



Scottish Childminding Association Community Childminding Service

Evaluation Report: Fife and Stirling

A service supporting vulnerable children and families in their community



January 2013

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Executive Summary

Scottish Childminding Association (SCMA) has identified through previous experience that by providing training and local support to quality childminders, who in turn offer short-term placements to families in need, the return on investment and the positive impact on families was outstanding. The Community Childminding Service provides, by placing children with local childminders, a secure and positive intervention for children experiencing a period of stress in their family circumstances.

There are two Community Childminding Services funded by the Scottish Government's Early Years Early Action Fund, administered by Inspiring Scotland. These services operate in Fife and Stirling. The services are currently funded until March 2013. This report demonstrates the impact of these services.

The children accessing the placements are primarily in the age group 0-3. They have demonstrated: pronounced improvements in confidence, behaviour and social skills; growth in physical and emotional development; the parents/carers have been supported to develop their parenting skills and the family as a whole have developed more positive relationships and are better placed to engage within their communities.

Of the 75 children whose data has been analysed to-date, over 90% show improvements in two or more service outcomes. Feedback from the children themselves demonstrate more than 70% have increased confidence levels whilst 75% felt happier than they did at the start of the placements. Anecdotal evidence from parents accessing the service report improved confidence in their parenting skills and the ability to engage with their children more effectively.

SCMA would welcome the opportunity to embed this service as a universal element of early intervention.

Introduction

Early intervention and prevention for vulnerable children, young people and families poses one of the greatest challenges for local services and society at large. Identifying local, national and international knowledge of “what works” in early intervention and preventions, and supporting its use, has the potential to transform life chances and ensure resources are spent wisely (Graham Allen et al., 2011).

Recent Scottish Government Policy documents and extensive research demonstrate the need and benefits gained in providing early intervention for families before they require formal referral to state agencies. This support is best delivered within the family’s own community.

What happens in the early years of a child’s life has a profound impact. Experiences in the early years influence children as they grow and are not only critical for life chances: inequalities at this age perpetuate throughout life. The Community Childminding Service strives to give children positive experiences to prepare and equip children, enabling them to engage effectively in their community and with nursery/school.

The influence on parenting should be highlighted as a secondary benefit, as parenting is critical to children’s experience of early years and their life chances. The Community Childminders often become the parents’ role models, providing non-judgemental support and guidance, enabling them to test-out and strengthen their parenting skills.

SCMA has experience of delivering the Community Childminding Service in specific local authority areas across Scotland since 2001, accessing funding from Sure Start initially in Dumfries and Galloway. Since then we have supplied this service in Aberdeen City, Aberdeenshire, Falkirk, Highland, Scottish Borders and West Lothian.

Successful application to the Early Years Early Action Fund offered SCMA the opportunity to implement two new Community Childminding Services in Fife and Stirling. We now work in partnership with key agencies across Stirling and in two defined areas in Fife – Cowdenbeath and Glenrothes. This report contains evidence and information from both services.

These services began in October 2011. Key benefits are it is universally available and children and families receive non-stigmatised care in their own community. The well-being of the child is paramount, the care and nurture provided centres on individual need and helps to develop resilience in children, enabling them to achieve crucial milestones. A holistic enabling approach is taken to support families to develop resilience and parenting skills.

The typical model of the Community Childminding Service, shaped by local needs, focuses on:

- supporting families to function for the well-being of children and parents,
- offering early intervention that is effective in preventing further escalation of problems,
- responding in a timely, proportionate and appropriately targeted manner.

Children’s well-being is enhanced by spending time away from stressful situations with a responsive adult who can focus on their needs. Children’s individual needs are identified, such as delay in developmental milestones, health issues, behavioural or cognitive problems, lack of ability to engage

with their peers/in the community and appropriate actions are implemented to support children to achieve their potential.

The parents/carers also benefit as the childminder often acts as a non-judgmental role model in a non-threatening environment. They become better able to cope with challenging family circumstances, feel supported at a time of personal mental or physical ill-health and acquire helpful knowledge of parenting and childcare routines.

Experience demonstrated that our referral system was quick and responsive. The time period from receiving a referral to the placement commencement can be as little as two days. This responsiveness is a key aspect of the service which leads to solutions for the family being provided at the time of need, before issues escalate and formal intervention is required. The service avoids families having to be referred for social work assessments and it builds on existing good joint working practices between the childcare, education, social work and health visitor services.

A community childminding placement:

- helps to develop resilience in children and parents/carers,
- offers a service that is accessible, flexible and in proportion to needs,
- gives the home-based, small group and one-to-one care that many parents prefer for young children, particularly those under three 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,
- contributes to child, family and community well-being.

These outcomes were originally described within the application form. Once the services were developed it was agreed that those listed below which appear in the logic model would best suit the reporting requirements and measurement of outcomes being achieved.

The service provides children and families with part-time short-term placements, typically lasting eight hours per week over 6-26 weeks. The majority of children cared for are in the 0-3 age bracket although the service can provide for children up to the age of eight.

A logic model approach was used to outline the anticipated short, medium and long term impacts from the service as detailed here.

Short term:

- vulnerable children feel safe and nurtured in a non-stigmatised childcare setting
- children's needs are identified and addressed
- children remain with their families in their community
- children's developmental delays are identified and addressed
- children gain confidence in their skills and abilities
- families are supported appropriately and timely
- parents/carers are encouraged to seek informal advice and support from the Community Childminders
- parents/carers build relationships with the Community Childminders which aid confidence and trust

Medium term:

- children are able to engage in their communities
- children develop age appropriate cognitive, emotional and social skills
- children are prepared and ready to start nursery/school
- parents/carers receive non-stigmatised support which aids the development of their parenting skills
- parents/carers who require more informal support maintain relations with the Community Childminders after the placements have ended

Long term:

- children remain looked after by their parents/carers in their community
- children achieve and realise their full potential
- parents/carers are better equipped to deal with family stresses and have age-appropriate expectations of their children
- the need for a more formal intervention is averted.

Engagement with Clients and Intervention

The services were targeted in both areas on identification of local need. In Fife the “Integrated Pathway for Care (pregnancy to two years) had identified a gap in support for some vulnerable families. Whilst in Stirling there exists a similar type of service, its provision is solely for children of families affected by parental substance use. SCMA’s service brings universal provision.

Ten Community Childminders were recruited, trained and supported in both local authority areas by a local Childminding Development Officer (CDO), employed by SCMA. The CDO co-ordinates the service, acting as the key point for both the childminders and the referring agency. Currently referrals are invited from all professionals; the majority come from Health Visitors and nursery staff.

Communication between services is excellent, allowing for a quick, effective response, tailored to individual need. The referrer contacts the CDO with an identified family and the CDO places the child(ren) with an appropriate Community Childminder. Ongoing support for the childminders is provided and feedback sought from all involved.

Service

Type of referrer and total number of referrals received by type

Type of referrer	No of referrals
Health Visitor	41
Family Support Worker	10
Nursery Head Teachers	16
Home-start	9
Early Years Officers	4
Social Worker	6
Women’s Refuge	1
YMCA Housing Services	1
Barnardos	1
Community Education Service	3
Total no.	92

Placement Information

- no. of families accessing service 88
- no. of children accessing service 92
- no. of placement hours used 11,251

Family Characteristics

The target set was to engage with forty eight families across both areas. As outlined above this was greatly exceeded. Ages and gender of children at point of referral, December 2011-August 2012

Age	Male	Female	Total
Under 1	6	4	10
Under 2	13	11	24
Under 3	13	12	25
Under 5	16	11	27
8 or under	3	3	6

Ages, gender of parents and whether lone-parent at point of referral, December 2011-August 2012

Age	Male	Female	Lone Parent
20 or under	0	3	3
21 - 25	1	17	12
26 - 30	6	30	14
30 +	9	29	20
Totals	16	79	49

Summary

A total of 92 referrals were received by the service which led to placements. Of the children placed, over 64% were aged under 3 with 30% aged 3 or 4. Another 7 referrals were made but these did not go ahead either due to the family's circumstances changing or the referral being unsuitable. Although the service is available for those up to age 8 only 6% of this age used the service. Overall mix of the children's gender showed 55% males and 45% females. Of the families using the service, over half were lone parents.

Main reasons for initial referrals were:

- parents requiring parenting support 30%
- parent with mental health issues 24%
- child with developmental delays 20%
- parent/child other health reasons 12%
- child requiring social skills development 5%
- parents with addiction issues 4%
- support for grandparents as main carers 4%
- completion of community order 1%

These reasons were often accompanied by secondary issues and concerns which this type of placement is best suited to address. Specific support needs for the children were identified and addressed as displayed in the results contained overleaf.

Outcomes to be achieved

The expected outcomes of this service are:

- Children have increased confidence,
- Children establish better sleep/eating/toileting habits,
- Children are able to engage more positively with peers and other child age groups,
- Children are able to engage more positively with nursery and in social settings,
- Parents have improved parenting skills.

The long term expected outcomes, which cannot be measured within the timeline of this report are:

- Children remain looked after by their parents/carers in their community,
- Children achieve and realise their full potential,
- The need for a more formal intervention is averted,
- Parents/carers are better equipped to deal with family stresses and have age appropriate expectations of their children.

Methodology

The aim of the service is to achieve the detailed short/medium and longer term impacts and outcomes using the SHANARRI well-being indicators from the Scottish Government's Getting It Right for Every Child approach for measuring success. These indicators – Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included are used by the Community Childminder at the start, mid-point and end of the placement.

The SHANARRI well-being indicators were aligned to the Child Checklist indicators using a colour coding system. The indicators were also matched to four of the five key outcomes of the service. Progress is measured using a traffic light colour coding system. Here is a completed sample of the form used.

SHANARRI INDICATORS ALIGNED TO OUTCOMES : SAMPLE

Child																	
Outcomes			SHANARRI							Outcomes	Start	Middle	End				
										POSITIVE							
A										Meets eye contact with ease							
B										Eats / feeds well							
B										Sleep pattern established	N/A						
B										Displays age-appropriate toileting habits							
C										Engages with other children easily							
D										Communicates clearly							
C										Displays age-appropriate behaviour							
C										Plays with age-appropriate toys							
D										Settles in easily							
A										Appears calm							
A										Displays age-appropriate emotions							
A										Displays appropriate attachments							
										IMPROVEMENT	Start	Middle	End				
A										Does not display anxious behaviours							
D										Does not display repetitive behaviours							
D										Does not display delayed developmental age/stage							
C										Does not display aggressive behaviour							

Positive Indicators used:

1. Meets eye contact with ease
2. Eats / feeds well
3. Sleep pattern established
4. Displays age-appropriate toileting habits
5. Engages with other children easily
6. Communicates clearly
7. Displays age-appropriate behaviour
8. Plays with age-appropriate toys
9. Settles in easily
10. Appears calm
11. Displays age-appropriate emotions
12. Displays appropriate attachments

Improvement Indicators used:

13. Does not display anxious behaviours
14. Does not display repetitive behaviours
15. Does not display delayed developmental age / stage
16. Does not display aggressive behaviour

Data Indicators linked to 4 of the 5 service outcomes:

A. Children have increased confidence: 1,10,11,12,13
B. Children establish better sleep/eating/toileting habits: 2,3,4,
C. Children are able to engage more positively with peers and other child age groups: 5,7,8,16
D. Children are able to engage more positively with nursery and in social settings 6, 9,14,15
E. Parents have improved parenting skills

SHANNARI indicators: Colour key

Safe
Achieving
Active
Healthy
Included
Nurtured
Respected
Responsible

Progress measurement: Colour key

Never
Seldom
Often
Always

Data is routinely collected by the CDOs. This includes:

- information detailing the reason for referrals,
- Child Checklists completed by the Community Childminder,
- All About Me form completed by the children with support from the Community Childminder.

The All About Me form is used regularly by childminders to identify what is important to the child; to record any achievements made; how he/she is feeling and why he/she feels that way. Smiley, non-smiley and sad faces are used by the child to indicate their thoughts and these can be used from a very young age as the example below shows.

All About Me sample

Initials and sex	Age	What's important to me?	Achievements	How I feel today	I feel like this because...
AB Female	30 months	I want my teddy with me	Dry all day	☺	We went to the park
CD Male	15 months	food	Ate with a spoon	☹	I miss mummy

Positive Indicators used:

1. Meet eye contact with ease
2. Eats/feeds well
3. Sleep pattern established
4. Displays age-appropriate toileting habits
5. Engages with other children easily
6. Communicates clearly
7. Displays age-appropriate behaviour
8. Plays with age-appropriate toys
9. Settles in easily
10. Displays appropriate attachments
11. Appears calm
12. Displays age-appropriate emotions

Improvement Indicators used:

13. Does not display anxious behaviours
14. Does not display repetitive behaviours
15. Does not display delayed developmental age/stage behaviours
16. Does not display aggressive behaviours

Results

Information on the improvements in each child was collated and summarised. The sixteen data indicators were linked to four of the five service outcomes and the SHANARRI Well-being Indicators;

Safe, Healthy, Active, Nurtured, Achieving, Responsive, Responsible and Included as listed:

Outcome **A**.

Children have increased confidence: Indicators 1,10,11,12,13 – S,H,A,N,R,I

Outcome **B**.

Children establish better sleep/eating/toileting habits: Indicators 2,3,4 – H,A,N,A,R

Outcome **C**.

Children are able to engage more positively with peers and other child age groups:
Indicators 5,7,8,16 – S,A,N,A,R,I

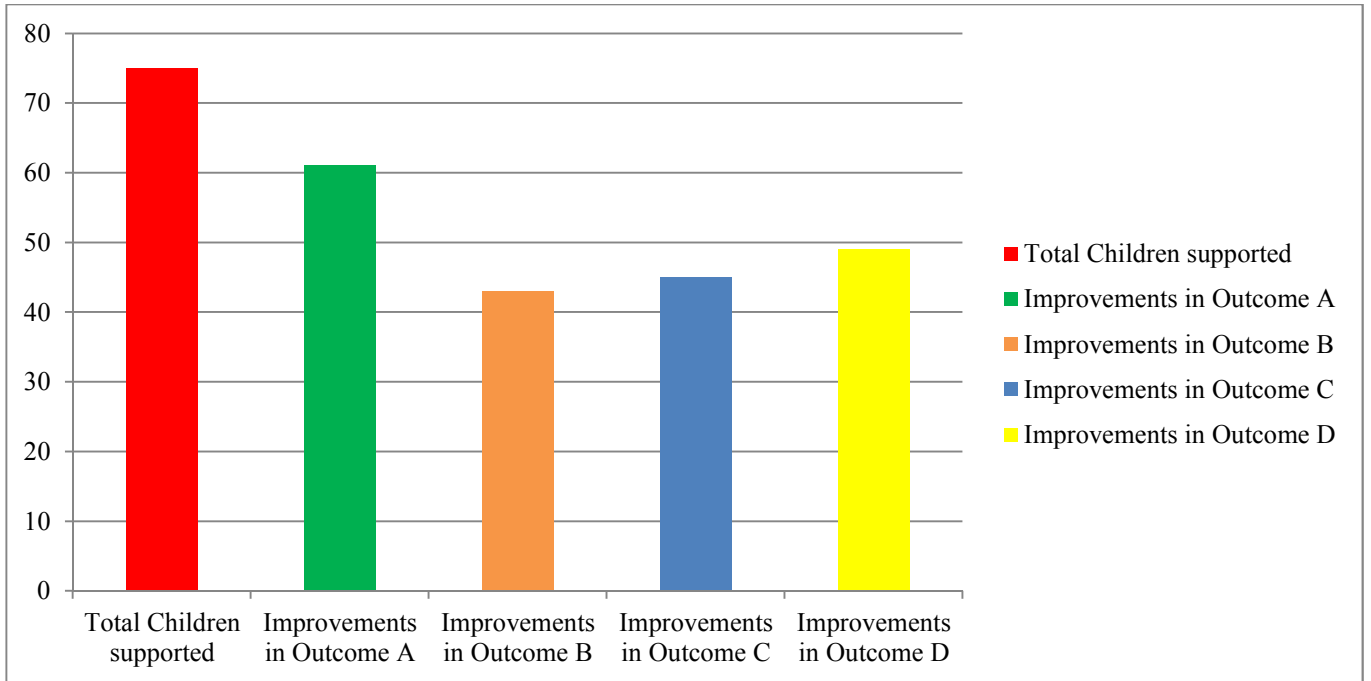
Outcome **D**.

Children are able to engage more positively with nursery and in social settings:
Indicators 6, 9,14,15 – S,H,A,N,R,R,I

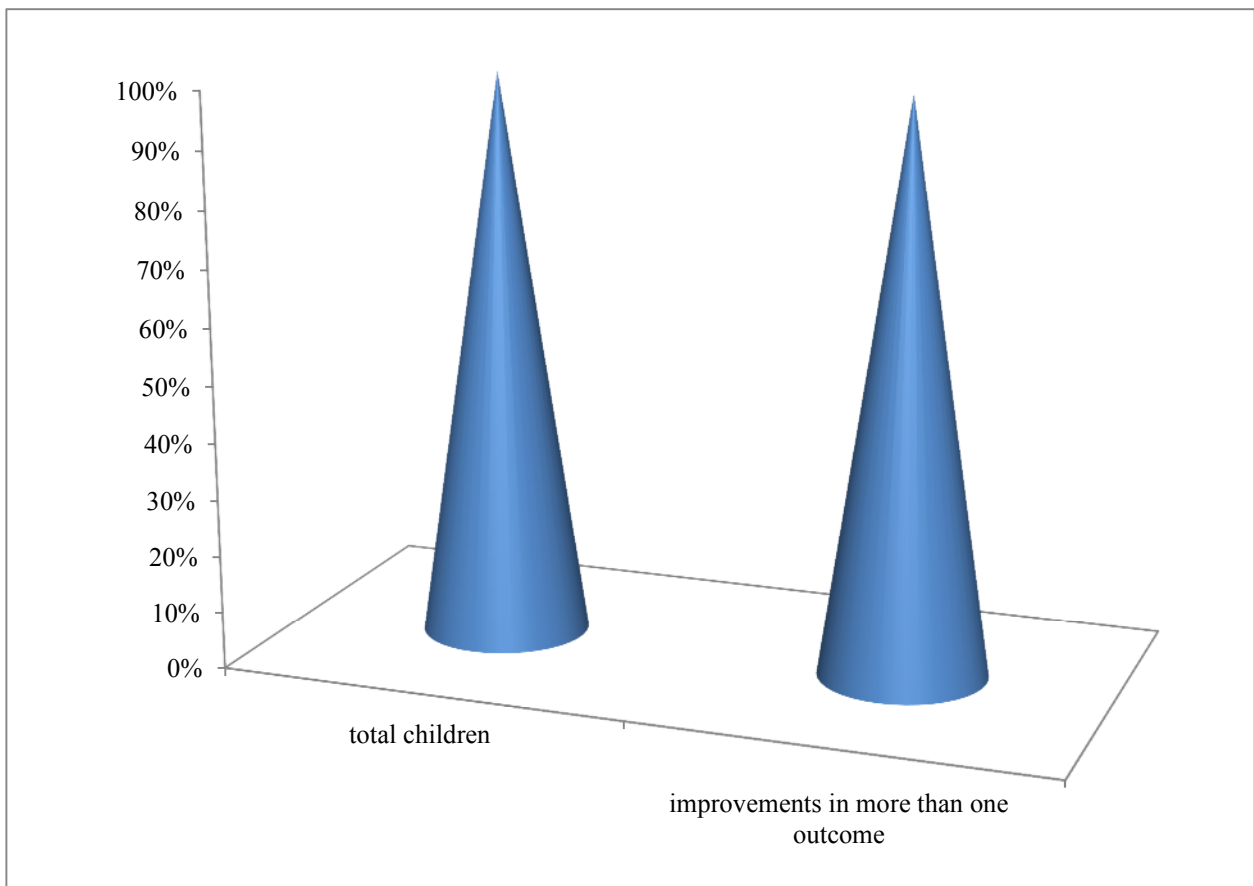
At the time of writing this evaluation of the 92 children placed, 75 had achieved their mid-placement point and had their checklists completed and available for analysis. Of those 75 children:

- 82% demonstrated increased confidence;
- 58% had improved eating/sleeping/toileting habits;
- 60% were more able to engage positively with their peers and other children and
- 66% had improved coping and behavioural skills to deal better with social and nursery settings.

Of the remainder of the children included in the analysis either the outcome wasn't relevant (child was confident at the start) or the child had made no progress as yet.

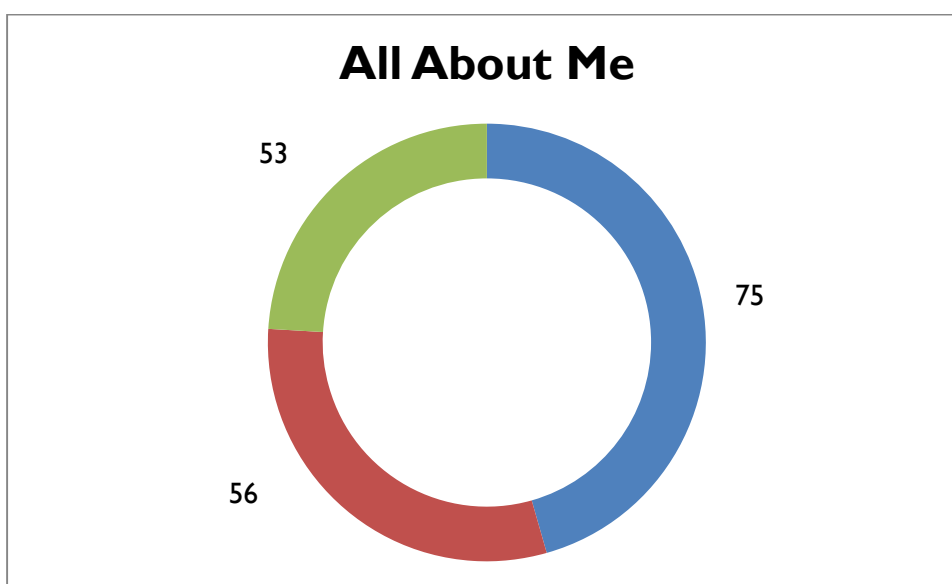


Of those 75 children over 90% demonstrated improvements in two or more outcomes.



All About Me

Information on progress has been taken from the All About Me form (samples can be found in the Appendix). The childminders complete the forms with feedback provided directly from the children. In a number of instances the children were anxious on their first visits and the childminders have identified ways of settling them in and supporting their development and progress. Subsequent information shows improvements in communication, interpersonal skills and ability to play and focus on tasks. Of the 75 children with data available, 56 (75%) felt happier by the end of the placements and 53 (70%) felt and demonstrated increased confidence. No children showed a decrease in confidence.



Outcome E, Parents have Improved Parenting Skills

This is identified as part of the reason for referrals. Several parents are currently receiving additional parenting skills support through Homestart and the Incredible Years Parenting Course.

Feedback from parents shows that many now enjoy spending time with their children as they are more relaxed and have increased confidence in their parenting abilities. Seeing how the Community Childminder provides consistent care benefits the parents enormously and demonstrates the value of play.

Quotes from Parents

“The difference in my child after a few weeks with the childminder has been like night and day.”

“I look forward to spending time with my child now as I am more relaxed and more fun for my child to be around me.”

“This service has been a godsend. I am more confident about my parenting skills and my abilities to be the best parent my child deserves.”

“As a grandparent with voluntary care for my grandchild I have learnt strategies to be stronger and more selective about the time when ‘mum’ my daughter visits, as this can be quite disruptive for my grandchild. Seeing how the Community Childminder provides consistent regular care has taught me that my grandson benefits immensely from this and if I am honest so do I as I did find it hard handing over responsibility for my grandson at first, but the difference this has made for both of us is more than I can convey.”

“My child is so different now, willing to share and play with the toys and games properly now. I have learnt to play more with my child as I have watched how my child is at the Community Childminders and I have seen some wonderful photographs of my child joining in, sitting at the table for meals. My child is a different child now but I am a different parent too.”

“Seeing the Community Childminder manage all the children in her care so well made me realise that with a bit of effort I could be doing the same with my two.”

Case Studies

Names have been changed to protect anonymity. Samples provided, full case studies are contained in the Appendix.

Case 1

Janet has four children including twin boys. Janet didn't feel confident enough to take them out as their behaviour was erratic and challenging. At the midway point of the 12 week placement Janet and her mother called on the CDO to tell the difference the service had made to the whole family. Janet had gone shopping with the twins on the bus, something she would never have contemplated before. Gran went on to say that she couldn't believe the difference in the twins behaviour in such a short space of time. The twins loved the time they spent with the childminder. The older siblings had told Janet that their brothers were much nicer to live with. Gran is so pleased she is taking the whole family on a short holiday to Berwick. She said that she never thought that would have been a possibility and is looking forward to spending time with her daughter and grandchildren. Mum said "I wasn't coping with the kids before the placement. With the help of the childminder I have started to get routines in place."

Case 2

James who is three years old and his single parent mum Karen have both gained confidence since James started his placement and other important changes have taken place. James had been in foster care since he was eighteen months old and had just been returned to his mother's care. James had issues with eating and touching food. He didn't like any food to touch his face and couldn't pick up food with his fingers. He also wouldn't allow anyone to feed him and as such was under weight for his age. James regularly attends hospital to see a Dietician and Paediatrician.

Within a few weeks of being in his placement, James's eating habits had greatly improved and he doesn't mind now if he gets food on his face and he can pick food up using his fingers. James's language skills have improved, he is now attending nursery and has settled in there really well.

Karen has gained confidence in her parenting skills and was able to speak to the staff with confidence when James went along for his first visit to nursery. The Community Childminder went along too and was very pleased to see Karen manage so well when speaking to the nursery staff as Karen had been suffering from very low self-esteem. The relationship that has been built is very positive and has helped this family very much.

Case 3

Mum Susan was suffering from post natal depression following the birth of her son Tommy now 14 months old and dealing with a relationship breakup from the baby's dad. Susan hadn't been able to return to work, was feeling very isolated and emotionally this was having an effect on Tommy. Mum explained "I wasn't coping, finding it difficult to have a routine for Tommy for sleeping and eating and the more stressed I became the more Tommy cried." Through the Health Visitor Susan was given the opportunity to access services and activities to improve confidence and mental health issues. Susan agreed to do this with the knowledge that she would have support from the Community Childminding Service to provide really good care for Tommy. Since the start of the placement Susan has been able to return to work part-time, Tommy is with his Gran when mum is at work; however both are continuing to benefit from the placement to give mum time to feel confident about being back at work and to cope with the change. As for Tommy he is continuing on his journey, building his confidence and self-esteem enabling him not to be so dependent on mum or gran.

Case 4

Sarah is a mum of four children, two of whom are pre-school and a new baby due. Unfortunately Sarah has a medical condition that cannot be operated on until the new baby is born. Physically Sarah is struggling and finds it difficult to lift her youngest child. To help ease the situation the older pre-school child has been offered a place at nursery for a few sessions a week and Sarah's Health Visitor had approached the Community Childminding Service for assistance. A placement was offered for the youngest child, William (14 months) and this has helped the situation very much. The new baby arrived without any problems and Sarah had the operation from which she is now recovering although has recently had a diagnosis of mild post natal depression. The placement will continue for a few more weeks to offer Sarah the time she needs to recover physically and mentally. As for the outcomes for William he has grown in confidence, his communication skills and interaction with other children have increased, he is eating better and his behaviour is calmer. William's Health Visitor and his mum are really pleased with the progress he has made. Mum said: "I am so happy that William is coming on so well now. The childminder has been brilliant."

Case 5

Mary, aged three years, and brother Tommy, aged 14 months, were referred to the Community Childminding Service as their mum needed time to recover from an accident and hospital stay. With no extended family living in Scotland, dad had been able to take a week off work initially but as dad had only just started a new job he didn't feel he could take any more time off. His new employers were supportive and offered reduced hours to allow him to take their oldest child to school and collect him at the end of the school day.

The placement with a Community Childminder for six weeks allowed mum the time she needed to recover knowing that her two youngest children were being well cared for. The two youngest children had never been looked after by anyone else and the increased confidence for Mary was very

apparent when she had her first nursery visit. Mary was full of confidence and settled in to nursery without any difficulty much to the amazement of her mum. The time that Mary and Tommy spent with the Community Childminder was very positive and extremely good socially for them both. Mum said "I can't believe how well Mary is doing at nursery and how easy it was to get the placement with the childminder."

Quotes from Heads of Service

"Fife recognises the strength of the resource we have in our large childminding population and the potential to use this to support some of our most vulnerable families. To that end, the Fife Early Years Strategy Group was delighted to work in partnership with SCMA to develop the Community Childminding Service as part of the EYEAF portfolio. Working with practitioners across Fife, we know that supporting families to access support from the universal services before they tip into crisis is an area where we have a gap and the Community Childminding Service is ideally suited to meeting that need."

Early Years Strategy Co-ordinator, Fife Council

"Thanks for facilitating two very successful placements. The benefits are evident by the smiles on the faces of these two mums, and indeed their children!"

Nursery Head Teacher, Stirling

"We have been really pleased with the impact of the Community Childminding Service since it began in Fife, and although take up has been slow in one area, there has been a great deal of interest from across Fife in how it can support families requiring support to manage a particular situation or to build the capacity of families to access universal services. We can see the potential of the Community Childminding Service supporting our work in relation to Looked After 2 year olds, in particular those who may be subject to home supervision orders as it would enable work to be done to build capacity within the family to better support their child."

Senior Manager, Education, Fife Council.

Quotes from Referrers

"The speed of the placement allocation was astonishing."

Health Visitor

"This type of service has been needed for a long time."

Family Support Worker

"Absolutely brilliant, this service is fantastic, so responsive to the needs of the family referred."

Home-start Co-ordinator

"AH is now attending nursery and I am her key worker, so I have daily contact with the family. They are over the difficulties they had and have now settled back down into their regular routine. AH is making wonderful progress at nursery and is a very contented, busy and sociable girl, very confident and capable. CH is now walking and is also making progress consistent with his stage of development."

Family Support Worker

“Having the Community Childminding Service available to help families when they need it most is brilliant.”

Pre-School Educational Home Visitor

“It’s good to know where to go to help a family in need – we didn’t have that before.”

Health Visitor

“Can’t believe how quickly you were able to help, and at such short notice.”

Women’s Refuge

Quotes from Childminders

“I feel I am making a real difference to the child and family.”

“Really enjoying the challenge of something new.”

“It was really worthwhile signing up to the service and attending the training, I feel this has really enhanced my childminding career.”

“Thoroughly enjoying caring for the children that have been placed with me.”

Learnings

As we have developed the services and taken very specific assessments of the children at the start, mid-point and end of the placements it has become apparent that the sum of the benefits equal more than the whole. A true asset of the service is its’ holistic value in the ability to support the whole family, by providing breathing space for the parent to address issues and allowing a measured identification of children’s’ individual needs.

In Stirling the bulk of the referrals came through nursery staff and as June arrived these diminished. It became apparent that as the staff are sessional workers they were then preparing for their summer leave. More work has had to be undertaken to promote the service to other agencies and we are still not quite achieving our targets in this area. This is definitely a learning point which will be considered for future developments.

Seven grandparents who are kinship carers also received support from the services which enabled those grandparents to continue to look after their grandchildren. This is an area which we had not previously considered as a referral route but one which should be promoted as a beneficiary group in future. Again this will be highlighted in future service provision.

A key benefit of having complete budgetary control of the service has led to individual family’s needs being met rather than a process of provision which does not always allow for the outcomes achieved to be sustained.

Future Plans

The two services initially had different methods of operation. In Fife a local authority staff member was given additional hours in her seconded post of Family Support Worker to work alongside the CDO, support the service and encourage referrals. Whilst, in Stirling the SCMA staff member had more hours to deliver. In June 2012 the local staff member had returned to her substantive post and the services have run in tandem.

The usage of the service in Fife has grown rapidly since this time and is currently running over-capacity. The local staff member allows for a quick response to need, using her own judgement to identify the best match for the child with the Community Childminder. Her understanding of not just the geography and demographics of the area but also how communities operate brings additional strength to the service provision. The local SCMA staff promoting referrals from key agencies directly is the preferred model to pursue.

Achieving Sustainability

The time is right for this evaluation report to speak to the Scottish Government and agencies in a bid to demonstrate the benefits of this service and how it supports the transformational change required in the early years early intervention arena as outlined in the Early Years Framework.

SCMA is confident that these outcomes will continue to be achieved and less formal referrals will be required by the families accessing the service. This is a low-cost, effective, non-stigmatised early intervention delivery model. The nature of the service encourages those families who do not wish to get involved with formal services e.g. Social Work, to access and engage within their local community. SCMA is helping the families to help themselves. The parent often establishes a relationship with the childminder which lasts long after the placement ends. SCMA would welcome funding to make this service available across Scotland, as part of a universal early intervention service eradicating the need for reliance on the few local authorities who currently recognise its' true value.

Conclusions and Recommendations

The achievement of the ambitious and aspirational hopes of the forthcoming Children and Young People's Bill(2013) reading across to the Children's' Collaborative and the launch of the National Parenting Strategy, require services such as this to make the shift to supporting those families who are "just managing" before they end up becoming chaotic.

Scotland needs to build resilience in families and address the responsibility of parents to "parent" effectively. Not in a "do to" method but in an asset-based approach which leaves the families more able to engage in their communities, instilling pride in them in their children's and their own achievements.

Appendix

Contained in this appendix are the individual checklists used to measure progress made by the children placed. The SHANARRI wellbeing indicators were aligned to the Child Checklist indicators using a colour coding system. The indicators were also matched to four of the five key outcomes of the service. Progress is measured using a traffic light colour coding system. This information is captured at the start, mid-point and end of the placement.

Positive Indicators used:

17. Meet eye contact with ease
18. Eats/feeds well
19. Sleep pattern established
20. Displays age-appropriate toileting habits
21. Engages with other children easily
22. Communicates clearly
23. Displays age-appropriate behaviour
24. Plays with age-appropriate toys
25. Settles in easily
26. Displays appropriate attachments
27. Appears calm
28. Displays age-appropriate emotions

Improvement Indicators used:

29. Does not display anxious behaviours
30. Does not display repetitive behaviours
31. Does not display delayed developmental age/stage behaviours
32. Does not display aggressive behaviours

Data Indicators linked to 4 of the 5 service outcomes:

A. Children have increased confidence: 1,10,11,12,13
B. Children establish better sleep/eating/toileting habits: 2,3,4,
C. Children are able to engage more positively with peers and other child age groups: 5,7,8,16
D. Children are able to engage more positively with nursery and in social settings 6, 9,14,15
E. Parents have improved parenting skills

SHANNARI indicators: Colour key

Safe
Achieving
Active
Healthy
Included
Nurtured
Respected
Responsible

Progress measurement: Colour key

Never
Seldom
Often
Always

The All About Me form is used regularly by childminders to identify what is important to the child; to record any achievements made; how he/she is feeling and why he/she feels that way. Smiley, non-smiley and sad faces are used by the child to indicate their thoughts and these can be used from a very young age.