A Programme of Work to Address Neglect and Enhance Wellbeing

Update Report to Scottish Government

(September - December 2017)

Addressing Neglect and Enhancing Wellbeing Active Implementation Team

CELCIS

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Improving care experiences

Addressing Neglect and Enhancing Wellbeing Update – December 2017

As we came to the end of 2017, we were able to identify a handful of important themes that emerged from the 'addressing neglect and enhancing wellbeing' work over the last year. We believe that these are worthy of a closer look as we continue to work with three local areas to create significant improvements related to addressing unmet need:

- Prioritising early intervention in protecting children
- The complexity of cross-system improvement
- Articulating an effective Named Person practice
- Building relationships in local areas
- Moving from Exploration and Design activities into Installation activities
- Selecting Implementation Leads and building local teams
- Terms of Reference and Linking Communication Protocols
- The quest for meaningful data

Prioritising early intervention in protecting children

As areas have worked through the implementation stages of exploration, identifying their design, and beginning to embark on installation, we have noticed the pressures within the system to draw the focus onto the families whose risks are higher and for whom abuse and neglect is already evident and/or entrenched. As the Brock report[1] highlighted, it is challenging to re-orient systems and practices towards an earlier intervention approach. We have experienced this as a recurrent theme in the work, and it requires all partners to continually reframe and reorient thinking and action towards implementing approaches that provide families with access to appropriate help and support at

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[1] Brock, J. (2014) Safeguarding Scotland's Vulnerable Children from Child Abuse: A Review of the Scottish System [online] http://www.gov.scot/Resource/0046/00463125.pdf

the earliest point. In our work, we continue to support critical reflection on how earlier intervention approaches can be strengthened to prevent the occurrence of child neglect and/or to address it when there are indicators that families are struggling to meet their children's needs. As Brock noted:

"Scotland's response is early intervention through GIRFEC. Our challenge is to make implementation effective for this vulnerable group of children and young people".

The complexity of cross-system improvement

A further theme to emerge across the work relates to complexities and challenges of working to deliver on a design that requires multiple lines of accountability across organisations and systems within a local area. While there are a number of area-based strategic groups that draw together representation from key partners, including NHS, Council, Third Sector Interface, much of the buy-in and decision-making rests within separate agencies. This work highlights the challenge and demands of cross-system leadership, while taking account of this context when building implementation capacity at multiple levels in the system. We have received feedback from our partners that one of the meaningful results of this work is that it creates space for leaders, operational managers, and practitioners to strengthen their relationships across the system and to mutually shape a shared goal for the work.

Articulating an effective Named Person practice

Strengthening the Named Person practice has emerged as a common theme in all three local areas, and our work over the last quarter included a focus on exploring and defining the roles and functions of, as well as, the support needed by Named Persons.

We looked at the evolution of the Named Person practice, further explored the challenges and good practices identified by the local areas, and guided by Active Implementation, we started to articulate this practice as a 'usable innovation', a practice that is teachable, learnable, doable, and readily assessable. December's Community of Practice further facilitated cross-areas discussions on the 'core components' (or essential functions, principles, and associated

elements and activities) that contribute to a well-articulated and effective Named Person practice (http://nirn.fpg.unc.edu).

A similar approach has been taken in relation to articulating the practice of supporting the Named Persons. For example, in Dundee, where the local team has identified the Family Engagement Service (the 'Buddy' model) as a beneficial practice which is making a difference in supporting children, families and Named Persons. Together with local partners, and with an interest in scaling up the Buddy practice, the team has started to look at the 'Buddy' practice through a 'usable innovation' lens: What workforce capacity and implementation capacity would be needed to provide the 'Buddy' model to all children and families in Dundee who would like this support?

Building Relationships in Local Areas

A key part of our work is engaging with multiple stakeholders operating at different levels across the whole system. The system supporting children and their families is complex, and it takes time and continual review to ensure that all relevant stakeholders from across the system are identified and engaged, to include practitioners, operational managers and strategic leaders. This bringing together of key partners ensures that we "get all the right eyes on the problem."[2] This has created opportunities for people to reflect with significant openness and honesty on how they work together, what is working well within the system and the challenges or what could work even better. Developing trusting relationships is essential in bringing partners together to develop their shared vision.

In developing their vision and the design for their 'system to be,' the work has taken consideration of the wider context within each local area. Julia Coffman's Framework for Evaluating Systems Initiatives illustrated different parts of a system that work together to support change at a systems level. Within the

[2] Essential Mindset Shifts for Collective Impact, John Kania, Fay Hanelybrown & Jennifer Splansky Juster, Stanford Social Innovation Review, Fall 2014

[3] Build Strong Foundations For Our Youngest Children: A Framework for Evaluating Systems Initiatives, Julia Coffman, August 2007

three areas, we have been working to understand the local context, to identify the components of their systems (existing health, education, and social care services, programmes, etc.), to develop an understanding of the connections and links between the different parts and components of their system, and to determine the supports that will enable practice changes to be made. In addition to understanding the connections of services around children, such as health, schools, early years, social work etc., we have also endeavoured to consider the connections to the wider system, for example supporting adults and communities. The complexity of the different structures and systems in place in Scotland means that one approach can not fit all areas.

Moving from Exploration and Design activities into Installation

Whereas exploration involves creating opportunities to engage stakeholders in understanding and analysing the current system, or the 'system as is', in articulating a shared vision of the 'system to be', and in identifying or designing the strategies that are required to achieve this vision, the stage of Installation is filled with many more discrete tasks to prepare for the intended change. These tasks must be accomplished before any children or families can begin to benefit from the innovation or improvements. Installation is a time of 'getting ready' for actually doing things differently. During Installation, the local Implementation Team supports the assessment and possible adjustment of system and organisational procedures and policies, as well as referral mechanism, reporting frameworks, and outcome expectations. In addition, staff may be redeployed and retrained for new tasks, supervisors and managers are prepared to be facilitative leaders to support the new way of work, and decisions must be made related to how best to provide sufficient coaching to any staff being asked to practice in new ways. For example, in Dundee as part of their design to address unmet need, the Core Dundee Team are looking at supports to Named Persons. Named Persons have consistently reflected various challenges to fulfilling the Named Persons' duties with confidence and competence, to include determining when a child's unmet need warrants a response, engaging families and children in the problem solving process, developing actionable Child's Plans that make a difference. In an effort to support consistent child and family centred 'Team

Around The Child' meetings, alongside training and a clear articulation of the practice, Named Persons will also receive direct on-the-job coaching, including direct observation to inform opportunities to improve their practice. We know from the evidence base the effectiveness of coaching in supporting the development of consistently high quality practice, with direct feedback often described in the implementation literature as an essential component of practice development.

The following sections detail key Installation activities which have been recognised over the last few months as worthy of additional discussion and reflection.

Selecting Implementation Leads and Building Teams

Prior to embarking on this change process in Scotland, much was known about the types of skills and traits that are well suited to drive complex change work; however, we have further developed our thinking through this work in Scotland.

The recruitment and selection process, through an active implementation lens, is different to a more standard selection process. Importantly, it focusses on two keys aspects of determining an applicants' suitability for a post: firstly, attention is paid to how coachable an applicant is (e.g. are they open to giving and receiving feedback, and can they rapidly implement feedback into their practice). The ability to respond and implement feedback is critical for any change process to be successful. Secondly, selection is a two-way process; alongside the recruiter assessing whether the applicant is suitable to support the development of capacity for any complex change effort, the applicant also has an opportunity to hear about the realities of the role, and he or she is encouraged to assess the extent to which the post is a good fit. This type of 'mutual selection process' encourages a very candid discussion of the realities of the post that is being filled.

Throughout the work in Scotland, thus far, we have seen first-hand the importance of recruitment through an active implementation lens. We have benefited from staff involved in this work who are both motivated to work with

others to drive the work forward, and coachable, thus supporting the rapid building of active implementation capacity within local systems.

In addition, we have seen the benefits of having local core implementation team members who have an ability to build relationships across the system and influence power at a strategic level. In complex change work, we recognise the importance of involving and gaining the commitment of partners across the system, both at practice and strategic level. Without this, barriers in the system may slow or halt the change process. During Installation, when resources are being acquired and repurposed, strategic buy-in is central to ensuring that the work will progress, as opposed to getting thwarted by the power of the 'status quo'.

It has also been beneficial to have local core implementation team members who come from different disciplines, spanning across different parts of the system, not only in terms of their insight into the existing practice and processes within their specialism, but also from their pre-existing relationships and influencing abilities at practice and strategic levels. With this in mind, the team members' credibility within their area of specialism is an important factor when considering their key role as influencer and capacity builder within the system.

Terms of Reference and Linking Communication Protocols

Active Implementation encourages the use of a range of tools that facilitate key aspects of the change process. As the change work has progressed, the way in which stakeholders in local areas communicate has become an important focus for the work. Over the last quarter, we have introduced two tools that support effective communication across and within complex systems: Terms of Reference and Communication Protocols, which are active implementation informed. Terms of Reference (ToR) provide clarity about the work of the Implementation Team. The development and ongoing review of this document helps teams to stay focused and provides clear information to partners about the scope and aims of, in this instance, the Addressing Neglect and Enhancing Wellbeing work. Communication Protocols establish transparent feedback processes within and

across various levels of the system, including the Implementation team, strategic leads, and practitioners at the heart of the improvement work.

Whilst developing the tools, local area Implementation Teams are supported to consider the unique contexts in which they work and how best to communicate effectively with key individuals across the system. The documents are active - reflecting both the new lines of communications and partnerships developed as the work progresses - and as such, providing a mechanism for regularly reviewing the work and for creating channels through which partners can collectively problem solve. The process also provides an opportunity to document progress, celebrate positive change, and promote positive messaging across the system. For example, to develop links with strategic leaders, local implementation leads, with support from CELCIS, arrange to meet with key leadership groups on a regular basis, providing updates on the work as it progresses. These links will become invaluable as the work progresses, as senior leaders are actively engaged in resolving systems barriers and responding to systemic needs. Furthermore, through this process, senior leaders will begin to see their role as supporting the development of implementation capacity through their systems so that this and other improvement efforts can be sustained. The evidence tells us that such regular reporting mechanisms and communication links to strategic leaders is fundamental in ensuring the momentum and longevity of the work.

Meaningful Data

A key driver within the Addressing Neglect and Enhancing Wellbeing programme in the three areas is to develop Decision Support Data Systems that provide meaningful data for children, young people, parents, practitioners and managers on how well the local systems are working. From October to December, our data work predominantly focused on the development of a joint Dundee Partnership-CELCIS bid to the Big Lottery Fund's Early Action Systems Change programme that aimed to secure additional resources for the design and implementation of a Decision Support Data System in Dundee. Although the bid was not selected, the tremendous amount of working, researching, and thinking together propelled this essential element of Active Implementation forward.

Working within existing resources, we continue to map the wellbeing assessment tools and child wellbeing statistical data that is being captured across different partners within the Dundee system. The focus on data is being taken forward into 2018 and, critically, we are documenting the data work so that the learning around how to develop a Decision Support Data System can be shared across other local areas and with national partners.

Reflecting on the development of the data work, we have found that the data discussions have helped to engage different partners with the programme and Active Implementation methodology. The discussions have also helped partners to understand the differences that the programme will make in the short-, medium- and longer-term and what mechanisms can be used and/or developed to evidence these improvements.

Although exciting and rewarding, the challenge of creating a meaningful and sustainable approach to addressing neglect and enhancing wellbeing highlights the necessity of organised, expert assistance to support the efforts of local areas, as well as the benefits of working from an evidence-informed framework to guide this type of large-scale, complex improvement effort.

Dundee Progress Update

Dundee have continued on their pilot journey from the *exploration* process completed in August 2017. A *design* or programme of work emerged which has been taken forward in Dundee's efforts to address unmet need. This focusses on three main areas: culture and ethos change, support to Named Persons, and child and family engagement. As these themes emerged, it quickly became apparent that the values and principles of GIRFEC are the foundation underneath each of these areas. From the outset, this offered the work a common language and shared goal across the system, both at practice and strategic levels.

Dundee are now within the *installation* stage of their implementation journey. The function of this phase is to acquire or repurpose the resources needed to take the work forward into initial implementation. Again, as during the Exploration Stage, continued strategic leadership 'buy in' is key to the success of

the work and engaging strategic leaders has remained a focus in this work locally.

Following the emergence of the design, the local core implementation team, in consultation and agreement from senior management, settled on a local area within Dundee to begin the initial implementation of the design (innovations) ideas. Specifically three schools, along with the health visiting teams within the locale, were identified. The Dundee Core Implementation Team and members of the CELCIS team subsequently met with individual head teachers from each of the three schools to invite them into the work. During the initial stage of engagement with the three schools, we embarked on a brief phase of reintroduction and exploration with school personnel with the purpose of firstly exploring how the staff understand and manage the child neglect that they notice in each of the three schools and secondly, developing an understanding of the current processes and practices that exist in terms of responding to unmet need. Through this process, we will also be verifying the relevance of this work for each of the schools and ensuring their continuing motivation and commitment to take this effort forward.

Throughout this installation stage of the process we continue to assess the extent to which the design is a good fit for each of these schools, the availability of resources for this work, along with the structures and systems that need to be put in place to support the work.

Meaningful data is central to understanding if the new way of working is having a positive impact on practice. The measures we need to produce meaningful data do not yet exist, but we have begun the process of assessing what measures are currently in place or available, and where gaps exist, what it will take to develop a measure to fill the gap. For example, measures that assess fidelity in providing immediate feedback to practitioner and managers at every level of the system. Fidelity measures are key to the development of consistent, high quality practice across the system. Currently, the team are in the process of gathering all relevant measures and tools that are in use within the system. The urgent need of the team at this time is to develop a baseline data set against

which to measure the impact of the work and to guide decision making going forward.

Perth and Kinross Progress Update

The work to Address Neglect and Enhance Wellbeing continues to gather momentum in Perth and Kinross, with the focus of the work progressing from *exploration* towards an *emerging design*. The design innovation will focus on strengthening the help and support available to expectant parents and families, pre-birth and into the first year of their children's lives. Evidence demonstrates that maximising health and wellbeing in utero, and in the early years, has a higher impact on improved outcomes for children and into adulthood; and that during pregnancy, women are more open to making positive changes to their lifestyle. Perth and Kinross want to ensure that there is equity of access to support for all pregnant women and their families and to better enable midwives and health visitors to identify and respond to unmet need during this time. The vision articulates three priorities: connected and supported families; empowered communities; and strengthened, relationship-based practice. The design comprises three key strands of improvement work, which aim to:

1   Better enable communities to offer help and support to women and their families
2   Better enable people (practitioners, volunteers, community members) to work together to ensure women and their families get the right help at the right time
3   Better enable midwifery and health visiting to provide women and families with access to the right help and support.

In creating the design, Perth and Kinross are strengthening significant links between key agencies and fostering relationships that are vital to the improvement work. Ongoing communication and in-depth discussion have both highlighted the complexity of the work and provided clarity around elements of the design. There is an ongoing commitment to multi-agency and collaborative working, a position formalised in the appointment of an Implementation Lead from NHS Tayside. A further Lead from Perth and Kinross is expected to be appointed in early 2018.

As we move into the next quarter, the work will focus on building capacity within the local core Implementation Team and continuing to develop links with those agencies whose engagement will be central to the change work. The team will begin to explore options for a geographical site in which to start the installation phase.

Inverclyde Progress Update

Inverclyde are currently considering the alignment and fit between this work and the outcome improvement plan that they have developed following their latest inspection.

This will focus improvement activities in the following key areas:

- Transition points: paying regard to the outgoing named person for young children starting school (Health Visitor); transitioning information and support to the incoming named person (Head Teacher); and the transition of lead professional responsibilities as the child's wellbeing assessment and single child plan steps up or steps down the Inverclyde GIRFEC pathway.
- Team around the child: examine multi agency cooperation through the team around the child process 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 the 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.

Addressing Neglect & Enhancing Wellbeing Active Implementation Team

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