

**East Renfrewshire  
Educational  
Psychology Service**

**Self-Evaluation of  
National Theme 2**

**Partnership  
Working**

January 2017



## Introduction

Education Scotland's *Guidelines for Validated Self Evaluation (2015)* outline that VSE is 'a collaborative, evaluative process which aims to improve the quality of provision and outcomes for learners by providing support and challenge to the work of educational psychology services.'

The purpose of the VSE process is to support, extend and challenge our own self-evaluation to help us evaluate our strengths and areas for improvement. VSE uses many principles which underpin a collaborative enquiry approach to evaluation, intervention and improvement.

The Guidelines note that, 'to address national objectives, the focus of the partnership between the Educational Psychology Service (EPS) and Education Scotland is on closing the poverty-related attainment gap. This is achieved through working together with partner agencies and stakeholders, to improve outcomes for all.'

There are two themes:

National Theme 1: Learning and teaching where the focus is on 'The EPS' contribution to learning and teaching with a focus on raising attainment and achievement for all and closing the poverty-related attainment gap'.

National theme 2: Partnership working/Impact on the wider community. 'To capture health and wellbeing, Getting it Right for every Child and partnership working. Prevention and early intervention will be central to this area.'

Both themes are interconnected and fit well with the Scottish Government priorities of the National Improvement Framework (NIF) and the publication of 'How Good is Our School 4' (HGIOS4).

VSE presents an opportunity for East Renfrewshire Educational Psychology Service to improve its self-evaluation and inform developments that will strengthen its impact on improving outcomes for children, young people and families. To this end the following key question has been developed to guide self-evaluation activity in Theme 2:

- **How effective is our partnership working at the Early Level in securing positive outcomes for children and families through prevention and early intervention and how can we improve?**

## Partnership Working

### Where are we now and how do we know?

Where are we now?	Our sources of Evidence
<p>Partnership working is a core value of East Renfrewshire Educational Psychology Service. The service is extremely well positioned within the Education Department and is central to implementing and supporting GIRFEC. There is a strong working relationship with the Education Leadership Team that is built on a foundation of effective partnership working with the Quality Improvement Team. Children’s Services in East Renfrewshire are very well integrated and facilitate effective multi-agency working. To this end the EPS continues to develop its approach to partnership working across Education and the Health and Social Care Partnership (HSCP). The EPS improvement plan articulates very closely with the Education Department’s Local Improvement Plan and the Integrated Children’s Services Plan.</p> <p>The following EPS improvement priorities drive service activity focused on securing effective partnerships which improve outcomes for children and young people:</p> <ul style="list-style-type: none"> <li>• <b>To deliver high quality and equitable educational psychology services that get it right for every child</b></li> <li>• <b>To continue to develop partnerships that enhance our approaches to supporting the emotional wellbeing and mental health of children and young people</b></li> <li>• <b>To work in partnership with the Quality Improvement Team and schools to improve the attainment of the most vulnerable learners</b></li> <li>• <b>To strengthen our approaches to Prevention and Early Intervention</b></li> </ul>	<p>Local Improvement Plan            Service Improvement Plan            Integrated Children’s Service’s Plan            Joint Inspection of Services for Children and Young People in the East Renfrewshire Community Planning Partnership Area 2014</p>

The over-arching self-evaluation report gives an overview of all of the service's work to deliver outcomes related to these priorities. This themed self-evaluation report will focus on partnership working in relation to one key priority:

- **To strengthen our approaches to prevention and early intervention**

#### The National Context

The Early Years Framework, published in 2008, called for transformational change through a coherent national agenda and underlined the importance of early intervention to improve outcomes for children and families. This was reinforced in 2011 by the Christie Commission with an emphasis on prioritising preventative expenditure. The Early Years Collaborative was launched in 2012 as a multi-agency, local, quality improvement programme. It was designed to deliver transformational change on a national scale, taking forward the vision and priorities of the Early Years Taskforce to make Scotland the best place in the world to grow up. The Children and Young People (Scotland) Act 2014, underlines the continued national focus on prevention and early intervention to give children the best start in life.

#### Local Context

Prevention and early intervention is a crucial outcome within both the Local Improvement Plan and the Integrated Children's Service's Plan and has been a key priority within the EPS improvement plan over a number of years, particularly in relation to the Early Years Strategy 2013-2018 and Parenting Strategy 2013. VSE offers an excellent opportunity for the service to gather further self-evaluation data to inform improvements in this important area of work with a specific focus on impact at the Early Level. Four key service improvement activities have been selected as the focus of this themed self-evaluation:

- **Parenting interventions**

Early Years Strategy  
Parenting Strategy

<ul style="list-style-type: none"> <li>• <b>Pre-school Resource Group (PRG)</b></li> <li>• <b>Developmental Milestones</b></li> <li>• <b>Our model of service delivery to early learning and childcare centres</b></li> </ul> <p>The data gathered through our self-evaluation during VSE will be used to help us to answer the following high level question:</p> <ul style="list-style-type: none"> <li>• <b>How effective is our partnership working at the Early Level in securing positive outcomes for children and families through prevention and early intervention and how can we improve?</b></li> </ul>	
<p><b>Parenting Interventions</b></p>	<p><b>Our sources of evidence</b></p>
<p>Children need to be safe, healthy, active, nurtured, achieving, respected, responsible and included in order to reach their potential and parents have a central role in achieving these outcomes. It is widely accepted that the quality of the relationship between children and their parent or parents is crucial in determining life outcomes. The parent-child relationship impacts greatly on children’s emotional wellbeing, physical wellbeing, behaviour, attainment, employability, future relationships and the child’s own parenting skills in adult life. For these reasons, the EPS places a strong emphasis on working effectively with parents, both directly and indirectly, through partnership working, as outlined in the over-arching self -evaluation report.</p> <p>The service has been integral to the development of approaches to prevention and early intervention, such as Let’s Play and Family First, which build capacity in the workforce and focus on engaging and supporting vulnerable parents and families. Ongoing evaluations of Let’s Play and Family First are demonstrating positive impact on</p>	<p>Early Years Strategy Parenting Strategy Integrated Children’s Services Plan</p>

children and families. However, the EPS has identified that it needs to evaluate the impact of its contribution to these developments to ensure its partnership working is making a difference to outcomes and to inform further improvement. VSE offers an excellent opportunity for the service to further consider how well its partnership working builds capacity in others to effectively engage and support vulnerable parents.

Let's Play

The EPS has a pivotal role, in partnership with the Early Years Prevention Officer and other agencies, in the development, implementation and ongoing evaluation of the Let's Play programme. Let's Play was established as a test of change through the Early Years Collaborative. It is collaborative parent-centred programme which aims to develop parent/carers' skills, to highlight the importance of positive play experiences for children and encourage opportunities for quality interactive play between children and parents/carers. Research indicates that parental engagement is encouraged when they feel like true partners with professionals. This has also been highlighted through East Renfrewshire's own community engagement work. Let's Play adopts a respectful approach which recognises that parents and professionals can learn from each other. Parents were fully consulted in the initial stages of development and their views have informed the project design and the content of the workshops. On-going evaluation is built into the programme's continuous development as it is scaled up to different communities and delivered by different practitioners, working alongside different parents. The 'Let's Play Pioneer Project Summary' and Let's Play Manual provide detailed information about the content, delivery and evaluation of the programme.

'Let's Play' is currently operating across three family centres and will be introduced to all family centres in 2018. Parents who participated report increased confidence in supporting their child's development

Let's Play Pioneer  
Project Summary  
Let's Play Manual  
Let's Play Evaluation  
Let's Play presentation to the  
Chief Executive  
Report by Chief Officer HSPC –  
Early Years Prevention and  
Community Engagement

through play and increased knowledge of how interactive play promotes their child's development. VSE offers the opportunity to explore the unique contribution of the EPS and to use this information to inform future practice in relation to the development of Let's Play and other evidence based parenting interventions.

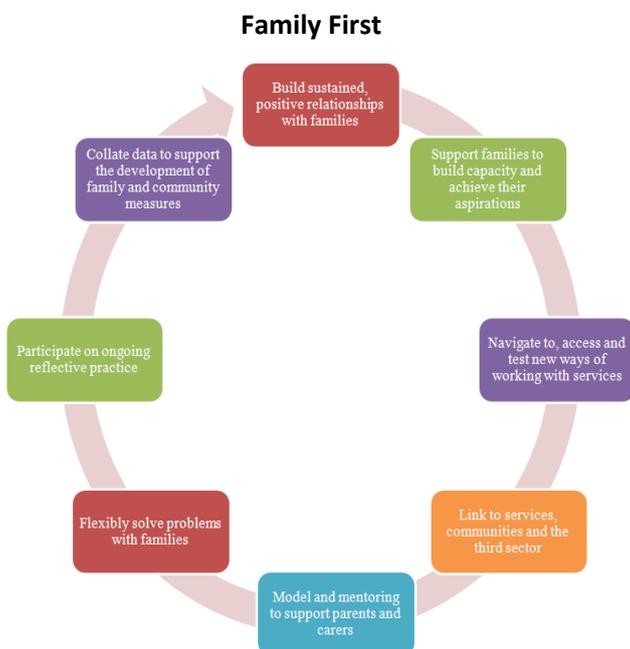
#### Family First

The Early Years strategy estimates that around 1,300 children aged 0-8 in East Renfrewshire will be living in circumstances of multiple vulnerabilities that will lead to poor health and outcomes in later life. The strong association between vulnerabilities and deprivation is noted with Auchenback and Dunterlie showing concentrations of these factors. The Early Years Collaborative Discovery Team carried out research between October 2013 and January 2014 into how families and communities interacted with services in Auchenback and Dunterlie. This research led to the development of the Family First initiative which was piloted in the Auchenback and Dunterlie areas of Barrhead from January 2015. The aim was to establish Family First workers who would build sustained positive relationships with families and actively engage them with services, communities and 3rd sector partners with the intended outcomes of:

- A decreased number of families involved with formal assessments or referrals to social work
- An increased number of families reporting that they have achieved their own outcomes and aspirations
- An increased number of children meeting developmental milestones
- An increased number of parents confident and able to support their families
- A decreased number of missed appointments
- An increase in participation in community based supports and services

Early Years Planning Group  
Minutes  
Report by Chief Officer HSPC –  
Early Years Prevention and  
Community Engagement 2016  
Discovery Team presentation  
2015

So far, 83 families have benefited from the flexible model of support that Family First workers offer. Parents are helped to identify and solve their own problems, building their capacity and guiding them until they can independently achieve their aspirations. Families have been supported to engage with a range of services which has had a positive impact on family life, for example, one family with three young children had been referred to Social Work who passed the notification to Family First as the family needed help with managing their money, dealing with housing arrears, children’s behaviour and health. Through motivational interviewing the family first worker supported them to generate a plan to identify their strengths and help address these needs. Within the first eight weeks of engagement it had been established that the family did not require allocation to the community social work team, eviction had been prevented and parenting support had been accessed. The complement of Family First workers has increased from two to five and their reach has extended across the wider authority from the initial test in Barrhead.



The EPS is intrinsic to the development, support and evaluation of Family First through consultation, training and research. The impact of this contribution will be more fully explored within the VSE process which will allow the EPS to consider how it can improve its

effectiveness in building the capacity of others to meet the needs of vulnerable families.

Where are our strengths?

- There is vision and commitment to the development of Let's Play and Family First
- Both interventions meet priorities within the Local Improvement Plan and the Integrated Children's Services Plan
- EPS consultation, research and training are central to the development of Let's Play and Family First
- The service is engaging in partnership working that is promoting strength-based approaches to engaging more vulnerable parents
- The service is contributing to a process of ongoing evaluation and reflection that is informing further development and improvement
- Both interventions depend on effective collaborative working with a range of partners within and beyond education
- The success of both projects is at a stage where it has led to an increase in capacity and roll out across the authority

Where are our challenges?

- Committing EPS resources to supporting the further expansion of these approaches
- Evaluating the unique impact of the EPS contribution
- Collecting and analysing data that will demonstrate the longitudinal impact of these interventions

What do we need to find out more about?

- How effectively does our partnership working secure positive outcomes for East Renfrewshire's most vulnerable families through parenting interventions and how can we improve?
- What is the unique contribution of the EPS to the development and implementation of Family First and Let's Play?
- What are the strengths of our approach?
- What weaknesses and barriers are there and how will we address and overcome these to improve?
- What opportunities are there to improve our performance? (What could / should we be doing differently?)
- What can we learn from our role in Family First and Let's Play to inform the development of

our contribution to other parenting interventions?

- How effective is this use of EPS time?
- Are we getting involved at the right time and do we make sure that we have an appropriate exit strategy in place? Are we building capacity in others to take forward interventions?

### Pre-school Resource Group

### Our sources of evidence

In 2013 the authority identified the need to review its systems for identifying and allocating supports for children aged 0-5 years to ensure they complied with GIRFEC, were equitable and supported the drive for prevention and intervention. Consequently, the EPS worked in partnership with the Quality Improvement Team to develop a single unitary approach in order to reduce duplication and improve the quality and equity of practices when allocating additional educational support to children (0-5 years). As a result the Preschool Resource Group was established in 2014 to replace the following systems:

- Childcare Allocation, Review and Evaluation (CARE) Group
- PreSchool Community Assessment Team (PreSCAT)
- PreSchool Assessment and Development Unit (PSADU) screening group

The PRG meets on a monthly basis for a half day to consider referrals. It makes recommendations based on robust assessment and all decisions are outcome focused, making these more measurable. It is chaired by the Quality Improvement Officer (Early Learning and Child Care) with the support of the Depute Principal Psychologist. The PRG draws upon existing strengths related to multi-agency working within family centres and there is a presumption that young children under 3 years of age are best supported by their family but that some will require additional support to be able to do this effectively. Referrals follow the framework promoted by the national practice model and

Early Years Strategy  
Allocating Additional  
Educational Support  
for Children Aged 0-5 years  
paper (June 2014)  
PRG year on year data

therefore, depending on need, include a single agency or integrated assessment, a SHANARRI plan and the child's core record. More detailed information about the PRG is provided within the Allocating Additional Educational Support for Children Aged 0-5 years paper (June 2014.)

The EPS maintains a centralised database for children (aged 0 to 5 years) who are referred to the PRG for additional educational support. A new early learning and childcare EPS assessment team has also been established to work with the PRG. The EPS provides high quality assessments to the PRG ensuring that psychological and educational interventions are proportionate and timely. This supports children and families (0-5) to receive a more equitable and consistent service as well as increasing the involvement of the service in the assessment of children (0-5) who are vulnerable (data shows that in 2014-15 28 referrals resulted in further assessment/intervention from the EPS compared to 34 in 2015-16). VSE presents a timely opportunity to more fully consider and reflect upon the role of the EPS within the PRG. It will also support us to gather further self-evaluation data which will inform the ongoing improvement of the EPS contribution to the PRG.

Where are our strengths?

- The PRG promotes partnership working between education, health and social work
- The PRG is based on key GIRFEC principles
- The PRG supports early intervention through the identification of vulnerable children and families requiring additional support at the earliest stage (i.e. before they enter an educational establishment)
- EP consultation and assessment make a vital contribution to the effectiveness of the PRG
- The EPS has a significant role in supporting and administering the PRG

Where are our challenges?

- The amount of EPS time required to effectively support and administer the PRG
- Continuing to develop and maintain a shared understanding amongst partners with regards to the vision and rationale of the PRG

What do we need to find out more about?

- How effective is the PRG in securing the best outcomes for the most vulnerable preschool children and their families?
- How effective is partnership working within the PRG process?
- What is the unique contribution of the EP within the PRG system?
- How are we using data from the PRG to inform improvement?
- How well does the PRG promote partnerships that plan, deliver and evaluate the most appropriate supports to best meet the needs of children and families?
- Is the PRG system ensuring equitable and consistent access to supports/resources, including EPS involvement?
- How well is the PRG achieving the identified aim of applying the key principles of GIRFEC?

**Developmental Milestones**

**Our sources of evidence**

The Early Years Collaborative was launched by the Scottish Government in 2012 setting out a vision ‘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.’ In order to meet this objective the Scottish Government set national targets and encouraged local authorities to refine their methods of assessing children’s needs at key points throughout their lives. The stretch aim for children at the start of primary 1 has recently been revised:

*By 2020 at least 85% of children within each SIMD quintile in the CPP will have reached all of their developmental milestones by age 4-5.*  
(Children and Young People Improvement Collaborative 2016)

The Children and Young Peoples’ Improvement Collaborative is a key driver for EPS activity that supports prevention and early intervention. The EPS works in partnership with the Quality Improvement Team to lead the design and implementation of developmental milestones screening in all schools across the

Developmental Milestones  
CLPL evaluations  
Developmental milestones data  
Developmental Milestones Screening Tool and training presentation  
Local Improvement Plan Advancing excellence and equity in education in East Renfrewshire 2016  
Authority Standards and Quality Report 2014 – 2015  
Survey of EP views of their contribution to developmental milestones screening

authority. As well as informing progress in meeting the above stretch aim, the process of gathering and analysing developmental milestones data is also intended to help schools achieve the following aims:

- To understand individual levels of child development skills
- To identify pupils who may require further assessment, specific intervention, support, challenge
- To provide information for planning future teaching and learning

The developmental milestones data is analysed by the authority's EMIS unit on an annual basis. In session 2013-14, 53% of young children on entry to primary school achieved their expected developmental milestones. The QIO team and EPs provided staff with analysis, support and advice relating to their achievement in early learning and childcare and primary sectors. The percentage of young children achieving the expected milestones increased by 16% to 69% in 2014-15. There were further increases of 5% to 74% in 2015-16 and 7% to 81% in 2016-17.

Each year has shown a noticeable gender gap with more girls than boys meeting their developmental milestones at primary 1. However data trends show that the gender gap has decreased from 19% last year to 14% this year (2015-2016: 65% of boys met their milestones compared to 84% of girls; 2016-2017: 74% boys met their milestones compared to 88% of girls). There was found to be no significant difference between ethnic minority (EM) and non-ethnic minority (non-EM) children at an authority level when comparing the overall percentage of children who met their developmental milestones. However noticeable differences in outcomes for EM and non-EM children were noted within individual schools. Each year developmental screening data has shown that children require further support to develop their skills in the following areas:

attention, gross motor and fine motor control. This is consistent with national trends.

Data has also been analysed to show differences in outcomes by previous early learning and childcare establishment type. The most significant change over the past year has been the increase in the percentage of family centre children passing developmental milestones at primary 1 (54% in 2015-2016 compared to 75% in 2016-2017). Data is also available to demonstrate outcomes for children by SIMD decile group (Decile 1 = least affluent; Decile 10 = most affluent). Data trends over the past 3 years suggest that there has been a narrowing of the gap between the lowest and highest decile groups. Greatest increase in percentage of children achieving their developmental milestones has been observed for the lowest three deciles (increase of 18% for deciles 1-3, compared to 11% for deciles 4-7 and 11% for deciles 8-10).

The EPS makes a year on year contribution to the refinement of the screening tool and associated training for P1 teachers. Psychologists consult with their individual schools regarding the screening process and analysis of outcomes. The EPS delivered training annually since 2013 in order to support the implementation of developmental milestones screening for all primary 1 children. In partnership with the Quality Improvement Team, the EPS has delivered training to 147 primary one teachers, 46 support for learning staff and 46 depute/head teachers to date. (NB certain teachers attended in both 2013 and 2014 in order to refine their knowledge therefore the figure will be slightly inflated) Training evaluations have shown that nearly all participants evaluated the workshop as either 'very good' or 'excellent' and were able to clearly identify how this would improve their practice. Key positive outcomes include:

- Teachers commented that they felt confident to administer the screening tool following the training

- Teachers reported that they would plan to protect greater time for observation and that the screening tool would encourage higher quality observation sessions
- Managers commented that the training prompted them to consider how to increase opportunities for observational assessment across all stages within their school
- Teachers and managers felt that the screening system would encourage a more holistic assessment of children's needs
- Participants commented that fuller assessment information would allow for improved planning to meet children's needs (class and school level)
- Managers reported that the screening information would help to encourage a more focused dialogue between managers and class teachers when planning to meet individual needs
- Participants felt that the workshop helped them to develop greater knowledge of typical child development and developmental milestones
- Managers reported that they intended to ensure that data obtained through the developmental screening system would be shared with feeder nursery staff in order to inform nursery improvement planning
- Participants commented that the training highlighted the importance of play for learning and development and that they would consider ways in which to increase play based learning opportunities at the early level.

Concerns/suggestions for development:

- One teacher commented she was concerned about the additional paperwork
- One manager commented on the need to consider how to involve parents more fully when using the P1 developmental screening data to plan wider school projects/interventions

A brief survey carried out within the EPS team has indicated that there are some barriers which present challenges with respect to how effectively EPs are able to support schools in responding to the outcomes of the developmental milestones screening.

Existing self-evaluation information suggests that the EPS training has led to the successful introduction of the primary 1 developmental milestones screening system and that staff now feel confident in the administration of the system within their schools. It is felt that there is a need for a closer look at the ways in which the EPS is currently involved in supporting schools to analyse primary 1 screening data and subsequently plan supports and developments for individual children and/or the wider school population at the Early Level. VSE provides a good opportunity to do this.

Where are our strengths?

- EPS consultation, research and training are central to the successful implementation of developmental milestones screening
- The authority has four years of developmental milestones data which complements baseline data in literacy and numeracy
- Developmental milestones data is analysed by EMIS and used by the Education Leadership Team and schools to measure performance and inform improvements in practice
- There is a continuous increase in the numbers of children who are reaching their expected developmental milestones with a large increase of 7% in 2016-17
- There is a greater increase in the percentage of children achieving developmental milestones in deciles 1-3 across the last three years
- Effective partnership working with the Quality Improvement Team is a key factor in the successful implementation of developmental milestones screening
- Training evaluations suggest that Primary 1 teachers are developing a more holistic view of children's need which is enhancing their professional judgements and assessments of children's progress

Where are our challenges?

- Prioritising EPS time to support schools to effectively utilise the developmental milestones data to plan targeted and universal programmes of intervention

<ul style="list-style-type: none"> <li>• Need for better sharing of information between health and education in order to track children’s progress over time</li> <li>• Continuing to ensure that the developmental milestones screening tool is fit for purpose and is administered and scored correctly across schools and clusters</li> </ul>	
<p>What do we need to find out more about?</p> <ul style="list-style-type: none"> <li>• How developmental milestones data is being used to improve learning and teaching in individual early learning and childcare centres and schools</li> <li>• How well the educational psychology service is contributing to developments in practice as a result of the analysis of developmental milestones data</li> <li>• How the service can improve partnership working to move forward with changes in practice in a collaborative way</li> <li>• The unique role for the EPS in supporting stakeholders and partners with the ongoing assessment and planning which takes place through the P1 developmental milestones screening process</li> <li>• How we can improve and develop in order to ensure that we fulfil this role and improve outcomes for children</li> <li>• Are there others partners with who we should be engaging to further improve the developmental milestones screening process?</li> </ul>	
<b>Our Model of Service Delivery to Early Learning and Childcare Centres</b>	<b>Our sources of evidence</b>
<p>The EPS adopts a cluster model of service delivery to schools and early learning and childcare centres, with the number of EPs within a cluster kept to a minimum in order to promote consistency for service users. Self-evaluation with schools and parents has consistently identified this approach as a strength as it is an effective way to support transition and provide service users with continuity. It also helps facilitate the service’s contribution to systemic cluster approaches and improvements.</p> <p>Each early learning and childcare centre has a named psychologist who has responsibility for the delivery of all key processes in a regular, planned and negotiated way within the context of a time</p>	<p style="text-align: center;">EP allocation of time to establishments  EP Early Learning Childcare Care Centre time sampling activity Oct/Nov 2016  Summary of school evaluations 2015 &amp; 2016</p>

allocation that factors in pupil population, proportion of free-school meal entitlement as an indicator of SIMD, and is weighted with prevention and early intervention in mind (i.e. enhanced time given to early learning and childcare centres).

All early learning and childcare centres benefit from a high frequency of contact from the service resulting in high visibility and support. The total number of half day sessions of EP time per month has increased from 34 in session 2012/13 to 40 in session 2016/17.

Link EPs and QIOs meet with the head teacher/head of centre on an annual basis to plan and evaluate service delivery through a practice level agreement. This process utilises a wide range of data, including attainment, exclusions, attendance, EPS referral trends etc. and contributes to schools self-evaluation and improvement planning processes. The purpose of this is to ensure that development work delivered by the EPS closely articulates with the centre's improvement priorities. A recent time-sampling activity has shown that the vast majority of EP time is directed towards casework in early learning and childcare establishments. This predominance of casework is consistent with the National EPS Work Sampling Exercise carried out in session 2015/16

Ongoing EP self-evaluation also indicates that it can be challenging for EPs to ensure that time is protected for an early learning and childcare class, as it can often be dominated by the school. This is in contrast to time that is allocated to family centres.

Taking into account the all of the above information, the service is keen to use VSE as an opportunity to engage with stakeholders to further explore the effectiveness of its current service delivery model. We are particularly interested to consider how it can be adapted to ensure the delivery of key processes which support prevention and early intervention at the level of the individual early learning and

childcare establishment.

Where are our strengths?

- The EPS consistently receives very positive evaluations from early learning and childcare centres
- There is a high allocation of EPS time to early learning and childcare centres
- The EPS is very responsive to the individual needs of early learning and child care centres
- The EPS provides a high level of contact to parents of children in early learning and childcare centres

Where are our challenges?

- High demand for consultation and casework within early learning and childcare centres
- Maintaining a high level of responsiveness to parents regarding the needs of their children
- Ensuring that EPs are able to deliver the full range of key processes to early learning and childcare centres

What do we need to find out more about?

- What do our stakeholders think about how effectively our current service delivery model supports us to contribute to prevention & early intervention work in early learning and childcare centres?
- Does the amount of EPS time allocated for visits to early learning and child care centres allow the EPS the best opportunity to contribute to the prevention and early intervention agenda or could this be done more effectively through increased allocation of time to more strategic working?
- What should we be doing differently to enable us to give greater priority to prevention and early intervention work at the Early Level?
- What are the implications for our model of service delivery if we allocate more time towards prevention and early intervention? What can we stop doing in order to do more of this?
- Are we engaging effectively with the right partners in order to maximise our impact on approaches to prevention and early intervention?