
Report To: Inverclyde Integration Joint Board **Date:** 15 May 2018

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/26/2018/SM

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Subject: Enhancing Children's Wellbeing and Addressing Neglect

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of:

- Progress to date of the Scottish Government supported partnership between Inverclyde Council/HSCP and CELCIS (Centre for Excellence for Looked after Children – based at Strathclyde University) in relation to enhancing wellbeing, addressing neglect and enhancing children's wellbeing.
- The proposals and next steps aimed at strengthening and supporting the role of the named person: head teachers and health visitors, operating within the Inverclyde GIRFEC (Getting it Right for Every Child) pathway.

2.0 SUMMARY

- 2.1 In October 2016, from work commissioned by the Scottish Government, Inverclyde was selected as one of three local areas (Inverclyde, Dundee City, Perth and Kinross) to partner CELCIS in developing new approaches aimed at reducing childhood neglect and enhancing children's wellbeing.
- 2.2 The partnerships agreed to be guided by CELCIS in the use of Active Implementation science for up to five years.
- 2.3 Implementation science is at the centre of this work with the aim of assisting us with our work, in particular our offer of early help to disadvantaged children with wellbeing concerns as they transition from early years, through primary and secondary school services to adulthood.
- 2.4 Between October 2016 and June 2017 significant stakeholder consultation took place helping to develop a better understanding of the strengths and areas for improvement in the GIRFEC and early help system.
- 2.5 That work was initially led by two 0.5 Implementation Leads until March 2017. Thereafter the education lead returned to their substantive post. Key staff have been supported by CELCIS to progress themes emerging from the exploration with practitioners and parents. These themes were:

- The importance of effective early help and support without delay in order that children's healthy development and general wellbeing are supported and adverse circumstances avoided.
- Health Visitors and Primary Head Teachers are especially well placed to play a lead role in noticing unmet need at an early stage and planning targeted support across transition points.

2.6 CELCIS have confirmed that good implementation practice advocates the design initially be implemented in one geographical area of Inverclyde with a population of fifteen to twenty thousand people. The area of focus studied so far can be seen below in figure 1 on page 5.

2.7 The next steps activity will tell us more about the strength of our support and services to our most disadvantaged children and how they might improve. Our exploration and early design activity supported by strong evidence-informed research confirmed that our collaboration is on the right track. That track is to develop further our support of the Inverclyde GIRFEC pathway and establish the recommendations proposed below. It is important to note that the findings of this work are consistent with that of the Care Inspectorate and the actions arising from core activity of the Children's Services Improvement Plan.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board notes the proposed next steps and:

- a) Notes the original commitment to continue 0.5 Implementation Lead from the Children and Families HSCP improvement service from existing resources.
- b) Notes the extension of this work to include a 0.5 Education Lead and 0.4 Lead from children and families health to support the development of this project, thereby establishing an integrated implementation team.
- c) Notes that the initial implementation activity takes place in the locality of South and South West Greenock (figure 1).
- d) Requests updates on progress being provided to the IJB on supporting the Inverclyde GIRFEC pathway to enhance children's wellbeing.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The collaboration between CELCIS and Inverclyde began in October 2016 and was established on the understanding that:

- Two 0.5 Implementation Leads be provided by Inverclyde in order to support the approach of Active Implementation offered by CELCIS.
- CELCIS implementation experts would visit Inverclyde two days each month offering coaching and support to local implementation leads, practitioners, managers and community groups in order to guide progress in the exploration and early design phases.
- CELCIS agreed to provide a quarterly Community of Practice event to allow the three selected areas (Inverclyde, Dundee City, Perth and Kinross) to share learning of challenge and good practice.
- CELCIS leads would have bi-monthly meetings with senior managers to provide clear updates on progress.

4.2 The Inverclyde Alliance Vision is Getting it Right for Every Child, Citizen and Community. This vision was considered an important reference point for the collaboration with CELCIS. This supported focus on the implementation of Inverclyde's GIRFEC pathway and exploration of how well embedded it was within our support services for parents and communities.

4.3 The work being undertaken with CELCIS is guided by active implementation science which offers evidence on how to achieve successful and sustainable change by focusing on practice improvement and policy alignment that addresses the largest population possible. The evidence now suggests that *systematic implementation practices* are essential to any attempt to use evidence and good practice to improve the lives of our populations of concern. Applied to major service strategies such as GIRFEC, this kind of evidence-informed approach has the potential to significantly improve provision to all children and parents and particularly to those children where unmet needs may impact on development, learning and wellbeing which might place them at risk of poor outcomes.

4.4 The exploration stage has facilitated critical appraisal within Inverclyde on how public services and communities can better address the needs of those children who are under stress and have wellbeing concerns. Inequalities in health and education are a significant issue for Inverclyde. From a community planning strategic perspective, a key local priority is protecting and promoting the health and wellbeing of children and reducing inequalities.

4.5 The table below, established during our exploration phase, shows local data indicating increased prevalence of wellbeing risk factors, commonly occurring in Inverclyde allowing comparison to Scotland in general.

Table 1

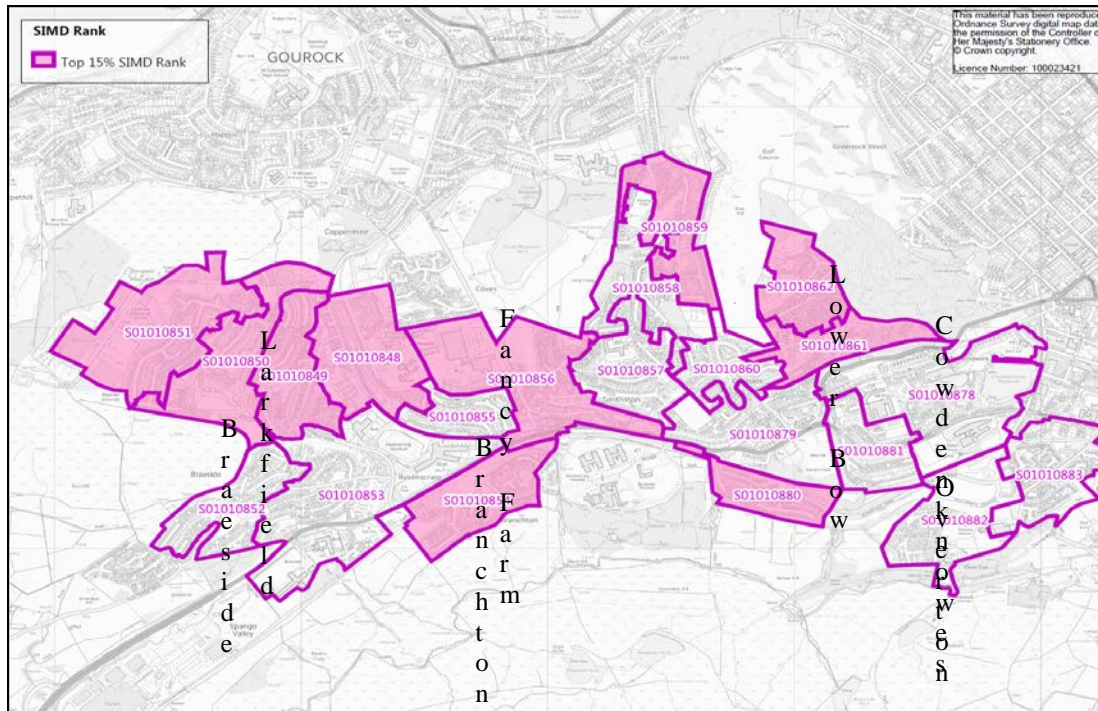
Risk indicator (to wellbeing)	Inverclyde	Scotland
%age of children living in low income families	24%	18%
%age of data zones in Scotland's 20% most deprived	44%	20%
%age of working age population claiming out of work benefits	15%	10%
%age of primary 4 – primary 7 pupils registered for free school meals	27%	17%
%age of P1 pupils achieving expected reading levels writing levels Listening and talking Numeracy levels	79%	81%
	76%	78%
	79%	85%
	84%	84%
%age of mothers who are current smokers at ante-natal booking	18%	17%
%age of mothers breastfeeding exclusively at 6-8 week review	14.7%	41%
%age of primary 1 children classified as obese (2015)	5%	4%
%age of 27 – 30 month health visitor reviews indicating a wellbeing concern for a child	27%	18%
%age of child protection conferences in which neglect is primary concern	50%	34%

4.6 Through a series of facilitated workshops we have listened closely to the experiences and insights of a broad range of stakeholders, including:

- Community nurses (health visitors, district nurses, community midwives, family nurse partnership, school nurses and community psychiatric nurses).
- Allied health professionals (speech and language therapists, occupational health therapists, dieticians).
- Early Years practitioners offering family support and pre-school childcare.
- Teachers, pupil support workers, and community link workers.
- Family support practitioners offering peripatetic support working across different ages and stages in childhood.
- Welfare Rights officers and advisers.
- Nurses providing adult support to recover from drug and alcohol dependency, and support in living with mental health conditions.
- Parents with experience of community resources, universal and targeted services within their community.
- Social housing providers and housing associations.
- Social work professionals from children and adult services.
- 3rd sector community and voluntary organisations

4.7 In addition we have engaged with people occupying cross cutting and coordinating positions (e.g. leads and members of: Violence against Women Partnerships, Alcohol and Drug Partnerships, Child Protection Committee and the GIRFEC strategic group).

4.8 Initially, the design is proposed to be implemented in Inverclyde South and South West Greenock shown below in figure 1.



4.9 The population of Greenock South & South West is 15,538, accounting for 19.5% of the overall population of Inverclyde. Table 2 below indicates there is a slightly higher ratio within the younger age groups when compared to Inverclyde overall.

Age Band	Greenock South & South West		Inverclyde	
	No.	%	No.	%
0 - 16	3,068	19.7	13,888	17.5
17 - 44	5,338	34.4	25,822	32.5
45 - 64	4,544	29.2	23,899	30.1
65 - 84	2,296	14.8	13,932	17.5
85+	292	1.9	1,959	2.5

Following wide consultation during the exploration phase, partners agreed that Greenock South and South West was the preferred locality to implement our next steps work. This area clearly had significant challenges, however, it was also clear from the consultation that this locality had readiness for community engagement with parents, infants, toddlers and young people.

Exploration showed a readiness for service improvements at school transition points (e.g. 6 primary and 2 secondary schools and 5 early years sites) which was felt to be a strength in terms of testing out change ideas in rapid cycles before reliably implementing and later upscaling them.

Additional community profile factors were suggested by our CELCIS partners as important and present in South and South West which were:

- It has a significant proportion of families with young children under five.
- There are 245 cases open to Social Work and Health visiting which require multi-agency collaboration on the Inverclyde GIRFEC pathway and will enable an improved understanding of risk to children with wellbeing concerns

- It has a mix of income groups, community resources, issues and challenges. Not least perhaps 10 out of 21 deprived data zones.

4.10 This thorough exploration of the current system established an improved qualitative understanding of current strengths and challenges. It started to shape evidence-informed design ideas. Consultation themes which emerged to shape design:

- The importance of strong collaborative approaches and services for children from the ante-natal stage, through early years, maintained until they enter primary school and then transition to secondary mean they are more likely to attain in secondary school and become successful adults.
- Sustained offers of early help to children and their families as difficulties arise prevent problems from becoming harder to address down the line.
- Inverclyde communities have many assets which can be built upon, not least being extended family members, friends and neighbours, other parents, community and voluntary organisations and groups.
- Health Visitors and Primary Head Teachers are especially well placed in the community to play a pivotal role in prevention of unmet needs arising and early identification of need for targeted early support across transition points.

4.11 From the exploration and design phases the collaboration has progressed to a clear vision of what is trying to be accomplished:

Starting in one area of Inverclyde we will strengthen and support the role of the Named Person, within the local GIRFEC pathway, so that children and their families receive a proportionate offer of early help when they need it.

Broad next steps activities have been established to be progressed and reported on by the Implementation Leads. They will:

a) Undertake sustained focus on improvement activities in the following key areas:

- Transition points, paying regard not only to the outgoing named person (Health visitor), transitioning information and support to the incoming named person (Head Teacher), but also the transition of lead professional responsibilities as the child's wellbeing assessment and single plan steps up or steps down the Inverclyde GIRFEC pathway.
- Team around the child, examine multi-agency cooperation through the team around the child so that equality of partnership is achieved and consistent participation is highly valued by all agencies.
- Relationships and collaboration, further developing equality of partnership between workers from different agencies and most importantly between workers, children and their families, so that a nurturing offer of early help can be empathically established.

The overall goal of this work is to support and enable the shift from targeted intervention to greater spread of early help which is well evidenced in terms of outcomes for children. At the same time there is an opportunity to use the methodology of implementation science to support services in shifting spend to more financially viable upstream activity recognising this is likely to require several years to achieve and embed.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
HSCP	Employee costs		27.5		
HSCP	Employee costs	April 2018	30		23 months
HSCP	Employee costs		37		

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 Education will need to backfill to release a person to undertake the implementation role.

EQUALITIES

5.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out? Yes/No.

No, this report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5.1 There are no governance issues within this report.

5.6 NATIONAL WELLBEING OUTCOMES

5.6.1 How does this report support delivery of the National Wellbeing Outcomes

This report supports all of the National wellbeing outcomes as it seeks to embed excellent GIRFEC practice in one area of Inverclyde before upscaling evidence informed, what works, practice through a collaborative integrated partnership of local agencies and communities guided by Active implementation science and our academic partnership with CELCIS.

There are no National Wellbeing Outcomes implications within this report. The recommendations proposed will help to nurture Inverclyde's children and support their parents and carers in strengthened communities.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

6.1 Extensive consultation has been carried out as described in section 4.0.

7.0 BACKGROUND PAPERS

7.1 None.