



2022

Annual Report



Lets Grow Kids UK

Argyll

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Introduction

In November 2020 a group of stakeholders agreed on a pilot study for three years for a family support service. We agreed on five main themes, these are listed below.

Our purpose

Education: Help parents learn how to play with their children and have an increased understanding of infant brain development.

Caring for a family: Early help and support comes primarily from Midwives, Child Health and Social Work. All introductions to the service come with an identified need that is established by the parents and the person referring. We then help parents provide good care for their children which will reduce statutory intervention and children being cared for out with their family home. When a parent Graduates our service the door is left open should they ever need to return to us.

Flexibility: Where a parent is struggling to engage with us, we use a combination of options for communication and session work. Where there is a problem with engagement and attendance, we find encouragement and reminders are helpful.

Bureaucracy - Our policies, processes and documents are accessible and keep bureaucracy to a minimum.

Confidentiality - is central to building trust and we respect the right to privacy. Anyone who works with our service knows from the outset that we respect the right to privacy. We only share information appropriately both within and out with our organisation.

Our group discussion led to the launch of Let's Grow Kids UK in Cowal and Bute, Argyll. Two years on we have a busy team of staff and directors who continue to work closely to deliver a robust service using their combined knowledge, skills and the desire to see families thrive in their community.

Our annual impact report is an opportunity to present the findings of Let's Grow Kids UK, our work with the 48 families we have supported in 2021/2022 and our hopes and plans for the future.

In this report we look at our service through data; how well we have connected with the parents in our community. We look at how we align with our partners and their work within the Local Authority of Argyll and Bute and nationally.

We do this by focusing on the following areas:

- Our Data Measurements
- Celebrating the achievements of our parents
- Building relationships with our stakeholders
- Improving and implementing change
- Cultivating a culture of learning among similar organisations
- Next steps

Our end of year data compares our baseline figures which were collated in November 2021 and our most recent data set for November 2022.

For an in-depth look at our 2022 data please see Appendix 4

Our Purpose

Our Core work:

We support families with children in the zero to three range through the provision of mentoring and coaching of the parent or parents. Our review of 2021 figures highlighted the importance of developing an early connection between us, our parents and their infants. In response to our growing understanding of connection and to the needs of our parents we now consider the 0-3 age range as conception to 3 years.

- **Weekly supervision of caseload for all staff**

We operate a triage system for our families which ensures each parent gets the best support at the right time. By having this oversight of each case we can draw on our individual expertise to provide options for a parent. In addition, we have found that this system enables us to address any concern we have at an early stage and in most cases prevent a decline in wellbeing for a parent or child.

- **Weekly staff meeting to discuss general workload and to assign caseload**

By discussing capacity we create flexibility. We support each other by identifying pieces of work which can be shared. This is usually short term and usually means that a family in crisis has two mentors working with them.

- **Encouraging families to get to know all staff**

By encouraging families to know all of the staff group we can ensure that a family feel confident to access advice and support when they need it and not have to wait for their mentor to be free to talk.

- **Cultivating a culture of learning within the staff group**

We all have our own areas of expertise within our group and staff are encouraged to seek advice and guidance from each other and draw on the collective knowledge of the team. Our staff all carry their own caseload and are responsible for developing and tracking the work and progress for each family. To continue to do this effectively they completed training on Trauma Informed Practice, Child Contact, Benefits Advice, Learning through Play and Solihull Methodology.

All of our staff group completed training by The Institute of Health Visitors on peri-natal and infant mental health. On completion of this training they went on to integrate their skills into their case work and the ongoing development of our service.

- **Cultivating a culture of learning within our parent group**

By creating resources and role modelling play we de-mystify the world of Infant Brain Development. Understanding the science behind their infant's brain enables parents to make the connection between play and development. In 2022 we actively engaged in the Bookbug programme and delivered Solihull ante natal courses to our parents.

Connection

Flexibility is a key component to our connection and to our service. We connect and communicate with our parents, our staff and our partners in a way which encourages a relationship to be established.

Our Staff:

We have fully embedded following practise:

- **Weekly staff discussions about general workload**

By discussing capacity we have created flexibility, and continue to support each other by identifying complex cases. We share workload and learning and our staff not only feel supported but benefit from increased knowledge and understanding.

For example during a crisis there is the option for a family to receive more time with staff. If we have a family where there are no longer Child Protection measures in place we can facilitate a soft handover from one team member to another.

- **Weekly supervision of the caseloads for all staff**

Each case has oversight from our Senior Partner. This oversight supports the triage system and staff to get it right for each family.

- **Clinical supervision for staff**

We provide clinical supervision for all staff delivered by an external specialist in Peri Natal Mental Health.

- **Encouraging families to get to know all staff**

By encouraging families to know all staff we can ensure that a family feels confident to access advice and support.

- **Cultivating a culture of learning within the staff group**

Staff are encouraged to seek advice and guidance from each other and draw on the collective knowledge of the team. Our work is multi-faceted and our training reflects this. We continue to encourage our staff to be curious.

- **Providing training and development opportunities for staff**

Our staff all carry their own caseload and are responsible for developing and tracking the work and progress of each family. In 2022 they undertook a variety of skills development sessions and training. Our training calendar was developed to reflect the needs of our families, to align with clinical provision and to address emerging themes in our community's post Covid 19. We paid particular attention to training that reflects our mission to deliver a [Trauma Informed Service](#).

Connection

What this has meant for our Families:

- **Flexible support from day one:**

We know that a trusting relationship takes time to build.

Our Parents know that they will not be penalised for not jumping straight into a weekly schedule of support. The 2022 feedback from our families is clear - in a time of high stress flexibility was one of the key components to them working with us.

- **Being part of the team:**

We encourage our parents to be part of the team by understanding their value and identifying their strengths. Our staff group provide positive role modelling for our parents through discussion and mutual goal setting.

- **Goal Setting**

Parents identify areas they want to improve on. This can look different for every family and our parents work with their mentor to decide what matters to them and their family values. Our focus with a family can change on a monthly basis as parents grow in confidence and their wee ones grow and develop.

- **Staying with a family from early pregnancy and until their child is 3yrs**

A child learns the most in the first three years of their life. Science tells us that a child's primary attachment will be established by 24 months.

We also know that a stressed Mum produces more cortisol and that this will in turn means cortisol levels in infants can be raised pre-birth. Maternal stress is known to influence the development of the child's behaviour and ability to regulate its emotions as it grows. We work with midwifery services during pregnancy to safeguard against raised cortisol pre-birth and stay with a family until they are confident to carry on independently.

- **Providing resilience building resources for parents**

We have a wealth of information about connection and resilience. Using information from trusted sources we have created resources for our parents to use as practical guides to applying the logic and science of infant brain development in their daily lives.

- **Connecting with our community**

We are committed to linking our parents in with existing community resources. Our local services provide groups that promote healthy Parent/Infant connection. Our role sometimes is to support our parents to access these groups and create their own peer network.

Connection

Our Partners and other agencies

- **Flexible support from day one:**

Our Partners know that we will be flexible in our engagement with a parent. Where there is a problem with engagement and attendance we find encouragement and reminders are helpful. We will not remove a family from our team on the grounds of non-engagement and we will always welcome a family back if they need us .

- **Setting priorities**

We all live in a world of competing priorities. For an average parent on a normal day this can be a challenge. For a parent *whose* capacity is affected by their mental health or *or by their own* Adverse Childhood Experiences it may take longer and goal setting may be a more gradual process.

We work with our partners to create a community around our families, a "team". If a parent is able to set their own goals they do so. If a parent is struggling to meet the basic needs of their child we support them to understand "good enough"

Parenting. We continue beyond a crisis to the point and where our parents can set their own goals, they do so and subsequently graduate from the service.

- **Being part of the team:**

We not only apply our knowledge of Trauma Informed Practice to our families but to our connections within our Multi Agency teams. It is because of this that we can work together with a family to ensure they get the right support at the right time.

- **Confidentiality and trust are integral to our work:**

Our partners know that we will uphold a parent's right to privacy and will adhere to guidelines on appropriate information sharing.

- **Staying with a family from early pregnancy and until their child is 3yrs**

We work alongside our partners in Health and Social Care Partnership (HSCP) to ensure our parents feel supported and feel held through pregnancy and early childhood. A parents health and wellbeing directly impacts that of their child. If a parent is well it is more likely their children will thrive. We are delighted to be working with NHS Highland in delivering the national Perinatal and Infant Mental Health programme as part of a clinical network.

- **Providing resilience- building resources for parents**

We work with our parents to develop confidence and resilience to manage their own needs. Confident parents are less likely to develop a reliance on health and social care staff to offer reassurance and pastoral care . We work closely with our colleagues in other agencies to create a team around a family. We have successfully introduced the Solihull methodology and the Institute of Health Visiting training to our practice.

Our organisation is committed to being part of a Trauma Informed Workforce in Argyll and Bute.

Our Data and what it tells us

What and how we measure

We measure the core components which make a family thrive. Whatever the make-up and structure of a family, there are basic human needs which when met, create the conditions for a family to thrive. Our Parents are "experts by experience" in how they feel. By tracking this they not only have a platform to share their expertise of their family but to develop a sense of what matters to them and a deeper understanding of their own needs. We discuss the seven measurements below with our families and use their feedback to guide and develop a plan for support.

A. What your child needs

1. Confidence in connection with child / children
2. Being involved in the child's / children's development

B. What you need

3. Coping with your own existing health problems
4. Getting out & about Practically – Appointments....
5. Getting out & about Socially – Children's clubs...
6. Coping when things don't go to plan

C. Relationships

7. Family relationships

It is vital to have a team and an environment which encourages growth in confidence in all members and ultimately enriches the lives of our families.

We work with our parents to identify how they feel, what good looks like and how to be aspirational with their parenting. By establishing a baseline of data and reviewing this every four weeks we learn what is working and what isn't. This benefits our parents and our staff by maintaining focus and preventing drift. It also helps us to know when a parent is ready to leave Let's Grow Kids UK. At the end of 2021 we reviewed our data set and as a result we removed 1 measurement that wasn't providing clear data. We also began to look at ways to improve our feedback on how parents feel about our staff and our service. We use the Hardiker system when gauging the level of need and risk for a child.



Our Data and what it tells us

2021/2022

For the data below we have selected the average score on sessions 1, 16 and 24. Parents score themselves from 0-10, 0 being not confident at all and 10 being extremely confident.



Vertical Axis:

Average score for families on key sessions 1, 16 and 24

Horizontal Axis:

Let's Grow Kids measurements detailed below

What your child needs

A1. Confidence in connection with child / children

A2. Being involved in the child's / children's development

What you need

B3. Dealing with your own existing health problems

B4. Getting out & about Practically – Appointments...

B5. Getting out & about Socially – Children's clubs...

B6. Functioning when things don't go to plan

Relationships

C7. Family relationships

C8. No data captured

Our Data and what it tells us

What did we learn from Year 2 ?

Our parents will on average take up to four weeks from our initial session to share a clear picture of what they want and need from their time with us. Some parents need time to connect before they are confident enough to share their story with us and start setting goals.

Our system for finding a starting point and for reviewing progress for our families continues to work well. All of the families we worked with saw improvement in their confidence during their 4 week tracker sessions and all of our families have shown a marked improvement from their first session with us to their final session with us.

Complexity and crisis have been ongoing themes this year with our families. We have seen an increase in worry and concern with our parents on the following

- Cost of living and energy cost increases
- Speech and language concerns for their child
- Benefit claims
- Parental mental health
- Substance miss-use

Complexity

We saw a rise in families experiencing multiple crisis which were difficult to resolve. Emotional and circumstantial resilience seemed to be very low in some cases, making it almost impossible to find a starting point. For our families who were not working to a child protection plan this was particularly difficult. We realised that in these cases our parents needed more direction and input from our team to prioritise their next steps. Using our triage sessions we worked out a plan for a short burst of targeted support lasting 4-6 weeks for one agreed priority. This worked well and within a few a few weeks we could go back to a normal pattern of support.

Resilience

Some of our families have experienced prolonged crisis. This ranged from families who were finding it difficult to manage their health conditions to families who were in temporary hostel accommodation. In most of these cases the resilience and capacity to make changes was low. We worked with the families to engage as part of a multi-agency group who's focus was to resolve the crisis as a joint priority and start building resilience.

Training

We were able to predict the emerging themes for our families and provided training to the team that supported them in their work.

- Peri Natal Mental Health (PNMH)- All staff completed their Institute of Health Visitors training.
- Group and Peer support - We created 2 new groups for our parents to attend
- Income maximisation - we linked in more robustly with our local services
- Infant Mental Health (IMH) - Our staff received training in IMH



40 of our Parents reported that their Mental Ill Health was a barrier to them joining local baby groups.

Our Data and what it tells us

Summary of data

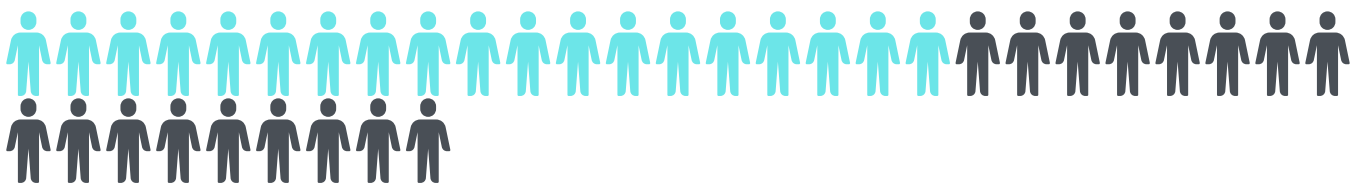
Our Year 2 data shows that all of our new parents identified that their own mental health, either currently or historically, is a barrier to their family thriving. Their emotional capacity and maturity was the biggest driver to them thriving as a parent. Where a parent had low emotional resilience they struggled to provide for their infant. The impact of this is reflected in the rest of the data. In short, it is conclusive, if a parent is deprived of the positive social and emotional connection they need as a human to thrive they will struggle to provide it for their child. We had one case of a new-born baby being placed in the care of a foster parent for 2 days while assessments on parental capacity were concluded. This was wholly due to the complexity of this families domestic arrangements and services continued to provide a robust support for the first 9 months of the baby's life. This Infant was one of

Where parents had a general input from our team we saw a rise in their confidence and wellbeing. Their capacity to cope with life was reflected in their confidence in connecting with their infant. The impact of this was that these parents were more likely to integrate into their wider community and make further connections with other parents.

When compared to our parents who had multiple adversity, we saw a very similar outcome. It took longer and required more planning, but the end result was the conclusion that adversity when balanced with a positive intervention does not create inevitable poor outcomes. We are attributing this partly to our triage system and partly to our relationships with our colleagues in other agencies. In all cases the one mechanism for change was meaningful communication and connection.

In addition to what our data told us about our families it also gave us an opportunity to put a spotlight on measurement in general. It told us that we can measure a feeling. It told us that we cannot simply measure achievement against output. The output, in this case are the visible signs that a family are thriving must sit alongside the parents "feeling" of confidence and sense of fulfillment. We don't simply measure the number of sessions, calls or messages to a family but instead place this hard data alongside the quality of the interaction.

This realisation is reflected in the decision to remove one of our measures. In year one we measured "making new friends". In year two we removed this measurement. The data we were getting from it was messy and inconclusive. The rationale was that we could measure a parents confidence to develop their own support network. The feedback from our parents was that friendships are organic and they come from a natural attunement. Once they had the confidence to expand their social circle they could take it from there.



Of the 48 Families we worked with, 17 of our parents disclosed that they had been cared for by their Local Authority in their own childhood.

Next Steps - 2022/2023

Over the course of our second year we have identified four areas of specific interest for further development in 2023. We work with parents from early pregnancy, as early as 10 weeks. The priorities below reflect the importance of helping parents become resilient and confident at the earliest opportunity. Parental mental health and wellbeing is inextricably linked to that of their infants, even in the womb.

By enhancing our service with training on the priorities below we will be able to ensure our parents get the best support when they need it. By further developing our relationships with the multi-agency teams we will be able to identify opportunities to collaborate on activities for our parents.

- **Peri Natal Mental Health (PNMH)**- We will work with the specialist PNMH team to build opportunity and resources for our parents.
- **Group and Peer support** - We will offer a range of networking opportunities for our parents
- **Parental Mental Health** - Our staff receive clinical supervision of their caseload
- **Infant Mental Health (IMH)** - We will work with our IMH network to expand opportunity for parents to learn about their infants' brains and ways to build connection.

PRIORITY	DETAILS	OUTCOME
PNMH (Peri Natal Mental Health)	Ongoing programme development	<ul style="list-style-type: none"> • Staff are more confident in identifying the best support for a parent at the right time
Group and Peer support	Staff will facilitate sessions and support access to external sessions	<ul style="list-style-type: none"> • Staff will provide Bookbug sessions and can support parents to attend community groups
Parental Mental Health	All staff will be trained to provide a Trauma Responsive service	<ul style="list-style-type: none"> • Staff will continue to develop their knowledge and practise as part of the Trauma Informed network in Argyll and Bute
IMH (Infant Mental Health)	All staff will increase their knowledge and understanding of IMH through training	<ul style="list-style-type: none"> • Staff will be able to increase parent knowledge and understanding by applying the Solihull methodology in their support of our families

Testimonials

In addition to receiving continual feedback from our stakeholders we asked for statements to be included in our report. The following testimonials are un-edited and are an account of how our service made people feel.

Parent

This has been the hardest year ever! My past made me a risk, I hated that label and hated that people couldn't see how much I had changed. My coach helped me understand the child protection stuff and helped me see what was a worry but still managed to see the good stuff that was happening. She helped me see the good stuff while we worked through the hard stuff.

Perinatal Mental Health specialist, NHS

My experience of working with Lets Grow Kids in Cowal has been excellent. A small team completing tailored support to families with increased need. I have been accepted as part of the team and we have completed good work together between NHS and 3rd sector. Moving forward I will be happy to offer clinical supervision of staff to offer support to the service.

–

Health and Social Care professional, NHS

Lets Grow Kids have been an invaluable support to my team with in Social work. They are able to offer support to clients who are sometimes hard to reach or not keen to be seen working with social work. Being a 3rd sector organisation they are more readily accepted by our clients as they don't carry the stigma of social work. The staff are friendly and approachable which allows them to break down barriers and build good relationships with our families. Feedback from clients has been extremely positive and they engage with Lets Grow Kids really well. Clients like that they are not social work and feel that they can ask them almost anything which puts them at ease. Great all round emotional, social and practical support.

Health and Social Care professional, NHS

It's amazing that we have Let's Grow Kids UK. They're highly trained and their expertise is a benefit to our families and to our team. They have an understanding of what our locality needs and they get on with it. I'm over the moon to have a professional team who can help us give our children the best start in life.

Closing Statement

As we conclude the second year of our project we are doing so once again with a great sense of achievement. We have struck a balance between ensuring quality of service to our stakeholders while developing our practice. We are confident as we go into our third year that our model works and that we can indeed keep our children safe and thriving while providing a flexible service.

We continue to provide on average 2 hours p/w per family of support for a minimum of 16 weeks. Our parents continue to benefit from the multi-disciplinary team and their skills.

Most of our introductions to a family were made by the Midwifery team and we have contributed to the support and ante-natal plans of our pregnant Mums. We also have had a large number of introductions from our Health Visiting team who carry out the named person role for our infants and toddlers. Social Workers and domestic violence specialists completed the remainder of our introductions. Two of our parents returned to us to help with a temporary crisis.

In 2022 there were continued pressures on Children's services. Teams were impacted by staff absence through illness and complexity of caseload. Where this happened, our staff were able to move quickly and get support in place for our local families. This was made possible by the strong interagency relationships, our flexible way of working and our team's commitment to ongoing training. Our team attended training on [Early Years Pedagogy](#), [Trauma Informed Practice](#), Child Protection and [Domestic Violence - Routine Enquiry](#).

We continue to work within our locality of Cowal and Bute on behalf of the third sector. We also sit on the strategic groups for Argyll and Bute and NHS Highland on behalf of Children and Families third sector. This "behind the scenes" work has meant that as well impacting directly on the lives of our families we also help shape the wider systems of support. and We are grateful to our colleagues in Health and Social Care, Early Years and in Police Scotland for their excellent partnership working and for welcoming us into their network.

We thank you for your
ongoing support of us
and of our programme

Acknowledgements

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Appendix

GIRFEC: Getting It Right For Every Child

<https://www.gov.scot/policies/girfec/>

UNCRC:

<https://www.gov.scot/policies/human-rights/childrens-rights/#:~:text=Scotland%20is%20set%20to%20become%20the%20first%20country,to%20the%20Scottish%20Parliament%20in%20September%202020.%20>

[Home - The Promise](https://thepromise.scot/)

<https://thepromise.scot/>

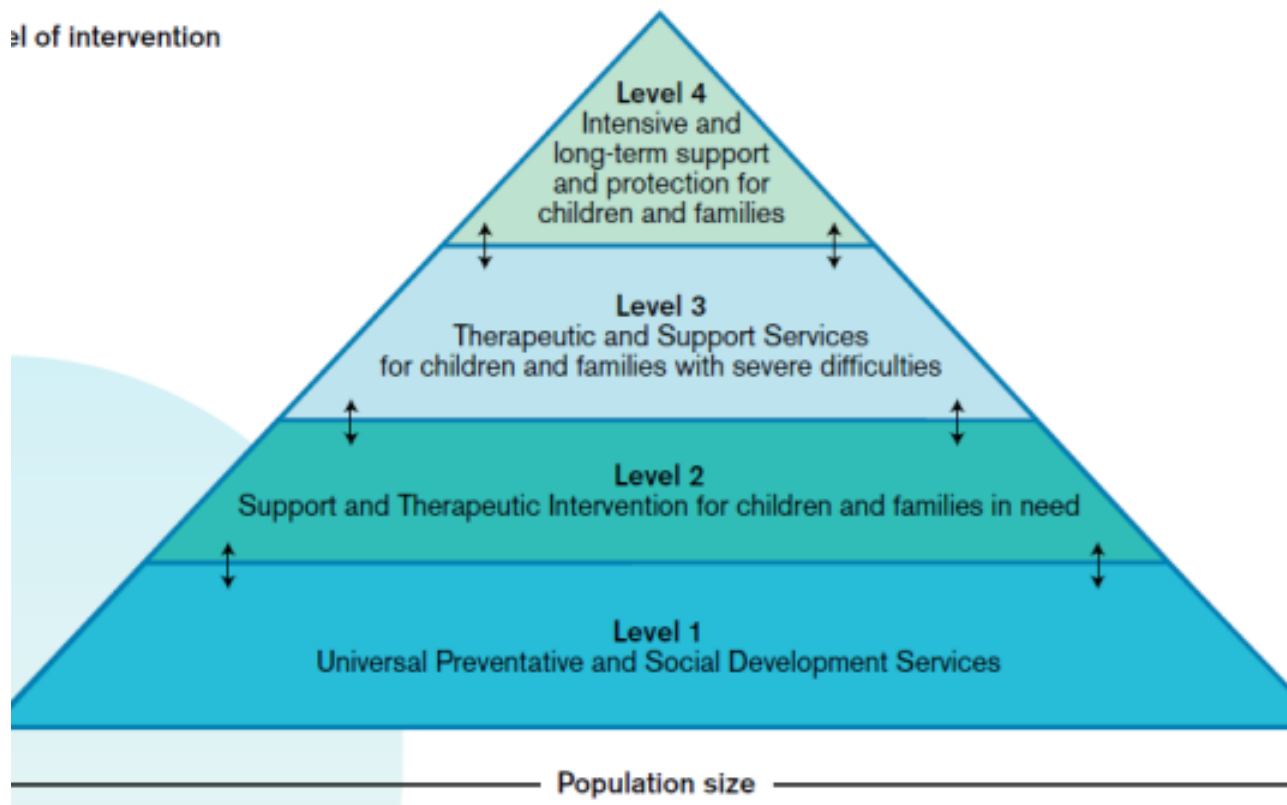
Equal Protection Legislation:

<https://www.cypcs.org.uk/positions/equal-protection/#:~:text=Equal%20protection%20from%20assault%20is%20the%20law%20in,had%20the%20same%20protections%20against%20assault%20as%20adults.>

<https://parentinfantfoundation.org.uk/1001-days/#:~:text=The%20first%201001%20days%20include%20pregnancy%20and%20the,child%E2%80%99s%20future%20health%2C%20wellbeing%2C%20learning%20and%20earnings%20potential.>

[neglect_toolkit_2014_.pdf \(argyll-bute.gov.uk\)](#)

Appendix 4 - Our data 2022



Hardiker Level of Need

The Model outlines four levels of intervention as follows:

Level 1: Base Population

The majority of children and families. They utilise universal services and community resources as required.

Level 2: Children with Additional Needs

Vulnerable children and their families, who require additional support to promote social inclusion, to reduce levels of vulnerability within the family and/or to minimise risk-taking behaviour.

Level 3: Children in Need

Children with complex needs that may be chronic and enduring and whose health (physical & emotional) and development may be significantly impaired without the provision of services. This may include some children who are in need of safeguarding. Children with a disability are also children in need.

Level 4: Children with Complex and/or Acute Needs

Children who are suffering, or likely to suffer, significant harm without the provision of services. This includes children who are looked after, those at risk of being looked after, children with critical and/or high risk needs, children in need of safeguarding and children with complex and enduring needs.

Appendix 4

