



Glasgow's Healthier Future Forum 17: Thinking ahead in the early years

Tuesday 15th September 2015

Trades Hall of Glasgow



This report is a summary of the presentations and discussions from the GHFF17 event and does not necessarily represent the views of the GCPH

Introduction

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being. The aim of the **17th Healthier Future Forum: Thinking Ahead in the Early Years** was to:

- Provide participants with a sense of the direction of travel in child health, well-being and quality of life locally and nationally
- Present examples of what is working well in services and approaches that care for and support children and families
- Discuss how we can build on and develop what we are currently doing to help all our children and young people to reach their full potential

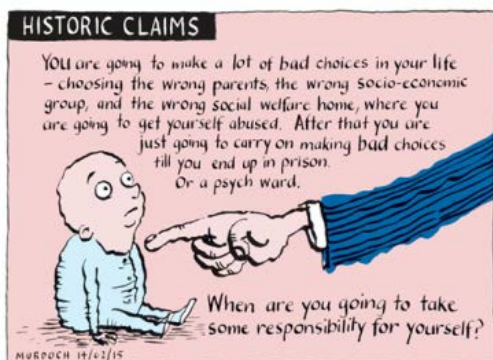
Graham Leicester, International Futures Forum chaired the event which included a keynote address from **Michael Smith, NHS GG&C**. Other presentations included an overview of child health and well-being from **Bruce Whyte, Glasgow Centre for Population Health** and the reality of services Getting It Right For Every Child (GIRFEC) from **Gary Dover, NHS GG&C**. The morning concluded with a Service User perspective on the Family Nurse Partnership followed by a round table discussion and plenary. **Mark Feinmann, NHS GG&C** opened and closed the event.



Keynote Address – Michael Smith, Associate Medical Director for Mental Health, NHS GG&C

Michael Smith in his keynote presentation reminded us that 'there has got to be a reason why it takes us so long to grow up' (Dr Nim Tottenham, 2015). We know that a good start in life lays the foundations for a healthy fulfilled adulthood (and in terms of investment in early years makes very good social and economic sense). However, there is clear evidence that babies and children who are exposed to an excessive number of harmful or distressing experiences, described in the literature as 'adverse childhood experiences' (ACEs), are more likely to have mental health problems in adulthood as well as physical ill-health.

These experiences interfere with a child's development of 'secure attachment', which gives that child a 'secure base' helping him/her to be able to explore away from the parent/care giver but return to that parent/care giver when feeling tired or afraid. Secure attachment in turn allows a child to build a positive self-image, manage distress, function independently and relate to others. Michael went on to stress that ACEs are common, 'survivable' for most people, not the sole cause of our problems but a useful indicator of 'toxic stress.' They are transmissible from parents to children and cannot be undone so the key is prevention. Austerity and welfare reform increases household/child poverty and family stress leading to greater likelihood of children experiencing ACEs therefore constituting a threat to the establishment of secure attachment in childhood and subsequent health and well-being and fulfilment in adulthood. He also pointed out that the prevalence of ACEs in professionals working with children is twice the national average.



In relation to prevention, Michael proposed that we need to think about how we do things as well as what we do, avoiding victim blaming, judgemental attitudes and approaches. He was critical of an all too common public culture of 'blame, shame and punishment' which is not conducive to healthy development at an individual or organisational level. We need to keep children and their families at the centre of everything we do, providing co-ordinated help when and where they need it, and involving them in decisions that affect them. Services can help to mitigate some of the effects of poverty through

wider action in areas such as housing, food/fuel poverty, and money advice in partnership with others and through community-based approaches. Michael concluded by reminding the audience that the slogan 'People make Glasgow' could be 'Glasgow makes People.'

[View the presentation](#)

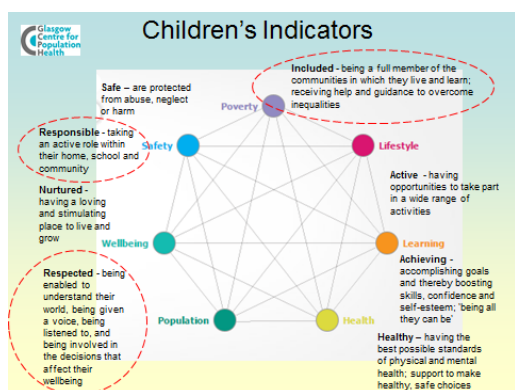
Overview of Child Health & Well-being – Bruce Whyte, Public Health Programme Manager, Glasgow Centre for Population Health

Bruce's overview provided a sense of trends and patterns in adult life expectancy in Glasgow, information regarding the child population in the city and the status of important determinants of health including child poverty and attainment. Although life expectancy has increased in Glasgow over the last 20 years, inequalities persist between the most and least deprived areas of the city in male life expectancy and the gap in female life expectancy between the most and least deprived areas has grown.

Looking to the future, the child population of Glasgow is predicted to increase by 18% in the next 25 years. On a positive note, school attainment levels have been rising steadily but less positively, nearly 10% of the child population receive social care support and one in three children live in poverty in the city rising to almost one in two in some of the city's neighbourhoods.



Bruce went on to describe early thinking in relation to developing indicators of progress in relation to child health and well-being. Consideration is being given to the possibility of developing a set of children's health and well-being neighbourhood profiles based on a selection of indicators representing a variety of themes including socio-economic context, education, environment, emotional wellbeing and behaviour, culture and language. There is also a need to explore how best to develop positive indicators of progress that can track progress in relation to the eight domains listed as important for a child's well-being in the Children and Young People's (Scotland) Act. These are: safe, healthy, achieving, nurtured, active, responsible, respected, included.



[View the presentation](#)

Getting real about GIRFEC (Getting it Right for Every Child) – Gary Dover, Head of Planning and Strategy Children and Families & North East Sector, NHS GG&C

In his presentation Gary explained how the Children and Young People's (Scotland) Act has been introduced to embed the principles of GIRFEC (Getting it Right for Every Child) into statute to encourage services who work with children to adapt their systems, practices and cultures to build a network of support around all children who need it. The principles of GIRFEC are that children's needs are placed first; they are listened to; they understand decisions which affect them; they get co-ordinated help where needed, for their well-being and development; and that services adapt systems, practices and cultures to improve how they work together.



From 2016, the Act will require local authorities and health boards to develop joint children's services plans in co-operation with a range of other service providers and to identify a 'Named Person' for every child. Children's services plans now need to reflect the shift in emphasis from care and welfare services to planning in a way that details early intervention and promotes health and well-being against the well-being indicators. The Act also imposes a legal requirement to share information with the Named Person as appropriate, and to put in place a 'child's plan' where targeted intervention is necessary.

In addition, a revised universal pathway is to be introduced involving an antenatal visit followed by an increased number of contacts and developmental assessments for every baby/young child from birth to school entry. These contacts/assessments will be conducted by a Health Visitor who will be the Named Person until a child enters primary school when the Named Person will become an education professional.

A range of work is already underway across Glasgow and Clyde to develop appropriate systems and joint working arrangements across services to meet the requirements of the Act and to ensure the principles of GIRFEC are put into practice.

[View the presentation](#)

A Service User Perspective on the Family Nurse Partnership Programme

Following the presentations, Graham facilitated a session on a service user perspective on the Family Nurse Partnership (FNP) Programme. Jennifer Casey and Rachel Orr, two teenage mothers, came along with their children and their key workers and shared their experiences. Jennifer and Rachel's accounts of their involvement with FNP highlighted the positive impact that they felt FNP had had on their experience of pregnancy and early parenthood, their self-confidence and their aspirations for the future. They talked about the importance of the non-judgemental approach of their key workers, their accessibility and practical help and the value of being able to establish a safe, consistent, trusting relationship (which had also helped them see how they might grow such relationships elsewhere). Jennifer and Rachel both felt that the FNP programme had allowed them to overcome significant difficulties in their personal lives and grow in confidence as parents and as people. Each had plans underway for study and for career development.

Round table discussion

Delegates were asked to discuss and respond to three questions:



1. How well are we doing? What would your mark out of 10 be for early years?
2. What might improve that mark?
3. What are you doing / would like to do to improve things?

After discussion at tables, Graham invited responses to each question in plenary.

Key points from discussions

- It is important to remember the economic context in which early years services are operating – one third of Glasgow children live in poverty and welfare reform is hitting many families very hard.
- There is a lot of good work going on but this is often not joined up. Dysfunctional financing can lead to organisations ‘fighting their own corners.’ In addition, too much focus on economic outcomes can miss children’s experiences of a service, and well-being outcomes.
- Services need to have at their heart the relationships they develop and maintain with people, avoid making judgements and be aware of the risk of prejudice. The FNP Programme illustrates the importance of building relationships and trust. How can this be better acknowledged and incorporated into the organisational culture and practice of all of our services? Supporting staff and all undergraduates through training/capacity building around the importance and impact of attachment/nurture is crucial.
- A systems approach should be employed to bring policy, management and delivery together to build and maintain integrated care and collaboration/communication between services and organisations working in early years. Strategic partnerships and joint reflection on achievements and next steps can help to develop this approach.
- The world has changed and continues to change; the policy landscape is changing to match. Another generation of practitioners are developing their practice in these changed times and have both new ideas and renewed energy to invest in early years services, partnerships and networks.

Future thinking and actions

Participants were asked what they think we need to do to help all of our children to reach their full potential. A number of constructive suggestions were made including the following:

- At a strategic level we need to move away from expecting individual level interventions to shift the problem. We need to generate and sustain an honest discussion about how we

become a genuinely child focussed society, with the aim of closing the gap, not just improving overall population outcomes.

- At a practical level we should increase investment and support much earlier throughout pregnancy and perinatally ensuring services are available to support the needs of parents/carers, babies, children and families paying attention to mental/emotional health, housing, financial difficulties, fuel/food poverty.
- We need to continue to build joint working and integrated service delivery between statutory and third sector services in order to strengthen collaborative working and make it more meaningful. Implementing and embedding GIRFEC and SHANARRI into our practice will help us do that.
- We need to become better at involving communities in direct action on the issues that they face. We need to work with children, young people and families rather than deciding what we think they need. Practitioners (in all disciplines) should develop therapeutic and trusting working relationships with adults, children and families.
- In term of evaluation and reflective practice, we should take stock of progress; think about what works/doesn't work; and realign allocation of funding to early intervention services with particular focus on areas of deprivation.

Closing remarks – Mark Feinmann, NHS GG&C

Mark provided closing remarks. He thanked everyone involved for a stimulating, productive morning. He reminded participants that we are all here because we want to make a difference for children in Glasgow. We need to continue to work together to make sure we focus on what matters and what we should do. Mark concluded by wishing everyone good luck on the continuing journey.

Feedback from the event

Participant views of the event were generally very positive – some of their comments regarding what they liked best are listed below:

- *A well-balanced programme of informed speakers who brought together facts on the topic*
- *Variety of good quality speakers and subjects covered*
- *Interesting and thought-provoking presentations and discussions*
- *Highlight on ACEs and data, particularly upcoming health profiles for children and early years*
- *Reflections on ACEs in Michael Smith's talk was excellent*
- *Listening to life stories of the two mums and listening to the experiences of the family partnership nurses was very inspiring*
- *Round table discussion was passionate and stimulating*

Aspects of the event that participants felt could have been improved included:

- *A desire for a better balance between male and female speakers as well as more structured round table discussions with facilitators identified at each table beforehand*
- *A call for more discussion about how we make the decisions around the use of scarce resources such as needs and demands of adult services and early years. In addition better connection and joint working is needed between adult, adolescent mental health and early years services*
- *Interest in hearing more from speakers about the social context especially austerity and poverty*
- *The need for more recognition and discussion around the input and added value of third sector in early years*

Next steps

GCPH's Healthier Future Forums are not explicitly part of any decision making processes, but a chance for a wide audience to explore issues, in this case early years. We encourage people to draw on the thoughts and ideas brought out in this report in future discussions and planning related to early years and to take them forward through their own networks, organisational responsibilities and opportunities to influence decisions and actions.

This report will be emailed out to all participants and is available on the GCPH web site <http://www.gcph.co.uk/events/159> alongside the speakers' presentation slides. For more information about the event or about GCPH's work programme on Early Years please contact Fiona Crawford at fiona.crawford3@ggc.scot.nhs.uk

Acknowledgements

Thank you to all the plenary speakers, and to Mhairi Cavanagh and Anne Burns, Family Nurse Partnership and Jennifer Casey and Rachel Orr, Service Users.

Thank you also to Carol Frame for her work in organising this event, to Sheena Fletcher who managed social media activity and to Rebecca Lenagh-Snow for taking photos throughout the morning.

Appendices

Appendix 1 - Programme

Appendix 2 - Attendees list

Glasgow's Healthier Future Forum 17

Thinking Ahead in the Early Years

Tuesday 15th September 2015
Trades Hall of Glasgow, Glasgow

Programme

9.00 – 9.30	Coffee and registration
9.30 – 9.35	Welcome and introduction by the Chair Graham Leicester, International Futures Forum
9.35 – 9.45	Opening remarks Mark Feinmann, NHS GG&C
9.45 – 10.05	Keynote address Michael Smith, Associate Medical Director for Mental Health, NHS GG&C
10.05 – 10.15	Reflections
10.15 – 10.30	Overview of Child Health & Well-being Bruce Whyte, Glasgow Centre for Population Health
10.30 – 10.45	Questions and feedback
10.45 – 11.00	Tea/Coffee
11.00 – 11.15	Getting real about GIRFEC (Getting it Right for Every Child) Gary Dover, NHS GG&C
11.15 – 11.45	A Service User Perspective on the Family Nurse Partnership Programme
11.45 – 1.00	Round table discussion and plenary
1.00 – 1.10	Closing remarks Mark Feinmann, NHS GG&C
1.10	Close and lunch

DELEGATE LIST

GHFF17: Thinking Ahead in the Early Years – 15.9.15, Trades Hall of Glasgow

Julia	Abel	Inspiring Scotland
Michelle	Affleck	Scottish Government
Suzanne	Alford	NHS GG&C
Janet	Bain	Glasgow Life
Kirsty	Baker	NHS Ayrshire & Arran
Gemma	Barnett	Aberlour Bridges Glasgow
Yvonne Isobel	Blair	NHS GG&C
Kate	Bovill	The Breastfeeding Network
Kathleen	Boyd	University of Glasgow
Nicki	Boyer	University of Glasgow
Rena	Bradley	GCC Families for Children
Lucinda	Broadbent	Media Co-op
Anne	Burns	NHS GG&C
Annemarie	Burns	Glasgow Life
Jennifer	Burns	NHS GG&C
Pascale	Calderwood	Prince and Princess of Wales Hospice
Laura	Carruthers	NHS GG&C
Nicholas	Cassidy	The Improvement Service
Mhairi	Cavanagh	NHS GG&C
Kim	Chalmers	Childsmile, NHS Fife
Ting Fong	Choy	NHS GG&C
Alison	Christie	Scottish Families Affected by Alcohol and Drugs
Diana	Clark	NHS GG&C
Jacqueline	Clougherty	RNIB
Claire	Coleman-Smith	Prince and Princess of Wales Hospice
Emma	Collins	The Village Storytelling Centre
Sharon	Colvin	3D Drumchapel
Cath	Cooney	Cath Cooney
Tracy	Cooper	Scottish Book Trust
Shona	Cowan	Scottish Government Health Directorates
Pauline	Craig	NHS Health Scotland
Fiona	Crawford	Glasgow Centre for Population Health
Karen	Crawford	University of Glasgow
Emilia	Crighton	NHS GG&C
Kathleen	Deacon	The Spark
Marie	Docherty	Rosemount Lifelong Learning
Sara	Dodds	Glasgow Centre for Population Health
Rachael	Dorrens	Justice Services
Rona	Dougall	NHS GG&C
Heather	Douglas	Glasgow City Council
Gary	Dover	NHS GG&C
Kimberley	Doyle	Healthy n Happy Community Development Trust
Betty	Elliot	The Spark

Bryan	Evans	CHILDREN 1ST
Fiona	Evans	Play Therapist
Kathryn	Farrow	Glasgow City Council
Mark	Feinmann	NHS GG&C
Dominic	Finn	University of Strathclyde
Susan	Fleming	NHS GG&C
Sheena	Fletcher	Glasgow Centre for Population Health
Marian	Flynn	CELCIS
Kath	Gallagher	NHS GG&C
Susan	Galloway	NSPCC Scotland
Fiona	Garrett	No Strings Attached (Scotland)
Jacqueline	Hamill	Childrens Services WDHSCP
Kay	Hamilton	Glasgow City Council
Rachel	Harris	Glasgow Centre for Population Health
Janet	Hayes	NHS GG&C
Cathy	Hooke	NHS GG&C
Matt	Howick	The Social Marketing Gateway
Helene	Irvine	NHS GG&C
Louise	James	Healthy n Happy Community Development Trust
Katie	Jamison	The Social Research Unit
Polly	Jarman	Play on Pedals
Douglas	Johnston	Renfrewshire Council
Sammi	Jones	Soil Association Scotland
Kam	Kaur	East Renfrewshire Council
Isobel	Kelly	North Ayrshire Health & Social Care Partnership
Lorna	Kelly	Glasgow Centre for Population Health
Nick	Kempe	Consultant
Peter	King	Childsmile, NHS Lanarkshire
Graham	Leicester	International Futures Forum
Ali	Macdonald	NHS GG&C
Emma	MacIntosh	GPCF
Anna	Macintyre	University of Strathclyde
Helen	Maclean	Glasgow Life
Julie	Macleod	Glasgow Life
Marion	Macleod	Children in Scotland
Marina	Madden	NHS GG&C
Anne Marie	Manning	Glasgow City Council
Louise	Marryat	University of Glasgow
Pamela	Maxwell	Involving People Group
Maureen	McAteer	National Third Sector GIRFEC Project
Fiona	McBride	CHILDREN 1ST
Charlotte	McEleney	University of Glasgow
Annie	McGovern	Place2Be
Jacalyn	McIlwham	NHS GG&C
Sean	McKendrick	Glasgow City Council
Ian	McKenzie	Animate Consulting
Kerry	McKenzie	NHS Health Scotland
William	McKinnon	The Improvement Service
Jennie	McLaren	NHS GG&C
Sophie-Grace	McMahon	New Zealand Registered Midwife

Lorraine	McNicol	NHS GG&C
Suzanne	McShane	Glasgow City Council
Hugh	Millar	South Ayrshire HSCP
Louise	Morgan	Carers Trust
Paul	Morris	Glasgow City Council
David	Morrison	Glasgow Caledonian University
Anthony	Morrow	Sanctuary Housing
Lesley	Mortimer	Glasgow City Council
Lucy	Morton	NSPCC Scotland
Sarah	Muir	The Social Marketing Gateway
Carole	Nicol	CHILDREN 1ST
Catherine	Nixon	University of Glasgow
Rosaleen	O'Brien	Glasgow Caledonian University
John	O'Dowd	NHS Ayrshire & Arran
Oluwatoyin	Opeloyeru	Mental Wellbeing Professional
Frieda	Park	Glasgow Association for Mental Health
Mary	Phillips	NSPCC
Natalie	Phillips	Clyde Gateway
Phil	Rakhra	NHS GG&C
Pamela	Reid	ekosgen
David	Robertson	ASH Scotland
Lorraine	Russell	Aberlour Bridges Glasgow
Louise	Scott	Scottish Government
Audrey	Simpson	Queens Cross Housing Association
David	Smith	GG&C (Retired)
Michael	Smith	NHS GG&C
Paul	Southworth	NHS Dumfries & Galloway
Barry	Syme	Glasgow City Council
Jan	Taylor	Healthy n Happy Community Development Trust
Wendy	Toner	NHS GG&C
Elaine	Torley	NHS GG&C
Miranda	Trevor	University of Glasgow
Bobby	Wallace	New College Lanarkshire
Bruce	Whyte	Glasgow Centre for Population Health
Julie	Wilson	GCC Families for Children