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| **Improvement Project Title:** Improving Home-based Family Support | | |
| Executive Sponsor: Rob Polkinghorne (ICS Board Chair) | | |
| **Project Lead:** Eleanor McEwan (Homestart) | | |
| **Aim statement:**  Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child’s Plan, to 80%, by 2021 | | |
| **Link to Local Outcome Improvement Plan:**  **Stretch Outcome 3:**  3.95% of children(0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016 | | |
| **Why is this important:**  In the 2016 joint inspection of services for children and young people, inspectors identified that families waited too long for family support services. At that time inspectors acknowledged that family support services were having a positive impact on children and family outcomes and recognised the valuable contribution that the services made.  We formed a multi-agency improvement team; involving private, public and third sector family support services; to address concerns raised in our joint inspection of children’s services.  Analysis of the data gathered and feedback from families provides evidence that there was a delay between Health Visitors requesting a service on behalf of families and the service being offered. At that time, families could wait for as long as 174 days between the date of referral and the date service was offered.  There was also evidence that Health Visitors were making multiple requests for services from a range of providers in an attempt to access support as quickly as possible. The multi- agency team agreed that there was need to improve systems and processes to:   * reduce the delay between the Health Visitor identifying a support need and the family being offered support from an appropriate service; * reduce the “scatter gun” referral approach; * ensure early intervention to reduce the need for statutory services; and * work collaboratively to improve outcomes for Aberdeen’s children and families.   In June 2017 the team reviewed all data and learning so far. They found that there were aspects of the new system that could be implemented in each agency and there were aspects that could be spread to improve the system for all services in Aberdeen;   * There was evidence that use of the Child’s Plan had improved the quality of information shared between Health Visitors and Family Support Services which had reduced the “scatter gun” approach; * Use of the Child’s Plan had reduced the time taken to establish which service could best meet family needs and therefore the total time taken to offer a service to families.   Sharing and analysing of data from different services provided evidence of improvement but there is still variation in waiting times:   * In one service between June and December 2016, some families waited for over 100 days to receive a service. During 2018 all families received a service within 38 days; * In another service many families waited between 60-100 days for a service. Between September 2017 and the end of 2018, 64% of referrals received a service within 30 days. The longest delay was 59 days for one family.   The services are determined to reduce this variation to ensure all families are able to access support at the right time.  A number of reasons were identified for the variation in waiting times between services, both at the beginning and review points of the project:   * Year to year funding of services leads to periods where services have to ‘close to new referrals’ as there is insufficient funding or lack of certainty about future funds. This puts pressure on other services. * Any ‘promotion’ of the services available leads to increased requests for the service which leads to increased delay for all families. * Lack of capacity of family support workers/volunteers/childminders. Each service continues to test ways to improve this (although they cannot influence situations where lack of capacity is due to lack of funding) * For childminders, there is an issue with Care Inspectorate providing ‘emergency variations’ to allow short term emergency placements. * Variations in the time between a Child’s Plan being signed and being received by services. | | |
| **Measures:**  **Outcome measures:**   * % of families offered an appropriate support service within 30 days * Number of days families wait to be offered a service   **Process measures**   * Number of monthly requests for services * Number of requests received on a child’s plan   **Balancing measures**   * Number of new agencies using a child’s plan | | |
| **Change ideas:**   * Improve use of the Child’s Plan to ensure reliable recording of reason for request for support and impact on outcome, and provision of all relevant information, to ensure the right support is offered with the minimum delay * Test the extent to which the development of action plans to focus on the specific needs of the family reduces the length of intervention and improves efficient use of existing family worker capacity * Family Learning team to test whether an intensive programme over 4 months could improve outcomes for families whilst reducing the delay for others through more efficient use of existing family worker capacity * Test the extent to which the introduction of a new data dashboard allows data to be collected and used consistently across multiple services to allow clearer understanding of points in the process where improvements may be possible and highlight the impact of tests of change * Peep team will test if offering 1-1 services between Low Mood groups will reduce the need to attend the group * SCMA development worker will test whether initial contact with parents can reduce inappropriate requests for service | | |
| **Potential risks and/or barriers to success & actions to address these**   * The change ideas suggested above are those within the control of the services involved. However, there are potential risks and barriers which are out-with the control of the team * Year to year funding can put pressure on services at particular points during the year, sometimes resulting in waiting lists having to close and families having to wait longer for support. To address this, the services work together to minimise the risk and impact, often providing some level of support on an interim basis. The services ensure they have effective financial and work planning in place to clear any backlog as quickly as possible when the funding issue is resolved. * As Child’s Plans are used by more individuals and organisations, the risk of a lack of consistency increases. To address this the team monitors the quality of a sample of Child’s Plans at every meeting and feedback issues identified to referring organisations. | | |
| **Project Team:**   * Eleanor McEwan, General Manager, Home-Start Aberdeen * Loraine Duncan, Development Officer, Scottish Childminding Association (SCMA) * Jenny Adie, Family Learning Development Officer, Family Learning Team, Aberdeen City Council * Natasha Martens, Peep Co-ordinator, Aberdeen City Council * Cathy Beattie, Team Leader, Home-Start Aberdeen * Lisa Lawrie, Service Manager/Lead Health Visitor, Aberdeen Health and Social Care Partnership   **Project Support:**   * Sacha Will, Programme Manager (Improvement), Aberdeen City Council * Sharon Skene, FIS Manager, Business Intelligence, Aberdeen City Council * Ljiljana Pavlenic, Strategic Performance and Improvement Officer, Aberdeen City Council | | |
| **Outline Project Plan** | | |
| **Project Stage** | **Actions** | **Timescale** |
| Getting Started  (Project Score 1-3) | What initial activities are required to get started?  Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system | Already Completed |
| Designing and Testing Changes  (Project Score 4-7) | What activities are required to start testing changes?  Identifying changes and prioritising; engagement with customers & colleagues; Identifying the people, place to start testing | June 2019 |
| Implementing and sustaining changes that demonstrate improvement  (Project Score 7-10) | What actions would be required to implement and sustain the changes that have resulted in improvement?  Information sheets for Health Visitors, Education and Social work  Changes to procedures in all services  Internal Training in Teams  Liaison with GIRFEC group on training to complete child’s plan | December 2019 |
| Spreading Changes  (Project Score 9-10) | What actions are required to reach the full scale of the project?  Engagement of other teams/colleagues through Community Planning Aberdeen Board (current improvement team would not be able to spread changes) | January 2020 |