



# Inequalities Sensitive Practice Initiative

## Final Report

### Integrated Children Services



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## EXECUTIVE SUMMARY

This is the final report of the Inequalities Sensitive Practice Initiative's (ISPI) work with the Parents and Children Together Teams (PACT) within Integrated Children's Services in Glasgow City.

ISPI is managed within NHS Greater Glasgow and Clyde's Corporate Inequalities Team funded by the Scottish Government as one of 14 projects in Scotland which are contributing to a Multiple and Complex Needs Initiative (MCNI). The MCNI was launched by the then Scottish Executive in 2006 to identify how public services can improve their response to people with multiple and complex needs.

The central aim of ISPI at local level was to find out what will help NHSGGC and its partners improve the effectiveness and efficiency of front line services in reducing health inequalities and to determine what type of planning and policy arrangements are required to sustain service improvements.

This report forms part of a suite of reports which include reports from the other ISPI settings: Primary Care Mental Health; Maternity Services and Addiction Services together with reports from the ISPI Learning and

Development Officer and Avante Consulting's independent evaluation report of the overall initiative. In addition the Scottish Government have commissioned an evaluation of the MCNI by Cambridge Consultants.

The reports are available for a wide audience including the Scottish Government, Directors, Managers and Practitioners within NHSGGC and other Scottish Health Boards and should be useful in developing strategic and operational approaches to the development of inequalities sensitive practice. All of the ISPI reports will be available on NHSGGC's Equalities in Health Website [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk).

ISPI was active within the Integrated Children's Setting from April 06 until December 08. The initiative identified the key characteristics of inequalities sensitive practice within PACT teams and through engagement with team leaders and practitioners drew some conclusions as to the barriers and enablers for this kind of practice.

The report describes the key achievements, outputs and outcomes from the work and draws conclusions and recommendations which are of relevance to the further development of PACT teams; other Children's Services and the wider organisation of NHSGGC.

### SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Working closely with the Parent and Children Together (PACT) Teams in Glasgow has provided the opportunity to identify a number of features or characteristics of practice which are fundamental to inequalities sensitive practice, these include practice which is:

- person centred **and not** service/profession centred
- firmly embedded in a **social model of health**
- underpinned by core, routine areas of **sensitive enquiry**
- empathetically 'curious' **and** actively supportive
- firmly embedded in appropriate **pathways of support/care**
- firmly linked to **performance management systems; data collection sets**
- carried out by **competent practitioners who know and understand the impact of social inequalities on health.**

ISPI has identified that the integration of health and social care services has many benefits for the development of inequalities sensitive practice and that sustaining this kind of practice requires a closer integration of the practice world with the worlds of policy and planning.

### RECOMMENDATIONS

#### National

The Scottish Government should work with Special Health Boards to ensure that

- Workforce development programmes are developed to support child health workers practice in an inequalities sensitive way
- Data collection processes and mechanisms are developed to support planning and practice.
- Performance management and efficiency targets should be applied to inequalities sensitive workforce development activity at local Health Board level.

#### NHS Greater Glasgow and Clyde

- Practitioners should be supported by the systems and management practices around them in order to sustain inequalities sensitive practice; this includes access to structured supervision and support.
- The development of a co-ordinated and systematic workforce development programme for service managers; frontline practitioners; policy and planning officers is essential to

developing and sustaining inequalities sensitive practice across all Children's Services.

- Recruitment and retention processes should be strengthened to ensure workers with competencies and capabilities necessary for inequalities sensitive practice are recruited and retained within Children's Services.
- Data collection systems and practice need to be aligned with performance management processes.
- Processes and mechanisms that bring together practitioners, managers, planners and policy makers in service development activity should be developed. For example the development and support of Board wide and local learning and practice development networks.
- A closer alignment of corporate functions such as Corporate Inequalities; Equality and Diversity, Learning and Development and Organisational Development with service improvement and development functions should be made a priority and driven by performance management processes.

## **CHAPTER ONE** **INTRODUCTION TO the** **Inequalities Sensitive Practice** **Initiative**

### **INTRODUCTION**

This is the final report of the Inequalities Sensitive Practice Initiative and its work within the Parent and Children Together Teams in Glasgow City. It is intended to describe the main activities, achievements, outputs and outcomes of this work and ends with conclusions and recommendations which are pertinent for the PACT teams and the wider organisation. The report forms part of a suite of reports which include reports of the other ISPI settings (Addictions, Primary Care Mental Health and Maternity Services) and the independent evaluation report of ISPI conducted by Avante Consulting. The reports are aimed at a wide range of managers and practitioners and should be useful in strategic and operational approaches to the development of inequalities sensitive practice.

A copy of all of the ISPI reports can be accessed on NHSGGC's Equalities in Health website [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk)

This first chapter gives an overview of the national policy context for addressing health inequalities and

gives a brief background to the overall Inequalities Sensitive Practice Initiative (ISPI)

### BACKGROUND AND CONTEXT

Health inequalities are the medical (both physical and psychological) consequences of a series of inequalities experienced by people in their everyday lives which relate to socio-economic status, gender, race, sexual orientation and disability status or a combination of these factors.

The effect of power differentials, discrimination and socialisation, acts as a pathway into poor health, which can limit access to health and social care and can affect the quality of response by both individual practitioners and care systems.

A drive to reduce the impact of inequalities on health is reflected in Scottish and UK health and social justice policies. Legislative requirements for Public Services in relation to race, disability and gender equality are in place.

#### **The Multiple and Complex needs Initiative**

In 2006 the Scottish Executive (now the Scottish Government) launched a Multiple and Complex Needs Initiative (MCNI) aimed at improving public services for those with multiple and complex needs- in recognition that people with multiple and complex

needs find it difficult to access services, and/or maximise their own benefit from them, because they experience a range of barriers and discrimination

Research has shown that existing public service providers find it difficult to deal with clients who have multiple, or complex combinations of, problems<sup>1</sup>. The MCNI focussed on what needs to improve in relation to service user experience of Public Services, this was expressed as a service experience 'cycle'

- **Getting In-** awareness of and access to the service
- **Getting On-** initial assessment by, working with and experience of the service; and
- **Getting Through-** moving forward, beyond and outwith the service

#### **Who Has Multiple And Complex Needs?**

The Scottish Government commissioned a literature review by Anne Rosengard Associates<sup>2</sup> to inform and guide the development of the MCNI. This literature review established that a very wide range of

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<sup>1</sup> Breaking the Cycle- Taking stock of progress and priorities for the future- Social exclusion Unit September 2004

<sup>2</sup> Rosengard A. Laing, I. Ridley, J. and Hunter, S. (2007), A Literature Review on Multiple and Complex Needs. Scottish Executive, Social Research.

people can be described as having multiple and complex needs including:

- People with mental health problems
- Young and older people
- Those fleeing abuse and violence - mainly women and refugees
- Those culturally and circumstantially disadvantaged or excluded - minority ethnic groups; travelling people
- People with a disability
- People who present challenging behaviours to services
- People who are multiply disadvantaged by poverty, poor housing, poor environments or rural locations which mean they are distant from services
- People who are 'marginal, high risk and hard to reach', who may be involved in substance misuse, offending and at risk of exclusion
- People who have a 'dual diagnosis' of mental ill health and substance misuse, or of other combinations of medically defined illness.

The MCNI commissioned 14 projects across Scotland. These projects represent a wide range of service settings and client groups and were in the main operational between April 2006 and December 2008.

ISPI, managed by NHS Greater Glasgow and Clyde is one of these projects. ISPI took a unique approach amongst the projects in that it focussed on existing practice within the context of organisational change.

### **The Inequalities Sensitive Practice Initiative**

ISPI is managed by the Corporate Inequalities Team of NHS Greater Glasgow and Clyde (NHS GGC). Inequalities in health are a major challenge for NHSGGC, the Boards boundaries have within them some of the most deprived communities in Scotland and health inequalities are widening. In recognition of this NHSGGC's has identified tackling inequalities as one of its key organisational transformational themes. The organisation has accepted that it needs to plan and deliver its services differently in order to impact more significantly and equitably on the health of its community. The organisation has described 10 goals that will drive the development of an inequalities sensitive health service. These ten goals can be grouped under 3 main headings:

- Engaging with Populations and Patients
- Developing the Workforce
- The Health Service's Role in Society

A key function of NHSGGC's Corporate Inequalities Team is to develop tools and approaches aimed at helping the organisation change and achieve these goals. ISPI is one of these approaches.

The central construct of ISPI has been to both:

- Inform national learning and policy development
- and**
- Identify what will help NHSGGC and its partners improve the effectiveness and efficiency of front line services in reducing health inequalities and to determine what type of planning and policy arrangements are required to sustain service improvements.

The model used by ISPI has been to focus on practice at the point of transaction and interaction between practitioner and service user. The main focus for the initiative was on 2 key aspects of inequality, namely gender inequality and socio economic inequality. However it is important to be clear that the work of ISPI should be seen as a paradigm for work with in all aspects of inequality and discrimination. Individuals are not defined by one identity; issues relating to race, sexual orientation and disability also need to be identified as part of the development of inequalities sensitive practice

The initiative sought to achieve national and organisational learning through 4 project leads working closely with managers and practitioners in each of 4 diverse practice settings as follows:

- Maternity Services
- Integrated Children's Services :Parents and Children Together Teams (PACT)
- Addictions Services
- Primary Care Mental Health Services

A Learning and Development Officer and a Communications Officer worked with the Project Leads across the 4 settings.

The teams and settings selected, were done so on the basis that they had or were in the process of adopting a model of inequalities sensitive practice that recognised the need to move beyond traditional, medicalised responses to the health consequences of inequality and discrimination. The project leads had the clear objectives of

- **Describing** the key characteristics of inequalities sensitive practice within these settings, in order to develop tools for practice development at an organisational level.
- **Identifying** what the enablers and barriers to Inequalities Sensitive Practice are, in order

to contribute to the organisations development as an inequalities sensitive health service.

- **Embedding** and sustaining an inequalities sensitive service approach within each of the 4 practice settings at a wider level than that of the individual teams.

A high level steering group, responsible for the effective governance of the initiative, was established and chaired by NHSGGC's Head of Inequalities and Health Improvement. In addition, each of the 4 settings had their own implementation groups, chaired by a setting lead or 'champion'. In some settings working and task groups were set up to carry out specific tasks.

### **Evaluation**

An independent evaluation of ISPI was commissioned from Avante Consulting.

The Scottish Government commissioned an evaluation of all 14 MCNI projects from Cambridge Consultants. This report will be published by the Scottish Government in March 2009.

**The rest of this report focuses on the work of ISPI with the Parent and Children Together Teams within Integrated Children's Services in Glasgow.**

## **CHAPTER TWO Rationale, Aims, Approach and Activities**

### **INTRODUCTION**

This chapter describes the rationale, aims and approach which underpinned the work of the Inequalities Sensitive Practice Initiative with PACT teams within the Integrated Children's Services setting in Glasgow City. It describes the context within which a range of activities took place.

#### **Rationale**

ISPI identified PACT as a service to work alongside because of their work in redefining services and practice for children and families living in circumstances of disadvantage, discrimination and abuse.

PACT Teams were created within Glasgow City to continue the model of practice created by Starting Well. Starting Well was the National Demonstration Project funded by the Scottish Executive, aimed at demonstrating that child health could be improved by a programme of activities that both supports families, and provides them with access to enhanced community-based resources.

PACT teams are made up of Social Workers, Health Visitors, Nursery Nurses, Family Support and Money

Advice Workers; they provide an intensive service, based on a social model of health, to families with young children who are facing a multiplicity of health and social problems.

Each of the 5 Community Health and Care Partnerships (CHCPs) in Glasgow has 2 PACT teams within their geographic boundaries. PACT teams were identified as examples of good practice during a performance inspection by the Social Work Inspection Agency in 2007<sup>3</sup>.

#### **Aims**

The aim of the work with PACT teams was to identify and establish the mechanisms for extending and integrating the development work within PACT into the mainstream delivery of other children's services and to identify ways of assessing the impact on overall health gain of recipients of the service.

#### **Objectives**

- To describe the key elements and drivers for Inequalities Sensitive Practice (ISP) in light of the current stage of development within Integrated children's services
- To determine the nature of the policy, organisational and

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<sup>3</sup> Performance Inspection Glasgow City Council SWIA 2007

practice enablers and inhibitors which would allow for the successful implementation of ISP within Integrated Children's Services

- To define the appropriate planning frameworks for informing and integrating ISP into mainstream service provision
- To identify current strengths and weaknesses in current data collection systems for sensitivity to gender and socio-economic status.
- To devise and develop a systematic approach to data collection and effective monitoring systems and to utilise these in the development of practice and to inform establishment of performance indicators and measure impact.
- To utilise the findings of the evaluation of ISPI to inform policy, planning and performance management

A logic model was used as an outcomes focused planning and evaluation tool. Logic models allow work to be divided into logical steps: assumptions; inputs, activities, outputs, and outcomes as follows

1. Assumptions, for example regarding organisational culture, management 'readiness'
2. inputs (resources such as money, employees)

3. work activities, programs or processes,
4. the immediate outputs of the work that are delivered
5. Outcomes or results that are the long-term consequences of delivering outputs.

The basic logic model typically is displayed in a flow diagram such as below:

**ASSUMPTIONS-- >INPUTS -->  
ACTIVITIES --> OUTPUTS -->  
OUTCOMES**

The full logic model for the Integrated Children's setting can be found in Appendix 1.

In retrospect the aims and objectives set for the work of ISPI were ambitious and proved difficult for the initiative to achieve given the organisational context within which the work took place and the relatively short time frame and limited resources available to it. A more detailed analysis of this is contained in a later section of this report.

### Context

The establishment of PACT teams and the introduction of ISPI coincided in 2006. In retrospect this can be seen as both strength and a weakness. ISPI was able to observe the development of the new teams and their practice over the period of the initiative. However in the early

stages there were practical difficulties engaging with team leaders as they were often understandably preoccupied with recruiting and setting up their new teams.

In addition the integration of health and social care services with their own, often very different models of practice was challenging and time consuming at both practical, practice and management levels; resulting in reluctance on the part of some staff to engage with ISPI at the outset of the initiative. As the teams have settled in and the initiative has progressed many of these difficulties of engagement have been resolved.

### **Approach and Activities**

A project lead was recruited to manage the initiative within the Integrated Children's Services setting. A setting implementation group was established and chaired by the setting lead; this was initially the Head of Children's Services in the South East CHCP and then latterly the Service Lead for PACT teams. The support and leadership of the Setting Lead has been critical to the progress of the initiative.

Regular reflective and highlight reports were produced by the Project Lead; these were shared with the Setting Lead and Setting Implementation Group and used to evaluate the progress of the initiative.

The independent evaluators Avante Consulting worked with the initiative

from the outset, using an action research approach; this included 1:1 interviews and focus group sessions with senior managers, team leaders and practitioners.

The Project Lead worked closely with the PACT Team Leaders, regularly attending and participating in their team meetings and development workshops.

Throughout the time of the initiative, interactive, facilitated meetings and workshops took place in which team leaders and their staff were encouraged by the Project Lead to identify the key ingredients of their practice, including the barriers and enablers they encounter in implementing their model of practice.

A Training Needs Analysis was carried out to identify specific learning and development needs within the PACT teams; these identified the need for further input relating to issues of employability; poverty and gender. Staff were engaged in the process of producing learning and development tools.

Attempts were made to progress issues relating to data collection, however these were unfruitful. An analysis of the barriers relating to data collection issues is contained in the next section.

## CHAPTER THREE ACHIEVEMENTS, OUTPUTS AND OUTCOMES

This chapter will look at the key achievements, outputs and outcomes for the work of ISPI with the PACT teams

### Practice

A key output of ISPI has been that through the process of observation, engagement and discussion, with team leaders and practitioners, it has been possible to identify the key characteristics of inequalities sensitive practice either present or aspired to within the PACT teams as shown in Box1

#### BOX 1

##### KEY CHARACTERISTICS OF INEQUALITIES SENSITIVE PRACTICE

- person centred **and not** service/profession centred
- firmly embedded in a **social model of health**
- have **core, routine** areas of **sensitive enquiry**
- empathetically 'curious' **and** actively supportive
- firmly embedded in appropriate **pathways of support/care**

- firmly linked to **performance management systems/ data collection sets**
- carried out by **competent practitioners who know and understand the impact of social inequalities on health.**

Many of these characteristics are strongly in evidence within PACT; however others need to be strengthened. Areas of practice in greatest need of strengthening are as follows:

- **Data collection and performance management systems**, further work needs to be done to develop both the practice of routine collection of data relating to equality issues, for example, socio economic situation and employability. A major complicating factor is that data is collected specifically for the child and not for the parent or carer. The weakness in data collection makes it difficult to effectively measure progress in practice or service development, and impedes needs led resource planning.
- It is important to note that although PACT are working with families their main client is the child and that multi agency early intervention can support the child develop with optimum physical and emotional health. This clearly can take years to

evaluate, however, improvements in data collection and analysis should demonstrate improvements in the short to medium term.

- The PACT teams demonstrated a clear commitment to **sensitive enquiry** into the whole range of a person's circumstances; however **routine enquiry** into gender based violence (GBV) is not yet embedded in their practice. This is despite PACT workers identifying domestic abuse as being an issue in 80% of the families they work with. Both team leaders and practitioners identify confidence in how to respond to needs relating to GBV as a key factor in this gap in practice. **In the Training Needs Analysis carried out: 74 % of staff said they were quite confident in this area of practice with only 6% assessing themselves as very confident**
- **Structured support and supervision for health staff**, although the PACT teams are set up as integrated teams, separate support and supervision processes are in place for health and social care staff. Social care staff appear to benefit from regular, ring fenced structured supervision and support, whilst health staff can and do access supervision

it appears to be less structured. Staff identified supervision and support as critical for practitioners to support service users through difficult and often harrowing experiences.

- **Pathways of care** need to be strengthened at both universal and crisis intervention levels. PACT workers describe many referrals of families that are made to their service that could have been dealt with within universal health visiting services, and, how they are often working at the sharp end of child protection because of resource difficulties within area social work teams. This results in the PACT teams dealing with families from both ends of the spectrum of need, and, consequently unable to effectively fulfil their specialist role of early intensive intervention.
- **Knowing and understanding the impact of social inequalities on health.** 81% of PACT practitioners completing the training needs analysis recognised that understanding the impact of inequalities was important to the work they do. However even though the PACT workers were working to a well developed social model of health, significant numbers indicated that they needed more support to in

understanding and responding to a number of inequality domains. For example 47% of PACT workers indicated that they needed more support in understanding and responding to issues of gender and poverty and 70.9% wanted more support with poverty and child health, particularly in relation to financial inclusion work and employability. It would be reasonable to assume that given this level of need within a specialist integrated service there is likely to be substantial need for support and development within the workforce of other Child Health services, working to move traditional, medicalised models.

### Learning and Development

A key output of the Training Needs Analysis, was a series of interactive learning and development workshops with the PACT teams, focussed on poverty, gender and employability. A number of issues and themes emerged from the discussion in these workshops and their evaluation as follows:

- The employability workshops developed and delivered by staff from 'Glasgow Works' and 'Working for Families' services were opportunities to provide staff with practical connections to local employability bridging services.
- The workshops were an opportunity for awareness raising in relation to the particular equality issue being explored but perhaps just as importantly they were an opportunity for the whole team to have some time out of practice to reflect on what they do well and what they feel needs to be strengthened. See Box 2

#### **BOX 2**

***'IT WAS GOOD TO GET THE CHANCE TO REVISIT OUR VALUE BASE'***

***'IT WAS GOOD TO HAVE THE TIME TO DISCUSS 'CASE STUDIES' WITH COLLEAGUES..... WE NEED MORE TIME FOR PEER SUPPORT'***

***'REVISITING THE IMPACT OF POVERTY ON PEOPLE'S HEALTH WAS IMPORTANT, WORKING WITH FAMILIES IN POVERTY EVERY DAY SOMETIMES MEANS WE GET 'DESENSITISED' TO ITS IMPACT'***

***'THE WORKSHOP HAS REAFFIRMED WHAT I DO, MAKES ME FEEL GOOD ABOUT MY PRACTICE'***

***'I UNDERSTAND MUCH MORE CLEARLY WHAT MY ROLE IS NOW IN EMPLOYABILITY'***

- The workshops offered a valuable observation of how effectively relationships were being built and strengthened within the teams. There was a strong sense of inclusiveness, with all disciplines and levels of authority working and learning together.
- The bringing together of health and social care perspectives brought a richness to the learning and development sessions and presumably this applies to day to day practice within PACT teams.
- The commitment to improving practice and services for their service users was strongly demonstrated by PACT staff. Their passionate commitment to improving outcomes for the families they work for is commendable.

Discussion in the workshops highlighted the need for

- More opportunities for integrated approaches to workforce learning and development, currently, training opportunities are sometimes

only available on a single agency basis.

- A structure and co-ordination for induction and refresher courses is needed.
- Integration of practice, planning and policy worlds. Staff and team leaders appear to feel disconnected from the worlds of policy and planning and in some cases feel that their lack of influence in shaping decisions about practice hampers their ability to respond effectively to their service users.
- Stronger connections to other local services, particularly Housing Services.

### **Learning and development tools**

In addition to the learning and development workshops, a learning and development DVD was produced based on a typical PACT practice scenario depicting some of the key characteristics of sensitive enquiry in relation to GBV and poverty.

The DVD was produced with support and input from a PACT Team Leader and Practitioner. This resource can be utilised both within PACT and at a wider organisation level.

More detail regarding the DVD and its utility together with an analysis of the evaluation of the PACT workshops can be found in the ISPI Learning and Development report at [www.equality.scot.nhs.uk](http://www.equality.scot.nhs.uk)

The development of a practice descriptor detailing quality standards and associated workforce competencies will be produced and placed on the above web site.

### **Outcomes**

It is difficult to measure outcomes due to the paucity of performance management data in relation to practice and service delivery.

Anecdotally the workshop sessions appear to have made some impact on practice but this cannot be evidenced at this stage.

Team Leaders appear to be more engaged with the process of developing Inequalities Sensitive Practice, this can be evidenced by their support and input to the production of learning and development tools, which can be utilised within their services and at a wider level across children services

The work of ISPI has been focussed essentially on practice and organisational change and not on directly impacting on service user

outcomes, however, the assumption is that if practice in relation to people with multiple and complex needs is improved then their outcomes will be improved.

PACT workers do engage their service users in evaluating their service input; however this information is not being systematically fed back into the service planning and development process. There is therefore currently no way of evidencing the impact on service user outcomes either from the limited input from ISPI on practice or at a more general level; this gap requires to be addressed.

A positive outcome which bodes well for sustainability of Inequalities Sensitive Practice within PACT has been the integration of action relating to inequalities into the PACT teams' development plan.

Progress is being made in securing a ring fenced resource to support the further development of ISP within PACT and across wider Child and Maternity services.

### **Enablers and Barriers to achieving outcomes**

The reorganisation undertaken by NHSGGC as part of its obligations to Partnerships for Care led to the establishment of Community Health

and Care partnerships in Glasgow, a joint construct of the NHS and the City Council. A single Director is accountable to both the City Council and the NHSGGC for the management and development of health and social care services. As part of their schemes of establishment CHCPs are resourced and responsible for making a difference to the health and well being of their population and reducing inequalities. This was an optimum policy environment for both PACT teams and ISPI to operate within.

However, the organisational reorganisation processes set a backdrop of substantial change and disruption for practice within Children's Services generally, this together with the commencement of a review of Health Visiting services and a major review of pay and conditions in Health and Social Care services created a climate of uncertainty and apprehension which sometimes hampered engagement with practitioners and the progress of the initiative.

Despite the difficult backdrop to ISPI's work within Integrated Children's Services there has been significant support from the setting and service leads, both of whom have demonstrated strong leadership and commitment to the work.

The sub optimum alignment of corporate and devolved policy, planning and performance management arrangements has been a critical barrier in achieving some of the planned outcomes relating to measurement of impact on practice, and mechanisms to assess service user outcomes.

The model of a project lead working closely with practitioners and team leaders has allowed an observation of practice and given front line staff the opportunity to articulate what **they** identify are the strengths and weaknesses of their practice, this has been important given the often expressed view of disconnection from policy and planning experienced by front line staff.

## CHAPTER FOUR Conclusions and Recommendations

### CONCLUSIONS

The Inequalities Sensitive Practice Initiative within the Integrated Children's Services Setting was successful in identifying the key characteristics of inequalities sensitive practice. This learning can now be utilised in both the further development of PACT teams and across Children's Services generally. Working with the PACT teams as they have evolved has been a rewarding experience, particularly in witnessing their strong commitment to the families they work with, often in very difficult and harrowing circumstances.

In order to strengthen Inequalities Sensitive Practice within the PACT teams and across other Children's Services there is a need to take note of the barriers and enablers to this kind of practice that have been identified. These include:

- Strong effective leadership that visibly prioritises addressing inequalities
- Integration or close working arrangements between health and social care workers
- Level of access to workforce development focussed on the

impact of inequalities on health and what this means for practice

- The provision (or not) of structured and protected time for staff support and supervision
- Presence/absence of systematic recruitment and retention processes to ensure that services are staffed by people with the necessary behavioural competencies including a commitment to social justice, ability to practice in a person centred way, ability to be empathetic.
- Level of access to adequate resources, including time and staffing levels, for the relationship building necessary for inequalities sensitive practice
- Level of access to resources within other public services, housing services being one that was frequently mentioned by PACT staff.
- Teams working and learning together in a non hierarchical way.
- The misalignment of practice with policy, planning and performance management at corporate and local levels. This is not only about mechanisms

or systems, but also how staff from these groups engage with each other and the perceived or actual differentials in power across these groups.

ISPI has achieved many of the outputs it set out to produce, however the achievement of the outcomes set will need to be progressed through securing the integration of the learning and recommendations from the initiative into National and NHSGGC's mainstream activity.

### RECOMMENDATIONS

#### National

The Scottish Government should consider working with Special Health Boards to ensure that

- pre registration and post registration workforce development programmes are developed to support child health workers practice in an inequalities sensitive way
- Data collection processes and mechanisms are developed to support planning and practice.
- Performance management and efficiency targets should be applied to inequalities sensitive workforce development activity at local Health Board level

#### Local

- Practitioners should be supported by the systems and management practices around them in order to sustain inequalities sensitive practice; this includes access to structured supervision and support.
- The development of a co-ordinated and systematic workforce development programme for service managers; frontline practitioners; policy and planning officers is essential to developing and sustaining inequalities sensitive practice across all Children's Services.
- Recruitment and retention processes should be strengthened to ensure workers with the competencies and capabilities necessary for Inequalities sensitive practice are recruited and retained within Children's Services.
- Data collection systems and practice need to be aligned with performance management processes.
- Processes and mechanisms that bring together practitioners, managers, planners and policy makers in practice and service development activity should be developed. These could include

the development and support of local practice networks.

- A closer alignment of corporate functions such as Corporate Inequalities; Equality and Diversity, Learning and Development and

Organisational Development with service improvement and development functions should be made a priority and driven by performance management processes.

## APPENDIX 1 INTEGRATED CHILDREN’S SERVICES LOGIC MODEL

Assumptions	Resources	Activities	Outputs	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
				Within 2 years	At end of 2 years	Beyond 2 years
<p>Mainstreaming Inequality Sensitive Practice is attractive and doable</p> <p>Inequality Sensitive Practice will be prioritised in planning processes</p> <p>Inequalities Sensitive Practice will be prioritised in service re-design processes</p>	<p>Heads of Children’s Services</p> <p>Integration Managers</p> <p>Senior Nurses</p> <p>Operational Managers</p> <p>PACT Team Leaders</p> <p>PACT Teams</p> <p>Pact Steering Group</p> <p>ISPI Steering Group</p> <p>Corporate Inequalities Team</p> <p>Equality and Diversity</p>	<p>Gather baseline of information: audit, needs assessment, referral systems</p> <p>Develop and implement training programme</p> <p>Ensure appropriate screening of referrals from WRHS to PACT</p> <p>Develop and implement communication strategy</p> <p>Collate evidence on best practice</p> <p>Maximise use of monthly reporting/ data collection tools</p>	<p>PACT teams trained in Inequality Sensitive Practice</p> <p>PACT contribution to citywide Financial Inclusion Strategy</p> <p>Comprehensive referral systems to maximise access and appropriateness for families who require care within the context of more than one setting</p> <p>Recommendations and implementation plans for data collection and monitoring systems, which reflect a diverse</p>	<ol style="list-style-type: none"> <li>1. Increased detection of poverty related issues</li> <li>2. Increased access to support for income maximisation</li> <li>3. Improved detection and response to gender based violence experienced by mothers</li> <li>4. Improved access to support for survivors of gender based violence</li> <li>5. Identified improvements in PACT targets</li> <li>6. Improved identification of risk factors for children requiring implementation of</li> </ol>	<p>Mechanisms are identified and established for extending and integrating Inequality Sensitive Practice into mainstream delivery of Integrated Children’s Services</p> <p>Ways are identified of assessing impact on the overall health gain &amp; well being of the recipients of the service</p>	<p>Inequality Sensitive Practice is embedded in and across the Integrated Children’s Services Setting</p>

## Inequalities Sensitive Practice Initiative

<p>Political direction and support around health inequalities will be sustained</p> <p>Children's Services managers will support activities e.g. Training</p>	<p>Team</p> <p>Child Health Strategy Group</p> <p>Children and Young People's Specialist Service</p>	<p>Establish working relationships across Integrated Children's Services and linked social care agencies</p> <p>Establish stakeholder agreement about expected outcome of PACT intervention</p>	<p>population</p> <p>IAF used as PACT standard assessment tool</p> <p>Inequalities Sensitive Practice descriptors and competencies</p> <p>Clear expected outcomes and targets for PACT Teams</p>	<p>child protection procedure</p> <p>7. Improved response to identified risk factors to women's mental health</p> <p>8. Improved levels of engagement with fathers</p>		
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## Inequalities Sensitive Practice Initiative

Assumptions	Resources	Activities	Outputs	Short Term Outcomes Within 2 years	Medium Term Outcomes At end of 2 years	Long Term Outcomes Beyond 2 years
		<p>Develop better links and access to adult services</p> <p>Identify opportunities and provide guidance for services to better include fathers</p> <p>Establish mechanisms for user involvement and user satisfaction feedback</p> <p>Provide ongoing feedback to key groups and personnel e.g. PACT Steering Group, Child Health Strategy Group, Heads of Children's Services</p>	<p>Care Pathways across settings, which maximise appropriate response for families</p> <p>Framework/mechanism to include and engage fathers</p> <p>Mechanisms, which enable service users to feed into, and influence, service developments</p> <p>Planning frameworks, which support the development of Inequalities Sensitive Practice</p>	<p>9. Services are appropriate, accessible and inclusive to all of the service users</p> <p>10. Identified policy, organisational and practice enablers and inhibitors to progressing ISP across Children's Services</p> <p>11. Identified inequalities sensitive performance indicators, which complement and augment the requirements of local delivery plans</p> <p>12. Identified planning frameworks, which support the development of inequalities sensitive practice</p> <p>13. Identified processes, which support the requirement of the new public sector Duty for Gender</p>		