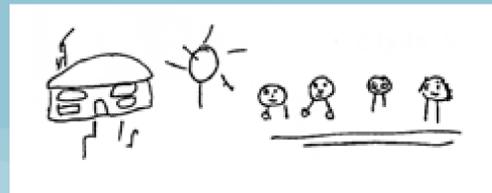


Working Together to...

Greater Collaboration between Health and Early Learning & Childcare

Cowal Crusaders



Rationale - The launch of the new health visiting pathway provides an opportunity for closer collaboration & communication between health & education to inform an integrated assessment. An integrated assessment results in a holistic view of the child, information is factual, strategies are supportive, parents, education & health are in agreement. Therefore there is a deeper understanding of the child resulting in positive outcomes for children transitioning from Early Years settings to Primary school.

Aim - 95% of ELC (Early Learning & Childcare) children transitioning to Dunoon primary will have a shared assessment informed by health & education by June 2020. Currently no children have this

Method

A variety of improvement tools were used: Force field analysis, process maps, setting aims, driver diagram, process measures, run charts, PDSA (Plan Do Study Act) cycles.

Process Change

Aim What, how much, by when?	Primary Drivers The main factors that drive the aim	Secondary Drivers Secondary factors/actions that influence delivery of the primary drivers	Theory of activities that can be tested to deliver improvement/PDSA change ideas (How will I improve?)
95% of ELC children transitioning from Clyde Cottage Nursery to Dunoon Primary School will have a shared assessment informed by health and education by June 2020. (Currently no children have this)	Children's Health and Wellbeing	Health Visiting pathway Introduction 4-5 Assessment - New ASQ Shared Vision As underpinned by the GIRFEC principles using wellbeing indicators as a shared language	Increase practitioners understanding of wellbeing.
	Policies & Practice	Learning and development framework. Development milestones GCS, literacy, numeracy and well being.	ELC professional Book group- Measure practitioners increase of knowledge & understanding of policies and practice.
	Engagement	Parents engaging in the transition process ELC and Health engaging in the transition process. Pr teacher and Head Teacher in the transition process.	-Home Visits - Measure uptake - How many were completed? How many on time? -Health visitors name on 2 year olds "All about me" -Parental survey - Parent Focus group - Find out and measure what their biggest barriers to engagement are. -PDSA - One staff member/parent - How does engagement feel like & look like? - Scale up Measure parents giving permission to share.
	Collaboration	Increased collaboration between H/Visitor & education	Measure collaboration between Health & Education (test) within practicum cohort

Achievements

- We now have a joint integrated review.
- We now have shared procedures and systems in place to gain parental consent to share information with health and education.
- We have improved partnerships working with health and education, and provided a system to inform transitions to improve outcomes for children.
- Significant improvements recording children's wellbeing.
- Significant improvements in ELC practitioner's knowledge of health and wellbeing.
- Systems are now in place to measure wellbeing and engagement.
- ELC - ongoing self evaluation and improvement re - wellbeing and engagement within the whole nursery - Overview and interventions.

Key Learning Points

- Time - although we were able to protect time to collaborate and work together as a practicum, we found it very difficult to afford the same time to sharing the project with colleagues, and following up the 'to do' that was generated from our meetings. We needed more protected time.
- The process of collaboration between Early Years, Health visitor and Primary School Staff has been maintained during this project, with almost 100% attendance. We have developed a greater understanding of our respective roles and restrictions.

Group collaboration -

- on 9 occasions all team were present at meetings - 100% attendance
- On 1 occasion - 75%
- On 1 occasion - 25% attendance
- On the 2 occasions invited collaborators attended as planned - 100%



Key Learning Points, Continued

- Time implications/constraints to obtaining written shared consent for the integrated review (health/parent - nursery) - working parents, geography of the area, double trips?
- Improvement methodology has helped us to identify and measure the barriers to engagement and sharing information. It has also enabled us to identify processes to overcome these barriers.

Results

Health & Well Being Measure (H&WB)

As a result of the interventions there was a notable increase in staff's knowledge. ELC practitioners reported and demonstrated an increased understanding of the GIRFEC principles and H&WB indicators. They are using the shared language daily and in a meaningful way which should result in improved outcomes for children. This is evident within our practice and being continually reviewed with staff, parents, carers, professional partners and children. Staff are now asking the children routinely, how do they feel & data is being collected for each child.

Creation of shared review document

Initially, the practicum group discussed possible content of the document. This was widened to all interested parties - Early years staff, Health visiting staff, Primary School Staff and parents. Their ideas were incorporated. PDSA1 indicated that the majority of responders were happy with the document and by PDSA 2 there was 99% satisfaction. The review document was used live with parents during pre school reviews and continues to be positively received.

"My experience has been that Yasmin has received more support than my older children at this pre school stage" - mum of Yasmin age 4

Uptake of pre school review by health visitor

Since commencement, there has been a positive response to appointments at home, with only a few (12.5%) non responders. 5 out of 6 months indicated that target group had been seen, (87.5%) Appointments were offered using a family friendly appointment letter which had been previously used & tested. This is an improvement on previous years where parents were contacted by telephone and very few (Less than 20%) responded.

Conclusions

Shared Review Process

During the collaboration process, it became clear that a lot of work was required in order to equip practitioners with skills around the wellbeing indicators, measuring Children's wellbeing and engagement. It also became clear that fitting the work systems and processes of 2 agencies together was problematic. One successful shared review within early years setting did highlight the benefit of sharing information and reaching a consensus. "It was helpful to have the discussion with the key worker regarding the child's strengths & needs" - Health visitor. To date we have not been able to achieve a shared review with the planned home visit format. Our plan is to continue to test this shared review process and also to follow up with primary school staff after transition visits in April/May. This has fallen outside timescales for Practicum, but we will follow up as a team. Reflecting on our aim of 95% of children, we have concluded that this was over ambitious due to the volume of underpinning work, however, we are now in a good position to move forward.

Scale / Spread

Plan for 85% of 4 year old children attending Clyde Cottage to have a shared assessment transitioning to Dunoon Primary in the academic year 2020-21 - with this learning we would then like to role it out to our 7 cluster schools. Interest has been expressed by North Highland NHS, however it would be unwise to spread too rapidly at this time. In the future it may be useful to pilot in another setting for further testing

