

**HIGHLAND  
WELLBEING  
ALLIANCE**



*forging the future together*

## ***For Highland's Children - Bulletin 8*** *February 2006*

### **with information on:**

- Developing integrated services
- Implementing Hall 4
- Getting It Right for Every Child
- Information sharing

## **Developing integrated services**

These are busy and exciting times for children's services across Highland. This bulletin seeks to bring you up to date with a fast-moving agenda that impacts on all those within NHS Highland, The Highland Council and the voluntary sector who are working with children, young people and families across Highland's communities.

As a pathfinder site for Scotland, Highland will implement a new approach to assessing families' needs, strengths and vulnerabilities, commonly known as **Getting It Right for Every Child**. This is to ensure that we continue to deliver high quality universal services across health and education, whilst ensuring that those with higher levels of needs access support promptly and in a meaningful manner.

Starting with midwives, health visitors, school nurses and early education/child care providers, and incorporating the implementation of Hall4, Inverness will lead the way as the first area in Highland to deliver this new approach, beginning in **September 2006**. All areas will be working in a similar manner by the end of 2007.

All practitioners and clinicians will be part of this new approach. All children, young people and families will be part of the assessment and review process. At this time of considerable change we would hope that all staff feel involved and part of the process. Please contact the key contacts detailed at the end of this newsletter with any queries, questions and comments as the process unfolds.

# Getting It Right For Every Child (GIRFEC)

## *Getting the right service to each child at the right time*

Getting It Right For Every Child represents a major shift in practice, which will place the child at the centre of our endeavours. A streamlined system, that enables people to take swift action to meet a child's needs and maintain a close watch on progress, should mean that children do not 'drop through the net' and miss getting the support they need to help them develop well. Practitioners should have more time to spend on working directly with children and families and less on bureaucracy.

Referrals out of one service and onto another should reduce, with the lead professional drawing in resources to support the child. In future, referrals to the Children's Reporter will only be possible in more limited circumstances.

### What will be different under Getting It Right For Every Child?

- Common pathway:
  - single assessment, planning and review process
  - changed systems and structures
- Central child record
- Integrated Assessment Framework to produce a single assessment
- Lead professional to arrange and monitor the child's needs and progress
- Fewer or no referrals on to other services : a managed system
- Emphasis on 'action' not 'service'
- Explicit threshold for compulsory measures

The Highland pathfinder project will be expected to test these methods and develop tools that will be used across Scotland in future.

### How will success be measured?

- Children get the help they need it when they need it.
- Action improves their situation, supports the achievement of better outcomes, and reduces risk.
- More time is spent by workers in direct work with children and families, and less in bureaucratic processes.
- Children and families say they know about the services and support available to them, have confidence in using them; believe their needs are being addressed and their views heard.
- Communities report being more confident about services and how community concerns are being dealt with.

Further information on Getting It Right for Every Child will be available as the pilot progresses.

## Child health: Implementing Hall 4

Health for All Children: 4 (or 'Hall 4') recommendations form the core child health screening and surveillance programme for the UK in future. The new schedule of contacts aims to deliver a high quality universal service that also enables those most in need to receive more help. Hall 4 represents the start of the assessment process that will ensure families get the services they need.

Hall 4 links closely with *Getting It Right for Every Child* and with *For Highland's Children 2* and other local and national policies aimed at ensuring that all children get the best start in life by being Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible and I Included.

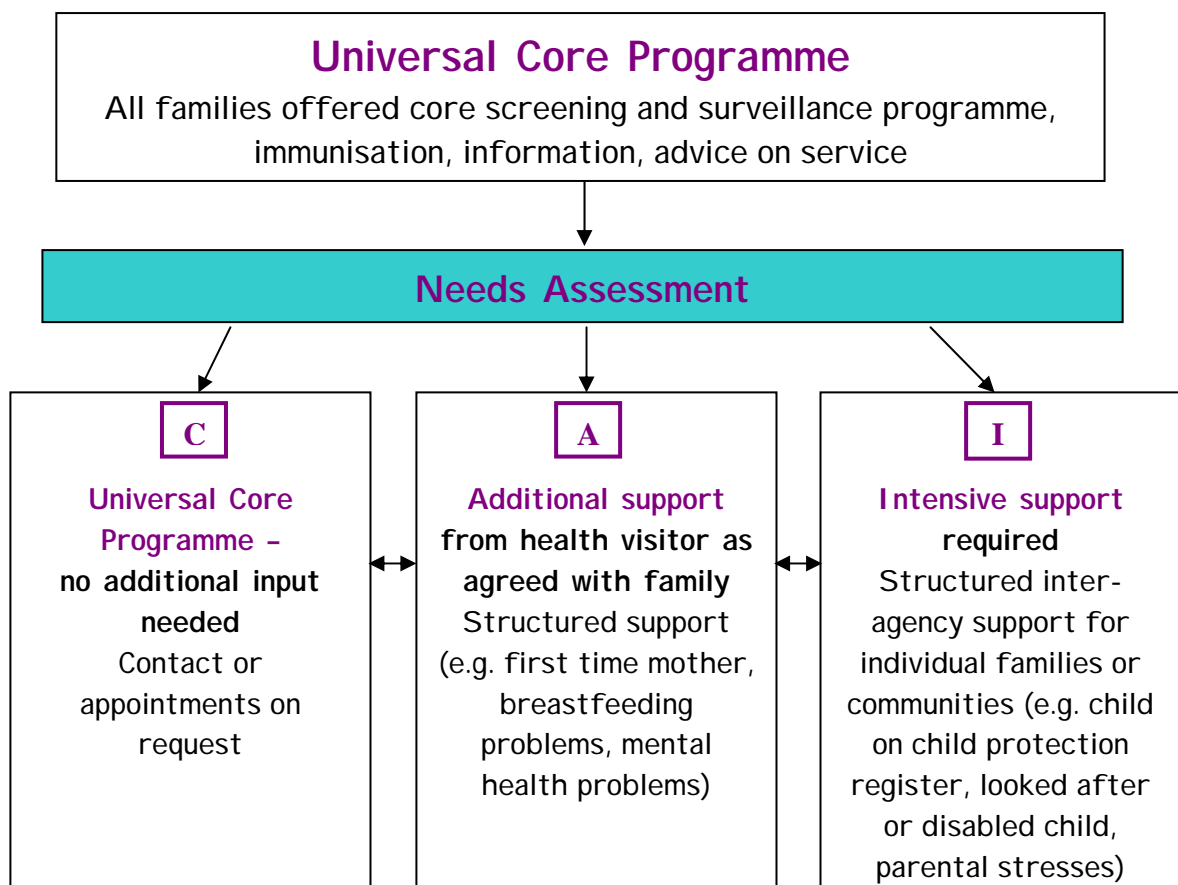
### Core, Additional, Intensive....

Hall 4 proposes three broad levels of support for families with children aged 0-16+. All children will receive the *Core* universal programme of contacts through the NHS. For those who need more help, *Additional* support through the Health Visitor will be put in place. Where other support is needed, the family will be assigned an *Intensive* level of input, making the most of integrated working between agencies.

A family may 'move' between the different levels as their situation changes.

For example, a first-time parent is likely to require *Additional* support in the first instance. If all goes well, they may only require *Core* support in the long-term.

This flexibility allows practitioners to manage their time so that rather than having to visit all families – some of whom will be managing well – they can decide how to direct their expertise at those needing extra help.



## Guidance

The Hall 4 recommendations are gradually becoming part of Scotland's approach to child health. There is no fixed 'start date' for changes to practice but in Highland, the introduction of new practices will link with the start of the Getting It Right for Every Child pathfinder, in September 2006.

To support practitioners to develop new ways of working, *a guidance folder* is being developed. Midwives, Health Visitors, School Nurses and Early Education representatives will shape the contents. Additional sections to this folder will be produced and distributed as new ways of working emerge and policies are developed. In the meantime, below is a sample of questions and answers explored so far in discussions:

- *Does Hall 4 involve midwives?*

Yes! Antenatal and midwifery services play a vital role in working with parents-to-be to assess their needs. Early identification of needs will help to ensure appropriate services are put in place before the baby arrives.

- *The new Core schedule of contacts means Health Visitors might see some families less often: how will they be aware of changes in their situation?*

Health Visitors are still able to visit families as often as they feel is necessary. The assessment tool will ensure a systematic and quality assured approach to meeting families' needs.

- *At what point should a family health plan be agreed and the family assigned to their level of support?*

The development and implementation of assessment tools will support practice to identify and plan for families' needs. Health Visitors will undertake a number of visits up to 6-8 weeks when an assessment can be made. The assessment tools are being developed over next 3-4 months.

- *When will updated new Red Books be available (the parent held child health record)?*

Nationally, a new integrated parent-held record is being developed.

Locally, the development of an assessment tool and related paperwork will inform development of Highland record-keeping.

- *When will the tools to do family assessments and family health plans be available?*

These will be piloted in the first instance in the Inverness area this year, with a Highland-wide roll-out following from Spring 2007.

- *Will nurseries be expected to take on Health Visitors' functions?*

No. In future, every pre-school education group will have a named Health Visitor as a contact. The Health Visitor will be able to work with groups to deliver health promotion messages and to connect with parents/carers and early years practitioners. Implementation of *Getting it Right For Every Child* will enable a shared approach across services to ensure the right levels of support are there for families with needs.

## Sharing information

Closer co-operative working and co-ordination between different services necessarily requires information-sharing.

Many people already regularly share information in a secure, appropriate way.

Most practitioners are clear what they should do if they think a child is at immediate risk of serious harm. Some may feel less certain what they should do where there is concern around a child's general welfare or development, rather than neglect or abuse.

There may be a perception that the laws around data protection and professional codes of conduct generally forbid information sharing between agencies. This is unlikely to be the case if a practitioner is working in the child's best interests and has consent from the child or parents/carers to share information so that services can be put in place.



A Highland Policy on Sharing Information already exists, endorsed by NHS Highland, Highland Council and Northern Constabulary. To clarify the situation regarding services for children and young people, an addition to this policy is being prepared. Training and written guidance for practitioners will be made available later this year. Leaflets for parents and children about information-sharing are also planned.

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## Next bulletin

The next Bulletin will be circulated in April 2006.