

# DEEP END SUMMARY 12

## Working together for vulnerable children and families

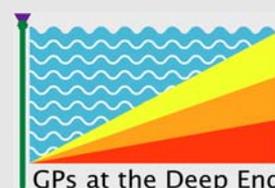
***81 practitioners and managers from Greater Glasgow and Edinburgh, including 19 Deep End GPs, met on Thursday 09 September 2010 at the Beardmore Conference Centre, Clydebank, for a discussion about policies and practices for children and families.***

- Practitioners and managers agree that there are not enough resources to respond to need, resulting in a focus on fire fighting, raised thresholds for engagement and missed opportunities for early intervention.
- Local teams are often aware of vulnerable children and families before serious problems develop, but lack the resources to intervene and to make a difference. Investments are needed in home support, free nursery places and other ways of supporting families.
- The many suggestions made in this report can result in greater efficiency, especially via better joint working, but do not address the fundamental problem of resources.
- Hundreds of professional teams are involved in providing care for vulnerable children and families, and all need to work well, both individually and as components of an integrated system.
- The system needs accurate information on the numbers and distribution of vulnerable children and families, including but not restricted to children on child protection registers, as a basis for resource distribution, audit and review.
- Effective joint working depends on colleagues being well informed concerning each others' roles, how they may be contacted locally and the constraints under which they work.
- Information about the progress of particular cases needs to be shared between professions and services, so that each is aware of what is happening. There is an urgent need for bespoke IT which links systems and professionals.
- Pregnancy is an important opportunity to demonstrate the integration of professionals and services working to identify and help vulnerable mothers and their families.
- Professionals and services should be accountable not only for their own contribution but also how this connects with the contributions of others. The "connectedness" of care should be a major policy, management and practitioner objective, concerned not only with joint working around crises, but also continuity of care as required throughout childhood.

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- Professionals acquire local knowledge and develop trusted relationships with families that are crucial for long term preventive care. There is a need to support and retain such staff, to value the relationships they have developed and to use the information they acquire, via regular multidisciplinary meetings.
- The hallmarks of a caring system are not only the quality of encounters between practitioners and families, but also the extent to which the system measures itself in providing needs-based support to all who need it, matches rhetoric about joint working by measures to support and review joint working, provides continuity of care and assesses itself against a range of outcomes, including the views of parents and children.
- A caring system should also care for its staff, ensuring reasonable caseloads, sharing the burden and finding practical ways of encouraging and rewarding commitment and continuity.
- An important determinant of service integration is the commitment of senior managers in encouraging, supporting and rewarding joint working by staff within their service.
- The GP contract and/or enhanced service agreements should explicitly support practices in working with vulnerable families in ways that are commensurate with the numbers of vulnerable families within practices.
- Clarity is needed about specific interventions for specific needs at specific points, and whose responsibilities these are.
- The system needs to learn and share examples of how existing resources can best be used, based on experience, audit and evidence.
- The meeting provided an example of how practitioners and managers from different services can learn from each other, share experience, correct misperceptions and discuss how services can be improved.
- The extraordinary nature of the meeting needs to be made ordinary, as part of a learning organization, dedicated to supporting professionals and services working with vulnerable children and families.

*“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Academic Unit of General Practice & Primary Care at the University of Glasgow.*



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Full report available at <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend>

