Turning evidence into action: strategic planning for children

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Scottish Government Parenting Event

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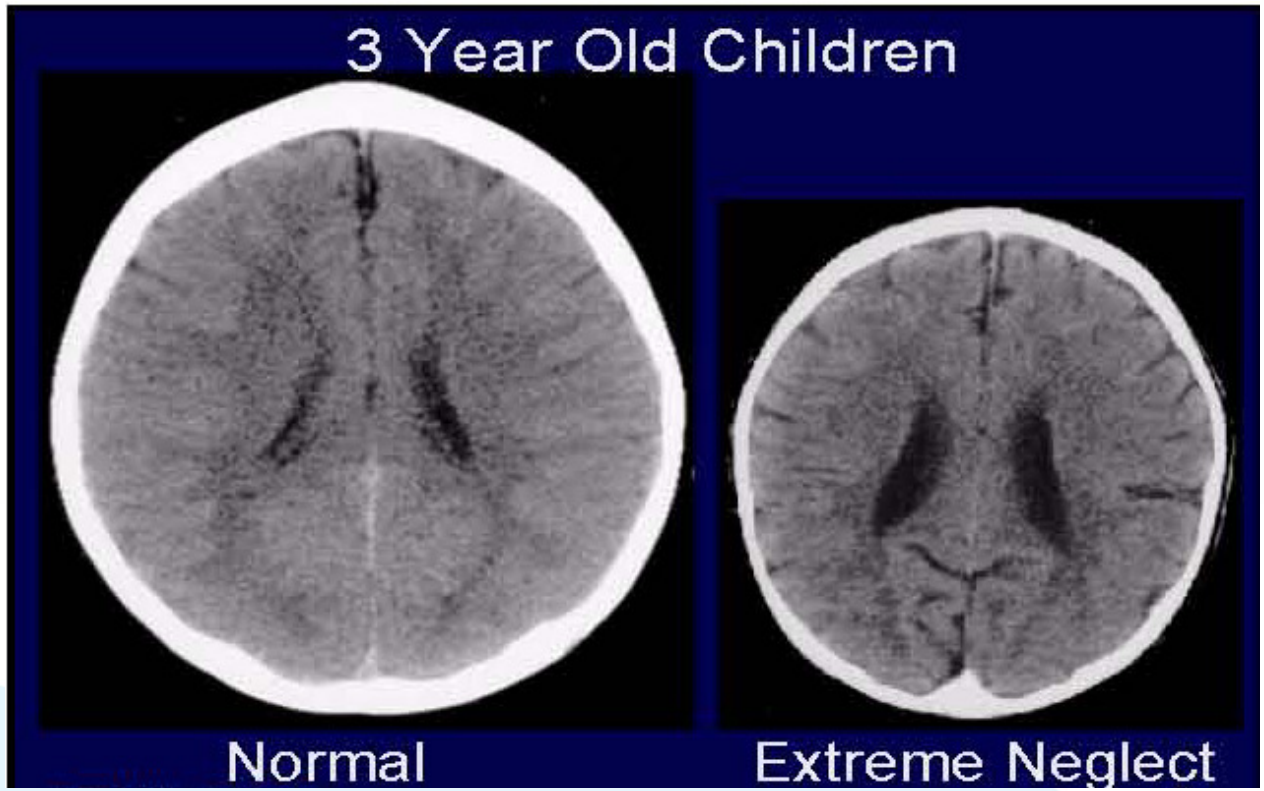
George Hotel, Edinburgh

Drivers to improve child health

- Early Years Framework
- Improving services for children: *mind the gaps*
- CEL 15 (2010) Refresh of Health for All Children: Reinforcing the key messages
- Best Possible Start - A Fresh Look at Hall 4
- Marmot Report Fair Society, Healthy Lives
- Evidence from GUS

What a difference parenting makes…



Perry B. Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind* 3: 79–100, 2002.
www.childtrauma.org

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Creating the right conditions

- Complex and developing policy landscape
- Evolving evidence base
- Focus on planning across ***services for children*** rather than children's services
- Challenge of organisational complexity
- Balance of central versus local control

- Creation of strategic planning frameworks to integrate and prioritise actions across the system.

Child and Maternal Framework

- There is a focus on early intervention in the lives of women, children and young people.
- Service design is targeted at vulnerable women and their families to reduce the health inequalities gap between deprived and non-deprived populations
- There are improvements in the health of women, children and young people and increased levels of parental confidence.
- Women, children and families have equitable access to services.
- Service planning will be improved through the development and better use of information and intelligence.

Parenting: essential actions

- Parenting Support is an important theme in early years. The new 30 month universal contact will have a focus on Family Functioning. This requires staff to develop skills in identifying parenting needs and in providing parenting support.

- Ensure specified programmes of intervention for communication, family functioning (parenting), child development and health improvement are in place

- Implement the agreed communication and parenting programmes within Children and Family teams.

- Train appropriate staff in Triple P and ensure delivery of interventions based on the delivery targets in the parenting performance framework, local plans should ensure high uptake of the programme with good engagement of parents.

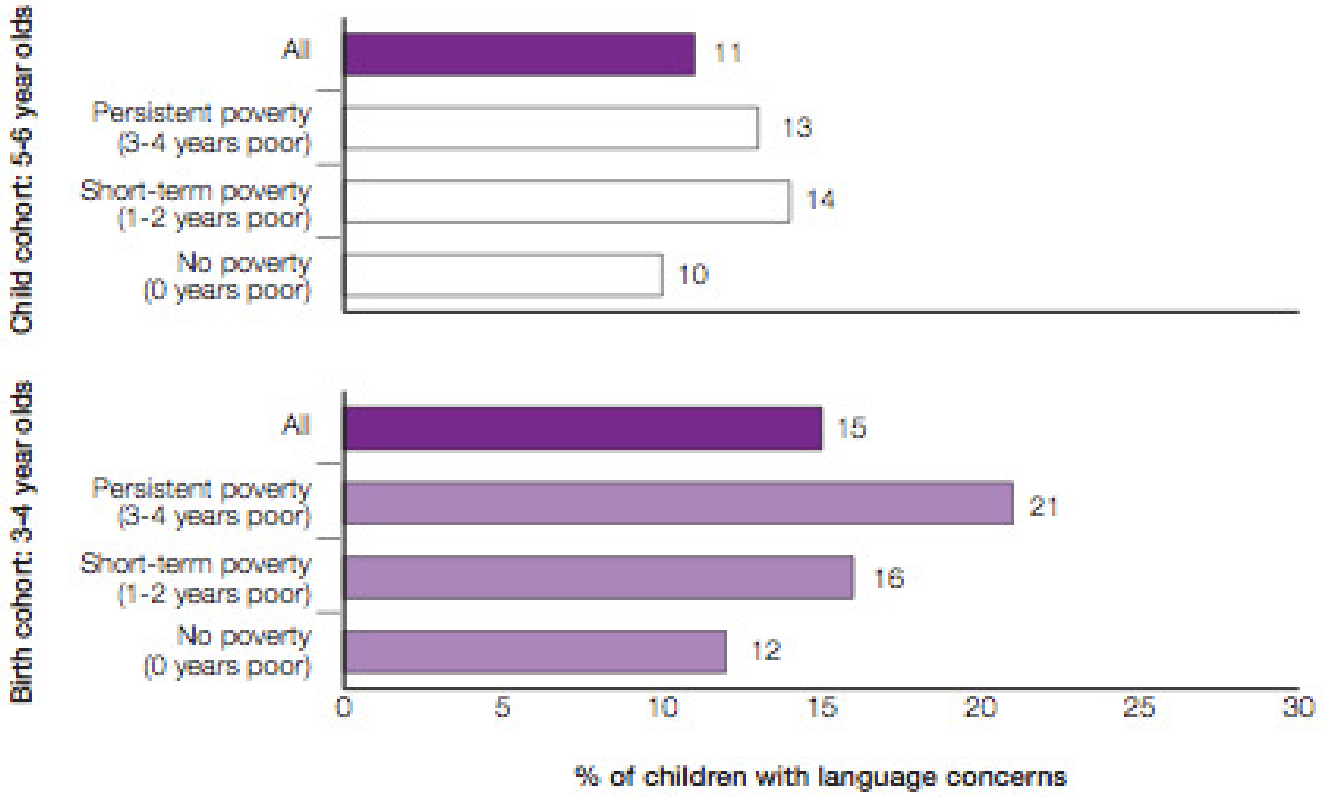
Core principles

- Face to face with a professional trained to assess child development
- Professional judgement should supported by standardised measures
- Needs identified should be met with evidence-informed interventions
- Outcomes for children should be measured using standardised instruments in order to assess the impact of care
- Implement progressive/proportionate universalism

Impact of poverty on maternal concerns about language

From Growing Up in Scotland
Circumstances of persistently poor children (2010)

Figure 4.3 Percentage of children whose mother has concerns about their language development by poverty duration



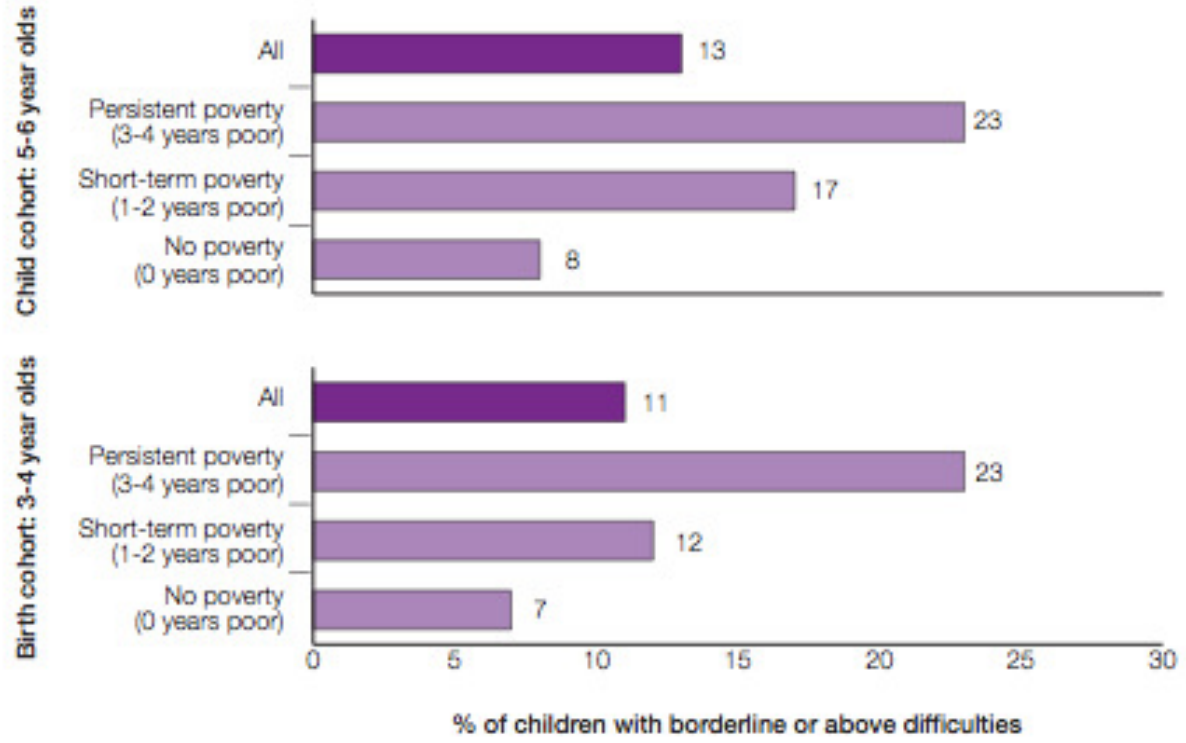
Base: Birth cohort panel children (weighted 3564, unweighted 3598)
Child cohort panel children (weighted 1931, unweighted 1941)

Note: Coloured bars indicate statistically significant ($p<0.05$) relationship between poverty duration and language concerns.
White bars indicate no statistically significant ($p<0.05$) relationship between poverty duration and language concerns.

Impact of poverty on social, emotional and behavioural problems (SDQ)

From Growing Up in Scotland
Circumstances of persistently poor children (2010)

Figure 4.5 Percentage of children with at least borderline social, emotional and behavioural difficulties by poverty duration



Base: Birth cohort panel children (weighted 3515, unweighted 3553)
Child cohort panel children (weighted 1907, unweighted 1923)
Note: Coloured bars indicate statistically significant ($p<0.05$) relationship between poverty duration and difficulties.
White bars indicate no statistically significant ($p<0.05$) relationship between poverty duration and difficulties.

30 month priorities

- Communication
- Behaviour and parenting (family functioning)

30 month assessment

- Final attempt to identify problems and intervene prior to entry to formal education
- Needs to be ‘old enough’ to identify real communication problems, but provide enough time to intervene effectively

30 month contact (Step 1)

- Communication
  - SSLM-R (Miniscalco-Law)

- Parenting (Family functioning)
  - SDQ (Strengths and Difficulties Questionnaire)

Results of 30m contact

- No problems
- Parenting problems only
- Communication problems only
- Both parenting and communication problems
- DNA or decline when professional is content that this is informed dissent and there is no evidence of a child protection concern

Progressive/ proportionate universalism

Level A: self-directed support

Parenting

Communication

Level B: intensive enrichment, linking parenting and communication support. Collaboration with local authorities, voluntary sector – wraparound services.

Enrichment (Step 2)

- Group based (Group Triple P)
- 2 hours per week over 10 weeks for parent and child
- Focus on parenting for the parent
- Focus on communication for the child

Parent/carer

- Group Triple P
- Outcomes focus on developing good communication between parent and child and improving the child's communication

Children

Assessment: ensure enrichment is the correct intervention

- Consider hearing
- Global intellectual impairment
- ASD
- ADHD
- Other specific diagnoses which require entry to a specialist services pathway

Bespoke programme to develop:

- Parent-child interaction
- Phonological awareness
- Vocabulary and word combinations

Metrics for enrichment groups

Parents

- SDQ pre and post intervention

Children

- ASQ3
- (Reynell pre and post)

Time cost for the workforce

Assuming we:

- use both Band 5 and Band 6 staff,
- have no DNA and
- a 10% yield from step 1,
- the 30m contact will require 8% of trained staff time across CFTs.

Assuming we:

- use only Band 6,
- have a 20% DNA rate and
- a 30% yield from step 1,
- the 30m contact will require 33% of trained staff time across GGC CFTs.

No specific model to account for single needs – difficult to model somewhere between both scenarios.

Pathways

Needs to be addressed using the 30m contact

- Communication
- Behaviour
- Parenting

A single pathway?

Defines the relationship between the 30m contact and:

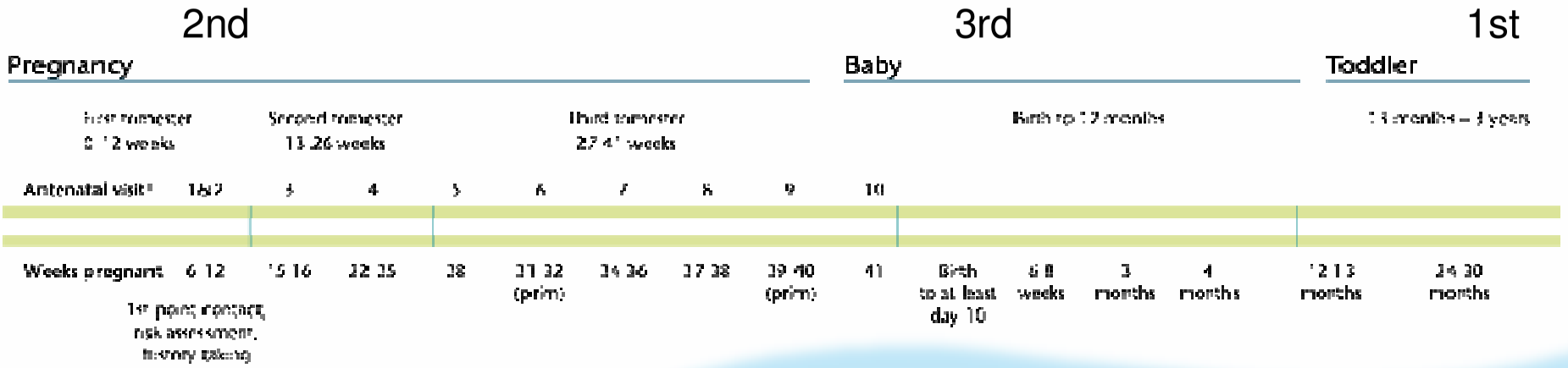
- Community Paediatrics
- CAMHS
- SLT

Ongoing work

- Prioritising health improvement messages and resources
- Operational group to plan logistics
- Pilot Step 1 in August
- Developing Step 2 with partners
- Developing specialist services pathway

- HPI
- Antenatal - booking contact
- 1st visit
- 6-8 week check

How the 30m contact fits within the overall programme



Adapted from Scottish Government

Conclusion

- Develop 30 month universal child health surveillance contact
- Use validated measures of need
- Single needs enter the parenting or communication pathway from CFT to services
- Develop enrichment groups for those with dual needs
- Identify children with specific diagnoses who might benefit from further assessment
- Deliver Group TP for parents and bespoke communication support for children
- Underpin with pre and post intervention metrics
- Further referral via pathways for those with residual communication and/or behavioural problems

Discussion

- The shape of the agreed 30m contact fits with local needs.
- 30m contact is coherent with the planning framework (and therefore policy and evidence drivers)

- In order to deliver this agenda we must
  - Prioritise what we do
  - Redefine tasks and roles of staff
  - Address training needs
  - Collaborate with planning partners
  - Link with 3rd sector