



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

# Summary of Community Planning Partnerships' (CPPs) Early Years Change Fund Returns (2012-2015)



CHILDREN, EDUCATION AND SKILLS



Summary of Community Planning Partnerships' (CPPs) Early Years Change Fund  
Returns (2012-2015)

Shona Mulholland, Jo Fawcett and Sue Granville  
Why Research  
2016

## Contents

<b>Executive Summary</b> .....	<b>1</b>
Background.....	1
Summary of findings .....	1
Prioritising early years .....	1
Partnership and governance.....	1
Local priorities.....	2
Spend and outcomes.....	2
Prevention and disinvestment.....	4
Successes and lessons learned .....	5
<b>Introduction</b> .....	<b>6</b>
Background.....	6
Methodology .....	7
Limitations.....	7
<b>How the Early Years Agenda is being led and championed</b> .....	<b>8</b>
Development and delivery .....	8
Strategic issues .....	8
Specific appointments.....	9
Service delivery .....	10
Partnership working .....	10
Early Years Collaborative .....	11
Early Years Champions .....	11
Looking ahead .....	12
Key challenges .....	12
Resource issues .....	12
Technical issues .....	13
National priorities .....	13
Other challenges.....	14
<b>Partnership working</b> .....	<b>15</b>
Partners .....	15
Governance .....	16
<b>Priorities</b> .....	<b>17</b>
Outcomes identified .....	17
Measurement.....	20
Actions to achieve outcomes.....	22
Preventative spending .....	23

Support for parents / outreach support for parents / parenting skills.....	23
Play interventions .....	23
Early support for pregnancy and beyond.....	24
Attachment.....	24
Support for vulnerable families .....	24
Reducing inequalities.....	24
Identification.....	24
Early learning support / school readiness support.....	24
Nurture / transition support .....	24
Development.....	25
Language and literacy .....	25
Mental health support .....	25
Health .....	25
Workforce development and training.....	25
Disinvestment .....	26
<b>Funding.....</b>	<b>27</b>
<b>Scottish Government funding .....</b>	<b>28</b>
Family Support.....	28
How the funding was used .....	29
Looked after 2 year-olds .....	34
<b>Health/NHS funding .....</b>	<b>36</b>
Child Healthy Weight Interventions .....	37
Childsmile .....	39
Healthy Start .....	40
Infant Nutrition and Maternity Services.....	41
Family Nurse Partnership .....	42
Health/NHS change fund related activity: additional funding .....	43
<b>Local authority funding.....</b>	<b>45</b>
General family support.....	45
Targeted support .....	46
Staffing, workforce development and training .....	46
<b>Additional funding.....</b>	<b>48</b>
Third sector.....	48
Police Scotland.....	50
Other sources .....	51
<b>Successes and lessons learned .....</b>	<b>52</b>

**Conclusions ..... 55**  
**ANNEX 1: Health contribution to the Early Years Change Fund ..... 1**

# Executive Summary

## Background

The Early Years Change Fund was established in 2011 as a partnership fund between the Scottish Government, local government and the NHS totalling £274.25 million. Its task was to take forward a significant change programme to help deliver the joint commitment to prioritising the early years of children's lives and to embed early intervention and prevention.

Since the start of the Early Years Change Fund, Community Planning Partnerships (CPPs) have provided the Scottish Government with a yearly return on their Early Years Change Fund activities. This evaluation has been undertaken to summarise the impact of the Early Years Change Fund, as recorded by CPPs in their annual returns.

## Summary of findings

The following sections outline the main findings from the CPP returns.

### Prioritising early years

Across the three years of the Change Fund, returns indicate a strong focus on early years within both Single Outcome Agreements (SOA) and Community Plans. It is evident that CPPs have firmly embedded the early years agenda within their Integrated Children's Services Plans (ICSP) and within other local plans and strategies that relate to early years, children or learning.

The Early Years Collaborative (EYC), a multi-agency quality improvement programme for early years services, was mentioned by all of the CPPs. As well as having an Early Years Champion, seen as key in driving forward the early years agenda, many CPPs appointed a Programme Manager or Development Officer to take forward the EYC agenda.

Across the CPPs there was evidence of strong partnership and multi-agency working, joint action groups and community engagement. Structures are in place to lead implementation and delivery of local Early Years Change Fund priorities including a range of public, private and 3<sup>rd</sup> sector partners as well as community involvement.

CPPs are continuing to plan for the future, working to identify the next steps towards improving outcomes for children and families. The key challenges being faced by CPPs include: resource issues; technical or operational issues; addressing national priorities; and balancing national and local priorities.

### Partnership and governance

Returns showed that CPPs have involved a wide range of partner organisations and others in developing their ICSP (or local equivalent). CPPs reported

partnership working and shared decision making involving public, private and 3<sup>rd</sup> sector organisations.

Many CPPs gave details of specific strategic structures in place to plan and coordinate the delivery of children's services. Structures comprise multi-agency groups at various levels of accountability and have been developed to align with local priorities and reporting requirements.

### **Local priorities**

CPPs were asked to outline the outcomes they have identified as needing improvement and what they have tried to accomplish; both broad outcomes and specific local priorities were included in the returns. Some of the many priority areas mentioned include: ensuring children have the best start in life; reducing inequalities; support for children and families, including vulnerable children and families; healthy living; community engagement; and workforce development.

CPPs were then asked to say how the impact of their activity will be measured. A wide range of sources and information gathering methods were being used to provide the hard and soft data needed to measure the impact of activity. In relation to identifying whether the change is an improvement, evaluation methods included measurement against set targets and milestones. Changes in returns over the three years indicate that measures are being reviewed and revised.

The wide range of actions and changes undertaken or planned by CPPs to achieve outcomes and improvements ranged from strategic to operational to activities linked to specific groups or projects.

### **Spend and outcomes**

The Early Years Change Fund included both existing and new funds. Guidance from the Scottish Government set out the planned investment from Scottish Government, Local Government and NHS Scotland. As part of the returns, CPPs were asked to provide details of spend on specific programmes. However, figures given in this report are approximate as some CPPs were unable to provide precise figures for a variety of reasons, including allocations being added to other funding. One particular issue related to programmes that are managed on an NHS board basis rather than local authority basis, which makes it challenging for CPPs to calculate spend proportionate to their CPP area. The actual investment on the health programmes is also recorded by the Scottish Government centrally and is reflected below. Each health programme therefore sets out the planned investment before the start of the fund, the actual investment as recorded by the Scottish Government at the end of the fund and spend reported by CPPs.

**Local government finance settlements (from Scottish Government)** included specific allocations for Family Support (£9 million across the life of the fund) and looked after 2 year olds (£4.5 million). CPPs provided detail of spend totalling around £8.6 million for Family Support and £5.6 million in respect of looked after 2 year olds.

In 2013/14 and 2014/15, CPPs were also asked to provide details of what these programmes have delivered and the majority of CPPs returned information, with varying levels of detail.

**Family Support** funding has been used for: family centres; family information hubs and resources; support within local authority settings; home support and outreach; family and parenting programmes; 'soft parenting' support; activity aimed at meeting specific targets; staffing; and training.

**Looked after 2 year olds** funding has enabled local authorities to: ensure that there are sufficient spaces in nurseries and childcare services; employ and train staff; and ensure every child has an individual plan involving integrated services.

**Child Healthy Weight Interventions** (planned investment: £6 million; actual investment: £5.9; spend reported: £6.2 million).

Many of the CPP returns for Child Healthy Weight Interventions focussed on activities aimed at meeting or exceeding the Scottish Government's HEAT target of achieving agreed completion rates for child healthy weight intervention programmes in the years 2011-14.

**Childsmile** (planned investment: £35.6 million; actual investment: £35 million; spend reported: £31.5 million).

CPPs reported on the delivery of this national oral health programme including: the numbers participating; the number of children registered with dental practices; the percentage of children now free from dental decay; decreases in number of missing or filled teeth; and staffing and monitoring procedures.

**Healthy Start** (planned investment: £39.3 million; actual investment: £30.8 million; spend reported: £0.5 million).

The Healthy Start Scheme is a UK-wide demand led scheme providing vouchers for food and vitamins for low income families and pregnant women under the age of 18, up to the child's fourth birthday. Planned investment of £39.3 million was based on an estimate of uptake and £30.8 million was the spend for actual uptake. Healthy Start is administered by the UK Department of Health and the Scottish Government reimburses them directly for Scottish voucher claims. CPPs are reporting on additional work associated with improving uptake and not on the voucher spend. CPPs reported on a variety of activities, including work taking place through the Early Years Collaborative to maintain and increase the uptake of Healthy Start.

**Infant Nutrition and Maternity Services** (planned investment: £22.1 million; actual investment: £19.4; spend reported: £14.1 million).

Funds were allocated to support the implementation of Improving Maternal and Infant Nutrition: A Framework for Action 2011 which aims to improve the nutrition of pregnant women, babies and young children. Main activities within CPP areas included supporting the UNICEF Baby Friendly Initiative including training on and



promotion of standards as well as Baby Friendly accreditation. Many CPPs focussed on promoting and supporting. There was also a focus on healthy eating initiatives and on improving eating habits and weight management for pregnant and postnatal women. Funds also support the implementation of A Refreshed Framework for Maternity Care in Scotland 2011, which aims to improve maternal and infant health and to reduce inequalities in maternal and infant health outcomes.

**Family Nurse Partnership** (planned investment: £13.9 million; actual investment: £14.6 million; spend reported: £15.4 million).

This intensive, preventative home visiting programme for young, first time mothers was being delivered in nine NHS Board areas at the time of the returns. Returns from those CPPs with established FNP's showed developing services with teams being expanded to ensure the programme can be offered to all eligible young women, over time.

**Health Funding over and above the Change Fund** - CPPs were also asked to report on Health/NHS Change Fund related activity over and above the original NHS commitment and one main area of additional spend related to the introduction of the 27-30 month review. There was also a focus on developing improvement methodology and testing changes.

**Local Government Funding** was a combination of new and existing resources and was not aligned to any specific programmes. Decisions on how to allocate these resources were made in line with local priorities. As well as the planned spend from local authorities, CPPs also reported on activity over and above the local government's planned investment. A very wide range of different programmes were supported and these fell under three main headings: general family support, for example play or literacy services; targeted support such as support for vulnerable families; and staffing, workforce development and training.

The return forms also asked CPPs to provide information on other resources spent on the early years. The majority of information provided by CPPs related to additional investment from the third sector, with a much smaller number reporting investment from Police or other organisations.

### **Prevention and disinvestment**

In 2013/14 and 2014/15, CPPs were asked to provide specific examples of preventative spending and all did so at some point in their returns. Several commented that much of their early years work, if not all, is focussed on prevention or early intervention and this is evidenced by the many and varied examples provided.

In 2013/14 and 2014/15, CPPs were also asked to provide specific examples of disinvestment, including disinvestment from wider activity beyond the change fund that has a bearing on the early years. Several CPPs were able to provide this information. Disinvestment was predominantly budget realigned either within early years or, to a lesser extent, from services outwith early years.

## **Successes and lessons learned**

The Early Years Collaborative featured in many of the reports of successes. Several CPPs reported that the Early Years Collaborative has been well received and has helped strengthen communication, co-ordination and partnership working.

There were many examples of improvement methodology enabling CPPs to identify areas where real change is taking place and where activities are making a real difference for children and their families.

Returns also show that there is strong leadership, developed and developing multi-agency working and a continuing focus, both strategically and locally, on the early years agenda. Several CPPs detailed successes in providing specific programmes, achieving outcomes and addressing local priorities, including activities that have been commended as examples of good practice.

Some CPPs shared the lessons they have learned in delivering their early years activities and these related to: ensuring initiatives are sustainable; ensuring that lessons learned from the delivery of an approach or programme are heeded when delivering others; the benefits of sharing information and having a dedicated co-ordinator to enable both information sharing and sharing good practice; and the need to ensure projects are evaluated at an early stage.

# Introduction

## Background

The Early Years Change Fund was established in 2011 as a partnership of the Scottish Government, local government and the NHS. Its task is to take forward a significant change programme to help deliver the joint commitment to prioritising the early years of children's lives and to embed early intervention and prevention. Across the three years of the Early Years Change Fund from 2012-2015, the Scottish Government has committed £44 million; the NHS has committed £117 million and local government £105 million. The Scottish Government also contributed £8.5 million in 2015-16 to support the transition year, but this funding is not applicable to this report which captures activity from 2012-13 to 2014-15.

The overarching objective of the Early Years Change programme has been to put into place practical actions that meet with the principles set out in the Early Years Framework (EYF) so that intervention is proportionate and timely and offers consistent and co-ordinated support.

Each year since the start of the Early Years Change Fund, CPPs have provided the Scottish Government with a yearly return on their Early Years Change Fund activities. Returns for 2012-13 and 2013-14 are available on the Scottish Government website, as are summary reports for each year. The most recent returns for 2014-15 are also available on the Scottish Government website.

In February 2016, the Scottish Government commissioned research to assess the impact of the Early Years Change Fund, as reported by CPPs through their Early Years Change Fund returns across the three years. This research will help the Scottish Government understand the impact of the Change Fund on a national basis and use this information to consider how to sustain any shift to prioritising prevention and early intervention.

The overall aim of the research is to summarise the impact of the Early Years Change Fund, as recorded by CPPs in their Change Fund returns each year. Specific objectives for the research are to:

- Fully understand how CPPs have prioritised the early years at the local level.
- Calculate the total resources spent on the Early Years Change Fund for each programme line of spend and to summarise the outcomes reported by CPPs.
- Identify what the local priorities have been for CPPs over the lifetime of the Change Fund.
- Summarise the examples of prevention and disinvestment provided by CPPs.
- Highlight the successes and lessons learned by CPPs.
- Understand the governance arrangements in place at the CPP level around the early years.

## **Methodology**

Researchers were provided with CPP returns from 2012/13, 2013/14 and 2014/15, the summary reports produced in 2013 and 2014 and responses to queries supplied by CPPs to the Early Years Change and Improvement Team. Each return was read individually, then the three reports from each of the 32 CPPs were examined together to look for changes across time, direction of travel and reasons for change.

Once details of the activity and spend in each CPP had been categorised and summarised, the researchers looked at this information across all CPPs to look for commonalities and differences, trends and examples of good practice.

## **Limitations**

In each of the three years, the CPPs provided information on detail and spend based on the way in which they record and report on their early years activities. While the return forms aimed to capture consistent information, because systems differ across the CPPs there are differences in what has been reported. Some CPPs provided lengthy and detailed reports while others provided more summarised information. Similarly in relation to spend, the level of detail CPPs were able to include varied. The Early Years Change and Improvement Team endeavoured to collect any additional information required to complete or clarify the picture of activity and spend. However, there are some limitations in the amount and detail of information collected.

Information from 2012/13 was the least detailed and the return template for 2013/14 was amended in light of recommendations from the 2012/13 summary report. The 2013/14 and 2014/15 return forms aimed to capture data on wider spend, to give more accuracy in terms of overall spend and to collect examples of preventative spending and disinvestment.

This report has been compiled using the returns provided by each CPP in each of the years, the summary reports produced on the 2012/13 and 2013/14 returns and the responses to queries collected by the Early Years Change and Improvement Team. However, the details and figures cannot be verified for accuracy and the figures used should be regarded as indicative.

# How the Early Years Agenda is being led and championed

CPPs were asked to provide details on how the early years agenda is led and championed in their CPP, including an overview of the general approach being taken to the early years and the key issues and challenges being faced.

The returns from 2012/13 showed that early years and prevention were already priorities across Scotland. CPPs reported that work on prevention and early intervention were already underway and the Early Years Change Fund was seen as acting as a driver or focus for planning around these areas.

CPPs also reported on structures already in place and how these were being reviewed to ensure that planning for the Early Years Change Fund could build on and complement existing early years and early intervention programmes.

In 2013/14, returns showed how structures had been developed with evidence of strategic approaches, dedicated leadership and local champions, with the Early Years Change Fund enabling CPPs to target activities that improve outcomes for children and families.

The 2014/15 returns showed that in many CPPs these structures and approaches were being reviewed and developed to ensure that they continue to meet local needs.

## Development and delivery

A number of key issues and areas of work emerged from the returns and these are summarised below along with some of the many examples provided.

### Strategic issues

Returns show a strong focus on early years within both Single Outcome Agreements (SOA) and Community Plans. Returns indicate that the focus in SOAs has shifted from intervention to prevention, for example:

Moray: As set out in GIRFEC, the Early Years Framework, EYC and the SOA, a preventative and collaborative approach to deliver local outcomes is at the heart of community planning in Moray.

North Ayrshire: The North Ayrshire SOA 2013/17 contains the outcome that children's health and wellbeing is improved by breaking the cycle of poverty, inequality and poor outcomes.

Stirling: Early years has been identified as a prevention and intervention area arising from our SOA. As such, it is subject to a prevention action plan which has been developed in partnership based on evidence gathered during our Outcomes for Stirling process.

There is evidence that CPPs have firmly embedded the early years agenda within their Integrated Children's Services Plans (ICSP) and within other local plans and strategies that relate to early years, children or learning. Early years, early intervention and prevention feature as priorities across all areas of the country.

Integration also emerged as an important feature, with CPPs reporting integration of various strategic plans. For example in East Ayrshire: A new integrated Children and Young People's Service Plan is being developed and this plan will sit as part of the Health and Social Care Partnership Strategic Plan, and the Community Plan. It will also synergise with the new Child Protection Business Plan.

CPPs commented on the need for clear structures and lines of reporting and accountability to ensure delivery of local priorities; these areas are being regularly reviewed allowing CPPs to ensure that funding is targeted where it is most needed. Many of these structures include high-level, strategic, multi-agency groups providing strategic direction and reinforcing commitment to the early years agenda with various types of sub-groups, forums or networks driving and delivering the agenda at a local level.

In many areas, existing structures have been reviewed with CPPs restructuring in order to bring related programmes under a consolidated framework. Examples include South Lanarkshire: This has been done by embedding the Early Years Collaborative approach into existing groups, amending membership where necessary e.g. Early Years Co-ordination Group, Parenting Support Strategy Group, and the Early Years element of the Substance Misuse sub group.

Local GIRFEC (Getting it Right for Every Child) structures are being used to translate priorities to local action plans. CPPs reported: services based on the GIRFEC approach; the GIRFEC approach providing the framework for service delivery; early years appearing as a standing item on the agenda of GIRFEC boards and groups; and regular reports from GIRFEC boards and groups to the CPP and associated early years groups.

CPPs are setting targets in line with both national and local priorities, with priorities aligned to the Scottish Government SOA, the Early Years Framework and local needs. Similarly, funding from various sources is being used to deliver local early years priorities. For example, in Fife: Funding from Fife Council via the Family Nurture Approach budget (2013-16) has supported locality and community based innovation to enable an enhanced focus on local priorities. This has led to service redesign, trialling new systems and new ways of working to meet local needs resulting in better outcomes for children and families in the early years.

### **Specific appointments**

Several CPPs reported that they have appointed a Programme Manager or Development Officer to take forward the Early Years Collaborative agenda. Some examples include:

East Dunbartonshire: Programme Manager has been appointed to take forward the Early Years Collaborative agenda for a further period of 12 months. This joint post,

between the Council and Community Health Partnership, will support the delivery of an integrated Early Years Strategy.

East Renfrewshire: The Change Fund has been used to recruit an Early Years Programme Manager and Data Analyst who are working to develop our approach to the Early Years Collaborative and the recently developed Early Years Strategy. As part of this work, change fund monies have been used to undertake a comprehensive review of the Early Years system in East Renfrewshire.

Moray: A fixed term (18 months) Partnership Early Years Development Officer has just been recruited. The post holder will compliment, co-locate and work in collaboration with other Partnership Officer posts for GIRFEC and Child Protection and lead in the continued embedding of EYC service improvement methodology and practice.

### **Service delivery**

Reports on the delivery of services within CPPs indicate an emphasis on early intervention, prevention and improving outcomes for all children and their families.

Implementation has varied across CPPs with some reporting on area-wide initiatives and actions while others are taking a staged approach by focussing on one local area at a time.

### **Partnership working**

Across the CPPs there was evidence of strong partnership and multi-agency working, joint action groups and community engagement. Structures are in place to lead implementation and delivery of local Early Years Change Fund priorities included a range of public, private and third sector partners. A number of CPPs reported on joint decision-making and data sharing.

Glasgow: In one area of the city, we have championed the Improving Futures Framework to improve and strengthen collaborative working between 3rd sector and public services.

Scottish Borders: A multi-agency partnership approach has been adopted to champion the Early Years agenda within Scottish Borders with strategic oversight through the Children and Young People's Leadership Group.

In addition, many CPPs reported on how they ensured that the voices of staff, parents, children and other community members were heard and their views incorporated in planning and service delivery. Examples include:

Dundee: We are particularly pleased that our ICSP planning approach has been heavily influenced by the experiences of children young people and their families and in fact the Editorial and Design Board for our ICSP has had significant input from Looked After Children, Young Carers, School forums and parents.

East Ayrshire: A new model of involving all children and young people in their planning has been developed and approved using the Wellbeing Web.

East Lothian: The Children and Young People Services Plan has been redeveloped during 2015 involving all member organisations and a broad range of: members of the public, children and young people, special interest groups, practitioners and staff, and community planning partners. The new Children and Young People services Plan 2016-2019 will be launched in March 2016.

Shetland: 'Poverty is bad, let's fix it' was a youth-led participatory investigation into poverty, social exclusion and inequality in Shetland. The outcomes from investigation were fed into the Fairer Shetland Framework (the local anti-poverty programme) which is one of the strategic drivers of the integrated children's services plan.

### **Early Years Collaborative**

The Early Years Collaborative, a multi-agency quality improvement programme for early years services, was mentioned by all of the CPPs. In addition, several commented that the stretch aims of the Early Years Collaborative are embedded in their strategies and ways of working:

Argyll and Bute: The Early Years Collaborative stretch aims are within the new ICSP.

Fife: The Early Years Collaborative has supported further senior leader engagement through senior leader visits to support and promote work in the early years, but more fundamentally the objectives of early preventative support for children, families and communities. This commitment from senior leaders has helped give a high profile to work across early years services in Fife.

Highland: The improvement framework supports the CPP's commitment to meeting the stretch aims of the Early Years Collaborative. A leadership group has been established to review the ongoing work of the plan and has a broad membership including; lead officers from Highland Council, NHS Highland, SCRA and Police Scotland, service user representatives, third sector partners and elected members including the Children's Champion.

South Ayrshire: The new Integrated Children's Service Planning group, as part of South Ayrshire Health and Social Care and Community Planning Partnerships (CPP), has fully supported the development of the Early Years Collaborative approach, with a dedicated officer, and the implementation of Getting It Right For Every Child (GIRFEC).

### **Early Years Champions**

Many CPPs included the name of their Early Years Champion or the post within their local structure that acts as Early Years Champion or leads the Early Years agenda. Champions were seen as key in driving forward the early years agenda.

There was also evidence of clear leadership at strategic-level, for example in West Dunbartonshire: We have a dedicated Early Years Executive Group with Heads of Service from the Community Health & Care Partnership (CHCP) and Education



working alongside the Community Planning Manager; providing leadership and guidance for the whole Early Years agenda.

Some also reported on a high level of awareness among elected members, for example the Western Isles: The Early Years agenda continues to be given strong political support by elected members, together with members of the Health Board.

### **Looking ahead**

CPPs are continuing to plan for the future, with reports of groups and strategies aimed at identifying the next steps towards improving outcomes for children and young people, including:

Perth and Kinross: We have continued to improve our early years provision in response to national developments, including implementation of the Children and Young People (Scotland) Act 2014.

Midlothian: For 2015/16 onwards the multi-agency GIRFEC subgroup structure has been revised and the Prevention and Early Intervention Subgroup has been refreshed to become the Early Years Subgroup and is responsible for providing leadership on all relevant matters across a range of organisations and partnerships, such as the Play Strategy, Parenting and Family Support etc.

Fife: In November the Early Years Strategy Group finalised their strategy to provide a clear framework for early years services until 2017.

### **Key challenges**

CPPs were also asked to provide information on the key challenges being faced in their areas. CPPs identified a range of different issues, from strategic to specific. In some areas the challenges remained constant across each of the three years of returns while for others, different issues emerged.

### **Resource issues**

Resource issues emerged as a main challenge with many CPPs mentioning the pressure on budgets or on workforce capacity or the need to prioritise work because of budgetary constraints. For example:

Argyll and Bute: Reductions in public sector funding may present additional difficulties in how we manage early interventions and prevention.

Moray: Moray CPP is fully committed to the aims of the EYC, this does bring to bear considerable pressures upon a workforce who are already working to full capacity. However, there is no doubting the value for the future of Moray's children by investing both time and resource in the early years and early intervention and prevention. The key challenge for 2016/17 is continuing funding to support the work of the strategy group and EYC in Moray.

South Lanarkshire: Finding sustainable ways of supporting the most vulnerable children and families at a time of significant budgetary constraint and operational expansion in early years services.

Orkney: Recruitment and retention of staff continues to cause difficulty, as do increasing workloads with decreasing finances.

Other resource issues included the need to have staff available to train all those who want to learn the improvement methodology and become actively involved in the Early Years Collaborative (Aberdeenshire). In addition, one CPP commented on the challenges faced in assisting those who have not previously engaged with the preventative early years agenda to do so.

### **Technical issues**

Data and information sharing, particularly where partners use different systems, also emerged as issues, especially in the 2012/13 returns, and for some CPPs this has continued to cause challenges. In 2013/14, South Lanarkshire reported: Sharing relevant data across complex partner organisations that use different IT and recording systems remains a challenge, even with the advances made under the GIRFEC agenda.

Financial accounting also posed challenges for some CPPs, including:

Falkirk: There are also areas of challenge across agencies in separating preventative spend from other areas of spend and in identifying the Falkirk portion of monies allocated on a Forth Valley basis.

Shetland: Identifying where resources are used in relation to outcomes.

### **National priorities**

CPPs commented on the need to address requirements or implications of the Welfare Reform Bill and the Children and Young People (Scotland) Act (2014). Other significant national changes were mentioned and included:

Glasgow: The volume and pace of change at all levels within early years is also a challenge - as the significant expansion of universal entitlement to flexible nursery provision and consultation with parents around childcare needs is underway at the same time as driving forward the focus on early intervention and just coping families.

South Lanarkshire: Ensuring robust links with adult services at time of significant organisational and structural change for adult social care and community care services and the ongoing review of arrangements to support justice services.

South Ayrshire: Integration of the Health and Social Care Partnership into governance and planning arrangements.

CPPs also commented on challenges caused by the need to balance local and national, or strategic and operational priorities.

## **Other challenges**

Geographic challenges were apparent in the more rural or island CPPs. In Orkney, for example: Challenges related to the equitable delivery of services across a geographical spread of seventeen separate islands, in addition to the mainland of Orkney, not only in terms of human resource but in terms of time and travel cost.

Other challenges identified by CPPs included:

- Balancing a preventative agenda with the continuing need for intervention and crisis management.
- Service provision and engagement in the context of high levels of poverty and deprivation.
- Issues around engaging with 'hard to reach' families and other specific local challenges.

# Partnership working

CPPs were asked what partner organisations had been involved in developing their ICSP and their Early Years Change Fund returns.

They were also asked about their partnership governance and financial frameworks.

## Partners

Returns showed that CPPs have involved a wide range of partner organisations and others in developing their ICSP (or local equivalent). Many CPPs gave details of specific strategic structures in place to plan and co-ordinate the delivery of children's services. These included devolved responsibility to specific strategic groups such as GIRFEC Strategy Groups or Children's Services Executive Groups. Several CPPs also mentioned that their return had been completed by Early Years Partnerships or groups.

The membership of these groups differed across CPPs but most included senior representation from:

- Local authority departments (mainly education, housing and social care/social work)
- The local NHS Board
- Police Scotland

Many also included representatives, again mainly at a senior level, from:

- Scottish Fire and Rescue
- Community Health
- Community Safety
- Third Sector umbrella/representative organisations and/or specific third sector organisations
- Scottish Children's Reporter Administration (SCRA)
- Criminal Justice
- Children's Panel
- Local voluntary organisations
- Local colleges
- Third Sector and private providers of childcare

While development of the ICSPs in most areas involved key public and third sector partners, many CPPs also included details of involvement or consultation with parents, carers and young people.

## **Governance**

CPPs were also asked to describe the partnership governance framework and financial frameworks in place to enable partnership decisions to be made.

Governance frameworks include regular reporting and performance reviews and structures mainly comprise multi-agency groups at various levels of accountability:

- Leadership groups providing strategic direction
- Management groups
- Early Years Strategy groups
- Local area or thematic groups and workstreams

Returns showed structured approaches across all CPPs with descriptions and/or diagrams evidencing clear governance, accountability and reporting. These structures have been developed to align with local priorities and reporting requirements.

Many of the returns indicated that these structures are reviewed regularly to ensure continuing clear local governance, to align with local needs and priorities and to encompass any strategic changes at local or national level.

# Priorities

This section of the Early Years Change Fund return looked at local priorities for children and families in early years. CPPs were asked to outline:

- The outcomes they have identified as needing improvement and what they are trying to accomplish
- How the impact of the activity will be measured. What indicators, milestones and targets have been set and how the CPP will identify whether the change is an improvement.
- What specific actions they propose to take to achieve these outcomes and what changes will be made that will result in improvement.

In addition, in 2013/14 and 2014/15, CPPs were asked to provide specific examples of preventative spending<sup>1</sup>.

Also in 2013/14 and 2014/15, CPPs were asked to provide specific examples of disinvestment, including disinvestment from wider activity beyond the change fund that has a bearing on the early years.

## Outcomes identified

Detail varied across returns with some CPPs giving information on broad outcomes and objectives, others focussing more on specific priorities or change areas and some giving information on outcomes and priorities at all levels.

Many of the CPPs reported on medium or longer term high-level outcomes which are included in their SOA, ICSP, Early Years Strategy or other strategic plan.

As such, for several of the CPPs many of the early years priority areas identified for improvement remained the same in each year of the return. Some of the CPPs also, however, reported that priorities have been, or are planned to be reassessed. In Dumfries and Galloway, for example: current local priorities for the Early Years have been shaped by the recommendations of the joint inspection of children services 2014, and the resulting Children's Services Plan.

It is clear from returns that CPPs see early years as a priority. The following are the main themes mentioned in relation to high-level early years outcomes, with some examples.

**Ensuring children have the best start in life:** Our babies and children are nurtured and have the best possible start in life (South Ayrshire)

---

<sup>1</sup> The return form provided the following clarification in relation to preventative spending: The Community Planning National Group states that preventative approaches, supported by preventative spend, are: "actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money."

### **Reducing inequalities:**

- Tackling problems caused by drugs and alcohol (Dundee)
- Reduction of child poverty (Glasgow)
- To improve outcomes for those affected by family dysfunction, domestic abuse, alcohol and substance misuse and mental health issues (Western Isles)

### **Focus on early intervention or prevention:**

- Early identification of children & families in need of support (Glasgow)
- All staff working in early years to deliver on prevention through universal and targeted interventions (Aberdeen)
- To shift to preventative and early intervention approaches whilst continuing to deliver services to children who need them most (Aberdeenshire)
- Slows the demand for service/support by intervening earlier and with the right people at the right time (West Lothian)

### **Support for families and vulnerable families, including:**

- Positive parenting
- Good parent-child attachment and positive parent-child relationships
- Strengthen universal ante natal and early years services especially for vulnerable children and families (Edinburgh)
- To provide flexible respite services to vulnerable families when required (Western Isles)

### **Support for specific groups, including:**

- Support for Looked After Children and reducing the need for children to become Looked After
- Increased fostering capacity
- Strengthened Kinship Care arrangements

**Keeping children safe:** All Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives (Falkirk)

**Enabling:** A place where they have a voice, have opportunities, learn and get around (Moray)

### **Healthy living:**

- To improve child healthy weight (Western Isles)
- Have good physical, emotional and mental health and well-being (Renfrewshire)

### **Supporting learning:**

- Help to ensure children achieve their developmental milestones and are then able to participate fully in school (Scottish Borders)
- Improved attainment and achievement for early years, primary and secondary schools (West Dunbartonshire)
- Improve children's readiness to learn and achieve (East Lothian)

**Community engagement:** To increase community engagement and participation in the Early Years Centre (Scottish Borders)

**Monitoring and Evaluation:** Children and young people benefit from clear protocols, procedures and effective systems for recording observations and concerns which take account of best practice in information-sharing (Highland)

### **Joint working:**

- Ensure a joint strategic direction for service development (Orkney)
- Integrates universal and specialist investment in a systematic and strategic approach (West Lothian)
- To identify and address concerns earlier through more effective multi-agency information sharing (Western Isles)

**GIRFEC implementation:** Revisit and review the implementation of Getting It Right For Every Child (Orkney)

**Staff development:** Develop a shared learning programme for Orkney children's services workforce (Orkney)

To develop workforce skills to carry forward the improvement agenda and to ensure quality provision of early learning and childcare (Western Isles)

Several returns referenced the Scottish Government National Outcomes: 'Our children have the best start in life and are ready to succeed'; and 'We have improved the life chances for children, young people and families at risk'.

Several also referenced the stretch aims laid out by the Early Years Collaborative.

CPPs gave details of the numerous and varied specific outcomes or priorities being used to deliver the high-level outcomes. These included:

- Focussing activity on specific age ranges
- Targets for accessing health care / check-ups
- Targets for developmental milestones
- Targets for access to early learning and child care
- Enabling access to physical activity and play
- Enabling access to services



- Increased community engagement
- Increased outreach
- Work on capacity building with parents
- Provision of parenting programmes

A small number of the many different examples provided by CPPs include:

West Lothian: We have a broad and diverse set of outcomes across the CPP for our local activity. For young mothers as an example, a decrease in infant mortality and morbidity, decreased subsequent births to women under the age of 20, continued engagement with education and training, reduced exposure to domestic and sexual violence, reduced problematic use of alcohol and other drugs, improved mental well-being, reduced poverty, and secure attachment of children and primary caregivers. The longer term outcomes will include decreased number of children whose names require to be placed on the Child Protection Register, improved developmental trajectories for our most vulnerable children, improved school attendance, sustained positive destinations when leaving school, reduced poverty and need for services.

Inverclyde: Physical Activity and Play. These two key change areas will be a focus for the Nurturing Inverclyde Collaborative for Early Years over the next few years. Physical Activity and Play are both key in improving children's outcomes and development, in Inverclyde a couple of projects have recently been established both of which will monitor and measure the processes that are required to ensure all children benefit and the outcomes for the children who participate. The Lets Play Port Glasgow is working from Rainbow Family Centre and Physical Activity in Early Years is being implemented in both Glenbrae and Hillend Family Centres.

## **Measurement**

CPPs were asked to say how the impact of their activity will be measured, including what indicators, milestones and targets have been set and how the CPP will identify whether the change is an improvement.

As noted above, many of the outcomes detailed in returns were medium or long-term and in several cases changed little over the three years. This was also the case for returns relating to measurement, as the indicators used to measure outcomes also link to longer term strategic plans such as the SOA. Indeed, many of the CPPs reported that mechanisms, including outcome measures and indicators and performance indicators, are linked to, or set out in, their SOA, ICSP and/or other strategic plans, including Dundee: Our reporting measures are intrinsically linked to Dundee's Integrated Children's Services Plan and SOA within which we have established a wide set of indicators targets and outcome.

Several CPPs also reported that indicators and milestones have been set in line with the EYC stretch aims, for example: The Children's Services Plan has included the EYC stretch aims in defining our indicators against which to measure the impact of the plan along with other CS outcome indicators (Fife).

In addition, CPPs reported a wide range of mechanisms designed to measure specific local outcomes and activity and this included East Renfrewshire: The Collaborative Stretch Aims are the main focus of our measurement work. However, these are Authority wide indicators and we are keen to track progress at a local level. Given our focus on supportive, asset focused ways of working we are keen to develop indicators and milestones that enable us to assess the impact on community wellbeing and resilience. The Change Fund is being used to support the development of a community wide measurement framework to track the impact of EYC related work.

There are, therefore, a large number of indicators, both qualitative and quantitative, in use across the CPPs.

Changes in returns over the three years indicate that measures are being reviewed and revised. Indeed, several of the CPPs reported that measures are subject to review to ensure that they continue to provide the most suitable assessment of performance, including: We will continue to develop new measures to better support our assessment of our performance in achieving the desired outcomes for children and young people and these will be regularly reported to the Children's Partnership via the Strategic Oversight Group (Edinburgh).

CPPs also use a wide range of sources and information gathering methods to provide the hard and soft data needed to measure the impact of their activity. Examples include:

Inverclyde: We are using standardised and published data where and when we can to show that improvement is taking place across Inverclyde, however, many of these nationally published statistics are only available annually or longer such as Poverty Rates, PIPs in Schools, Child Health Assessments, SIMD, DWP records, Child Protection Cases, Teenage Pregnancies, Health Inequality information. Therefore, each of the projects or workstreams mentioned above have their own project charters and measurement plans that will indicate at local or even establishment level the small changes that are leading to improvement.

Edinburgh: Key to measuring progress is getting regular feedback from children, young people and their families about how well we are doing in meeting their needs and in achieving our priorities.

West Dunbartonshire: Within services there are various opportunities for parents to feedback, such as completing satisfaction surveys post engagement with a range of parenting support opportunities. These are followed up to help us understand the impact of participation in parenting support. Parents who participate in small tests of change are also asked to complete evaluations of their experience and outcomes.

In relation to identifying whether the change is an improvement, CPPs use a range of evaluation methods, including measurement against set targets and milestones and strategic-level review:

Argyll and Bute: The Model for Improvement is used to test whether a change has led to an improvement and ensures aims are measurable and state a timescale.

This has been particularly effective in testing processes within the Argyll and Bute Family Pathway.

Clackmannanshire: We are working hard through EYC and RAFA to ensure that practitioners are provided the opportunity to use the improvement methodology to measure the impact of small tests of change.

And, again, returns indicate that CPPs are continuing to develop the methods used to measure impact and identify improvement, including Scottish Borders: One of the significant developments in 2015 has been the analysis of the 27 month review data which now covers a 12 month cohort of children. This data set has been analysed at the intermediate data zone level to inform how partners tackle health inequalities.

## **Actions to achieve outcomes**

The wide range of actions and changes undertaken or planned by CPPs to achieve outcomes and improvements ranged from strategic to operational to activities linked to specific groups or projects. Many of the actions reported in returns related to one of the following areas:

- Development of Frameworks to ensure consistency of approach.
- Integration of services or delivery teams.
- Evaluations to decide the future of specific projects and programmes.
- Recruitment of staff, including posts responsible for collecting and processing data or for delivering programmes.
- Staff support and training.
- Increased partnership working.
- Expanding service and/or support provision.
- Investing in new services or provision.
- Implementing flexible models of provision or delivery.
- Improvements to data collection and usage.
- Support for providers or partners; examples included implementing the GIRFEC staged intervention process (Angus) and developing the capacity of voluntary sector partners to support parents (Dundee).
- Seeking accreditation or reaccreditation.
- Ongoing evaluation of provision and commissioned research to inform delivery.
- Information provision and enabling access to information.
- Building capacity.

## **Preventative spending**

In 2013/14 and 2014/15, CPPs were asked to provide specific examples of preventative spending<sup>2</sup> and several commented that much of their early years work, if not all, is focussed on prevention or early intervention, for example: Our early years work is, by its very nature, preventative (Midlothian)

All 32 CPPs were able to provide examples of preventative spending in their areas and in many cases were able to provide different examples in each of their two returns, indicating a widespread and continually expanding focus on prevention.

The following broad headings summarise the main areas of preventative spending reported in returns. Under each heading is one example taken from the many and varied activities reported by CPPs.

### **Support for parents / outreach support for parents / parenting skills**

West Lothian: Families Included Service. This service works intensively and holistically with families who have multiple and complex needs. The service operates an evidence-based family intervention model which assists families to effect positive and sustainable change. The service has been externally evaluated to establish whether this model can effect sustainable change at an earlier opportunity, to avoid accommodation of children at a later date. Of the 23 families whose support was completed between 1.4.15 and 30.9.15:

- 60% of families demonstrated an improvement in their parenting skills.
- 72% of those families who were not already subject to statutory measures of care or referred to the reporter at referral stage, avoided becoming subject to compulsory measures.
- 91% of those families where school attendance or timekeeping were problematic showed an improvement.
- 80% of families whose home conditions were assessed as poor or adequate at the outset demonstrated improvement.
- 68% of families demonstrated an improvement in their overall level of family functioning, as assessed by the professionals involved.
- Of the 14 families we have Police Data for, the number of Police calls outs fell from 62 at entry to 13 at exit and charges fell from 12 to 3.

### **Play interventions**

East Ayrshire: play@home family intervention for children, aged 0-8 years and their families. Play interventions with prisoners at HMP Kilmarnock to support bonding and interaction, including: Life skills courses, play and bonding sessions, Family bookshare programmes and family fun days.

---

<sup>2</sup> The return form provided the following clarification in relation to preventative spending: The Community Planning National Group states that preventative approaches, supported by preventative spend, are: "actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money."

## **Early support for pregnancy and beyond**

Inverclyde: Preventative support for young pregnant women who smoke during pregnancy will impact on reducing the number of still births and babies with low birth weight.

## **Attachment**

Scottish Borders: Parenting support through universal services has been enhanced to promote attachment focused practice. Improvement methods have been used to design and test and begin to scale up a parenting assessment toolkit for Health visitors and other practitioners working with parents of new born babies.

## **Support for vulnerable families**

East Renfrewshire: Family First. Change Fund monies have been used to support 2.0 FTE 'Family First' workers. These workers support vulnerable families to identify their own assets and to agree shared outcomes that they and the service work towards. The role is an informal one with participation entirely voluntary. Once engaged with families the workers support families to progress towards their own outcomes, advocate on behalf of families to services and support families to develop behaviours and practices that enable them to thrive independently of services. This is a significant area of spend.

## **Reducing inequalities**

East Lothian: Our 'Support from the Start' local community network brings together community and partner agency representatives to develop localised activities and supports for children and families, particularly focussed on reducing health inequalities.

## **Identification**

Shetland: Vulnerability Criteria - Helping to identify vulnerable children who 'fall through the cracks' and ensure that they are receiving the support they need, via GIRFEC or whichever method is most suited.

## **Early learning support / school readiness support**

Perth and Kinross: Incredible Years Pre-School Parenting Programme to increase the capacity of eligible parents to reduce behavioural concerns and improve the social skills of their 3 year old. This will increase the 'school readiness' of the child, reduce the likelihood of anti-social behaviour and other social and behavioural concerns in later childhood and adolescence, improve family functioning and reduce parent mental health concerns.

## **Nurture / transition support**

Angus: A nurture group was started in one nursery school with a small number of children. This has been scaled up with nurture groups now running in 14 schools and cosy corners being developed across public and private Early Years and Childcare settings. The overall aim is to support children's social and emotional development & support a positive transition into primary school and beyond. Data

gathered from Boxhall profiling shows positive change in children's social & emotional development and staff recognise more positive transitions for the children benefitting from the nurturing approach.

## **Development**

Argyll and Bute: Investment in resources to build emotional literacy and empathy in children in the early years through implementing the PAtHs programme in an increasing number of ELCC (both local authority and partner provider) settings across Argyll and Bute. This compliments the Scottish Government's investment in the Roots of Empathy programme, which has been delivered in partnership with Health and Early Years Service to 10 primary schools. Targets are to deliver PAtHs in 35% of ELCC settings and Roots of Empathy in 12 primary classes in Argyll and Bute by the end of June 2016. As a result of this preventative spend, it is anticipated that there will be less children with social, emotional and behavioural difficulties requiring additional support in later years.

## **Language and literacy**

Clackmannanshire: The therapist operates 4 sessions per week over 2 days. The aim to date has been to enable those involved with vulnerable children in the early years to work together to maximise children's language and social development in order to promote later literacy and communication skills. The objectives of the work are: Preventing- by raising awareness of 'normal' language development, encouraging joint working and helping parents to enjoy developing their child's language in a fun way, the project will reduce the numbers of children who require specialist help. This should, therefore, prevent difficulties with language and literacy in later years.

## **Mental health support**

North Lanarkshire: Perinatal Mental Health Service. Positive mental health is a key determinant of children's success and engagement in early learning. We are testing services and delivering support to protect children, prevent abuse and support the most vulnerable pregnant mothers and fathers. The improvements have resulted in increased referral to an appropriate service, higher levels of staff awareness, consistent access to assessment and treatment across 6 localities.

## **Health**

East Dunbartonshire: NHS Greater Glasgow and Clyde (NHSGGC) committed non-recurring funding to support East Dunbartonshire Food Co-op to support increase access to healthy food.

## **Workforce development and training**

West Dunbartonshire: We have also invested in extensive training (on specific parenting interventions such as Triple P, Mellow Bumps, Mellow Babies, Incredible Years, Solihull) of frontline workers to ensure a consistency and coherence of approach across all agencies and the third sector.

## Disinvestment

In 2013/14 and 2014/15, CPPs were asked to provide specific examples of disinvestment, including disinvestment from wider activity beyond the Change Fund that has a bearing on the early years.

In 2014/15, 5 CPPs provided details of savings or preventative spending, rather than examples of investment that had been stopped or re-aligned.

Seven CPPs reported on work undertaken to identify potential areas of disinvestment, or on planned areas of disinvestment. For example, Shetland report that they are carrying out a review to determine if there are areas of duplication where resources may be able to be redirected at other prevention work, e.g. nurture in pre-school settings and primaries.

Twelve CPPs provided information on disinvestment; this was predominantly budget realigned either within early years or, to a lesser extent, from services out-with early years. Areas where disinvestment has taken place, with some examples, have included:

Shifts in spending in order to focus on early intervention and/or prevention: We have shifted some spend in the mainstream Primary sector to focus more specifically on early years and readiness for school and family support. In doing so we have established a new universal Family Support Service aligned to our early years and primary provision with the specific remit of prevention and early intervention (Dundee).

Other examples of redirected funding included:

Perth and Kinross: NHS Tayside has reduced the amount of funding it allocates to smoking cessation and has redirected this to focus on preventing young people from starting to smoke (the ASSIST programme). This will have a positive impact in the more immediate term with fewer pregnant women and their partners smoking, and also in the longer term in respect to improved general health.

Orkney: Funding was previously provided for Third sector counselling services but this was predominantly being spent in the 18 – 25 year bracket. Disinvesting here allowed us to prioritise spend on early years and preventative work.

# Funding

The Early Years Change Fund included both existing and new funds. Guidance from the Scottish Government<sup>3</sup> set out the minimum agreed Early Years Change Fund contributions from Scottish Government, Local Government and NHS Scotland. The minimum contributions or 'planned investment' is outlined in the table below:

Early Years Change Fund Planned Investment					
	2012/13 £m	2013/14 £m	2014/15 £m	2015/16	Total £m
Scottish Government	11.5	15.25	17.25	8.5	52.5*
Health	36	39	42		117
Local Government	20	35	50		105
<b>Total</b>					<b>274.5</b>

\*The Scottish Government funding was supplemented by £2.5 million from Positive Futures core funding; therefore the planned investment was higher than those outlined in the Change Fund guidance.

The Early Years Change Fund Return asked CPPs to provide details of spend for specific early years activities:

- Scottish Government Early Years Change Fund funding:
  - Family Support
  - Looked After 2 year olds
- Health/NHS Early Years Change Fund funding:
  - Child Healthy Weight Interventions
  - Childsmile
  - Healthy Start
  - Infant Nutrition and Maternity Services
  - Family Nurse Partnership
- Local government change fund funding

The returns template in 2012/13 included space for the CPPs to detail the resources available to partnerships for investment in Early Years through both current and projected resource allocation for 2012 to 2015.

In 2013/14 the template was amended to allow the CPPs to provide information on each programme under each of the funding sources (Scottish Government, NHS and local government) and asked for details on both actual spend and outcomes.

This format was continued in the 2014/15 template.

<sup>3</sup> <http://www.gov.scot/Resource/0045/00457644.pdf>



# Scottish Government funding

As mentioned in the previous chapter, the Early Years Change Fund Return asked CPPs to provide details of spend for early years activity. The template was structured to collect information on each of the funding sources. This chapter looks at the Scottish Government Early Years Change Fund funding provided through the local government finance settlements alone. Within these settlements, specific allocations were made for Family Support and Looked after 2 year olds and funding was allocated on the basis of 50% population, 30% deprivation and 20% rurality:

Funding and spend from local government settlement		
	Funding provided to LG finance settlements for 2012-2015	Spend reported by CPPs for 2012-2015*
Family Support	£9 million	£8,646,563
Looked After 2 Year Olds	£4.5 million	£5,614,717
<b>Total</b>	<b>£13.5 million</b>	<b>£14,391,580</b>

\* Figures presented in the reported spend for 2012-2015 column in the table above are taken from figures supplied in Annex A in the 2014/15 returns. This asked CPPs to provide 'Actual spend for early years activity 2012-15 (please populate a line for each programme and include information on how the Early Years Change Fund contribution has impacted on the quality of the services you provide, and on the outcomes for children and families in early years over this 3 year period)'.

These figures are approximate as some CPPs were unable to provide precise figures. This was either because the allocations were added to other funding to provide some of the activities, or because an activity was provided within another programme and the relevant spend could not be extracted. Other CPPs provided total spend on their activities which included other funding. In addition, one CPP reported that some of their allocation had been carried forward into the current financial year.

## Family Support

Funding was allocated through the local government finance settlements to provide support for the development of co-ordinated and integrated family support including advice, information, activities and services.

The CPPs were asked to provide details of spending on family support and, in 2013/14 and 2014/15, they were also asked to provide details of outcomes: 'what has been delivered by this programme?'

The majority of CPPs returned information on Family Support activity. In a small number of cases, returns indicated that relevant activities have been included within other programmes or that the Scottish Government funding was considered as a whole rather than as two separate allocations.

While all CPPs included some information in relation to one or more years of the Change Fund and Family Support activity, the levels detail provided varied greatly.

### **How the funding was used**

CPPs identified a wide range of local Family Support activities and these are outlined below.

**Family Centres:** Several CPPs detailed spend on Family Learning Centres in their area. Work included the development of three Family Centres in one CPP area; these aimed to deliver appropriate early support to local parents. Other CPPs allocated funding for staffing and resources in existing local authority or third sector Family Centres. Funding was also used for staff to develop Family Learning Centres in order to improve engagement with families and to facilitate parental involvement. Specific outcomes included:

- Providing additional group work and outreach services in an area of high deprivation.
- Addressing issues around domestic violence and anger management.

**Family information hubs and resources:** several CPPs referred to provision of information for families and parents as well as for professionals. These included: family support and information services; information directories; online information; social media pages; information booklets

### **Case study: Renfrewshire information provision**

Currently Renfrewshire has a Childcare Information Service which supports parents/ carers by providing information on childcare and early education in the local area. In addition, other council services, health and the third sector have a wealth of information and support which is provided in a variety of different formats. The family support funding from the Scottish Government will be used to develop a Family Information Service which will provide a single point of contact for support and easily accessible information for families across Renfrewshire. The Family Information Service will include a Renfrewshire Play, Talk, Read strategy; a parenting strategy; information on mental health issues; and all other information provided by Renfrewshire CPP. Partners from organisations across Renfrewshire are involved in the development of this service.

**Support within local authority settings:** A small number of CPPs included details of nurture or family learning support provided within local authority settings, predominantly schools and nurseries. This included Angus, where early years funding has been used to develop nurture environments in 30 schools, nurseries and child and family centres: The environment provides dedicated space for staff to work with children and/or parents and also offers an appropriate provision for parent contact arrangements. The provision supports children's social and emotional development & support a positive transition into primary school and beyond.

**Home support / Outreach:** A small number of CPPs provided detail of spend on home or outreach services. These included additional support into pre-school home visiting services and outreach and support for parents of vulnerable babies/3 year olds.

### **Case study: Midlothian outreach provision**

In year 2 of the fund, Midlothian reported that: The 6 Midlothian Sure Start centres all operate with waiting lists and it was decided to use the monies to employ 2FTE Family Support Workers to deliver outreach work to those families that are on the waiting lists to ensure that they receive services. It has been found that not all families need to attend a centre and often outreach work is sufficient. The waiting lists are more manageable.

In year 3, they reported a major focus on home support: Home Link Family Support gives children and families a positive start in life by providing support in their homes in Edinburgh and Midlothian.

Home Link Groupwork: Provides a range of family support services to establish peer support networks, expand skills, improve confidence and self-esteem with signposting on to parenting programmes and other services. 17 families with 39 children engaged with this service.

Home Link Systemic Family Counselling Service: A unique therapeutic service which recognises a family's strengths and resources to identify strategies to improve children's social and emotional development and health outcomes and strengthens the family bond. 29 families with 72 children engaged with this service.

Home Link Family Support: This service renewed its focus on training befrienders to promote the significant adult role in understanding how to enhance children's learning and development. Befrienders highlighted the critical role of daily routines such as meal times, homework and bedtime as a vehicle for learning: "every day is a learning day". Key outcomes are to improve the parent/carer interactions, giving them a deeper understanding of the child's developmental stages. 68 children from 27 families engaged with this service. In 2013 and again in 2015 Befriending Networks awarded Home Link Family Support the highest rating of Excellence in Quality in Befriending.

Home Link Young Parents Support Service (started January 2015): Home visiting support to young vulnerable parents who are 25 and under with a child under 3 years of age, giving a range of practical and emotional support including preparation for pre-birth and post-birth, promoting parenting skills and increasing parenting capacity, improving attachment between parent and child, promoting play and reading (volunteers trained in play@home and PEEP). Expected outcomes include a reduced incidence of children under 3 becoming looked after and improved access by vulnerable parents to mainstream support services in their community. 6 children from 4 families engaged with this service in the initial three months from January to March 2015.

**Family and Parenting programmes:** Many of the CPPs had allocated their funding to local or universal parenting programmes. This included refining and developing existing programmes, delivering programmes, purchasing materials and engaging and/or training staff to deliver the programmes. While some of the CPPs simply referred to 'parenting programmes' in general, others gave details of the specific programmes being delivered, including:

- Triple P and Teen triple P
- PEEP (Parents Early Education Partnership)
- Pastoral Support Programmes
- Incredible Years
- Mellow Parenting
- Universal Parenting Programme
- Five to Thrive
- Happy Days Programme
- You & Your Child
- PoPP (Psychology of Parenting Project)
- Local programmes included focusses on: kinship carers, pre-birth; fathers; parents with learning difficulties; attachment; parent/child interaction; and CAMHS support

**'Soft parenting' support:** A small number of CPPs mentioned provision of play or leisure support including a play bus and interventions to promote access to leisure facilities. The main programmes mentioned were 'Bookbug' and 'Play, Talk, Read'.

**Meeting specific outcomes:** Some CPPs also detailed provision targeted at specific local priority groups or individuals. Examples included:

- Improving outcomes for young children and their families affected by parental substance misuse and/or domestic abuse.
- Education and family support for very vulnerable young learners.
- We have additional support packages of support around 3 young people with complex needs, with a wider multi-agency team in place. The cost of this provision significantly exceeds the £18,255 allocation (Orkney).
- Families with children under 8 years with a specific focus on families with children 0-3 years.
- Support to the Young Parent Support Base (YPSB) – a project which works to keep school aged pregnant teenagers engaged with education (Glasgow).
- Working with women offenders.
- Support for geographically isolated families.

**Staffing:** Many of the CPPs reported that Early Years Change Fund monies had been used to provide additional hours or new temporary or permanent staff, for either general or specific early years support. This included:

- Early Years workers
- Family Support workers
- Education Support Officers
- Child Protection Officers
- Programme Managers / Lead Officers
- Project Officers
- Community Practitioners
- Parenting Practitioners
- Public Health Nurses
- Research and analysis staff
- Administration staff
- Allocations to improve ratios or providing additional support via teachers or health visitors.
- Additional childcare
- Additional educational psychology support
- Floating support worker' employed to work between health, education and social care to provide and co-ordinate support and assistance for families with young children, in order to facilitate access to all available opportunities, which help young children to fulfil their potential (Orkney).

**Training:** In several CPPs allocations were also used to provide staff development or training or to facilitate sharing practice. Examples included:

- Training and support for staff around developing positive relationships and the EYC model for improvement (Highland).
- The resource also supported staff training of 5 staff in baby massage. 3 staff in Early Years Service and 2 staff in Health Service (Clackmannanshire).
- Multi-agency training.
- PEEP conversion training.
- Training to deliver the Incredible Years Pre-school Parenting Programme.
- Training in the Solihull Approach.
- Training in baby and infant massage.

### **Case study: North Lanarkshire Solihull Approach Training**

The Solihull Approach is now being adopted as the universal approach across all services. NHS Lanarkshire has invested in training for all their Health Visiting staff and this is now being extended to include other health service staff. Over 100 North Lanarkshire Early Years staff have been trained on the Solihull Approach and is now included in both the Parenting Strategy and the Universal Parenting Pathway for both North and South Lanarkshire. In addition to the foundation training, a range of resource packs are available, including Parenting in both the early years and teenagers, Fostering and Adoption, Breastfeeding, Antenatal and Postnatal.

The approach provides an integrated approach for a range of professionals working with children and families who are affected by behavioural and emotional difficulties, as well as giving professionals a framework to apply to their universal practice with parents.

**Other support:** Other uses of Early Years Change Fund allocations for family support included:

- Achieving accreditations such as 'Family Friendly Status'.
- Capacity building.
- Ongoing work to continue to identify gaps, develop services and reduce barriers to accessing support through consultation and engagement with parents and partners.

Finally, some of the CPPs summed up the contribution that the Change Fund has made to early years support in their areas, for example:

**Perth and Kinross:** The general view is that the collective investment in the early years is making a significant difference in improving the health and wellbeing of young children, placing them in a stronger position to gain from learning opportunities and develop the skills required to become active citizens in the future.

**Dumfries and Galloway:** Over the three year period the Early Years Change Fund has supported us to maintain and develop a range of statutory and third sector services to deliver supports to our youngest children in targeted areas of need. In addition to delivering to these most vulnerable families, we have worked with services to refine our targeting, build practitioner skills and improve engagement with parents and families.

**Aberdeen:** In excess of 500 families have been worked with in the past 3 years via the range of family support projects funded via Early Years Change Fund monies. We have delivered a consistent range of services which have intervened early and have prevented families moving into statutory services. These services are consistent with Early Years Framework priorities and the Early Years Collaborative Model for Improvement. We can confirm: A substantial increase in the numbers of parents and children in receipt of appropriate targeted support from conception to

school age; An increase in parenting confidence and capacity; Overall early intervention and prevention. All staff working in early years deliver on prevention through universal and targeted interventions. If even one quarter of those families' circumstances had meant they had required specialist or statutory services, instead of earlier interventions, it potentially could have saved up to £250,000 per family. (Based on cost of annual residential care placement).

## **Looked after 2 year-olds**

Specific funding was allocated through the local government finance settlements to provide early learning and childcare specifically for looked after 2 year olds. Funding was based on; 20% 2 year old population and 80% 2 year olds living in Income Support or Job Seekers Allowance claimant households.

The initial allocation letter sent to CPPs from the Minister for Children and Young People set out the key aim for this funding: 'that every looked after 2 year old benefits from high quality early learning and childcare; and that where possible work with parents embeds the benefits of formal early learning and child care in the home'.

Most CPPs provided information, again with differing levels of detail, in relation to their spend on, and outcomes for, looked after 2 year olds in their areas. Some, however, commented that relevant activities have been included within other programmes. Others said that the Scottish Government funding was considered as a whole rather than as two separate allocations. This was either for operational reasons or because the numbers of looked after 2 year olds is very small and therefore the CPP does not separate services and costs.

The main focuses for provision of funding for looked after 2 year olds have been on:

- Ensuring that there are sufficient spaces in nurseries and childcare services.
- Employing and training staff.
- Ensuring every child has an individual plan involving integrated services.

Support is being provided both in-home and within nurseries and child care. CPPs are providing a wide range of support to the children, to kinship carers and to foster carers as well as to learning, health and care providers. These services are outlined below.

**Individual plans / needs:** Ensuring that every child has their own individual support plan which involves integrated services and support. Examples include:

We have identified the individual needs of each looked after 2 year old, and within the context of each child's plan identified unmet needs and commissioned appropriate services to meet those needs. We ensure that a range of integrated supports and services are provided for each looked after 2 year old and their family and that the provision of such services has the desired positive impact on outcomes (Dundee).

**Pre-school provision:** Creating additional nursery places and ensuring all looked after and kinship care 2 year olds receive 600 hours of early learning and childcare where appropriate. Enabling access to community childminding services. For example:

Angus: Enabled establishment of Service level agreements with private and voluntary pre-school providers to provide places for those eligible 2 year olds. This has provided choice and flexibility of care. Also supported community childminders to provide a service for our most vulnerable 2 year olds where it is viewed this to be the most appropriate type of care to meet the child's needs.

Argyll and Bute: This figure has supported the 'Positive Starts' funding to support families of vulnerable two year olds with community childminding services.

**Staffing:** The allocations through the local government finance settlements to provide early learning and childcare specifically for looked after 2 year olds enabled CPPs to engage staff to provide a range of services. These included:

West Lothian: Specialist Early Years Family worker and Nursery Officer to support LAC children. Since August 2013, 40 out of 41 eligible LAC children have taken up the service. Outcomes for children have included enabling excellent transitions into nursery for children; good progress in language skills; and good support taken up by parents and carers, especially kinship carers.

Highland: Training of Primary Mental Health Workers (PMHW) to support video interactive (VIG) guidance with families. Additional PMHW hours to deliver VIG. Part funding of educational psychology post.

**Other support or activity** taking place in the CPP areas included:

- Food and nutrition.
- Play and other recreational opportunities.
- Identifying vulnerable looked after 2 year olds.
- Access to services for vulnerable children in rural areas.
- Outreach / home support.
- As part of development of the team, a specialist team (PACT) has also been developed to facilitate faster permanence processes for babies (South Lanarkshire).
- Support around transition to permanent care.
- Adoption support / counselling for children and families.
- Training opportunities for staff and potential adopters.
- Respite for foster / kinship carers.
- Support for private providers of nursery placements for LAC 2 year olds.



# Health/NHS funding

The Health/NHS Early Years Change Fund monies were allocated for specific programmes:

- Child Healthy Weight Interventions
- Childsmile
- Healthy Start
- Infant Nutrition and Maternity Services
- Family Nurse Partnership

While funding amounts for some of these were agreed and set for the lifetime of the Change Fund, for others there was some level of flexibility. The following table shows the planned investment for the health lines of the change fund, the actual investment as recorded by the Scottish Government and the spend reported by CPPs. As in the previous section, the figures presented in the reported spend for 2012-2015 column in the table above are taken from figures supplied in Annex A in the 2014/15 returns. Again, these figures are approximate as some CPPs were unable to provide precise figures. One particular issue related to some areas where programmes are being managed on an NHS area basis. This makes it challenging for CPPs to identify the proportion relevant to their own particular area.

## Specific Programme allocations: Health/NHS Early Years Change Fund

	Planned investment for 2012-2015	Actual investment for 2012-2015	Spend reported by CPPs in returns for 2012-2015
Child Healthy Weight Interventions (Effective Prevention Bundle)	£6 million	£5,915,000	£6,236,820
Childsmile (Dental Services Bundle)	£35,625 million	£34,996,000	£31,504,328
Healthy Start	£39,323 million*	£30,785,000	£540,556*
Infant Nutrition and Maternity Services	£22,101 million	£19,360,000	£14,107,568
Family Nurse Partnership	£13,850 million	£14,637,000	£15,357,789
<b>Total</b>	<b>£116,899 million**</b>	<b>£108,945,000**</b>	<b>£72,228,006</b>

\*Healthy Start is a UK-wide demand led scheme that is administered by the Department of Health. The Scottish Government reimburse the Department of Health for voucher claims in Scotland. Planned investment of £39.3m was based on an estimate of uptake. £30.8m was the spend for actual uptake. The £540k

reported by CPPs is therefore spend on additional work associated with improving uptake.

\*\* Annex 1 contains further detail on the planned spend and actual investment reported here.

\*\*GIRFEC: an additional £3,252,000 was provided to:

- £2 million investment allocated to NHS Scotland for Health Visitors to support GIRFEC and the Early Years agenda.
- £1 million investment to support prevention and early intervention in the early years driven through a range of approaches including: the early years collaborative; support for family centres; family support and parenting; early learning and childcare; and play. All designed to build on measures which deliver positive outcomes for children and families.
- £252,000 to supplement the investment allocated to NHS Scotland to support the delivery of the National Delivery Plan for Children and Young People's Specialist Services.

## **Child Healthy Weight Interventions**

In years 1 and 2 of the Change Fund, many of the CPP returns for Child Healthy Weight Interventions focussed on achieving the Scottish Government's HEAT (Health Efficiency Access and Treatment) target of achieving agreed completion rates for child healthy weight intervention programmes in the years 2011-14. Indeed, in the year 2 returns, nine of the CPPs reported that the HEAT target for their NHS area had been met or exceeded.

One example of NHS area interventions being delivered across CPPs was NHS Grampian Grow Well Choices Programme. Aberdeen, Aberdeenshire and Moray reported that training for this school-based programme has been delivered both in programme delivery and in other aspects of health including nutrition and health behaviour. Other work around this programme has included development of the Grow Well Choices Early Years Programme and toolkits. CPPs reported an increase in children's understanding of healthy weight.

Other NHS-area programmes included: Fun Fit Tayside, a school and community-based programme; NHS Ayrshire & Arran's two child healthy weight programmes JumpStart evening programme and JumpStart Choices; NHS Lothian's school-based Healthy Families Healthy Children and Health 4 U; NHS Greater Glasgow and Clyde's ACES (Active Children Eating Smart); and Max in the Middle for primary 6 and 7 children in NHS Forth Valley.

There was no HEAT target for 2014/15 and in year 3 returns, CPPs reported more on their own targets and interventions or reported on the ongoing successes of the existing programmes mentioned above.

Other work around child healthy weight has involved:

- School and nursery based interventions as well as one to one interventions; and ongoing joint delivery with education and health partners.
- Record keeping to show numbers referred to and accessing interventions, both one to one and as part of school or other programmes (including information such as ages and changes to BMI).
- Translation services enabling engagement with non-English speaking parents.
- Community-based interventions, for example Three community weight management groups have been delivered by Mytime (Angus).
- Workforce development and staffing.
- Awareness raising.
- Supporting healthy weight interventions with children known to children's specialist services.
- Health and wellbeing programmes in early learning and childcare settings.
- Whole-family / family health lifestyle interventions.
- Work has been carried out in mums and toddler settings to raise the issue of portion size, healthy snacks and hidden sugars in particular (Orkney).
- Over the three year period the Early Years Change Fund has supported us to maintain and develop a range of statutory and third sector services to deliver supports to our youngest children in targeted areas of need (Dumfries and Galloway).

### **Case Study: Clackmannanshire, Falkirk and Stirling**

The Max in the Middle and Max in the Class Programmes were delivered to 80 classes per year (46 Max in the Middle and 34 Max in the Class) through the years 2012 to 2015. The breakdown is 50% Falkirk, 23% Clackmannanshire and 27% Stirling. Over 40% of interventions have been with schools from areas with a high index of deprivation.

Impact has been evaluated on three main levels: impact on the children themselves, impact on learning and teaching, and impact within the home.

Max in the Middle summary findings from the most recent report by Louise Hammill 2015.

On child - impact on food/drink/activity and sleep e.g.

- 'I have started to eat my five a day'
- 'I have started to drink more water'
- 'I never miss breakfast now'
- 'I am more confident around children my own age'
- 'I have started to go to a gymnastics club and I love it'
- 'I have changed what time I go to bed so I can get my 10hrs sleep'

On teaching and learning:

- Greater class cohesion and confidence
- Pupils are more likely to try new foods and activities
- Springboard for new learning a teaching linked to CfE
- Highlight of a school career
- Effective staff development of over 60 teachers and 120 school volunteers

At home - Impact on eating, cooking, play and interests e.g.

- 'Conscious about having their five a day'
- 'Started having breakfast before school'
- 'Wanted to cook and make at home what they had learnt on 'Tasty Tuesdays'
- 'It was easier to get him to go outside and play instead of constantly being in the house'
- 'More interested in walking the dog on a daily basis'
- 'Child keen to join new club which they had previously not been interested in'

## **Childsmile**

Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services.

As was the case in relation to Child Healthy Weight, Childsmile is also key to a Scottish Government's HEAT target: 'At least 60% of 3 and 4 year old children in each Scottish Index of Multiple Deprivation (SIMD) quintile to receive at least two applications of fluoride varnish per year by March 2014'.

The planned investment towards Childsmile was to implement the programme in all NHS Boards and to fund the costs associated with training of staff and provision of toothbrushes and toothpaste for the toothbrushing programme. Many of the CPPs reported progress in relation to this target while others included information on delivery of the Childsmile programme elements:

- Childsmile Core
- Childsmile Practice
- Childsmile Nursery
- Childsmile School

Across the 3 years of the Change Fund returns, CPPs reported on the delivery of Childsmile including: the numbers participating; the number of children registered with dental practices; the percentage of children now free from dental decay; decreases in number of missing or filled teeth; and staffing and monitoring procedures.

Examples of outcomes include:

East Dunbartonshire: Childsmile Practice is delivered in all 49 early years establishments. Training delivered annually to all new and identified nursery staff champions. Dental Health Support Workers have been recruited and trained to work with families and Early Years staff to improve oral health and increase dental

registrations. Health Informatics Centre (HIC) monitoring systems established to determine tooth brushing uptake in early years establishments.

Inverclyde: 100% Nurseries & P1/2 have a tooth brushing programme in place.

Orkney: The annual funding allocation supports the delivery of the Childsmile programme in Orkney and funds staffing including co-ordinator, Extended duties dental nurses, Oral Health support worker, and school based toothbrushing supervisors supporting the Childsmile Core Toothbrushing Programmes. The benefits of the Childsmile programme in improving oral health are clear. National Dental Inspection Programme (NDIP) figures show that oral health has continued to show an improving trend over the past few years. Most recent information (2014) shows that 72% of P1 show no obvious signs of tooth decay (Scottish average 68%). The Childsmile Nursery and Schools Programme offers fluoride varnish for all children from nursery to all P5, and to P7 in smaller schools. The HEAT target of 60% of all 3-4 years old having at least 2 fluoride varnish applications across all SIMD quintiles was met at end March 2014 and continues to be maintained. Local data indicated this as at least 71% at end March 2015.

## **Healthy Start**

The Healthy Start Scheme is a UK-wide scheme providing vouchers for food and vitamins for low income families and pregnant women under 18, up to the child's fourth birthday. The Healthy Start food vouchers can be used to purchase fresh and frozen fruit, vegetables and milk (including infant formula milk) as well as being exchanged for Healthy Start Vitamins.

Healthy Start is administered by the UK Department of Health and the Scottish Government reimburses them directly for Scottish voucher claims. CPPs are reporting on additional work associated with improving uptake and not on the voucher spend, which is why the reported spend is significantly lower than the planned investment.

CPPs included a variety of activities in their returns, including work taking place through the EYC to maintain and increase the uptake of Healthy Start; several CPPs reported increased levels of uptake. Examples included:

- Promotion and information provision, to increase the uptake of vouchers.
- Monitoring awareness of scheme amongst parents and professionals and amongst shops. For example: Survey of local access e.g. shops willing to accept vouchers / experience of process (Orkney).
- Community Pharmacy vitamin schemes to increase the uptake of vitamins.
- Discussion and information on scheme at first visit (booking) with maternity services. Provision of maternal vitamins at antenatal booking.
- Provision of vitamins to all pregnant women.

### **Case study: Fife approach to Health Start Vitamins**

The Fife approach to Healthy Start Vitamins, which is achieving the highest uptake rates in Scotland. A 'Test of Change' between NHS Health Improvement and Fife Council Education and Children's Services, which is a pioneer site for the national collaborative has seen a 50% increase in the uptake of vitamins through distribution in nurseries (for more details see "Cameo 3: Early Years Collaborative"). Practitioners across a range of services (e.g. acute orthopaedics, dietetics) have been testing how they can build on their contacts to promote uptake of HSVs. Fife's approach has been singled out as being an exemplar for Scotland (communication to 12th June 2015 NHS Boards Health Start boards on 12th June 2015).

### **Infant Nutrition and Maternity Services**

The Early Years Change Fund included allocation of funds to support the implementation of Improving Maternal and Infant Nutrition: A Framework for Action which aims to improve the nutrition of pregnant women, babies and young children.

Main activities within CPP areas included supporting the UNICEF Baby Friendly Initiative including training on and promotion of UNICEF standards and Baby Friendly accreditation or reaccreditation.

Many areas have developed breastfeeding peer support groups and/or were promoting 'Welcome to Breastfeed Here' Schemes. Funding also contributed to monitoring and reporting on breast feeding rates.

There was a focus on healthy eating initiatives and improving eating habits.

CPPs reported training parents in food skills and providing cooking skills programmes and healthy weaning initiatives. There was also nutrition and food skills training for early years staff.

Several CPPs funded additional staff or staff training including infant feed coordinators and infant feeding advisers.

Weight management for pregnant women and babies featured in several returns.

One to one interventions were delivered where identified and required.

Funding was used to provide resources such as breast pumps, learning materials and publicity materials.

Some CPPs delivered specialist services such as: donor breast milk banks; pre-conceptual care service to support obese women; support for programmes specifically for vulnerable young parents; and the following example from North Lanarkshire: Cow's Milk Allergy. Development of first line management of suspected cow's milk allergy for health visitors and supportive parents leaflet. This ensured appropriate early intervention whilst preventing inappropriate referrals to specialist dietetic services.

Other support included a programme aimed at increasing activity: Maternity staff have been trained to lead buggy walks for families with young children to increase activity and support healthy weight (Orkney).

## **Family Nurse Partnership**

This is an intensive, preventative home visiting programme delivered to young, first time mothers which is currently being delivered in ten NHS Board areas. The programme aims to improve maternal health and birth outcomes; to improve child health and development; and to improve economic self-sufficiency of the family. The programme is delivered by specially trained nurses from early pregnancy until the child reaches two.

Most CPPs included information on Family Nurse Partnership (FNP) spend in their returns, although in a small number of instances CPPs reported no spend, for example, Dumfries and Galloway commented: NHS D&G does not have sufficient numbers of the young women this initiative is aimed at to implement FNP. Similarly, FNP is not offered in Orkney; however they reported that they are using the shared learning from FNP.

In several other cases CPPs reported that the programme has not yet been implemented or that implementation is in the early stages including Aberdeen, Aberdeenshire and Moray where: The FNP programme in Grampian commenced actively recruiting first time pregnant teenage clients on 18th May 2015. The first four FNP "babies" were born in August 2015.

Returns from those CPPs with established FNPs showed developing services with teams being expanded to ensure the programme can be offered to all eligible young women.

CPPs report good uptake and engagement. For example, in East Dunbartonshire: During the first phase of the programme in East Dunbartonshire 13 young first time mothers participated in the programme and are receiving intensive support to develop their confidence in parenting and improve their health outcomes.

Other returns include the following examples:

**Engaging service users in developing the service:** We are currently undergoing client events, with 2 events planned for December 2015. This will include the opportunity for clients to give feedback in a safe environment. A report will be collated and an action plan developed in response to the findings.  
(Clackmannanshire, Falkirk, Stirling: NHS Forth Valley)

**Co-ordinating service provision:** In West Lothian the FNP (NHS Lothian) and Young Mothers' Service (West Lothian Council) are designed to work together to provide intensive key working support to young and vulnerable mothers up to age 25. West Lothian now ensures that 100% of its pregnant and parenting women under the age of 20 are offered an intensive keyworking service to support families at their earliest stage.

**Support for mothers in deprived areas:** Local health intelligence suggests that around 80% of our caseload have multiple deprivation, with many families residing in SIMD areas 1 and 2. (Clackmannanshire, Falkirk, Stirling: NHS Forth Valley)

Returns indicate that FNP's are contributing to a range of outcomes including:

- Reducing smoking in pregnancy
- Improvements in breast feeding and immunisation rates
- Child protection
- Reducing A & E attendances
- Parenting skills
- Reducing repeat teenage pregnancies
- Positive impacts for young people not in education or employment.
- Better engagement of fathers.

#### **Case study: NHS Lothian FNP (From Edinburgh CPP return)**

Currently, service expansion has enabled service provision in Edinburgh City, West Lothian and Midlothian geographical areas of NHS Lothian. Annual review data and outcomes submitted to National FNP unit on 16/11/15.

There is strong 'buy-in' at a senior and multi-agency level. The planned process of expansion has been carefully paced with recognition of the need to maintain the quality of programme delivery. The aim toward expansion of the service is on a sustained basis across NHS Lothian, with a full concurrent service delivery model in place by 2016.

NHS Lothian were formally recognised in March 2015 when it was announced by the First Minister of Scotland, Nicola Sturgeon that Edinburgh had become the first city in the world who had achieved delivery of a concurrent service to all eligible clients. This was achieved against the backdrop of progressing with our vision of a fully expanded service across NHS Lothian with a concurrent service delivered in West Lothian from March 2013, and within Midlothian from April 2014. Our final expansion will involve introduction of a service in East Lothian which we are progressing towards by August 2016.

#### **Health/NHS change fund related activity: additional funding**

CPPs were asked to report on 'Health/NHS change fund related activity over and above the original NHS commitment i.e. examples could include 27 – 30 month review, Health visitors, Speech and language therapy'. While not all CPPs reported additional Health/NHS change fund related activity in every year of returns, all did report on some activity in at least one of the years.

One main area of additional spend related to the introduction of the 27-30 month review. For example, Edinburgh reported: Between April 2013 to March 2014 the target of 80% of all eligible children having a 27 month review was exceeded. Achievement was 87.3%. Almost 80% of children reviewed are reaching their



developmental milestones. This compares well with the EYC stretch aim of 85% by the end of 2016.

There was also a focus on developing improvement methodology and testing changes. This included general mentions such as the Western Isles: A wide range of staff are fully engaged in the EYC with several Plan-Do-Study-Acts (PDSAs) in place. There were also specific examples, including South Ayrshire: Specialist Midwife Substance Misuse (Alcohol), SMSM(A), has commenced a PDSA examining more in depth support with women who continue to drink alcohol when pregnant. There is a referral pathway in place formulated by the SMSM(A) which refers women to appropriate addiction services.

CPPs reported additional funding on a range of other activities including:

- Angus reported additional funding from NHS Tayside for Family Nurse Partnership development.
- Refreshed Midwifery Framework: Organisational development support and IT provision e.g. for staff engaged in Tayside Maternity pathway (Dundee).
- Development and embedding partnership and multi-agency working, particularly to deliver parenting programmes.
- The provision of parenting programmes, for example: Parents As First Teachers (PAFT) 1-2-1 parenting support from pre-birth to 3 for vulnerable first time mums (Dumfries and Galloway).
- Staffing and staff training and support, including: Investment in skill mix of health visitors - Support in place to further develop areas of work delivered by children and families health staff (East Renfrewshire).
- Health initiatives, including: Since 2008/9 NHS Lothian has been working with Mid Lothian Council and leisure trusts to provide a balanced programme of prevention and treatment. The prevention programmes (Healthy Families Healthy Children and Health 4 U are run in primary and secondary schools respectively). The treatment options for very obese children and young people include the Get Going programme, delivered by local authority/ leisure trust colleagues, and a specialist dietetics clinic (Midlothian).
- Provision of a number of specific services:
  - Oral health.
  - Nutrition.
  - Speech and language development.
  - CEL 16 (Health Assessment for LAC).
  - Parental engagement.
  - Support for parents with learning disabilities.
  - Support for children with disabilities.
  - Vulnerable pregnancy support.
  - Support for breastfeeding.
- Provision of resources, including web-based resources.
- IT developments and electronic record keeping.

# Local authority funding

The local government change funding was a combination of new and existing resources and was not aligned to any specific programmes. Each local authority made decisions on how to allocate these resources in line with their own local priorities.

Funding and spend from local authority		
	Funding provided for 2012-2015	Spend reported by CPPs in returns for 2012-2015*
Total	£105 million	£257,622,321

\*As in the previous sections, the figure presented in the reported spend for 2012-2015 column in the table above is taken from figures supplied in Annex A in the 2014/15 returns. This amount includes local authority change fund activity and activity over and above the planned investment from local government.

A very wide range of different programmes were supported with several CPPs able to provide returns on over 20 separate lines of spend; these fell under three main headings:

- General family support, for example play or literacy services.
- Targeted support such as support for vulnerable families.
- Staffing, workforce development and training.

CPPs were also asked to give information on local authority activity over and above the local government's planned investment and again were able to provide information on a wide range of programmes under similar headings.

Examples of these programmes are given below.

## General family support

Examples of family support provided through local government and other funding included:

- Play and activity initiatives such as a Toy Library, Gym Teds, Stay & Play sessions and active start toddler groups. Funds were also used to refurbish play areas.
- Health-related initiatives for both children and parents such as the provision of healthy breakfasts or Mums on the Run.
- Learning initiatives including early years drama and dance and Bookbugs.
- East Dunbartonshire provides: Programmes of activity such as Music Machine, Mini Movers, Wee Beasties and Story Stars. These activities are delivered in venues across East Dunbartonshire and support a range of

outcomes. As well as facilitating parent/child bonding and improving parental skills and confidence, activities offer opportunities to develop skills such as hand to eye co-ordination, listening and talking, and provide the building blocks of early literacy and numeracy skills.

Spend also included:

- Parenting programmes including Triple P.
- Additional nursery places and the provision of high quality child care.
- Purchasing equipment and resources for early years services.
- Development of community information strategies and resources linked to Early Childhood Networks and community led action plans (East Ayrshire).
- Investment in Family Centres and the provision of new Family Centres, for example: Development of 4 Early Years Centres in most deprived areas in Scottish Borders. These are attached to Primary Schools in these areas.

## **Targeted support**

Support was provided for many different groups including:

- Children and families affected by disability. This ranged from play-schemes to behaviour support services. Highland provided: Physiotherapy surveillance service for children with Cerebral Palsy to prevent hip dislocation.
- Families with kinship care arrangements.
- Children with learning difficulties.
- Families struggling to deal with challenging behaviour.
- Vulnerable young mothers.
- Vulnerable children, including in Glasgow: Nurture Corners within 20 GCC nurseries continued to offer support to the most vulnerable children. A total of 90 children were supported during 2014/15. The nurture corners in early years programme was awarded The Herald Education Initiative of the year for 2014. All staff in 112 GCC early years establishments were trained in the principles of nurture during 2014.
- Families at risk of isolation: As Argyll and Bute is a rural local authority, some parents require transport to ensure their child accesses ELCC. This reduces the risk of isolation.

## **Staffing, workforce development and training**

Examples of additional staff provided through local government and other funding included:

- Staffing for early years programme management and support
- Early Years Teachers
- Senior Early Years Practitioners

- Early Intervention Assistants
- Educational Psychologists
- Speech and Language Therapists

CPPs reported on training for a range of staff and also reported on activity designed to build capacity and capability, as well as employed staff this also included recruiting more foster carers.

In some areas, teams have been realigned or integrated in order to provide improved support.

Examples included Perth and Kinross: This social work team has undergone a significant realignment of function to focus on earlier intervention to reduce the need for children to be subject to compulsory measures of care. This includes provision of individual support and groupwork interventions and an outreach function that provides services in a range of localities across Perth and Kinross. It engages with pregnant women and new parents to support attachment and child development, to deliver parenting programmes (Incredible Babies and Infant Massage) and elements of the Healthy Start programme through groups to support weaning and the development of cooking skills.

# Additional funding

The return asked CPPs to provide information on any additional spend on early years, for example, contributions from the third sector, Police or other services. Detail in returns varied, with some CPPs providing the name of the contributor and others providing detail of the activities being delivered or outcomes achieved. Others were unable to provide information and a small number commented that work was underway or planned in order to enable them to identify, collect and record this information. Information given by those CPPs able to provide figures indicates a total additional spend, across the three years of the change fund, of £34,469,495.

The following section gives an overview of the main areas of spend reported by CPPs.

## Third sector

The majority of information provided by CPPs related to contributions from the third sector, with Aberdeen commenting in their return:

A report on the economic impact of the third sector, undertaken on behalf of Aberdeen Council of Voluntary Organisations (ACVO) in 2007, suggested that the third sector contributes an estimated income of £217.9 million to the local economy in Aberdeen. 31% of this income is generated by fees and charges for services and approximately 33% is obtained through grants. This figure will include grant from the local authority. In addition, there are approximately 44,000 volunteers committing, on average, around 83 hours each per annum. The estimated number of volunteer hours contributed annually is 3.7 million and the economic value of volunteer activity equates to almost £52 million.

CPPs reported partnership working with both local and national third sector organisations on a wide range of activities and initiatives. These enabled or provided many different services including:

- Staffing and resources, for example additional speech and language posts.
- In-home and in-centre support.
- Childcare and crèches, including childcare to enable parents/carers to access education/training.
- Support, information and guidance to pre-school playgroups and toddler groups, including those in rural areas.
- Equipment and training for nurseries.
- Promoting and facilitating engagement with parents and providing information to parents.
- Facilitating community or parent led initiatives.
- Play initiatives.

- Money advice.

Specific groups supported by third sector contributions included:

### **Children:**

- Support for children with additional needs.
- Support for children with disabilities, including provision of initiatives such as play schemes for children with disabilities.
- Support for vulnerable children, support to help children at risk of being accommodated to remain at home.
- Support for children recovering from abuse.
- Children's rights services, enabling all children and young people to have their voices heard.

### **Parents and families:**

- General parenting support.
- Parenting programmes.
- Support for parents with learning disabilities.
- Support for parents with an illness or disability.
- Support for lone parents.
- Support for parents experiencing isolation.
- Support for parents experiencing relationship difficulties.
- Support for parents experiencing bereavement.
- Support for parents experiencing multiple births.
- Support for parents of children with additional support needs.
- Support for parents of children with behaviour problems.
- Support for young parents.
- Help to prevent families reaching crisis point.
- Support for families affected by parental substance misuse.
- Support for families affected by domestic abuse.
- Support for families of offenders.

The following are a small number of the many examples provided.

Dundee: Dundee Early Intervention Team (DEIT) is collaboration between the four largest children's charities in Dundee: Aberlour, Action for Children, Barnardo's and CHILDREN 1st. In partnership with Dundee City Council and NHS Tayside, the charities have established an early intervention and preventative support service for families in Dundee, with three years funding from the Big Lottery Improving Futures Fund. This funding ends in 2016 and we are actively seeking a way to fund and mainstream. Using asset based and solution focussed approaches, the service

works with families to find and make effective and sustainable solutions to social, health, relationship or parenting difficulties, including multiple and complicated problems. The service aims to prevent problems from escalating and subsequently reducing the need for more intensive and costly services, at a later stage.

Falkirk: Barnardo's – Bo'ness Family Support. Working in partnership with schools and other agencies, BEFSS work within interagency plans to support children and young people to maintain their place in mainstream education and achieve better outcomes through individual, family and group work support.

Perth and Kinross: Young Fathers Network (Action for Children) This project began in August 2014 following the award of funding from the Big Lottery Fund. The initial months were spent establishing the project and recruiting and training staff, including training in evidence-based programmes and approaches such as Incredible Years, Infant Massage and Motivational Interviewing. Although the project only became operational on 1st Feb 2015 it has established some 1:1 support and a Breakfast Club for fathers to attend after dropping their children at school. A range of other initiatives are planned for 2015 onwards, including a joint project with St Johnstone Football Club.

North Ayrshire: Women's Aid Children Experiencing Domestic Abuse (CEDAR) project. The programme supports children to manage their emotions and actions in response to domestic abuse which improves physical and mental health, performance at school and their family relationships.

Western Isles: Action for Children (residential home, Children and Families service, respite, pathways, throughcare and aftercare).

## **Police Scotland**

A small number of CPPs reported on Police Scotland contributions and these included:

Aberdeen: Diversionary work with young people including Project Fit, Street Sport and Midnight Football, has helped to prevent offending, reduce incidences of repeat offences and has increased opportunities for children and young people to participate in sport and other activities, leading to increased health and wellbeing and social awareness. There has been a continued reduction in the number of young people becoming involved in offending and the number of offences committed by young people. Over the past five years, the total number of young people identified as accused has continually decreased from 1827 in 2010-11 to 915 in 2014-15, a reduction of 50%. Diversionary work with young people has contributed to this positive outcome.

East Dunbartonshire: Officers work effectively in community to support vulnerable families.

In Perth & Kinross officers are engaged in referrals relating to the safety of children in households where they have attended an incident and also relating to the safety and wellbeing of unborn babies. Many of the concerns of officers regarding

children relate to domestic violence between adults in the household that children may experience or be aware of. To reduce the likelihood of repeat incidents officers visit to provide support to domestic violence victims with children on 3 separate occasions and undertake follow up visits to perpetrators to ensure they are adhering to bail requirements. There is also close working relationships with the Barnardo's project to support families affected by domestic violence in Perth and Kinross.

South Ayrshire: Nursery Cops. As part of the EYC, police officers visited nursery schools to give young children a positive interaction with police.

## **Other sources**

Contributions from other sources included:

Project Fit in Aberdeen: these are diversionary schemes run in partnership with Aberdeen City Council, Scottish Fire and Rescue Service, Sport Aberdeen, Street Sports and a range of Third Sector partners. These schemes provide opportunities for sport and fitness participation in areas of specific deprivation with health and wellbeing information being imparted during sessions.

Also in Aberdeen, Street Sports diversionary work sees a flexible deployment of trained sports coaches across the city responding to concerns regarding anti-social behaviour and providing positive youth led sporting engagement and opportunities leading to increased health and well-being and social awareness.

Contributions from Community Health Partnerships in East Lothian provide support for parenting strategy and Public Health Practitioner time to support development of Support from the Start project.

In Perth and Kinross: The Prison Visitor Centre has enhanced the play opportunities for families by creating a soft play area in the visitor waiting room to help children settle as they wait in this secure environment before their visit, and also provided toy bags with age and stage appropriate resources for family contact visits.

In Falkirk, a Child and Adolescent Mental Health Services (CAMHS) Clinical Psychologist provided specialist psychological assessment and therapy for a specific group of children as well as training and advice to staff and carers, participating in multi-agency planning forums, contributing to care planning and facilitating access to CAMHS services.



## Successes and lessons learned

The EYC featured in many of the reports of successes. Several CPPs reported that the EYC has been well received and has helped strengthen communication, co-ordination and partnership working.

There were many examples of improvement methodology enabling CPPs to identify areas where real change is taking place and where activities are making a real difference for children and their families. In North Ayrshire, for example: Improvements using the EYCs improvement model in parent's engagement in their child's learning where, instead of the same 10 parents who attended each week (out of 110) at the Springvale Early Years Centre, there are now 100 parents and carers attending weekly.

In East Renfrewshire, the EYC is enabling the CPP and partners to look at spend in a new way: The development of cross department, cross-sector working through the EYC has enabled conversations about activity spend, and disinvestment, to take place in a way that has not been done before. A range of views from different professions at different levels of seniority have enabled us to identify significant and genuine opportunities to rationalise spend while improving service outcomes. This work is also making explicit the link between individual services, their partners and the wider agenda of Early Years. This has created a renewed enthusiasm for Early Years work which in turn is creating conversations that we believe will inform significant changes in preventative spending over the coming years.

The yearly returns show how CPPs have progressed the EYC and the following example shows this development in the first two years of the Change Fund within Angus:

### **Case study: Angus Early Years Collaborative**

2013/2013: The EYC has been well received by partners in Angus. The Angus 'Away Team' includes 25 staff from NHS Tayside, Tayside Police, Voluntary Sector and Angus Council, all of whom have attended the two learning events in Glasgow. Staff are becoming increasingly familiar with the collaborative methodology and a number of 'tests of changes' are underway including work with individual families to improve aspects of attachment, child development and behaviour management. The methodology of the Collaborative will continue to be embedded in working practice to support some of the key priority areas for early years in Angus over the coming months and years.

2013/2014: Scaling up. We now need to look to the Early Years Collaborative and how other tests of change have been scaled up in order to advance our own scaling up of key projects. Success with the Nurture Spaces and Cosy Corners needs financial commitment if we are to commit to further improvements. This will be a key priority for the Early Years Strategy 15/16.

Improvement methodology was also key to learning lessons and refining programme delivery: As has been reported previously reflection over the course of the programme has also shown us that often initial assumptions must be revisited and that the scale of a test of change is critical to learning from it. Working with driver diagrams has been invaluable in supporting this as it allows us to examine and issue / challenge and take the thinking further in terms of the changes that may make a difference. (West Dunbartonshire).

Returns also show that there is strong leadership, developed and developing multi-agency working and a continuing focus, both strategically and locally, on the early years agenda; several CPPs highlighted these areas as successes. In Argyll and Bute, for example: The governance structure ensures consultation with practitioners around potential spend within the Change Fund prior to finalising with the EYC Leadership Group and Argyll and Bute's Children, thus ensuring there is transparency around the process and 'buy-in' from all agencies involved.

CPPs also reported on their development of best practice models for embedding and delivering GIRFEC, including South Ayrshire: Over the past 3 years services have worked together to self-evaluate and make improvements across children's services. Part of this approach has involved developing a performance framework based on GIRFEC. This is a work in progress to identify key measures and outcomes for targeted groups of children and young people.

Several CPPs detailed successes in providing specific programmes, achieving outcomes and addressing local priorities, including activities that have been commended as examples of good practice. In Midlothian, for example: The Big Bedtime Read EYC project has been a very successful low cost, high impact initiative, including winning a Silver COSLA award and receiving national and international interest. The concept has been embedded in practice in our key areas and is expanding to cover all areas of need in Midlothian.

Among the many other successes highlighted by CPPs were:

- Improved health and well-being of children and families. The use of the nurturing approach to provide these positive impacts.
- Positive impacts on specific groups, including the most vulnerable, for example: Key successes are the impact of direct family support services across agencies on the most vulnerable families, improving parenting capacity, supporting those with mental health issues, improving attachment and reducing family stress, the provision of Healthy Start vitamins universally to all young children and the ongoing development of our effective multi-agency working relationships through the Partnership and the EYC teams (Western Isles).
- Delivering sustainable services.
- Engaging and involving parents and children.

CPPs also shared the lessons they have learned in delivering their early years activities and some examples showing the range of lessons learned or challenges met by CPPs are given below.

Falkirk: At no point have we used the change fund to fund posts to provide services within Falkirk Council or third sector organisations. This means that we have not in a situation of looking for continued funding to make initiatives sustainable. This was a lesson learned from the Changing Children's Services Fund.

Fife: The delivery of the Family Nurture Approach is multi-faceted and is beginning to provide a range of very positive outcomes for vulnerable children, young people and families. The lessons learned are being embedded into practice across the early years with much of the workforce development undertaken allowing a sustainable delivery of family work and parenting interventions.

Inverclyde: The work that continues within the early years agenda around family learning and parental skills has successfully evidenced that parents may learn better from other parents and will take support offered from other parents before they will seek the support of professionals and statutory services. Locally support provided by Barnado's, Action for Children, Save the Children and Columba 1400 has a measured impact and continues to impact local parents and their families. Services recognise however, that for this to continue to improve outcomes public and third sector organisations will have to work collaboratively for the same aim.

Orkney: Having a co-ordinator or programme manager is key to enable information sharing and sharing of good practice across localities. Isolation of posts can however, be challenging and it could be beneficial to have greater networking amongst this staff group.

Western Isles: Learning points are the need to share information earlier, continuing challenges around capacity for improvement work and a need to focus on better analysis of data to inform ongoing developments.

Stirling: Earlier consideration given to evaluation of projects would have been helpful.

# Conclusions

Returns show that the Early Years Change Fund has had a positive impact on the outcomes for children and families in early years and on the quality of the services provided. There is evidence of a strong, continuing and developing commitment to the early years agenda across all CPPs.

While not all CPPs were able to provide information on spend or outcomes in the format required by the Change Form returns form, nevertheless all provided a wealth of evidence to support their early years activities which also showed a strong move towards prevention.

There is a strong focus on early years within both SOA and Community Plans and CPPs have firmly embedded the early years agenda within their ICSP and within other local plans and strategies that relate to early years, children or learning.

Returns showed that CPPs understand the need for clear structures and lines of reporting and accountability to ensure delivery of local priorities.

Integration of services emerged as an important feature, with CPPs reporting integration of various strategic plans as well as integrated service provision at local levels. Across the CPPs there was evidence of strong partnership and multi-agency working, joint action groups and community engagement.

CPPs reported on a wide range of outcomes they have identified as needing improvement and provided information on a large number of activities being undertaken to meet local needs.

The EYC featured in many returns with CPPs reporting that the EYC has been well received and has helped strengthen communication, co-ordination and partnership working.

There are mechanisms, including outcome measures and indicators and performance indicators, in place in order to identify improvements. These include widespread use of improvement methodology which is enabling CPPs to identify areas where real change is taking place and where activities are making a real difference for children and their families.

CPPs are continuing to plan for the future, with reports of work underway aimed at identifying the next steps towards improving outcomes for children and young people.

# ANNEX 1: Health contribution to the Early Years Change Fund

## Planned Investment

Programme	2012-13 Total Plan £000s	2013-14 Total Plan £000s	2014-15 Total Plan £000s	SR11 Total £000s
Child Healthy Weight Interventions (Effective Prevention Bundle)	2,000	2,000	2,000	6,000
Childsmile (Dental Services Bundle)	11,875	11,875	11,875	35,625
Getting It Right For Every Child (GIRFEC)	0	0	0	0
Healthy Start	11,880	13,068	14,375	39,323
Infant Nutrition and Maternity Services	7,367	7,367	7,367	22,101
Family Nurse Partnership	2,800	4,750	6,300	13,850
<b>Total value</b>	<b>35,922</b>	<b>39,060</b>	<b>41,917</b>	<b>116,899</b>

## Actual Investment

Please note that the figures within the table below do not include the investment provided locally by NHS Boards which supplements the total planned health investment.

Programme	2012-13 Total Actual £000s	2013-14 Total Actual £000s	2014-15 Total Actual £000s	Actual Total £000s
Child Healthy Weight Interventions (Effective Prevention Bundle)	2,000	1,995	1,920	5,915
Childsmile (Dental Services Bundle)	11,875	11,625	11,496	34,996
Getting It Right For Every Child (GIRFEC)	0	0	3,252	3,252
Healthy Start	10,229	10,085	10,471	30,785
Infant Nutrition and Maternity Services	5,693	6,201	7,466	19,360
Family Nurse Partnership	2,730	5,017	6,890	14,637
<b>Total value</b>	<b>32,527</b>	<b>34,923</b>	<b>41,495</b>	<b>108,945</b>

### **How to access background or source data**

The data collected for this social research publication:

are available via an alternative route using the following link

<http://www.gov.scot/Topics/People/Young-People/early-years/leadership>

may be made available on request, subject to consideration of legal and ethical factors. Please contact <email address> for further information.

cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



© Crown copyright 2016

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

This document is also available from our website at [www.gov.scot](http://www.gov.scot).

ISBN: 978-1-78652-435-5

The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

Produced for  
the Scottish Government  
by APS Group Scotland  
PPDAS78797 (09/16)  
Published by  
the Scottish Government,  
September 2016



Social Research series  
ISSN 2045 6964  
ISBN 978-1-78652-435-5

Web and Print Publication  
[www.gov.scot/socialresearch](http://www.gov.scot/socialresearch)

PPDAS78797 (09/16)