

## Practicum Summary Report

**Project team name/s:** Helen Grady, Jacqui Larg, Shirley Leslie and Liz Magee

**Project title:** Sharing information – getting it right for children starting early learning and childcare services

**Organisation Name:** NHS Tayside

**Aim of project** (1-2 sentences)

85% of children aged from 3 years who meet the agreed criteria<sup>1-2</sup> will have an Individual Education Plan (IEP) in place within 8 weeks of starting<sup>3</sup> a local authority Nursery Class in Angus by 31<sup>st</sup> March 2016.

**Planned changes tested** (2-3 sentences)

We obtained baseline data on the number of weeks IEPs were put in place following a child starting nursery class in 2013 and 2014. Based on the introduction of a standardised information sharing process between a child's named Health Visitor (HV) and Early Years Practitioner (EYP), we will record the number of weeks taken to put an IEP in place for children starting nursery class who meet the agreed criteria<sup>1-2</sup>.

**Predictions** (2-3 sentences)

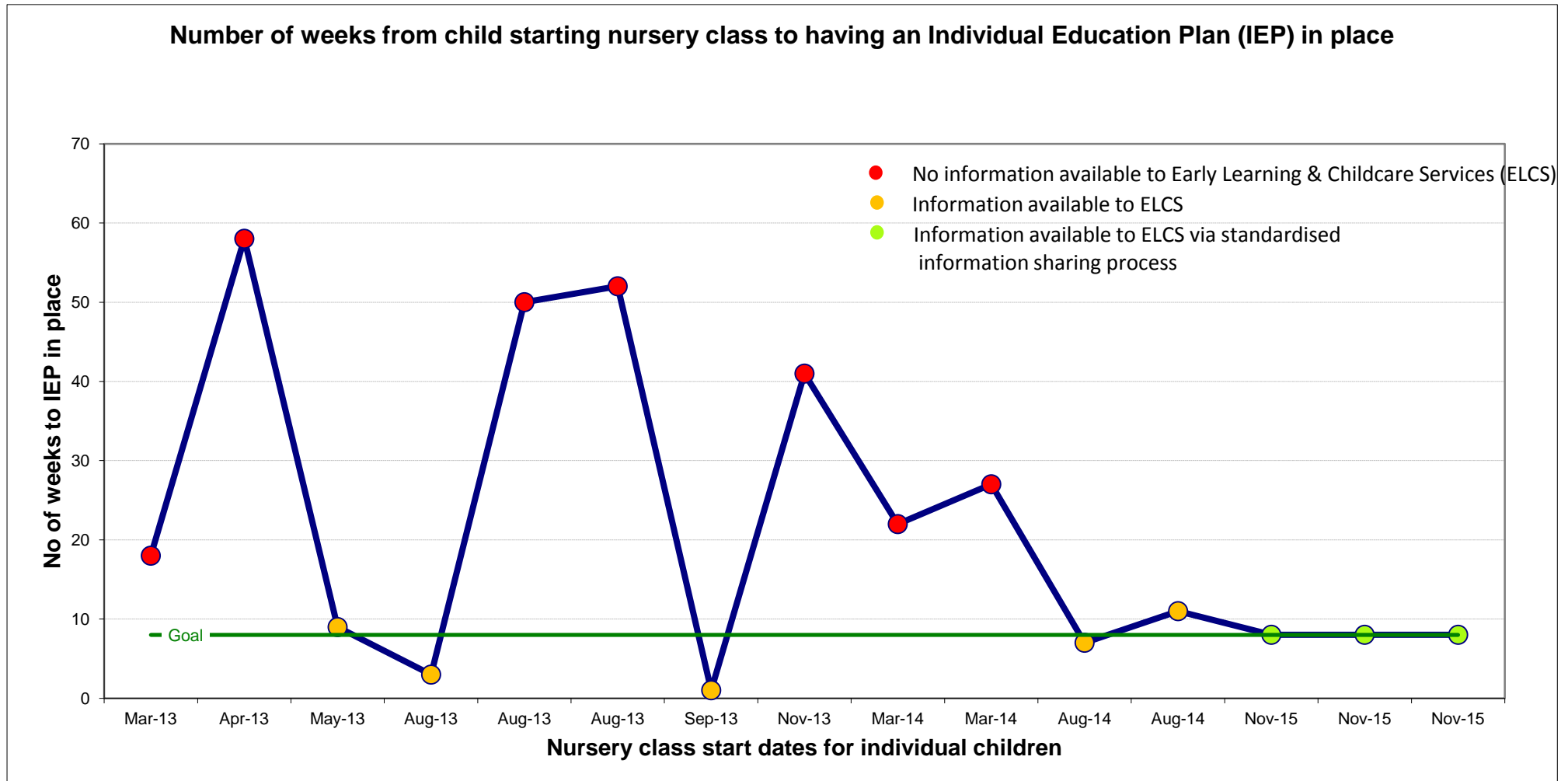
Our project will introduce a standardised information sharing process to ensure that the needs of children aged from 3 years are identified and met in the early learning and childcare setting in a timely way. Adherence to this process will contribute to the Early Years Collaborative Stretch Aim 3; 90% of children reach their developmental milestones by the start of primary school by 2017.

<sup>1</sup> Receiving additional Health Visitor support and/or support from other disciplines/agencies.

<sup>1</sup> The 27-30 month child health review is a face to face Health Visitor contact with a child and parent/carer to assess the child's development using evidenced based tools against 9 developmental domains. The review has a particular focus on social/emotional and language/ cognitive development. NHS Tayside uses the Ages & Stages Questionnaire 3 (ASQ-3) to assess the following developmental domains: Social; Emotional; Behavioural; Attention; Speech and language; Gross motor; Fine motor; Vision and Hearing.

<sup>3</sup> For children starting an Angus Local Authority Nursery Class in November 2015 and January 2016.

Results – present your results to date in a run chart(s)



Summary of results (3-4 sentences)

Baseline data on intakes of children to an early learning and childcare service (ELCS) in 2013 and 2014 indicated that 12 children had IEPs in place. Relevant information was available for 5 children and enabled an appropriate plan of support to be put in place within 1 to 11 weeks of starting nursery. For the remaining 7 children, the time taken to achieve a plan of support was influenced by the lack of relevant information available. The introduction of a standardised information sharing process between the ELCS and the health visiting service ensured that where children met the agreed criteria, relevant information on health and wellbeing was shared in a timely way leading to a plan of support being in place within 8 weeks of a child starting nursery class. Three children from the November 2015 intake met the agreed criteria for information sharing and all had IEPs in place within 8 weeks of starting nursery. There were 4 children due to start nursery class in January 2016, none of whom met the agreed criteria for information sharing.

## Learning (4 – 5 sentences)

Comparison of questions, predictions and analysis of data

In PDSA cycle 1, we wanted to see how best to communicate the names of children starting nursery class with the HV service and the length of time required for the HV to get appropriate information back to the EYP at nursery. The EYP communicated with a link HV for the nursery by hand delivering the November 2015 intake list. The link HV then circulated the intake list to the children's named HV requesting that information on children meeting the agreed criteria was shared with the EYP at nursery via a phone call and followed up with a completed information sharing proforma.

Nine children were due to start the local authority nursery class in November 2015 and out of those, three met the criteria for information sharing. Information was shared within the agreed timeframe and all three children identified had IEPs put in place within 8 weeks of starting nursery class.

Learning from PDSA cycle 1 demonstrated the following:

- The process of information flowing between the nursery and HV service and *vice versa* was person dependant
- Telephone contact between the nursery and HV service and *vice versa* took up a considerable amount of time as professionals were not always free to speak to each other
- Although only 3 out of 9 children met the criteria for information sharing, information was shared on the other children too

In PDSA cycle 2, the information sharing process was refined further based on the learning described above. The nursery class intake list for January 2016 was circulated securely using generic service email addresses for both the nursery and HV. Four children were due to start nursery class in January 2016 and none met the agreed criteria for information sharing.

The use of generic email addresses worked well and removed any person dependant issues. Named HVs were asked to complete the information sharing proforma within two weeks of receipt and return to the EYP at nursery; the requirement to communicate via telephone in the first instance was removed.

## Impact on the system (3-4 sentences)

Discuss the project significance on the local system (3 – 5 sentences)

The use of a standardised information sharing process ensures timely identification of need for children as they start nursery class. The early learning and childcare setting can ensure that appropriate support is put in place for children with identified needs within 8 weeks of starting nursery class. The process improves communication and working relationships between early learning and childcare staff and the HV service, and has a positive impact on parental involvement. The requirement for single/multi agency involvement including referrals can be managed in a more timely and consistent way. The process supports the [Getting it Right for Every Child](#) (GIRFEC) approach.

## Conclusions (3 – 5 sentences)

Summarise the outcome of the project to date. Is this project sustainable? What are the requirements for sustainability?

There were many positive outcomes of this project, which included; improved communication between Early Years Practitioners and HV staff, raised awareness of the information sharing protocol developed, improvements to the information sharing proforma developed and the timely development of IEPs for children identified with needs. Further local work is underway to test the process in a different early learning and childcare setting.

Overall, the sharing of timely and relevant information enables the early identification of need with the potential to deliver targeted interventions in the preschool years to improve outcomes for children and families. The process makes a contribution to better outcomes by the start of primary school; in Scotland, the EYC set out to achieve 90% of children reaching their developmental milestones by the start of primary school by 2017.

Requirements for sustainability include; the need for a mechanism to cascade training on the information sharing protocol developed, inclusion of the process in induction programmes for new members of staff, staff briefing and CPD sessions.

Discuss the factors that have/will promote success of the project and what were / are the barriers to success. What did you learn from doing this project? What are your reflections on the role of the team?

The importance of effective team working was crucial to the success of this improvement project. At the outset we had some concerns about working as a small team of 4 members, but in many ways this made the work more manageable and working relationships improved and strengthened. A significant commitment was required by team members due to busy schedules; shared travel across the geographical area was helpful. The project lead's role changed part way through the project, moving away from a clinical role to a strategic role. Hence, the project lead was able to reflect on the challenges faced by not being in a clinical role when trying to test improvements with a clinical service. In contrast the project coordinator/data collector was in a practitioner role and more easily able to share and cascade information on the improvement work with practitioner colleagues.

A significant facilitator to the work was the support of colleagues at the Improvement Academy who led a series of action learning sets. This provided an invaluable support structure and team members met outwith planned action learning sets to progress the work.

The project team gained experience in using the Model for Improvement/PDSA methodology and the potential to apply this to a range of work areas/topics. The project team established an understanding of the importance of reflective practice

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Title / Position: Public Health Officer Team Leader	Title / Position

### Authorisation

Do the project team, project sponsor and health system sponsor authorise this project for publication at [www.ihl.org](http://www.ihl.org) ?

Yes