

Vulnerable Families Pathway Project – Draft Framework for Consultation

Consultation Feedback Form

The consultation period for the Vulnerable Families Pathway – Draft Framework for Consultation takes place between Monday 8th March – Friday 11th June 2010. Please send us your comments using this form and return it to vulnerable-families.qis@nhs.net, **OR** by accessing the on-line survey at www.vulnerablefamilies.org, no later than **Friday 11th June 2010**.

We would be grateful if you could take the time to complete this form as fully as possible, all comments will be considered and will help to shape the final framework and identify what support for implementation is required.

About you:

Job Title – must be completed	
NHS Board / Local Authority / Organisation - must be completed	

What's in a name?

The title of this project 'Vulnerable Families Pathway Project' is a working title. We recognise the stigma and negative connotations in relation to the term 'vulnerable' and seek to find an appropriate title to truly reflect the vision within the framework.

Please let us know what you think about the following suggested titles for the final framework and provide your own suggested titles:

Our Suggested Titles	Your Comments
Pre-Birth to 3: A Collaborative Framework – Responding to need, making a difference, improving outcomes	
Pre-Birth to 3: Responding to need, making a difference, and improving outcomes through a collaborative framework	
Pre-Birth to 3: A collaborative framework for responding to need and improving outcomes	
Your Suggested Titles	Any Comments
Pre-birth to 3: improving outcomes by responding to need and working collaboratively. A framework for action.	Emphasises the point of it all – ie improving children's lives, and links up the methods – ie seeing where need is and working with other professionals to provide help. 'A framework for action' stresses its lack of precise detail and overarching themes but stresses that it is not just for the policy bookshelf, but must inform and influence action – what staff really do.
	What about something like 'Working together to give children the best start in life', maybe with an explanatory subhead.

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What do you think?

Question	Response
Overarching Comments	
1 What part(s) of the framework do you think has/have the greatest impact?	We believe that there is real potential for the universal plan for pre-birth to 3 linked to GIRFEC to identify, and deliver appropriate support to, children and families where problems, or the risk of them, exist.
2 What aspect(s) of the framework is/are unrealistic?	We do not see any aspect of the framework as unrealistic, provided that assessments reflect need and risk and services are provided in response. In practice, we recognise that this laudable aspiration may not always be achieved. For example, the operation of Hall 4 has led to some children, if allocated to 'core' HPI, experiencing delays in accessing needed services, such as Speech and Language Therapy, as they are not being picked up till the child enters nursery. In addition, access to support will depend on the assessment identifying need in a consistent and inclusive way, that 'thresholds' do not mean that many children are missed, and that resources are provided in ways which address need and effect positive and sustainable change.
3. What are the gaps in the framework?	It needs to outline how this plan and lead partner share/pass on planning with lead professionals once a child reaches three, with particular emphasis on links with education authorities and other providers of pre-school education. It is also important that the pathway includes intervention approaches and review of impact.
4. Does the framework work within and across agencies?	Education is not referred to very much in terms of transition. It is also difficult to see where the voluntary, and community sector, which contributes a significant volume and diversity of provision for young children and their families, fits in.
Layout	

5.	What changes would you suggest to the order of the framework to make it easier to read and understand?	Make reference to outcomes-led practice earlier. It supports the notion of seamless services. Need to emphasise outcomes rather than process more heavily in opening section. This is what makes this framework necessary and different from existing guidance so needs more emphasis.
6.	What changes would you suggest to the layout of the framework to make it easier to read and understand?	<p>If read in b and w the case studies and stats get in the way of the framework and make it difficult to follow. In fact this is still a hindrance in purple. Maybe a more contrasting colour or boxes layout would still emphasise the context but enable a quicker read through the guts of the framework, while still ensuring the stark, motivating realities stand out.</p> <p>It would also be useful if there was some evidence presented of measurable change that was achieved across populations as well as service descriptions and individual case studies.</p>

Supportive Text

7a.	Do you think there needs to be more supportive text? If so what would you like to have included?	There is now not only a significant body of evidence on the importance of early support to children, but on the approaches which make a real and sustainable difference. Including information on what works, as well as on what the problems are, would be both informative and encouraging. Again, there needs to be information on impact across target populations rather than individuals. It is also important that statistics quoted reinforce the importance of intervening preventively – i.e. more emphasis on the large number in poverty etc. and less on the small percentages in most acute need.
7b.	Do you think there needs to be less supportive text? If so what would you like to see removed?	There is danger that it is all v depressing. Maybe some short stats about how improved practice has improved outcomes would be good (Stats from highland?). The longer case studies are quite good, but still not inspirational enough and perhaps easy to dismiss because most are from special projects not mainstream work. Needs more of an inspiring and ‘this-is-doable’ tone. Maybe something that also appeals to what is at heart of practice. Ie health visitors want to improve children’s health. Midwives want to see healthier babies – ie, this is something everyone wants, it is professionally motivating and inspiring, not just new government requirements, frameworks and boring jargon. It is about liberating

		professionals not binding them to more frustrating systems.
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Question	Response
Principles and Recommendations	
We are keen to ensure that the principles and recommendations truly reflect agencies visions and values Please provide your comments on the following principles and recommendations:	
Culture: Principle	
8a. All agencies will work to a common aim, clarity of purpose, and defined roles and responsibilities to implement or enhance local pathways of support for children and families with additional needs.	This is not a controversial principle. The question is more how it is put into practice. How assessments are carries out, what criteria are used, and how this translates into help and support are the critical questions.
Culture: Recommendations:	
8b C1 Each agency will work to the National Performance Framework and will monitor and evaluate the indicators and targets to demonstrate a consistent approach in meeting the needs and achieving the best outcomes for children and families.	Firstly there is a need for agreement as to the outcomes sought. It is also essential that impact of intervention, and incidence of difficulties, at very early life stages are a key part of this. There are a number of reasons why current aggregated data are insufficient for this purpose. It is now well understood that the 0 -3 period is not only the most important in terms of development that will affect the rest of the individual's life, but the period where supportive intervention will have the best impact at least cost. Knowing what outcomes in this period show that a child is indeed experiencing 'the best start in life' and gathering information on these is vital. At present there seems to be a dearth of aggregated data (other than immunisation data) on children between the allocation of the HPI at around 8 weeks and entry to primary school, when information on obesity and dental decay are gathered. This has a number of implications. One, the opportunity for most effective intervention has been missed. Two, the signs of incipient problems, such as delay in language and communication development may not be noticed. Third, the 'payoff' in terms of fewer children needing additional intervention cannot be effectively calculated. The current set of indicators and targets also need to reviewed as to their functionality.
8c C2 A common approach through implementation of GIRFEC, to promote effective collaboration and efficient service provision, will be supported by the use of a national glossary of terms for all agencies	We agree that a common and consistent approach is desirable and support anything that promotes this.

Question		Response
8d	C3 Agencies will work in partnership to ensure that all family circumstances that impact on the health and well-being of children and families are assessed, that needs are identified and families are supported to get the help they need when they need it.	This is fundamental to good assessment of risk. The service response must however be appropriate in focus and sufficient in volume, duration and intensity.
8e	C4 Prevention and early intervention must drive practice across all agencies	This must be evidenced by resource allocation priorities.
Systems: Principle		
9a	Seamless service provision to meet the additional needs of children and families will be developed and delivered within and between agencies to ensure support is co-ordinated by the appropriate individual.	This presumes an availability of a sufficient and accessible range and volume of provision.
Systems: Recommendations		
9b	S1 There will be a plan co-ordinated by a named person from conception to age 3 based on the principles and practice model of GIRFEC that meets the needs of children and families.	What happens to this planning and lead practitioner when the child reaches three? how is transition planned and managed universally? Recognition that additional needs might arise at any point during a child's first few years – even if this seems unlikely early on – so that assessment remains ongoing. Anyone carrying the named person role must have an awareness of how to reduce risk, promote resilience and support effective parenting. The role needs to be seen as contributing to best outcomes, rather than just a point of contact for concerns.
9c	S2 The lead professional who has the knowledge, skills, competencies and support will undertake to co-ordinate the	Agree.

Question		Response
	plan to meet additional needs.	
9d	S3 Pathways to services (in hours and out-of-hours) which support additional needs will reflect a co-ordinated and integrated approach to planning and service provision which focuses on the social, economical, environmental, educational, emotional and health needs of children and families and addresses the wider determinants of health and inequalities.	Of course we agree with the principle, but services need to be in place that are capable of delivering these challenging objectives.
Practice: Principle		
10a	Agencies should adopt a person and family-centred approach. Support and provision of care should: <ul style="list-style-type: none"> • be sensitive and responsive to needs and values, and • prioritise the health, safety and well-being of children and families. 	How will this be evidenced and scrutinised?
Practice: Recommendations		
10b	P1 All agencies and individual practitioners will use a comprehensive model of assessment based on the principles and practice model of GIRFEC. The continuous assessment process should start pre-birth, be part of the Scottish Woman Held Maternity Record (SWHMR) and continue with the child through the	How does this connect to the Health Performance Indicators of Hall 4 and recent report recommending a universal assessment system? See report The April 2010 Service Review Health for All Children (Hall) 4.

Question		Response
	early years (to age 3). Agencies will work with children and families to identify and meet additional needs.	
10c	P2 Early Assessment of parenting capacity and intervention through parenting programmes of support should be equitable, evidence based and support families to ensure needs are being met.	Important to stress 'programmes of support' rather than 'parenting programmes'. Perhaps reword this so that it can't be read hastily to give undue emphasis upon parenting programmes, which are not the only solution. Early Assessment of parenting capacity and intervention <i>through a range of parenting support methods</i> should be equitable, evidence based and support families to ensure needs are being met.
Implementation Support		
11	We appreciate that there are many challenges in implementing the framework and would be grateful if you could identify any tools that you think would help you to implement this framework?	Clear understanding among those making assessments of the factors which increase risk of bad outcomes, and those that promote the likelihood of good.
Other		
12	We are interested in receiving any other comments that you have to help shape the final framework and would ask if you could add them here.	How is the information and experience gathered by the lead contact passed on to the new lead practitioner supporting the child from age three (ie is that an education official in conjunction with ASL Act?) (this is mentioned briefly on page 15, but perhaps needs greater emphasis) Is 'additional need' defined in similar ways to 'additional support for learning'? It seems to be. The ASL Act should be mentioned in the policy context of this document. This would help build awareness of the need to plan the transition period once a child reaches three and starts nursery, and also because education authorities are required to support a child under three years with a disability. As the framework is overarching and does not seek to override existing pathways

Question	Response
	<p>etc, there is danger that it is so general and theoretical that it is hard to conceptualise - ie what does this mean in practice? It might be helpful to have some made up case study examples, showing where things are going wrong and how they might be put right to enable practitioners to really grasp the major cultural and practical rethink that this framework is tasking them with. This would be particularly useful to those working in mainstream practice - the case studies are predominantly examples from targeted projects (ie they also have more funding). It would be helpful to show mainstream midwives or health visitors what this framework would mean to their everyday practice.</p> <p>Could there be a range of fictional completed girfec assessment plans or examples of how girfec has been integrated into mainstream assessment available with examples of how assessment led to changed practice, to really emphasise what can be achieved?</p>
<p>13</p> <p>We are interested in receiving your examples of local good practice in relation to the principles and recommendations within the framework and any tools that you have used to support good practice in your workplace.</p> <p>Please either post these to us or upload them on our website.</p> <p>Please note that by sending us this information you are agreeing to it being shared on our website.</p>	

Please return completed forms to:

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OR

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For further information on the project please visit our website:

www.vulnerablefamilies.org