

Ready to Act

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A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals (AHPs)

January 2016

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Minister's foreword



Ready to Act marks an exciting time for children and young people's services and organisations in Scotland. It is the first plan to focus on allied health professionals (AHPs) working with children and young people in Scotland and demonstrates their essential role in the strategic planning, development and delivery of services.

This transformational plan complements current service plans emerging through community planning partnerships and integration joint boards and provides a welcome national direction for AHPs working with children and young people, valuing their role in developing and delivering innovative and effective support.

The plan connects to the current policy and legislative context for children and young people in Scotland, supporting AHPs in their duties in relation to the Children and Young People (Scotland) Act 2014, recognises the use, in many areas, of the Getting it Right for Every Child (GIRFEC) model and the AHP contribution to other emerging national work, including the Raising Attainment for All Programme and outcomes relating to the Education (Scotland) Bill.

The excellent evidence-based practice and quality service developments happening in AHP services for children and young people across Scotland are reflected in the plan, which builds on this strong foundation to provide a clear structure and direction for the future design and delivery of AHP services.

Having a national approach will support and promote consistent and equitable service delivery across AHP services for children and young people in Scotland. Success will require strong partnership-working and collaboration across agencies. This must involve children and young people, their parents, carers and families, building on community resources to ensure effective health and well-being outcomes.

We have consulted with the public, the workforce, partners and stakeholders across health, social care, education and the third sector on the plan, and the ambitions were endorsed and generally positively received. What emerges is a plan that links with the "Triple Aim" for public services in Scotland – improving quality, safety and experiences of care, increasing population health, well-being and equity, and ensuring best value from resources – while acknowledging the need to increase the pace in ensuring a consistent approach from all practitioners, for all children and

young people, all of the time. The ambitions and their implementation will sit comfortably in relation to the children and young people's component of the developing Active and Independent Living Improvement Programme.

The shift towards prevention and early intervention is fundamental to ensuring the well-being of children and young people. While recognising the significant work already underway in many services across Scotland, the plan highlights the need for action and support for services in relation to prevention and early intervention.

Ready to Act will require a commitment to collaborative strategic support to ensure consistent implementation across Scotland, and I would encourage endorsement of strategic partnership working across education, health, social care and the third sector in pursuit of successful implementation of its ambitions and actions.

Maureen Watt, MSP
Minister for Public Health

Foreword by the Acting Chief Health Professions Officer



The AHP National Delivery Plan, *AHPs as Agents of Change in Health and Social Care*, states:

AHP Directors will work with AHP leads for children's services and AHP leads in social care to develop a transformational children and young people's services plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care.

Ready to Act, a transformational plan for children and young people, their parents, carers and families who need support from AHPs, delivers on this and acknowledges the significant responsibility of AHPs in ensuring children and young people have the best possible start in life.

The plan's ambitions are designed to maximise children and young people's well-being. We have committed to delivery of children and young people's services in integrated joint boards, supporting collaboration among practitioners across professions and agencies to deliver child-centred outcomes.

Much excellent practice exists in AHP children and young people's services in Scotland. The ambitions will build on this best practice to continue the improvement journey and ensure all children and young people in Scotland have equal access and opportunities to engage with AHP expertise.

Successful implementation of the plan will require local and national co-operation and joined-up thinking, with a commitment to strategic collaboration across health, social care, education and the third sector and, crucially, involving children and young people, their parents, carers and families as partners. The plan recognises their essential role in achieving well-being outcomes. The need for effective and collaborative partnerships sets a clear direction of travel for AHPs as part of integrated joint boards and in partnership with communities.

Quality improvement methodologies will underpin all implementation activity, providing essential data to inform the spread of service change and innovation. AHPs are essential to the successful development of single plans for children and young people and their expertise at universal and targeted service delivery levels will support children and young people in achieving the well-being outcomes that matter to them. A vital aspect of any service change is the involvement of children and young people in decisions that affect their lives: evidencing their participation at all ages and in all aspects of AHP activity will be essential.

The implementation of the ambitions at local service level will support AHPs in meeting their duties in relation to the Children and Young People (Scotland) Act 2014.

The life-course framework of the Active and Independent Living Improvement Programme places children and young people at the start of a healthy, active and involved life journey. An essential component of supporting young people to meet their well-being needs will be workstreams that facilitate the transition to adult services. The information and strategies they learn from and use in their younger lives will be pivotal in ensuring better life chances for the population of Scotland.

AHP directors will ensure the implementation planning process in NHS boards is fully endorsed and supported to ensure that AHPs in children and young people services are truly ready to act.

Tracy MacInnes

Acting Chief Health Professions Officer

Executive summary

This is the first children and young people’s services plan in Scotland to focus on the support provided by allied health professionals (AHPs). The plan sets the direction of travel for the design and delivery of AHP services to meet the well-being needs of children and young people. It is underpinned by the Children and Young People (Scotland) Act 2014, the principles of Getting it Right for Every Child (GIRFEC) and the United Nations Convention on the Rights of the Child.

Our ambitions are focused on AHPs working with children and young people, their parents, carers, families, stakeholders and communities to improve their well-being. The plan highlights the critical place of prevention and enablement and promotes least intrusive interventions through a tiered model of service design and delivery (universal, targeted and specialist levels of provision) directly linked to well-being outcomes.

The plan sets out five key ambitions for AHP services for children and young people based on the outcomes they, their parents, carers, families and stakeholders told us mattered to their lives. The key ambitions are shown in the table below.

Table. The five ambitions of the children and young people’s services plan

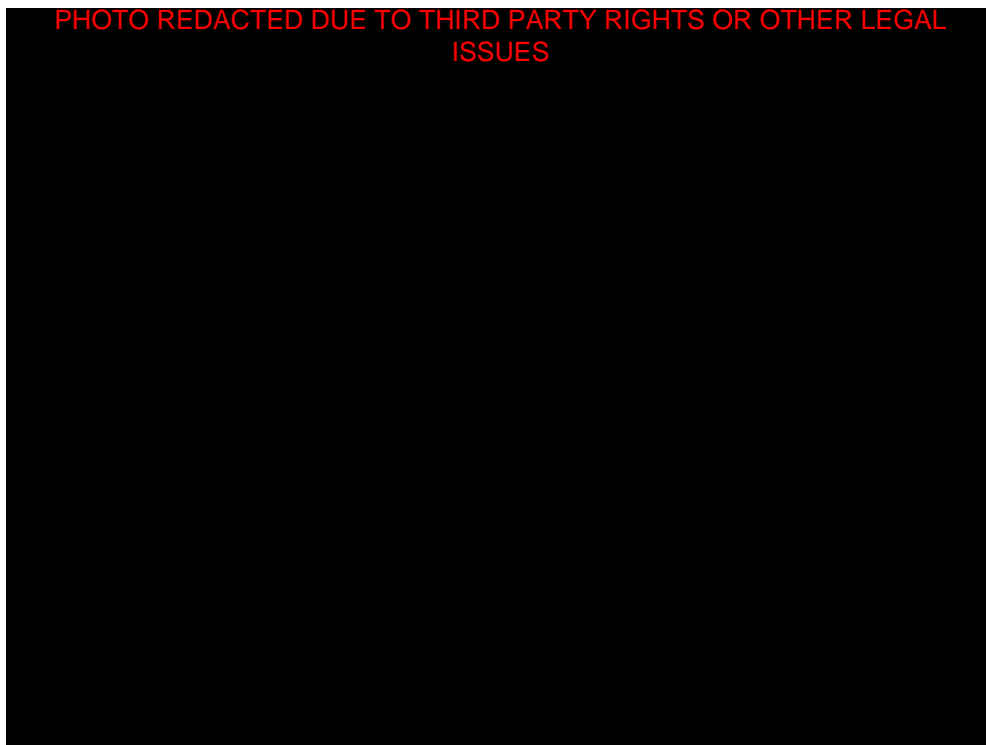
Issue	Ambition
Participation and engagement	Children and young people’s views will be asked for, listened to and acted upon to improve individual and environmental well-being outcomes and AHP services.
Early intervention and prevention	Every child will have the best possible start in life, with AHP services using an asset-based approach to aid prevention through universal services and supportive nurturing environments at home, nursery and school.
Partnership and integration	Children and young people, their parents, carers and families will have their well-being outcomes met at the most appropriate level through the creation of mutually beneficial, collaborative and supportive partnerships among and within organisations and communities.
Access	All children and young people in Scotland will access AHP services as and when they need them at the appropriate level to meet their well-being needs, with services supporting self-resilience through consistent decision-making.
Leadership for quality improvement	Children and young people, their parents, carers and families will experience services that are led by AHPs who are committed to a leadership and quality improvement approach that drives innovation and the delivery of high-quality, responsive, child-centred care.

This transformational plan creates a map for all AHP services for children and young people and provides an opportunity to reach those families we are currently not reaching.

Children and young people's services are one component of the services delivered by AHPs in Scotland. It is critical going forward that we share workstreams with colleagues and partners in adult services throughout people's lifetimes. Practitioners in all service areas are delivering interventions to achieve preventative, enabling and rehabilitation outcomes, sharing access, workforce resources and data across services. It is essential that we work collaboratively to achieve the best possible outcomes and learn from interventions being tested in other areas.

The plan delivers one of the actions from the AHP National Delivery Plan, *AHPs as Agents of Change in Health and Social Care*,¹ and will contribute to the developing Active and Independent Living Improvement Programme. It is important to highlight the critical place that addressing children and young people's health and well-being has on their later life chances and experiences and on the use of health and social care resources. Significant shared work between children and young people's and adult services will be required to deliver the key outcomes of the Active and Independent Living Improvement Programme.

The achievement of the ambitions in this plan will deliver transformational service change, building on successes and best practice in partnership with practitioners in social care, education and the third sector. It is critical that work is underpinned by strategic planning partnerships across agencies, with effective strategic support to enable AHP practitioners and leaders to deliver child-centred, effective and quality services for the children and young people of Scotland.



¹ Access at: <http://www.gov.scot/resource/0039/00395491.pdf>

Introduction

The role of allied health professionals (AHPs)

AHPs are a distinct group of health and social care practitioners² who apply their expertise to prevention, health promotion, diagnosis, treatment and enablement. They work with a range of technical and support staff to deliver direct patient care and provide rehabilitation, self-management support, and enabling and health improvement interventions.

AHPs' expertise in rehabilitation and enablement will be key to supporting the Scottish Government's *2020 Vision* (currently being reviewed and revised)³ of everyone being able to live longer, healthier lives at home or in a homely setting.

The National Delivery Plan for AHPs in Scotland, *AHPs as Agents of Change in Health and Social Care*,⁴ was published in 2012. The National Delivery Plan, as it has come to be known, aims to maximise AHPs' contribution and effectiveness by:

- empowering strong professional leadership
- enabling the development of integrated teams across health and social care services to support continuous improvement
- developing innovative new models of care and fully utilising innovation in health technology
- creating added value beyond health and delivering excellent outcomes for all people who use services, their families and carers
- providing effective, efficient solutions to the challenges of delivering national policies within financial constraints
- strengthening partnerships with the third sector and other agencies.

The National Delivery Plan applies to all AHPs in Scotland, including those who work in social care, which is particularly important as health and social care partnerships emerge. It evolved following a process of national consultation which provided strong support for the vision and direction of travel from a wide range of stakeholders.

One of the National Delivery Plan's key actions, Action 4.1, is that:

AHP directors will work with AHP leads for children's services and AHP leads in social care to develop a transformational children and young people's service plan to meet the evolving needs of this care group and to provide an equitable and sustainable national model that reflects the early years agenda and the move towards integration of health and social care.

² The allied health professions are: art therapy; dance-movement psychotherapy; dietetics; drama therapy; music therapy; occupational therapy; orthoptics; paramedics; podiatry; physiotherapy; prosthetics and orthotics; diagnostic and therapeutic radiography; and speech & language therapy.

³ Access at: <http://www.gov.scot/Topics/Health/Policy/2020-Vision>

⁴ Access at: <http://www.gov.scot/resource/0039/00395491.pdf>

This transformational plan begins the process of achieving this action from the National Delivery Plan.

The transformational plan for children and young people accessing AHP services

First, we should explain what we mean by “transformational”.

There is a critical difference between a plan for change and a plan for transformation. Transformation is not simply about implementing shifts in practice. It is also about identifying and carrying out a series of inter-related and interdependent initiatives designed to achieve change in the services we provide.

This transformational plan sets high-level ambitions that will impact significantly on the way services are delivered and experienced. It is underpinned by a fundamental shift in the ways AHPs working with children and young people think about themselves as practitioners, their relationships with children and young people, parents, carers, families and stakeholders, and their current and historical ways of designing and delivering services.

Making this transformational plan a reality for AHPs working with children and young people will require them to commit to culture change.

The plan is built on the significant advances made in many services in the design and delivery of transformational change. Many areas, for example, have moved to adopt the Getting it Right for Every Child (GIRFEC) model and are essential partners in taking forward Early Years Collaborative workstreams.

Quality and innovative practice is already happening in AHP services for children and young people in Scotland, but levels of inequality of access to services and variability in decision-making in relation to prioritisation and capacity allocation also exist. The transformational plan sets out to deliver the triple aim included in the *Route Map to the 2020 Vision for Health and Social Care*⁵ of increasing population health, improving individual care and reducing costs through improvement. These aims are key to the ambitions of the plan and the measures required to create change.

The plan has evolved through a process of engagement involving AHP leads in the AHP Children and Young People’s Forum, children and young people, parents, carers and families, all of whom participated in the development of the ambitions. A consultation by Children in Scotland⁶ in 2014 culminated in a report based on the views of children and young people, their parents, carers and families: the recommendations and highlights from this report are embedded within the plan and are directly linked to each of the ambitions.

⁵ Access at: <http://www.gov.scot/Resource/0042/00423188.pdf>

⁶ Access at: <http://www.childreninScotland.org.uk/>

What has emerged is, we believe, a transformational plan that presents a bold vision for services that will meet the needs of children and young people. The plan requires leaders and practitioners to transform the way services are designed and delivered. Any changes in practice culture need to be reflected in pre- and post-registration education. Going forward, we will work collaboratively with higher education providers to ensure that practice change is embedded in curriculum content and practice placements.

This will build on existing good practice, learning from the experiences of others and working as an AHP children and young people's community to ensure consistent and equitable service delivery. While the plan sets a national direction of travel for AHP services in Scotland, it recognises the need for local implementation to meet the needs of local populations.

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1. Background and context

The policy and legislative landscape in Scotland is an exciting one for children and young people, providing possibilities for the delivery of real change for them, their parents, carers, families, stakeholders and communities. The Scottish Government's strategy for making Scotland the best place in the world in which to grow up has the potential to truly transform the lives of children and young people.

The Children and Young People (Scotland) Act 2014⁷ establishes a legal framework within which services will create new and dynamic partnerships to support children and young people, their parents, carers and families to achieve meaningful well-being outcomes. These outcomes include what has come to be known as the SHANARRI indicators of well-being⁸ – that is, ensuring that children and young people are **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included** (see Glossary). AHPs play a key role in children and young people achieving well-being outcomes through developing their resilience and creating protective environments to enable participation and self-reliance.

The Act also places in statute key elements of Getting it Right for Every Child⁹ – known as GIRFEC – which is a major ongoing change management approach that is familiar to all leaders and practitioners working in children and young people's services in Scotland. The GIRFEC focus is about making a difference for children and young people and this can best be achieved through promoting, supporting and safeguarding well-being and reporting on well-being outcomes.

The need to have well-being as a central focus of this transformational plan is self-evident. The duties in the Children and Young People (Scotland) Act 2014 require significant shifts in mindsets towards a focus on early intervention and prevention, and highlight the need to develop and deliver accessible services in communities for all children and young people. The Act increases the pace of change and consistency in practice and service quality for every child and young person, by every practitioner, all of the time. This pace of change requires that AHPs challenge the status quo and support implementation of innovative service delivery and design based on improvement methodology.

The Act also highlights the need for “targeted interventions” – that is, AHP specialist-level services (see Glossary). A focus on early intervention and prevention does not diminish or replace the need for children and young people to have access to effective, evidence-based interventions at specialist level, with expertise at different levels being accessible to meet needs at different times. Such an approach has the potential to benefit children and young people's health and well-being, reducing dependency on services while offering access to direct intervention when required. Many services have (or are developing) universal and targeted approaches, which complement the delivery of specialist-level services.

⁷ Access at: <http://www.legislation.gov.uk/about/how-we-need-to-work-asp/2014/8/contents/enacted>

⁸ Access at: <http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being>

⁹ Access at: <http://www.gov.scot/Topics/People/Young-People/gettingitright>

*Towards a Mentally Flourishing Scotland*¹⁰ set out strategies for infants' and children and young people's mental health, clearly articulating new ways of working that are closely aligned to the ambitions outlined in this plan.

A practice shift towards resourcing and developing early and preventative interventions and service delivery across AHP services for children and young people was implicit in the findings of the Commission on the Future Delivery of Public Services in Scotland,¹¹ which called for a radical change in the design and delivery of services, with child-centred service provision, effective partnerships and early intervention and prevention.

The Early Years Collaborative¹² has committed to make Scotland the best place in the world in which to grow up by reducing inequalities. The ambitions in this plan must have this aim at their foundation and enable practitioners to make the changes required locally to ensure its achievement.

Significant progress has been made in developing innovative services at universal, targeted and specialist levels (see Box below), with a commitment to partnership working in delivering training and education and developing nurturing environmental change for children and young people at home, nursery, in education settings and the community.

Universal, targeted and specialist levels

Universal level

This is for all children and young people. It recognises that a preventative approach and promoting well-being for children and young people, their parents, carers and families is an essential role for AHPs. AHPs working at universal level will provide information and literature, direct children and young people, parents, carers, families and others to the best evidence-based information available, input to activities and programmes organised by others to improve skills and confidence, work with partners to increase participation, and support the development of nurturing environments.

Targeted level

Services and provision at this level are for children and young people (and their parents, families, carers and other stakeholders) who are more likely to be identified as having well-being needs. Services would include specific advice, programmes, workshops and learning, and support to improve well-being.

Specialist level

This level is for those children and young people whose well-being needs cannot be fully met through universal or targeted provision. It would usually involve episodes of direct or indirect intervention involving parents, carers, families and others, with the ultimate outcome of promoting self-reliance and resilience through an asset-based approach.

¹⁰ Access at: <http://www.gov.scot/Publications/2009/05/06154655/0>

¹¹ Access at: <http://www.gov.scot/About/Review/publicservicescommission>

¹² Access at: <http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative>

The Children and Young People (Scotland) Act 2014 defines universal and targeted differently from the definitions above. Universal and targeted are now collectively referenced as “Universal” in the Act, while specialist is now referred to as “Targeted”. This may cause some confusion initially. In essence, in the Act “Universal” will now have two levels: population activities available for everyone (such as health promotion, prevention and general education) and Level 2 activities developed to support impacts on well-being for children and young people who are more likely to require specific support (such as parents of babies born with Down Syndrome). “Targeted” will be direct specialist-level support with children and young people on caseloads.

AHPs in services for children and young people currently provide evidence-informed interventions across all ages and in different locations. The main aims of these services are to support:

- children, young people, their parents, carers and families to self-manage their concerns and needs
- other individuals involved with the child or young person to promote, support and safeguard well-being.

The plan builds on this strong foundation to support AHPs in children and young people’s services to transform their practice.

Transformed AHP services for children and young people are needed to support the policy and legislative foundation described above. The plan aims to achieve this through ambitious actions and a commitment to ensuring AHPs are supported to deliver quality services. A radical agenda of reviewing and shifting practice across AHP services for children and young people is required, involving collaboration between health, community planning partnerships, social care and third-sector partners. Policy-driven changes will be supported locally by lead AHPs and AHP directors in NHS boards linking to their local children’s services planning processes and deliverables.

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2. The five ambitions

Children and young people, their parents, carers and families told us what mattered to them through the Children in Scotland survey in 2014 and the open consultation process for this action plan. The five ambitions follow on from the survey and provide the foundations for transformational outcomes for children and young people.

The ambitions are about:

- participation and engagement
- early intervention and prevention
- partnership and integration
- access
- leadership for quality improvement.

Summary diagrams relating to each ambition are presented in the Appendix.

2.1 Participation and engagement

“It may be best to assume that all children of whatever age are capable of contributing to discussions concerning their lives.” (Davis & Watson)¹³

Children and young people have a right to be listened to, taken seriously and have their views respected. Adults working with children and young people must ensure this happens consistently: they have a responsibility to do so under the United Nations Convention on the Rights of the Child¹⁴ (reinforced by specific duties in the Children and Young People (Scotland) Act 2014), a core principle of which is a commitment to giving children and young people the opportunity to participate in the decisions that affect them and to be agents in their own lives. This is crucial to the successful achievement of well-being outcomes for children and young people: in addition, the GIRFEC practice model and “*My World Triangle*”¹⁵ clearly identify the importance of placing the child at the centre of partnership working.

The Children in Scotland survey and the open consultation process for this plan indicated that children and young people wanted involvement in decision-making about the help they received, and that increased access to information about AHP services would enable them to feel more empowered to get involved. They also suggested that they would welcome opportunities to provide feedback about the services provided by AHPs.

Capability Scotland, in partnership with the Centre for Research on Families and Relationships, recently produced a literature review on empowered and effective

¹³ Access at:

http://www.research.ed.ac.uk/portal/files/11892934/Disabled_children_s_rights_in_every_day_life.pdf

¹⁴ Access at: <http://www.unicef.org/crc/>

¹⁵ Access at: <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle>

decision-making by disabled children and young people.¹⁶ The research found the following factors were critical in enabling disabled children and young people's participation and engagement:

- parents and practitioners having an attitude that disabled children and young people should be involved in decision-making
- being familiar with disabled children and young people, their methods of communication and ways of being can help with interpretation of choices
- having a level of expertise among staff that enables disabled children and young people to communicate their choices well
- ensuring good communication networks between those who care for and support disabled children and young people
- facilitating ongoing training in communication methods and approaches.

AHP services for children and young people will address the challenge of active engagement. They will produce evidence to show that the views of children and young people, particularly those who have disabilities, influence decision-making and that what matters to them is evidenced through their therapy outcomes. We will have compassionate conversations with children and young people and develop participative environments in which they can engage in meaningful ways.

This will require AHPs to find new and innovative ways for children and young people in general, and those with communication difficulties in particular, to make their needs known. We may have to look across the UK and elsewhere for models that would support the development of indicators, such as the work carried out by the Dartington Social Research Unit.¹⁷

Whincup's research highlighted that "the degree to which children and young people are at the centre of assessment and decision-making in a meaningful manner, depends on the capacity of practitioners, supported by the systems in which they train and work, to form relationships and communicate effectively with them."¹⁸ Staff nevertheless need to be creative about how they engage with children over what may be difficult issues.

We will adapt and change practice to support cultures that enable real participation, eliciting and acting on feedback from children and young people. The impact of changes will be measured through children and young people's reported experiences of participating and engaging with AHP services.

Ambition

Children and young people's views will be asked for, listened to and acted upon to improve individual and environmental well-being outcomes and AHP services.

¹⁶ Access at: <http://www.capability-scotland.org.uk/what-can-i-do-for-capability/policy-campaigns/current-research/empowered-and-effective-decision-making/>

¹⁷ Access at: <http://www.dartington.org.uk/about/>

¹⁸ Access at: <http://www.scie-socialcareonline.org.uk/involving-children-in-assessment-and-decision-making-briefing/r/a11G000000180NzIAI>

Actions

We aim to achieve the ambition by:

- agreeing participation measures across AHP services for children and young people through implementation of strategies to ensure participation
- committing to demonstrate that children and young people's and parents' perceptions of well-being are integral to decisions taken at every stage in their involvement with AHP services
- understanding what well-being measures are currently being used by AHP services for children and young people
- producing evidence of increased similarity between NHS boards in levels of children and young people's participation in decisions about their care
- focusing as a priority on engagement with young people in decisions that affect their lives
- promoting awareness of children and young people's rights and participation methods among the AHP children and young people's and adult services workforces
- using parents' and children and young people's stories of their experiences of participation to further upskill AHPs across services for children and young people in Scotland and influence future decisions about our ways of working
- exploring the key skills that enable compassionate communication with children and young people, their parents, carers and families
- creating environments in which participation and participative relationships are possible.

2.2 Early intervention and prevention

In committing to a systematic shift in culture of practice to embrace early intervention and preventative strategies in service delivery, AHP services for children and young people in Scotland will progress the universal aspects of the Children and Young People (Scotland) Act 2014. Signposting to early intervention and prevention is an important part of the expert reasoning of AHPs and will augment access to direct specialist intervention as and when required.

AHPs need to adopt an enabling approach that promotes self-resilience and allows children and young people, their parents, carers and families to feel confident and competent in self-management, seeking further assistance from AHPs as needed. It is recognised that for many services, however, current systems and models of care make it challenging to shift the balance of care. AHPs will need effective cooperation from, and partnership-working with, universal services (including public health) to realise this ambition.

AHPs will work collaboratively and in partnership with children and young people, parents, carers, families, stakeholders and communities to understand what is needed to improve well-being outcomes, agreeing specific services at universal level. Focused work will be undertaken to support and strengthen early intervention, creating a national approach to support the development of targeted offers.

Socio-economic inequalities and evidence showing poorer outcomes for children and young people and families living in poverty and with low incomes strengthen the need for the development of prevention and early intervention support. AHPs' contribution to reducing the inequalities gap in Scotland is significant, and their role in this area needs to be promoted and valued.

The focus for all children and young people who access AHP services will be on promoting their well-being and enabling them to self-manage their challenges.

Ambition

Every child will have the best possible start in life, with AHP services using an asset-based approach to aid prevention through universal services and supportive nurturing environments at home, nursery and school.

Actions

We aim to achieve the ambition by:

- ensuring universal services are consistent across Scotland
- scoping the current provision of universal and targeted interventions across AHP children and young people's services
- increasing appropriate access to interventions at universal and targeted levels of service as needed for improved well-being outcomes
- acknowledging the need to develop new/different measures of quality and performance for AHPs to reflect increased capacity in early intervention and prevention
- directing resources to support changes in environments
- agreeing key messages and specific offers to support early intervention and prevention
- building on, and learning from, what we hear about services from children and young people, parents, carers, families and stakeholders
- supporting children and young people, their parents, carers and families to develop the knowledge and skills to make informed decisions, coordinated and tailored to individual needs
- collaborating with mental health services for children and young people to jointly support early intervention and prevention for those experiencing mental health issues
- acknowledging the place of AHPs in early intervention and prevention with young people at risk of entering the youth justice system.

2.3 Partnerships and integration

Partnership-working needs to be at the heart of everything AHPs do in services for children and young people. AHPs will create mutually beneficial partnerships with children and young people, their parents, carers and families within and between partner organisations.

We will recognise the existing opportunities created by partners in the third sector in local communities, which will enable us to work collaboratively to improve population and individual well-being. Children and young people, their parents, carers and families will be supported to develop knowledge, skills and confidence to more effectively manage and make informed decisions about their health care, which will be coordinated and tailored to individual needs.

Parents, carers and families are crucial partners in delivering children and young people's well-being outcomes. Parents who responded to the Children in Scotland survey and the open consultation process for this action plan indicated that they wanted to work in partnership with AHPs and felt it important that they be fully informed and included in delivering AHP outcomes. As the people closest to children and young people, parents, carers and families recognise their critical role in achieving well-being outcomes, but also understand that this can be challenging. Acknowledging and communicating their place as partners will be key to delivering the plan's ambitions.

The Scottish Government's *Guidance on Partnership Working between AHPs and Education* document¹⁹ outlines the positive impact of good partnership-working on outcomes for children and young people in an education environment. Cooperative strategic support for collaborative working across education, health, community planning partnerships, social care and the third sector is required to develop joint learning initiatives and opportunities that improve inter-agency working.

Research has identified challenges and barriers to partnership-working. These are reflected in AHP services for children and young people locally in relation to engaging and including AHPs in the children and young people's policy agenda and involving and collaborating with social care colleagues working in local authorities.

The Public Bodies (Joint Working) Scotland Act 2014²⁰ has established a framework for integrating health and social care. Not all local partners have decided to include children and young people's services at this stage of the integration process, but where integration of children and young people's services has been included, the ambitions of this plan and its associated actions will be jointly owned by health and social care.

Active and creative collaboration with partners in the third sector will be an essential requirement for the achievement of the ambitions. Third-sector organisations have well established relationships and partnerships with and in local communities: AHPs working in children and young people's services will need to utilise these to successfully implement the plan.

A key partnership for AHPs will be with people in the Named Person role, as detailed in the Children and Young People (Scotland) Act 2014. AHPs have a duty to collaborate with the Named Person in relation to children and young people's well-being needs and respond to requests for assistance. There is also a duty on relevant

¹⁹ Access at: <http://www.gov.scot/Publications/2010/05/27095736/0>

²⁰ Access at: <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

authorities to help the Named Person when requested and provide assistance in relation to the child or young person's plan.

Opportunities for joint learning and shared outcomes on children and young people's well-being must be a central focus going forward.

Ambition

Children and young people, their parents, carers and families will have their well-being outcomes met at the most appropriate level through the creation of mutually beneficial, collaborative and supportive partnerships among and within organisations and communities.

Actions

We aim to achieve the ambition by:

- sharing good-practice examples of collaboration from areas in which it is working well
- collaborating to ensure all AHPs deliver to the SHANARRI well-being outcomes in the single child's plan introduced by the Children and Young People (Scotland) Act 2014
- building on third-sector community relationships to support shared well-being outcomes
- acknowledging the need for more effective transitions for children and young people and the place of effective partnership-working in achieving successful transitions
- agreeing key indicators for effective partnership-working to act as a shared reference point for partnership performance-management
- ensuring that AHP reviews and redesigns of services are undertaken in collaboration with children and young people, parents and stakeholders
- building on existing Early Years Collaborative workstreams locally, using learning to inform practice development in other areas
- reviewing, updating and expanding the Scottish Government *Guidance on Partnership Working between AHPs and Education* in line with current children and young people's policy and legislation, including third-sector and social care guidance and involving children and young people and parents
- establishing local cross-agency forums that include children and young people to support implementation of this plan
- utilising the knowledge, skills and established partnerships of third-sector organisations to support implementation of the plan
- developing creative collaborative partnerships with colleagues in health, education and social care to deliver to the duties of the Children and Young People (Scotland) Act 2014 and implement the plan
- upskilling AHPs in community learning and development approaches to community engagement.

2.4 Access

Access in this sense is broader than service provision. It also includes access to:

- information (which is not just about information being presented in understandable ways, but also about ensuring children and young people have time to think about and understand it)
- services in a timely manner
- provision of support and strategies to promote self-management
- education and skills development for partners
- new ways of organising and delivering services
- flexible working (such as twilight clinics for children who are in school and evening workshops for parents, carers and families) as needed by the local population.

Children and young people require responsive services that are appropriate to their needs and which they, their parents, carers and families can access in a timely manner to request assistance and support. This requires services to adopt outcomes-focused approaches and move from deficit pathology assessed approaches (“what’s the matter?”) to a focus on what matters most and what outcomes an individual wants to achieve.²¹

Outcomes discussions should focus on strengths and assets. The New Economics Foundation and Action for Children propose a co-production approach to service delivery. This includes valuing children and young people as assets and enabling them to work out what they are good at and how they are able to influence events and situations. The approach also requires service design and delivery to incorporate children and young people’s assets, such as life experience, knowledge, skills, talents, energy and enthusiasm.²²

Key issues underpinning this ambition include:

- waiting list prioritisation and validation
- prioritisation of requests for assistance and caseloads on the basis of well-being and impact
- adoption of a national approach to requests for assistance
- review and testing of current requests for assistance and access practices
- a mandatory requirement for services to enable self-requests for assistance
- education to promote community understanding of the value of changes in service delivery
- understanding of how people want information to be presented and ensuring that all information is accessible and communication is inclusive.

²¹ Access at: <http://www.iriss.org.uk/resources/leading-outcomes-children-and-young-people>

²² Access at:

https://www.actionforchildren.org.uk/media/3255/a_guide_to_coproducing_childrens_services.pdf

Ambition

All children and young people in Scotland will access AHP services as and when they need them at the appropriate level to meet their well-being needs, with services supporting self-resilience through consistent decision-making.

Actions

We aim to achieve the ambition by:

- understanding what is currently available for parents, carers, families and stakeholders to meet their needs
- developing a national foundation AHP resource for all children and young people, their parents, carers and families to be delivered as standard across Scotland to support self-management prior to requests for assistance
- making access to self-requests for assistance mandatory across all AHP services for children and young people
- gathering baseline data from services on their current responses to requests for assistance
- developing parental and workforce competencies in relation to self-requests for assistance from higher-risk groups
- further developing and testing the concept and use of triage to enable consistent child-centred decision-making at the time of requests for assistance (for example, problem-based versus well-being based)
- understanding the differences in numbers of children and young people on AHP active caseloads and the variations in the amount of time they receive in interventions as determined by need and well-being
- scoping current prioritisation of requests for assistance and moving towards a national approach
- sharing and developing new ways of working that can demonstrate desired interim and ultimate outcomes
- ensuring effective AHP collaboration in mental health services for children and young people
- ensuring access to AHP services for children and young people experiencing mental health issues
- ensuring effective access to AHP services for children and young people who are looked after, in the justice system and in youth employment services
- gathering data that supports the impact of AHPs' early intervention and prevention activities based on well-being outcomes
- supporting the development of IT infrastructures and use of technology across services
- improving access to readily available information
- moving from a service-led to an outcomes-focused approach.

2.5 Leadership for quality improvement

The AHP National Delivery Plan highlighted the importance of strong leadership to drive innovation and the delivery of high-quality responsive services developed around individuals' needs. Implementation of the actions in this AHP children and young people's plan will require strong leadership to drive service change and ensure children and young people have access to a national, equitable and sustainable service model.

Action 4.1 of the National Delivery Plan highlighted the requirement for each NHS board to have an identified AHP children and young people's lead. Most boards now have such a lead in place, although roles and remits vary considerably.

AHP children and young people's leads must be able to provide strategic leadership and demonstrate the ability to influence a wide range of stakeholders, including AHPs working in children and young people's services, health, education, justice, social care and the third sector to ensure effective and appropriate utilisation of AHP children and young people's services. Engagement with the AHP National Lead for Children and Young People and the AHP Children's Services Forum is a key focus. Leads must also have strong links with their AHP director, who will be accountable for implementation of the transformational plan.

The AHP National Lead for Children and Young People will work jointly with the AHP GIRFEC Implementation Lead at Scottish Government and AHP directors. AHP board leads for children and young people will commit to improving quality and create a local infrastructure to support the sustainability of improvement in practice.

Equity in NHS boards' commitment to the AHP children and young people's lead role is essential. Inequalities between boards will impact on the readiness of AHP leaders to play their part in implementing the Children and Young People (Scotland) Act 2014.

Ambition

Children and young people, their parents, carers and families will experience services that are led by AHPs who are committed to a leadership and quality improvement approach that drives innovation and the delivery of high-quality, responsive, child-centred care.

Actions

We aim to achieve the ambition by:

- ensuring commitment to the AHP Children and Young People's lead role, as determined by the population and demographic needs of the area
- facilitating recognition of the AHP children and young people's lead role within NHS boards and integrated joint boards, and among planners of children and young people's services
- supporting AHP children and young people's leads in effectively representing AHPs for children and young people strategically across partnership agencies
- producing evidence of quality leadership in service change and activity in relation to implementation of the ambitions and actions of this plan
- providing training that will help to make quality improvement sustainable across AHP services for children and young people in Scotland
- developing AHP children and young people's leads' skills in leading for improvement, in collaboration with NHS Education for Scotland and Healthcare Improvement Scotland
- collaborating with higher education providers to ensure that practice change and related evidence is embedded in pre- and post-registration curricula.

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3. Implementation and governance

Ready to Act is a transformational action plan for children and young people involved with AHP services that will require strong leadership for quality improvement and real partnership-working across agencies, strategically and in local communities. The AHP National Lead for Children and Young People will provide support and leadership nationally for implementation of the plan, with advocacy and facilitation around operational elements provided by a nominated AHP director.

Locally, AHP directors will be accountable for implementation of the plan, but it is expected that AHP children and young people's leads will be given authority to drive forward activities for local implementation in partnership with stakeholders. The AHP Directors will be responsible for developing implementation plans in collaboration with AHP children and young people's leads and reporting against improvement activity in relation to the five ambitions, answering the following questions.

- How are we doing?
- How do we know?
- What can we do differently to speed up implementation?

The AHP National Lead for Children and Young People will establish national implementation steering groups for specific workstreams, including:

- developing a national approach to requests for assistance
- establishing a national information/learning hub
- developing a national foundation AHP resource
- undertaking community mapping to support partnership-working
- reviewing and updating existing guidance on Partnership Working Between Allied Health Professions and Education.

The AHP Children and Young People's Forum, in collaboration with the AHP National Lead for Children and Young People, will develop a clear national reporting and evaluation framework based on improvement methodology and including targets and timescales as appropriate to support local implementation and measurement and evidence change. The Forum will have a pivotal role in planning and supporting implementation nationally and locally.

Precise goals and targets relating to each ambition will emerge from this national and local planning structure. Local implementation planning groups will be established to take forward priority actions that will impact across AHP services for children and young people in Scotland, evidencing change in relation to improvements and outcomes. These groups will include representatives from health, education, social care, mental health, community planning partnerships, parents and AHP directors.

Successful delivery of improvements linked to ambition activity can only be achieved through successful partnership-working and collaboration across agencies and

communities and, crucially, must involve children and young people, their parents, carers and families.

Local implementation plans will set out proposals to develop quality information/evidence of the impact of transformation on well-being outcomes for children and young people at all levels of service delivery.

Uni-professional networks for children and young people established in Scotland will be critical partners in developing implementation plans linked to the ambitions. They will provide essential profession-specific expertise, information and guidance on their unique contributions and are an invaluable resource in supporting profession-specific ambition activity.

National work being undertaken by the Scottish Government on operational measures and workforce/workload tool development for the allied health professions will inform the evidence base emerging in relation to the five ambitions.

Planned and consistent activity to educate and raise awareness in local communities about the ambitions and potential practice changes will be an essential prerequisite of implementation planning. This will have national direction but will allow for local flexibility, as determined by local population and demographic needs.

Emerging evidence of transformational change will influence new developments across services going forward to 2020. There will be a requirement for self-evaluation of practice and service provision to ensure high-quality collaborative service delivery. In addition, the collection of baseline data on current practice will be an essential starting point for all national and local activity relating to the plan.

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We acknowledge that AHP children and young people's services in Scotland are at different starting points and accept the requirement, as part of any implementation plan, to support practitioners through a commitment to training and development in collaboration with partners, and developing educational resources to support implementation of policy. This may include further support, training and awareness-raising in relation to GIRFEC and well-being indicators and collaboration to develop a shared understanding of well-being. We will also build on service experience and learning from current implementation of triage and universal and targeted supports.

This commitment to evidencing and reporting change will support quality and evidence-informed change across AHP services for children and young people in Scotland.

Glossary

AHP Children and Young People's Forum

A group of nominated or dedicated AHP children and young people's leads from each NHS board who meet to take forward key pieces of work relating to AHPs working with children and young people.

Appropriate level of service

This refers to whether a child or young person can have his or her well-being needs met through universal approaches (those that are generally available to the population), or through more specific approaches (those available to children and young people at higher risk of impact on well-being), or specialist approaches through direct intervention on an active caseload.

Asset-based approaches

Concerned with facilitating people and communities to come together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their lives. They recognise that positive health and social outcomes will not be achieved by maintaining a "doing-to" culture and respect that meaningful social change will only occur when people and communities have the opportunities and facility to control and manage their own futures.²³

Consistency of decision-making

Refers to variability in decision-making between practitioners and between services in Scotland. This means that some services are basing decisions regarding admission to caseloads, prioritisation and duration of interventions on problems and conditions, while others are using impact and well-being. Consistency in the context of the plan refers to reduced variation in the focus of decision-making rather than requiring rigidity or tick-box rule-based thinking

Early intervention

Providing support, education, reassurance, strategies or signposting based on expert understanding of the potential impact or harm of a condition on well-being to reduce the likely occurrence of that impact. This can be before a request for assistance as part of a targeted approach for children and young people who are more at risk of impact and who may not be active on the caseload.

National approach to requests for assistance

This would involve developing an approach to responding to requests for assistance by AHPs across Scotland so that consistent decision-making at the point of request for assistance was adopted across services. It would involve an approach to the initial conversation with whoever makes the request for assistance to determine the most appropriate course of action to meet the child or young person's well-being needs by, for example, signposting, education, support, reassurance, strategies or step-up for assessment. The intention would be to ensure that all children and young

²³ Source: <http://www.scdc.org.uk/what/assets-scotland/>

people, parents, carers, families and those making requests for assistance have similar conversations with AHPs across Scotland.

National foundation AHP resource

Individual AHP professions, as appropriate, will decide on the key messages to be used in developing a resource for use across Scotland at universal level. This would then be made available to all children and young people, parents, carers, families, communities and those working with children and young people.

Outcomes

The definition of outcomes is the impact or end results of services on a person's life. Outcome-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.²⁴

Participation

In the context of the plan, participation refers to involvement in decisions and discussions about children and young people's well-being and their involvement with AHPs.

Prevention

This refers to activities, strategies and approaches that will support children and young people, parents, carers, families and those working with children and young people to support well-being without direct intervention.

Requests for assistance under the Children and Young People (Scotland) Act 2014 (Statutory Guidance): Named Person

A service provider or the managing authority for the child or young person's plan can request that a service provider or relevant authority do a "certain thing", provide information, advice or assistance to help promote support or safeguard a child or young person's well-being.

Request for assistance/help

This replaces the previous term "referral" within the plan. It is the point when a child or young person, parent, carer, stakeholder or significant key person asks for expert opinion regarding how best to support a child or young person's well-being.

SHANARRI well-being outcomes

Safe: protected from abuse, neglect or harm at home, at school and in the community.

Healthy: having the highest attainable standards of physical and mental health, access to suitable health care and support in learning to make healthy and safe choices.

Achieving: being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community.

²⁴ Glendinning C, Clarke S, Hare P, Maddison J and Newbrunner L (2008) Progress and problems in developing outcomes-focused social care services for older people in England. *Health and Social Care in the Community*, 16, 54–63.

Nurtured: having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.

Active: having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

Respected: having the opportunity, along with carers, to be heard and involved in decisions which affect them.

Responsible: having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.

Included: having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.²⁵

Triage

This term refers to a single point of access to a service. Many services, however, are using triage as a process for accepting or rejecting requests. Triage is in fact a complex point of decision-making by highly skilled practitioners. It requires very complex reasoning to understand why a request is being made, individual resilience, context and environment factors, and understanding of what is available locally to support well-being to direct people to the right support.

Values-based approaches

Involves working in partnership, respecting diversity, challenging inequality, promoting opportunity, promoting inclusion and participation, promoting emotional, psychological and physical well-being and promoting positive interactions.

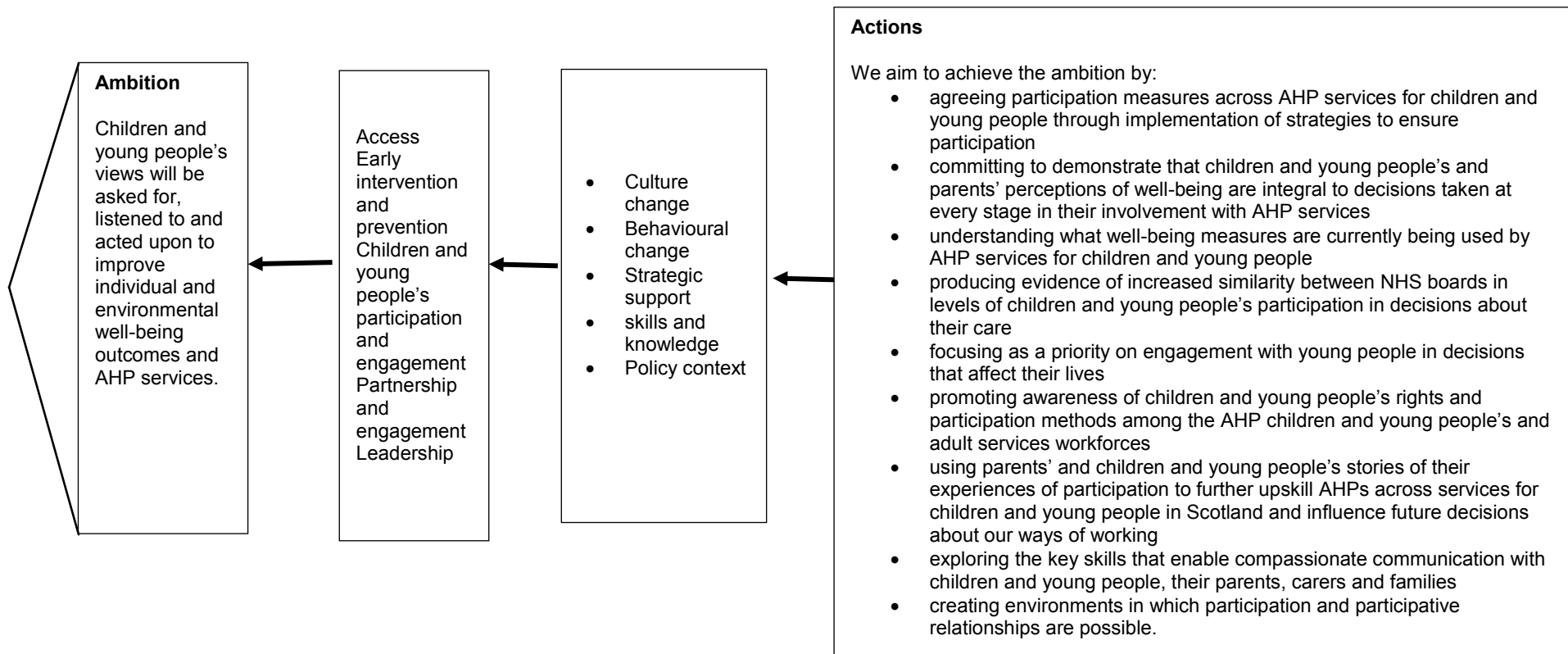
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²⁵ Source:

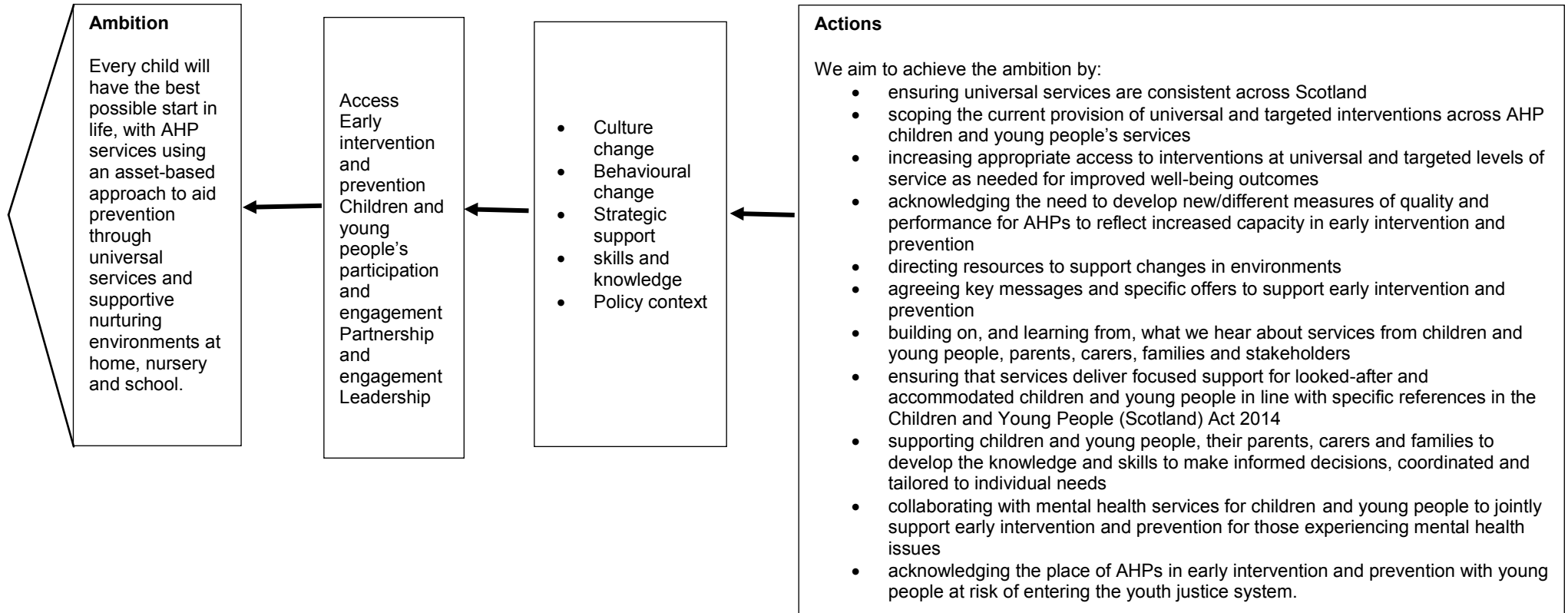
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Appendix

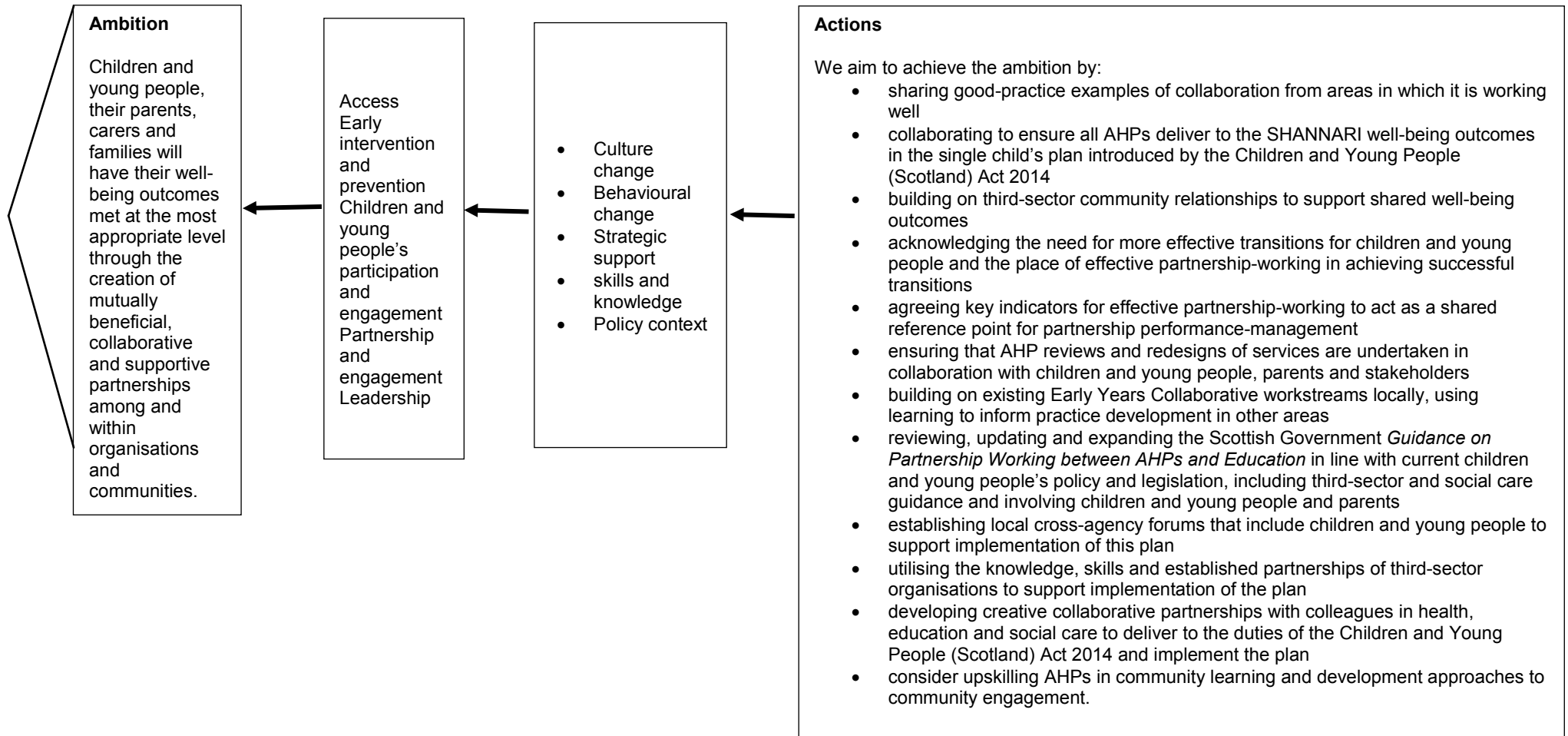
Summary diagram – Participation and Engagement Ambition (“Nothing about me without me and the people who know me”)



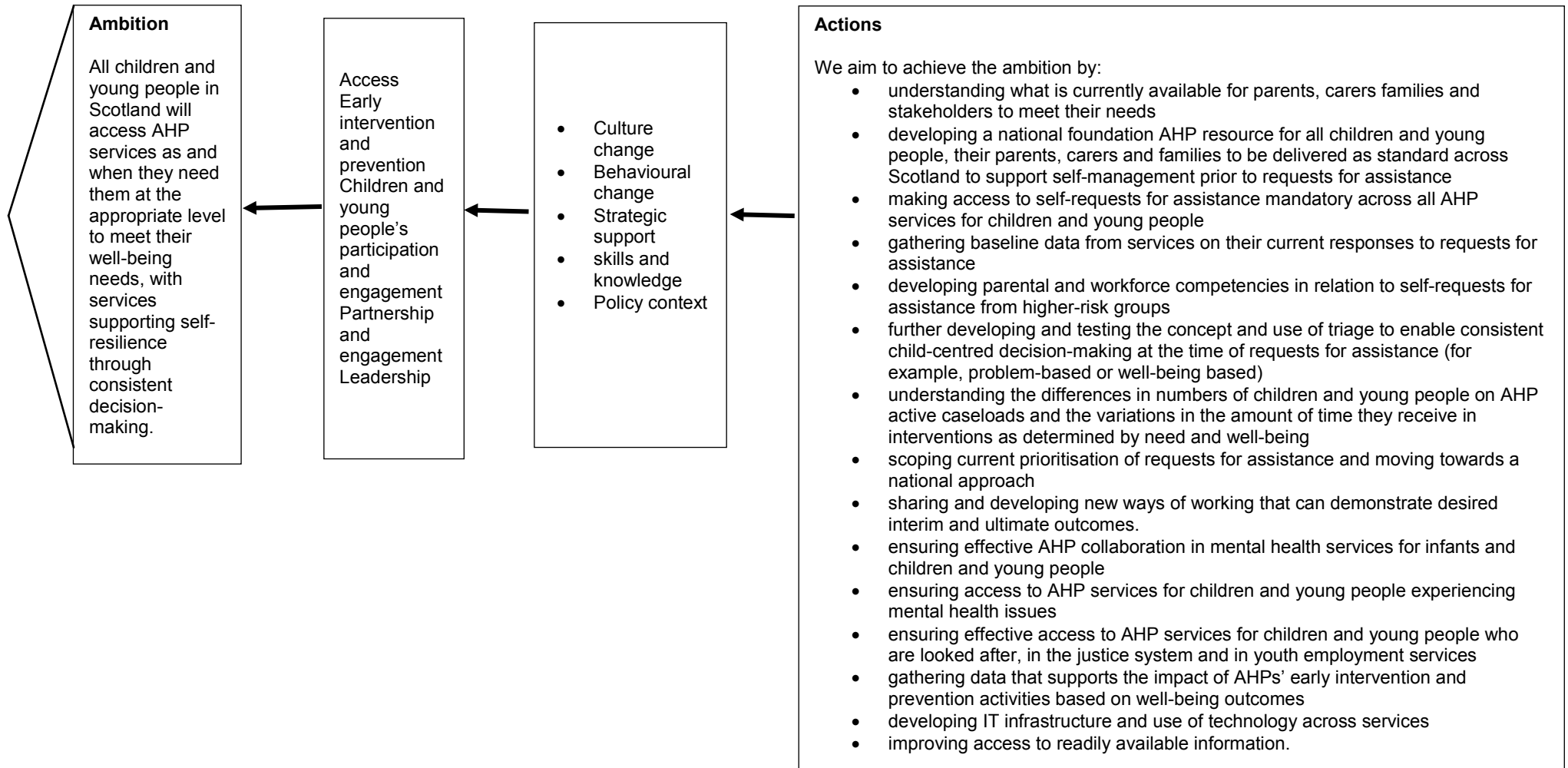
Summary diagram – Early Intervention and Prevention Ambition



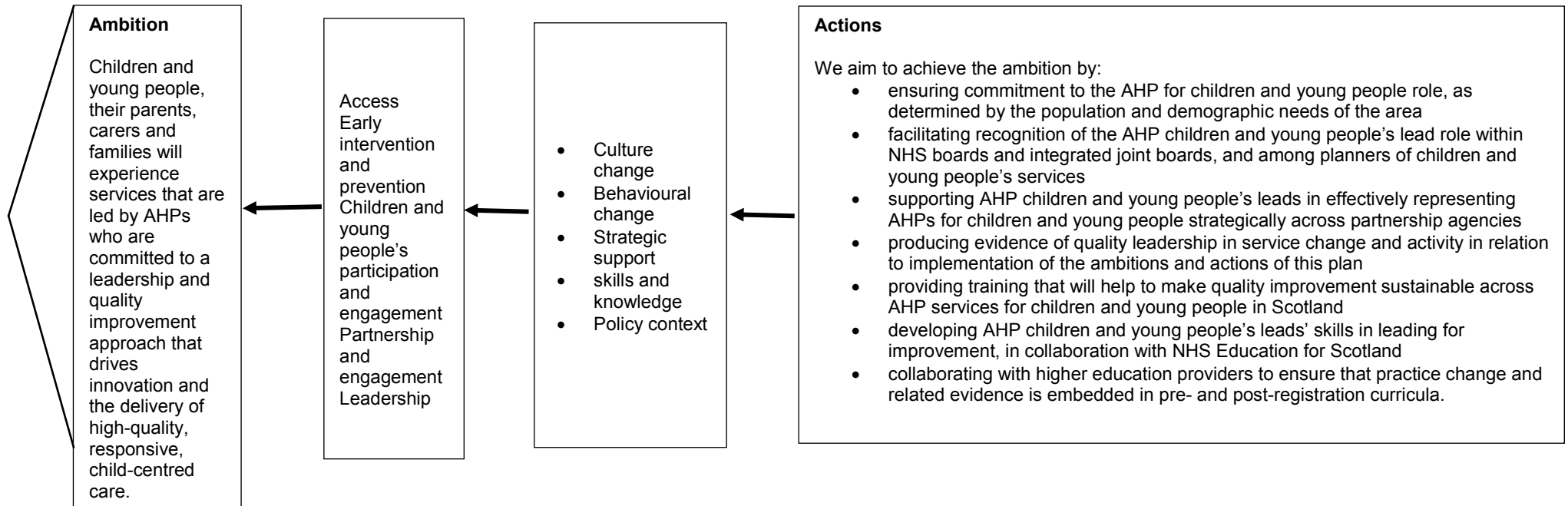
Summary diagram – Partnership and Integration Ambition



Summary diagram – Access Ambition



Summary diagram – Leadership Ambition





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