

# Early Years Collaborative

# About the Collaborative

“The Early Years Collaborative (EYC) – an outcomes focussed, multi-agency quality improvement programme – will deliver nationally on the vision and priorities of the Early Years Taskforce and bring focus and clarity to agreed objectives, outputs and outcomes”

# Ambition of the EYC

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

# Stretch Aims

- 1. To ensure that woman experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths and infant mortality.
- 2. 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 health review, be end 2016.
- 3. To ensure that 90% of all children within CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end 2017.

# Existing arrangements for high tariff Pre-Birth Risk Assessments

- High tariff vulnerable expectant parents referred to the Angus multi agency Pre Birth Resource Allocation Meeting which meets monthly and has representatives from all agencies – referral normally considered by PRAM at 16 weeks into pregnancy.
- Unborn babies about whom there is most concern are referred to the Child Protection Team for a multi agency assessment.
- Child Protection Case Conference held at 28 weeks in pregnancy.
- Responsibility for attendance at health appointments was given to the parents and their “co-operation” was considered as part of the assessment and informed the plan for the child.

# Reasons for a changed approach

- Research in respect of trauma and stress, substance misuse, poor nutrition, etc on the unborn infant and the impact of this following birth.
- Low birth weight, prematurity, neo natal abstinence syndrome, attachment difficulties etc resulting in poorer outcomes for children.
- Aim was to reduce these factors and to give the baby the best start from conception onwards. Support the parents in achieving this.

# Test of Change

- Aim is to
  - *Receive referrals of vulnerable parents by 16 weeks in pregnancy..*
- How was this achieved?
  - *A person is identified to support the mother to attend appointments, remind of time, location and accompany mother to appointments for the duration of the pregnancy*
  - *Monitor attendance at appointments, outcome of drug testing at each appointment, cooperation with work of drug/alcohol services and ultimately the outcome for baby at birth*

# Outcomes achieved

- Mother's engagement and attendance at appointments was good
- Trust developed between professionals and the parents leading to good co-operation with the plan
- Parents were proactive in seeking community support for themselves
- Time spent accompanying the parents to appointments allowed the opportunity to work with them on their understanding of the impact of their situation on their unborn child
- Good outcomes for baby





## Baby 1

Born at 39 weeks  
3000g  
No NAS

## Baby 2

Born at 40 weeks  
3130g  
No NAS

## Baby 3

Born at 34 weeks  
1850g (low birth weight)  
No NAS

## Baby 4

Born at 39 weeks  
2810g  
No NAS

## Baby 5

Born at 37 weeks  
2760g  
No NAS

# Profile of parents involved in the pioneer site and their needs

**Mental Health  
difficulties**

Parents who have had  
children removed  
from their care

**Drug / alcohol  
problems**

Limited extended  
family support  
network

**Social isolation**

Previously Looked  
After and  
Accommodated Child

Risk in  
extended family

**First time  
parents**

Current or recent  
involvement of CJS,  
CMHT, Drug and  
Alcohol Services

Relationship  
problems/  
breakdown with  
partners

**Poverty –  
reliant on  
benefits**

**Poor housing**

Disrupted  
education

**Poor parenting  
experiences as  
a child**

History of  
offending  
behaviour

History of  
disengagement  
with services



# Angus Community Planning Partnership Pioneer site - Learning to date

- 1:1 support to assist parents in accessing all health appointments during pregnancy
- Early identification of vulnerable expectant parents aids planning for good outcome at birth
- Need for network meeting at outset to agree plan of work and identify key support person for the parent
- Partnership approach essential –child and adult services
- Resource intensive approach
- Need for significant commitment from all agencies involved
- Multi agency implementation / review group essential
- Great demands on vulnerable parents with many appointments – rurality issues
- Parents have complex needs and a very limited support network
- With appropriate / extensive support good outcomes can be achieved for baby
- Feedback from parents essential

# Next Steps

- Resource intensive approach
- Engage with partner agencies and the voluntary sector (Homestart - Bump to Babies) to support future tests of change
- Plan is to undertake a further test of this approach before rolling it out across services