

GIRFEC Quality Improvement – Initial thinking

Executive Summary

This paper sets out current thinking by the GIRFEC team on how to harness national & local Quality Improvement (QI) capacity, capability and learning to support the implementation of GIRFEC across Scotland.

This paper proposes the following –

1. Explore using the CYPIC QI Practicum model to provide targeted support to improving planning, assessment and decision making around ‘edge of care’

These key aspects of the GIRFEC approach are regularly assessed by the Care Inspectorate as being variable across CPPs with few areas assessed as very good or excellent in relation to planning with the quality and consistency of planning deteriorating as the older a child gets. The case for focusing on ‘edge of care’ is set out on pages 8-9 of this paper.

2. Bring oversight of CELCIS Neglect pilots closer to GIRFEC team

CELCIS are delivering a 4 year programme (due to complete in 2020) to tackle neglect and improve wellbeing. This incorporates work to support implementation of the GIRFEC approach. We are keen to be able to draw on this learning to inform our wider work programme including in the development of the more targeted GIRFEC Practicum.

3. Explore the creation of a community around GIRFEC implementation

Wider than just planning, assessment and decision making, the purpose of the community is to connect those people working or with an interest in GIRFEC, share resources & learning, discuss barriers and opportunities, offer peer support and encourage collaborative action.

Resource Considerations

	Estimated Investment in 2019-20
GIRFEC ‘edge of care’ focused Practicum	£15k max (savings may be possible) 12 month programme, 8 multi-disciplinary teams from across CPPs. QI expertise from within GIRFEC team to deliver programme.
CELCIS Neglect	Programme funded by SG (Child Protection Division), LAs & HBs
GIRFEC Engagement & Support	£5k Will likely include virtual and physical engagement sessions drawing on expertise held across SG (e.g. Ingage team) and partners.
Total	£20k

The estimated costs can be funded from projected GIRFEC budget in 2019-20.

NISG are asked to - Consider the proposals set out in this paper and offer initial views as to whether this merits further exploration, highlight any opportunities or barriers which may affect this work and whether it aligns with local priorities and pressures.

Background - Quality Improvement in Children's Services

Scotland has long been committed to quality improvement in public services. The recently published paper '*Scotland's improvement journey*' aims to provide an understanding of improvement efforts in Scotland over more than a decade. During that time a number of national improvement programmes have been launched which have built capacity and capability for QI across the system and applied QI thinking to a range of policy priorities including the Children & Families agenda.

Many Community Planning Partnerships (CPPs) have also established local QI infrastructure and use QI to tackle priorities at the local and regional level. For example NHS Lanarkshire has a high level Strategic Framework based around quality and improvement and a Quality Improvement Capacity & Capability Building Plan in place. The Regional Improvement Collaborative (RICs) in the Borders and Central Belt have Improvement Advisors supporting their workstreams.

Within this national, regional and local quality improvement activity we are aware that much of the testing incorporates aspects of GIRFEC. For example the Permanence And Care Excellence (PACE) programme is looking at multi agency planning, assessment and decision making. The work being taken forward by CELCIS to address neglect and enhance wellbeing incorporates testing around Childs Plan and Lead Professional, and ensuring the views of children and young people are central to key processes. The Children & Young People Improvement Collaborative (CYPIC) is developing an improvement package to support earlier identification and assessment of circumstances that may have an adverse effect on children's wellbeing or development.

Historically the GIRFEC team has not been very close to this improvement activity however earlier this year the team recruited a trained improvement advisor to work across the GIRFEC and CYPIC teams within Directorate for Children and Families (DCAF). The intention behind this is to better connect these two areas, transfer learning from improvement activity to the policy team and explore how we can apply QI to support the full and effective implementation of GIRFEC at the national level.

In order to better understand the extent to which existing programmes are 'testing GIRFEC' the GIRFEC team undertook a light touch review of current improvement activity across a number of programmes and mapped individual improvement projects against the GIRFEC 10 core components. A summary of this work is attached at annex A.

The findings of this exercise show that

- The extent to which elements of GIRFEC are being tested within existing improvement activity is extensive and has involved organically.
- The GIRFEC components are not always explicit.
- It is not always clear how robustly GIRFEC is being applied (for example a project looking at planning may focus on the role of professionals in planning & decision making but not necessarily look at how best to involve children, young people and their families in that).
- The projects are at many different stages in their improvement journey

In addition we also identified that

- Some projects have been scaled across individual LAs but none have as yet achieved scale up and spread across the wider system
- CYPIC and CELCIS neglect work are using similar methodologies whilst they are using different language to describe them
- Ongoing engagement with stakeholders including those working in third sector, health, education and social work have indicated they would be keen for more opportunities to come together and share learning.

Also to be aware - this light touch review only looked at 'live' projects under a limited number of the national programmes led by SG. It didn't look at improvement work led by others (e.g. HIS/iHub) or locally led improvement work (outwith national programmes). Also many of the national programmes have been running for many years (CYPIC was previously Early Years Collaborative and which launched in 2013) so there will be many more relevant projects that have not been captured in the diagram in annex A.

Consideration - How to achieve Best Value from existing QI activity and support implementation of GIRFEC

On the back of the mapping exercise and in response to calls from stakeholders for practical support to implement GIRFEC, the GIRFEC team considered whether it would be possible to draw together the improvement activity relevant to our interests and identify a more systematic approach to supporting those projects to achieve full scale and provide a framework for sharing learning across the system (a learning system).

Given the variety of different programmes within which the different improvement activity is being taken forward and the different extent to which projects are focusing on GIRFEC (i.e. a primary aim of the project or less explicit) makes bringing cohesion to the work challenging.

However we think we are beginning to see some clear opportunities where a more targeted approach could add value to current work. Initial thinking is as follows –

- **Bring oversight of CELCIS Neglect pilots closer to GIRFEC team**

Currently this project sits with Child Protection colleagues who manage the grant and relationship with CELCIS. The project reports to the Child Protection Improvement Board as part of their wider programme of work to tackle neglect. Given its clear focus on the implementation of GIRFEC it is proposed that the GIRFEC team are closer to this work. Further information on this project is attached at annex B.

- **Explore using the QI Practicum model to support GIRFEC implementation.**

The practicum model is based on the Break Through Collaborative series model developed by the Institute for Healthcare Improvement. CYPIC have been using and adapting the model as a way to apply QI to policy priorities. Further information on the practicum model developed by CYPIC is available at Annex C.

Applying this approach to GIRFEC implementation would allow us to take forward QI work on aspects of GIRFEC implementation where stakeholders are identifying barriers and seeking practical support from SG. For example a GIRFEC Practicum could focus on planning,

assessment & decision making processes which is an area of particular interest by our stakeholders (e.g. Guidance Teachers Association). If this specifically looked at planning and assessment around 'edge of care' this would allow the Practicum to dovetail with the PACE programme and sit alongside CELCIS work on neglect. The Practicum would bring together multi-disciplinary teams from different CPP areas comprising a mix of statutory and non-statutory partners including the 3rd sector.

We could also seek to design a small suite of overarching measures for the Practicum which are consistent with the CELCIS work on neglect that would allow us to evaluate the contribution that both these programmes make to achieving the outcomes identified in the wider GIRFEC workplan.

- **Explore the creation of a community around GIRFEC implementation**

The purpose of the community is to connect those people working or with an interest in GIRFEC, share resources & learning, discuss barriers and opportunities, offer peer support and encourage collaborative action. Importantly this would bring together the different strands of implementation set out in the wider GIRFEC work plan along with local priorities. Members of the community could include strategic managers, front line practitioners, advocates for children, young people and families plus other key stakeholders (e.g. Care Inspectorate, CELCIS).

- **Connect into existing QI events**

Harnessing existing QI events (e.g. CYPIC's annual National Event) would create further opportunities to share learning from the CELCIS neglect work and the GIRFEC practicum (if it goes forward).

Annexes

- A. Example of improvement activity relevant to GIRFEC core components – attached separately
- B. Table summarising different improvement programmes used in the mapping exercise (page 5-6)
- C. CYPIC Practicum model (page 7)
- D. The case for an GIRFEC 'edge of care' focused Practicum (page 8-9)

13 December 2018

Annex B - Quality Improvement Activity relevant to Children’s Services

Policy Area	QI Activity
<p>Children & Young People Improvement Collaborative (CYPIC)</p>	<p>Universal HV Pathway (UPQIC)</p> <ul style="list-style-type: none"> • 16 teams of health visitors from CPP areas • Focus - improve aspects of the Universal HV Pathway • Duration – 9 months • First save has now completed and work is underway to scope out options for future waves. <p>Language Meets Literacy (LML)</p> <ul style="list-style-type: none"> • 14 multiagency teams from 12 CPP areas • Focus is early intervention to improve early language and vocabulary development. • Duration – 9 month plus 1 month extension • Programme at mid-way point. <p>Early Learning and Child Care (ELCC)</p> <ul style="list-style-type: none"> • 9 teams from 9 local authorities • Focus is on increasing family engagement and the uptake of eligible 2 year old places. • Duration – 12 months. • Programme started in October 2018. <p>Health and Wellbeing in Education (January 2019)</p> <ul style="list-style-type: none"> • 23 ‘Support around the school’ teams. CPP areas tbc - Applications not yet open. • Focus – test a range of interventions to support the development of resilience and address health and wellbeing issues that are a barrier to learning. Being developed with Education Scotland. • Duration - 12 months • Programme – to commence 2019.
<p>Permanence and Care Excellence Programme (PACE)</p>	<ul style="list-style-type: none"> • Delivered by SG/ CYPIC IAs and CELCIS • Focus – improve decision making process for Looked After Children • Commenced in 2017 – currently 20 LAs participating • PfG commitment to offer support to all local authorities by the end of 2018-19. <p>A report of the local changes that are improving children’s lives through the PACE programme is available from https://www.celcis.org/files/9615/1118/6571/PACE_programme_booklet.pdf</p>

Neglect Initiative	<ul style="list-style-type: none">• Commissioned as part of the Child Protection Improvement Programme.• Began in December 2016, 4 year programme, due to complete 2020• Delivered by CELCIS (using Active Implementation Methodology)• Operating in Perth and Kinross, Dundee and Inverclyde• Focus - A programme of improvement to address neglect and enhance wellbeing which includes some of the GIRFEC core components. <p>4 update reports from CELSIS to Scottish Government are available from https://www.celcis.org/knowledge-bank/search-bank/programme-improvement-address-neglect-and-enhance-wellbeing/</p>
--------------------	---

Other relevant Quality Improvement Programmes –

- Maternal and Children Quality Improvement Collaborative (MCQIC)
- Mental Health Access Improvement Support Team – Based in Healthcare Improvement Scotland (HIS) to work with Health Boards to improve access to CAMHS. Uses a Quality Improvement approach.
- Children’s Hearing Improvement Partnership (CHIP) – focus on improving the experience and outcomes for children and young people involved in Children’s Hearings – takes an evidence based approach but not quality improvement/active implementation specifically

Other relevant Quality Improvement Training Programmes (participants include those working in Children’s Services)

- Scottish Leading and Coaching Improvement Programme (ScLIP)
- Scottish Improvement Leaders Programme (ScIL)
- Scottish Improvement Skills
- *Others delivered by a variety of partners*

Annex C – CYPIC Practicum Model

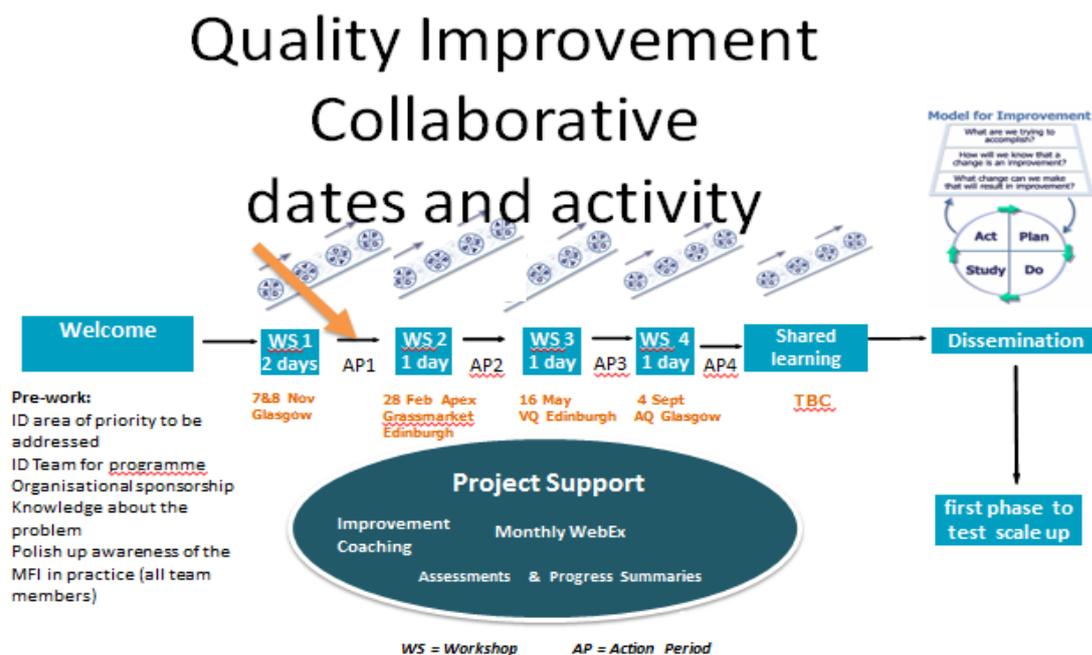
The CYPIC Practicum Model is a 9-12 month programme which brings together QI and policy expert faculty with local subject matter experts (practitioners) to achieve results at scale within the local context.

The Practicum model comprises a series face to face workshops bringing together a number of different local improvement teams to work collectively on a policy priority. The workshops also provide shared learning opportunities and an opportunity to build the improvement knowledge of teams. In addition there are also monthly WebExs to maintain momentum throughout the Practicum and provide opportunities for continued sharing of experiences and progress.

Local teams wishing to participate in the Practicum are identified through an application process. Applicants require senior sponsorship from a senior manager within their home organisation to ensure commitment and capacity to participate.

Core faculty comprises national Improvement Advisors (IAs) and local colleagues with content and QI experience. The role of the faculty team is to oversee the Practicum and ensure its aims are met through continually tracking progress and adapting approaches to achieve continues progress towards the aims. The team have oversight of the planning, logistics and content of the work. They are responsive to the progress of the teams, adapting the programme to their developing needs.

The diagram below provides an outline of the CYPIC Practicum approach.



Annex D – The case for an GIRFEC ‘edge of care’ focused Practicum

In 2016 the Accounts Commission published a report relating to the delivery of Social Work and Social Care Services in Scotland recommending that “Councils and IJBs should instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges”.

In November 2018 the Accounts Commission published a follow up Impact Report and concluded for that recommendation “There is some evidence of local progress, but this mainly focusses around the budget setting process, rather than a broader discussion on the longer-term future of social work and social care services”.

In relation to services for children and young people there is still substantial progress to be made in shifting resources to prevention and early intervention in line with recommendations made by the Christie Report in 2011. This results in the fact that within Children and Families Services there are still large numbers of children and young people accommodated in expensive, often out of Authority area, placements.

The GIRFEC approach has as part of its values, principles and core components a strong emphasis on early, appropriate, proportionate support by the right people at the right time and an integrated planning process to deliver that support in a co-ordinated way for maximum impact.

This is particularly important for those children and young people who are “at the edge of care” i.e. those who are not yet in the statutory system of compulsory measures such as a Compulsory Supervision Order (CSO) or whose names are on the Child Protection Register. These are the children and young people who may still have complex support and wellbeing needs but who receive their multi-agency, integrated support from a combination of teachers, health professionals, the third sector and from within their families.

The recently completed (2012 – 2017) Care Inspectorate cycle of Integrated Children’s Services Inspections has identified variations in the quality and consistency of the plans and planning processes both for children and young people at the edge of care and for those subject to compulsory orders such as CSOs. In addition to this a review of recent Significant Case Reviews carried out in Local Authority Children’s Services across Scotland has identified that there is often confusion within the integrated planning process regarding the roles of key professionals and how they should work in partnership to deliver the right support at the right time.

Conclusion

If there is to be a significant shift of resources towards prevention and early intervention that will fulfil the aspirations of the Christie Commission and the recommendations in the Accounts Commission report for the long term sustainability of local authority services then it is clear that the quality and consistency of integrated, multi-agency planning for children at the edge of care will need support to improve outcomes.

NISG(19)03 – GIRFEC Quality Improvement – think piece

The values, principles and core components of the GIRFEC approach when fully and consistently implemented are uniquely placed to provide the framework for this support

Bibliography

The Scottish Improvement Journey: a nationwide approach to improvement. *Scottish Government; 2018.* (Available at <https://www.gov.scot/publications/scottish-improvement-journey-nationwide-approach-improvement-compiled-2016-17/>)

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. *IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003.* (Available at <http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>)

Tried and tested: Local changes that are improving children's lives through the Permanence and Care Excellence (PACE) programme. *CELCIS; 2017* (Available at https://www.celcis.org/files/9615/1118/6571/PACE_programme_booklet.pdf)