

Task Group Meeting (31/1/17)

Victoria Quay, Edinburgh



Attending

Andy Miller Craig Gilbert Emma Curren Fiona Borrowman Elaine Patterson Susan Key Darren Tierney	Alan Roberts Elaine Cockburn Oonagh Brown Jane Lewis Sandy Cruikshank David Barr Pauline McDonald
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Introductions

Notes from last meeting

Two changes were requested from Susan and Sandy.

Actions from last meeting:

- Andy sent Fife's pre-natal care pathway and Top Tips to Susan Key and Fiona Barrowman.

Andy asked that as we are a diverse group we should talk in a way everyone can understand and avoid acronyms.

Andy then recapped the history of the group to new members. Issues that the Group has addressed include: Screening Tools for identifying parents with learning disabilities, Training Resources and Care Pathways.

Group's new remit

Terms of Reference

The Terms of Reference have been changed to suit the new role of the group. Comments on the new Terms of Reference included:

- Task Group is a better name than Implementation Group
- The word 'consensus' should be changed
- Alan checked that the membership could be extended - membership in the Terms of Reference should not be an exhaustive list.
- The work done up to now on identifying families that need support should not be forgotten about
- There should be an agreed description for what the group does for all members to use in discussions with others
- The Group agreed that they were happy with the new Terms of Reference, subject to the changes outlined above.

Action. Andy to make requested changes to the Terms of Reference.

Chair

Clare Simpson from Parenting Across Scotland has agreed to chair the Task Group. It is important that the work of the group is seen as a parenting issue first and as a learning disability issue second, and therefore it is not appropriate for SCLD to continue as chair. It is also important it is seen as part of the Scottish Government work with regard to implementing GIRFEC .

Membership

John Urquhart from COSLA gave Andy details of colleague who has a role in bringing together the work across Integration Joint Boards.

Craig Gilbert

Craig is a senior policy officer with the Scottish Government, with a responsibility for looked after children. Craig spoke about research he had been undertaking looking at what has been working in reducing the numbers of children who are at risk of becoming looked after. He highlighted that whole family support works best for a child.

- o Multi-Systemic Therapy (MST)

This type of therapy is used to reduce the numbers of children at risk of becoming looked after and to reduce the need for children's mental health services (CAMHS).

NES are in the process of recruiting a MST co-ordinator for Scotland. When in post, this person will provide training for MST teams and evaluate the service they provide. This will greatly reduce the cost for any local authority wanting to provide a MST service as they currently have to bring people from the USA.

Re. parental involvement, parent of children undergoing multi-systemic therapy could give feedback to the service.

- o Family Group Decision Making

This process involves parents and the whole network of support surrounding a child. The family work together to come up with the plan of what support they need.

Data from services in Edinburgh and Leeds indicates that around a 70% success rate in helping children remain out of care (across all families). Data for success in families where parents have a learning disability is not available.

Craig and Pauline are beginning to look at how Self Directed Support could be interlinked with the family group decision making process.

Jane added that People First are aware of a few occasions where it seems to have been used it is used as a way to avoid providing support, as it looks at what a family can provide instead of services.

Craig said it should be used by looking at what families can provide and what services are needed to back this up.

Both positive and less positive examples came from Edinburgh.

- PrePare

The PrePare project works with parents with addictions with children from pre-birth up to 6 months old.

Parents can self-refer, Social Work could refer or the Addictions teams could refer.

Craig said PrePare could provide a model that could be adopted for parents with learning disabilities.

- Pause

Pause is an innovative service designed to address the needs of women who have, or are at risk of, multiple children being removed from their care. It offers an intense programme of therapeutic, practical and behavioural support through an integrated model. Each woman has an individual programme designed around their needs.

Elaine said IJB's have been looking at social support and asset based approaches to support.

Craig said at this point in his team's strategy they are stopping to evaluate what they may have missed in their Looked After Children's Strategy. This strategy includes children living at home with a supervision order.

David Barr asked what consultation had been made with the Working Together With Parents network.

Andy highlighted that for parents with learning disabilities, the evidence points to a combination of programmes and home support working well.

Craig stated that Family Group Decision Making pays for itself: He explained that if 4 social workers were taken off their daily duties and moved to FGDM they could potentially keep the child out of care and therefore require less social work intervention.

Alan said that the pre-natal pathway in Fife had been a success. However, one of the critical issues was looking at how one organisation's work may save another organisation money.

Craig: in Glasgow £60 million was spent in crisis intervention and £1 million on early intervention. This was going to be changed.

Sandy asked if the programmes Craig talked about would make provisions for long term support.

Craig said some of the programmes would offer up to one year's support.

Andy said we would pick up on long term support in the implementation plan.

Alan said his interest was in addressing the wider issues which parents face.

Craig said services should fit the needs of the parents and gave examples of money management services.

Andy asked Craig who would take the role of Lead Professional.

Craig said that this would be different based on the local authority.

David added that half the local authorities include children in HSCP's and half do not.

He stated that greater clarity was needed about how children's services fit with HSCP's.

He commented that parenting support for parents with substance misuse issues is patchy across local authorities.

Craig commented that he and Pauline were looking at how SDS could be used to access some of these programmes. This work is in its early stages.

Andy asked if SDS would be for the child or the adults. He pointed out that even if a parent has a learning disability it does not always mean they are eligible for services.

David Barr commented that in Local authorities & Health and Social Care Partnerships there was low uptake of SDS in children services.

Implementation Plan

The Group was asked to comment on the development of the Implement Plan to date.

Influencing Implementation

Craig suggested that legislative support for the Implementation Plan should be included as an Annexe. The Children and Young People (Scotland) Act 2014 and the Carers Act will have relevance to this.

Susan Key offered to contribute to this.

Alan asked if the Scottish Government could enforce the implementation plan.

Emma stated the implementation plan required governmental support. She also made suggestions about a Chief Executive Letter to a health board from government. This would mean a health board would need to report on its delivery of a plan.

Elaine highlighted this may not work with the new integrated bodies.

Andy reported that SCLD would be meeting with Oliva McLeod, Director for Children and Families at the Scottish Government, on the 6th of March.

Andy asked what the available means of influence are. Alan said the group may need to adopt a twin approach - both - national and local.

David Barr said we need to change how national links with local and there needs to be a clear national message for what we do locally. He added that part 12 gives the basis to start thinking about this.

Content

Alan identified a need to identify progress within the Implementation Plan.

Andy said progress would be recorded in a separate document.

Andy asked the group to start by looking at Recommendations 4 to 8.

Andy highlighted recommendation 6 as key. There was an implicit understanding that a 'team' could be dedicated group of workers or else a mainstream service that had the

capacity to provide the support needed by parents with learning disabilities. The authors of the report had deliberately avoided being prescriptive about structures.

The group identified recommendations 4, 5, 6 and 7 would need IJB's (Integration Joint Boards) to take lead responsibility for the recommendations. This would only be when children services sat within integrated services.

David said there was a challenge with funding. As money which supports the most innovative practice sometimes comes from external funder (i.e. Robertson Trust). He added that third sector provision was reliant on this kind of funding. Scottish Local Authorities are in a funding crisis, which means that external funders are put under pressure and that external funders' good will may eventually run out.

Craig highlighted that next year's budget had not yet been passed yet so we don't know what funding might be available.

It was also suggested that promoting Craig's evidence would support this. Craig said is was in conversation with CELCIS about developing evidence for these pilots.

The group moved on to discuss sharing evidence and Susan stated they need to share leanings as well.

Building an evidence base

Craig said we need to focus on cost and what works.

Allan: you often can't get funding until you can demonstrate prevalence.

The group discussed what the cost of services with parents with Learning Disabilities is.

David Barr: Social Value Lab carried out a Social return on Investment evaluation of .the Aberlour service in South Ayrshire. The evaluation found that the project generated a 1.4 million saving over three years and over 10 years an estimated 10 million saving was estimated.

David said there needed to be an open conversation of what needs to be done and about investing in the third sector.

Establishing an evidence base that early intervention support both saves money and achieves good outcomes is the best way to go.

Alan said he will find out if Fife have a health economist.

Andy said we should set a date to collect evidence which backs up the spend to save argument.

Andy asked how the group best engaged with all HSCPs. Elaine suggested Olivia would be a good starting point for this.

Alan: the Implementation Plan can be implemented through specific local authority plans.

However David said that all Children's Services plans need to signed off my March 2017 - therefore there was limited time for this year.

Recommendation 3 - Care Pathways

SCLD will promote pre-natal care pathway developed in Fife.

Members of the group discussed the viability of a national template and pre-conception health pathway.

Alan asked how we can develop a post-natal early year's strategy – which is as successful as the pre-natal pathway in Fife. Susan said that the newly published Neo-Natal Review called for a move away from pathways to community hubs. This would mean midwives were more community focused rather than having an acute focus.

Elaine added they would still want some structure around signposting while trying to make it person- or family-centred.

Emma said it was not a move away from pathways but rather that pathways will change. The pathways won't be prescriptive but will still have a consistent approach. This links to GIRFEC.

The group noted that smaller boards might not need the same kind of pathways.

Susan said it was important not to label a person, as one kind of pathway may not be right for everyone.

Sandy said that the group needed to embed the role of dads.

Craig said he researched a project which had dads as workers.

Susan stated that Part 12 means that GIRFEC needs to be met. She added that health visitors will take a whole family approach to home visits which should pick up some gaps.

With regard to recommendation 3 Andy asked if there was a need for new pathways.

Emma said where decisions at a local level did they already have existing mechanisms.

She also asked if pathways worked for parents with learning disabilities.

Elaine said some parents have multiple needs - which pathway should be followed then? They needed to provide a wrap round service that is needs-based.

David stated we need to put a celebrative form of working in place where a person is signposted at the right time.

Sandy highlighted that because some people don't have a label of learning disability they don't get support.

Alan said that if people have needs you have a service which responds to those needs. However, this does not work well in adult services where people are dependent on a diagnosis.

Andy asked if people agreed there was a task to gather existing pathways. Everyone agreed.

Susan said work from Speech, language and communication may assist this.

Recommendation 1 - Prevalence

There are difficulties with counting the number of parents with a learning disabilities. Reasons include:

- Different definitions
- Identifying parents and recording this information -whose job is it?
- Sharing data between agencies

Craig said the Scottish Children's Reporters Association (SCRA) may collect some information about numbers of parents with learning disabilities.

Sandy said some clarification was needed of definitions of Learning Disability based on IQ.

There was a general discussion about the scale and timeframe of comprehensive data collection.

Actions

Provide a descriptor for the Group. (Andy)

Make agreed changes to terms of reference. (Andy)

Develop section on legislative support for the Implementation Plan (Susan/Andy)

Next meeting:

May 2nd

10.30 - 1pm

Venue to be confirmed

