Mike Burns, Head of Social Work Services North West Glasgow and Convenor of Social Work Scotland's Children and Families Standing Committee talks about his recent visit to Craigneuk Family Learning Centre in Wishaw – in his role as Early Years Taskforce Champion for Workstream 3.

The focus of Workstream 3 is on 30 months to the start of primary school to ensure 90 per cent of all children within each CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

“It is about the relationship and it’s all about engagement, this was the opening comment from EYC Programme Manager Lesley-Ann Henderson for my recent visit to Craigneuk Family Learning Centre, in Wishaw, North Lanarkshire.

“North Lanarkshire Community Planning Partnership (CPP) has a clear direction of travel towards making a difference in vulnerable communities. This visit was of real significance to all those involved in the Early Years Taskforce, highlighting how vital it is to maintain focus on those most vulnerable children whose families face acute difficulties and challenges.”
The Early Years Collaborative (EYC) is about helping to make Scotland the best place in the world to grow up. To do this, we have to help break cycles of poverty and inequality and help families make positive life choices.

We must also focus on some real challenges in our communities. Grappling with the most complex is critical in both dampening down failure driven demand for services and in determining what works at the sharp end. This is about is having a positive impact on addictions, poor mental health, violence, gender based violence and poor parenting. Consequently, we need to look beyond what is evident.

Alcohol and drug problems continue to be the hidden harm. There is no magic wand solution. If there was, then we would have found it. To make an impact, we need to tackle those dark and uncomfortable social problems.

My visit to Craigneuk Family Learning Centre was impressive for a range of reasons:

- There was a real sense of priority given to the early years, prevention/early intervention and the ethos of the EYC across the CPP. It was quite evident that the CPP, through its leadership and commitment, is determined to break negative cycles and make a difference.
- The focus and co-ordination between different professionals and components of the CPP was evident. There was a strong sense of partnership and working together and determination to achieve positive impact and change.
- It was clear the CPP was driving this early year’s agenda, promoting leadership and dedicating significant finances to the task.
- The team have clearly given thought – and were very sensitive to - parental engagement, participation and culture.
- They demonstrated considerable motivation, determination and commitment to radically implementing the Solihull approach, recognising the need to ensure full implementation and impact. Too often, policy and procedures are launched and there is less attention given to full system implementation. In this instance, the determination to fully implement Solihull was worthy of note and reflection.
- Similarly, Five to Thrive was of considerable interest to the team. This focus on delivery, implementation and impact is the EYC working effectively. In particular, a clear narrative about parenting and about the detail of attachment is immensely helpful. Connecting the theory of attachment into the interactions between mums, dads and children is critical. Connecting theory into action on the ground and a narrative that makes sense for young parents is insightful and demonstrates key knowledge. The use of a video interaction approach with parents highlighted how we can break the cycle by providing hard evidence of even the smallest incidence of positive attachment.
- Everyone in the team highlighted the need to be attentive to subtle signs in children and families at the gates and at drop off to pursue engagement.
- They talked about releasing staff to find solutions and to think and act differently. I liked the term – proceed until apprehended.
- Finally, the team had undertaken an impressive array of tests of change, further demonstrating their commitment to continuous improvement.

The site visit to Craigneuk was immensely helpful in highlighting the degree of thought, commitment, energy and determination required to endeavour to break negative and destructive cycles. The implementation of Solihull and Five to Thrive demonstrated the commitment required to address complex social issues. The close involvement of the local addiction service again highlighted the level of collaboration required to make a difference.

Part of the Learning Festival
Book your place

Investing in nurturing lives and communities
with guest speakers including

Tony MacDonald- speaking from his personal experience as a child - “Attachment Trauma Offending” now working for Who Cares? Scotland
and Dr Hazel Douglas- “Director Solihull Approach, Heart of England NHS Foundation Trust”
Other Speakers to be confirmed

27 March 2015 9am- 3pm
GLO Centre, Muir Street, Motherwell

Email llsworkforcedevelopment@northlan.gov.uk to book a place.

This event will allow you to network with colleagues from partner services within North Lanarkshire. There will also be an opportunity to have a stall in the market place.
Essentially I recognise the importance of high quality evidence based Parent education to shape and improve the health, wellbeing and outcomes for Parents, children and families. I identified that locally structured education for Parents-to-be/new Parents was delivered by community midwives either in home, class, group or clinic environments. This education aligned to the recommended core syllabus produced in 2011 by Health Scotland, Health improvement and NHS Education Scotland SAPEP (Scottish Ante natal Parent education pack). However current Parent education within the Maternity unit does not adhere to a similar format.

More specifically my aim was to raise awareness of the SAPEP manual and resources with hospital based maternity staff, with particular focus on sharing the core syllabus, key activities and messages, to facilitate and support staff to incorporate these into practice.

As there are large numbers of midwives and associated staff (approx 400) I decided to create a more targeted smaller scale approach initially with MCA's and Nursery nurses. (17 in total). From September onwards I subsequently will start to plan training awareness sessions with these staff.

What have you tested?
Adapted version of the resource manual activities and resources specifically for MCA's and Nursery nurses as a teaching tool and introduce Lanarkshire specific elements/information.

What have you learned?
Resources created and adapted for staff use have been well received, with staff commenting they “really like and could see how they could incorporate and develop them into their clinical practice.”

What have you predicted?

How did you measure?

What have you predicted?
Staff attending training scaled 0-10 before/after (confidence ruler) predicted staff pre-training would score 0 potentially increase their confidence and knowledge levels to 7 or more
Issue within a busy Maternity unit for all staff to attend the training sessions.

What have you tested?
8 members of staff who have attended training to date all ranked 0 on the confidence ruler pre-training. Post training confidence ruler:
1 scored 6
1 scored 7
2 scored 8
1 scored 9
3 scored 10

What have you learned?
MCA's and Nursery Nurses within the Maternity unit currently reporting they have limited contact with women and families ante nataly.
Staff advising their clinical role and duties more likely to involve caring and preparing post natal women/new Parents/families for their new roles.

Awareness Sessions

What have you predicted?
Face to face sessions with small groups of staff will help increase their confidence on the subject.

What have you tested?
8 sessions so far with individual members of staff over 2 months.
What have you learned?
Recognition by staff that they require more up-to-date information on Lanarkshire specific services e.g. baby resus sessions, car seat loan scheme, money matters and information for young Parents.
Of the 8 staff trained, the awareness sessions have been carried out over 8 separate 45 minute-60 minute sessions, tailored to clinical capacity.
Although dates, times and venues have been prearranged with Ward Managers/Co-ordinators there have been 3 cancellations due to clinical priorities, off duty changes and sickness absence.
Staff have been open, honest and receptive to the background and purpose of the training.
All acknowledge the importance for staff to have a consistent, tailored, person centred approach to shape and improve women’s care and experience.

What Next
Continue with training awareness sessions until all MCA’s and Nursery nurses have attended.
Monitor the use of resources by staff post training.
Is there an increase in attendance rates at the baby resus sessions?
Note use/distribution of the Young Parent survival guide?
Are there more hospital based referrals or enquiries to money matters?

12-15 month child health review
The aim of the improvement work is to maximise global development and wellbeing outcomes for children at the 27-30 months of age by earlier detection and prevention of areas of concern. This then lead to the testing of an earlier review at the 12-15 months of age for children on the chosen Health Visitors Caseload in the Coatbridge area. This review used the same assessment tool as the 27-30 Months assessment, including the focus on the 9 key milestones and additionally capturing the anticipatory guidance shared with families to help address the earlier detection and prevention of areas of concern.
Using small cycle rapid testing a range of tests were carried out in a short space of time and implemented when shown to be working. This started with a person centred approach to appointments, running Saturday clinics, seeing some children at home during the week, to changes in process, who made appointments and when, reminder calls and a slight reduction in appointment lengths. These changes meant more children were being seen to the same high standard and there were fewer missed/cancelled appointments. Comments from parents have been very positive.
“Very useful, this should be offered to everyone”

Total number of reviews per month (Saturday clinics happened in August 2014)
This article provides a brief summary to introduce Co-Production and will begin to highlight the vital role it will play in ensuring the Early Years Collaborative (EYC) in North Lanarkshire will achieve the stretch aims and ensuring North Lanarkshire is the best place to grow up.

The Christie commission Report on Future Delivery of Public Services in June 2011 argued that it is necessary “to ensure that our public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience” Sir Harry Burns, Former Chief Medical Officer for Scotland, early in the EYC journey stated that “A key principle for the EYC is to keep communities at the heart and ‘help children, families and communities to secure outcomes for themselves.”

North Lanarkshire EYC Leadership Group believe the mechanism through which this can be achieved is through developing an appropriate co-production approach in key areas of change activity. Voluntary Action North Lanarkshire (VANL) sit on the EYC Leadership Group and are leading on the championing of Co-Production.

VANL have identified Governance International http://www.govint.org as an excellent resource for all those who want to find out more and to access tools that will ensure true co-production.

What is Co-Production?

There are many different definitions of co-production but essentially the key values and elements of co-production can be summarised as:

- **An assets approach** which builds on the skills, knowledge, experience, networks and resources that individuals and communities bring
- **Built on equal relationships**, where individuals, families, communities and service providers have a reciprocal and equal relationship
- **An approach where services ‘do with, not to’** the people who use them and who act as their own catalysts for change

There is a wider range of service activities which can be included under the co-production umbrella, and that the EYC Leadership Group wish to see considered:

- **Co-commissioning** of services, which embraces:
  - **Co-planning** of policy – e.g. deliberative participation, Planning for Real, Open Space
  - **Co-prioritisation** of services – e.g. personal budgets, ‘community chests’, participatory budgeting, stakeholder representation in commissioning decisions
  - **Co-financing** services – e.g. fundraising, charges, agreement to tax increases
- **Co-design** of services - e.g. user forums, service design labs, customer journey mapping.
- **Co-delivery** of services which embraces:
  - **Co-managing** services e.g. leisure centre trusts, community management of public assets, school governors
  - **Co-performing** of services – e.g. peer support groups (such as expert patients), Family Nurse Partnerships, meals-on-wheels, Neighbourhood Watch
- **Co-assessment** (including co-monitoring and co-evaluation) of services – e.g. tenant inspectors, user on-line ratings, participatory village appraisals

Co-Production Start

The Co-Production Star by Governance International is a clear diagram that details the four Co’s of co-production. Distinguishing between these different service activities allows us to identify different ways into service co-production. It also summarises a five step change management model for embedding co-production with services and rolling it out across the organisation.
For more information and ideas on Co-Production and what it could mean for you, the above co-production tree with live links and full definitions can be found at: http://www.govint.org/?id=327

Reference
Co-Production of Health and Well Being in Scotland, Governance International (2013), Elke et al

Aim 1 Positive Pregnancies

To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).

Aim 1 Chart

**North Lanarkshire Still Births**

<table>
<thead>
<tr>
<th>Year</th>
<th>Median</th>
<th>Goal</th>
<th>Rate per 1000 births</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
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<td></td>
</tr>
<tr>
<td>2004</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>4.0</td>
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<td>2006</td>
<td>3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
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</tr>
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<td></td>
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<tr>
<td>2013</td>
<td>0.0</td>
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</table>

**Lanarkshire Infant Deaths**

<table>
<thead>
<tr>
<th>Year</th>
<th>Infant</th>
<th>Goal</th>
<th>Rate per 1000 births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
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<tr>
<td>2011</td>
<td>2.0</td>
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</tr>
<tr>
<td>2012</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measurement Definition / Source

Stillbirth is defined as a child which had issued forth from its mother after the 24th week of pregnancy and which did not breathe or show any other sign of life (Registration of Births, Deaths and Marriages (Scotland) Act. The stillbirth rate is reported as the number stillbirths per 1,000 births (live and still). An infant is defined as being from 28 days to 1 year of age. Data obtained from Information Services Division Scotland from their SMR02 data.

Leadership Statement

Activity for 2015-2016 to focus on preconception health of looked after children.

Date Stamp: 30/01/15
Next Release Due: September 2015
Aim 2 27-30 Month 
Reviews with No 
Concerns

To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review, by end-2016.

**Measurement Definition / Source**

The uptake estimate for every month is based on the number of children who turn 27 months of age during that month and the number of those children who have had a review which is then used to calculate the estimated percentage uptake of reviews. Note that the actual review may not have occurred in the same month as the child turned 27 months due to the fact that a child can be seen at anytime between 27 to 32 months of age. Due to the time frame for the review being up to 6 months (27 to 32 months of age) those children turning 27 months of age recently are still eligible and likely to be reviewed at a future date within the designated time frame and the estimated uptake will change to reflect this for those months. Data obtained from the national Child Health Surveillance Programme Pre School system.

**Leadership Statement**

Data confirms that early focus on Speech, Language and Communication improvement needs to continue through all partners.

**Date Stamp:** 30/01/15  
**Next Release Due:** March 2015

Aim 3 Successful Entry 
to Primary School

To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

**Measurement Definition / Source**

Baseline CEM assessment, to measure cognitive activities, for P1 intake August 2015 data currently being reviewed and analysed.

**Leadership Statement**

North Lanarkshire introduced CEM assessment at the start of the academic year 2014/15. Assessment of all P1 pupils was carried out on their entry to school. The results are currently being used at an individual school level to inform planning and are now being reviewed and analysed to give a North Lanarkshire baseline.

**Date Stamp:** 30/01/15  
**Next Release Due:** baseline data expected end of February 2015
Aim 4 Successful Exit of Primary 4 School

To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021.

Aim 4 Chart
No chart available - please see Leadership Statement

Measurement Definition / Source
CEM assessment data.

Leadership Statement
North Lanarkshire introduced CEM assessment at the start of the academic year 2014/15 for all P1 pupils. We are currently studying this and this will inform the introduction of assessment at end of P4.

Date Stamp: 30/01/15
Next Release Due: unknown

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