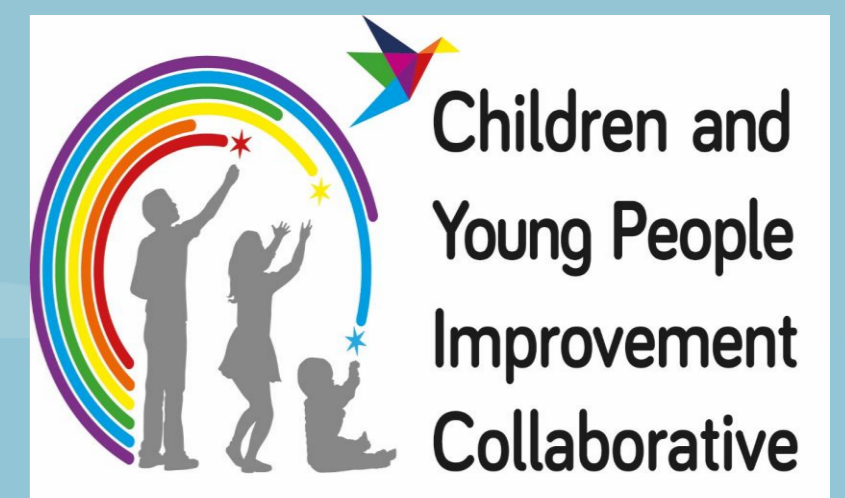


Improving identification and response for children with emotional/behavioral concern at 27months



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Recent national studies have highlighted the growing prevalence of mental health concerns amongst Scotland's children and young people. Social-emotional development in young children is critical to school readiness and children's long term success in school and in life. The Scottish Government's Mental Health in Scotland: a 10 Year Vision 1 recognises the importance of focusing on prevention and early intervention for infants, children and young people. In 2016, 10% of children in South Lanarkshire were identified with an emotional/behavioural (EB) concern at their 27 month child health review. 11.2% within SIMD 1 in contrast to 3.6% of children in SIMD 5, a 7.6% gap. The rationale for the project was underpinned by a number of local challenges, 58% of Health Visiting (HV) staff recorded lack of confidence in comprehensive assessment of children in EB domains, the national mandated assessment toolkit ASQ-3 covers 5 domains but excludes emotional, behavioural domains, a 3% decline in identification since May 2016, incomplete assessments and variation in recording of interventions and outcomes achieved via Child Health Surveillance Programme (CHSP), complexity of CAMHS referral process requires a level of knowledge and experience, variation in recording of future actions and review timescales. Theory of change an evidenced based approach to assessment and identification of EB concerns supported by an early intervention pathway will standardise the process and increase staff confidence.

AIM - By December 2018, 85% of children presenting with an emotional/behavioural developmental concern at their 27mth child health assessment will have an assessment and recorded future action (Baseline 79%)

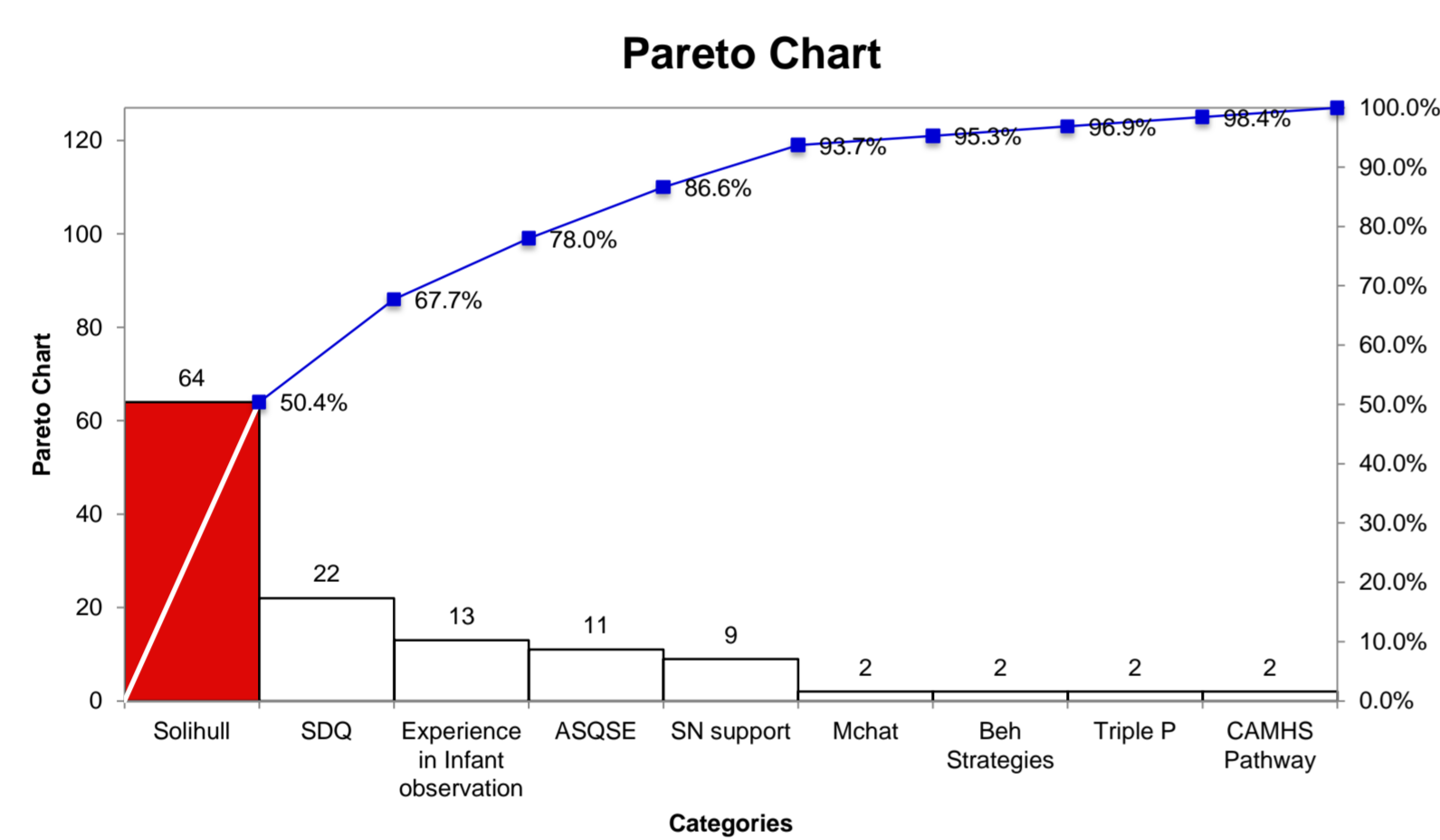
Problems to be addressed



- New national toolkit ASQ-3 covers 5 domains and doesn't include emotional/behavioural assessment
- Variation exists in behavioural and emotional concern identification and confidence for example new versus experienced Health visitors and SGS II trained versus ASQ3.
- Complexity of CAMHS referral requires a level of knowledge experience and skill
- Evidence of variation in recording of future actions, approach to review and time period
- Assessments incomplete and missing data fields

Methodology

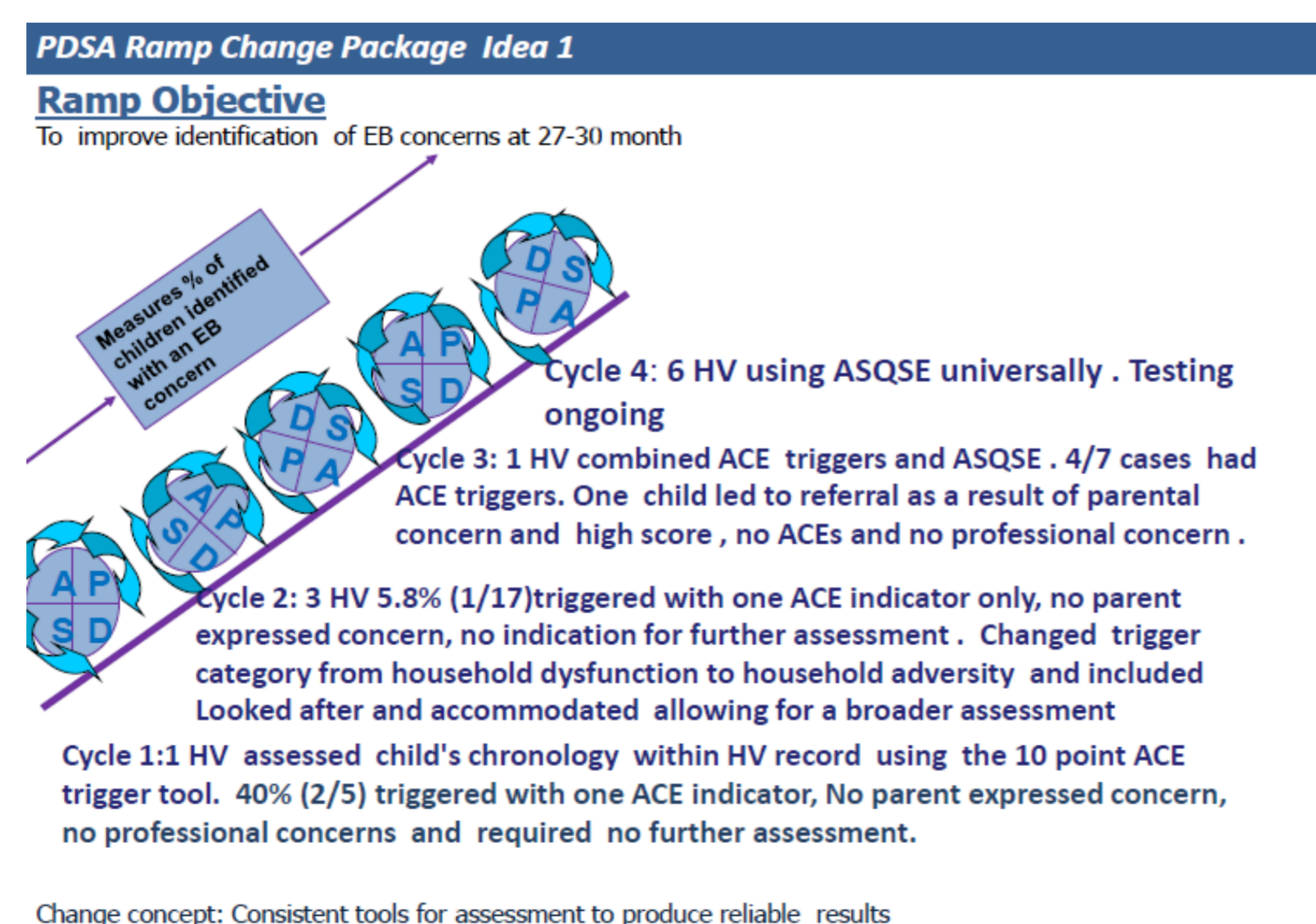
- Established an Improvement Team (3 HVs and 1 Team Leader) supported by IA and Improvement coordinator and built quality improvement knowledge and practice by attending UPQIC Practicum WEBEX sessions and producing monthly reports
- Developed a charter, driver diagram and measurement plan and utilised iterative PSDA cycles as part of the change package
- Utilised quality improvement tools process mapping , force field analysis and Pareto (see chart 1) to better understand our system and to contribute to our diagnostic phase



- Conducted a staff survey questionnaire to establish baseline of staff confidence in the identification of children with an E/B developmental concern
- Analysed local baseline data of emotional/behavioural concerns at 27mth review
- Learning session with some HV colleagues across South Lanarkshire/Specialist CAMHS services in new service configuration and team completed a 10 week infant mental health CPD developing a deeper understanding and confidence in Infant Mental Health

Change Package

Secondary Drivers	Test of change	Change concept
Identification	Tools to identify EB concerns	Consistent tools
Follow up actions	Stepped process	Manage variation
Timely review period	Method and weeks for review 12	Synchronise
Good quality recording	Team communication	Eliminate mistakes
Staff training	E/B CPD session	Conduct training
Data collection	Team data collection	Standardisation
Pre referral process	Specialist service support session	Focus on core processes and purpose

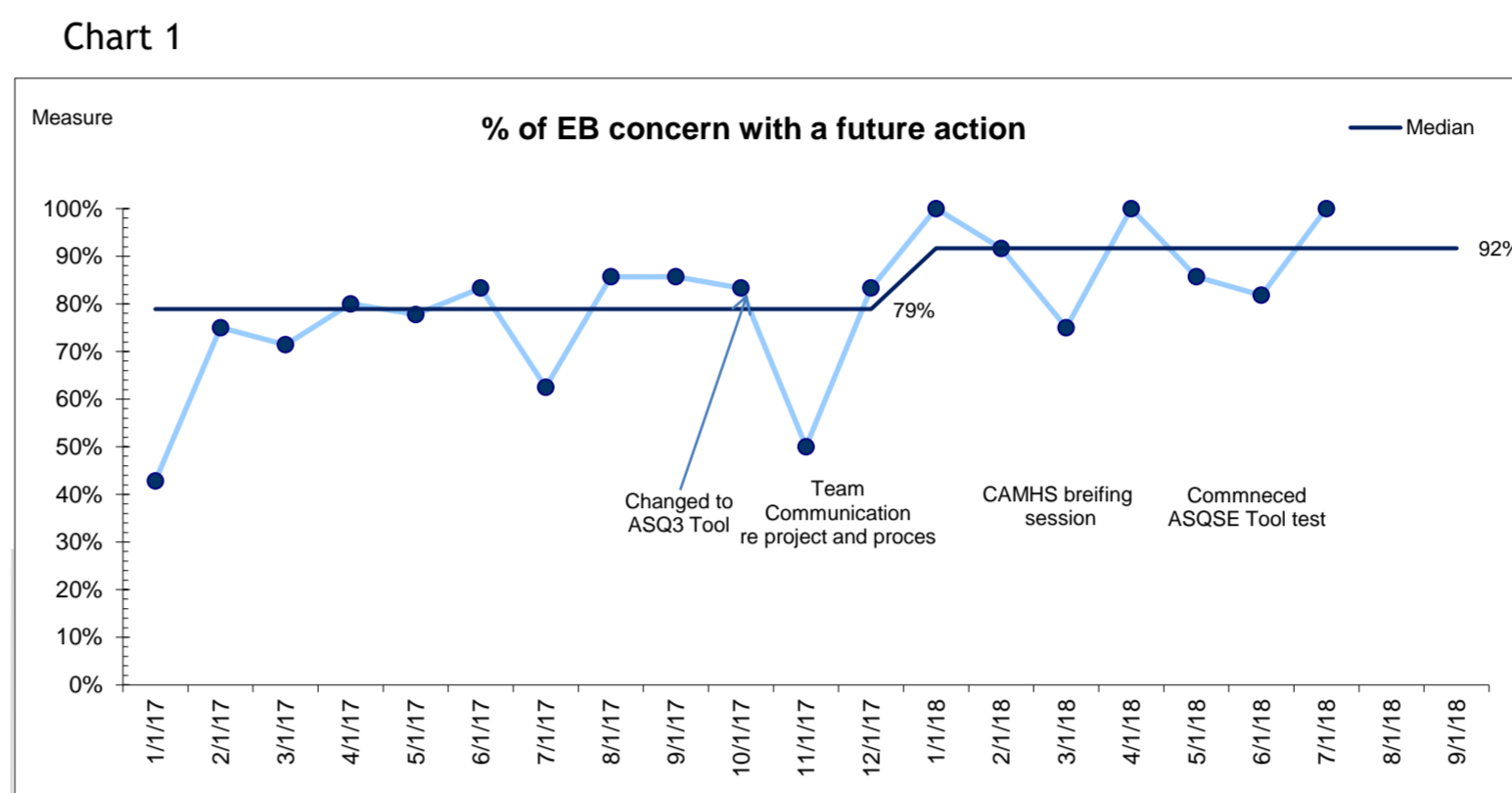


We prioritised the secondary drivers of identification, follow-up actions and staff training.

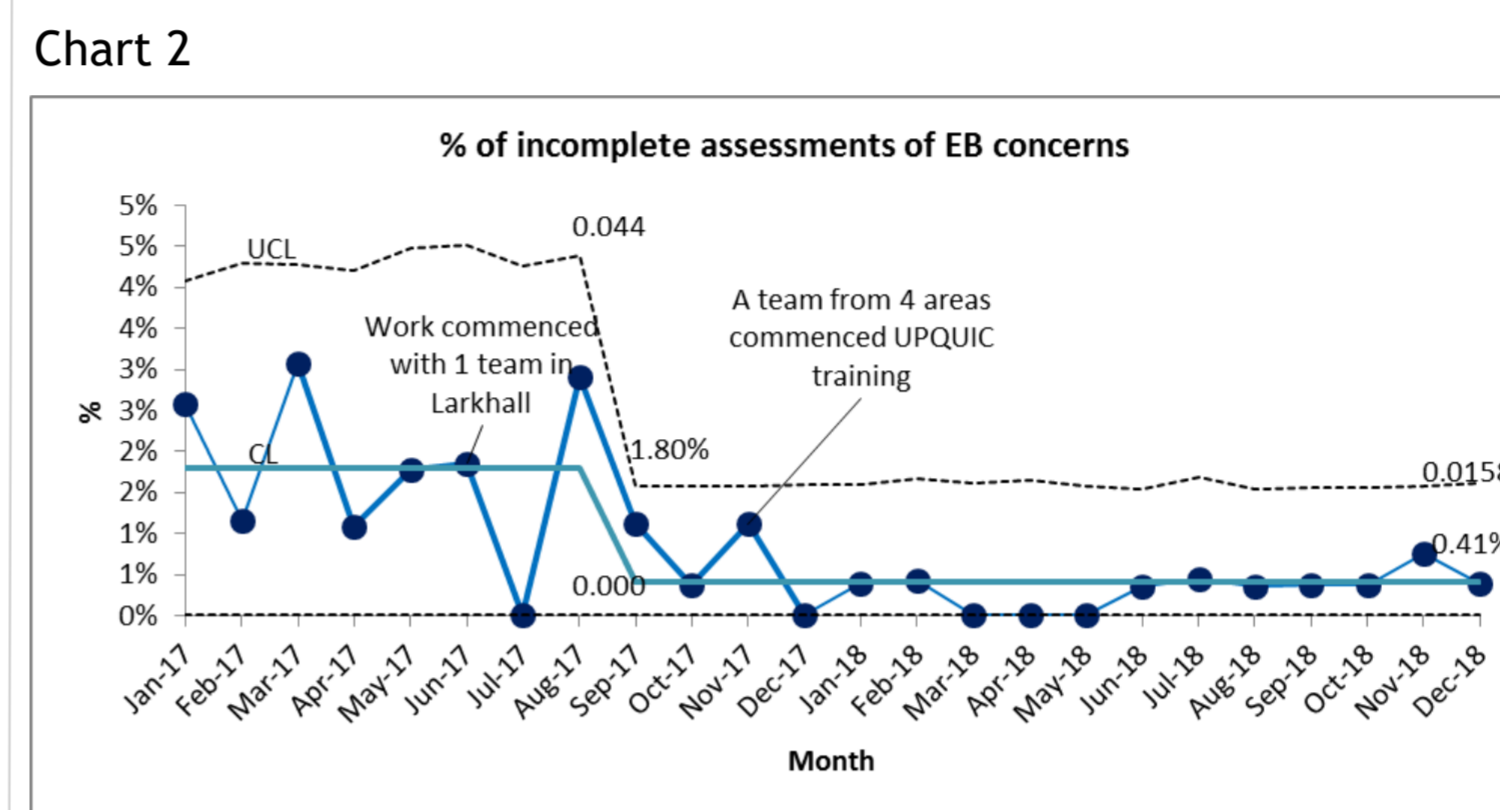
Emerging Challenges

The team was made up of staff from across 4 localities, making it difficult to meet on a regular basis. During the year two further reviews were commenced, presenting a competing priority, impacting on staff capacity and affecting access to protected time, due workforce challenges. In addition delayed access to ASQ/SE tool due to licensing restrictions.

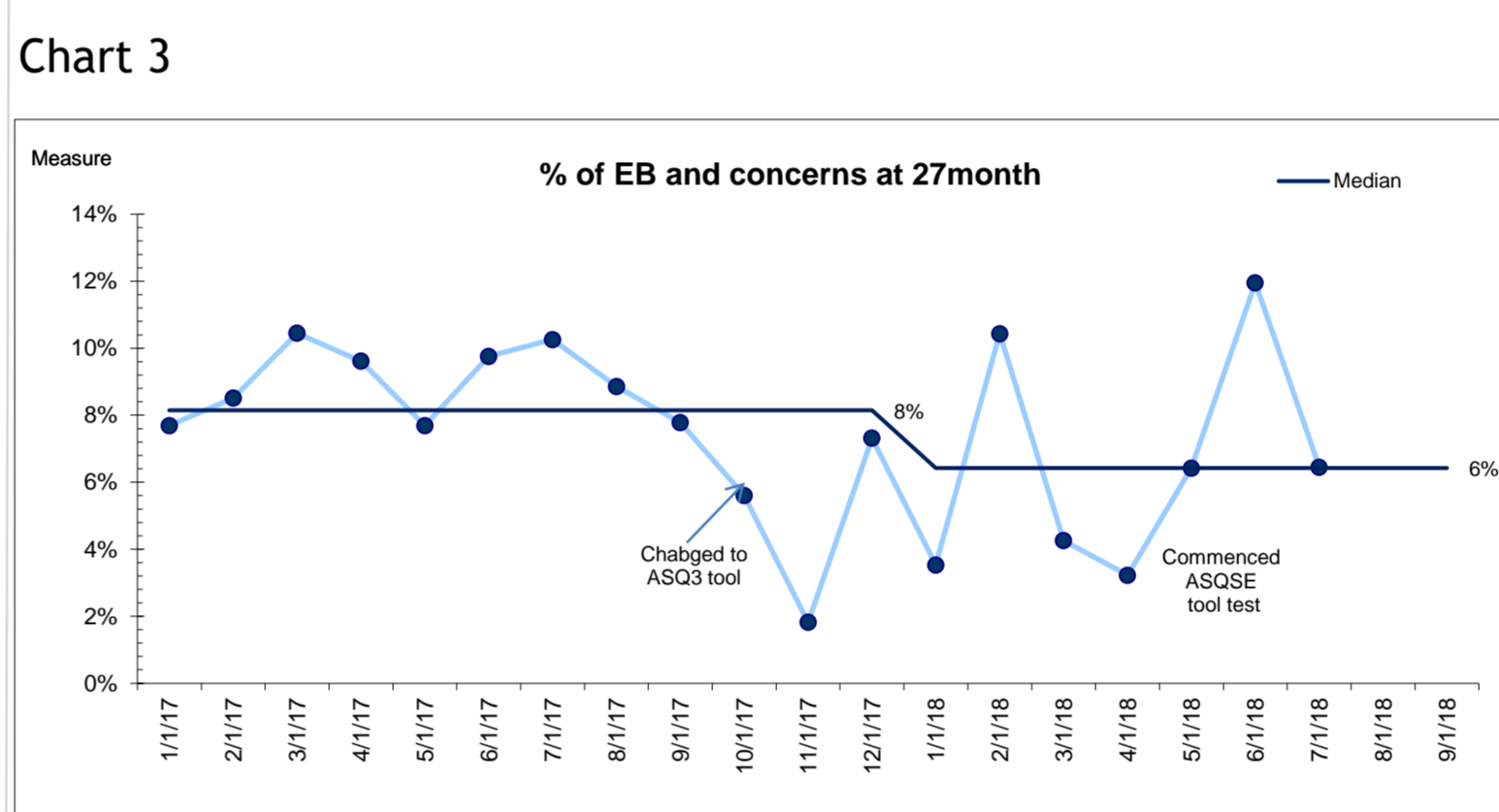
Outcomes/Results



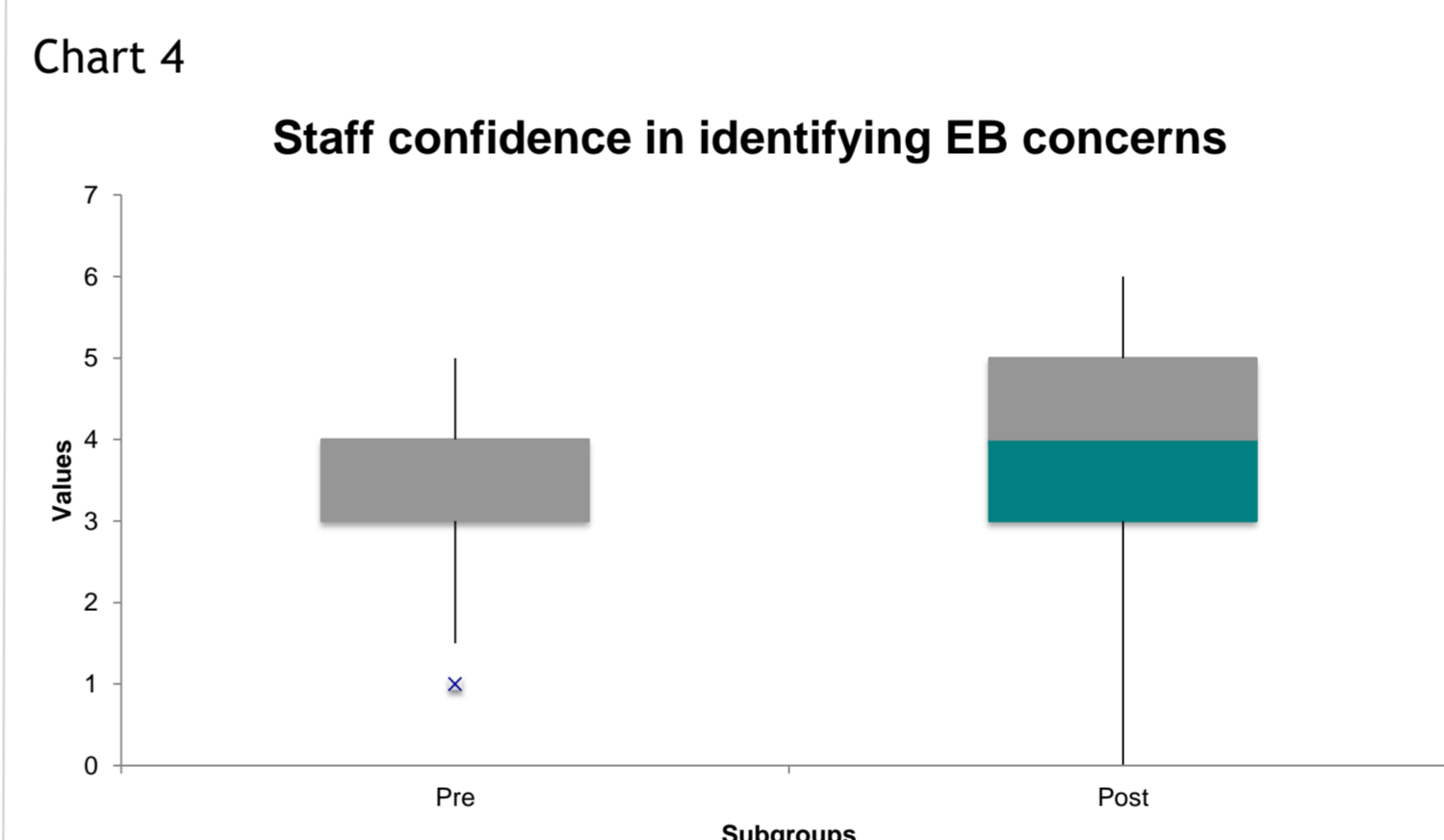
• Chart 1 illustrates team reliability of recording future action response when a HV identifies an EB concern. The baseline improved from 79% to 92% a 13% increase.



• Chart 2 evidences the measure with the greatest impact, a 77% reduction and improvement in incomplete assessments. (Baseline 1.8%-0.41%)



• Chart 3 Balancing measure illustrates the baseline data of identification of a child with a emotional/behavioral concern. A decrease is evident when the assessment tool was changed from SGSII to ASQ3. Changing concerns from 8% to 6% a 25% decrease in identification.



• Chart 4 41 Staff responses pre testing and 37 post. This chart gives a snapshot of shift in staff confidence from 3.2 mean to 4.0 for the staff within the 4 teams. In addition 93% of staff believed ASQ 3 alone will not identify E/B concerns. Moving to 95% post survey.

Key Learning

- Consistent recording of pathway interventions, staff confidence and availability of resources emerged as an area for further exploration
- E/B concerns identification has decreased by 25% since implementation of ASQ3 tool indicating further discussion with leadership on change package.
- Short briefing session on reconfiguration of CAMHS was well received by representatives from HV teams to support improved Request for assistance processes
- Elements of the Infant Mental Health training for the team have proved to be beneficial however, implications for the wider workforce requires an option appraisal
- The additional time required to complete and discuss with parent the ASQ SE has implications for Universal HV caseload capacity

Next Steps

- Further explore and test available tools to provide a range of tools to identify children with emotional behavioural concerns
- Consideration of outcome intervention in response to staff survey identifying the need to expand skill mix support for families and HV
- Pre referral specialist CAMHS Support for HV
- Extension of CAMHS briefing session to wider workforce
- Address timely reviews to 12 weeks to the national guidance standard
- Linking in with Pediatrics to inform a robust pathway

References
1-Mental Health in Scotland: 2017to 2027- a 10 Year Vision, Scottish Government