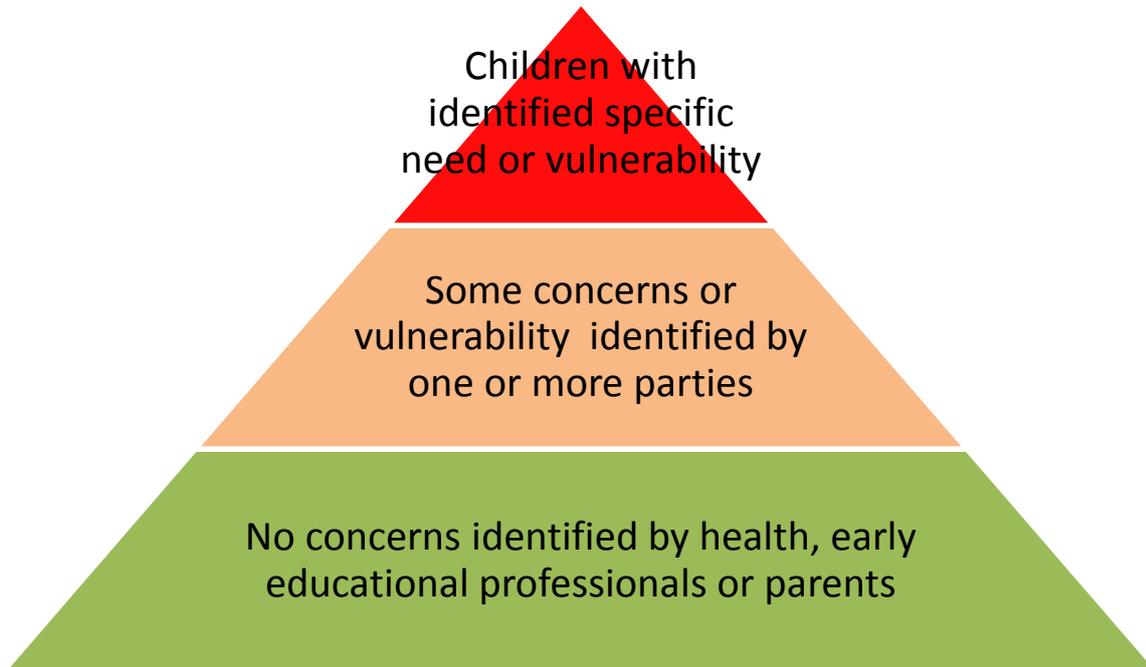
3. The Integrated Review should be a process of shared decision making

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

- taking a skilful approach by practitioners in dialogue with parents, using listening, checking, summarising and negotiating techniques
- ensuring that they respect each other's differing professional skills, experiences and perspectives

being open and transparent about expectations and responsibilities

The Differentiated Approach to Integration in Gloucestershire



What does a child look like at each level?

Green level – This is a child who at age two presents with no developmental delay or disorder. There are no concerns about this child being a vulnerable 2 year old. Professionals working with the child have not identified any issues. Parents have not expressed any concerns.

Amber level – One or more of the health or early years professionals, or the parents, are expressing some concerns about this child. If the child is attending a setting the child's needs may be met adequately within the setting. This may be with additional support from the Early Help Advisors.

Red level – This is a child aged two where there are already clearly identified developmental concerns. This level will always include children who have accessed 2 year old funding through the Gloucestershire referral route. It will include children from families with high levels of need who are already well known to the health visiting team and other agencies. It will also include children who have already been identified as disabled or who have special educational needs and a My Plan, My Plan+ .If a child has a Child Protection Plan or is a Child in Need, the child will automatically be considered to be at red level. Children at this level may already have a team around the child (TAC) arrangement in place.

What do the professionals do at each level?

Green level – At this level the health and early years professional will each complete their 2 year old checks independently of each other. All information generated will be independently shared with the child's parents. There is no expectation that this information will be shared between health and early years.

Amber level – At this level the health and early years professionals will each independently complete their 2 year old checks. All information generated will be independently shared with the child's parents. On completion, if the health visitor or the early years professional has concerns, they will make an initial contact with the other professional.

If the health visitor thinks that the child has, or is likely to have any SEND, there is a duty for the health visitor to notify the Local Authority of this child using the Early Notification process and to initiate a My Plan for the child.

If the setting alone thinks that the child has SEND they should initiate a My Plan for the child.

If the health visitor contacts the early years professional and they have not yet completed an EYFS 2 year old check they will do so within two weeks of the contact or as soon as is viable. If a child has only recently joined the setting or has attended for a limited period agreement should be reached as to when would be an appropriate time to complete the EYFS 2 year old check.

On completion of the EYFS 2 year old check the early years professional will then make contact with the health visitor. If the early years professional has completed their EYFS 2 year old Progress check and contacts the health visitor before the child has reached two and a half the health review may not yet be completed. The health visitor must then arrange an exchange of reports as soon as the health review is completed.

Any exchange of information cannot be completed without informing parents and seeking parental permission for the exchange.

Following the exchange of assessment information, a discussion will determine whether there is a need to

- do nothing further
- make contact with other professionals
- discuss the child again within an agreed time frame, the professional raising the concern will monitor the child
- or proceed to an Integrated Review meeting

The exchange of information might trigger an Integrated Review meeting between the professionals and the parent but this is not an automatic expectation.

The purpose of arranging an Integrated Review meeting is to discuss the assessments with the parents. An Integrated Review meeting proforma will be completed (See Appendix 1); health, early years and parents will have a copy of this. Follow on actions may be identified and will be noted on the Integrated Review meeting proforma.

Where further action or a referral to another service is agreed the health visitor and early years professional will discuss who is most appropriate to take the lead, and this will be taken forward by the relevant professional.

A three month follow-up Integrated Review meeting will be organised by the lead professional with the parent, and the other professionals if appropriate, to check on agreed actions and assess the child's progress.

At this review it will be determined whether there is a need for additional or alternative actions and whether a further review date needs to be set.

Red level

- Early years professional completes an EYFS 2 year old Progress check between the age of 24 months and 36 weeks
- This information is shared with parents at a formal meeting
- Health visitor completes the Healthy Child Programme (HCP) 2-2½ year old health and development
- Parents complete the ASQ Questionnaire
- Red book is completed

There is no need to plan Integrated Review meetings when multi professional meetings are already taking place. However it is essential to ensure that health and early years professionals are both represented in any meetings about the child and that they should have sight of each others assessments.

What do parents need to do at each level?

If the parent has any concerns about their child at any point they must raise these with the child's Health Visitor and/or the child's Key Person.

Green level - at this level where a parent has no concerns about the child and there are no concerns identified by the health visitor or the early years professional the parent will receive the assessment information from the early years 2 year old Progress check completed in the early years setting, they will be asked to complete the ASQ questionnaire from the health visitor review and the 'red book' will be updated with the health review.

Amber level - This information from the EYFS 2 year old Progress check is shared with parents at a formal meeting. Parents complete the ASQ Questionnaire and Health visitors complete the Red book.

If a parent has concerns and has raised these with the health visitor or the early years professional this will trigger a contact between the early years professional and the health visitor. Permission must be sought from the parent to pass the assessments on. If the parent has not expressed any concerns but a concern has been raised by the early years professional and/or the health visitor then the professionals will ask permission from the parent to exchange their assessments.

Following the exchange of assessment information, an agreement discussion will determine whether there is a need to

- do nothing further
- make contact with other professionals
- discuss the child again within an agreed time frame, the professional raising the concern will monitor the child
- or proceed to an Integrated Review meeting.

The parent will be involved in any further discussions.

This exchange could trigger an Integrated Review meeting that the parent would be invited to attend but this is not an expectation.

Red level - This information from the EYFS 2 year old Progress check is shared with parents at a formal meeting. Parents complete the ASQ Questionnaire and Health visitors complete the Red book

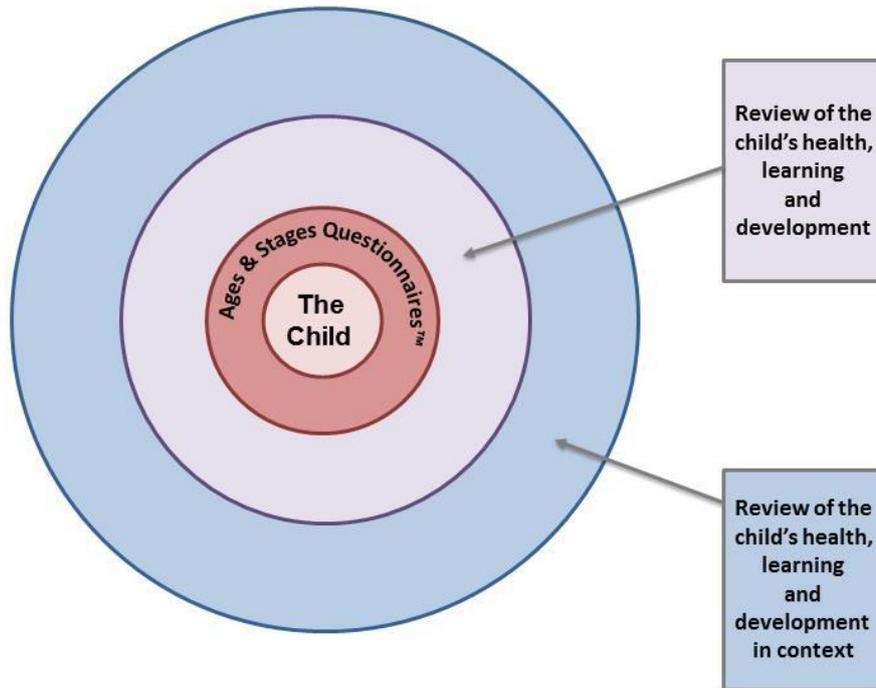
It is likely that parents will be involved in multi professional meetings. Children at this level may have a team around the child (TAC) arrangement in place.

Guidance for children who do not attend an early years setting at age two

- Children who do not attend an early years setting at age two will receive a Healthy Child Programme Review at age two to two-and-a-half 2. This will include the use of the Ages & Stages Questionnaire (ASQ-3™) as a starting point for discussion and in order to gather data for the population measure.
- Health visitors should take the opportunity at the Healthy Child Programme review to signpost parents to the benefits of early education for their child, including making them aware of potential entitlement to free early education at the beginning of the term after either their second or third birthday.
- If a child subsequently enters an early years setting before 36 months, then once the child has settled in to the provision, early years practitioners must also carry out an EYFS 2 year old Progress check by reviewing their progress in the three prime areas and sharing this with parents.

The content of an Integrated Review meeting

A simple visual model of the Integrated Review



This model illustrates what should be included in the Integrated Review:

- the information gathered by the Ages & Stages Questionnaire ASQ-3™,
- Information from the 2 year old progress check
- a wider review of the child's health, learning and development in relation to other contextual factors.

All participants (parents, early years practitioners and health visitors) can contribute to both the wider review of the child's health, learning and development and other contextual factors. (see below)

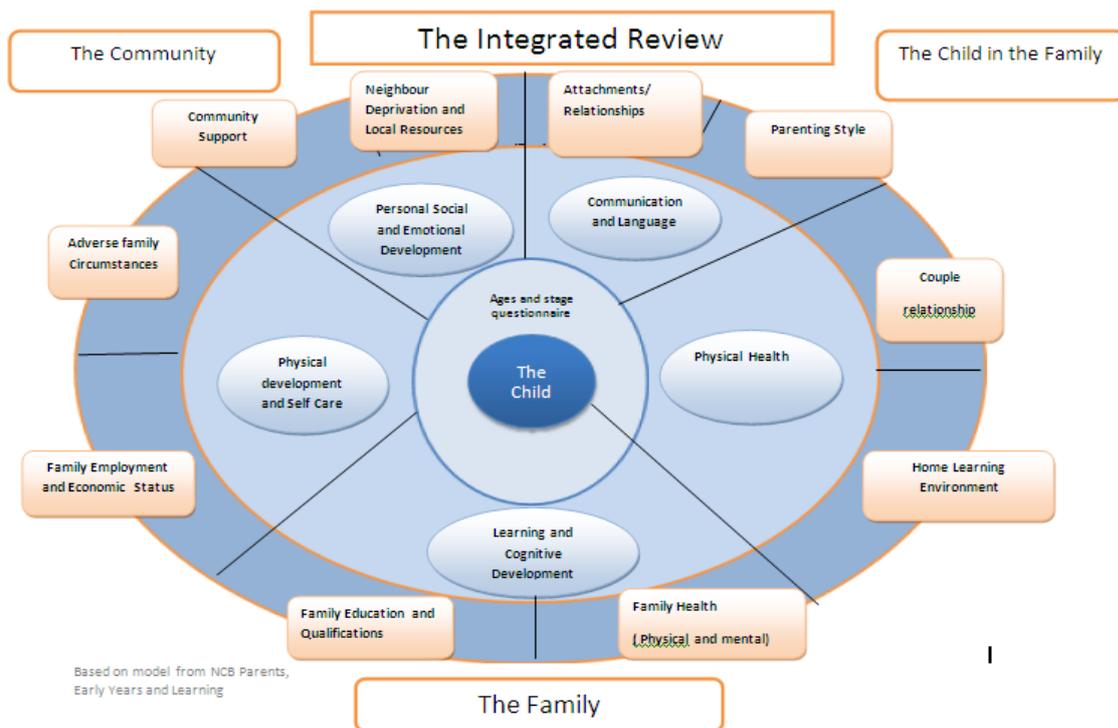
Overview of the Integrated Review meeting

The Integrated Review meeting should cover five key aspects in relation to the child:

- Personal, Social and Emotional Development
- Communication and Language

- Learning and Cognitive Development
- Physical Development and Self Care
- Physical Health

It should also take into account ten key influences in relation to the contextual factors influencing the child's life:



The Child in the Family

1. Attachment relationships
2. Parenting style
3. Couple relationships

The Family

4. Home Learning Environment
5. Family Health (physical and mental)
6. Family Education/Qualifications
7. Family Employment and Economic Status
8. Adverse Family Circumstances

The Community

9. Neighbourhood Deprivation and local resources

10. Community Support

These 10 factors help form a picture of the child's environment which may help indicate whether the child (and their family) are in need of additional support and they should be considered and observed as part of the discussion with parents.

Should the child be present at the Integrated Review?

The Integrated Review draws on day-to-day knowledge of the child contributed by parents and early years practitioners and the assessment information provided by health visitors. In Gloucestershire the involvement of the child in an Integrated Review meeting will be left to the discretion of the professionals and the parents. A child may not behave representatively at a one-off review meeting or there may be other reasons why they are not present during the review. This could include where the child makes it clear they do not wish to be present or where parents or other adults wish to discuss concerns without the child hearing.

Preparation and Overview of the Integrated Review meeting

The content and detail of each review will vary according to how well the family is known to the health visiting team, early years setting and other services.

- **Parents can prepare for a joint meeting by:** observing and thinking about their child's development, making note of any questions or areas of concern. It is likely that they will already have completed the Ages & Stages Questionnaire (ASQ-3™). When thinking about their child's development they may find it helpful to refer to materials such as 'What to Expect, When?' Parents should also be asked to bring their Personal Child Health Record or 'Red Book' and any other relevant records to the review.
- **Health visiting practitioners can prepare for a joint meeting by:** reviewing their knowledge from any prior relationship with the family and where a family is not well known to them, reviewing the case records and other information sources available.
- **Early years practitioners can prepare for a joint meeting by:** Reviewing or completing the 2 year old Progress check. They should also consider any contextual information they have about the child and the family.

Success factors for parental engagement

- Multiple approaches: written/phone/text reminders.
- Ensuring all services who know the parent take the opportunity to inform/engage in ad hoc ways.
- Using communication materials, designed in consultation with parents, that explain the benefits and reassure on concerns.
- Pitch as an "entitlement" to support, not a check, especially to help ensure vulnerable families do not feel singled out.

Considerations for special groups

- **Vulnerable parents:** face-to-face engagement from people they know and trust is important. Engagement by familiar early years staff works well for those with less trust in/prior engagement with health visitors.
- **Parents with English as an Additional Language (EAL):** extra time and resources needed for parents with EAL to engage and ensure full understanding.
- **Working parents:** sufficiently advanced notice, choice of date and time and convenience of location are often important for scheduling with working parents (and there is demand for out-of-hours appointments).
- **Fathers:** important to make clear that both parents can attend. If fathers do not attend in person, ensure written feedback is effective for facilitating their potential involvement at home.

Location issues for parental engagement

- **In home:** familiar/comfortable for child and family; able to understand wider home context. However family may dislike intrusion.
- **Early years setting:** Convenient for parents dropping off/collecting children; familiar to child; play facilities for observing child at play.
- **Health setting:** Maybe more clinical/less comfortable; easy to access follow-up on health issues (e.g. immunisations) and support reviews among children with disabilities.

Recommended essentials

- Sufficient space/privacy/quiet.
- Comfortable/welcoming/ ideally familiar to child and parent.
- Convenient and accessible to parents, especially working parents, those without transport/in rural areas.

The review process

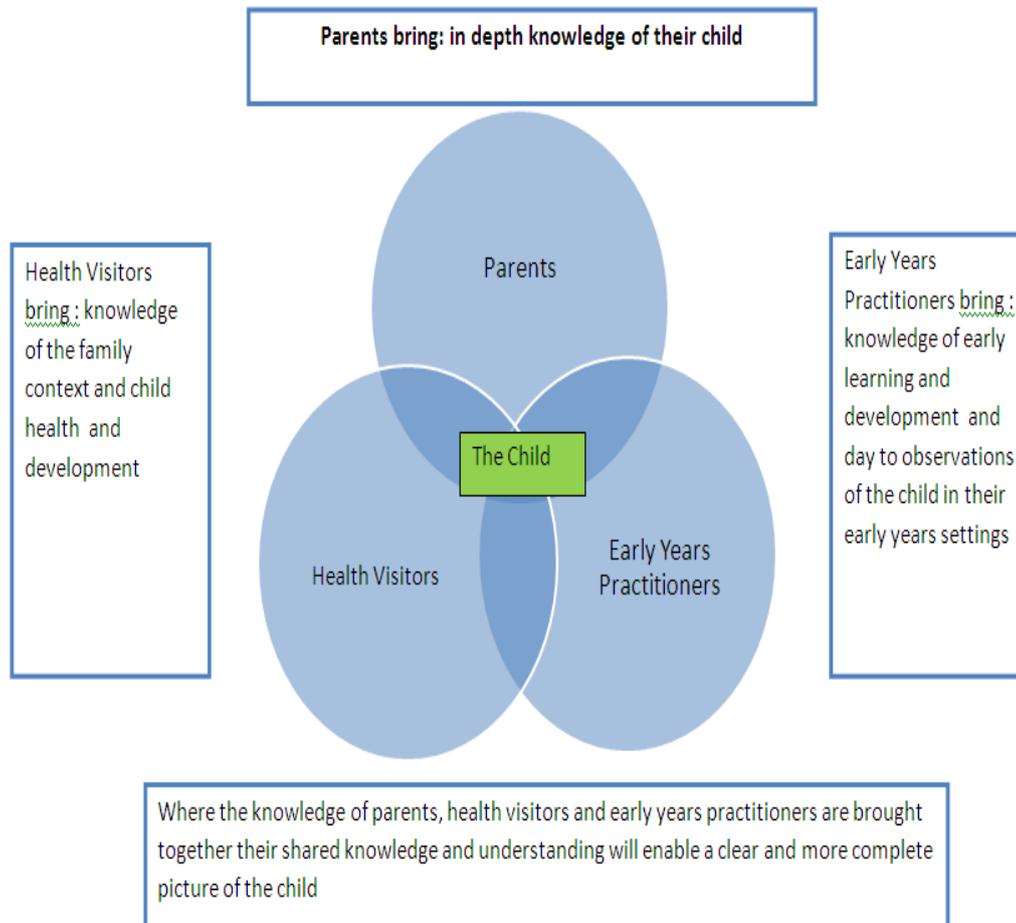
Assessment will include the following elements:

- Discussion with parents
- Responses to the ASQ-3™
- Review of the 2 year old Progress check drawn from ongoing day-to-day observation of the child within their early years setting

What can each participant bring to the review of the child's health, learning and development during Integrated Reviews?				
	Health visitors might bring:	Covered by ASQ-3™	Parents might bring and be willing to share:	Early Years practitioners might bring:
Personal, Social and Emotional Development ⁶	Knowledge from any prior relationship with the family.	~ (Limited coverage)	In-depth knowledge of what their child can do at home.	Review of the child's learning and development against Development Matters. Observation of the child within the early years setting, including the 'Characteristics of Effective learning'
Communication and Language	Information about any health problems affecting speech, language and communication.	<input type="checkbox"/>	In-depth knowledge of what their child can do at home.	Review of the child's learning and development against Development Matters. Observation of the child within the early years setting, including the 'Characteristics of Effective learning'
Learning and Cognitive Development	Information about any health problems affecting learning and cognitive development.	<input type="checkbox"/>	In-depth knowledge of what their child can do at home.	Review of the child's learning and development against Development Matters. Observation of the child within the early years setting, including the

				'Characteristics of Effective learning'
Physical Development and Self Care	Information about any health problems affecting physical development and self care.	<input type="checkbox"/>	In-depth knowledge of what their child can do at home.	Review of the child's learning and development against Development Matters. Observation of the child within the early years setting, including the 'Characteristics of Effective learning'
Physical Health	Information about previous reviews of physical health. Review of growth against standardised growth charts and any issues around hearing, vision and dental care. Provision of public health information.	<input type="checkbox"/>	In-depth knowledge of their child. Information about practices within their home.	Review of the child's learning and development against Development Matters. Observation of the child within the early years setting, including the 'Characteristics of Effective learning' Insight into family practices around health and wellbeing.

Bringing it all together: a model of shared knowledge and understanding during the Integrated Review



Following an Integrated Review meeting

Recording the review

There is an intention that the Red book will have a page in the PCHR (“red book”) to record the outcome of an Integrated Review. Until that point an Integrated Review meeting proforma will be completed:

The most useful and valuable records of the Integrated Review will:

- Start with the child’s strengths and the assets available in the child’s home and community context
- Recognise parents’ in-depth knowledge of their child by incorporating their observations and comments
- Be clear and easy to read

- Be easy to understand, avoiding unfamiliar jargon, acronyms or terminology (with interpretation and translation available where appropriate)
- Present a truthful yet sensitive reflection of what the child can do and their achievements to date
- Identify areas where the child is progressing at a slower pace than expected
- Provide clarity about what will be done to support the child's development in these areas, and by whom, and say when the impact of any additional support will be reviewed
- Reflect the child's individual personality and characteristics

Information sharing

The original Integrated Review meeting proforma is owned by the child's parents. Copies of the Integrated Review meeting proforma should be provided for the following:

- Health visiting service
- Early years setting

At the Integrated Review there should be a discussion with parents about who else might need to receive information about any aspect of the review or receive a copy of the review, for example, other relevant education, health or social care professionals. Parents must be asked for consent to share the information. Where consent is given, the agreed lead for the review should make sure the information is passed on securely.

Where child protection and safeguarding issues arise from the review, practitioners and providers must take action in line with the policies and procedures of the Gloucestershire Safeguarding Children Board (GSCB). The statutory guidance 'Working Together to Safeguard Children' expects anyone who has concerns about a child's welfare to make a referral to local authority children's social care.

Follow up within the early years setting and at home

Early years practitioners should also use the guidance in Development Matters to consider targeted ways to strengthen and extend the child's current learning and development, in the early years setting and at home. This should be done in partnership with parents and health visitors, taking into account what might be most helpful and appropriate for the child and family and building upon what they already do.

Parents can be provided with or signposted to the section 'How can you help me with your learning?' within 'What to expect, when?' which has been developed as a parent friendly version of Development Matters.

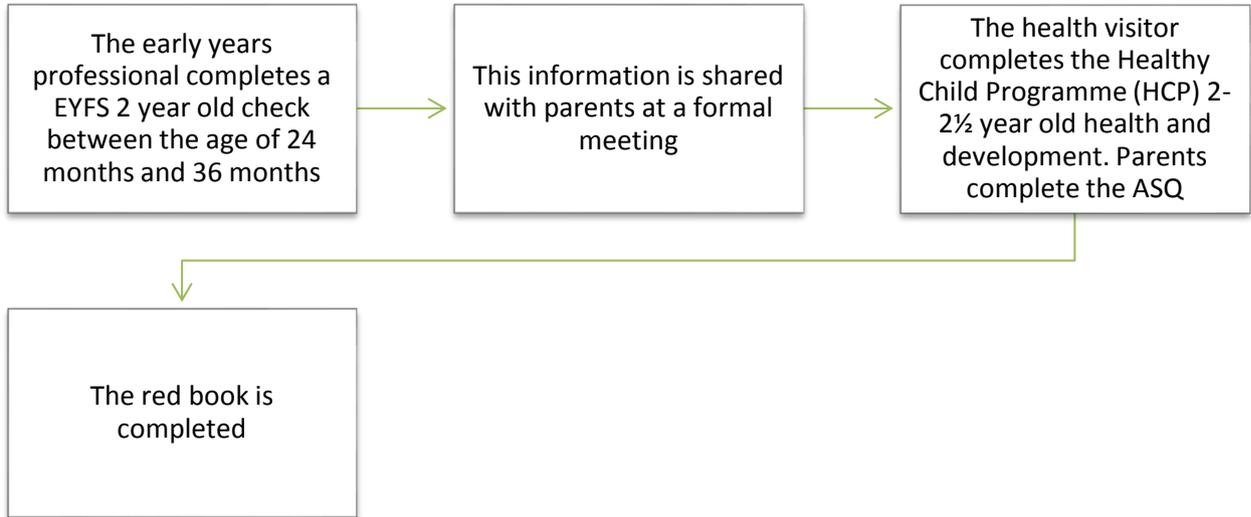
Onward Referral

Where the need for more support is identified at the Integrated Review meeting, the reviewers should consider the level of a child and family's need, to determine whether there should be an immediate referral to specialist services, or a period of additional support from parents, the early years setting, Children's Centre or health visiting team with a further check at an appropriate interval to monitor progress.

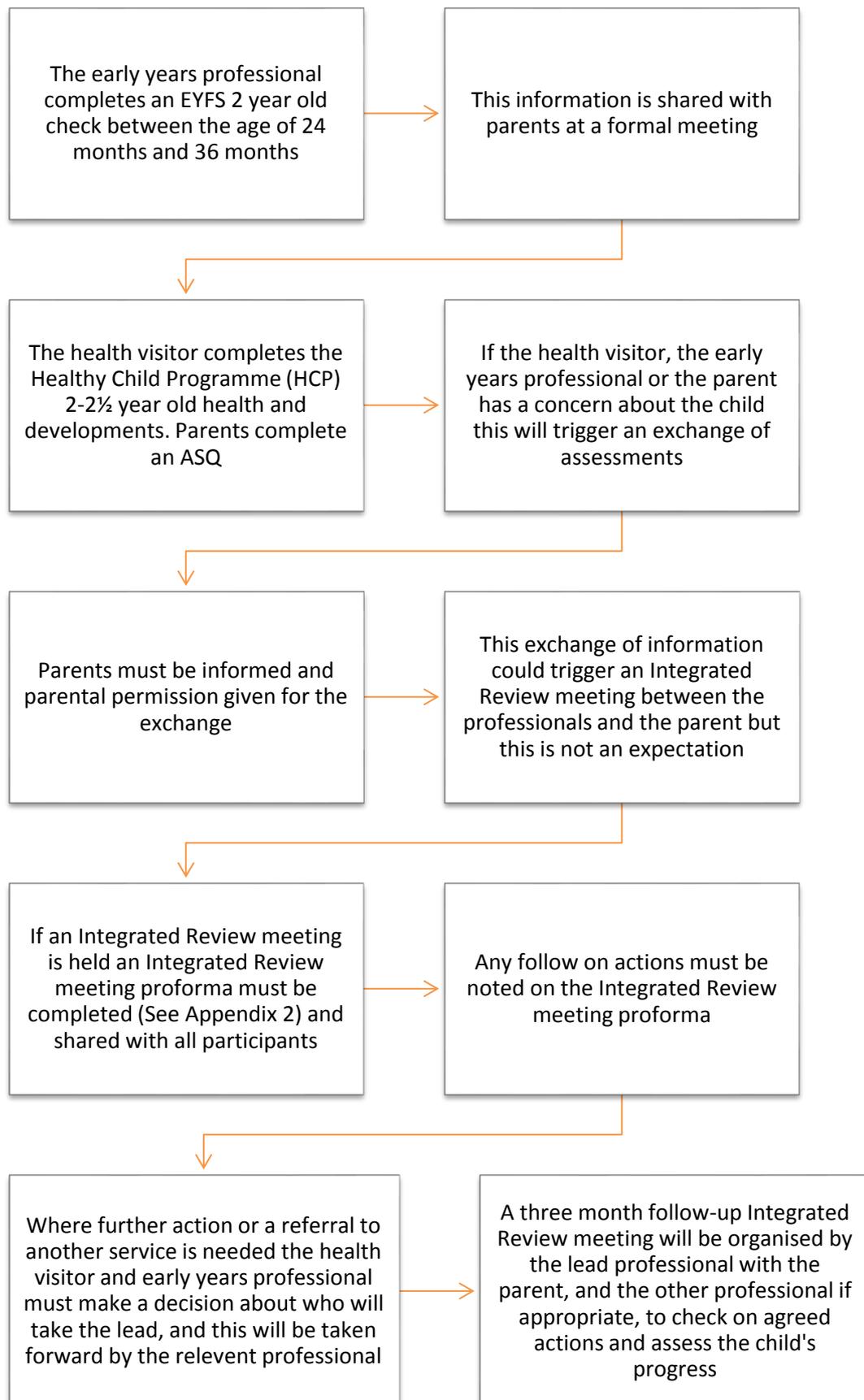
Specialist services could range from referral to a GP or paediatrician appointment for a health concern, a Speech and Language Therapy appointment, an initiation of an Early Help Assessment or referral to mental health or social care services.

Appendix 1 Visual outlines of Integrated Review process

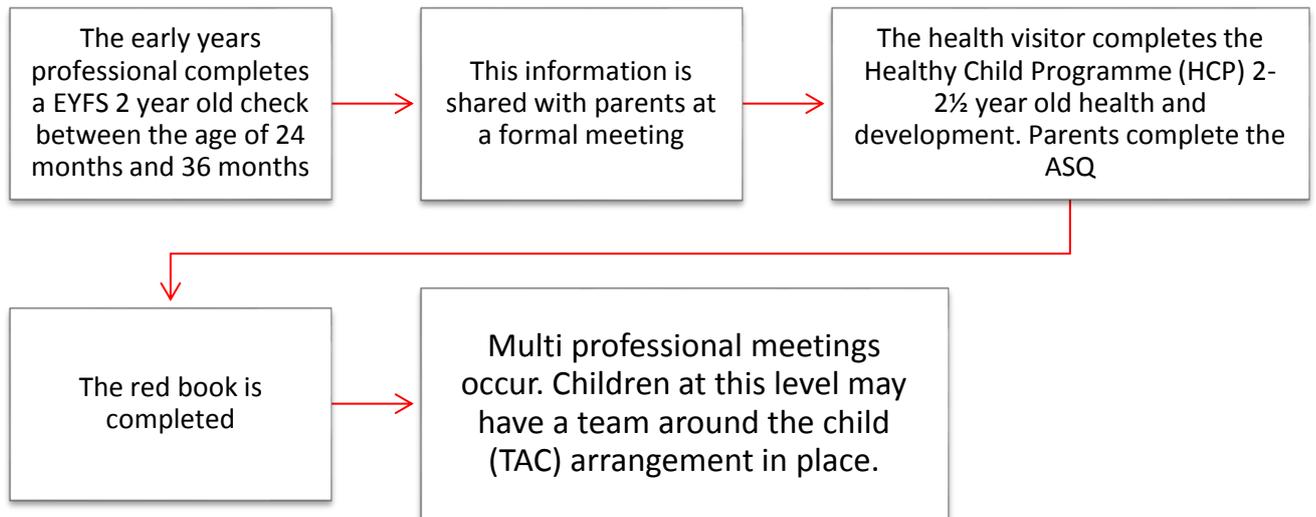
Green Level



Amber Level



Red Level



Appendix 2 – The Integrated Review Proforma



Integrated Review Summary Information

Date of Integrated Review at Setting		Name of Child:		Child's DOB	
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Is this child eligible/in receipt of 2 year old funding?	Yes If No, please encourage/undertake an eligibility check
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Circle which ASQ-3 was completed	24 Months	27 Months	30 Months
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Outcomes of the review meeting discussion, ASQ-3 and 2 Year old Progress Check (circle the most applicable)

Not yet meeting key milestones ↓ Referral and support plan required	Beginning to meet key milestones ↓ Signposting/monitoring required	Reaching key milestones ↓ No referral/signposting required
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Actions to be taken by professionals, if applicable (including signposting and referrals to other agencies to support the child and family)

Action:

Who will take the action e.g. who will make the referral?
--

When will it be done?

When will the outcome of the action be reviewed?

Where a referral is required, please note to whom the referral is being made:

Parent/Carer Comments:

Contributors

Parent/Carer Name: _____

Parent/Carer Signature: _____ Date: _____

Key Person Signature: _____

Health Visitor Signature: _____

Other Professional's Signature and Name of Service:

_____ This information may also be shared with other professionals and used for statistical purposes. By signing this form it is deemed that you understand the purpose that the information will be used for.

Appendix 3 - Glossary

SEND Early Help Advisor

A professional employed by the Local authority to provide support in relation to SEND within Early Years settings.

Early Help Hub

A partnership of agencies working together to support children, young people and their families across a locality. The Targeted Support Teams (Families First Plus) in each Locality have a responsibility to coordinate all requests for additional support from families and practitioners. The partnership is then responsible for looking at which agency/agencies is best placed to respond to the presenting needs and provide additional support/services to meet these.

The Targeted Support Teams will also provide advice, support and guidance to Lead Professionals in the community to support them to meet the needs of the children, young people and families that they are working with.

Glossary of Abbreviations

ASQ	Ages & Stages Questionnaire
EY	Early Years
EYFS	Early Years Foundation Stage
GSCB	Gloucestershire Safeguarding Children Board
HCP	Healthy Child Programme
IR	Integrated Review
LA	Local Authority
NCB	National Children's Bureau
PVI	Private, Voluntary & Independent
SEN	Special Educational Needs
SEND	Special Educational Needs & Disability

Appendix 4 - Additional tools and sources of support

Key guidance on health and early education reviews at two to two-and-a-half

Health

The Healthy Child Programme: Pregnancy and the first five years of life:

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

The Healthy Child Programme Review at age two to two-and-a-half:

<https://www.gov.uk/government/publications/healthy-child-programme-review-of-children-aged-2>

Early Education:

The Statutory Framework for the Early years Foundation Stage:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

EYFS Progress Check at age two guidance:

<https://www.gov.uk/government/publications/a-know-how-guide-the-eyfs-progress-check-at-age-two>

Development Matters in the Early Years Foundation Stage:

<http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf>

'What to expect, when?' is a document developed by 4Children to support parents to find out more about how their child is learning and developing during their first five years, in relation to the EYFS.

<http://www.4children.org.uk/Resources/Detail/What-to-expect-when>

Ages & Stages Questionnaires™

Training modules on ASQ-3™, including an open-access route, are available at:

<http://www.e-lfh.org.uk/programmes/asq-3-and-the-two-year-review>

Further information on ASQ-3™, and the outcome measure of child development at age two to two-and-a-half:

<https://www.gov.uk/government/publications/measuring-child-development-at-age-2-to-25-years>

Safeguarding

Statutory guidance on safeguarding 'Working Together to Safeguard Children':

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

SEND

Special educational needs and disability code of practice: 0 to 25 years:
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Early Support materials are available to support parents of children with SEND including a parent-held Developmental Journal, enabling parents to observe, record and celebrate progress and identify areas where extra help and support may be needed. This is also available as an early support app.

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/resources/developmental-journals>

<http://www.councilfordisabledchildren.org.uk/what-we-do/networks-campaigning/early-support/early-support-app>

Evidence packs

'Families in the Foundation Years' evidence pack gathers together robust evidence sources for early intervention.

<http://media.education.gov.uk/assets/files/pdf/f/families%20in%20the%20foundation%20years%20-%20full%20evidence%20pack.pdf>

A useful review of evidence is also provided as part of the Institute of Health Equity's work, 'An Equal Start, Improving Outcomes In Children's Centres.

<http://www.instituteoftheequity.org/projects/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-iimproving-outcomes-in-childrens-centres-an-evidence-review>

Early Intervention Programmes

The Early Intervention Foundation Guidebook is an interactive tool to find evidence and guidance on how to deliver effective early intervention:

<http://guidebook.eif.org.uk/>

The Early Intervention Foundation report 'Getting it Right for Families' provides practical examples of early intervention across health and local authorities from conception to age five:

<http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf>

Aspects of the review:

Working with parents and supporting the early home learning environment

The Peers Early Education Partnership (PEEP):

<http://www.peep.org.uk/>

NCB 'Parents, Early Years and Learning' materials are available via the Early Childhood Unit website:

<http://www.ncb.org.uk/areas-of-activity/early-childhood>

Booktrust BookStart Corner supports children's centres across England in helping families to develop a love of stories, books and rhymes:

<http://www.bookstart.org.uk/professionals/bookstart-corner>

'Making it REAL' is an evidence-based approach to early literacy through partnerships with parents in early years settings:

<http://www.ncb.org.uk/ecu/making-it-real>

Communication and Language

The charity ICAN has produced materials for parents and practitioners including a chart of milestones for speech and language and several DVDs for parents:

www.ican.org.uk

ICAN has also developed the Early Language Development Programme:

<http://www.ican.org.uk/ELDP>

Glossary sheets explaining various communication impairments aimed at professionals along with resources for parents are available from the charity Afasic:

www.afasic.org.uk

The Communication Trust provides a wide range of resources for parents and professionals on language and communication:

www.thecommunicationtrust.org.uk

Every Child a Talker (ECAT) aims to raise children's achievement in early language, improve practitioners' skills and knowledge and increase parental understanding and involvement in children's language development:

<http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/>

The National Literacy Trust provides materials for parents and professionals on its 'Words for Life' website:

<http://www.literacytrust.org.uk/>

Health, Nutrition and Wellbeing

Start4Life parent information service materials and pages for professionals are available at:

<http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>

<http://www.nhs.uk/start4life/Pages/healthcare-professionals.aspx>

HENRY is an intervention tool to protect children from the physical and emotional consequences of obesity:

www.henry.org.uk

MEND 2-4 is a healthy lifestyle programme for children aged 2 to 4 and their parents and carers:

<http://www.mendcentral.org/whatweoffer/mend2-4>

The Trim Tots healthy lifestyle programme has been developed by a team of child health professionals from the Institute of Child Health:

<http://www.trimtots.com/index.html>

Chief Medical Officer guidelines on physical activity for under fives:

<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

NHS 'Live Well' home for dental health in under fives:

<http://www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx>

The Children's Food Trust 'Eat Better, Start Better' programme helps young children to eat well by working with everyone involved in early years health and education, to help them to support families.

<http://www.childrensfoodtrust.org.uk/pre-school>

Social and Emotional Aspects of Development SEAD:

http://www.foundationyears.org.uk/wp-content/uploads/2011/10/SEAD_Guidance_For_Practioners.pdf

NICE guidelines about children's social and emotional development in the early years to support commissioners:

<https://www.nice.org.uk/guidance/ph40>

Potty and Toilet training

NHS potty training home page:

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/potty-training-tips.aspx>

Education and Resources for Improving Childhood Continence (ERIC) supports children with continence problems:

<http://www.eric.org.uk/>

Safety and Accident Prevention

The Royal Society for the Prevention of Accidents (ROSPA) information on child safety:

<http://www.rospa.com/homesafety/adviceandinformation/childsafety/accidents-to-children.aspx>

NICE guidance on preventing unintentional injuries in the home:

<https://www.nice.org.uk/guidance/ph30>

ChiMat reports on reducing unintentional injuries in and around the home and on the roads:

<http://atlas.chimat.org.uk/IAS/profiles/topicalreports#injuries>

ROSPA website on the law and guidance around child car seats:

<http://www.childcarseats.org.uk/>

British Red Cross home page for baby and child first aid, including a free first aid app:

<http://www.redcross.org.uk/What-we-do/First-aid/Baby-and-Child-First-Aid>

Parenting

The CANparent website offers access to quality-marked parenting classes across England:

<http://www.canparent.org.uk/>

The Parenting Daily Hassles scale can be used to identify areas where assistance could be provided by external agencies:

http://www.cafcass.gov.uk/media/215160/parenting_daily_hassles_scale.pdf

Website for the Triple P parenting programme:

<http://www.triplep-parenting.uk.net/uk-en/home/>

Website for the Incredible Years parenting programme:

<http://incredibleyears.com/>

Website for the Mellow Parenting programme:

<http://www.mellowparenting.org/>

Couple relationships

The Department for Work and Pensions now has overall responsibility for relationship support policy. They have developed a web-app that offers assistance on finances, housing, health and arrangements for children.

<http://www.cmoptions.org/en/sortingoutseparation/>

The Family Partnership Model approach provides training for practitioners which may assist in sensitive exploration of couple relationships:

<http://www.cpcs.org.uk/index.php?page=about-family-partnership-model>

Services and resources to support relationships, including relationship breakdown, divorce and separation can be found at:

OnePlusOne: <http://www.oneplusone.org.uk>

Relate: www.relate.org.uk

The Tavistock Centre for Couple Relationships: <http://www.tccr.org.uk/>

The Freedom Programme is a programme designed for women and men experiencing domestic violence:

<http://www.freedomprogramme.co.uk/>

Women's Aid is the national charity for women and children working to end domestic abuse:

<http://www.womensaid.org.uk/>

The Children and Family Court Advisory and Support Service (CAFCASS) has a range of leaflets and resources for parents and children going through the processes of separation and divorce:

<http://www.cafcass.gov.uk/leaflets-resources.aspx>