A Programme of Improvement to Address Neglect and Enhance Wellbeing

Update Report to Scottish Government: Exploration Stage (September 2016 – May 2017)

Melissa Van Dyke, Sharon Glasgow, Fiona Mitchell and Eleanor McClorey

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www.celcis.org

Overview

In September 2016, driven by the findings of the Brock report (to strengthen the help available to children and families who are 'vulnerable', 'known' or 'on the radar' while taking account of barriers to early intervention and the full realisation of 'Getting It Right For Every Child)[1]', the findings from the Christie Commission[2] (which recommends an emphasis on prevention and early intervention for both child wellbeing and budgetary rationales) and the findings of reviews of responses to child neglect in Scotland[3], we initiated the programme by identifying local partners who were interested in addressing these issues.

The initiative seeks to support local areas to improve the help offered to parents and families experiencing multiple pressures where children may be at risk of, or experiencing, neglect. As we now know following our recent child protection system review, our current child protection system has real strengths in responding to the needs of children. Our ambition in Scotland however, is not only to respond to our most vulnerable children but to get it right for all children. Some families may only require a small amount of support to prevent pressures escalating. We know by offering support at an early stage we are in a better position to prevent the impact of inconsistent care, supporting positive outcomes for children now and in their future. Brigid Daniel (2015) notes that distinct 'family support' and 'child protection pathways' are not helpful in cases of neglect; instead they should be seen as stages on the one pathway. Effective family support is protection, and effective protection is supportive'.

The Early Years Collaborative has led the way in looking at how we get it right for our very young children, and there is evidence of good practice across the country. With that said, there is still more that can be done to respond to the needs of those children who sit 'under the radar' of statutory intervention. The GIRFEC principles and practice model support the very practice we are trying to achieve, by responding at the earliest opportunity to children's needs. What we know however is full GIRFEC implementation is yet to be fully realised. Much of the process we have undertaken around neglect in local areas has led us to look at how systems/approaches to work could be strengthened and resources within communities better utilised to meet the needs of children who are perhaps vulnerable, but who do not require the formal protection that our child protection system and statutory measures bring, keeping in mind that 'to be effective, intervention needs to be concrete, comprehensive, sustained and brokered by good relationships' Daniel et al., 2012).

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[1] http://www.childreninscotland.org.uk/sites/default/files/BrockReportFinal.pdf

[2] http://www.gov.scot/Publications/2011/06/27154527/0

[3] http://www.gov.scot/Resource/0039/00397132.pdf

Achieving Meaningful Change Guided by Implementation

The work we are undertaking is guided by learning from implementation science and practice[4], 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. Consequently, a concerted effort to improve the practice of implementation must accompany any efforts to intervene and support children and families. Implementation practices refers to a set of planned and intentional activities that helps us to build the necessary capacity and infrastructure to bridge the evidence to practice gap. It has distinct stages and activities within each stage, and identifies the support frameworks and teams required to support change. Applied to major service strategies, such as Getting It Right For Every Child or the Health Visitor Pathway, this kind of evidence-informed approach has the potential to significantly improve service provision to all children and parents, and particularly to those where unmet needs may impact on development, learning and wellbeing and potentially place them at risk of neglect.

Aligned with the evidence of effective implementation, the activities during the first stage of the process, the *exploration stage*, are essential for the long term success of any complex change process. The ultimate goal of exploration is to identify the strengths of the existing system, as well as its deficiencies and gaps in the context of a careful analysis of the underlying needs of the population of concern. Key activities during exploration include developing 'buy-in' across services, involving stakeholders, forming an implementation team and identifying potential changes in policy, procedures and practices (innovations). During the course of the work, diverse stakeholders assess the needs of the population they serve, as well as the fit between need, local context, and potential innovations. They must carefully assess the core components (or 'active ingredients') of potential innovations and determine if these are fully operationalised. Finally, key stakeholders must determine the requirements and potential barriers to implementation. Far too often, system improvements are chosen without sufficient attention to determining whether/how the improvements are the 'right things to do' and whether/how the available resources and local capacity will ensure the improvements can be implemented 'in the right way' so that benefits for children and families are realised.

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[4] http://implementation.fpg.unc.edu

Progress and participants in the exploration stage

The exploration stage has facilitated critical appraisal within the different Community Planning Partnership areas on how public services and communities can better address the needs of those children who are not looked after, but vulnerable and 'on the radar'. As the Brock report identifies, this includes a core focus on strengthening the implementation of Getting It Right For Every Child and "support [to] universal services to have the confidence and capability to understand what they need to act on" (Brock, 2016; 7). And, in particular, how Community Planning Partnerships can achieve integrated, early intervention approaches in a context that is made more complex by multiple laws, national strategies and policies geared towards improving the wellbeing of children, adults, and communities and more challenging by the ongoing context of economic austerity.

As noted in the overview, engagement of multiple stakeholders operating at different levels (i.e. through practice, operation and strategic levels) within the system is critical to our understanding of strengths and challenges, and to the overall 'buy in' fundamental to the success of change initiatives. During this stage, diverse perspectives were gathered on resources and practice within and across services in order to identify opportunities to intervene earlier and more effectively to address family needs within the specific local area context. To this end, our work has involved identification of key stakeholders and the scheduling of a two-day programme of activity each month in each local area, complemented by regular interim consultations with strategic and operational managers from across statutory services, including health, education and social work services working in children's services and adult services. Exploration has also included engagement with third sector representatives, including managers within the larger children's agencies in Scotland and opportunities to secure the views of parents and carers.

Engagement has extended across services that support parents and families, linked to issues associated with children being at risk of or experiencing neglect. For example, where families are living with the stressors and strains of: poverty, disadvantage and very low income; poor housing conditions; depression and ill mental health; experience of violence and abuse within parental/partner relationships; dependency and addiction to alcohol and/or drugs.

Across the three areas, we have listened closely to the experiences and insights of a range of stakeholders, including:

- Community nurses (health visitors, district nurses, community midwives, community psychiatric nurses, community mental health nurses, school nurses and family planning 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
- Social housing providers within local authority and housing associations,
- Welfare rights officers and advisers
- Social workers within children and adult services
- 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.

In addition, we have engaged with people occupying cross-cutting strategic and coordinating positions (e.g. lead officers for Alcohol and Drug Partnerships, Child Protection Committees, GIRFEC implementation, Inclusion strategies).

Evidence Informed Exploration

The CELCIS team facilitated the application of a series of policy and evidence informed lenses to the discussions on emerging needs. These included:

- Active Implementation Frameworks, which integrate evidence on how to guide practice change that is sustainable and reaches the population of need.
- Heckman's Curve, the economic as well as the social case for early investment in children.
- Bronfenbrenner's ecological child development, with its emphasis on the child's growth and development in the context of family, neighbourhood, public services and wider political and economic environment.
- Coffman's systems analysis, which demonstrates the need for us to move beyond a core focus on strengthening services to also considering the wider context, the connections across systems, and the supports that enable practice changes to be sustained.
- Collective Impact, with its emphasis on policy and initiative alignment and collective strategies

- Tiered Universal service planning, which identifies preventative strategies operating at different levels and which aligns with the general premises of prevention and early intervention
- The research and evidence base on neglect and specifically the work of Brigid Daniel and her colleagues; Daniel (2016) has emphasised the importance of 'relationship-based service cultures' that facilitate active help-seeking by parents at the earliest point in time.

Much of this evidence complements, and in places underpins, the Getting It Right For Every Child policy and frameworks. In the process from September 2016 through to May 2017, participants across the three areas applied their expertise and experience through these lenses to put shape and structure on emerging service designs, relevant to their context, needs and priorities.

Emerging Themes

Participants have shared rich insights into the strengths and challenges experienced within the service systems.

The following themes are those that emerged as potential areas which, if strengthened, would improve the local areas' ability to address neglect and enhance wellbeing. We have included some of the reflections and ideas shared across the areas as key themes arising from the insights from parents, practitioners and/or managers.

Strengthened community assets: This theme related to the appreciation that communities, particularly those assessed as within the most deprived 20% of the Scottish Index of Multiple Deprivation, have limited access to opportunities that we know are protective of child and adult wellbeing. In certain respects, it appeared across the consultation period that the emphasis on community context has diminished in Scotland in recent decades. However, strategies to tackle child neglect can be aligned with the renewed policy context created by the Community Empowerment Act, to reinforce community assets, skills and knowledge in relation to supporting and empowering parents, addressing child need and promoting child wellbeing, learning and development.

Strengthened collaborative relationships between and within statutory services and third sector: more informed/accurate expectations about services others provide. This theme related to the experiences of practitioners and managers operating within and across the boundaries of different services, who have differing, sometimes conflicting, expectations about how each service should or could respond and where investment in third sector services lacks coherence and connections. Exploration also highlighted that investment in third sector services needs a new timeline for investment and a strong and reliable funding base.

A more coherent approach to promoting help-seeking and to early offers of help that respond to identified child and family needs: This theme related to the challenges of appraising the needs of children and adults before concerns become so significant as to require a lead professional or social work support. Multiple examples were given across the three areas where prevention or very early intervention service responses had the potential to make a substantial difference in addressing emerging needs before reaching stages where chronic harm had been caused to the child, and to parenting capacity. The sharp distinction between child protection and family support services 'thresholds' was not considered to be helpful for parents, children or service providers.

More effective formal/informal communication: This theme related to the importance of trust and openness between professions, and with families, in ensuring that responses to needs arising within families are integrated and offer appropriate and timely help, provided in ways that parents are enabled to accept and benefit from.

Strengthened supports (supervision/coaching) for Named Persons: This theme related to strengthening the role of the Named Person, and the pathways for families to access timely, proportionate and appropriate support at times of stress or strain for parents or children within families. Practitioners and managers shared the challenges of undertaking the role alongside their 'primary' roles as health visitors or teachers, and how this requires different skills relating to relationship building (i.e. facilitating active participation of parents and children), information gathering and sharing, coordination of assessment processes, and identifying and supporting families to access resources and supports that they can benefit from. Many described practical barriers to fulfilling the role when they needed to make contact with other professionals and services, and/or hold meetings (e.g. time taken to identify and make contact with others; volume of meetings within schools where there is high need within the population due to the effects of socio-economic disadvantage; appropriate rooms to hold meetings).

High fidelity implementation of GIRFEC; more coherent across local area/health board: This theme related to the intersection between local authority and health board boundaries, where processes and procedures may differ and further compound challenges for Named Persons in particular, in fulfilling their roles. Practitioners shared the challenges of occupying the role of the Named Person and its connection with 'team around the child' meetings, and lead professional roles. It is also related to the importance of strengthening practice to facilitate 'de-escalation' of intervention in family life.

Increased access to the right services at the right time, particularly flexible, longer term, high quality, home based family support: This theme related to a recognition that families are often dealing with multiple pressures and require dedicated 'in-home' support to strengthen protective factors in parenting, familial and social networks, and connections to positive community resources. This could include helping parents to become more emotionally attuned and responsive to their child, as well as how to manage the practicalities of running a home, and where they can access help and support routinely. Some highlighted that sustained support was critical, and shared accounts of short-term and repeated efforts that had been made with families who later became subject to more intensive interventions as part of the hearings systems.

Increased access to mental health consultation for practitioners: Practitioners in different professions shared challenges arising from their ability to recognise and work with adults and children who are experiencing low mood, anxiety and depression. This was highlighted as particularly critical for work with new parents, where their ability to interact with their baby/infant is fundamental early healthy development.

More effective response to mental health issues in children: Practitioners identified a gap in provision for children where their mental health was of concern, as a result of particular experiences or where they had not received sufficient nurture at earlier stages of childhood. Without such targeted help, practitioners within education described the challenges of working to minimise internalising and externalising behaviour and the minimal affect that this will have on strengthening children's wellbeing and engagement in education and other opportunities.

Increased access to trauma-informed adult services to attend to the unmet needs of adults who are or may become parents: Practitioners identified a gap in appropriate support for adults, who may have had traumatic experiences in childhood, and who have not been able to access appropriate support to overcome experiences of loss and bereavement. This was framed in relation to the importance of successfully preventing or addressing alcohol and drug problems and improving emotional well-being and mental health, which in turn may address some of the factors we know to have a negative effect on the capacity and capability to parent.

More effective supports for women who have infants removed from their care (to minimise repeat removals): Practitioners highlighted when a decision has been taken to remove a child from their birth family, the parents' needs are secondary to the welfare and wellbeing of a child. There is a need to ensure that parents who have had a child removed, have appropriate support to make sense of their loss and to address the issues that led to the decision for removal (e.g. alcohol or drug use, being at risk themselves). There was some recognition that without such support many mothers particularly go on to become pregnant again and have repeat experiences of child protection interventions.

Increased readiness for parenthood: This theme related to a need to build awareness and knowledge of parenthood from adolescence on, to support people to make informed choices and to be better prepared for the challenges of parenthood. Practitioners spoke about this in relation to the general population, as well as in relation to specific groups who may be more likely to become parents early. Health visitors described how society's growing understanding of needs and development and how children are cared for and effectively parented, may not have been equally developed across all families, particularly those having had learning, mental health and early school leaving challenges. They are seeing a greater differential in more recent generations' awareness of how to care for babies and infants, and the role of parents in facilitating stimulus and interaction with their children.

The mapping of these themes created an opportunity for each area to analyse and select priorities for improvement going forward. Local area representatives identified two or three themes that they consider will achieve most leverage in strengthening earlier responses to unmet need within families. These themes now provide the foundation for the design work.

The clarity of the Active Implementation methodology provided participants with a resource to critically appraise existing challenges and diversity in the implementation of GIRFEC and plan corrective strategies. In due course the learning generated about the 'active implementation' of GIRFEC may provide useful strategies, applicable to systems nationally.

Local Communications

Each area organised a range of local events to promote and communicate the addressing neglect initiative and to encourage participation in the work of exploration. Such events have included:

- Keynote presentations and workshops at local conferences and events on Active Implementation
- Using local conference events (e.g. Dundee Chief Officers Group event, May 2017; Inverclyde Child Protection Committee Annual Staff Conference February 2017; Perth and Kinross staff conference – Are We Caring Enough? November 2016)
- Creating single sector and cross sectoral bespoke information and exploration opportunities

- Deepening exploration through single discipline consultations
- Bridging sectoral 'divides' whether between child and adult services, children's services and health, in the local design of the exploration activities
- Creating opportunities for consultations with parents
- Creating opportunities for communication and acknowledgement of the commitment sectors, services and disciplines work to date

Active Implementation Capacity Building

The CELCIS team has been encouraged by the motivation and energy among stakeholders, who have often prioritised meetings to increase clarity on what improvements are required for earlier and more effective responses to unmet need within families. We have also been struck by the challenges for integrated practice arising from the different service cultures, accountability structures, and policies/protocols operating across organisations that strive to work together – for example where adult and children's services are in separate management sectors or where health and children's services are in distinct sectors.

In March 2017, we brought representatives together from across the three areas to initiate the development of a Community of Practice to foster learning together, share knowledge and continue to build Active Implementation capacity in Scotland. The Community of Practice will meet quarterly to build a network of learning and support, informed by the Active Implementation frameworks and evidence. In tandem, CELCIS continues to build its capacity to support this dynamic and evolving project, with the recruitment of the staff team and with the development of training and coaching for the team, essential for quality practice and the facilitation of such a complex change journey.

Next Steps

Having reached the end of the exploration stage we are now transitioning together towards the final design for system improvement in each of the three areas. Each design has its own unique characteristics that reflect the priorities that emerged for each area. The three areas are providing additional information to their key strategic leaders on the emerging design that they consider will achieve most leverage in strengthening earlier responses to unmet need within families.

Dundee

Emerging design: Getting it Right for Every Family – in spirit and in deed.

- Child and Family Engagement in the Team Around the Child Process
- Support for Named Persons and Lead Professionals
- Changes in culture and ethos

Inverclyde

Emerging Design: Getting it Right for Every Child, Citizen and Community.

- Focus on 0-3 years – prevention and early intervention
- Pre-Birth to Pre-School Pathway through universal and targeted services
- Focus on specific geographic community

Perth & Kinross

Emerging Design: Getting it Right for Every Child and Family as Early as Possible.

- Focus on pre-birth to 1 year
- Midwife to Health Visitor Care Pathway
- Development of multi-agency pathway for vulnerability in pregnancy

Focus of Actions:

- Finalising the membership of each implementation team to lead installation and implementation.
- Aligning with Community Planning Partnership priorities and strategies.
- Empowering local community, statutory and voluntary service partnerships.
- Documenting the Usable Interventions in each design (i.e. practice components that are teachable, learnable, doable and assessable), to scale up quality practice that will deliver measurable outcomes.
- Designing a robust evaluation system to monitor installation, implementation and child and family outcomes.

Conclusion

CELCIS encourages strategic reflection on 'what it takes' to lead change of this significance and ensures that each area is fully involved and committed to the next stages of installation and then implementation.

In general - although each local area is developing its unique design - key stakeholders are prioritising system improvements that predict significant long-term improvement for children and families through identifying and responding to both child and family needs at the earliest point including:

- enhancing the service provision at the infant stage of development
- investing in the improvement of collaborative relationships
- clearer and active supports around named person tasks
- active supports to parent and child participation in team around the child meetings
- activation of community skills, resources and assets to support parenting and infant development

When each design has completed its progression through the appropriate structures in each of the three areas, the science and practice of implementation will guide a critical set of 'installation' activities. Based on research, we know that installation is often skipped, leaving people without a sense of confidence, competence, or commitment to the planned change. The installation activities - which make the necessary changes to existing functions in organisations and communities - will ensure that leaders, managers, practitioners, and families are 'ready' for these new and improved ways of working in partnership to promote wellbeing, prevent neglect and intervene earlier and more effectively when neglect is occurring. Without attention to 'readiness', we know that system improvements cannot be learned, sustained, improved and scaled-up to produce measurable improvement for children, families and communities.

Key Objectives April – September 2017

CELCIS has several key objectives for the next six months:

- Completing the design for the system improvement within each area
- Ensuring that the identified local improvements are defined and documented so that the installation activities, including Usable Interventions, are clearly set out and planned for - e.g. being specific about what named persons are saying and doing in their role; building the capacity of services to support parent and child participation in meetings to develop the child's plan; providing the training and coaching supports that we know from the evidence are essential in establishing sustained and consistent quality practice
- Ensuring that the transitions between exploration, design and installation are each carefully planned and negotiated
- Facilitating local areas to be actively engaged in and progressing installation activities (such as updating job descriptions, sourcing specific training, developing coaching systems, creating or improving tools and methods for quality assurance and improvement)
- Identifying systems gaps and barriers to installation and reviewing with the three areas, with key stakeholders and with Scottish Government, potential solutions and strategies to address such barriers
- Co-hosting with the three areas the quarterly Community of Practice
- Developing the evaluation tools and data systems to evidence progress through, and fidelity to, the implementation stages and ultimately to measure child, family and community outcomes.

Depending on the complexity of the prioritised system improvements and the availability of the necessary skills and resources, installation activities will continue through to the end of December 2017, with transition into the 'initial implementation stage', the stage when the 'change' will begin to be available to children, families, and the community and the potential for improved outcomes will begin to be demonstrated.

Contact Information

Claire Burns
Director of Programmes and Service
claire.burns@strath.ac.uk

Sharon Glasgow
Child Protection Programme Lead
sharon.glasgow@stath.ac.uk

Melissa Van Dyke
National Expert Advisor on Implementation
melissa.van-dyke@strath.ac.uk

About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

For more information

Visit: www.celcis.org   **Email:** celcis@strath.ac.uk   **Tel:** 0141 444 8500