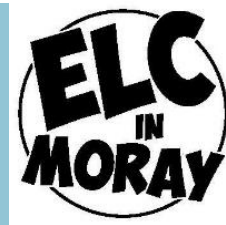


Working Together to...

Improve uptake of funded 2's places...

Moving Moray Forward



Children and Young People Improvement Collaborative

Moray Council, 2 year old practicum, are supporting families, the local community and ELC practitioners to recognise the benefits of 2 year old ELC. This will help to reduce barriers e.g. stigma of the perception of 2YO funded places, provide advocacy and promote positive impact for children. **Our Aim is that by August 2019, all (100%) health visitors with caseloads across the Seafeld area will consistently provide standardised information to families at the 13-15 month core contact on the 2 year old entitlement.** We are trying to "Poverty

Proof Moray" by tackling an area that was identified as sitting in the 2nd and 1st quintile within Education. In order to do this we have to keep families and other agencies at the heart as we build points of contact.



Method

We were keen to stay true to our original vision of **co-creation** with families and give them some degree of **ownership** of the project. Collaboratively we devised our aim and driver diagram both of which were modified several times. Force Field Analysis highlighted the variation in information families were receiving was a key barrier. The team agreed the importance of a consistent approach to the sharing of information, to raise awareness regarding the benefits of 2 year old ELC. HV core contact was recognised as significant enabler as a result of established trusting relationships and this became the starting point of our improvement focus.. The professional dialogue with our mentor was vital to the process of applying the model of improvement to our collaborative work..



Process Change

Our key change concept centred on building points of contacts which led to the creation and development of an information poster and leaflet as a key change idea to support families and community awareness of the benefits of 2 year old ELC. We co-created leaflets and posters through a series of testing with families and partners and developed a 'pack' to be shared at the 13-15 month HV core contact. We decided to test out thinking with a small group of families to gain feedback on what information was useful and how best to share this, including timings. We built relationships with DWP to simplify the journey for our families. Further testing of information sharing was supported through these points of contact.



Key Learning Points

Capacity of 2YO provision—Making contact and developing positive relationships with 2 year old providers helped to identify existing capacity and potential barriers, including expansion to 1140hrs by 2020.

Communication – Health Visitor face to face sharing of information with parents of rising 2's allows us to raise awareness of the benefits and availability of 2YO provision. Testing informed that the direct conversation with the Health Visitor with the leaflet combined was most supportive.

Relationships – Key across the whole community to support and foster change. Early engagement with DWP showed to be vital for early identification of eligible families.

Engagement with families - Highlighted that the advertising of the poster in public areas, had little impact. However the poster itself was well received by families at the 13-15 month core contact.

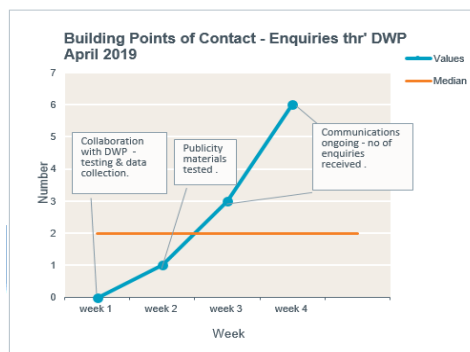
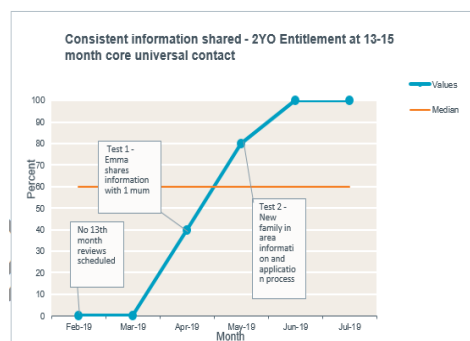
Achievements

- Team dynamic and commitment to change and improvement.
- Creating a wider inter agency network leading to improved multi agency working.
- Increased team knowledge around the importance of testing change ideas and measuring the impact to understand improvement.
- Recognising how to reflect and evaluate on the bigger picture through improvement tools.
- Creation of information leaflet that will be moved to other HV caseloads for further testing.



Results

The chart below shows our population scope was narrow which limited our understanding if changes were leading to sustainable improvements however it also highlights that the aim was achieved. Testing has increased our confidence sufficiently to extend the use of the 'pack' at the 13-15 month contact across the wider HV team throughout Buckie. This will impact on all families of rising 2's in the Buckie area.



Health Visitor - "the sharing of information didn't add any additional time and fitted in nicely with discussion around child development all be it on a narrow scope."

Parent - "I give this place 10/10! He couldn't really speak before he came in but now he's saying so much more, he's a bit of a lone child, but he is getting better at being around others. He is also very intelligent for his age and the staff in the nursery are helping to support him with that and do stuff he likes".

Parent - "She loves it, it's really helped her, especially being around older kids".

Change concept – building points of contact - the line graph shows impact on number of enquiries about 2YO offer through contact with DWP

Conclusions

- Face to face engagement and sharing information with parents has best impact and is easily sustained by Health Visitor teams. This can be confidently extended to the wider Health Visiting Team across the Buckie
- Further consideration should be given to sharing of information via Social Media. Project team would need to be supported by Communications Team, this will be ongoing.
- Use of Social Media is widely used by Millennials and parents of rising 2's. This must be harnessed to enhance parents understanding of the importance of 2's places.



Next Steps

- Good practice for Health Visitors to reinforce sharing of information at 13-15 month review.
- Harness Social Media to enhance parents understanding of the importance of 2's places.
- Share the ethos with other Health Visiting teams across Moray once sustainable in Buckie.
- Plan to further test changes with extended Health Visiting team in Buckie to continue to consistently share leaflets with parents and ensure sustainable improvement.
- Upskill ELC staff across Moray around eligibility criteria to ensure there is a consistent message being delivered to all families.