Argyll and Bute Family Pathway

'Growing up in Kintyre'







argyll and bute communityplanningpartnership

What is it that matters to you?



Growing up in Kintyre



Our Ambition

To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed

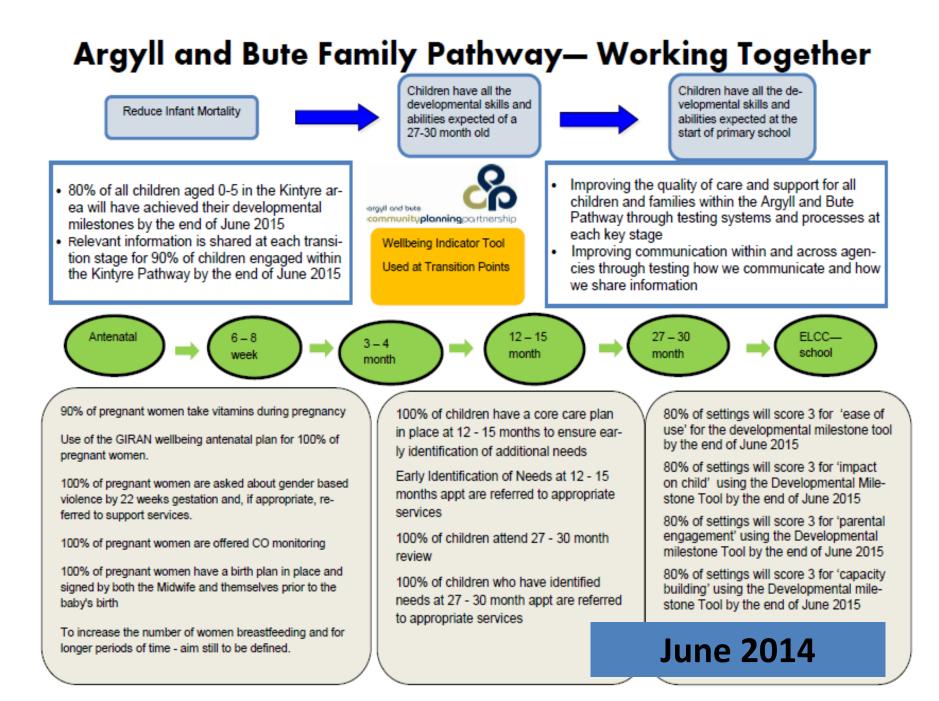


Argyll and Bute Family Pathway 'Growing up in Kintyre'

Why Kintyre?

- Early adopters in using the EYC process
- There are seven SIMD datazones that cover the settlement area of Campbeltown. Of these, two are in the 15% most overall deprived in Scotland
- Geographically Kintyre is on a peninsula and so is ideal for population segmentation





How does the Kintyre Family Pathway support the Single Outcome Agreement?

Outcome 3: Education, skills and training maximises opportunities for all

Outcome 4: Children and young people have the best possible start





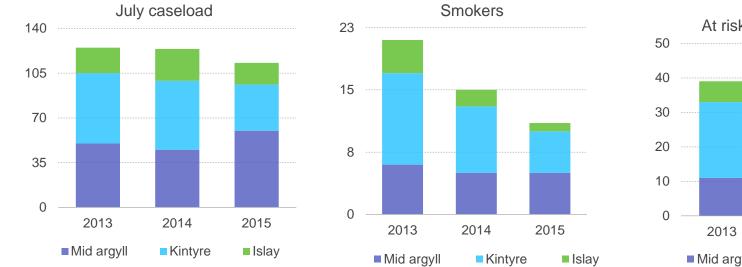
Workstream 1 - Midwives

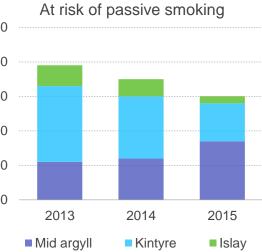
Health Improvement Messages:

- Smoking cessation
- Body Mass Index
- Healthy Eating
- Ante-natal wellbeing Indicator Tool



Smoking in Pregnancy





62% of women booking with the Midwife in Kintyre are overweight





% Women completed GIRAN Antenatal Wellbeing tool

Tool 100% 90% 80% 70% 60% 50% 40% What does the 30% data tells us? 20% 10% 0% Jants rest warth port warth with with with put a sept or the north peria Febrit Not'S APT'S NOT'S WITS WITS LUBIT SEPT OCT NOT DEC'S Month 2014-2015

Kintyre : % Completed Use of GIRAN Antenatal Wellbeing

Working with the Community Garden and Orchard – **Healthy Start Vouchers** can be used here





Talking with Mums at Infant Massage

Antenatal appointments

> N_{amed} Midwife



Early Bird

Baby Massage

Mums enjoyed the chance to meet and chat with other pregnant and new mums



Workstream 2 - Health Visitors

Well-being Indicator (WBI) Tool 6-8 weeks

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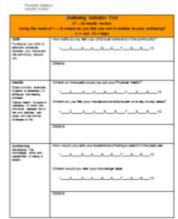
12 – 15 months

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3 - 4 months

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27-30 months





Weaning DVD When, How, What?

Baby Led Weaning



Good Feeding Practices

What about drinks?

What should I avoid?

to first foods

Food Allergies

How Much do I give him?



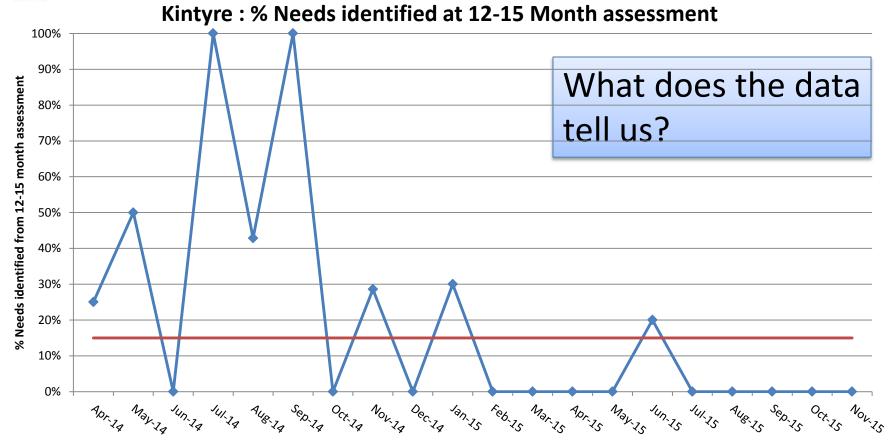
12 – 15 Month Review

The WBI Tool highlighted the need for:

- Additional parental support
- Additional weaning advice weaning checklist for parents introduced
- Additional Speech and Language (SLT) support – SLT checklist for parents introduced







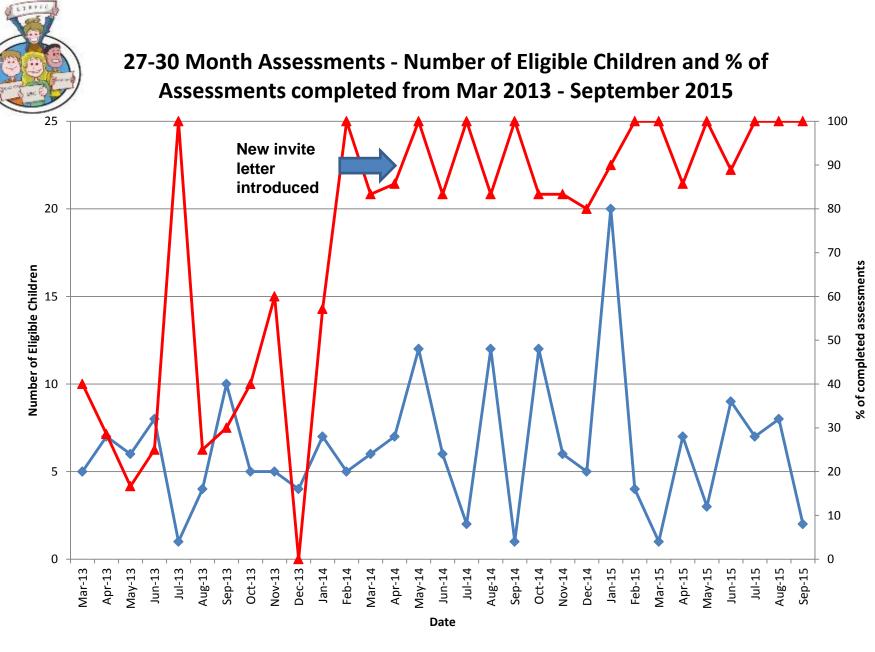
Month 2014 - 2015



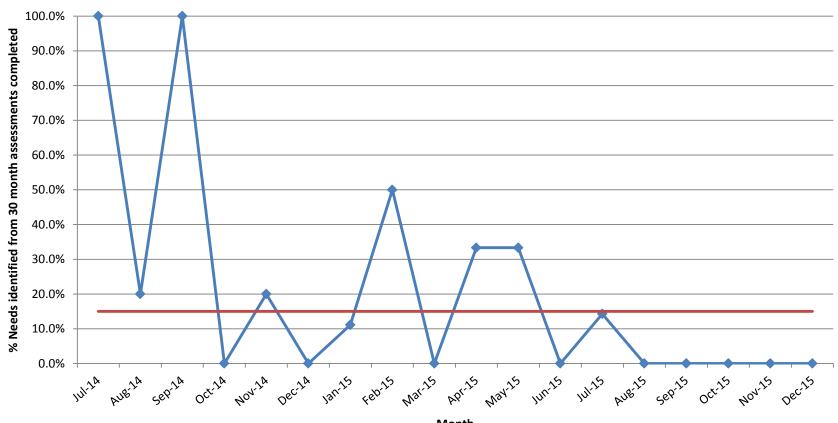
27 – 30 Month Review

- New client friendly letter improving attendance at appointments
- Ages and Stages Questionnaire Assessment Tool
- Sure Start Language Measure (SSLM)
- 20% of children identified with developmental delay
- 15% of children identified with Speech and Language delay
- 7% of children requiring a Universal Child's Plan
- Enhanced communication between Health Visitor Nursery and Nursery Manager









Kintyre : % Needs identified from 30 month assessments completed

Month

Workstream 3 – Nursery to the start of Primary 1



"Filling the gaps- the ones we didn't know existed"





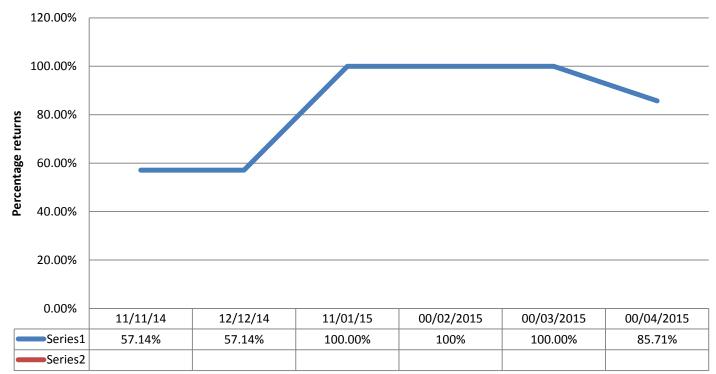
- Building on strengths- existing professional relationships within Kintyre
- Gathering feedback from managers
- Getting started with the Developmental Milestones toolkit
- Engaging parents in the process



Engaging Parents

Next steps for me I can set the table, serve and participate socially during snack time. Family learning - tell us about any interests or activities your child enjoys at home so we can develop this further in nunt bues getting tasks to do at home use Setting the table , Disting erc and also wattening he coole. I have been learning "cutting up fruit. Apple, "ovange, melon". "Smoothie". " De Hurang Categollar likes eating fruit" Parent/ carer's comment - help your child to choose a smiley

Measuring Parental Engagement



Parent Comments in PLPs





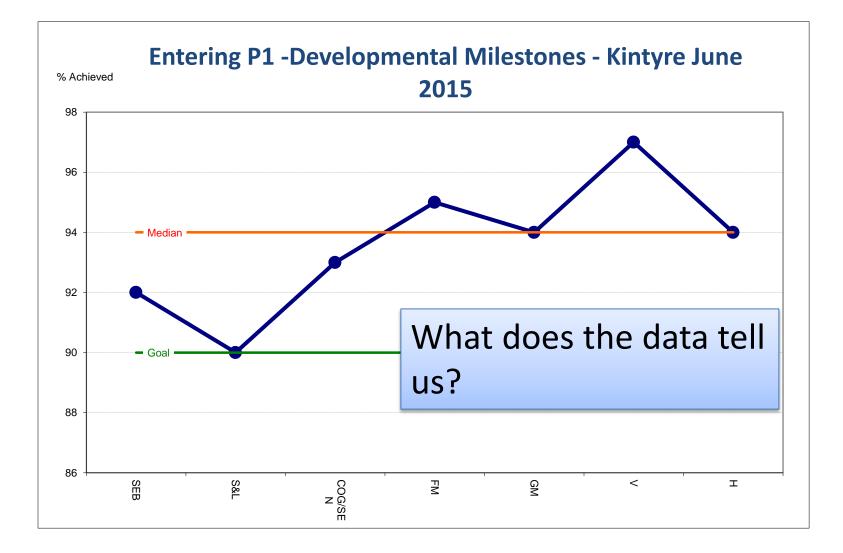
- Parental engagement in children's learning increased
- Staff use milestones to help them make good assessment decisions
- Model for Improvement is being used across the establishment
- Transition information ensures children's needs are identified and addressed

Wider Impact



Feedback from Kintyre ELCC Settings

- Raised awareness of child development among practitioners
- Improved joint working across professions leading to more effective early intervention
- Positive feedback from Care Inspectorate around DMT
- The tool highlighted gaps and strengths we didn't know about
- It gives practitioners and parents/carers a shared picture of where each child is in their development, so we can support them in moving forward



Kintyre Developmental Milestones – Entering P1 June 2015

- 85% Children achieved their developmental milestones by the time they started P1 – end of June 2015
- Data is consistent with the national picture
- Less than 94% (median) achieved Social, Emotional & Behavioural, Speech & Language and Cognitive & Sensory milestones

What Next?

Transition to P1

Information has been successfully passed on to all receiving schools from ELCC settings.

What are we doing about it?

P1 teachers have been looking at innovative ways to scaffold next steps for children.

- "Watchful waiting" for our youngest learners who will be 5 in February
- Using "Better Movers and Thinkers" to address specific issues ٠
- Building targets from the milestones tool into PLPs.
- Using milestones tool to form outcomes in Child's Planning process where applicable
- Using milestones to support referrals to PPP/ POPP.



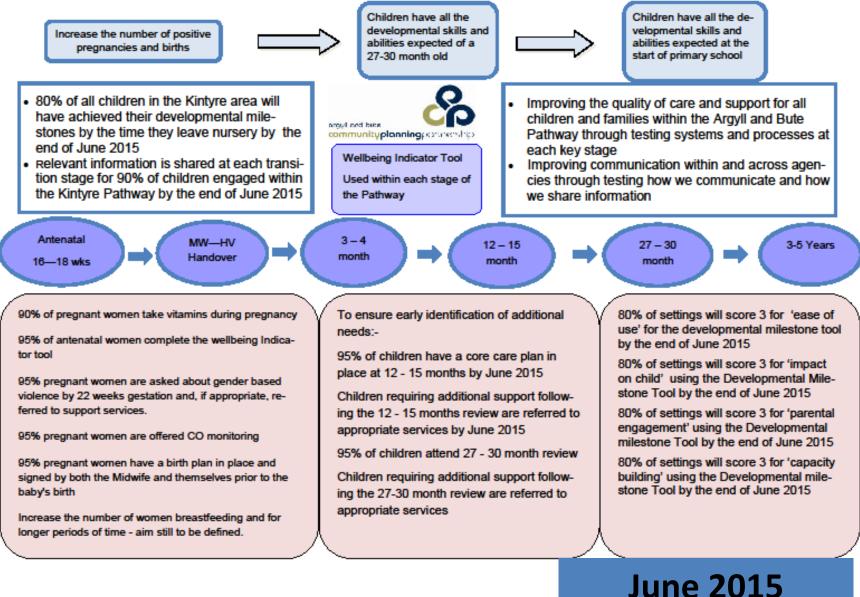




Best place to grow up!



Argyll and Bute Family Pathway— Working Together



Achievements

- There is a clear vision and strategy for children and families pre-birth -5 in the Kintyre area
- Using the model for improvement is changing the way we work
- Information was shared for 100% of children starting nursery (end of March 2015)
- 85% of children achieved their developmental milestones by the time they start P1 (end of June 2015)



- Kintyre 'Champions' will continue to develop the Kintyre Family Pathway
- Effective practice will be 'scaled up' to another part of Argyll and Bute



Challenges

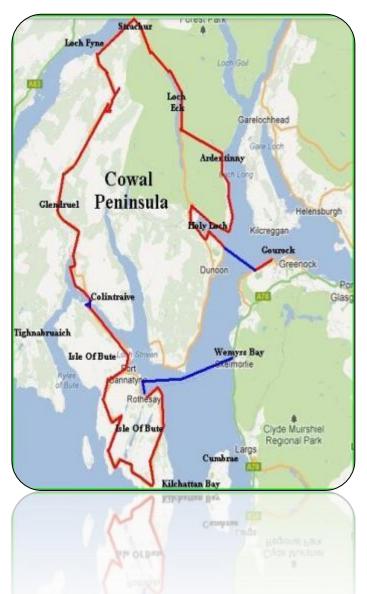
- Effective communication to share the vision locally
- Changing the mindset from 'not another thing to do' to
 - ' this is going to help me make a difference'



- Building confidence and capacity in improvement methodology
- Gathering data to ensure measurements are robust

Why Cowal?

- Similar SIMD area to Campbeltown
- The Cowal Peninsula is another geographical area which is an obvious choice for population segmentation
- Local 'Buy-in' for development of the 'Cowal Family Pathway'



Scaling Up in Cowal

- Engage staff teams through Cowal practitioners forum (Midwives, Health Visitors and Early years Staff)
- Ensure parental involvement and engagement from the outset through consultation
- Involve staff in developing services to meet the needs of the Cowal community
- Incorporate the 'Psychology of Parenting Programme' into the 'Cowal Family Pathway'



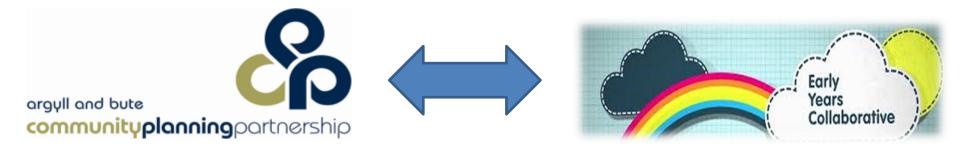
Future Actions

- Scale up the Family Pathway to each of the localities within Argyll and Bute
- Share tools and practice across all Community Planning Partnerships in Argyll and Bute

In the longer term......

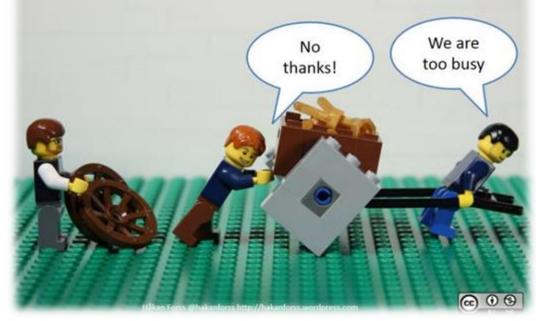
- Scale up the use of improvement methodologies to improve outcomes
- Promote a change in practice to ensure sustainability of improved outcomes

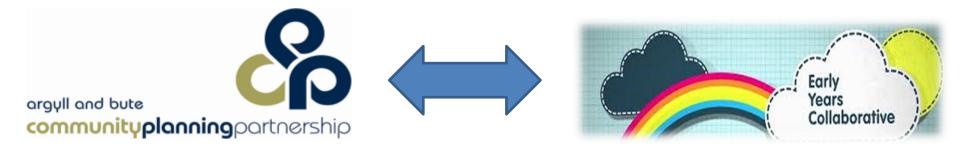




What can the you do to support EYC in Argyll and Bute?

Are you too busy to improve?







"This is not something that is going to change overnight. It will take stick-ability and doing it for five to 10 years, and then we will see a difference." – Sir Harry Burns, Former Chief Medical Officer for Scotland



Thank You

Kathleen JohnstonEducation Officer Early YearsPatricia RenfrewConsultant Nurse Children and
FamiliesCatriona DreghornInterim Lead MidwifeFiona SempleChildren & Families Health
Depute Team Leader – MAKIRuth ReidHead Teacher, Rhunahaorine PS
and Pre5 Unit