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Integrated Strategy for the Early Years

# EARLY YEARS STRATEGY

## Foreword

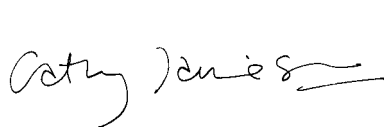
Our vision is for a Scotland which is built on fairness, equality and opportunity. This means giving every child the best possible start in the very early years.

All young children should experience support which enables them to reach their full potential. That means being loved and secure, healthy, well fed and well cared for. It means being given opportunities to play, develop and learn. And, importantly, it means being protected from harm.

Parents and families have the major role to play in ensuring that their children's needs are met. Good care from parents and families gives young children the best possible chance to thrive. Universal services such as GPs, health visitors, childcare workers and pre-school staff also provide a range of important services for young children and their families. And there are more targeted services, such as Sure Start Scotland, which seek to help vulnerable and deprived parents and their very young children.

We want Scotland's children to grow and thrive in strong and supportive families, with access to the best health care, education and social support in their earliest months and years. We must improve protection of children at risk of neglect and abuse and reduce the number of children who need protection. All children should begin their primary education equipped with the confidence and skills they need to make the best start to their formal learning. We know that investing in these early years will pay dividends not just for the child - both now and in the future - but also to the wider community.

This strategy seeks to bring together the range of services for young children and their outcomes for the next generation. This requires better joined up working within the Executive and between professionals in the NHS, local authority, voluntary and private sectors. The strategy outlines ways in which the Executive proposes to reduce artificial barriers between different initiatives and support local agencies in delivering a seamless and integrated approach to care and support for young children and their families.



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## Executive Summary

i. This paper focuses on the services provided to young children (from pre-birth to 5) and their families. It sets out a framework which draws together existing policies from across the Executive in this area – whether that is promoting childcare, health visitor support, pre-school education or broader support for parenting skills. It seeks to promote greater coherence between these Executive policies to give better support to joined-up delivery on the ground.

ii. The paper sets out why support in the early years is so important; and why it is crucial to join up that support around the needs of the child and the family (section 1). It sets out where we want to be to enable all children to reach their full potential and to close the opportunity gap (section 2).

iii. The strategy includes the following objectives:

- ensuring that at least 15,000 vulnerable children under five have an integrated package of health, care and education support which meets their needs;
- providing a free, part time pre-school education place for all 3 and 4 year olds whose parents want one;
- ensuring that everyone who wants it should be able to access affordable, high quality childcare;
- ensuring every family with a new-born baby should have an assessment of their family's needs for health care, advice and continuing support by a trained health professional within the first weeks of life; and
- providing targeted support for families with children aged 0-3, particularly the most vulnerable and deprived.

iv. The strategy suggests a single set of outcomes and indicators (set out in full in paragraph 43) against which we should measure progress:

- **To improve children's health**

*measured by:* increased numbers of women breastfeeding; reduced proportion of women smoking during pregnancy; reduced percentage in low birth-weight babies; reduced dental decay; improved children's diet; and reduced infant mortality rates

- **To improve children's social and emotional development**

*measured by:* increased proportion of 5 year olds with normal levels of personal, social and emotional development; increased numbers of physically active children; and reduced referrals to the hearings system

- **To improve children's ability to learn**

*measured by:* increased educational attainment of all children in P3; and increased educational attainment of lowest attaining 20%.

- **To strengthen families and communities**

*measured by:* increased number of parents accessing support and learning opportunities; reduced level of child injuries; and reduced rates of post-natal depression

- **To reduce barriers to employment – especially for lone parents, since work is the best route out of poverty**

*measured by:* reduction in number of children living in workless households; and increased access to suitable childcare provision – particularly for disadvantaged groups.

v. The paper seeks your views on this set of outcomes; implications for planning and delivery of integrated early years services; on our proposals for monitoring and evaluation; and on what more we might do to improve coherence between funding streams (section 4).

## Section 1 Introduction and Background

### Purpose of the Early Years strategy

1. The purpose of this new Early Years Strategy is to set out a framework for the effective provision of universal and targeted services for children and their families, from pre-birth to age 5. The strategy draws together existing policies for health, education and social care services which are directed at the early years of a child's life and at the parents and families of those children. By aligning Scottish Executive policies on early years and drawing these together in a single document, we can capitalise on the complementary role that health, education and social care services play in securing the best start for all our children and promoting their well-being and the well-being of their families and wider community.

2. The strategy presents a coherent vision of integrated services which together can meet the universal, and more individual needs of families and young children. Building on current policies such as Sure Start Scotland, the Childcare Strategy and Starting Well, it promotes an integrated approach to local needs assessment, to service planning, commissioning and funding and to service delivery across key agencies in order to deliver effective, seamless services for young children and their families. In this way we will not only deliver effective universal services, but be able to target those children and families who need extra support, in order to give **all** children the best possible start in life.

3. This strategy will:

- **align Executive policies across Departments** to enable a co-ordinated and coherent framework for promotion of the health and wellbeing of children in their early years, and that of their families
- **create greater coherence in relevant Executive funding** to enable fully integrated early years services delivery
- **propose a set of clear outcomes for local partners**, targeting health improvement and narrowing the opportunity gap for children in vulnerable and disadvantaged families
- **support joint planning, commissioning and single system service delivery** of early years services in local authorities and NHS Boards and Trusts
- **provide a framework to monitor and evaluate impact** drawing on analysis of Children's Services Plans, the NHS Performance Assessment Framework and commissioned research

### Who the strategy is aimed at

4. The strategy is aimed at all those involved in planning and delivering early years services such as providers of childcare, pre-school, health and social services – in the statutory, voluntary and private sectors.

## Why is support in the early years important?

5. Effective early years support can make a significant difference to the lives of children, families and the wider community. Through universal services such as childcare, health and pre-school provision, we can secure the best start for **all** of our children, and provide a strong foundation for the future health, learning, personal and social development of our youngest citizens. Universal services can also provide an important route through which to identify children and families who may need more specialist, targeted support to meet particular needs, whether on a short term or longer basis.

6. There is compelling evidence to suggest that patterns throughout life are heavily influenced by experiences in early childhood. A research review carried out by Barnardos Scotland into the management of transitions in the lives of children and young people<sup>1</sup> identified and described effective strategies in education, social work and health to promote resilience. Resilient children are better equipped to resist stress and adversity, cope with change and uncertainty and recover faster from traumatic events. Among the report's conclusions were that in order to promote resilience in children, services should:

- ensure that well co-ordinated health and social care services are delivered to low income mothers from early pregnancy
- provide reliable lay or professional support to isolated mothers during the child's infancy
- encourage appropriate involvement of male partners in child care
- make available high quality pre-school provision based on sound pedagogic principles i.e. taking account of the needs of the whole child

7. There is strong evidence that early years education and childcare can play an important role in raising cognitive and social/behavioural outcomes and thereby increase the ability to learn. The best available UK evidence, the Effective Provision of Pre-School Education study<sup>2</sup>, has found that certain types of pre-school provision between 3 and 5 years result in higher attainment at the start of primary school. This result applies to all children, irrespective of socio-economic background.

8. Research shows that experiences in early childhood can heavily influence the rest of a child's life in terms of fitness and health. The Scottish Executive's Physical Activity strategy<sup>3</sup> emphasises the importance of encouraging children and young people to be physically active. It highlights the fact that physical activity is vital for healthy growth. In particular, it can reduce the risk factors for heart disease, diabetes and some cancers, promote the development of healthy bones, a healthy weight and promote positive mental health. Inactive children are at risk of poorer self-esteem, higher anxiety and stress levels, and are also more likely to smoke and use alcohol and illegal drugs than active children. Whilst the direct effects of physical activity on a child's health are important, ingraining the attitudes, skills and behaviours for lifelong physical activity and health are as important.

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<sup>1</sup> Tony Newman and Sarah Blackburn (Barnardo's Policy, Research and Influencing Unit) (2002) *Transitions in the Lives of Children and Young People: Resilience Factors* The Scottish Executive

<sup>2</sup> The provision for which this proved to be the case were LEA nursery schools, nursery classes and "combined centres", 80 per cent of which are Early Excellence Centres, and all of which offer more or less integrated services (i.e. the approach integrates education, care, family support and health). The combined centres result in the best outcomes.

<sup>3</sup> Let's Make Scotland More Active: A Strategy for Physical Activity (2003), The Scottish Executive

9. In relation to offending, the importance of early intervention is clear. Some forms of early years provision can have a significant effect in preventing crime. A US study<sup>4</sup> concluded that “Government could greatly reduce crime and violence by assuring families access to school readiness childcare programmes”.

10. There is ample evidence that risk factors and vulnerabilities in infancy and early childhood are associated with mental health problems in children and young people. These in turn are associated with greatly heightened risk of mental illness in adult life. The ability to improve mental health and well being in the ‘early years’ is a vital area for action.

11. Targeted services in early years can help tackle inequalities in health, education and social and economic circumstances. It is important to identify children who need help early on. The longer family problems persist, the greater the potential for damage to a child's development. And problems in early life do not go away without some remedial help. The earlier that problems become apparent, the greater the risk that those problems, if left alone, will become entrenched and bring about long-term damage and disadvantage. One research overview showed that about two thirds of three year olds displaying significant behavioural disturbance still had difficulties when assessed at age eight or twelve<sup>5</sup>.

### **Relevant current early years policies**

12. Key existing policies and programmes in Health, Education and Social care focusing on the early years include the Childcare Strategy, Pre-school Education, Sure Start Scotland, and Starting Well. In addition, mainstream services such as health visitors, learning disability services, speech and language therapy, physiotherapy and occupational therapy are key to effective early years provision, although they do not focus exclusively on young children.

All contribute to one or more of a broad set of objectives which are:

- to improve children’s health;
- to improve children’s social and emotional development;
- to improve children’s ability to learn;
- to strengthen families and communities;
- to reduce barriers to employment, especially for lone parents, since work is the best route out of poverty.

### **Why is it important to integrate early years work?**

13. The strategy document *Improving Health in Scotland - The Challenge* will set out a framework for action to improve the health of all the people in Scotland and to narrow the health gap in the form of a Challenge. It proposes that a key objective should be to create an integrated programme of health improvement in the early years. This strategy paper responds to that remit.

14. Recent reports (detailed below) highlight that better joined up working across agencies delivering early years services results in better services for those children and

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<sup>4</sup> Newman, Brazelton, Zigler et al., *America’s Child Care Crisis: A Crime Prevention Strategy*, January 2000.

<sup>5</sup> cited in Mental Health Framework review

families. There is already extensive and diverse support for children and families across Scotland. Many skilled and committed professionals in health, social work and education services and in voluntary organisations are working hard to help families with young children. Whilst there are many instances of good joint working, we know from these reports that there is also much work that is poorly co-ordinated and fails to reach those children in most need.

15. An Action Team of professionals reviewed children's services provided by local authority social work and education departments, the NHS and the voluntary sector, to assess how well they were working together. The Team's report *For Scotland's Children, Better integrated children's services*, was published in 2001 and set out the strengths and weaknesses in existing services and ways of working. The Child Protection Review<sup>6</sup> and the report on support services for vulnerable families with very young children<sup>7</sup> also highlighted shortcomings in inter-agency practices. Problems identified were:

- support and services were not always easy to access with families having to approach several different agencies and being asked the same questions again and again
- support may be duplicated; equally some families may fall through the net altogether, and many agencies and professionals can be involved without knowing about the contribution of others
- support may come too late with services failing to intervene until problems are serious and much more difficult to tackle even when the risks are very clear
- some services hold such stigma for both professionals and families that families who need help are too frightened or ashamed to use them.

16. *For Scotland's Children*, the Child Protection Review and *Growing Support* all found that services working well together:

- understood and focused on the needs of the service user, and put these needs first
- shared a commitment to working together and a vision of what good services could provide from the perspective of the user
- put that vision before professional or organisational loyalties
- understood and respected the different perspectives, roles and responsibilities of their partner agencies and professionals, and
- used these creatively to identify solutions to partnership problems and cultural diversity
- were willing to share information - for planners this meant clarity about respective priorities and resources; for professionals this meant appropriate sharing of information about assessment or diagnosis, care plans, interventions and progress
- were striving for continuous improvement.

This strategy aims to help progress towards this effective joined-up working across early years service provision. As such, it aims to contribute to Best Value by helping local authorities to deliver better, more responsive public services.

17. To achieve the best outcomes, particularly for the most disadvantaged children, it is essential that all agencies work together effectively. We now have good evidence from Sure

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<sup>6</sup> Social Work Services Inspectorate (2002) *It's Everyone's Job to Make Sure I'm Alright*, The Scottish Executive

<sup>7</sup> Social Work Services Inspectorate (2002) *Growing Support: review of services for vulnerable families with children aged 0-3 years*, The Scottish Executive



Start Scotland that bringing the skills and expertise of a range of disciplines together in an integrated service can bring real benefits for families. These services can provide access to a wider range of more effective supports, reduce stigma and promote reorientation of support towards prevention, health promotion and early intervention.

18. This strategy aims to secure benefits for users and providers of services by achieving more coherence across the existing Executive policies and programmes, drawing these closer together to make best use of available resources and expertise. The benefits include:

- a better service for users in seamless delivery, early preventative action and reduced risk of people falling through the net - providing the right services at the right time
- more flexibility for those commissioning or delivering services
- increased efficiency for agencies, for example by reducing unnecessary repetition of information
- better long-term outcomes for children, for example fewer children needing protection, fewer children offending and reduction of health inequalities.

## Section 2 - Where we want to be

19. Some of the specific early years policies already in place are making a significant difference to peoples lives. Our Social Justice Annual Report 2002 reports on progress against milestones to tackling poverty and injustice, and shows that children are now getting a better start in life:

- there is now a free part-time pre-school education place for every 3 and 4 year old whose parents wish it
- Fewer mothers are smoking during pregnancy, and more are breastfeeding
- The numbers of dependant children living in workless households has reduced by 5% since 1997
- The numbers of lone parents in work has increased to 56% from 42% in 1997

20. However, there is still more that needs done to meet Ministers' longer term Social Justice<sup>8</sup> goals.

21. All young children have a range of needs that must be met if they are to reach their full potential. These include:

- nourishment
- physical care
- secure attachment to a consistent carer or carers
- stimulation and human interaction
- stable and consistent routines
- opportunities to explore the world around them and have increasing independence
- protection from danger

22. They will benefit from opportunities to learn and play, to live in a safe environment and to be able to access services as and when they need them. The integrated early years strategy will seek to support well nourished, well balanced and healthy children who are well prepared to benefit from education. It will, importantly, seek to promote resilience in children and young people. The child does not have needs in isolation, but in the context of their parents' or carers' needs and situation, and of their wider community.

23. Parents and families have the major role to play in ensuring that their children's needs are met. Children have the best chance of achieving good health, social and emotional development and learning skills when their parents and families provide consistent, reliable good basic care, meet their child's social and emotional needs responsively and are sensitive to the child as an individual, however young. The extent to which all these needs are met will influence the development of the child and the future of that child as an adult and as a parent themselves. This integrated early years strategy will seek to develop confident, competent, well informed and supported parents, including fathers, who feel secure in their role; to reduce exposure to tobacco, alcohol and other drugs for pregnant women; and to increase the proportion of mothers breastfeeding. It will also seek to support improved family circumstances, coping abilities and family mental health.

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<sup>8</sup> Social Justice...a Scotland where everyone matters (1999), Scottish Executive

24. A child's needs will also relate to the community in which they live. Communities that are strong and vital will be more nurturing places for children to grow up and learn. Strong communities will have effective community links, accessible services such as health, education and childcare, good transport options, places to buy good quality nutritious food, decent, affordable housing and low crime levels. Communities in turn will benefit where the families and children who live in them are healthy, resilient, well-adjusted and able to contribute to that community.

25. All public services have a distinctive part to play in identifying how to support parents, families and communities in caring for the youngest and sometimes most vulnerable members of those communities. Local authorities have a responsibility to educate, support and, where necessary, provide homes for families, and to ensure protection for vulnerable children at risk. Health services have a responsibility to provide health care when it is needed, promote good health, through education, advice and family support, and tackle the causes of ill health and health inequalities. Voluntary sector services can augment the responsibilities of statutory sector agencies by developing innovative and creative ways of meeting families' needs and increasingly by providing services directly on behalf of statutory agencies. Community bodies can build empowerment and a sense of ownership, and independent or private organisations have a role to play in meeting demand for services such as childcare. The more that agencies join-up to provide the services to meet the various needs of families with young children, the more those needs can be met in a seamless way and we can ensure that children are not "lost" in the system.

26. What we want to achieve is a future where our children are happy, healthy, safe and able to achieve their full potential from early childhood into adulthood; where families are strong and supportive; and where our communities are thriving and vibrant. The provision of flexible and responsive services provided by a range of agencies in an integrated, joined-up way is essential to the achievement of this vision.

27. Elimination of discrimination and promotion of diversity, equality of access and opportunity should be the hallmark of quality early years services. Services should be accessible and affordable to all, including key interest groups such as lone parents (including students), ethnic minorities, young parents, looked after children, asylum seekers, deprived and vulnerable children, children with multiple needs, children affected by substance misuse, disabled children and their families and homeless children.

## Section 3 – How do we get there?

28. We want all of our children to have the best start in life. This is particularly important for those children who start with reduced life chances. This may be because their families are more vulnerable as a result of disability, substance misuse or health problems. It may be because they live in a deprived area, or in a remote rural area. It may be because the parents are young, or are lone parents or are from minority ethnic groups, all of which may lead to social isolation and increased vulnerability. That is why the Executive has set the key target in the Scottish Budget 2003-2006 to ensure that at least 15,000 vulnerable children under 5 will have an integrated package of health, care and education support that meets their needs by 2006.

29. This strategy seeks to support this through the following 5 building blocks:

- **align Executive policies across Departments** to enable a co-ordinated and coherent framework for promotion of the health and wellbeing of children in their early years, and that of their families
- **create greater coherence in relevant Executive funding** to enable fully integrated early years services delivery
- **propose a set of clear outcomes for local partners**, targeting health improvement and narrowing the opportunity gap for children in vulnerable and disadvantaged families
- **support joint planning, commissioning and single system service delivery** of early years services in local authorities and NHS Boards and Trusts
- **provide a framework to monitor and evaluate impact** drawing on analysis of Children's Services Plans, the NHS Performance Assessment Framework and commissioned research

### Aligning Executive policies

30. Existing Executive programmes, such as Sure Start Scotland, the Childcare Strategy, the provision of free pre-school education for all 3 and 4 year olds whose parents wish this, and the range of initiatives funded through the Health Improvement Fund, all make a vital contribution to the quality of life of young children and their families, and to their future prospects. In addition to these services specifically focused on young children and their families, it is also important to consider the range of broader universal services such as GPs and health visitors. *For Scotland's Children* emphasised the importance of ensuring inclusive access for all children to relevant universal services in health and education.

31. The Childcare Strategy and the provision of free part-time pre-school education are universal programmes, intended to reach all those who wish to use these services. High quality, affordable, accessible childcare should be available from the earliest age, and from age 3 years to entry to primary school, should include wraparound provision, in order to complement part-time pre-school provision. (Childcare for school age children is examined in detail in the Executive's document "Schools Out" published in February 2003.<sup>9</sup>) High quality childcare is essential for parents to access employment opportunities, and also contributes to children's social and personal development. Childcare must be able to meet the different needs and individual circumstances of all families across Scotland. This means that childcare

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<sup>9</sup> "Schools Out" Framework for the Development of Out-of-School Care (2003), The Scottish Executive

policies must be informed by, and link in to rural policies, social justice policies and wider education policies such as the development of New Community Schools.

32. Sure Start Scotland and other targeted initiatives provide a range of additional services to support vulnerable families, building on, and complementing, universal social care, health and education programmes for early years. Support through Sure Start Scotland covers a diverse range of provision for families and very young children such as centre-based support, childcare, outreach services, nursery and day care services. It also provides an important means of delivering a range of support to parents, such as peer support groups and a wide range of parenting skills classes. The Starting Well health demonstration project, and the recently-announced social justice funding for employment and childcare are further examples of targeted initiatives designed to improve the life circumstances of some of our most vulnerable citizens. Further details of all these initiatives are in Annex 4.

33. A range of further support is available through services such as health visitors, learning disability services, speech and language therapy, physiotherapy and occupational therapy. Building on this range of health work, the new national health education and promotion organisation, NHS Health Scotland, will develop a framework of education materials and resources to underpin the family health plan for family support. NHS Health Scotland is reviewing education and support for parents in the antenatal period and will work with the Executive to redesign antenatal support with the aim of making this more attractive to a wider range of families, and in particular those who need additional support to access services. The Executive will work with NHS Health Scotland and other partners in the NHS, local authorities, employers and industry to strengthen measures designed to encourage breastfeeding and develop greater community support for breastfeeding. The Executive will also issue national guidance in autumn 2003 in response to the recommendations in the Hall 4 report which argues for a reduction in programmes of universal surveillance on the basis that there is little robust evidence of clinical benefit or health gain.

34. We must now build on all these important developments, by thinking of them as the components of a single service directed towards young children and their families, and by exploiting the linkages between them. This requires a new approach to how we use existing funding sources, to how we plan and deliver services and to our understanding of their purposes. These issues are developed below.

35. We specifically want to avoid creating any artificial barriers between early years and other services. It will be important to ensure that joint working extends to enable better integration of early years services with other children's services, so that children are able to make smooth transitions, for example moving from pre-school to primary school or a vulnerable family continuing to receive support once their child has reached the age of 5. So we need to continue to ensure strong links with new community and health promoting schools and out of school care.

### **Securing greater coherence in funding**

36. All organisations have argued strongly for greater coherence between Executive initiatives and central funding, and the capacity to use central funding more flexibly to support cross-agency working, rather than meet tight Departmental objectives.

37. The Cabinet Sub-Committee on Children's Services, chaired by the First Minister, is taking forward work on integrating children's services and developing a more integrated and outcome focused approach to resources as a key part of this. There are significant resources being invested in the range of early years services and under the Scottish Budget 2003-2006 these are set to rise further. Some of this funding is directed to local authorities, some to NHS boards, and some to the voluntary sector. Some is available jointly to all three sectors. We have tested this approach through the Changing Children's Services Fund. A more outcome focused approach is being piloted through pilot local outcome agreements with local authorities in education and children's services.

38. To support integrated service provision across early years services, we propose to align some of the resources currently allocated to different agencies by the Executive against a common set of objectives. These include the following funding streams:

- funding for Sure Start Scotland
- follow on funding from the national health demonstration project Starting Well
- a proportion of resources from the Health Improvement Fund
- funding for child care for 0-5s through the Childcare Strategy
- funding for pre-school education.

39. We will still channel resources to local authorities and Health Boards in the normal way. However, we expect local authorities and Health Boards to focus these resources on services which will be jointly planned and agreed by all partners, and to deliver against a common set of outcomes and objectives.

40. For the longer term more ambitious proposals might be considered, building on the work of Community Planning partnerships. This should help highlight and tackle some of the institutional and organisational barriers to effective joint working and improve services to children.

41. Providing greater coherence in Executive funding, reducing perceived barriers and agreeing a common set of outcomes across early years policies will allow agencies greater flexibility. Existing early years policies are already working towards::

- meeting the Scottish Budget target of ensuring that at least 15,000 vulnerable children under five have an integrated package of health, care and education support which meets their needs;
- providing a free part time pre-school education place for all 3 and 4 year olds whose parents want one;
- ensuring that everyone who wants it should be able to access affordable, high quality childcare;
- ensuring every family with a new-born baby should have an assessment of their family's needs for health care, advice and continuing support by a trained health professional within the first weeks of life (which will provide an initial building block for ensuring an integrated package of support is in place); and
- providing targeted support for families with children aged 0-3, particularly the most vulnerable and deprived.

Provided the funding is still used in pursuance of meeting these fundamental aims, agencies will have the flexibility to look at all the programmes as one overall pot of money for early years services, working towards the following set of common outcomes.

### **Developing a common set of agreed outcomes**

42. To deliver a more joined-up approach to early years, it is important to identify a single common set of outcomes against which the range of these initiatives can be measured. These outcomes will feed into Children's Services Plans, the NHS Performance Assessment Framework and any early years research which the Executive undertakes (see paragraphs 59-64 on monitoring and evaluation for more details). These outcomes must ensure that agencies are reaching all children by providing inclusive, universal services, but must also effectively close the opportunity gap and target more vulnerable and deprived children and families. Outcomes must be based on making a difference to service users, and must be capable of measurement.

43. The core outcome measures we propose include a number of measures already identified, for example through the Social Justice Annual Report. But we have also included some suggested outcomes which we consider to be of particular relevance to early years interventions, and these are marked with an asterisk below (for further detail on the outcomes, such as data sources, see Annex 5). We have grouped the suggested outcomes under the broad set of objectives underlying the main early years policies, as outlined in paragraph 12. While outcomes are listed under one particular objective, there is frequently overlap with the other objectives. Later in Section 4, we will be seeking your views on these outcomes, particularly whether they will allow us to measure whether we are successfully targeting the more vulnerable; and on the mix between 'hard' quantifiable indicators and 'softer' qualitative data.

#### ***To improve children's health***

- Increase the proportion of women breastfeeding
- Reduce the proportion of women smoking during pregnancy
- Reduce the percentage of low birth-weight babies
- Reduce dental decay among 5 year olds [increase number of 5 year olds free of dental caries]
- Improve children's diet
- Reduce infant mortality rates

#### ***To improve children's social and emotional development***

- Increase the proportion of children aged 5 years old with normal levels of personal, social and emotional development for their age\*
- Increase numbers of children reaching the recommended levels of physical activity
- Reduce referrals to the children's hearings system

#### ***To improve children's ability to learn***

- Increase the educational attainment of all children by increasing the proportion of pupils in P3 achieving or exceeding Level A in reading, writing and mathematics.

- Increase the educational attainment of the lowest attaining 20% of the school population by reducing the proportion of pupils not attaining Level C by the end of P7.

***To strengthen families and communities***

- Improve parenting skills, including those of fathers, through increasing the number of parents accessing support and learning opportunities, including parenting skills\*
- Reduce the level of child injuries, including fatalities
- Reduce rates of post-natal depression, self-harm and suicide in new mothers through increased early intervention

***To reduce barriers to employment – especially for lone parents, since work is the best route out of poverty***

- Reduce the number of children living in workless households
- Increase access to, affordability and availability of suitable childcare provision, particularly for disadvantaged groups including lone and student parents, rural families, families affected by substance misuse and families in poverty\*.

**Supporting joint planning, commissioning and single system service delivery of early years services**

44. We have discussed the outcomes that we think will enable us to begin to measure whether a child is happier, healthier and safer. To achieve these outcomes requires agencies to continue to build and develop effective joint working - right through from planning and auditing need to delivery on the ground.

45. Scottish Executive guidance on developing Children's Services Plans stresses the importance of involving the range of agencies concerned at the planning stage (revised guidance was issued in October 2001). While the Children (Scotland) Act 1995 holds local authorities to account for producing the plan, it is important that all service deliverers - including health boards and voluntary organisations - participate in the planning process. We asked NHS Boards to align their strategies for child health in Local Health Plans with the local authority-led Children's Services Plans. In some areas this is already happening. Community planning will provide further impetus for this joint approach to planning. The Local Government in Scotland Act 2003 places a duty on local authorities to initiate, facilitate and maintain the community planning process and a duty on key public bodies such as NHS Bodies to participate.

46. The voluntary sector should be an equal partner in the planning and delivery of children's services. The voluntary sector can contribute significantly through the ability to attract additional resources; the commitment made by volunteers; drawing on the easier relationship that exists in some circumstances between children and young people and voluntary organisations; experience of service delivery and working with children and families; and experience of innovative and flexible approaches. *For Scotland's Children* found that tendering exercises were absorbing staff and financial resources that could be better directed towards service provision. The Executive has recently issued guidance for consultation on funding arrangements between the voluntary and statutory sectors (local authorities and the National Health Service) in children's services. This provides guidance on the variety of possible approaches to funding.



47. Service users should be central to any decisions taken about their needs and how they should be met. Parents and families and/or groups who represent them must be involved in the planning and delivery of all children's services - including early years services. The views of parents, and where appropriate, children, should be actively sought and should inform decisions about service planning and delivery. The views of parents are essential to the development and delivery of accessible and, in the case of childcare, affordable early years services. All families need to know that they can access flexible, responsive services, which are able to adapt to the changing needs of families and children, whatever their current life circumstances.

48. Childcare Partnerships continue to play a key role in helping local authorities to identify unmet childcare needs locally and contribute in this way to the development of Children's Services plans. They also provide a valuable vehicle for engaging key stakeholders, including the voluntary and independent sectors and service users, in the process of planning children's services. We may need to re-examine existing planning mechanisms to ensure that the wider range of early years interests reflected in this strategy are involved fully in service planning. This might be achieved through the creation of an Early Years Planning Forum in each local authority area - which could be created through a refocusing of the remit and membership of Childcare Partnerships. Alternatively, Partnerships might continue in the current form, but operate as a sub group of any future Early Years Planning Forum. Local areas would need to consider the best way forward, in the light of local circumstances. We would welcome views on these proposals.

49. Joint commissioning and resourcing is an important way of joining up agencies' work in the delivery of early years services. Local authorities are receiving significantly increased resources for early years services over the next 2-3 years. Under the Scottish Budget 2003-2006, funding for Sure Start Scotland will rise to £50 million and funding for childcare will rise to £40.65 million by 2005-06. The best way of delivering against the outcomes outlined in paragraphs 42 and 43 above may well be to pool some of these resources with partners to deliver key inputs. For example, local authorities and health boards might consider pooling resources to expand health visitors' services for families and children.

50. We have already learned a great deal about the challenges and benefits of joint planning and commissioning from implementing the *Joint Future* agenda in community care, and from developing local projects for health improvement in the first round of expenditure of the Health Improvement Fund, many of which were linked to local authority services in New Community Schools or community resources. We now need to apply these lessons systematically to early years services.

51. Single service delivery in early years services will involve a range of inputs and activities from a range of agencies - covering childcare, health visitor support, family centres, outreach support to parents of very young children etc - which are covered by the existing policies and initiatives described in paragraphs 30-35 and at Annex 4.

52. The Executive is also seeking to develop additional tools to help more effective integration of all children's services - including early years services. In particular, we are developing a national framework for children's assessment and piloting approaches to develop an off-the shelf model for national use. This will be of particular use in the delivery of services to very young children and their families. And we have recently produced good

practice guidance to a range of agencies working with children and families affected by substance misuse<sup>10</sup>.

53. Ministers recognise the crucial role that well-qualified and highly motivated staff play in delivering the vision of high quality, integrated services that give children and young people the opportunity to have the best possible start in life. Over the next few years, our priorities for the **early years and childcare workforce** are to:

- increase the number of qualified workers;
- expand the workforce and widen opportunities for training;
- encourage both progression up the career ladder, and also lateral movement across the early years and childcare sector as a whole;
- encourage diversity among the workforce that better reflects society.

54. The Scottish Executive is currently developing a workforce strategy for the early years childcare workforce. This will outline options for securing the competent, qualified and well-regarded workforce we need. We know for example that there is considerable competition for staff across the early years workforce particularly at the lower levels of qualification. We know, too, that many workers are lost to the workforce, often citing poor career prospects or pay as the reasons behind this. The early years workforce strategy will seek to address these issues. It will examine training and qualifications issues, career paths and progression routes, the status of the workforce and recruitment/retention issues. Whilst pay and conditions are a matter for employers, these too are critical factors affecting workforce development and expansion. In addition, the Scottish Executive is working with other UK Departments and stakeholders to developing Sector Skills Councils which can best address the issues facing the early years and wider children's services workforce.

55. This is set against the backdrop of the forthcoming requirement for the early years and childcare workforce to register with the **Scottish Social Services Council (SSSC)**. In order to register with the SSSC, individuals will need to hold, or be working towards, an accredited qualification.

56. Integrated service delivery however is dependent on a wider range of staff than the childcare and early years workforce. In particular, it depends heavily on joint delivery of services by health and social care staff.

57. Although there are many examples of good working relationships and effective joint working between the different professional groups involved in delivering early years services, this is not universally the case. Tensions between professions, can arise as a result of misunderstandings of one another's roles, or negative experiences in the past, or different professional and organisational cultures. Such tensions can have a negative impact on the extent to which services are genuinely integrated, and can thus have an adverse effect on the quality of the experience for children and families. Joint training, as part of the continuing professional development of workers from different professions is one way to counteract these tensions. Other options include work-shadowing, secondments and similar arrangements. Service providers will need to look closely at how they can address these issues locally in the short term in order to secure the best possible outcomes for children and their families.

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<sup>10</sup> Getting our Priorities Right (2003), The Scottish Executive

58. Examples of a range of best practice in joining up service delivery are attached at Annex 3. There is a range of mechanisms in existence or being developed to enable learning about best practice and what works. NHS Scotland is establishing an Early Years National Learning Network to bring together and disseminate evidence and information to all professionals working with young children about what works, with examples of promising practice and to support wider implementation of lessons learned. NHS Health Scotland in partnership with Aberdeen University is also supporting a national centre for research - the Scottish Evidence Based Child Health Unit - to review and bring together evidence about effectiveness in promoting health in children and young people.

### **Monitoring and evaluation**

59. Monitoring and evaluating progress against outcomes will be crucial in gauging whether we are succeeding in reaching children. Ensuring effective evaluation will depend on the use of all the existing mechanisms at our disposal, as well as new research which is planned.

60. We will continue to monitor progress against the range of identified existing outcomes. The Executive will also continue to review Children's Services Plans to assess how far services are being jointly planned and targeted on the needs of children, particularly the most vulnerable. The guidance will be reviewed this year to take account of developments and experience. The Performance Assessment Framework (PAF) forms the mandatory core framework for assessing the performance of the NHS in Scotland and provides the stimulus for continuous performance improvement. The PAF is NHS-focussed and therefore doesn't cover every specific area of health activity in Scotland. However, there are a number of key indicators relating to children - including low birthweight babies, breastfeeding rates, immunisation uptake and dental health.

61. It is always difficult to attribute outcomes to early years intervention. Economic development, demographics, and social trends could have a significant effect on eventual outcomes. In terms of new research, the Scottish Executive has recently commissioned consultants to conduct a feasibility study as the first stage of an early years evaluation. The early years evaluation will examine the effectiveness of early years policies in achieving their key objectives of bringing about beneficial changes in the lives of young children, their families and communities. If the feasibility study is successful, the evaluation (stage 2) will be commissioned in the latter part of 2003. The rationale for having a feasibility study first is that we need to establish that there are sound sources of available information on which indicators for a range of early years policies can be based. The consultants will then construct a draft evaluation framework based on this information. The feasibility stage should illuminate a number of the data issues relating directly to the outcomes outlined in this strategy and the output of this research has the potential to inform the way the selected outcomes should be monitored in future.

62. The Scottish Executive is also planning a Long Term Data study, the primary aim of which is to collect data about children and families (including particularly their experiences and views) in order to study the longer term outcomes of early years policies. The scoping element of this major initiative is now being developed and will be specified to consider the specific data requirements outlined in this strategy.

63. Both the early years evaluation and the long term data study will explicitly address the difficulties of obtaining information from the vulnerable and “hard to reach” groups (specifically ethnic minority parents) who form an important target group for many early years policies.

64. This strategy aims to deliver a network of services and support which will reach all young children and their families but target most intensive help on those with additional needs, including families who are vulnerable because of social exclusion, disability, ill-health or other disadvantage. Setting this network in place will rely on the fostering of integrated approaches in early years services by and between all service providers. To facilitate this process, the Executive is committed to removing barriers to action, both within the Executive and in other agencies. Many NHS Boards and Trusts, local authorities and voluntary organisations are already working hard to make joined-up services a reality. This Early Years Strategy is the next logical step on the road to rolling out and enabling this approach across Scotland and begins to take us some way towards the community planning model.

## Section 4 - Conclusion

65. This strategy discusses the reasons why early years support is important; and why it is important to integrate this work around the needs of the young child and their family. The Executive would welcome your views on the following proposals for how we can better integrate early years services to improve outcomes for young children:

Aligning Executive policies across Departments and creating greater coherence in Executive funding

- *What more might the Executive do to improve coherence between funding streams?*

Proposing a set of clear outcomes for local partners

- *Are the proposed outcomes the right ones to let us measure if we are successfully meeting the needs of children in the early years?*
- *Are there any that you think should be added in and if so, are they capable of measurement?*
- *Will the proposed outcomes allow us to measure if agencies are successfully targeting the needs of more vulnerable and deprived children and families?*
- *Is there the right mix between “hard” quantifiable indicators and “softer” qualitative data?*

Supporting joint planning, commissioning and single system service delivery

- *What changes might be needed to planning mechanisms to ensure that the range of early years interests reflected in this strategy are involved fully in service planning? What would this mean for the role of childcare partnerships? Would early years planning fora provide a way forward?*
- *What barriers are there to developing and delivering integrated early years services in your area? What changes and actions would remove these barriers and improve service delivery? How far would the proposals in this draft strategy help?*

Providing a framework to monitor and evaluate impact

- *Are the proposals on monitoring and evaluation sufficient to ensure we are making progress against the set of outcomes?*
- *What might agencies need to help them adequately monitor their performance?*
- *How can existing good practice and research relating to integrated service provision in the early years be better shared and disseminated to and between all service providers and agencies? It would be helpful if you could give any examples of service provision that, in your view, particularly demonstrates good practice.*

66. A response sheet setting out these consultation questions, together with contact details, is at Annex 6.

## GLOSSARY

### SCOTTISH EXECUTIVE INITIATIVES

#### Social Justice

In November 1999 the Scottish Executive published the Social Justice Report **Social Justice...a Scotland where everyone matters** setting out 10 long term targets for the achievement of Social Justice, and 29 milestones marking progress towards the targets. An accompanying document set out the milestone sources and definitions. The report set out the vision for tackling poverty and injustice, and an annual Social Justice Report measures progress in achieving this.

#### Children's Services Plans

Section 19 of the Children (Scotland) Act 1995 requires local authorities, as corporate bodies, to produce, in consultation with other statutory agencies and voluntary organisations, plans for the provision of “relevant services” for children within their areas. Relevant services are those provided for by Part II of the 1995 Act or under the enactments mentioned in section 5(1B)(a) to (o) of the Social Work (Scotland) Act 1968.

The main aims of these plans are: to ensure the welfare of children; to clarify strategic objectives in relation to services; to promote integrated provision of services and effective use of available resources; to ensure a consistent approach to planning by local authorities; and to establish a high standard of co-ordination, co-operation and collaboration between different services providers.

In October 2001 the Scottish Executive issued revised guidance on Children's Services Plans aimed at achieving a more integrated, streamlined and consistent planning regime for children's services. This guidance set key outcomes that should be delivered by children's services. These outcomes are closely linked to the UN Convention on the Rights of the Child:

- Children and their parents and families should be involved and consulted about key decisions and children's identity and innate dignity as human beings respected.
- Children should receive good quality care and, wherever possible, grow up in a positive family setting. Where the family setting is not positive, support should be given to tackle this. Where it proves impossible to achieve a sufficiently positive family setting, the child's experience outside such a setting should be as near as possible to a family upbringing.
- Children should receive good opportunities for recreation, leisure, and play.
- Children should enjoy the highest attainable standard of health.
- Children should be protected from all forms of abuse and exploitation.
- Children should benefit from a positive learning environment and be supported to explore, enjoy and develop their personality, talents, and mental and physical abilities to their fullest potential.

## **Community Planning**

The Community Planning Task Force was established in 2001 as a national advisory group appointed by but independent of Scottish Ministers. Its aim is to aid the development of community planning in Scotland. Membership comprises senior representatives from a broad spectrum of professions across Scottish public life, including community interests. The Task Force is playing a key role in developing new legislation and also examining issues such as effective joint working between agencies and community engagement. The Task Force is due to reach the end of its life-span in March 2003, but a successor will be identified to continue to provide a focus and continuation of Community Planning.

The essence of Community Planning is recognition that the needs of individuals and communities must be addressed collectively by a range of organisations, if they are to be addressed successfully. The result should be communities that can be sure that key public services they need - services such as health, education, transport, housing and the environment will be delivered efficiently and for their needs. Crosscutting priorities such as closing the opportunity gap and sustainability will also be addressed more effectively.

The Local Government in Scotland Act 2003 will place a duty on local authorities to initiate, facilitate and maintain the community planning process in consultation with public and community bodies. The Act further places a duty on key public bodies such as Health Boards, the Enterprise Network and the Police to participate in community planning.

## **Performance Assessment Framework**

The Performance Assessment Framework (PAF) forms the mandatory core framework for assessing the performance of the NHS in Scotland and provides the stimulus for continuous performance improvement. The PAF is focussed and therefore doesn't cover every specific area of health activity in Scotland. However, there are a number of key indicators relating to children - including low birthweight babies, whether mothers are breastfeeding, immunisation uptake and dental health.

## **National Physical Activity Strategy**

Research results over the past 50 years indicate that an inactive life leads to an increased risk of CHD, stroke and other major health problems such as obesity and diabetes. Potential health gains through increasing activity levels are considerable. Increasing the uptake of physical activity is one of the major challenges facing the Executive in its drive to improve the health of the people of Scotland. The Physical Activity Task Force's final report "Let's Make Scotland More Active" was endorsed by Scottish Ministers and launched as the Executive's national physical activity strategy in February 2003. One of the strategy's major goals is that 80% of all Scotland's children will meet the recommended levels of physical activity by 2022. At present 27% of boys and 40% of girls are not active enough, this means they do less than one hour a day of moderate activity on 5 or more days of the week.

## RELEVANT PUBLICATIONS

### **For Scotland's Children, Better Integrated Children's Services (2001)**

Launched in October 2001, reported the findings of a multi-disciplinary Action Team seconded to the Executive to look at ways to better integrate children's services. The Report sets out the range of evidence considered by the Action Team and includes detailed findings and background analysis along with longer term recommendations for the Scottish Executive to consider. Contained within the Report is an Action Plan directed at local statutory and non-statutory agencies (local authorities, health boards and voluntary organisations) setting out a range of ways in which local agencies can work together to achieve better integrated children's services. Following on from the Report, the Cabinet Sub-Committee for Children's Services, chaired by the First Minister, was formed to consider the recommendations made by the Action Team and to take forward policy aimed at improving children's services and closing the opportunity gap.

### **It's everyone's Job to make sure I'm Alright (2002)**

The Child Protection Review was announced in March 2001 following the Hammond Report into the death of Kennedy McFarlane. The aim of the review was "to promote the reduction of abuse or neglect of children and to improve the services for children who experience abuse or neglect". The Review Report *It's everyone's job to make sure I'm alright* was published on 25 November 2002. In response to the findings of the report the Scottish Executive announced a five point plan which required action from all the relevant agencies and the Scottish Executive. The five point plan is:

- A 3 year programme of sustained activity to reform child protection services by establishing clear practice standards, developing the role and responsibilities of Child Protection Committees and building capacity to deliver it.
- A team of experts from relevant agencies, with top level backing from the Executive, will work directly with local agencies to implement the reform programme and tackle poor performance.
- A tough new system of inspection will monitor progress over the next 3 years to ensure that reform is delivered.
- A Children's Charter, to be drawn up in conjunction with professionals and children will set out the support that children have the right to expect.
- Extra support for helplines that provide counselling and support for children - ChildLine and ParentLine. ChildLine will receive £500,000 to open up a new call centre and increase by up to 60% the number of children they are able to help.



**Growing Support - A Review of Services for Vulnerable Families with Very Young Children (2002)**

This inter-disciplinary review of local authority and health services to support vulnerable families with children aged 0-3 years was carried out during 2000-2001, by a small team led by the Social Work Services Inspectorate and including HMI Education and health professionals. Fieldwork was carried out in five local authority areas chosen to reflect the range of demography and geography in Scotland. The findings of this review also informed the work of the Action Team on integrated services for children.

The review found an extensive range of services offering practical help, information, parenting education and advice, and emotional support to parents in difficulty in each area. It also found instances of excellent practice, with skilled and committed practitioners delivering intensive support in often difficult and sometimes frightening circumstances. Families generally found services helpful, particularly family centres and services that assisted both parents and children to improve their skills and development. Nevertheless front line staff were not always able to offer the right kinds of help at the right time and could appear unsympathetic or unhelpful. Parents also found that gaining access to services was not easy. Prioritising enquiries and monitoring of child protection plans at the expense of active family support to address their needs and problems is false economy. Providing a child protection service without integrated family support fails to deliver the best outcomes for these most vulnerable children.

**The Child at the Centre – Self-evaluation in the early years**

A guide for centres providing pre-school education and day care to children aged 3-5, to help them identify good practice in quality services, and appraise their own performance against a set of representative indicators. The guide underpins the national care standards for early education and childcare, which together with regulations, are used by the Scottish Commission for the Regulation of Care to regulate care provision.

**Getting our Priorities Right - Good practice guidance for working with Children and Families affected by Substance Misuse (2003)**

Guidance outlining the expectations on a range of agencies in respect of referral, information-sharing and service provision for families where parents or carers misuse substances, including alcohol.

## GOOD PRACTICE EXAMPLES

There are many examples of good practice in integrated working delivering effective public services, and some of these are detailed below.

Many are shared through existing means such as NHS Health Scotland <http://www.show.scot.nhs.uk/sehd/goodpracticeinaction>, early years Best Practice website <http://www.ngflscotland.com/earlyyears/index.asp>, Learning Teaching Scotland <http://www.ltscotland.com/index.asp>, Childcare Partnership website <http://www.scotland.gov.uk/about/ed/eec/00015135/page281701866.aspx> Sure Start mapping exercise <http://www.scotland.gov.uk/library5/education/msss.pdf>

*Are there other ways these could be effectively shared?*

### **Sure Start Scotland and Childcare**

One local Council has combined funding from *Sure Start Scotland, Childcare and Education* funding to build a new family centre in a community affected by high levels of unemployment and social exclusion. The Council owns the premises and the service is managed by a national voluntary organisation. The centre provides child care for children of all ages, including very young children and support for their parents, with mix of open access to the local community and referral by professionals. The centre relies on its good working relationships with health and social work services.

### **Healthy Eating**

There are excellent examples of action taking place in local partnerships, some of these supported through our Social Inclusion Partnerships and also through the Health Improvement Fund. In one SIP, pregnant women receive supermarket vouchers to the value of £50 per month. Approximately 250 women are expected to benefit each year from this programme, which extends from 3 months into pregnancy until birth, or up to 3 months after birth if the mother is breastfeeding the child. This programme is intended to increase women's spending on healthy food, and is in response to concern about low birth weight in the area. While the programme is currently fully-funded by SIP monies, it is hoped that in future years supermarkets will be persuaded that participation in the scheme brings new, loyal customers and therefore fund the vouchers themselves. The programme is now going strong with 212 pregnant women registered on the programme.

### **Smoking Cessation**

There is a 3 year research project funded through the Health Education Board for Scotland as part of a wider pilot investigating effective smoking cessation strategies with young people. The project is based in a hospital maternity unit and aims to support young pregnant women (< 25 years) and their partners take action on their smoking behaviour. The service was launched at the beginning of November 2002.

Smoking during pregnancy is linked with low birthweight, and passive smoking has adverse effects on children's health and is known to significantly increase the risk of sudden infant death, middle ear disease, meningitis and admission to hospital for respiratory disease. The Royal College of Physicians has estimated that as many as 17,000 hospital admissions per year of children aged under 5 is due to parental smoking. They also estimate that a quarter of cot-deaths could be caused by mother's smoking.

**Breastfeeding Initiative**

One area of Scotland has established a breastfeeding initiative. Membership of the breastfeeding initiative includes mothers and health professionals from across the region who are committed to supporting and promoting breastfeeding. The initiative is a registered charity and is funded by the local NHS Board and supported by the local Federation of Food Co-ops.

**New Community Schools**

In one region of Scotland, New Community Schools have established a social skills programme for four to eight year olds run by two Behaviour Support staff and one Family Learning Co-ordinator. They use puppets, role-play and videos to develop skills in problem solving, making friends and anger management as well as working on emotional intelligence. The work builds on the work done during the first three years to develop young children's skills.

In another region the local New Community School team supported a group of parents in setting up a parent and baby group. The group developed into a flourishing club, running 2 morning sessions a week catering for around 10 parents and their children per session (and with a waiting list). The NCS Child and Family Worker continues to give support by facilitating training and helping with funding applications.

In the same local area the Community Education Worker and the Child and Family Worker set up a scheme which provides a range of safety equipment such as bed guards, fireguards, stair gates, travel cots, lightweight buggies, sun canopies and starter packs to the local community at a low cost. A management group of volunteers now runs the scheme with support from the NCS workers. The Scheme is publicised and promoted to families in the whole community.

**Play Initiative**

In another area of Scotland babies and their parents are benefiting from a play initiative launched during the summer of 2002. The initiative is a programme of resources for parents, promoting activity play for children from birth to 5 years old. The programme is offered to all new parents by their health visitor, in the form of a booklet with advice and ideas for how to have fun with your baby. The booklet is jointly funded by the NHS Board and the regional Council. The local enterprise company have contributed funds to enhance the programme including the production of further Gaelic material, a CD of songs and additional training for health staff.

**Merged Nursery and Family Centre**

A nursery and family centre have recently merged accommodation and the arrangement is working out very well. Sure Start Scotland funding has been used to increase staff levels in the early intervention unit. Sure Start Scotland funding has also allowed for work to begin with children aged 2-4. There is a shared agenda between social work, health and community services to work with vulnerable children. Three projects have been established to provide a nursery nurse and a teacher to work in nurseries to provide additional support to children with special educational needs in a comfortable environment and without separating them from their daily routine. A big part of this work is carried out through video interaction groups using the early intervention teams. One of these projects is in operation in the nursery.

**Development of Language and Social Skills**

One local authority has established a project which is aimed at children between ages 2 and 3 who have poorly developed language and social skills. The aim is to provide a variety of play and stimulation which would prepare the children for nursery and pre-school. The 6 week course provides play experiences with the curriculum in mind: stories, songs, sharing, snack time and interaction. It also provides parents with 2 hours of respite to allow them to undertake other activities. Parents also receive detailed feedback from the scheme about the progress of their children and activities are provided for the parent and child to undertake at home. The programme targets children before they are able to access support from speech and language therapists with the aim of ensuring that all children could access mainstream provision upon completing the course.

*We welcome views on how best to share the good practice in integrated service provision more widely and effectively with all service providers and users.*

## EXISTING EARLY YEARS POLICIES

1. **Sure Start Scotland** was introduced in 1999 to target support at families with very young children (0-3 years), particularly the most vulnerable and deprived. £61 million has so far been distributed to all local authorities to work in partnership with health services, voluntary organisations and parents to identify local need and deliver services to meet that need. A diverse range of provision is provided through Sure Start Scotland funding including centre-based support, outreach services, nursery and day care services, as well as various forms of support to parents. This is a key programme that seeks to develop strategies to support vulnerable families, to prevent them falling into crisis. It focuses on trying to deliver integrated services to meet the range of needs of families and their children, and builds on existing provision. Under the Scottish Budget for 2003-2006, funding will rise by £31 million by 2005-06, meaning a total of £50 million will be available that year.
2. **The Childcare Strategy for Scotland** aims to ensure good quality, affordable childcare for all 0-14 year olds by raising quality standards, supporting parents' purchasing power, expanding childcare places and improving information. The strategy has been implemented since 1998. Childcare is universal, but must also meet the needs of disadvantaged families. From 2002 £16.75 million per year has been distributed to local authorities for project support, partnership and information services to support the aims of the strategy, and under the Scottish Budget for 2003-2006, this will rise to £40.65m by 2005-06. Local authorities, in conjunction with Childcare Partnerships, are responsible for identifying local childcare needs and facilitating the development of services to meet these.
3. **Social Justice funding for Employment and Childcare** totalling £20m will be available in 2004-05 and 2005-06 to help support parents in disadvantaged areas or groups into employment and/or training. This approach will be piloted initially in a large urban area and a predominantly rural area.
4. **Pre-school education** – the Standards in Scotland's Schools etc Act 2000, which came into force in April 2002, placed a new duty on authorities to secure a quality part-time pre-school place for every three and four year old whose parents want one. Pre-school provision resources of £137 million for 2002-2003 has been transferred to local authorities through their grant-aided expenditure.
5. **The Health Improvement Fund (HIF)** was established in 2000 with the aim of not just treating ill health, but also preventing it and supporting healthier lifestyles, life choices and life circumstances. The HIF has invested an average of £26 million in the first four years (2000/01 - 2003/04) with the bulk of the funds being channelled through NHS boards for them to work in consultation with local partners. The priorities of the fund reflect a big emphasis on child health, which lays the foundation for health in later years. Health Improvement Fund initiatives include breakfast clubs, free fruit and salad bars in nurseries and schools, initiatives to promote breastfeeding and to improve oral and dental health amongst infants and toddlers.
6. **The National Health Demonstration Project, Starting Well**, was set up in 2001 to test out innovative ways of improving child health and identify lessons for Scotland. The aim is to demonstrate that child health can be improved by a programme of activities that combines intensive home-based support (provided by health visitors/lay health support workers to all families with new babies in the target areas) and access to enhanced

community-based resources for parents and children. £3 million is being provided over 3 years and the project is co-ordinated by Glasgow Healthy City Partnership. Work is undertaken in south and east Glasgow (Greater Easterhouse & Gorbals; Govanhill and North Toryglen). Starting Well is being independently evaluated by Glasgow University.

## PROPOSED COMMON SET OF OUTCOMES

### *To improve children's health*

- Increase the proportion of women breastfeeding<sup>11</sup>
- Reduce the proportion of women smoking during pregnancy<sup>11</sup>
- Reduce the percentage of low birth-weight babies<sup>11</sup>
- Reduce dental decay among 5 year olds [increase number of 5 year olds free of dental caries]<sup>12</sup>
- Improve children's diet<sup>13</sup>
- Reduce infant mortality rates<sup>14</sup>

### *To improve children's social and emotional development*

- Increase the proportion of children aged 5 years old with normal levels of personal, social and emotional development for their age<sup>15</sup>
- Increase numbers of children reaching the recommended levels of physical activity<sup>13</sup>
- Reduce referrals to the children's hearings system<sup>16</sup>

### *To improve children's ability to learn*

- Increase the educational attainment of all children by increasing the proportion of pupils in P3 achieving or exceeding Level A in reading, writing and mathematics.<sup>17</sup>
- Increase the educational attainment of the lowest attaining 20% of the school population by reducing the proportion of pupils not attaining Level C by the end of P7.<sup>17</sup>

### *To strengthen families and communities*

- Improve parenting skills, including those of fathers, through increasing the number of parents accessing support and learning opportunities, including parenting skills<sup>18</sup>
- Reduce the level of child injuries, including fatalities<sup>19</sup>
- Reduce rates of post-natal depression, self-harm and suicide in new mothers through increased early intervention<sup>20</sup>

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<sup>11</sup> Already collected in relation to the Social Justice milestones

<sup>12</sup> Already collected for Social Justice milestones and pilot local outcome agreements

<sup>13</sup> Collected via the Scottish Health Survey

<sup>14</sup> Collected by Register General for Scotland

<sup>15</sup> Development under consideration – likely to build on ongoing work eg LTS/transitional learning records etc

<sup>16</sup> Collected by Scottish Children's Reporters Administration

<sup>17</sup> Collected for pilot local outcome agreements

<sup>18</sup> Development under consideration

<sup>19</sup> Data sources available through Register General for Scotland and ISD Scotland

<sup>20</sup> Data sources available through Confidential Enquiries into Maternal Deaths (CEMD), suicide and homicide, published triennially, death registrations to GRO, morbidity returns for hospital admissions and audit of ascertainment and treatment for Post Natal Depression underway in NHS Quality Improvement Scotland.

*To reduce barriers to employment – especially for lone parents, since work is the best route out of poverty*

- Reduce the number of children living in workless households<sup>21</sup>
- Increase access to, affordability and availability of suitable childcare provision, particularly for disadvantaged groups including lone and student parents, rural families, families affected by substance misuse and families in poverty.<sup>22</sup>

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<sup>21</sup> Collected for Social Justice milestones

<sup>22</sup> Development to be considered



***Consultation questions***

Please feel free to use additional sheets of paper to record your views. Alternatively, you may contact Iain McIver (see contact details at the bottom of page 34) to ask for a copy of the paper to be sent to you electronically.

1. Are the proposed outcomes the right ones to let us measure if we are successfully meeting the needs of children in the early years? Are there any that you think should be added in and if so, are they capable of measurement? Will the proposed outcomes allow us to measure if agencies are successfully targeting the needs of more vulnerable and deprived children and families? Is there the right mix between “hard” quantifiable indicators and “softer” qualitative data?

2. What changes might be needed to planning mechanisms to ensure that the range of early years interests reflected in this strategy are involved fully in service planning? What would this mean for the role of childcare partnerships? Would early years planning fora provide a way forward?



3. What barriers are there to developing and delivering integrated early years services in your area? What changes and actions would remove these barriers and improve service delivery? How far would the proposals in this draft strategy help?



4. Are the proposals on monitoring and evaluation sufficient to ensure we are making progress against the set of outcomes? What might agencies need to help them adequately monitor their performance?



5. How can existing good practice and research relating to integrated service provision in the early years be better shared and disseminated to and between all service providers and agencies? It would be helpful if you could give any examples of service provision that, in your view, particularly demonstrates good practice.

Please direct all initial enquiries and submit your response by no later than **13 June 2003** to:

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