



Review of SCMA Community Childminding and Working for Families Services

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Contents

Executive Summary	3
Introduction	5
Scottish Borders Supported Childminding Scheme	9
Edinburgh Working for Families	17
Dumfries and Galloway Sure Start Childminding Scheme	22
Aberdeen Community Childminding Scheme	26
Costs of and saving from early intervention	28
In conclusion	30
References	32
Appendix 1	33
Appendix 2	37

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Executive Summary

This small scale, largely qualitative review of the community childminding schemes offered through the auspices of the Scottish Childminding Association (SCMA) was commissioned to consider the benefits of these services for children, families and society. Community childminding in Dumfries and Galloway and in Aberdeen is briefly reviewed but, at the suggestion of SCMA, we have focused on community childminding in two particular cases – Scottish Borders Supported Childminding Scheme and Edinburgh Working for Families Scheme. Estimating the public sector spending which might be saved through investment in community childminding as a timely intervention is beyond the scope of such a review. However, we have examined some evidence from other studies about the costs and returns on child and family early intervention programmes. The review gathered data through interviews with SCMA staff engaged in community childminding schemes, local authority service managers, childminders and, where possible, parents. The annual reports from each scheme examined and some quantitative data supplied by SCMA completed our data set.

The model of community childminding adopted varied from authority to authority, shaped by local needs and funding available, but in each case the scheme was perceived to

- support families to function for the well-being of parents and children
- offer early intervention that was effective in preventing further escalation of problems
- respond in a timely and appropriately targeted manner.

The Scottish Borders Supported Childminding Scheme benefits children, parents and childminders through placements that are typically part-time over a period of six months. Children's well-being is enhanced by spending time away from stressful situations with a responsive adult who can focus on their needs and from more relaxed parent-child relationships when they return home. Their parents become better able to cope with challenging family circumstances, are supported at a time of personal mental or physical ill-health and acquire helpful models of parenting and childcare routines. For childminders involvement in the scheme is both personally rewarding and a useful supplement to their childminding business. The scheme avoids families having to be referred for social work assessments to access help for needs that may be relatively low-level and short-term and it builds on existing good joint working practices between the childcare, education, social work and health visitor services. In a rural area with a scattered population care from childminders is more widely and locally available than care in group settings.

The benefits from the childminding aspects of the Edinburgh Working for Families Scheme are two fold (i) women who want to or have to return to work are supported to start a childminding business and (ii) parents seeking childcare in areas where this has traditionally been in limited supply have access to more provision. Working parents are helped when there are local childminders who can accommodate their shift patterns and offer a personal relationship with them and their children. Establishing a childminding business enables childminders to enhance the income of their families and contribute to economic activity in the community. With the support of the SCMA Development Advisor potential childminders are helped to overcome apparent hurdles to registration and business start-up which they would not be able to overcome unaided.

Our review concludes that a community childminding placement

- helps to develop resilience in children and parents
- offers a service that is accessible, flexible and in proportion to needs
- gives the home-based, small group and 1:1 care that many parents prefer for young children, particularly those under 3 years old

- is universally available on the basis of recognised need – a key characteristic of a service designed for early intervention
- is delivered in a simple and streamlined manner but gives access to warm and supportive relationships for adults and children
- helps families to help themselves and their children
- supports local employment directly and indirectly
- contributes to family and community well being.

However, in order to achieve these gains the schemes need to be able to operate in a way that facilitates local decision-making and administration and have established criteria for childminder registration and successful referrals that do not constrain the ability to respond flexibly and in a timely manner. Effective cross-agency working enhances the effectiveness of the schemes. Childminders need to be able to engage with the community childminding schemes in ways that avoid any negative impacts on their businesses and which reflect the value of their contribution to the lives of the children and families they support. Sustainable sources of funding for community childminding and specialised training for the childminders involved would recognise the contribution which these services can make to economic activity and regeneration, the prevention of escalating needs, the effective functioning of families and the well-being of parents and children.

1. Introduction

This review of the community childminding schemes offered through the auspices of the Scottish Childminding Association (SCMA) was commissioned to consider the benefits of these services to children, families and society. It is a small-scale study and largely qualitative in nature although we have drawn on some descriptive quantitative data supplied by SCMA. We have also drawn on some of the limited literature available about childminding and on recent modelling of the financial impact of early interventions. At the suggestion of SCMA the review concentrated on the operation of community childminding in two particular cases – the Edinburgh Working for Families Scheme and the Scottish Borders Supported Childminding Scheme. The operation of SCMA supported community childminding in two other local authority areas is examined more briefly.

We have drawn on annual reports for each of the schemes we reviewed but our focus has been on interviews with SCMA staff involved directly with the work, with childminders and with service managers working in the local authority education and social work services. We have attempted to contact some parents who have participated in community childminding schemes but the short period of time available for the work has constrained our ability to contact this more difficult to reach group. Details of the number of interviews completed and examples of the interview schedules are included in Appendix 1. As the interviews were likely to touch on sensitive and confidential issues about who accesses these services and the reasons why, we took care to attend to the ethics of the review process. The study was granted ethical approval by the Stirling University School of Education Ethics Committee. We offered all our respondents anonymity, referring only to the role of any individual quoted. However, we have explained to each interviewee that this may be only a limited safeguard for those who occupy particular roles in named areas. All interviewees gave informed consent to be interviewed and for their perspectives to be included in the study (see Appendix 2).

The report begins with a brief examination of some literature on childminding and a series of published family case studies from a community childminding scheme which was inspired by the SCMA model. The Scottish Borders Supported Childminding Scheme is presented next, followed by the Edinburgh Working for Families Scheme and descriptions of the operation of the service in Dumfries and Galloway and Aberdeen. A reflection on the costs and savings that arise from early intervention programmes is then offered. The report concludes with a summary of the benefits from and constraints on community childminding identified through the review.

1.2 Community childminding in context

Community childminding services are being provided in a policy context that places particular importance on improving the lives of children and their families through reducing poverty, empowering communities and local services and multi-agency working which ‘joins up’ to effectively support children and their families. One of the case studies in this review focuses specifically on actions to reduce unemployment and increase family income. The Edinburgh Working for Families scheme is funded with the aim of creating self-employment opportunities for childminders. This in turn increases the supply of safe and professional childminding places in areas where limited childcare options may restrict parents in their search for work or in their ability to move out of lower paid jobs. This approach enhances the ability of communities to meet the needs of those who live there. Childminding is a local service, offered in the community, making use of community resources for outings and educational experiences for children and contributing to the local economy and social networks.

The community childminding schemes which are managed by SCMA all depend on the active co-operation of a number of agencies from social work, health and education and childcare. Referrals depend heavily on the actions of health visitors, on social workers when there are child protection

concerns or family support issues and local authority childcare partnerships for funding and management of the schemes. Ensuring that referrals are processed, placements negotiated and reviewed and the individual needs of children and their families identified and communicated demands the kind of holistic approach and sharing of information and responsibility that is envisaged in the Early Years Integrated Framework and Getting It Right for Every Child (GIRFEC).

1.3 Examining Childminding

Childminding is a relatively under-researched area of the early education and childcare environment in the UK in general and Scotland in particular. Despite the enduring popularity and wide availability of this type of provision there has been little research about everyday childminding practices or the outcomes for children cared for by childminders. However, a recent detailed survey of childminding practice in England helps to characterise the service (Fauth et al, 2010).

- Most childminders were women and typically in their mid-40's.
- Just over half had a level 3 qualification and over 70% had a childcare qualification.
- On average childminders were registered to care for at least five children at any one time.
- Most childminders were registered to offer care for babies.
- Childminders typically work more than 40 hours per week, offer extended hours and take four or fewer weeks holiday each year.
- Many of the features of good quality childcare are valued by childminders. They consider that offering a 'safe, loving and stimulating environment for children where individual needs are met' to be particularly important.
- While being cared for by childminders children spend their time involved in planned activities, free play and going to community resources such as toddler groups and playgroups, parks, libraries and shops.

Data from the Preschool and Childcare Statistics for Scotland 2010 (Scottish Government, 2010) reveal that there is a similar age profile and pattern of working hours for childminders in Scotland. Active childminders were 90% female. 75% worked for over 30 hours per week, 77% worked more than 40 hours per week and 15% worked over 50 hours per week. Of those with childcare qualifications 32% were at level 2 and 27% were at level 3.

The benefits of childminding are usually thought of as (i) safe and accessible care for children while their parents work and (ii) employment opportunities for women who have to or wish to work from home. But the benefits of childminding are not limited to families with working parents or the carers themselves. A study by Statham and Holtermann (2003) into the effectiveness of family interventions which included supported childminding found evidence of improvements in parents' well-being and family functioning. It should be noted that the greatest degree of improvement was experienced in two-partner families and where needs were less severe. Parents were particularly glad to have access to day care, making comments such as 'it relieved the stress enormously', although no direct relationship was found between making use of the day care provided and scores on a well-being questionnaire. Stratham and Holtermann suggest that this finding may be a reflection of the very limited access granted to the special childminding service or to nursery places in a time of budget restraint. A study of Scottish sitter services targeted at parents who need childcare at times not otherwise offered or for respite for those with children with additional needs concluded that 'the direct and indirect benefits of the Sitter Service to users, their families and their communities far outweigh the costs of the service' (Wilson et al, 2003: p. 8).

A report published by SureStart and the National Childminding Association (SureStart, undated) charts an array of benefits for children and their parents that accrue from childminding in general and, more particularly, care with a childminder who is part of a locally organised childminding network set up to meet varying needs. Some networks offered short-term respite to families in distress or children at risk, others placed children with disabilities, made provision when parents were ill or were having difficulty caring for their children. Some of the networks reported that referrals for short term, full time or extended hours childminding prevented children going into foster care while elsewhere childminders had become involved in individual learning or therapy plans for children. In a rural area where nursery provision was clustered in larger settlements childminders were a more widely accessible form of childcare. A number of features stand out as important for the success of these schemes:

- availability of flexible and extended hours
- dedicated places to enable a rapid response to families in need
- employment of a co-ordinator to manage referrals and support childminders
- effective interagency working and explicit contractual arrangements.

The study by Stratham and Holtermann (2003) found what they describe as a strikingly high level of mental health difficulties amongst parents and children¹. More recently Stein et al (2008) found that post-natal depression was common and that it had a negative effect on care giving and through this on children's language development, with families with lower socio-economic status being at greater risk. In a studying of the impact of family breakdown on children's wellbeing Mooney et al (2009) found that family functioning was more important for children's outcomes than growing up in an intact or non-intact family. They found that family functioning is influenced by the levels of conflict and stress that families experience and poor mental health inhibits the parenting ability of married, separated or divorced parents.

1.4 Stirling Council Community Childcare Service

The Community Childcare Service in Stirling is described here because it offers both a useful contrast and complement to the services reviewed in this study (Stirling Council, 2010). The detailed case study stories of interventions with particular children and their families were published as a resource for training and practitioner reflection but also serve here to identify key issues and outcomes. The Stirling Community Childminding Scheme is an integral part of the Council's support for families with children under the age of three. The Family Support Officer coordinates the scheme and plays an active role in supporting childminders, undertakes direct intervention work with parents and engages collaboratively with other agencies. Targeted at families with difficulties arising from: substance abuse; problems with mental or physical health; domestic abuse; homelessness and in times of crisis, community childcare in Stirling has a more proactively interventionist approach with families and tackles needs that are more enduring and, in some cases, more severe than those managed elsewhere by SCMA. For example, in contrast with the scheme operating in the Scottish Borders the families offered community childcare places in Stirling are often already receiving services from other agencies before they are referred for a placement, particularly when there are child protection concerns.

Community childcarers in Stirling have specialist training beyond that typically undertaken by childminders and have additional assessments. They are expected to model parenting skills, note

¹ Figures from the Scottish Borders Early Years Assessment Team Annual Report for 2010-11 show that the largest single reason for referral to their service was mental health concerns, 30.3% of the total.

children's developmental progress, design care routines that will facilitate development in specific areas during the placement and build a profile of the child which is passed to the family at the end of the placement. This work requires an enhanced level of professionalism and willingness on the part of the childminders to go beyond what is typically expected in order for them to meet the needs of families at risk. Attention is paid to ensuring the best transition possible from home to childcare and on to nursery and childcarers can be directly involved with nursery practitioners. Communication between home and the childcare setting is supported by the use of daily diaries and there are regular review meetings with parents and the Family Support Officer working with each family. The case studies of community childcare published by Stirling Council paint a vivid picture of families struggling or failing to function effectively, with the attendant stress and threat to development that that creates for young children. The outcomes for children and their parents from the community childcare placements illustrated in the published cases include:

- positive changes in children's behaviour e.g. a reduction in aggression and anxiety, improved concentration, increase in social interactions
- safe keeping for children during a time of family crisis
- establishment of feeding and sleeping routines at the childcare setting and at home; introduction to a varied and healthy diet; feeding, hygiene and safety advice and modelling for parents
- interactions that support the self-esteem of children and their parents, attending to the child's achievements, preferences and pleasures
- a consistent and continuing adult presence for a child when their parent is absent due to illness and medical treatment, substance abuse or prison
- play and learning experiences that enhance vocabulary, physical and social development; opportunities for outings, interactions with a range of other adults and children and age-appropriate everyday experiences; introduction to books, stories and singing
- introduction to and settling in at nursery
- experience of a warm and responsive relationship with a responsible adult; mothers and fathers with impoverished experiences of parenting introduced to age-appropriate expectations for their child and for their own actions and reactions as parents.

2. Scottish Borders Supported Childminding Scheme

The Supported Childminding Scheme in Scottish Borders has its origins in local community needs and effective joint working across agencies. The area has a history of good working relationships between children's services agencies as evidenced by the collaborative approach to workforce development. Local authority and private sector practitioners train together on courses led by local specialists from the health, education and social work agencies. The Supported Childminding Scheme began as a pilot in 2005, initiated jointly by colleagues from the social work and education departments, in response to calls from health visitors for short-term interventions that did not, at that stage, require social work assistance. The Scheme is now a part of the Scottish Borders Childcare Strategy. There are private and voluntary sector providers in the area but, with no local authority centre-based day care provision and a scattered rural population to serve, childminders are a vital and widely accessible resource.

The scheme has evolved in consultation with participating childminders and with a continuing commitment to joint working and an integrated service for children and their families. It is overseen by a Steering Committee with representatives from education, social work and health and managed by the local SCMA Development Officer through a specific contract with SCMA. Funding comes from the education and social work departments. There is a budget set for each year for both the time for the SCMA Development Officer coordinating the scheme and the direct childminding costs. The funding available in 2010-11 for fees to childminders was £54,000. When the budget was nearing exhaustion in March 2011 some placements had to be deferred until April 2011. The use of reserve funds allowed a total of £58,821 to be spent on 10,974 hours at £5.36 per hour. There were 84 referrals accepted in 2010-11 of which 69 placements had already commenced by March 2011. 70 children were under 3 years old and 14 over 3 years old at the time of referral.

2.1 Remit and Referrals

The remit for the service is to provide short term early intervention for families who will benefit from a low level intervention at a time of temporary crisis or from support to prevent current circumstances deteriorating to a point where a more substantial intervention may be needed. It is not designed to replace or duplicate other services e.g. the emergency service offered by the social work duty team. The scheme does not offer care just because a parent is working and if there is still a need for support at the end of the supported childminding placement responsibility lies with other agencies. The supported childminding scheme is conceived of as a family-level intervention rather than a service to facilitate children's development or learning.

'[It is] short-term to stop the problem escalating and prevent more expensive interventions later.' (*Service Manager*)

'Timely, quality support for families in crisis . . . [need] can be minor in some instances but can escalate and then will need social work intervention.' (*SCMA Development Worker*)

38 childminders are now registered with the scheme. The SCMA Development Officer plays an active role in recruiting childminders to the scheme, drawing on her extensive knowledge of the pool of childminders in the Scottish Borders. All the childminders in the supported scheme attend an initial induction event and must have shown a commitment to continued professional development. As a minimum they will all have completed SCMA training in child protection and first aid and have appropriate inspection reports. Childminders who care for a child through the scheme receive an enhanced hourly rate for that service but are not paid when a child does not attend on the days agreed. Families with a supported placement should not be distinguishable from others using their childminder's service.

There are clear referral guidelines set for the scheme with established boundaries to ensure that it is used for the purposes envisaged. Parents are offered one or two childminder sessions per week (12 hours per week) for up to six months or a full-time place (40 hours) for six weeks. There is an initial discussion between the childminder, parent and practitioner making the referral at which the need for the placement is discussed, plans are made for transport and settling in and suitable days and hours for the placement agreed. This is followed by a mid-term review (after three months for the typical part-time six month placement) between the parent, childminder and referrer when any support needs which will remain at the end of the placement will be identified.

The figures in Table 1 describe the use made of the Supported Childminding Scheme in 2010-11. Two characteristics stand out: the broad range of family needs addressed and the high proportion of referrals coming from health visitors.

Table 1 Borders Supported Childminding Service - Referrals and reasons for referral 2010-11

Referrals offered place (84) - Referring agencies	Referrals offered place - Reasons for Referral
Health visitors 79%	Main carer mental health 19%
Social workers 13%	Post-natal depression 12%
Other agencies 7%	Support for main carer and respite 19%
	Main carer isolated 5%
	Main carer illness/surgery 6%
	Main carer appointments/classes 6%
	Birth of another child 10%
	Child with additional needs 13%
	Child with behaviour difficulties 7%
Referrals not offered place (34) – Referring agencies	Reasons for not offering place
Health visitors 53%	Other support available 26%
Social workers 24%	Main carer does not want support 18%
Other agencies 18%	Main carer declined place 29%
	Other reasons 6%

2.2 The advantages offered by a childminder service

Accessibility

- ‘The beauty of the scheme is that we have childminders everywhere.’ (*Service Manager*)

Flexibility

- ‘A nursery is not as flexible about time, for example if a mother is late.’ (*Service Manager*)

- One childminder has been beginning to care for a child at 5.30 am.
- Another is caring for a child referred through the scheme at the weekend.

Supportive relationships for parents

- ‘[It’s] a personal relationship . . . parents are more comfortable . . . [they] get one to one support.’ (*Service Manager*)
- Parents are offered help and a model for parenting by someone who seems like them.

Appropriate care for children

- ‘For children in chaos a home environment would feel better . . . there are a lot of staff and a lot of children in a nursery.’ (*Service Manager*)

Efficient service delivery

- ‘For the local authority it is more manageable as the childminders are [provided by] SCMA.’ (*Service Manager*)
- The referral system is quick to move to offering a place and health visitors are a good judge of family needs.
- Families are not forced to go through a social work assessment to access services – resulting in savings to the social work budget.
- There is no large administrative process; the service is particularly cost-effective in a rural area where there are childminders even in small communities so the high cost of transporting children to centre-based provision is avoided.
- The local childminding development officer can use her knowledge of individual childminder’s practices to match families to carers.

2.3 Benefits of the Supported Childminding Scheme

We have set out the benefits for children, their parents and parents here as discrete lists but it is clear that in many cases these outcomes are interactive. For example, when a child enjoys a 1:1 relationship with her childminder and returns home relaxed, well fed and with a new story to share, her relationship with her mother is likely to be more positive and rewarding, particularly if during the hours of the childcare placement her mother has been able to focus on managing the home or take part in a therapeutic programme to support her through post-natal depression. And the childminder will have enjoyed seeing the child in her care thrive and respond to new opportunities and have earned income to contribute to her business.

Benefits for children

- Being away from their [stressed] parents, better parent-child relationships as both are more relaxed.
- More able parents.
- Happier children.
- Able to stay with their family tailored settling- in process and support with transition to whatever service they move on to access.

- Additional nurturing – feeding, washing, dressing, collected from home in the morning and returned ready for bed.
- Socialization.
- Play opportunities.
- One-to-one relationship with a caring adult.
- A chance to make new friendships with peers.
- A ‘home from home’, avoiding the anxieties that some children, particularly younger ones, experience when in a larger group.
- Trips to the park, library or the shops – avoiding being shut indoors at home.

For parents

- A model for parenting, advice on routines for children and helping children to sleep
- Very flexible help through a crisis.
- Non-stigmatized childcare accessible to anyone in the community – they do not risk being labelled as a ‘problem family’.
- For parents anxious about what others might think of them if they are not coping the scheme has the advantage of offering provision that is indistinguishable from that offered to private clients.
- There is no financial assessment to access the supported childminding place but families can (and some do) make a private arrangement to continue to place their child with the childminder when the supported place is ended.
- The scheme is concerned with the well-being of families and through offering a local service helps to connect isolated parents with their community.
- Childminders are willing to answer telephone calls or text messages from parents asking for advice whenever they need it e.g. asking if they should take their child to a doctor when she had a temperature.
- Some childminders are able to offer care on a Saturday if a family need it and from early in the morning.
- Childminders have helped with starting potty training when a mother wasn’t able to cope with this, have establish desirable eating patterns and suggested that parents can get help with problems at home from a family centre.

For childminders

- ‘[Taking part in the scheme means] they are treated as more than ‘glorified babysitters’ – they want to be perceived as professionals and participating in the scheme demands they behave professionally.’ (SCMA Development Officer)
- When a new childminder in a Borders town found that the places she had to offer were slow to fill, taking part in the supported childminding scheme helped to get the business

underway. Although she now has plenty of private clients she continues to keep two places available on one day per week for children referred from the scheme.

- '[I] get enormous pleasure from seeing children doing new things – potty training, clapping, singing nursery rhymes, learning to swing, going to the beach. You see their eyes light up . . . watching a child relax knowing they are safe - being how a child should be.' (*Supported Childminding Scheme Childminder*)
- 'I liked the sound of helping with different problems and getting to meet a variety of families. The feedback is brilliant. It is great really helping.' (*Supported Childminding Scheme Childminder*)
- When community childminders decide to move on to other work they have valuable experiences which equip them well for careers in family support services, foster care and other caring services.

2.4 Constraints on the Supported Childminding Service

On some occasions there are local or personal sensitivities which mean that it is not possible to place a child with a particular childminder in a small community. Agencies sometimes struggle to share information about families with the scheme childminder caring for a referred child e.g. if there are concerns about violence. But the SCMA Development Officer argued that sharing is important to maintain the integrity of the childminder and for the carer to understand what a child is experiencing.

Childminders have limited time to spend on training (especially in an area like Borders where this can involve considerable travelling time) and as they are already committed to regular professional development courses offered by SCMA and the local authority it is difficult to ask for participation in additional training for those working on the supported childminding scheme.

When parents do not take up every session offered the childminder is not paid and their income is therefore reduced. The scheme can offer a small retainer and the fee offered is above the average private childminding fee but childminders can be faced with making a business decision about whether or not to continue to keep a place open for a referred family when they could fill their places with other clients.

While most referring agencies, and health visitors, in particular take an active part in the placement introduction and review process occasionally a professional makes a referral but does not follow this up once the child is placed. This can result in a less effective use of the placement as the opportunity to plan for access to other services post-placement is missed and issues which arise during the childcare and are not addressed may limit the benefits of the intervention.

From the perspective of the Childcare Partnership the scheme offers a valued way to meet their obligations to families but there can be occasional gaps in coverage when there are no childminders participating in the scheme in a particular area or where all the available places are full. The status of the scheme is an on-going concern too. The scheme is seen as a Childcare Partnership activity but is not yet core to the services which the authority offer and the budgets set.

'[I] would like it recognised as important – not just a good thing.' (*Service Manager*)

2.5 Family case studies – Scottish Borders

- When a young mother was diagnosed with a terminal condition during her second pregnancy a supported childminding place was offered for her first child. This meant that

she could care for her children for as long as possible. The flexibility offered by the community childminder allowed the children and their mother to be together when she felt well enough while on days when she did not feel able to care for the children the childminder was ready to take over. After the mother died the placement was an important support for the children's father as he began to cope alone.

- A community childminding place for her granddaughter allowed a grandmother who had become the main carer to make more extended visits to the hospital where her daughter was dying.
- A childminder who had taught children with special needs has been able to offer supported places to three children with Downs Syndrome - giving their parents some respite.
- A supported childminding place gave foster carers 'time out' in a complicated child protection case.
- A mother with two young children who separated from her partner while pregnant was helped when a childminder could take both children and gradually assist them to settle in her care away from their mother.
- A supported childminding scheme place allowed a mother of a six week old child to visit her husband in hospital when he had been injured by a bomb while working in Afghanistan. The family were new to the area and had no relatives around to help.
- Both mother and son were finding life difficult when twins were born. The family had only recently moved to the Borders and the father was working away from home. The supported childminding place gave the mother some time when she had only to attend to the new babies. The childminder helped the older sibling at a time when he was struggling to get used to a new home and two new siblings. She was able to develop his social skills and reduce his recourse to tantrums.
- A supported childminding place was a critical factor in supporting a grandmother to continue caring long term for her granddaughter as it gave her a few hours a week to do things alone.

2.6 Evaluating the Supported Childminding Scheme

- '[Steering Group] are passionate about it – it does what it says on the tin.' (*SCMA Development Officer*)
- 'It is a godsend for families.' (*Childminder*)
- 'It is vitally important for Borders, without it what would happen? . . . Some families would fall through the net without the scheme.' (*Childminder*)
- 'Health visitors would now say that they can't do without it. . . it is very cost effective, particularly in rural Scotland . . . Don't let it disappear – there will be consequences as most of these families won't get a service therefore the demands on social work would be higher.' (*Service Manager*)

Family Study 1

Susan had a 9 month old baby and was pregnant with her second child. She had moved from a more rural area when her baby was 6 months old. She then had a bad case of flu and was very ill. Her partner was working and she didn't have much support. The health visitor told her about SCMA and suggested that her daughter be placed with a childminder for a short time. Susan then got very bad morning sickness and the childminding placement was extended until her daughter was 13/14 months old.

She identified benefits for both herself and her daughter. Her daughter got to meet other babies and children, and really enjoyed going to the childminder's; 'she got excited when she went there'. She said that her daughter was more confident in interacting with other children, and had been able to do lots of different activities at the childminders. Susan liked the fact that her daughter was in a home environment.

For Susan, it gave a little bit of time to herself, and she felt reassured when she was sick that her daughter was with a childminder. She said it would have been harder to cope without having received this support. She said 'I would have just had to struggle on by myself'. Susan also had no transport, and so valued the fact that the childminder picked up and dropped off her daughter.

Susan has stayed in touch with her childminder with whom she has become friends. She takes her daughter to see her every 2 weeks, and the childminder will shortly be attending her wedding. She was very positive about this kind of support being available to those in need.

Family Study 2

Becky was under a lot of strain. Her partner was having a hip replacement, and her best friend was very ill with leukaemia. She had three of her own children (aged 14, 10 and 3), and also regularly looked after two from her partner's previous relationship, as well as looking after her friend's two children at times while she was in hospital. Her youngest child wasn't sleeping, and as Becky said, 'it all came together at the same time', and became difficult to cope.

Becky's partner told the Dr he was worried about her and the Dr referred her to the health visitor who then offered her some respite from the community childminding team. She initially tried to say that everything was fine and continued on for two weeks before eventually admitting that she needed help. She had been reluctant to admit this, as she had managed fine with her other children, but she accepted that she needed 'the breathing space'.

She was introduced to the childminder, and she and her daughter 'immediately took to her'. She had never left her children with non-family members, but felt comfortable leaving her with the childminder because 'you just know when it's right'. She still meets regularly with the childminder for coffee.

Her daughter went to the childminder between 9.30 and 2.30 once a week for six months. Her other children were at school. This short time gave her respite, and 'a wee bit of space', which she said she 'appreciated so much'. She described it as 'like somebody lifted a bit of pressure off'. Her friend died and it gave her time to come to terms with it. She often used the time to clear her head, going for walks on the hills. This allowed her to prepare herself to be 'refreshed and ready to start again', and go back to the 'bedlam'. By the end of the six months things had calmed down a bit, she felt stronger, her partner was up and mobile, and she was coming to terms with her friend's death.

In terms of the benefits for her daughter, it allowed her to spend some good quality time to mix with

other children her own age (her siblings were a bit older).

Of the service, she said she would hate to think this 'lifeline' might 'have the plug pulled'. She described it as a 'great benefit for anyone who is in need of help', and wanted to say 'how thankful' she was for the support she received and how much of a difference it had made.

3. Edinburgh Working for Families

The Edinburgh Working For Families (WFF) service has been running since 2006. It runs an advisory service for target groups of parents and carers, providing advice on employability, childcare and returning to work. The target group includes:

- lone parents
- families on incomes of less than £22,000
- families facing other barriers, such as a child or a parent with a disability.

The majority of the parents WFF work with are lone parents (70% of the 600 parents involved this year).

As part of the scheme, SCMA provide training and support to WFF parents who express an interest in becoming childminders, and help them to become registered.

3.1 Funding

The WFF scheme is funded by the Scottish Government. Since 2008 this has been via the Fairer Scotland funding stream. In the future, there are plans to move to mainstreamed funding. WFF advisors have three funds to draw upon:

- Childcare support fund – provides funding for four weeks of childcare during the transition to employment, after which time tax credits to kick in, and parents fund places themselves.
- Transition fund – helps parents with work related costs, such as interview and work clothes.
- Training fund – helps parents access pre-vocational training programmes and opportunities to prepare for work.

3.2 Advisory service for parents seeking work

WFF provides advice and guidance to parents on jobs, training and childcare. WFF provides a free phone number for parents to call. Parents leave their details, and are phoned back by one of 7 advisors who work in outreach locations across the city. They will then meet the parent and determine their goals and how to meet them. The majority of WFF parents, often young single mums, use the first 4 weeks of funded childcare to go to college, start a new job, or short course. During their initial meetings with their WFF advisor, some parents express an interest in becoming a childminder, or the WFF recommends childminding to them as a possible route to employment.

Once the parents have been identified as having an interest in childminding their details are passed onto the SCMA Development Advisor (DA) who will arrange a meeting with them. These are usually held in informal community settings, such as cafes or libraries. The SCMA DA then helps parents decide if childminding is right for them, and in some cases this involves telling parents that they may not be suited to it.

3.3 Training and recruiting new childminders

Those who remain interested in childminding are then able to get instant information as to how to go about it and benefit from the SCMA training provided. When a WFF parent has decided they would like to go down the childminding route, they receive 1:1 assistance from the SCMA DA in the practical aspects of becoming a childminder, such as the registration process, policies for running their own business and help with care commission requirements. They receive advice on the aspects relating to the self-employed nature of the job, such as book keeping, marketing etc. The DA usually has two meetings in informal community settings with each WFF parent, though some may require more support.

3.4 Rationale and Referrals

Part of the rationale behind this aspect of the scheme is to increase the number of childminders in parts of the city where there may be less childminding places available. The service manager talked about the 'churn' of childminders, i.e. the 'constant flow' of childminders who work for four to five years and then move on to something else. Supply does not necessarily meet the demand for childminders, particularly the service manager said, in some of the 'regeneration areas'. It is a particular problem for parents with children under five, for whom the flexibility and availability of childcare is more constrained, due to a mismatch between the jobs, which often involve shift working, and the childcare available. WFF have identified the additional support that their target group parents would benefit from if they considered working with/as childminders.

In 2009-10 SCMA worked with 48 new applicants, of these, 9 came via WFF and required additional support. In 2010-11, 57 prospective childminders attended SCMA training; 28 of these went on to become registered childminders, and five of these were WFF parents.

3.5 Training

SCMA provides training for parents planning to become childminders. The training includes advice on safety aspects, what is expected of a childminder, what their responsibilities are, first aid and child protection issues, partnerships with parents, and information needed to be a childminder. The childminders we interviewed had received a wide range of training on top of that required by SCMA. One had undertaken a level 3 diploma in childcare, and two had undertaken or were due to start their SVQ level 3 in children's care, learning and development.

3.6 Funding available for childminders

SCMA staff described how becoming a childminder entails some significant financial barriers, for example in terms of fitting new flooring, installing smoke alarms and stair gates, getting declaration letters from the GP, registration packs and SCMA insurance. SCMA manage funds that are designed to remove such barriers for those who want to become childminders (up to £500 per childminder)². The service manager described this as helping remove some of the 'hurdles' involved. She said that such help can support those who may 'lack resilience or capacity' and may not continue if they think they cannot do it.

3.6 Raising awareness

SCMA have a role in promoting childminding and combating misconceptions about it. For instance, some people are unsure whether you need to have a garden to be a childminder; whether your house has to have perfect carpets; whether you need to have toys for children of all ages; and so on. The service manager saw SCMA as providing 'practical problem solving and guidance' to help prospective childminders consider how they would like to run their business and how they might sustain their income.

The relationship between WFF and SCMA is positive and there is evidence of close working between the SCMA Development Advisor and WFF advisors.

WFF and SCMA have held awareness raising events, including a family fun day in Pilton, which can help to stimulate thoughts amongst parents in the community as to whether childminding is for them. The service manager said that while childminding may not be recognised as a route for many of the parents they work with, such events can show that it is 'achievable within their community' with professional support. The childminders also referred to the support gained from joining local childminding groups.

² In 2009-10 they spent £14,000 between 46 claimants, not all WFF childminders, averaging at £300 per childminder.

3.7 Impact on the WFF parents becoming childminders

The SCMA advisor identified some of the qualities needed to be a childminder. Patience was seen as the most important, particularly in terms of dealing with parents, where a level of give and take is needed. SCMA staff spoke of reasons for WFF parents becoming childminders. Often they are returning to work because they have to (when their youngest child is aged 7), but they do not want to give up caring for their own child. This was also emphasised by the childminders we interviewed. Being a childminder allowed them to care for their own children, look after others', and 'be your own boss'. One said, 'I can work full time and care for my own children'.

The SCMA DA was unsure whether the parents she has helped would have considered childminding without having worked with the WFF advisors and herself. She said that they 'needed the pointers'.

The service manager described a networking lunch which was held in Sighthill, and was attended by a childminding group who came along with the children they cared for. She described how the childminders in the network, from deprived communities themselves, clearly enjoyed their job, were 'enthusiastic and committed and were keen to be recognised and valued'. The support network showed how peer support and the sharing of good practice could be provided to new childminders. The service manager explained how parents benefit from a trained, capable childminder. The childminders were seen as providing support to parents, who may have limited confidence, to take their first steps into work or training.

Childminder Study 1

The SCMA advisor explained that some WFF parents needed more help than others in becoming childminders. She gave an example of a single mum of two who she had helped through the registration process. The mum had to go back to work, and thought that childminding would be good job. She was dyslexic and needed support in preparing her policies. The SCMA advisor emphasised that she tried to make the mum tell her what she wanted her policies to be, so that they would be her own, rather than the advisor's. She provided general advice and helped her in typing up the policies, such as obtaining a letter of fitness from the doctor and working out her finances. The mum made it through the registration process.

Childminder Study 2

Jenny has been a childminder for two years. She first heard about it from SCMA, from whom she received a start up grant which she used to help with installing a stairgate, fire protection etc. She also received supermarket vouchers from WFF which she used to pay for the first week's shopping. She was very positive about the scheme, and found the vouchers really useful when starting up. She didn't know what she would have done otherwise when it came to starting her business.

3.8 Benefits of childminding

Benefits for WFF parents

Interviewees discussed the benefits of childminding over other forms of childcare. Childminders, the service manager and SCMA staff emphasised the flexible nature of the service in comparison to nursery settings, in that it could offer evening or weekend childcare for those parents who work shifts, that children of different ages can be placed in the same setting ('it keeps families together'), and that childminders often pick up and drop off children from the family home.

Childminders were positive about the impact of the scheme on the WFF parents who accessed funding for childminders in the first four weeks when returning to work or college. It meant they 'didn't have to worry', and they know that they have a month to sort out their tax credits. They said parents were 'relieved' that they didn't have to pay for the childcare up front, and that they 'don't have to borrow from family and friends' to pay for it. A childminder said that parents would need family support to be able to go to college or work if this scheme did not exist. Another thought it was a 'really good idea', and that it helped parents to go on courses, go to interviews and start new jobs.

A childminder said that, for single parents, childminding rather than nursery provided 'a back up'. It gave them someone to confide in. She described it as an 'unbelievable help' for those trying to go to college or back to work. She witnessed 'massive changes' in the parents she had worked with, who she said were able to study 'in the knowledge that their children were happy'.

Benefits for children

Interviewees spoke of the fact that childminders are able to spend more 1:1 time with children; they are less structured than more formal nursery settings which may benefit some children; and they can offer a range of activities which may not be available in nurseries, such as outings and day trips.

Childminders identified further benefits for the children they cared for. One said that spending time in a household with male role models was useful for children of single mothers. She identified improvements in behaviour, particularly for those children for whom there were no set rules for eating, or for those who may not have a garden. Often the WFF parents are young mothers and the children settled into a routine with the childminder and have the chance to be with other children, and learn how others behave.

Childminders said that children in their care often played with their own children and that the 'kids [they look after] are part of the family'. Childminders also said they developed relationships with parents, who confided in them or asked them for advice on things such as behaviour, development, potty training, weaning etc. This was particularly the case with first time parents, who, one childminder said, benefitted from 'experience rather than a textbook'. Childminders said that children who have been to a childminder find it easier to go to nursery at age 3 and find it easier to be away from their mothers.

Benefits for childminders

Childminders were positive about the way the WFF scheme 'promoted' their childminding businesses to parents. Often, parents would decide to leave their children with the childminder after the funded 4 weeks were over. In some cases, arrangements have lasted for substantial amounts of time. One childminder described it as 'the most rewarding job', because she got to see children take their first steps and develop, while at the same time being able to help the parents. She also thought her own children had benefitted from the experience.

3.9 Areas identified for improvement

There were very few areas identified for improvement by the interviewees. All respondents were very positive about the scheme. However, all three of the childminders interviewed who had had WFF children placed with them noted that there was some delay in them being paid by WFF. In one case this was 7 weeks, and in another 6 weeks. The three childminders said the time it took for them to be paid improved on subsequent occasions but that these delays may act as a deterrent to new childminders who may not be able to wait that long before being paid, and that some had already declined to be involved as a result.

Despite the 'extensive marketing' identified by the service manager, a childminder suggested that the scheme could be promoted more, so that 'families know the help is available'. She had spoken to parents who were unaware of it and had not realised help was available.

3.10 Impact of the scheme as a whole

The service manager was highly positive about the scheme. The 'double heads' that make up the scheme were, for her, what makes it distinctive. Promoting childminding to those who are thinking about going back to work, both in terms of an available form of childcare, and as a potential career for them to move into, were welcomed. She described it as an 'all rounded, positive approach'.

An SCMA manager said that it allowed people in areas where there is less work available to develop small businesses and help with regeneration. Whilst there is a perception that childminders are middle class, she said that this should not be the case, and that it 'should be available across society'. If more childminders can be encouraged to set up in deprived areas then children will be able to get good care where they live and parents will their choice about childcare possibilities extended beyond the more formal settings.

4. Dumfries and Galloway Sure Start Childminding Scheme

4.1 The service

The service started in 2000 in Wigtownshire and expanded to include all of Dumfries and Galloway. SCMA have two members of staff administering the scheme, one in the West and one in the East. The West service appears to be larger. They have 224 supported community childminding hours a week, which are delivered by 12 community childminders. In the East, 110 hours per week are provided. Each child (under 3, or with a sibling under 3) is generally entitled to 8 hours per week (usually as a full day or two half days of childminding a week) for up to six months.

In addition, they also have funding available for ad hoc community childminding, which can be used to increase the 8 hours per week, for example, if mum is in hospital then childminding can be provided full time for a week. This flexibility allows the service to respond quickly to families' changing needs. A SCMA Childminding Development Officer (CDO) said that within the local authority the community childminding scheme is seen as a service for families which 'has the welfare of children as a priority'.

4.2 Referrals and Funding

Reasons for referral include developmental delay, socialisation, homelessness, family break down. It is usually young, single mothers who are referred, and they often have mental health issues. They tend to have a lack of family support and can be isolated. The service receives a number of referrals direct from Women's Aid relating to domestic abuse. Most, however, come from the health visiting team, with whom SCMA has a good relationship and with whom they are able to discuss and share information (in 2009-10 64% of referrals in East Dumfries and Galloway and over 90% in the East of the area were from health visitors). Other agencies that make referrals include Home Start, housing associations, the 'families with disabilities' team, education team and Working for Families Scotland.

The service is funded through Sure Start, and therefore children, or their younger siblings, have to be aged 3 and under. The youngest child placed with a community childminder was 7 weeks old, and the oldest 9 years.

The service has a high level of acceptance and places are reportedly well used. In 09-10, 68 placements were made out of 74 referrals. Those who were not placed did not meet the criteria (too old) or places were not available with childminders in their areas.

SCMA have formed close relationships with referring agencies. Their staff described how important their local knowledge is to match families to childminders. They said referring agencies know that referrals will be dealt with sensitively and with the welfare of the child in mind. SCMA have experienced some problems with social workers in terms of lack of understanding of the role of childminders, and little recognition of their in-depth knowledge of families. A CDO said that childminders' views are not always sought, 'possibly because they are a childminder', but that this is improving. SCMA CDOs also pointed out issues around children's assessment forms which will be filled out by all the services involved with the family. At present childminders do not have access to the same form, yet the CDO said that they have a close relationship with families and often visit them at home.

When a referral is made and a community childminding place is found, childminders are given parents' details and contact them directly. CDOs said this reduced stigma and fears about confidentiality. The childminder invites the parent/s to visit and then they take it from there.

4.3 Community childminders' recruitment

SCMA respondents expressed concern at the low number of community childminders available in more deprived and remote areas. To work around this, they use reserved places flexibly, allowing them to respond to need but only use funding for the time the place is needed.

SCMA have held information evenings, but have received limited expressions of interest from childminders. When recruiting community childminders they select those with the experience and quality of service to be able to work with vulnerable children, and have the knowledge to cope with children's developmental needs. They visit the childminders, read their inspection report, and check that prospective community childminders display the 'right attitude' for this kind of work. They would only use childminders with grade 4-6 inspection outcomes. They also have a cooling off period which sometimes results in childminders deciding that community childminding is not for them.

One of the issues which may put them off becoming community childminders is to do with negative attitudes towards parents of known families in the community.

4.4 Benefits of the Sure Start Childminding Scheme

Benefits for families

SCMA staff described how community childminding provides a 'completely non-judgemental and non-stigmatising service', in which referred children are treated the same way as children on private places by the childminder. Childminders were said to provide close support for mothers, who feel able to ask for support 'without fear of being judged'. Because of their close relationship with families, and due to the fact that they often pick up children from the family home, CDOs said that community childminders can be 'the first to identify family problems and to support children'. They are 'able to improve chances for children at an early age', and provide 'a vision of how a happy family environment can work'.

For those children who have been placed with nurseries but were unable to cope with them, the community childminder was said to act as a 'stepping stone' for children, helping them to move on to nursery later on. For those children who have been referred due to domestic abuse or who come from a chaotic home, the home setting of the childminder can be calming and provide an experience of 'normality'. The home setting, a CDO said, helps children to settle more quickly and for younger children the local authority is keen to promote care in a home setting.

The parents were said to benefit from only dealing with one person, allowing them to feel more comfortable in terms of confidentiality, and not having lots of people 'knowing their business'.

The service was also seen as flexible. Community childminders pick up children from the family home, which can be particularly helpful for those mothers suffering from depression and finding it hard to get up. SCMA staff said that this could be one reason for low take-up of allocated group setting places, particularly in more rural areas. Not only do childminders offer flexible hours they also have flexible routines and can readily change what they do to suit the children in their care.

While the scheme does benefit families, SCMA staff recognised that a placement of six months only might limit its effectiveness. For some families, their problems were worse after six months. A CDO said that some families they were 'treading water – what will have changed after six months?' This is particularly the case for child protection issues, often tied to domestic violence. The flexibility of the system enables support to be extended for some families where really necessary.

Family Study 3

The service was said to 'support more than just the child' (CDO). An example of this was a mum with an eating disorder. There were concerns she would transfer her eating issues onto the child, who was aged two and not yet weaned. The community childminder built up a relationship with the mum and talked to her about food and nutrition. They made home made soup together and talked. The childminder accompanied the mum to toddler groups, helping her to socialise and providing support.

Family Study 4

The family were referred by a nursery nurse who was working in the health visiting team. The child had been placed in a nursery at 2 years and 5 months. The nursery couldn't cope with the boy's behaviour, in the form of temper tantrums. The mother was very stressed, and the child had had little socialisation up to then. He was placed with an experienced Sure Start community childminder, and he responded well to boundary setting. The childminder took him to toddler group and spent time with him 1:1 within the group setting. Speech and language difficulties were identified and supported. His vocabulary increased, he was able to manage his behaviour, and his social skills improved. They extended the 6 months placement, and at the end he was an independent and confident little boy ready for nursery.

Benefits for childminders

Asked what childminders get from working as community childminders, SCMA staff responded that they found it 'satisfying', and liked to be able to see children developing and to track their progress. They are paid £3.60 per child, plus travel expenses of 40p per mile. They would receive about the same, or more, from private clients. A CDO said, 'they don't do it for the financial reward'.

Benefits for the local authority

Responsibility for the D&G service will be moved from SCMA to the local authority in April 2011 at the same time as tighter reporting and accountability measures are introduced. The scheme had previously reported against the national outcomes, but until now have not been asked to report against local outcomes.

4.5 Future development of the scheme

As of April 2011, the administration of the service will be transferred to the local authority. There will then be a 'broker' who will work with one 'pot' of funding. Prior to this, community childminding was administered by SCMA and funded through the authority's Sure Start budget. Other childcare places (non-childminding) were funded through social work and social inclusion budgets. Now all funded places, including childminders, nurseries and crèches, will be centrally administered, with the intention of 'standardising the service', identifying outcomes at the start and tracking these through the placement. SCMA will continue to be involved in training and supporting community childminders, but will no longer be involved in the administration of the scheme.

The local authority sees the move to a new system as an opportunity to enhance the quality of the childminding service offered and to improve the collection of evidence about the impact of community childcare placements on families and children. In addition, the restructuring is being taken as an opportunity to increase the extent to which childminders are involved in making assessments of children and to support them in improving the ways in which they record their practices, making explicit what had previously been sometimes taken for granted. Under the new arrangements places will only be offered for three months part time in the first instance (compared

with six months in the previous system), although there will be a process for seeking an extension. However, there may be more opportunities for supported childminding work for childminders as the enlarged number of funders contributing to the scheme will all be able to make referrals.

CDOs discussed the pros and cons of these changes. It was hoped that formally identifying outcomes at the start would encourage agencies to put in intense support for the period of the placement to help families move out of crisis. The new centralised service was also described as having the potential to be 'more joined up' and to explore the reasons behind families' problems. It also has the potential to enable more people to compete to provide the service.

In terms of what might be lost from the transfer from SCMA to the council, local knowledge was seen as a key area of SCMA expertise, particularly in a large region like Dumfries and Galloway. CDOs were concerned that community childminders might be asked to travel long distances and that there may be a delay in making placements.

CDOs were worried the new approach might select childminders using different criteria, for example in terms of their location rather than their quality of service. They also expressed concern that childminders may be put off from applying to become community childminders by the tendering process. Some experienced community childminders had already decided not to submit a tender, and this equates to a loss of experience. Other more newly trained community childminders have tendered, perhaps without being fully aware of what is involved. There may be gaps in provision in the future. Crucially, CDOs said, the new system does not have the same level of flexibility, particularly as no new tenders can be submitted now for another three years.

5. Aberdeen Community Childminding Scheme

5.1 Community Childminding in Aberdeen

The community childminding service in Aberdeen is designed to respond to the immediate needs of vulnerable children and their parents while longer term arrangements are made to support the stability of the family. It is the responsibility of the referring agency to prepare a package of appropriate services for the family when the childminding placement ends.

[It is] an intervention service – preventing poorer outcomes. [It] enables children and families to access services appropriate to them, creating a level playing field with other children. It is the start of a process. (*Service Manager*)

The service limits the amount of supported community childminding to 36 hours per child, this equates to a week in full or one day a week. It is up to the family how best they wish to use the childminding time available. While 36 hours is the stated limit per child, there is flexibility within the service to extend this time should it be needed, and referral agencies are aware of this. The limit is in place so as the system is not abused, and parents do not take advantage of the service. The CDO explained that the limit allows them to ‘help as many families as possible’, and avoids a few families becoming dependent upon it or blocking spaces.

The scheme works very well and is used very appropriately. . . . [it is] incredibly valuable to provide a service to people in these circumstances. (*Service Manager*)

There are 36 community childminders registered on the project in Aberdeen. Of these, 16 are described as ‘active’. A childminder must have been working for at least one year before she can register as a community childminder. The community childminders are paid £6 per hour per child (compared to £3.50-£4.20 for private places). There are two to three childminders who will transport children across the city if childminders are not available in their home area. Community childminders were described as being highly skilled, offering specialist input and as a ‘valuable resource and tool in the kit’. They bring experience of working with children and parents from all backgrounds. They provide a model for parents, demonstrating how to meet a child’s needs. There were no reported issues relating to difficulties in having both assisted places and private places. Community childminding helps to sustain a childminder’s business, allowing her to fill empty spaces.

5.2 Referrals

The bulk of Aberdeen referrals come via a health visitor, although they also receive some referrals from social work. Most of the referrals relate to young, single mothers under 20, but other reasons for referral include post-natal depression; identified mental health issues; drug misuse issues; families on the at risk register; chronic illness; family bereavement and children with disabilities, learning difficulties or behaviour problems. Most of the children who are placed are 5 years and under, and many are aged 3 and under.

Between April 2010 and March 2011 the service received 85 referrals, 20 of which did not proceed, mainly because parents’ circumstances changed, or because the service was not able to match families to childminders in their area. The SCMA CDO said that referral agencies liked the service because it was quick and easy to use. Placements can be made within a week.

5.3 Funding

Community childminding places are funded by Aberdeen Early Years and Childcare Partnership which was set up to support childcare, making it affordable and accessible. Although the bulk of referrals come from health visitors there is no contribution to funding the service from health agencies. Year to year funding issues are a big concern and they are currently waiting to see if the

service will be funded in the coming year. At present funding for the SCMA Development Officer post is included in the Partnership's core funding but the money needed for the community childminding fees is not in the core budget.

5.4 The Benefits of the community childminding scheme

Benefits for children and parents

In terms of benefits, the service supports outcomes for children through 1:1 attention, which can increase development for a short time, promotes self-discovery and teaches boundaries. The service 'eases pressure on children and families', offers a less formal and more nurturing relationship between childminder and child and is local. The childminder provides a 'safe haven' for children to forget their worries, whilst at the same time providing relief for the child and their parents. They get to meet other children, and learn boundaries. For the parents, it provides a 'welcome break', and means 'they don't have to worry'. The childminder is also someone who they can share their worries with and using a childminder is perceived by parents as less threatening than going to a nursery or family centre.

'The relationship between the childminder and parent is often a significant one – where more formal settings don't get to that' *Service Manager*

Family Study 5

An example was given of a family who recently received more than the typical 36 hours. A mother had split from her ex-husband, whom she had a child with. She then had a baby with her new partner. The mum suffered from poor mental health, and her relationship with the new partner broke down, and became violent. The ex-husband was supporting mum and both children on a regular basis. Mum was taken into hospital (she had been in a refuge prior to this). The husband cared for both children on a permanent basis while she was in hospital. When she came out, community childminding provided a place for children which allowed her to attend appointments at the hospital. The husband was then about to lose his job because he had been taking time off to look after children, so they provided a place for the youngest child while mum was in hospital again for 2 weeks. The mum is now out of hospital and the youngest child is looked after by a childminder while mum goes to her hospital appointments.

5.5 Future development of the scheme

Areas of development for future training might be helping community childminders to take on more child protection issues, for example providing evidence in court. They could also benefit from training in terms of counselling as they often take on parents' worries. There is considerable scope for the service to expand to offer more community childminding places.

The 'regeneration' areas of the city tend to be those where more community childminders are needed. The service could be improved by having more community childminders and childminders generally in specific 'pockets' of the city. Recruitment would be helped through providing more money for training and for advertising to encourage existing childminders to become join the community childminding register.

6. Costs of and savings from early intervention: Spending on community childminding in context

A direct estimation of the savings that might accrue from investment in a community childminding service is not possible in this review. There is no short or longer term data available about outcomes for families post placement and it must be acknowledged that some children and parents will be supported by more than one service in the medium term. Furthermore, deciding how to apportion future 'benefits' or 'savings' to adult carers, children and siblings would present considerable challenges. However, data from SCMA allows us to indicate the kind of costs involved in the different versions of the community childminding model reviewed³ and some indications of costs for other services targeted at families with young children can be used to contextualise the spend on childminding placements.

Community Childminding – cost per child placed

Aberdeen 2009-10 (max 36 hours per referral) average cost £287

Dumfries and Galloway 2009-2010 (max 208 hours per referral) average cost £741

Scottish Borders 2010-2011 (max 312 hours per referral) average cost £990

Cost of alternative services

From C4EO data

Children's Centre £600 per year per user

Parenting programme (e.g. Triple P) £900-1000 per family

Family intervention projects £8-25,000 per family per year

Child in foster care £25,000 per child per year

From SCPHRP report 2011

Pre-school education for vulnerable 2 year-olds £3022 per child per year

Family Nurse Partnership £3000 per person per year

Scottish Government economists have drawn upon a report⁴ by The Scottish Collaboration for Public Health Research and Policy (SCPHRP) in their most recent attempt to model the costs of service packages for families with different levels of need. They estimate that the total additional public spending on a child and parent with what are described as 'moderate needs' is £1849 from pre-birth to five years old. This calculation is based on families accessing four preventative programmes during

³ In looking at the costs and savings we have omitted spending on the Edinburgh Working for Families scheme which has a different cost profile and may be better compared with economic regeneration programmes.

⁴ Financial Impact of Early Years Interventions in Scotland – Part 2 March 2011

<http://www.scotland.gov.uk/Topics/Research/by-topic/children-and-young-people/EarlyYears2>

this period but not care or therapeutic services. For those with severe needs the additional costs rise to £11, 220.

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) has suggested that:

'There are 12 million children in the country and while the vast majority of their families fall short of the threshold for an assessment by social services, a large number of them will need additional help and support. This means identifying needs and issues early helping them and their families to access the right services and so preventing their problems getting both worse and more expensive.' (C4EO, 2010)

A C4EO study of a childminding project (C4EO, undated) which provided quality care to a wider group of children, including respite care, found that the costs were £1084 per year. They found evidence of improved behaviour among the children, and increased stimulation and development for the children and young people with disabilities. Assuming that this had a positive impact in terms of respite and day care costs and fewer non-standard GP visits for 25% of the children placed the investigation found that the social return on investment (SROI) was £1.35 for each £1 invested.

In a report⁵ published in 2010, Scottish Government economists estimated that there was a saving of £5100 per year (Net Present Value) from pre-birth to five years old from investing in early interventions for children with moderate difficulties (those looked after in the community) – assuming that the intervention would be 100% effective. This model also finds that there will continue to be savings to the public sector in the medium term, 10 years after intervention in the early years. They conclude:

'In the longer term, a failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine fold increase in direct public costs, when compared with an individual who accesses only universal services.' (Scottish Government Research, 2010, p. 4)

Potential cost savings from investment in early intervention childminding schemes include a reduction in the number of social work assessments necessary, a reduction in the need for social work supported and funded day care places, some reduction in the need for foster care and less recourse to community mental health services for mothers in particular. There are potential economic gains from the establishment of new childminding businesses and the increased ability of parents to work because they can access local, flexible childcare. Families which function effectively are not only likely to be less of a cost in terms of public sector services but they will have the capacity to contribute to the social and economic life of their communities. In addition, the enhanced care, development and family support skills which community childminders gain is a positive contribution to the social care workforce skills. Estimating the value of these savings and gains is beyond the scope of a small review like this but it does seem important in the context of other work on the financial impact of early intervention programmes to acknowledge that the direct costs of childminding placements can be set against short term and longer term gains that go beyond the benefit which any one family derives from the service.

⁵ Financial Impact of Early Years Interventions in Scotland Part 1 November 2010
<http://www.scotland.gov.uk/Topics/Research/by-topic/children-and-young-people/EarlyYears>

7. In conclusion

The evidence reviewed across all the SCMA community childminding schemes included in this study suggests that they are a source of satisfaction to parents and the authorities who fund them. Although the model of community childminding adopted varies from one authority to another they are all perceived as

- supporting families to function for the well-being of parents and children
- effective early intervention to prevent further escalation of problems
- timely and targeted at identified needs.

The SCMA involvement in the Edinburgh Working for Families Scheme encourages the growth of childminding capacity in areas where there is a lack of childcare. It therefore enables parents to work and offers a form of childcare that is flexible enough to meet the needs of parents working in jobs that are often relatively lowly paid and entail shift work. Parents and childminders become economically active, contributing to the regeneration aims for the local community.

Both of these SCMA services address the call in the Deacon Report (2011) for ‘a clear and unequivocal commitment to putting prevention and early intervention at the core of policy thinking and public investment in the future’ (p. 16). Deacon calls for a focus on action with processes and bureaucracy being minimised. Community childminding schemes are characterised by a management process that is capable of swift response, has defined criteria for decision-making and ‘good enough’ administrative systems. The focus on meeting needs through cross-agency referrals and placements allows what Deacon describes as ‘work[ing] together at the point of delivery’. Community childminding schemes are concerned with action for families and working in highly contingent circumstances that require flexibility and responsiveness rather than control and prescription.

A community childminding placement

- helps to develop resilience in children and parents
- offers a service that is accessible, flexible and in proportion to needs
- gives the home-based, small group and 1:1 care that many parents prefer for young children, particularly those under 3 years old
- is universally available on the basis of recognised need – a key characteristic of a service designed for early intervention
- is delivered in a simple and streamlined manner but gives access to warm and supportive relationships for adults and children
- helps families to help themselves and their children
- supports local employment directly and indirectly
- contributes to family and community well being.

Our review of the evidence suggests that in order to achieve these positive outcomes community childminding schemes have to be able to operate with as little prescription as possible within the established criteria for childminder registration and successful referrals. Decision-making at local level, administered by a co-ordinator with good local knowledge and effective working relationships

with other key agencies, is important for the smooth running of the schemes and to maximise the value of resources. There are concerns that the new arrangements for managing community childminding in Dumfries and Galloway may put at risk some of the flexibility, freedom from prescription and local and rapid responsiveness that are important for its success.

As well as ensuring that the scheme meet the demand for community childminding places those involved in delivering these services work to ensure that they are of high quality. Children who are living with stress, who have little experience of being apart from their parents and who need nurturing and support for physical, social, emotional and cognitive development will be best served by childminders who are well-trained, confident and responsive to varying needs. Their parents too often require support from childminders that goes beyond that typically encountered, especially when there are mental health, substance abuse or child protection needs. In these circumstances it is essential to ensure that childminders are appropriately paid, supported by other professionals and given training that fits with their working conditions and needs. SCMA has developed a Community Childminding Training Programme but without specific funding it has not yet been possible to delivery this training to community childminders in all areas operating a SCMA scheme.

There will always be fluctuations in the supply of and demand for community childminding places and all childminding places are relatively scarce in areas of deprivation and regeneration. Locally-based co-ordinators with a good understanding of their community, the childminders who work there and of those who would like to become childminders are best placed to manage and grow childminding capacity. The community childminding schemes that we have examined use all of the finance allocated for childminding fees and could spend more. There are concerns that, despite the value placed on the service, these budgets are not yet part of the core childcare strategy budgets for local authorities. Concerns about a parent's mental health and post-natal depression are frequent reasons for referral to the community childminding services and health visitors make the majority of referrals. In these circumstances it is pertinent to consider whether it would be relevant to seek some contribution to the funding from community mental health agencies available for community childminding.

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Appendix 1

Interviews completed

Scottish Borders

- SCMA Development Officer
- Service Manager – Education
- Service Manager – Social Work
- 3 childminders
- 2 x parent interviews
- Received details of 2 other parents but was not able to contact them. One didn't answer or return calls, and the other number was unable to receive incoming calls.

Edinburgh

- SCMA DA
- WFF project manager
- 3 x childminders
- 1 x parent approached, and agreed to participate, but was later unavailable for interview.
- SCMA Line Manager

Dumfries and Galloway

- SCMA CDO East
- SCMA CDO West
- Local authority Service Manager

Aberdeen

- SCMA CDO
- Local Authority Service Manager

Interview schedule – Childminders

Remind about anonymity and confidentiality and opportunity to terminate interview at any point

Being a supported childminding childminder/working for families childminder

What attracted you to get involved in this childminding scheme?

How many children on the scheme do you have now? Do you get as many referrals as you would like?

What kind of needs have the families you have supported had? (seek specific examples)

What have you done to support the parents and children who come to you on the scheme? (seek specific examples)

Can you think of a family that was particularly challenging and explain what the challenges were and how you dealt with them?

To what extent can you be flexible about the hours or days you work?

Evaluating

Now that you have some experience of working in the scheme what advantages do you think it offers families? How does it compare with the alternatives?

What do you get out of this kind of childminding?

Has been in the scheme had any impact on your business with private clients?

Did the training prepare you adequately? Would you like more training and if so about what aspects of your work?

Are there any disadvantages to being involved in the scheme?

Interview schedule – service managers

Remind about anonymity and confidentiality and opportunity to terminate interview at any point

1. How the local service works

Ask for description of the community childminding service/ working with families childminding in their area

What range of reasons for referrals, criteria for referrals, how do people learn about the service? Is there a range of special needs can meet?

Which service refers most often? What rate of acceptance/rejection? Assessing and managing unmet need.

How long, typically, between first step in referral and starting placement?

What age range does cc extend to?

What age range are most referrals for?

What are the typical conditions on a placement e.g. hours per day, days per week?

Any patterns across the year?

Can you offer emergency placements?

What happens after a placement?

How does community childminding relate to other early education and care provision locally?

2. Recruiting childminders

How recruit and select? Criteria for selection

What training is offered? Topics and duration of training

Do all trained community childminders have children placed with them frequently?

Does the distribution of community childminders match the need?

3. Impact on families

How is community childminding judged at service level? What indicators are used? Does service relate to particular policy objectives?

How well does community childminding do against the LA/funding indicators?

What is impact of community childminding service on other local services?

What does community childminding do best? (seek specific examples)

What drawbacks are associated with community childminding?

Do you seek specific work with parents?

What expectations for impact on children's development?

What would improve the service for parents? For children?

What advantages does community childminding have over emergency placements in nurseries and crèches?

Is the scheme sustainable in your area?

4. About childminders

Some respondents may have little or no direct contact with childminders and be unable to answer these questions.

What strengths/skills do childminders have to offer? What difference does training make?

What benefits do they offer children?

What impact does community childminding involvement have on childminder's business?
What is reaction of other parents? Do they reduce number of 'ordinary' placements?

What difference does community childminding make to minder's practices?

How do they avoid local stigmatisation of service?

What do childminders get out of community childminding? What are the drawbacks for childminders?

What further training or development needs are there for childminders?

Appendix 2

Information leaflet

We have been asked by the Scottish Childminding Association (SCMA) to review the community childminding services which they provide. We are interested in what the service managers, childminders and families involved think about community childminding services. We will be asking questions about how the community childminding service in your area is run and about the kind of impact that you think that it has. In our report we will describe how the community childminding services are organised, who can use the service and what they see as the benefits or drawbacks. We will also use some of the information from the interviews as examples of community childminding in action. The report will go to the Scottish Childminding Association and to the Scottish Government who will make decisions about funding community childminding in the future.

We hope that you will be willing take part in this review by agreeing to talk to either Sarah Minty or Christine Stephen from the School of Education at the University of Stirling. We are asking you to take part because SCMA have chosen the community childminding service in Scottish Borders as one of two case study services to be featured in the report. We will not use real names in our report and will take great care to ensure that the examples we use do not include any details that could allow someone reading the report to identify the childminders or families. Much of the report will be concerned with issues which we have identified across all the interviews and the report is not intended for publication. We will not pass on what one person says to others being interviewed. The notes we take will only be shared between the researchers and used in the analysis and report writing. We will ask you to agree to be interviewed. You can do this by signing a consent form when we meet or, if we are going to talk to you on the telephone, by telling us that you are willing to be interviewed when we ring you. You can change your mind at any time by telling us that you do not wish to be interviewed or asking us to stop the interview.

Contact details

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Any concerns about this study can be raised with Professor Richard Edwards, Head of the School of Education, University of Stirling - r.g.edwards@stir.ac.uk, telephone 01786 466140.

Interview Consent form

Consent to take part in the Review of SCMA Community Childminding and Working for Families Services

Name

Date

I am willing to be interviewed as part of the review of the SCMA community childminding and Working for Families services.

I understand that my name will not be used in the report.

I understand that some examples from my interview might be described in the report and that any details that could identify me will be removed.

Signed