Sure Start Mapping Exercise 2004

Education

SURE START SCOTLAND MAPPING EXERCISE 2004

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SURE START MAPPING EXERCISE 2004

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EXECUTIVE SUMMARY

Sure Start Scotland is part of a broader programme of action to promote social inclusion 'through a positive start in young children's lives'. The objectives of Sure Start Scotland are to:

- improve children's social and emotional development
- improve children's health
- improve children's ability to learn
- strengthen families and communities

This mapping exercise was conducted between November 2004 and April 2005. It builds a picture of the development and expansion of Sure Start Scotland services since 2001 when a previous mapping exercise was conducted. Sure Start Scotland was introduced in 1999/00. Local authorities have autonomy in shaping their services to meet the overall Sure Start Scotland objectives in the context of local structures and local needs. In 2000, local authorities were guided to focus on integrated support, on more deprived groups and on meeting needs identified by parents.

This mapping exercise aims to provide:

- An update on the quantitative data obtained form local authorities in 2001
- A description of the planning processes within local authorities
- An assessment of the impact of Sure Start Scotland services and funding on children and their families

Research design

This mapping exercise involved quantitative and qualitative components.

- Quantitative data templates collected information on Sure Start Scotland services within each local authority. This included information on main service type, age of children supported, intensity of service and funding. Twenty-seven local authorities responded reporting on 246 services.

- Self-complete, semi-structured questionnaires collected information on the views of Sure Start Contact Officers about the progress and impact of Sure Start Scotland, service provision and gaps, planning, evaluation and monitoring. Thirty questionnaires were completed.

- Telephone interviews, using a semi-structured format, followed up on the questionnaire data providing more depth about services and their impact, to consider issues of training and also to focus on ideas for the future. Thirty-one interviews were completed.

- Telephone interviews, using a semi-structured format, were conducted with a key planner to focus in depth on the planning process, decision making and joint working. Thirty interviews were completed.

- Two case study areas, Aberdeen City and West Lothian, were the focus of more in-depth study with additional telephone interviews being conducted with planners (4), service providers (7) and service users (4).

The range and use of Sure Start Scotland services

There has continued to be a year on year increase in the numbers of places for children and parents from the baseline figure of 3,387 children supported in 1999/00 to the 2003/04 figure of 15, 400 places for children and 9,600 for parents. The figures for 2001/02 comprised 8,563 places for children and 4,277 for parents; for 2002/03, 12,413 for children and 6,016 for parents. Although it was not possible to obtain data on the number of integrated packages of care form across all local authorities, a figure of 5,075 children receiving integrated packages of care was derived from returns from 7 local authorities. The qualitative evidence provided through the telephone interviews suggests that flexibility of service provision enabling integration and a holistic approach was a hallmark of Sure Start Scotland across local authorities, so it can be robustly assumed that the Scottish Executive target of 15,000 vulnerable children aged 0-3 are receiving an integrated package of care involving a range of services.

Sure Start Scotland services were reaching children across the 0-3 age range but were also including pre-birth services. Qualitative evidence also indicated that some services were going beyond age 4. Sixty-six services reported serving the pre-birth age group.

The service templates show that Sure Start Scotland is providing intensive, group and resource-based services, and one service may well offer more than one type of provision. One hundred and twenty-six services reported providing intensive support; 166 group support and 43 resource-based support. Intensive provision might involve home based support; group provision might provide training and crèche facilities; resource provision might involve a toy library or books. Centre-based provision was the main type of service provided with templates being returned from 71 centres (25% of all services for which data were available). In a few local authorities such provision was not well developed either because of a lack of premises or because such provision was inappropriate for rural areas.

Other types of services provided included: playgroups, outreach support, parent and toddler/baby groups, other day care or nursery, crèches, learning support to child or parent, resources and staff training. Outreach services accounted for 20% of reported provision. Centres provide a range of services including day care, visiting sessions, play groups, crèches.

The services for which data were collected were meeting the range of Sure Start Scotland objectives, although fewer claimed to be meeting the objective 'to improve children's health'. However, other evidence from the interview and questionnaire data suggests that it is in the area of health that some of the most innovative developments were taking place.

The development and delivery of Sure Start Scotland services

The mapping exercise found that 56% of services where data were available were set up after 2001 suggesting an increase in overall provision across Scotland. The qualitative data reinforced this as Sure Start Contact Officers described how local authorities were trying to mainstream services. Provision was thus being extended and enhanced rather than replaced by new services. Local authorities were also reported as mixing funding streams, with 71% of services being funded from more than one funding stream. Other funding streams included Changing Children's Services Fund, Health Improvement Fund, New Opportunities Fund and Better Neighbourhood Services Fund.

The main ways in which Sure Start Scotland was described as developing were through the expansion of services and through improved integration and collaborative working. A few local authorities reported difficulties with expanding and developing services because they had a baseline of very little provision or because of funding and staffing difficulties.

New or innovative practices include the development of new posts, especially those committed to joint working, linking health with other sectors. Other forms of innovation relate to the development of new forms of needs assessment and in some areas, new family support or similar teams.

Sure Start Contact Officers reported considerable developments in integrated working across sectors although many said that further improvements could be made in integrating with health. Nonetheless there was evidence of joint working with health at planning and delivery level. Additionally, visiting sessions within centre-based provision often involved health care staff, such as health visitors, providing specific input, with 90 services reporting health visitor input.

Integrated packages of care, as noted earlier, are hard to measure: families might be accessing a range of services at one point in time or over time suggesting considerable flexibility in support and provision. Illustrative case examples of services and their impact suggest the value and importance of such integration. It can meet the needs of different family members and support can be built up and reduced according to changing needs. Thus, a combination of intensive, group and resource-based provision may dynamically serve a vulnerable family in a holistic way.

Specific groups are also being targeted within Sure Start Scotland, although the overall ethos is one of non-stigmatised support for vulnerable groups within the context of more universal provision. Enabling parents to access services and supporting them to achieve that is one way of combining a targeted and universal approach.

The area of staff and parent training was highlighted by many local authorities as something that had been developed further since 2001. Supporting the development and retention of a skilled workforce was considered important as was supporting parents to improve their skills as parents and through other training. Many services reported that they offered some kind of training for parents including 137 services providing parenting training.

The perceived impact of Sure Start Scotland

Sure Start Contact Officers described the way in which families were helped and how the nature of the services enabled such support. Most concurred that impacts are hard to measure and are not reflected in a 'number of places' approach, but that the impacts of Sure Start Scotland are visible and tangible. Some services were oversubscribed and those services aiming to serve the hardest to reach groups were reporting success. Some Sure Start Scotland services had formal evaluations in place and the majority of local authorities carried out formal consultations. Many Sure Start Contact Officers stressed the need for monitoring and evaluation to be developed further.

The Sure Start Contact Officers provided evidence from case examples as well as evidence drawn from local evaluation and monitoring to illustrate the value of Sure Start Scotland. Impacts related to improved child behaviour and development, increased self-esteem of the parent, preventing more intensive social work involvement as well as improvement in health. Some examples demonstrated wider community level effects such as involvement of parents in service related committees on in training for childcare work. Evidence from the case examples showed the impact of single, short term interventions as well as longer term, integrated interventions. Service users' views from the case study areas also demonstrated the positive impacts of Sure Start Scotland on their lives. Issues for improvement, from the service users' point of view, included upgrading premises, continuity of service and more information about services.

The Sure Start Contact Officers highlighted a few areas of concern about Sure Start Scotland. These included a concern that demand outweighs supply, the provision of support beyond age 3, balancing the needs of the highest priority families with preventative work with other vulnerable families and a concern that support does not become intrusive.

The planning process

Most local authorities reported that there had been significant changes in the ways in which decisions and planning for early years services were conducted. Sure Start is becoming embedded within overall integrated planning and delivery. A change in culture as well as structure supported joint planning, is leading to a more holistic approach. However, integrated planning was reported as being time consuming. Some local authorities had put in place radical change in their planning structures; for others change was more incremental. The development of new committee and group structures facilitates joint planning and decision-making and local authorities were reported as working towards integration although still had some way to go.

Different partners seemed to be increasingly involved in planning at both the top and bottom ends of the process, including the voluntary sector and in some cases the private sector. Nonetheless, there were factors that hindered integrated planning and joint working. With respect to health, this included boundaries not being coterminous, different planning structures and internal reorganisation.

Difficulties at planning level were not necessarily reflected at service delivery level, where many examples of joint working with health were provided. In some local authorities there was continuing debate about the location of budgets and lines of responsibility; however in others decisions had been made to establish departments that crossed boundaries. New or joint appointments were also described has helping to transcend boundaries. On the whole, the funding process for Sure Start Scotland was viewed favourably with advantages perceived

in flexibility at local level. However, in a few local authorities the lack of ring-fencing meant that Sure Start monies might be eroded under pressure from other council requirements. Some also cited the need for capital funds.

An overall assessment of Sure Start Scotland

Throughout the mapping exercise the positive aspects of Sure Start Scotland were keenly expressed by those participating in the research. The expansion of services to meet the needs of the most vulnerable and the move towards joint working were both cited as achievements. Specific areas where improvements could be made included involving men, evaluation and monitoring, developing preventive services, developing services for the most marginalised and vulnerable children and families. Other issues included the need to look flexibly at the Sure Start criteria to support transitions for parents and children, the need to involve health even more, continued mainstreaming, the need to reach rural areas and the need for even more integration. Sure Start Contact Officers suggested that future developments might be enhanced by the sharing of good practice, the use of a centrally funded pot for capital builds, further integration of funding streams, guidance on integrated working and shared budget management, longer term planning, greater involvement of parents and further development of partnership working.

Recommendations

This mapping exercise has demonstrated a considerable increase in activity across local authorities regarding Sure Start Scotland. Although local authorities have developed different structures and approaches to the planning and delivery of services, all support the integrated approach of Sure Start and work towards meeting its core objectives by supporting vulnerable families in flexible and non-stigmatising ways.

Sure Start continues to provide a flexible approach, combining universal and targeted services, and respondents in this study all thought that Sure Start Scotland made a difference to the planning and delivery of services as well as to the families being supported.

- Sure Start Scotland's flexibility and responsiveness should be regarded as strengths; any move towards increased targeting should be carefully managed to maintain a non-stigmatised approach

- Flexibility should be supported across age ranges so that services do not stop at age 3

- Flexibility should be supported through formal and informal integration so that families are supported to meet their needs in holistic and unobtrusive ways

- The persistence of unmet need suggests that Sure Start needs to develop and expand further if vulnerable families are to be supported adequately

- Sure Start will take a long time to have significant effects as it is introducing new ways of working and embedding itself into early years' policies; there should be little expectation of rapid transformation in terms of impact and outcome

- Although intensive support may be costly, it is preventive and may save more costly interventions later on. There needs to be some assessment of longer term impacts, perhaps by focussing on key transitions, for example into nursery or primary school

- There is an need for a review of monitoring and evaluation within and across local authorities

- Local authorities would value the sharing of good practice and plans should be developed to support this through seminars and other methods

- Consideration should be given to capital spend in those local authorities in need of additional premises.

- Issues of rurality may need to be addressed, especially in terms of additional transport needs and the reach of services

- Wider workforce issues need to be addressed as recruitment and retention were reported as concerns, although many local authorities were working towards improved quality through training. There is a need for men to be more involved as both carers and workers.

- Given that Sure Start funding is not ring-fenced, mechanisms should be in place to ensure adequate spend in all local authorities

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

'I'm just so positive about it, it's a fabulous initiative' (Sure Start Contact Officer)

Introduction

Sure Start Scotland was first implemented in 1999/2000 as part of a broader programme of action to promote social inclusion 'through a positive start in young children's lives'. The allocation of funding followed the receipt of plans from each local authority. Local authorities developed their Children's Services Plans for the period 2001-04 and are now shaping their plans for Integrated Children's Services for next planning period. Local authorities have continued to develop their Sure Start Scotland services and have moved towards greater integration of early years' services and their funding streams.

Sure Start Scotland continues to be funded within the context of a range of other initiatives and funding streams that impact on service planning and delivery for the early years. These include the Changing Children's Services Fund, the Better Integration of Children's Services, the Childcare Strategy for Scotland, Pre-school Education, Health Improvement Fund, New Opportunities Fund and the National Health Demonstration Project, Starting Well. Hall 4 will help shape new preventive interventions in the health field through enhanced health visiting roles; partnerships across sectors are likely to become more robust and indeed blurring of boundaries between sectors more common and more institutionalised through new structures.

Sure Start Scotland funding has increased year on year since its inception, with £35m for the financial year 2004/05 compared to £9m in 1999/00. Local authorities retain considerable autonomy in shaping their services to meet the overall objectives of Sure Start Scotland in the context of local structures and local needs. The four Sure Start Scotland objectives are:

- To improve children's social and emotional development
- To improve children's health
- To improve children's ability to learn
- To strengthen families and communities

The revised guidance to local authorities provided in June 2000 encourages a focus on 'integrated support, on directing support to more deprived groups in a non-stigmatising way and on meeting needs identified by parents'. Further impetus to develop integrated working in relation to children's services has come through the Better Integration of Children's Services. As Sure Start Scotland has grown and developed through increased resources and over time, it is appropriate to review service development, with a particular focus on progress towards integration and the targeting of the most vulnerable families with very young children (0-3 years). Local authorities are all in the process of managing change while at the same time developing their Sure Start type provision beyond the baseline reported in 2002; this poses challenges for mapping a dynamic environment, but a quantitative and qualitative approach can combine to describe the vibrant and energetic arena of early years' provision across Scotland from the perspective of Sure Start Scotland. This report tells that story by drawing on information about services, their type and intensity as well as numbers of children and parents places provided and interviews about views and perspectives as local authorities strive to give their children the best start in life in a planned and integrated way.

The Sure Start Scotland Mapping Exercise 2001

Sure Start Scotland was initiated in 1999/2000 and the first mapping exercise was conducted in 2001 and reported in 2002[1]. That mapping exercise aimed to describe the services provided for children and families that met the Sure Start Scotland objectives and to identify ways in which this initiative impacted on pre-existing provision. The mapping involved reviewing information submitted to the Scottish Executive by local authorities, collecting additional information on service use and on spending from each local authority, as well as obtaining the views of the 32 Sure Start Contact Officers and a sample of 16 service providers from both voluntary and statutory sectors about the initiative.

The findings from the first mapping exercise form the baseline from which further developments can be measured. This study identified integrated services as the dominant form of provision. This was usually provided through new or extended children's centres, although other models of combining service provision also existed, especially in those local authorities without centre provision in 1999. The range of services provided through Sure Start Scotland included those that delivered support to parents and their very young children, for example through outreach work, but also through parenting support services, nurseries, playgroups, and parent and child groups. Play and educational resources were also provided. Sure Start Scotland services included both universal provision, as in some of the resource-based services such as Book Start, and targeted provision for the most vulnerable, for example children with special needs, families affected by drug misuse, young parents, traveller populations, ethnic minority groups or families affected by mental health problems. Staff training was also supported in some local authorities.

An estimation of the number of parents and children supported by Sure Start Scotland was aggregated from the information provided by each local authority. In 1999/2000 it was estimated that 3387 children and 3100 parents were supported by Sure Start Scotland through group or intensive provision; these figures rose to 6656 and 6381 respectively in 2000/01. For resource-based provision, the estimated number of children supported was 5768 in 1999/2000 and 8864 in 2000/2001. The research team noted that all figures were likely to be conservative and identified considerable difficulties in obtaining robust data.

The findings of the first mapping exercise suggested that local authorities were attempting to embrace joint working, especially at the level of service delivery. However, there was scope for improvement in the level of joint working, particularly at planning level. A number of helping and hindering factors were identified through the interviews conducted as part of the research and differences in the pace and scope of development of Sure Start Scotland across authorities was also identified.

The mapping exercise identified great enthusiasm for Sure Start Scotland and its objectives; it was regarded as a catalyst for change and as making a difference to the lives of families with young children not always captured by documenting the range of services and the numbers of children supported.

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[1] http://www.scotland.gov.uk/library5/education/sure_start_mapping.pdf

The Sure Start Mapping Exercise 2004

There is now a need to provide updated information on developments within Sure Start Scotland that have taken place over the past three years. The context within which services are planned and delivered has changed as local authorities move towards joint planning and the integration of early years services. Local authorities are combining funding streams to develop and enhance provision, thus integrating Sure Start Scotland within a wider tranche of funding and initiatives. The challenge of any mapping exercise is to document diversity as well as identify underlying similarities of approach between local authorities. Providing local authorities with opportunities to learn from practice elsewhere may be a useful outcome form this exercise and the report tries to highlight, through the use of examples, different types of services provided in different local authorities as well as differences in the planning process.

Overall this mapping exercise of Sure Start Scotland 2004 aims to provide:

- an update on the quantitative data obtained from local authorities in 2001
- a description of the planning processes within the local authorities
- an assessment of the impact of Sure Start Scotland services and funding on children and their families

Research Methods

The research design has incorporated quantitative and qualitative components and data were collected between December 2004 and April 2005. All Sure Start Contact Officers were approached in order to inform them about the study and to outline what would be expected of them, and their colleagues, in terms of information. All Children's Services Plans were briefly reviewed by the research team to provide background information. The data on services and service use from the 2001 mapping exercise were retrieved for dissemination to each local authority. Research instruments were devised and refined through piloting. New and updated information was obtained in the following way:

- Quantitative data templates – these sought to collect information on Sure Start Scotland Services within each local authority. Questions were asked about main service type, age of children supported, intensity of service, other types of support provided within the service in addition to main service type, date service set up, funding sources, agency through which funds are allocated, agencies of core staff, whether volunteers are used, number of places, number on waiting list, and which Sure Start Scotland objectives were met by each service. The templates were sent to local authorities so that each Sure Start Scotland service could be included; however, this was not possible in all cases as demands on time or of other evaluations impeded the collection of information. All data obtained were input into an Excel database for analysis.

- Self-complete questionnaires for Sure Start Contact Officers – these sought to collect information on the views of the Sure Start Contact Officers using a semi-structured format. Section 1 focussed on the perceived progress and impact of Sure Start Scotland Services; Section 2 focussed on service provision, use and gaps; Section 3 on service planning processes and Section 4 on evaluation and monitoring of services. Section 5 was open ended for any further information an officer might wish to provide. Sure Start Contact Officers were also asked to provide specific examples of a

service and of how a family might be supported which could be used to illustrate types of service and impacts. Data were input into an Excel database. The open-ended answers were analysed qualitatively using the main research questions as primary themes and Microsoft Word and Excel for data retrieval.

- Telephone interviews with Sure Start Contact Officers - semi-structured interviews were conducted with the local authority Sure Start Contact Officer to follow up on the questionnaire data. These aimed to focus in more depth on aspects of service delivery, to ascertain views on the impact of Sure Start on training and practices, to explore views about the best and most difficult aspects of Sure Start Scotland and on how Sure Start Scotland should fit in with early years policies in the future. Interviews were recorded and detailed notes were written around the main topics of the interview schedule. Qualitative analysis was conducted to explore similarity and diversity between local authorities and to identify key issues and concerns. Microsoft Word was used for data retrieval.

- Telephone interviews with a key Sure Start Scotland/Children's Services planner – a semi-structured telephone interview with a key planner (sometimes also the Sure Start Contact Officer) was conducted to focus in depth on the planning process. The interviews obtained a description of the planning process, an account of how planning decisions were made, the extent of joint working and the involvement of service users. Planners were also asked to give specific examples of good practice relating to joint working which could be used illustratively. Interviews were recorded and detailed notes written around the main topics of the interview schedule. Qualitative analysis was conducted to explore similarity and diversity between local authorities and to identify key issues and concerns. N6 qualitative software was used for data retrieval.

- Case Studies – two local authority areas, Aberdeen City and West Lothian, were selected as case studies for further data collection. This comprised additional telephone interviews with service providers in order to explore in more detail the range of Sure Start Scotland services; additional telephone interviews with those involved in the planning process to explore their views about joint working; and telephone interviews with a small number of service users in order to examine whether and how Sure Start Scotland had made a difference to them and their children.

Defining a Sure Start Scotland Service

The objectives for Sure Start Scotland are broad, and Sure Start Scotland services are increasingly being delivered within the broader context of Early Years and in joint and integrated ways. For the purposes of this mapping exercise, the following definition of a Sure Start Scotland service was used in order to characterise which services should be included in the mapping exercise. A Sure Start Scotland service is one that meets <u>all</u> of the following criteria:

- The service has a specifically targeted element for vulnerable children aged 0-3 and families, including where this targeting is within the context of a de-stigmatised, universal service

- The service as been at least partly funded by Sure Start Scotland, even if different funding streams have been mixed at a corporate level, making the exact contribution from Sure Start Scotland unclear

- The service meets one or more of the four Sure Start Scotland objectives
- The service is 'in tune' with the overall ethos of Sure Start Scotland

Outline of the report

The next chapter of the report (chapter 2) provides the updated review of the range of Sure Start Scotland services and the extent of their use through an aggregation of number of places for children and for parents. This draws together the analysis of the quantitative templates with some illustrative discussion of the range of services and on how they meet the Sure Start Scotland objectives from the questionnaire and interview data. Chapter 3 examines the development and delivery of Sure Start Scotland services drawing on the views of the Sure Start Contact officers as well as information from the quantitative templates. Chapter 4 focuses on the perceived impact of Sure Start Scotland, providing examples from the interview data from the Sure Start Contact Officers and also from the case studies. This chapter also looks at issues raised about the monitoring and evaluation of services and the involvement of service users. Chapter 5 focuses on the planning process and discusses the extent of joint working and integrated planning, drawing particularly on the planner interviews. The chapter also focuses on the extent of integration of services and Sure Start Scotland's place within early years policies more generally. Chapter 6 discusses the views expressed in the interviews and questionnaires about factors that were perceived to help or hinder service development and delivery, the positive and negative aspects of Sure Start Scotland, perceived gaps in services and issues around its future development. Chapter 7 offers a conclusion alongside recommendations for future policy drawn from the preceding analysis. Two unpublished appendices provide supplementary material: Appendix 1 contains copies of the research instruments; Appendix 2 provides brief details of services provided within each local authority.

CHAPTER 2: RANGE AND USE OF SURE START SCOTLAND SERVICES

'We do not operate a number of places type of service but there has been an increase in the number of families receiving a service. We have not adopted an attitude of "never mind the quality, feel the width". We respond flexibly to families in need, providing a higher level of service to the families in greatest need'. (Sure Start Contact Officer)

Introduction

Questionnaires comprising quantitative templates were sent to all local authorities. These were then distributed to individual services for completion. A brief description was requested about the service and service providers were asked to specify the main service type and the level of intensity. More detailed information was also quantified on the types of support provided within the service. Data were also obtained on the ages of children supported, the number of places provided, numbers of integrated packages of care and numbers of children or parents waiting for the service. Information was also requested on the funding sources used, the agencies of the core staff, when the service was set up and which Sure Start objectives were being met.

We obtained responses from 27 of the 32 local authorities. A total of 246 services completed templates and these were entered onto an Excel database for analysis[2]. This total number of services and other data from this exercise therefore underreport activity across Scotland. It should be recognised that completion of these templates was time consuming for many local authorities and service providers; data were not always readily available and despite trying to develop a questionnaire that reflected diversity, it was still at times difficult for a service to 'fit into' the suggested categories. Such diversity is perceived by many as a strength of Sure Start Scotland, enabling innovative practice to develop to meet local needs. A few local authorities had reporting mechanisms that enabled them quickly to ascertain numbers of children and families supported, but for the majority this was more difficult, even though all had some method of reporting and feedback within their planning and delivery structures. This exercise also demanded quite detailed information at service delivery level, often requiring local authorities to consult widely in order to complete their returns to the research team.

This chapter presents the combined results of the quantitative mapping exercise, linking as appropriate with the qualitative data obtained from 31 interviews with Sure Start Contact Officers and 30 qualitative questionnaires completed by them (see Chapter 3 for further details). Firstly, information on number of places is presented. Secondly, the ages of children supported is reported. Thirdly, information on service type and intensity is presented, with illustrations of different types of service selected from different local authorities. Fourthly, the sources of funding, date services were set up are provided. This is followed by a discussion of meeting Sure Start Scotland objectives.

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[2] One Local Authority, Argyle and Bute, provided separate templates for each playgroup (11) and parent and toddler group (47) within the Authority. These data have been combined into one overall template for each service; otherwise the results for Scotland as a whole would have appeared skewed by this detail. More details of each Local Authority's Sure Start services can be requested from Appendix 2.

Use of Sure Start Scotland Services

As the figures discussed below indicate (see Chart 1), there has been a year on year increase in number of places for children 0-3 and their parents from years 2001/02 to 2003/04. These figures also demonstrate an increase on the baseline figures obtained in the 2001 mapping exercise for the years 1999/00 and 2000/2001.

The method for measuring total numbers of children and parents supported has changed since the earlier mapping exercise, with the current mapping focussing on number of places with a straightforward assumption that, for every part time place, one child is supported. Although we are not therefore comparing like with like, a broad indication of year on year increase can be assumed by taking the numbers of children supported from the earlier exercise and comparing this to the number of places reported in this exercise. In 1999/00, 3,387, and in 2000/01, 6,556 children were supported. The number of parents supported was 3,100 and 6,381, although because of the method of counting, a family supported would have been counted as a parent and a child supported, something that did not occur in the current exercise.

Chart 1: Number of Sure Start Places 2001-2004
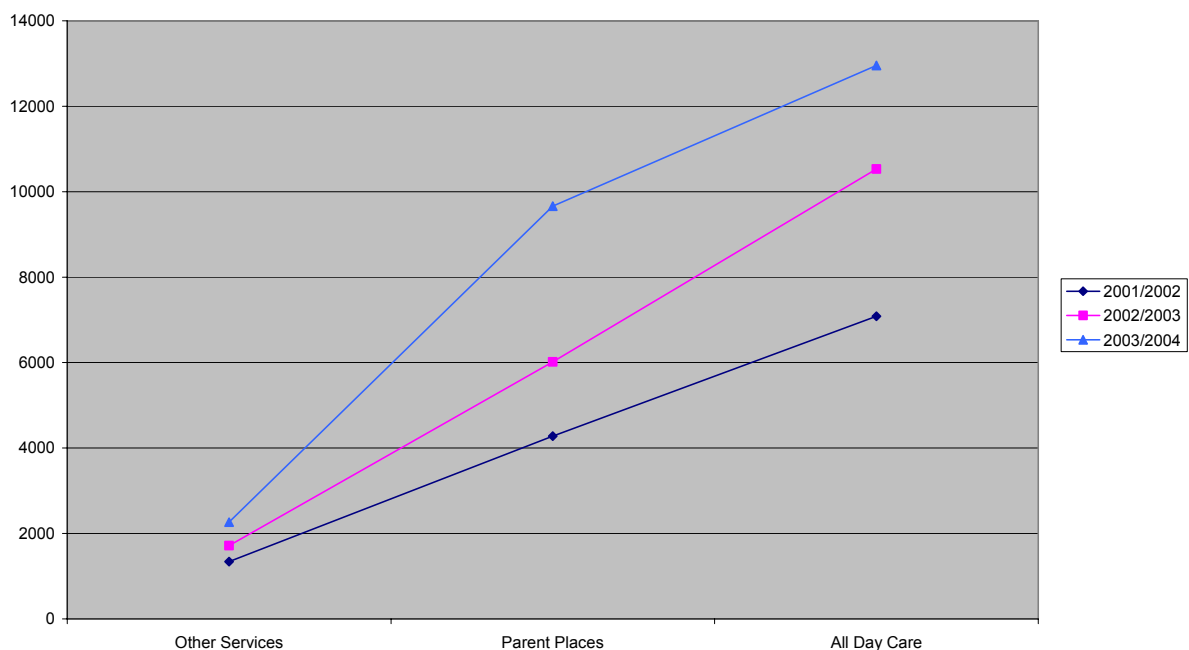
While the majority of families with young children are supported through day care provision (a very few local authorities had no or little day care provided through Sure Start Scotland), this mapping exercise also shows that parent places for services aimed directly at them have developed considerably, and that children are also supported through other types of provision not categorised as day care. As the details provided in this and subsequent chapters show, the variety of services provided reflects a commitment to meeting the diverse needs of families

with very young children in a flexible and integrated way, supporting parents and young children in their communities.

The total number of children reported to be on a waiting list was 1,626 and the total number of parents was 301. It should be noted that many services do not operate a waiting list, while at the same time operating at capacity. The aim of meeting the needs of very young children and their families means that local authorities tried wherever possible to do so at the time of referral; most said that there were considerable levels of unmet need and that services could expand further. Most local authorities said that they did have the capacity to respond in emergency or crisis situations.

As this report goes on to show, all local authorities have moved in the direction of integrated service planning and delivery for early years. This was seen as an essential part of the Sure Start ethos, now embedded in structures, processes and practices. However, at this stage, it was difficult to obtain robust, quantitative data on the number of children receiving integrated packages of care, 'where a co-ordinated approach built around the needs of children and families has led to parents and children receiving more than one service'. However, this does not mean that families were only receiving support from one service. Integrated care seemed to be happening with families accessing more than one service, often at the same time as well as over time. Parents and children might be supported through different services concurrently (for example parent training with crèche provision) or different services on different days.

One of the perceived strengths of Sure Start Scotland was that service use was voluntary (not statutory) and that providers and families worked together to meet needs that may change rapidly. While this was sometimes co-ordinated as an integrated package of care, and could be documented as such, integration was also achieved in a more flexible and ad hoc way across most local authorities. In the qualitative data, families with young children were reported as accessing a range of services to meet their needs and promote development. Therefore, although many services were unable to provide numerical information on actual numbers of integrated packages of care, the qualitative data suggest that many families were accessing integrated support.

A total of seven local authorities provided numerical information on the quantitative templates for their services. In the year 2003/04, 5,075 children were reported as receiving integrated packages of care; however, a considerable proportion of this number was taken up by West Dunbartonshire who were able to specify clearly the number of children receiving integrated packages of care as 2,123. The qualitative information reported in subsequent chapters suggests that integrated care and joint working is developing well in most areas, as the following example suggests:

> *'The area admissions panel is a good opportunity to create packages of care for children and families. Many families are experiencing a package of Sure Start, Better Neighbourhood Services, Young Families Support Services funded by Changing Children's Services and Statutory Services, e.g. social work, health , education'.*

In the Scottish Budget 2003-06, a target was announced to ensure that at least 15,000 vulnerable children under five have an integrated package of health, care and education support which meets their needs by 2006. The figure of 5,075, for 0-3's, for 2003/04, across just seven local authorities, indicates that the Scottish Executive will be able to achieve their target through Sure Start funded services, especially when the qualitative evidence suggesting

a high level of integration in the provision of a range of supports for families with very young children is also taken into account.

There has continued to be a steady year on year increase in numbers of places for children and parents. In 2001/02 there were a total of 12,840 places (comprising 4,277 for parents, 8,563 for children (7,223 for day care, 1,340 for other services)). In 2002/03 there were a total of 18,429 places for children and parents (comprising 6,016 for parents, 12,413 for children (10,701 for day care and 1,712 for other services)). In 2003/04 there were a total of 25,060 places for children and parents (comprising 9,660 for parents, 15,400 for children (13,138 for day care and 2,262 for other services)). Such rapid year on year increase for parents and children provides a quantitative indication of the development of Sure Start Scotland within local authorities. As this chapter goes on to show, this is often in conjunction with other funding streams, suggesting an integrated approach and an embedding of Sure Start within Early Years' services across the country.

Ages of children supported

Sure Start Scotland aims to provide support for families with young children aged 0-3. This mapping exercise asked specifically about support provided across the age range, including pre-natally in order to identify if the whole age range was being covered by Sure Start Scotland. Although a smaller number of services were catering for pre-birth, it is clear that intervention at this stage is valued highly in practice. As the examples below and later in the report confirm, such early intervention often involves innovative ways of working with partners from health. Although the quantitative templates did not ask about services beyond 3 years, the qualitative data suggest that many services did not operate with a clear cut off point. One of the future challenges is to promote smooth transitions to pre-school and school and integration of children's services across a wider age range.

Chart 2: Age range of children supported
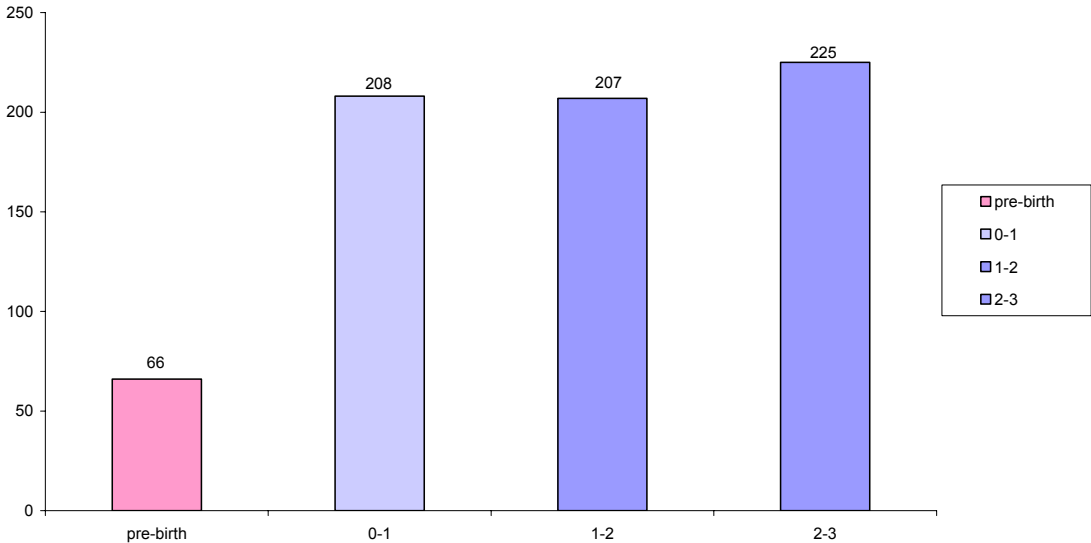
While services seemed fairly evenly spread across the 0-3 age range (see chart above), it is interesting to note that some now provided for pre-birth demonstrating that Sure Start Scotland is developing to embrace this stage. These services would be for parents and parents-to-be, and can be considered to form an important arm of early intervention and prevention strategies. Many services supported children across more than one age band and responses reflect this; the age categories are not mutually exclusive. The following example shows how a range of ages can be catered for:

East Renfrewshire

Barrhead Family Centre and McCready Centre: these centres are managed by one head of establishment but are two separate campuses. The McCready Centre has 12 places for babies and 20 for children aged 2-3 years. Barrhead Family Centre is an 80/80 nursery for 3 and 4 year olds. The Centre has a Sure Start social worker who runs positive parenting classes and mellow parenting sessions. The Centres also offer opportunities for parents to learn, e.g. through storytelling sessions. The provision of a mobile crèche allows parents to participate in health cooking classes, eating on a tight budget, etc. The community ethos established in the Centre is enhanced by speech and language therapists, play therapy sessions, support from dieticians, etc.

The following example from Scottish Borders provides a good illustration of early intervention and its impact. Early identification of vulnerability and early involvement of a Sure Start midwife leads to intervention during pregnancy. This is then integrated with post natal outreach support. In subsequent chapters, further examples of Sure Start services will be provided which illustrate the importance of early intervention but also of working across the full age range, including beyond 3 years.

Sure Start Midwife and 0-3 Intensive Outreach Workers – Scottish Borders

This service provides pre and post birth support to families that have been identified as vulnerable. This includes young parents and those with mental health, drug misuse or learning disability issues. The Sure Start midwife receives referrals from GPs and Community Midwives regarding vulnerable parents and where possible support/teaching is also provided pre birth. The midwife prepares the hospital midwives for the admission and has developed recording tools and training for NHS staff. Where there are concerns about parents' ability to look after a child on return home from hospital, the 0-3 outreach staff offer a package of home visiting support to families. This can be two visits per day seven days a week if required. This service is giving children and their families the best possible start in life. Fewer children are being received into care from birth and families are being given the opportunity to remain together during the teaching/assessment period.

As the qualitative data presented later shows, although Sure Start services focus on the 0-3 age range, some services do not operate a strict cut-off point at age 3, for example if the family still needed Sure Start support beyond age 3 or if older siblings were involved. Indeed, flexibility was considered by many to be important and some Sure Start Contact Officers specifically mentioned the need to provide a seamless service up to Primary 1 and indeed beyond, for example:

> *'Unfortunately where increased expectation from parents continues, the demand for the range of services offered via Sure Start continues to outweigh supply....Additionally, when the child begins primary school, the family can often feel no longer fully supported and the progress made can falter due to support structure no longer being available to family'.*

Types of services provided

The following three charts demonstrate the range of Sure Start Scotland services provided. Services were categorised as intensive (with a high staff ratio of 1:1 or 1:2); group (a lower staff ratio) or resource (little or no interactive back-up). The questionnaire did not ask for the main type of provision, so services could be providing more than one level of intensity and families could also be supported by services that varied in intensity. This recognises the integrated and flexible nature of many Sure Start services. The first chart below demonstrates that the main form of support provided through Sure Start Scotland services is through group support, with 166 services for which we have data providing group support. 126 services provided intensive support and 43 provided resource support.

Chart 3: Intensity of Services Provided
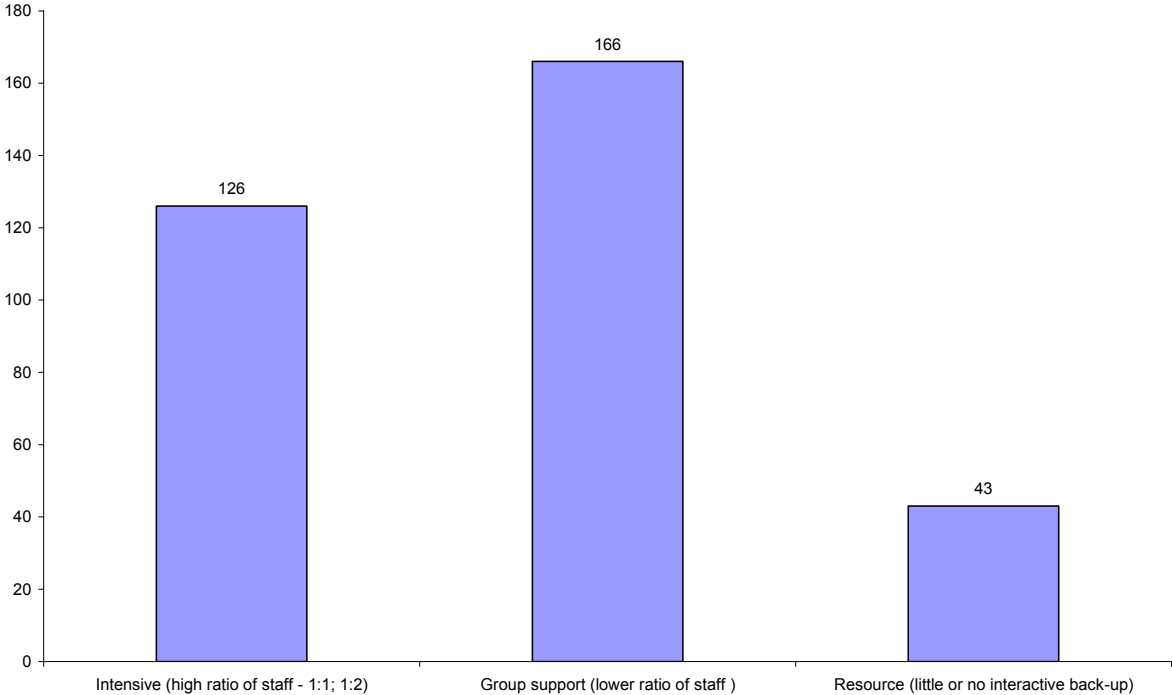
The following three examples, drawn from the qualitative questionnaires completed by Sure Start Contact Officers, illustrate each of these levels of intensity.

Intensive provision:

Aberdeenshire – Capability Scotland Supporting Families at Home
This now has one full-time and three part-time workers. The purpose is to assist parents with behaviour management of very young children. This is through self-referral or by referral from health visitor or another professional. It meets the Sure Start Scotland objectives in the sense it's helping people help themselves. It's also really helping children and their carers to be in a position, when they start school, to really benefit. So it's therefore targeted at children who would have difficulties at school. I believe it has an enormously positive impact. We are supporting two sorts of children. First of all there are the children you would consider to have a disability and very often the parents, even though they are excellent parents, they haven't got any experience of dealing with this, so it's a very good way, even at a very early stage, of helping the parent to learn how to properly manage their child's behaviour. The other sort of child is the child whose parents probably find parenting itself quite difficult. We're able to go in there and identify and think maybe whether more thorough assessments are needed either by an educational psychologist or through the health service……but also to give very very practical help and assistance but not because there are particular issues within the child themselves but the parents have difficulties, so we really try to help them out, hopefully in a very unthreatening way, it's a bit like a good neighbour scheme, our workers are very very skilled……So very one-on-one piece of work, often short-term, for example, six sessions.

Group Provision:

East Dunbartonshire - Supporting Training and Recreation (S.T.A.R)
This provides quality childcare (crèche provision) within a local community centre. Families can access the crèche service (no costs incurred by family) enabling access or attendance at a variety of services within the same building e.g. first aid training, exercise class, healthy cooking, drop-in etc. The S.T.A.R. committee organise a number of courses for families themselves which have included assertiveness, the importance of play etc. This service covers all of the Sure Start objectives both for parents/carers and for young children accessing the crèche. The crèche is staffed by local people some of whom are fully qualified and others who are attending training thereby working towards a qualification.

Resource-based provision:

Highland - Play@home
This programme aims to encourage children's development and family bonds. Three books (Baby, Toddler and Pre-School) suggest ideas for games that involve physical exercise and language acquisition. The Baby book (0-12 months) has gone out to approximately 5,000 babies since the programme began on 1 August 2002. It is delivered by the health visitor, usually around their first visit. The Toddler book (1-3 years) is posted directly to families within approximately 6 weeks of the child's first birthday. The Pre-School book (3-5 years) will start going to families from August 2005, as children begin their pre-school education sessions. This is a universal programme, with extra resources aimed at ensuring vulnerable families are enabled to access the ideas. Family support organisations have received supplies of the books and encouragement to demonstrate/model the games with families. Practical games sessions have been delivered in communities with vulnerable families.

The templates for each service asked about the main category (not intensity) of provision, with the categories ranging from centre-based provision, playgroups, parent and baby groups through to resource-based provision. As noted above, services, especially centre-based provision, are likely to offer services across different ranges of intensity and incorporate a range of services for children and parents. The chart below identifies centre-based provision as the most common form of provision, with 71 (25%) of services being of this kind. However, outreach work was identified as the main service type for a further 59 (20%) of services and 30 (7%) services reported that crèche facilities were their main service type.

Chart 4: Main service type
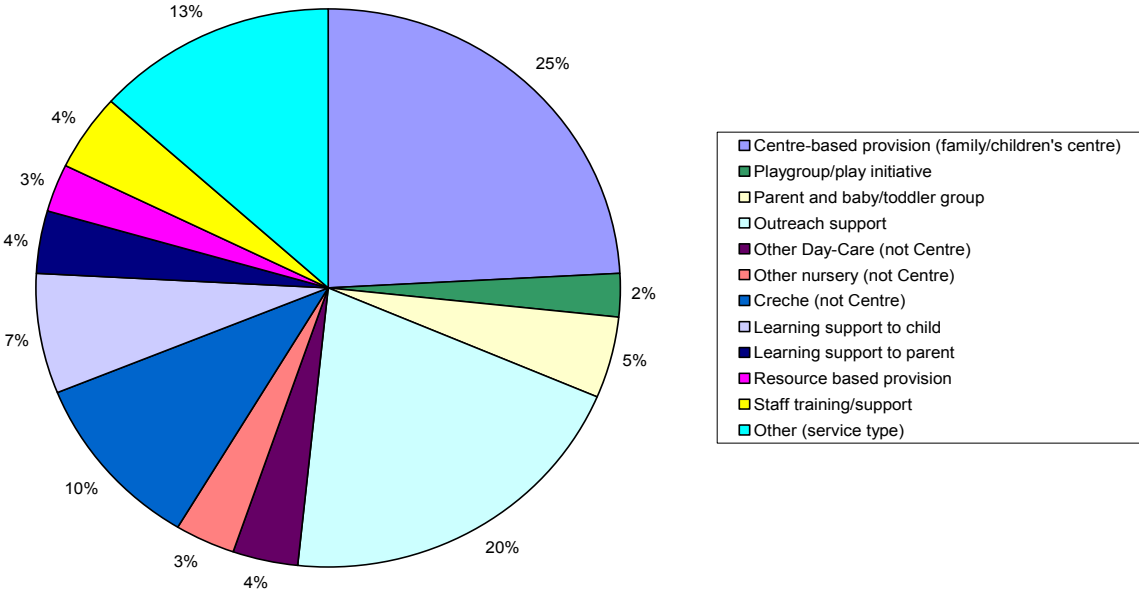
The following examples provide illustrations of outreach, crèche and centre-based provision.

Outreach provision

In East Lothian, the Family Outreach Service provided by Children 1st works intensively with families of young children where there has been identified a serious level of unmet need and risk in respect of the children. The service provides support for both parents and children relying on both individual and group work. They provide ongoing risk assessment and management to ensure the safety of the children they liaise with and access other mainstream services as appropriate from within health and education. They provide reports for such central decision making forums as the Children's Hearing System, Looked After Reviews, Fostering and Adoption Panel. The impact includes increased safety for the children, improved quality of life and attention to their basic needs, better quality of parenting, greater access to and support by mainstream services within health and education.

Crèche provision

West Dunbartonshire has mobile crèche facilities for all areas of the Local authority. Qualified staff, supplemented by trained sessional staff, provide crèche facilities of high quality, continuity and consistency and linking with other services as appropriate. Provides opportunities for parents to attend self help groups or clinics/treatment to improve their health and ultimately children's well-being. Children have opportunities to develop their social, emotional and personal skills to promote self esteem and enhance their ability to learn.

Centre-based provision

In North Ayrshire, the Garnock Valley Early Years Centre opened in 2002. This centre offers positive learning experiences for children and adults. Children aged 0-3 years are referred to the Area Admission Panel. A support package is put in place which may include:

- Planned play sessions for the child
- Planned support sessions for the child and parent/carer in the centre
- Outreach support for the family
- Group support for the parent/carer
- Opportunity to attend adult learning groups
- Attendance at Fit Ayrshire Babies (FAB) Parents and toddler group

The evaluation of this project based on a period in 2003 has clearly shown the impact that this centre has had on families with young children in the Garnock Valley.

As the above example of centre-based provision suggests, Centres provide a range of services to meet the needs of families and very young children in flexible ways. In many local authorities, centres provide the main focus of provision, offering a mix of services, as the following information from Glasgow City illustrates:

> *'Since 2001 we have continued to expand our number of Family Learning Centres, the vehicle which facilitates the delivery of the Sure Start objectives across Glasgow: these are innovative models with flexible methods of delivery, which will meet the needs of the local population. These centres offer families a range of support including individual access to advice on a range of issues including: future employment; counselling; drug awareness as well as group based support or training. These services are offered through the joint working of education, health and social work Services, this work is further enhanced by the development and expansion of a more cohesive service for parents and children'.*

Services were also asked to provide further details of the range of support provided, specifying all that applied rather than just the main service as reported above. Focussing on centre-based provision in more detail, the data received demonstrate the wide range of provision offered within centres (these have slightly different names in different local

authorities, for example, early years centres). This suggests services support the varying needs of families with young children, offering services for parents, such as learning support to parents and services for children, such as nurseries. Other provision supports parents and young children, such as play groups and parent and child groups.

The chart below, using data from the quantitative service templates, provides information on the range of services provided within the 71 centre-based provisions across local authorities. A total of 476 different services were reported, across twelve different types of provision, ranging in intensity. These would be in different combinations in different centres. This suggests considerable integrated and multi-disciplinary service delivery and supports for parents and children that can be flexible and variable to meet changing needs.

Chart 5: Range of services within centre-based provision
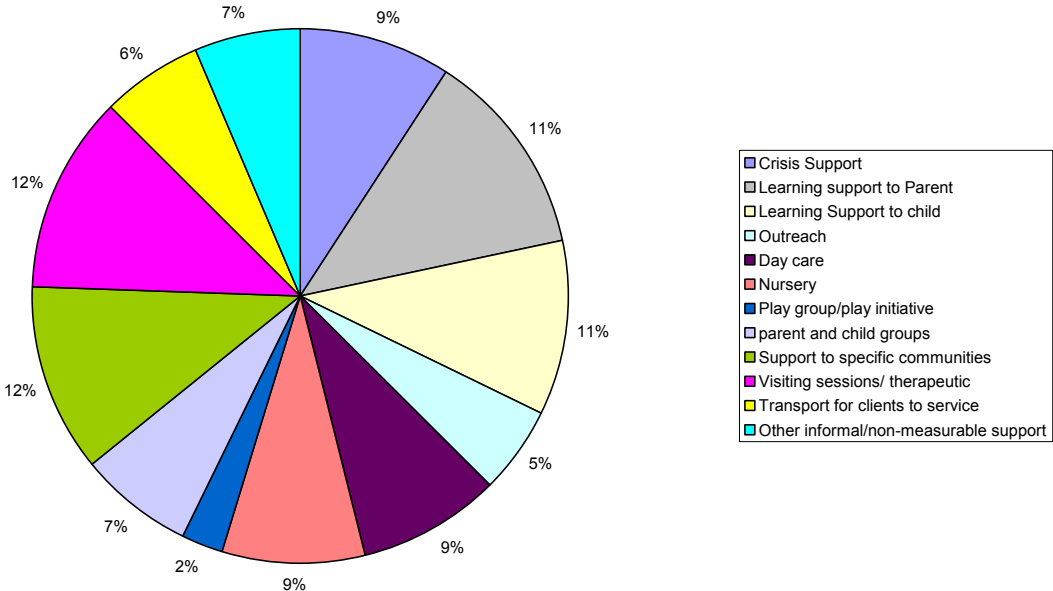
Sure Start Scotland objectives

The quantitative service templates asked for information on which Sure Start objectives were being met by each service. This provides a broad indication that services are being planned and delivered in accord with the four Sure Start Scotland objectives:

- To improve children's social and emotional development
- To improve children's health
- To improve children's ability to learn
- To strengthen families and communities

All four objectives are reported as being met across the 246 services for which data are available, with many services meeting all four objectives. As the chart below indicated, 228 (93%) services reported that they were improving children's social and emotional development; 198 (80%) improving children's health; 215 (91%) children's ability to learn; and 225 (91%) reported that they were strengthening families and communities. The 2001 mapping exercise noted that joint working with health still required further development and it is therefore not surprising that the health related objective lags a little behind the others. However, as this report goes on to demonstrate, despite some continuing concerns about involving the health sector, much innovative practice and new posts involved the interface with health (such as the Sure Start midwife post highlighted in the earlier example from Scottish Borders). It may be that services were less likely to claim they were meeting this objective if there was not a direct health input or outcome; however, many services are likely to be contributing to overall well-being.

Chart 6: Meeting Sure Start Scotland's Objectives
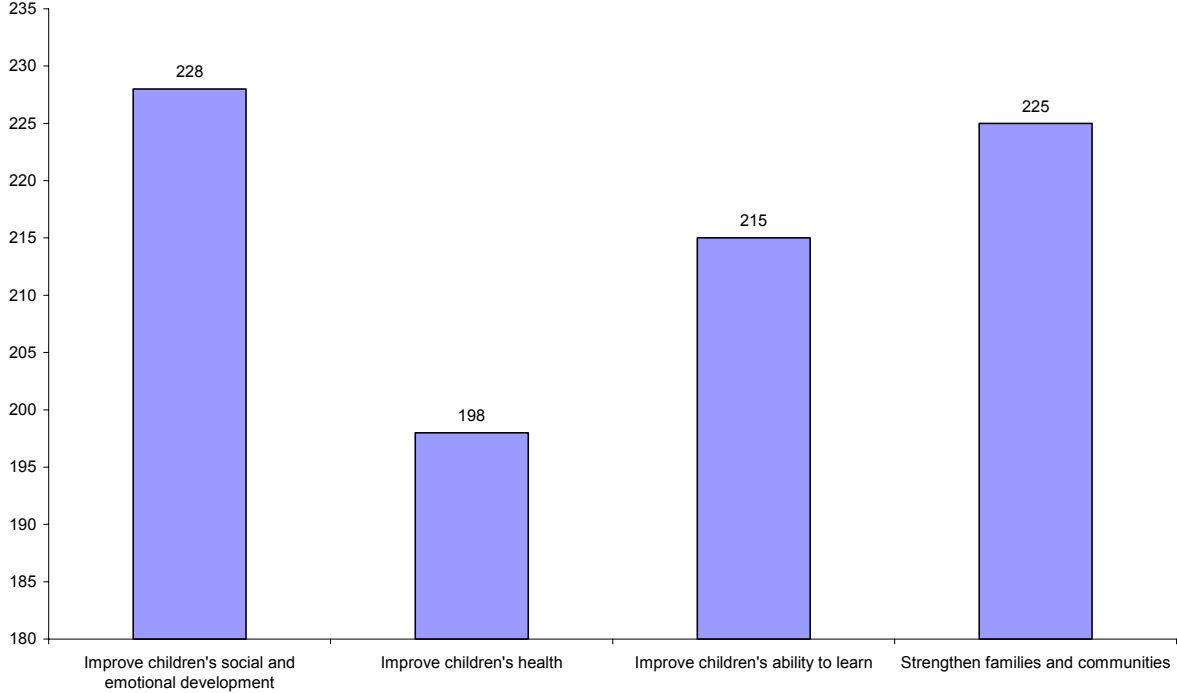
Further qualitative information was gathered through the questionnaire to and interviews with Sure Start Contact Officers as well as key planners. Sure Start Contact Officers reported that all four objectives are being met by the majority of services in the majority of local authorities, and some provided detailed as opposed to broad brush evidence of how services were meeting specific objectives. Of course, one service may not meet all of the four objectives, and local authorities were also invited to identify gaps in provision. However, it was clear that the objectives were operationalised through thoughtful service planning and delivery. This required integrated and joint planning, developing new skills within the workforce and joint working, issues that will be discussed later in the report. The following service example shows how all four objectives can be met within one service offering a range of support:

Midlothian

Hand-in-Hand project: this service is part of the wider Midlothian Sure Start project, providing support to families with young children in an area of deprivation.
It provides:
- Parent support groups
- Parent/child activity sessions
- Parenting skills groups
- Counselling
- Complementary therapy groups
- Healthy eating group/milk token initiative input
- Information sessions e.g. financial advice
- Dental health input

It meets all four of the objectives by ensuring the emotional and social needs of parents are met which will impact on the parent-child interaction. Children have the opportunity to socialise and learn through play. The service links parents to local community activities and helps some with the transition to work or training.

The following examples show how Sure Start Scotland objectives were described as being met in three Local authority Sure Start Contact Officer questionnaire responses to the request to: 'Briefly describe whether and, if so, in what way(s) you think these services, as a whole, are meeting Sure Start Scotland objectives'.

Services as a whole are meeting the Sure Start Scotland objectives. By developing parents' self esteem and abilities to parent, services are supporting adults to be able to provide care and nurture for their children thus improving children's social and emotional development. By working closely with health and the voluntary sectors we are making significant improvements in the health of young children through, for example, parenting initiatives/parentcraft/guidance and support on breastfeeding, nutrition, smoking reduction, hygiene and safety in and out of the home and direct outreach support. Through supporting parents about child development/nurture/play/self esteem we are improving children's ability to learn and be nurtured to develop and learn. We know that research tells us that if areas within the brain are not stimulated at an early age then those connections vital to a child's development will not occur. By working with a range of partners we are strengthening families and communities.

They (services) are certainly designed with the objectives in mind, with attention paid to the Guidance (and to 'Growing Support' which we found very useful) when choosing methods. These general principles run through all our Sure Start initiatives – bringing services closer to the children and parents who require them, making services easier to use, access to specialist services through universal provision, joining services in the interests of the users, identifying gaps in service and ways of meeting them, improving parent-child relationships, improving parent confidence and capacity for parenting, intervening as early as possible in the life of the child and the life of any problem, creating opportunities for children to develop and learn, involving parents consciously in the development of their children, linking parents into their community and other informal structures that can assist them. Partnership between agencies and services in funding as well as in designing and delivering in new ways. We are looking at evaluation to establish whether we are meeting the objectives – some of the methods we use, such as Mellow Parenting, have inbuilt measures of change. Feedback from parent/carers is built into all the services where they are the users, but this doesn't really give us impact on children. We are hoping that tracking and in some cases perhaps observations can give us some harder data.

The following example suggests that the objectives as a whole underlie service development.

All four objectives are being met across the range of projects on offer, for example, group support sessions for vulnerable parents are addressing all four objectives while some of the more specific targeted projects at face value focus on the health agenda e.g. healthy eating, oral health and breastfeeding support. However, we very much see all four objectives as being so inter-connected that it is probably appropriate to say that all of the developments meet all four objectives.

Taking each of the four objectives in turn, the sections below provide illustrative detail of the different ways in which local authorities' Sure Start Scotland services meet these objectives. As noted above, all local authorities were working with and towards these core objectives; the examples below are selective not exhaustive. Details from one of the Case Study areas are also highlighted, as these clearly show how the four different objectives are being met through different services.

Improving children's social and emotional development

This objective is the overriding focus of much of the provision under Sure Start Scotland and much provision is aimed at supporting children's social and emotional development, either directly through day care, crèches, nurseries, play groups, parent and baby/toddler groups, other play initiatives as well as supporting parents in their parenting. For example, in Angus, in addition to work with parents which impacts on children, the nursery/crèche provision that the Family Support Teams provide or commission is of high quality:

> 'with the staff paying attention to the children's needs and development. This acts in a "compensatory" way with the children, can make up for deficits that may have occurred. In addition, by "topping and tailing" the sessions with the children by contact with the parents when they drop them off and pick them up, there is an opportunity to "model" good practice in adult/child interaction'.

West Lothian Case Study

Locally provided activity based parent support groups facilitate children's cognitive, physical and social development and promote positive parent-child interaction through structured activity groups and are run throughout West Lothian, by Sure Start Team, Knightsridge under 3s and Whitdale Early Years Centre, but targeted particularly at areas where a need is identified. High attendance at these groups indicates parental satisfaction. Parents are involved in evaluation and future planning, and involvement of other professionals is encouraged.

Improving children's health

This mapping exercise reported greater involvement of health colleagues in the planning and delivery of Sure Start services, although as will be examined later, this is still an area where further improvements were desired. Although it is interesting to note that slightly fewer services identified this objective than the others, nonetheless, considerable activity across the local authorities was mapped. For example, East Renfrewshire reported that one of their family centres is working to achieve a health promotion status by improving children's diet and children and parents health. Health visitors in Inverclyde attend Sure Start nurseries, promoting healthy eating and there was a focus on outdoor play and physical exercise opportunities for a child's physical development. In North, South and East Ayrshire 'Fit Ayrshire Babies' (FAB) provides an exercise programme for babies, focusing on early intervention by promoting exercise and getting into the habit of being active at an early age. This initiative was identified at the COSLA excellence awards. Glasgow City are working with Greater Glasgow Health Board to develop a programme of interagency training in working with parents and the introduction of a 'Fit Baby' programme; Glasgow City, jointly with the health board and education, also delivers the 'Fresh Fruit and Toothbrush' initiatives to children across all Family Learning Centres.

West Lothian Case Study

Groups also focus on children's health through the participation intermittently at these groups of a range of health practitioners to promote healthy life styles, nutritional advice, oral health, accident prevention, psychological input (i.e. they provide a gateway of core services to which other resources can be added). The groups provide fresh fruit and water for children and incorporate physical activity both within the centres and in the community. In one target area, indicators of progress are seen in the uptake of health visiting services, increased uptake of dental health services, increased demand for physical activity groups and demands for locally available fresh fruit and vegetables leading to the creation of a food co-op.

Improve children's ability to learn

Local authorities are providing a range of services which focus on learning by working directly with the child, the parent or both together. Bookstart or similar resource-based schemes are common, with 43 services reporting that they provide some form of resource-based provision. In Orkney, Bookstart bags are distributed by the health visitors at Baby

Health checks: health visitors advise that they have over 90% take-up rate at these health checks so this means over 90% of babies in Orkney are receiving their Bookstart bags. In Shetland, Bookstart and Bookstart Plus are both provided as enhanced resource-based services. Here, the 'Treasure Box' for 3-4 year olds offers the opportunity of a coherent and progressive development of an already existing programme. The pack includes books and drawing materials, as well as information for parents on the benefits of reading together and joining the library. One Sure Start Contact Officer suggested that they see parents as the child's first educator. This suggests that any service that promotes confidence and skills for parents will also support children's ability to learn.

West Lothian Case Study

Locality groups provide activities which enhance development. Some have specific sessions related to storytelling, structured programmes such as PEEP and play-along-maths. Support to schoolgirl mums project enables girls to continue at school after giving birth. High quality care is provided by childminders and a key worker ensures all aspects of care are addressed. The Kickstart project provides books, storytelling sessions, library information and general activities aimed at encouraging children's use of books.

Strengthening families and communities

Strengthening families is of course fundamental to Sure Start Scotland, as ensuring a good start in life will support families, parents and children. By trying to identify vulnerability at an early stage, Sure Start Services often keep families together and a number of Sure Start Contact Officers suggested that such preventive work obviates the need for statutory intervention. The intensive work outlined earlier in this chapter provides this support to strengthen families. Many services are community based and provide a non-stigmatised point of contact to help families access mainstream provision:

> *'I think Sure Start is reaching families who would not engage with mainstream services without support. Community based resources offer a non-stigmatised point of contact which supports families to access mainstream services which they would not necessarily do on their own'.*

Communities are strengthened through local developments, involving parents in service planning and delivery, the use of volunteers, movement into training and through developing connections between parents. In Aberdeenshire, area community support networks and Early Years' Forums have a budget of about £5,000:

> *'and then they spend it locally and it's a joint decision making between all the Early Years' workers in the area along with parents and that works very well'.*

Parent and toddler groups and other parents groups provide a forum for parents to interact with peers from similar backgrounds or in a similar position and increase their social contact, social network and reduce isolation.

West Lothian Case Study

Locality groups provide socialisation opportunities for parents and children and the provision of a range of support groups provided by the Sure Start Team (…) and Barnardos (…) enable parents to develop their ability to parent more effectively. Provision of services for men by men has encouraged more men to play an active role in their children's upbringing and increased their ability to do so. Numbers of men engaging continues to rise and services widened to include antenatal young dads' groups. Individual support targeted at families who are experiencing difficulties is provided by Sure Start family support workers (…), Home-Start, Barnardos and through the provision of childminders, in conjunction with SCMA. Locality groups encourage communities to identify their issues and act upon them. For example, (…) Sure Start Group promoted community involvement in setting up a food co-op and healthy lifestyle initiatives, all activities which are valuable in themselves but which have also contributed to creating a more cohesive and united community.

Summary and conclusion

This quantitative component of the mapping exercise obtained data on services from 27 local authorities. Completing the templates was an onerous task. With the development of Sure Start, there has been a growth in the number of services in each local authority. Usually the templates were sent on to individual service providers within each local authority for completion as the information was seldom centrally available. Those local authorities unable to provide the data reported that they were too busy, including undertaking their own mapping exercise or undergoing restructuring.

The excel database set up to record the data obtained across the three years from 2001/02 to 2003/04 can be updated as additional data are received. While the research instruments developed for this exercise built on the range of services reported in the first mapping exercise and to meet the specific needs for information of the Scottish Executive Education Department, it should be noted that it remains difficult to capture, in a quantitative way, the range and flexibility of service provision, even more so as services become integrated and Sure Start Scotland services are embedded within wider early years' services and planning. This mapping exercise tried to overcome this by specifying exactly what a Sure Start service was and to categorise each service as its main service type but also documenting additional types of provision. This enabled the mapping exercise to being to capture the range of provision both within and across service types. The mix of quantitative and qualitative data also helps to capture both the breadth necessary for mapping provision and the depth required to understand service planning, development and impact.

Although there are reservations about the completeness of the data obtained, the information provided will be an underestimate of Sure Start Scotland services across Scotland. The templates received were completed well and provide a broad picture of the range of provision. More robust data could only be obtained if all local authorities collected and collated monitoring data in a similar way within frameworks agreed in advance. Nonetheless, the picture of Sure Start Scotland that this component of the mapping exercise has provided demonstrates that:

- There has been a substantial year on year increase in the number of places provided across a diverse range of services for children 0-3

- There is evidence of very early intervention through pre-birth provision

- Parent places have also increased year on year

- Integrated packages of care and integrated provision are becoming well established

- Services reported meeting the full range of Sure Start Scotland objectives and these seem to drive planning and delivery of services

- Fewer services reported meeting the health related objective compared to the other three objectives, although this still comprises a large majority (80%)

- Centre-based provision remains the most common service type with delivery of a range of services often in an integrated and multi-disciplinary way

- Outreach work is the second most common main service type

- A range of intensive, group and resource-based provision is now well established

CHAPTER 3: DEVELOPMENT AND DELIVERY OF SURE START SERVICES

'We have continued to provide integrated and non-stigmatised services to all, but also targeted the most vulnerable families'. (Sure Start Contact Officer)

Introduction

Thirty-one Sure Start Contact Officer interviews were conducted in total and thirty questionnaires were completed. Respondents were asked to fill in detailed questionnaires prior to being interviewed and 30 did so. This was an open ended questionnaire seeking views on the progress and impact of Sure Start Scotland Services; service provision, use and gaps; the service planning process and the evaluation and monitoring of services. Follow up telephone interviews were conducted to clarify and expand questionnaire information and to ask additional questions, for example about training and views about the future. Interviews were also conducted with the two local authorities who did not submit a questionnaire, thus covering some of those questions. In the one Local authority where no follow up telephone interview could be conducted, the planner interview did take place which covered some of the same ground. The questionnaire data was input into Excel for analysis and the qualitative interview notes were analysed by question using Microsoft Word. This chapter focuses on the Sure Start Contact Officers' views about how Sure Start Scotland services have developed since the last mapping exercise in 2001, what difference it has made to how services are delivered, whether and how any specific groups are targeted, whether there is provision for emergency places, and how integrated packages of care are provided. Illustrative examples are drawn from the data provided in the questionnaires and interviews to demonstrate the range of services provided. Lastly, issues related to staff and parent training are discussed.

Service Development since 2001

Since 2001, Sure Start services have developed with most local authorities reporting an expansion of existing services and new developments. The evidence obtained in this mapping exercise supports this in two ways: the number of services that were put in place after 2001 reported in the quantitative data templates and the descriptions provided by the Sure Start Contact officers in both the questionnaires and the telephone interviews.

From the quantitative data templates, 104 (44%) services were already in place before 2001, but the data show a year on year increase in the number of services since that time (see Chart 7 below). This suggests a continued emphasis on developing Sure Start Scotland, increasing levels and types of provision to meet need and to support the Sure Start Scotland objectives. 56 (24%) of services were set up in 2001/02; 25 (11%) in 2002/03 and a further 50 (21%) in 2003/04. Although some services may be short lived projects, the qualitative evidence suggests that local authorities try to continue services once they are established, either by continuing to fund through Sure Start or by mainstreaming them. It is unlikely that the new services reporting were mainly replacing existing ones; instead provision is being extended and enhanced. The year on year increase in numbers of places also supports this suggestion.

Although the short term nature of funding was identified as a factor hindering the development of Sure Start Scotland in both this (see Chapter 6) and the earlier mapping

exercise, many local authorities have also moved towards integrated and more strategic planning (see Chapter 5). Embedding Sure Start services within the overall planning for Early Years was one way of ensuring continuity of provision and some respondents remarked on this process. It can be seen as a key indicator of the success of integrated planning and the place of Sure Start within it. The priority given to early years in general, and Sure Start type provision in particular, now seems to be mainstreamed; although as noted throughout the remainder of this report, there is still room for improvement.

Chart 7: Development of services over time
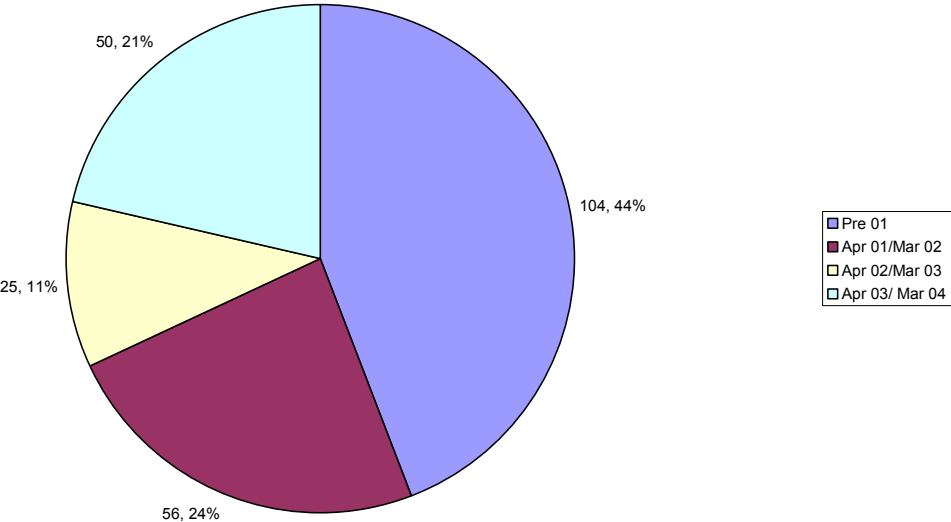
Use of a range of funding streams

As noted in the introduction, Sure Start Scotland is now part of a range of early years' policies and associated funding streams. This mapping exercise sought to find out both quantitatively and qualitatively whether local authorities were drawing on a range of funding streams to develop their Sure Start Scotland services. The quantitative information suggests that this is certainly the case, with 174 (71%) services being funded from more than one source and only 72 (29%) of services being funded solely from Sure Start Scotland funds. A range of additional funds were reported as being used, including Changing Children's Services Fund, Health Improvement Fund, New Opportunities Fund and Better Neighbourhood Services Fund, as well as mainstream funding, as the following examples illustrate:

> *'But in a council such as ……, I think the fact that we have grown all these services is quite remarkable in a short period of time, with joint funding from Early Years, childcare partnership monies and SS…so it's not just SS and I think that's important to state as well, that we have probably pulled in over £2 million in the past 3 years from*

other sources of funding to develop services from 0 – 5 so we've been pro-active in searching for money'.

'There are very few services entirely funded by Sure Start in (Local authority), many have funding from other sources also'.

The following example, given by Stirling local authority, demonstrates how a range of funds is used to develop an integrated service for children aged 0-12, showing how early intervention can be built upon to provide support as children grow older.

Stirling

Fallin Nursery & Out of School Care (OSC) was funded from a pool of 6 funding streams including Sure Start :

-Provides 0-5 early education and childcare, 50 weeks per year from 8.30am to 5.30pm Monday to Friday
-Provides Out of School Childcare 5-12 years 50 weeks per year
-Provides transport to and from surrounding villages (Eastern Villages encompasses a number of ex-mining communities and has a high level of social, health and other problems associated with poverty)
-Provides targeted family support through a nursery based Family Support Worker and links directly to the specialist Family Support & Community Childcare Initiative working with families affected by substance misuse
-Offers opportunities for the wider community to engage with and contribute to the development of the service
-Effective transition and liaison with local primary schools supporting the Integrated Community Schools agenda.

Fallin Nursery & OSC caters directly for the most vulnerable families in the Eastern Villages area, supporting the needs of families in difficulties and those of working parents – often in low paid jobs. Children needing extra help are identified through the profiling and Staged Intervention systems and packages of additional support and care can be accessed through the family support input. Prior to this service opening, Fallin itself and each nearby village was served only by a part-time nursery class for children aged 3-5 years. The impact of the new service has been significant in ensuring that children can be cared for locally with their needs being identified and met appropriately at an early stage within a non-stigmatised environment.

The further information on the planning process provided in Chapter 5 suggests considerable movement towards integration of planning and funding streams across local authorities. Further issues relating to the integration of services at planning and delivery level are discussed in that chapter and below in relation to integrated packages of care.

Expanded and integrated services

The qualitative evidence provides additional information on how local authorities have developed Sure Start in the context of early years' services. The two main ways in which Sure Start Scotland was reported to have developed since 2001, as reported in the questionnaires, was through the expansion of services and through improved integrated and collaborative working, the latter being a key theme throughout this mapping exercise. The following examples, from a range of Sure Start Contact Officers, illustrate the development of Sure Start:

> *'Some of the initial pilots ...have been consolidated and/or expanded. Investment in capital for new build or improvement of buildings to create Children's Services Centres has created the opportunity for various models of joint delivery……..new partnerships have developed new pilots……Advice from the Scottish Executive that Sure Start should be considered as core funding rather than a short term 'initiative' made a fundamental difference to the way it has been used (in this Local authority). This has allowed us to invest in services and particularly in staff in a way that we could not otherwise have considered'.*

> *'Services are more established and continue to develop within local communities. Inter-agency working has also improved and developed with services complementing each other. I feel there is more awareness with regard to the aims and objectives of Sure Start Scotland both with local families and other agencies and departments with (Local authority)'.*

> *'There is a much greater involvement in the development and delivery of services from a wide range of professionals, in particular health '.*

Other points that were noted were issues such as the variety of provision, flexibility, responsiveness to local need, enhanced as well as expanded resources, development of centre-based provision, movement towards mainstreaming of provision and the targeting of vulnerable families within universal, non-stigmatised services:

> *'In (Local authority), services for children under 3 have been made available since 2001 using the majority of our Sure Start funds in the context of developing integrated, mainstream, universal services. We do not specify any of our services as "Sure Start Services" as they have all been developed with a wider remit for 0-5 (and 5-12 in some cases) plus family support. Vulnerable families with children under 3 are one of the target groups provided for within these wider children and families services'.*

> *'We have enhanced the resources of a number of our projects to enable the projects to develop/respond to the demand for the services, through either expanding places for children or by providing additional resources to support intensive working with parents and families. In addition, where initiatives have proven to be successful we have extended these initiatives to include or expand the services offered by other projects e.g. additional resources allocated to support nursery parents was expanded from the initial involvement of 10 establishments to 17. It is our belief that our projects have continued to develop to support families with very young children'.*

'Initially Sure Start Services were seen as separate from other services and were also thought to be services that needed to be targeted either on a particular geographic area or a particular vulnerability. (Local authority) does retain one particular service that needs both requirements, i.e. geography and vulnerability; however, Sure Start funding has increasingly been used to make mainstream services more accessible and more responsive'.

The following examples provide illustrations of expanded services and a new development that has responded to need:

Western Isles

Roinnagan is a childcare support group based on a family centre model. This service runs 2 days a week in a resource centre in Stornaway and provides a total of 18 places (2 of which are reserved for children with additional support needs). The majority of referrals are made through social work and health. Each child has an individual development plan focussing on learning and development through play. Each child's needs are reviewed regularly through a multi-agency review. Support and feedback is given to parents within the home or the resource centre. Transport is provided for children in outlying areas. This service impacts on both the parent/s and the child by enhancing social, emotional and educational skills, improving resilience and coping mechanisms. In addition, the service offers a respite service for parents and provides them with the skills and confidence to help address difficulties.

Renfrewshire

A family centre which, through Sure Start resources, was expanded to provide nursery places for children aged 0-3 years and support to parents and families. The service provides a range of flexible places to vulnerable children in order to respond to the varied needs and demands. The centre is open 52 weeks per year. The service is also resourced to enable support to parents and families using the service. This is done through one to one support with the parent or family and group support to address a range of issues as follows: parenting classes, behaviour management, self esteem, personal development, and through working with groups of parents and their children to offer advice and guidance on parenting issues. A lot of the work with families is done jointly with other agencies.

South Lanarkshire

Crèche support to new parents to give them 'Breathing Space' was identified by local health visitors via the Communities that Care process as a need, to reduce stress and prevent difficulties developing in the parent child relationship. This initiative is being rolled out via the Early Years Integrated Family Support Teams, with parents requiring this additional support being identified by these teams, community midwifes and health visitors. The crèche is provided by the Integrated Children's Services mobile crèche.

A few local authorities mentioned difficulties with expanding and developing Sure Start Scotland services in their local authorities, because there had been so little progress prior to

2001 that they were starting with very little provision, or because of funding or staffing difficulties as the example below indicates, although even here, positive progress was reported:

> *'We've had some difficulties with staffing and cuts in funding, probably the development has not been as great as it could have been. There's been considerable success in terms of how we've begun to develop services and we can certainly target the funding to address the criteria......(these are) more flexible so (we're) looking at under 5s not under 3s. So it's allowed us to develop, build on integrated services but also to develop initiatives. Overall I would say it's been very successful'.*

Further examples of service development

Sure Start Contact Officers were asked during their interviews whether they felt any new and/or innovative practices had been introduced as a result of Sure Start Scotland. Several respondents said that Sure Start had brought about new approaches to working with parents/families and had enabled imaginative and innovative developments. Many of these related to working with health colleagues and were used in the interviews as examples of good practice in joint working and service development. Thus, although working with health was still identified as an area for further improvement, it was also an area where new developments were bridging professional boundaries leading to innovative work and new types of service.

New posts have been developed in many local authorities. For example, in Highland, community early years workers will sit alongside health visitors, although line managed by social work. In Clackmannanshire, a new Public Health nurse post has been developed to make Clackmannanshire 'baby friendly' and increase breastfeeding rates, linking closely with other health professionals. Specialist substance misuse worker posts were now developed in some local authorities, such as Aberdeen City, where they had not been before. New forms of assessment and early identification of needs were also being developed across several local authorities. The 'Moray Integrated Developmental Assessment Service, assesses children with special needs locally, whereas previously this was carried out in Aberdeen. In Stirling 'The development and piloting of a multi agency single assessment framework is currently a priority piece of work'. Family Support Teams have also been developed in many local authorities since 2001, for example in South Lanarkshire, Early Years' Integrated Family Support Teams link to targeted Early Years' establishments, local health visitors and Community Midwives, and a school based team that is co-located in targeted school bases alongside colleagues from a variety of departments from all agencies. In Highland, Family Support Workers are supported by Senior Family Liaison Officers.

Sure Start Contact officers provided many examples of what they felt were new or innovative services often aimed at early identification of need and thus prevention. Two examples are provided below, but there are many others, such as the Early Start service for autistic children in Midlothian, and 'Just Dads' Groups' in Clackmannanshire to name but two. The following two illustrations provide further examples of developing Sure Start. In the first, a peripatetic Play Development worker can provide support across a rural local authority area. In the second, joint working enables a nursery nurse to provide support within the home to vulnerable families:

Dumfries and Galloway

Play Development Service is commissioned from SPPA, it employs one peripatetic Play Development worker in each of the four old local authority districts. The PDW works with groups of parents and children together, delivering Play Sessions which are designed to improve parent-child interaction, parents understanding of their child's developmental needs, and parents enjoyment of their children. For the most part it's a secondary service and groups come in the first instance through other services such as midwifery, health visiting and family support. We intend that it will assist in improving children's social, emotional and physical development and readiness to learn, by involving their parents actively.

Fife

The Acorn Project provides Nursery Nurse intervention in the home to families with children under 5 years where there are early signs of parent/child relationship and behavioural difficulties. The Nursery Nurses are 'mentored' by health visitors in primary care settings and receive ongoing clinical supervision and training by clinical child psychologists. The approach involves helping parents to develop their play skills (using the Parent/Child Game) to improve parent-child interactions, strengthening attachments and relationships. Referrals come from health, social work and Home Start (voluntary sector).

The project is audited regularly using the HADS scale (measuring Anxiety & Depression in Parents) and the Behaviour Checklist (measuring Behavioural problems in children). Between March 2002 and March 2004, 29 families were involved with the service. Results showed 56% of parents indicated a reduction in anxiety and 67% of children improved in terms of their behaviour. The Nursery Nurses have also delivered group sessions about the importance of play at various community venues including a local high school.

CASE STUDY: Service Providers' Views

More detail about the variety of Sure Start provision was obtained through the two case studies that formed part of this mapping exercise. The views of service providers were sought to provide a richer account of service development in the two areas. Both case studies demonstrate the range of targeted, universal and integrated services that have developed. In each case study area, telephone interviews were conducted with a selection of service providers in order to get some detail about the diversity of services and issues related to their delivery and impact. The topics covered in the interviews were: a brief description of the service; how it has changed or developed; groups not being covered who should be; how the service helps young children and their families; how the respondent would like to see early years services developing in the future. Seven service providers were interviewed in total.

Aberdeen City

In Aberdeen City, a number of specialist posts have been mainstreamed since 2001, providing greater continuity. The Authority is also working to maximise crèche provision with an on-going review. The Management Group has widened to include health and the voluntary sector: *'This provides a clear focus for Sure Start within the integrated Early Years' strategy'.* The following examples demonstrate Aberdeen City's commitment to addressing the needs of very vulnerable children and their families: *'Projects have been developed to address specialist needs e.g. children affected by substance misuse, children affected by homelessness, travellers and teenage mothers'.*

Service 1: The Travelling community
A voluntary sector service operates across different local authorities to provide support for settled and temporary gypsy travellers. The service is funded from 17 different funders, including Sure Start Scotland. In Aberdeen the service is trying to make the traveller site more attractive; Sure Start and Child Care Partnership funding is being used to develop services for the pre-fives, but other services are also being developed, for example: youth clubs, women's group and literacy sessions. The respondent felt that the provision that has been set up in Aberdeen has been very successful. 40 different children under five (25 of whom are under three) have been involved. There is one two hour session once a week with sessional staff. The aim is to negotiate access to learning for young children including taking them out on trips. Water play and sand play are provided, for example. The feedback from the sessional workers is very positive and an evaluation has just been completed of the service. Parents too seem positive. Although the service is for under fives, since the notion of family is so strong amongst this community, older children are not turned away and in fact even teenagers have enjoyed the play. Increasing the service hours would require Care Commission registration and the building needs to be upgraded for that. Other difficult issues relate to child protection and they work closely with social work, including training.

Service 2: Post Natal Depression project
A voluntary sector service providing group support for mothers with post natal depression. Sure Start funding has been used since the inception of the project. Service users self refer or are referred by health visitors. There are both drop in sessions and specific groups; group support can continue for up to 2 years. Clients also have CPN support for 6-8 weeks; they are helped to access other services such as Homestart. Crèche support is provided through another provider; this means that the children are nearby but not in same building. The parents are able to talk freely. The service supports about 50 mothers a year, of which about 12 are self referred. There have also been 12 partners involved. They did try a support group for fathers but this hasn't worked yet; this is something the service would like to develop. Men have come forward and parents have been involved in raising awareness. This respondent said that the service was very integrated and links with other provision. The service is getting better known by health staff and by women themselves. In terms of service development, this respondent would like to see support for grandparents who may be providing support and more focus on the impact on children and their development, which may require more crèche worker training. Overall PND is a key area for preventive action.

Service 3: Outreach work
A voluntary sector service that is providing outreach work to families; this is part of a much larger service for those with mental health difficulties, including residential provision. People are referred to all the outreach services, for example by health visitors or from the maternity hospital. The services are advertised in doctors' surgeries and elsewhere. The respondent said that groups are a very good way of getting people included; the focus here is on prevention

before social work intervention is necessary. The groups help to build confidence and assertiveness and communication skills for dealing with professionals, dealing with each other and dealing with children. The difficulty is getting people to the groups; once they are there the groups are popular. In response to this, five members of staff are training for the mini-bus driver test so that clients can be picked up. Outreach can help families who have no other support and who may not be in touch with services, and their children have no routine until they go to nursery. Giving an example of how the service has helped, the respondent described a young, homeless pregnant woman who was supported to go the maternity hospital, to deal with her relationship with the father, and then after the birth supported by home visits and through groups. This demonstrates the effectiveness of an integrated package of care. When talking about future developments, this respondent said the ideal would be to have no one left isolated; the service currently manages the number of referrals but would need to expand if more people knew about it.

West Lothian

Initially, West Lothian established *'Sure Start as services which could support any parent who requested advice or assistance in giving children the best start in life thus avoiding the stigma which is frequently associated with support given to families in need'.* They were also targeting the most vulnerable by concentrating on areas of high deprivation. They are now focusing more on targeted, vulnerable families *'whilst continuing to maintain the activity based locality groups'.*

Service 1: Family Assessment and Support Team
This is a voluntary organisation service. This supports children under eleven and their families. For the under threes, there is a parenting group, parent and toddler group. Sure Start provided funding in the past but now money comes from other streams. Some groups though are co-facilitated with Sure Start suggesting good integration at the level of service delivery. The service aims to balance social work type interventions with preventive work. There are good links across agencies at practitioner level and at management level, so the respondent feels that the service is well integrated. They are also constantly monitoring and assessing needs. The parent support group is particularly well attended and has run for several years. The service impacts on children and families by helping parents to understand a child's behaviour and development; it also helps build self-esteem and confidence.

Service 2: Parent Action Worker within Communities Team
This post is within Social Policy in the council but involves a lot of partnership with Sure Start. It is a unique post in Scotland and involves working with play groups, toddler groups, Sure Start groups and others. The service aims to empower parents to have a voice and improve childcare provision to enable parents to get into education to do child care related qualifications. This involves going out to groups and using a community development approach; developing skills – for example arts and crafts; first aid training and IT skills for parents and children. This is very flexible training and parents themselves are involved in decisions. The training programme has developed considerably and additional support is provided to help parents take an SVQ in Early Years' Childcare. Level 2 is done in college. The training and development involves close working with Sure Start, involves parents and helps improve the childcare workforce locally too.

Service 3: Scottish Childminding Association
Sure Start funding provides for specific projects in West Lothian. The childminders have basic training and continuous training, including in first aid and are supported by a

development worker. The first service is a specialist childminding scheme for school aged parents. The development worker from the SCMA supports the childminder while the Sure Start worker supports the young mother. The service provides support while the young mother is still at school. The second service is a linked childminding scheme providing emergency childcare for families 'in crisis' but who do not require full social work attention. The service might be a child minder supporting another family member to care for the child if the parent is unable to do so, for example for health reasons. Or, a child minder might be used to enable the family to make hospital visits. The provision is very flexible and may last for over a year; however it is not necessarily full time provision. Transport is also provided as the childminders are not necessarily in the locality. The council decides if the need is to be met by social work or Sure Start. Sure Start decides if their criteria have been met. The service is oversubscribed. In both cases, the respondent felt that not everyone knew about the service who needed it or could refer people to it.

Service Provision 4: Scottish Pre School Play Association:

This large voluntary organisation has two staff on the ground in West Lothian, and they are currently recruiting for one more. In terms of playgroups the major problem is keeping staff and committees in place. The association, through these workers, looks to see what provision is in an area and what is needed; they also support a group if this is needed to keep it running successfully. These posts are either full or part funded by Sure Start. Other funding comes from the Early Years' Childcare Partnership; some playgroups are also pre-school education providers. At playgroups children are supported in a variety of ways. Some children stay there and do not take up a nursery place; some groups are from birth to three, some take an older sibling. The respondent thinks there is good coverage in West Lothian, and there are attempts to get services in the most deprived areas. The respondent described good working relationships across agencies and joint working on the ground; all partners are equally valued. There are regular meetings and also evaluation of the service through reports from the provider and statistics. In the future, joint working will include health visitors, especially in identifying the training needs of parents (for example in terms of child development). In terms of impact, if a parent is attending a toddler group, she can get support from peers and develop an awareness of what play can do in terms of the development of the child. For the groups this can be supported by a member of staff, who needs to build up a good relationship with the group and who can provide some activities.

These detailed views of a small sample of service providers across the two case study areas highlight examples of how these two local authorities have developed and extended their Sure Start services. Issues relating to integrated provision in both local authorities seem to be models of good practice, where integration at service delivery and management levels ensure parents and children can access services to meet their needs. Capacity building is also highlighted through the provision of training for parents and childcare workers and development posts seem to be useful. Both local authorities are tackling the need to reach the most vulnerable while maintaining a non-stigmatised, preventive approach by outreach and other work within hard to reach communities. Some services support parents to access mainstream provision or to generate community based provision such as a new play group. Other services are developed to meet the needs of specific communities or groups and are often flexible in their approach and reach beyond the early years.

Integrated delivery of services

The scale of developments highlighted above through the quantitative and qualitative data was discussed further in the interviews conducted and through specific questions in the questionnaire. Local authorities identified innovative change, the development of new posts, some capital spend, and a growing level of integration. As noted above, the most common change that Sure Start has made to service delivery since 2001 was that it has helped to enhance practices for integrated and joint working. All the Sure Start Contact Officers said that they were attempting, wherever possible, to work with other agencies both internally within the local authority and externally with other service providers and other agencies such as health. A few local authorities were already working in such an integrated manner, but for most this has been achieved, or is on the road to being achieved, through developments in the past few years. Many examples were provided of such joint working, for example, in East Ayrshire 'Learning Partnerships' are based around nine secondary schools. In these Learning Partnerships, secondary schools, primary schools, local nurseries, family centres, health and social work are all working towards an integrated agenda to better meet the needs of families in the local community. Heads of four family centres sit on the learning partnership and school nurses are attached to all nine learning partnerships. The following examples also show how service delivery is becoming more integrated:

Clackmannanshire

NCH Tullibody Family Project: Working closely with NCH we have continued to develop and adapt the services delivered in the Tullibody Family project. The model of work is preventative in nature and relies on an integrated approach from supporting agencies such as health, education, housing, social work and appropriate community groups. The services are planned and delivered within a co-ordinated policy framework which takes into account the key policies of NCH and those of the council. The project, in co-operation with parents, provides both direct services and support to families, including mutual support initiatives. The services provided include a multi-cultural learning environment, individual and group support for parents and children, home visiting, befriending, counselling, advocacy and a sessional day care service for children 0-3. The service provides centre-based and outreach family support services. The service delivers intensive family work and works closely with the Tullibody Healthy Living Initiative. The service meets all of the Sure Start Scotland objectives and has a significant impact on children and families in the Tullibody community.

Inverclyde

Family Support Services: Family Support Workers are based in 5 Children and Family Centres. They support the most vulnerable families in their local community. They offer varied services, including: emergency childcare, family learning groups, self-help groups, positive behaviour groups and stress management. Family Support Workers work closely with colleagues in social work services and health services to offer an integrated service. Family Support Workers offer one-to-one support to families at home. This can involve basic parenting skills, establishing routines and safety issues.

Shetland Islands

The Pre-School Home Visiting service provides regular support and advice for parents with children with additional support needs. A planned programme is prepared and implemented by the pre-school home visiting teacher or the part-time pre-school home visiting nursery nurse. Parents are encouraged to work with this programme. The planned programme is about developing the child in all aspects including social and emotional. Other professionals are generally involved and thus the child's health and ability to learn are addressed. As all concerned work together, the family is strengthened. Parents benefit from all agencies working together with a shared agenda. The family is supported until the child has attended mainstream schooling or a special needs class/department for one term, thus smoothing the transition from pre-school into school.

Involvement of health in the delivery of integrated services

Although quite frequently noted as an area where further improvement in integrated working could be made, the involvement of health in the planning and delivery of services has developed considerably across many local authorities since the 2001 mapping exercise (see Chapters 5 and 6 for further discussion). In many local authorities, health visitors were linked to centres or more rarely actually based in centres. Visiting health professionals provide sessions such as baby massage, dietary input or parenting skills, although other staff were also being trained in these areas. The table below shows the extent of such visiting sessions and the importance of the health visitor role linking to services.

Chart 8: Visiting sessions
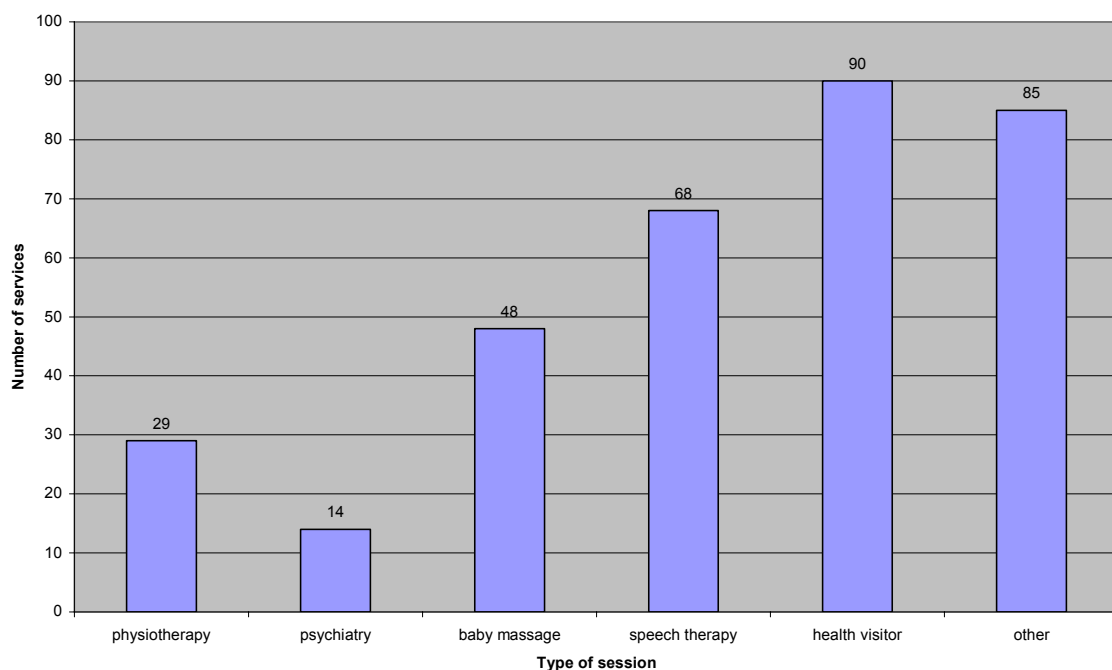
In many local authorities, relationships and integration with health in terms of service delivery was working well, for example with health visitors. However, involving health colleagues in planning and at a more strategic level remained an issue for some. For example, one Sure Start Contact Officer said:

'There are repeated references from the Scottish Executive and indeed from the health board themselves to 'For Scotland's Children' and the need for health to take lead roles etc ... health are working very well on the ground, health visitors, social workers and teachers get on superbly on the ground...but we will never enact 'For Scotland's Children' from 0-3 until health owns the responsibility for the delivery system of the services'.

However, for others, joint working and integration with health had developed well:

'Health is very heavily represented in the Early Years' group. Health has a part to play in the Early Years' services from the very beginning'.

'Health are always partners of ours in almost everything. Even things like the play development service where all the money's in one service, but the service only works because of the partnership working with the other agencies, they couldn't do it on their own, and health are major and highly important partners in most things ...there's not a single thing we're doing that's on it's own. And they (health) have put in resources as well, but that's one of the complications because their personnel system is different'.

Integrated packages of care

In addition to reporting an increase in joint working and integration in terms of service delivery, Sure Start Contact Officers also talked about how families received integrated packages of support. It would seem that there has been considerable development towards the provision of integrated packages of care, but as in other areas of development, precisely how this operates and whether it is being monitored varied across local authorities:

'I think sometimes there's a bit of confusion around what integrated services are and how we provide it'.

'No statistics but anecdotal evidence that children and families involved in centre-based care are also receiving other services. It is important to recognise the different strengths of various projects and the very different contribution they make to families' lives. There is no tracking system to monitor this. The level of support is different between outreach projects and it is common for families to 'progress' between one project and another'.

Many talked about how parents and their young children are likely to receive a range of services to meet needs, and that this may often be very flexible and change over time:

'Many families receive a package of support from more than one service but not necessarily integrated and co-ordinated'.

'All our services are intended to be just one part of a wider picture, but where this is formalised the Sure Start components would not be the co-ordinating partner'.

The following example shows how different services may typically be accessed by a family over time, as they are supported by Sure Start. The example shows how parents are involved in identifying need and how the package of provision can change over time to meet the evolving needs of the family. Thus, a typical selection of services that a family may avail themselves of over the course of a period of about a year through the Family Support Team would be:

Angus

Introductory home visits, to assess and plan with the parents what is wanted / needed.

Over a period of time, parents attend a weekly parent and baby group, where mutual support through discussion and activity; health issues, child development issues, housing etc. may be discussed…the parents set the agenda.

Access to Toy Library / Book Lending Library is encouraged.

"Groovy Grub Lunch Club". Attend once per week, parents and baby and older infant. Parents take turns in assisting in the preparation of a healthy lunch for themselves and their peers and infants, and then enjoy eating it at lunchtime.

Access (Drop-in facility on site) the Sure Start health visitor, or Sure Start Mental Health Promotion Worker to discuss any issues / concerns that parents may have.

"One-off" home visits to address issues of a personal nature etc., this could include welfare rights, housing advice, domestic violence etc.

If wished / assessed as needed, commission Community Childminding for a few hours per week for a limited period in order to provide respite for parents as well as quality care for the infant(s).

Provide safety equipment, for example stair gate, fire guard etc.

Integrated packages of care, however defined or described, were thus seen as essential support for vulnerable families:

'Integrated packages of care has proved to be a lifeline and the only way of delivering services to many of the families who have been supported through Sure Start. For some families more than one service has been essential to keep a family together. The strength of Sure Start is built on the basis of partners coming together to deliver a service that is tailored to the individual needs of children and families as one size does not, as we know, fit all'.

The following examples, provided in two of the Sure Start Contact Officer questionnaire responses, shows how families are supported through an integrated package of care:

Working closely with health visitor services and housing, a young single mum has been receiving support. She has a young baby and appears to be suffering from low nutrition/(anorexia)…The young girl is from a well known local family where alcohol and drug misuse is a significant family issue…The young mum had recently secured a tenancy for herself and her baby. The young mum appears herself to have been a child who has suffered from foetal alcohol syndrome as well as being very thin throughout and since the birth of her baby. The young girl was experiencing difficulties bonding with her baby and was unclear about what she should do to nurture her baby. There were also concerns about ensuring the baby was receiving sufficient nutrition as the mother often 'forgot to eat' herself. Through a mixture of health, family support, baby day care, parenting/play and nutrition work on a mix of centre-based and outreach basis, the young girl is starting to slowly bond with her baby and develop her ability to nurture her child. The health visitor is very pleased with the progress in the young mum and the baby although support will continue to be required for sometime.

One family with three children under five, one aged six. Mum suffering from long-term depression, not coping. Youngest child aged two, still not speaking and three and four year olds exhibiting significant behaviour problems. Previously this family would have been supported in a piecemeal fashion by a range of providers in a range of locations. A multi-purpose nursery centre, with Sure Start funded health visitor involvement, an early intervention project, a respite care facility for two year olds and a range of parent-focused services can now respond to this family in a holistic way and, importantly for mum, in one place. The two year old is offered three sessions of day care weekly and has within three months made significant progress. The two year old is visibly happier and more content, is moving about much more confidently and is beginning to talk and become more sociable. The 3 year old has a morning place plus lunch and the four year old has been offered all day care. The six year old has been offered two out of school sessions, which means that two afternoons a week mum only has the baby and the three year old. Mum looks better, has participated in soup making sessions and regularly borrows books and puzzles and games from the nursery's lending resource. In addition, Mum has made friends with other mums and was seen recently in the parents' room offering great support to a Dad who was describing his difficulties to her. Behaviour of all four children has settled. They all benefit from the substantial snacks and school dinners on offer and the health visitor has arranged for the three year old to get his eye problems sorted out after a run of non-attendance. Mum hugged the nursery head and called her a 'life saver'. This is not an uncommon scenario.

Although recognising it is difficult to assess the numbers of integrated packages of care provided, the questionnaire asked Sure Start Contact Officers about the proportion of children who received a Sure Start service who also had an integrated package of care. The definition of integrated package of care for this purpose was a co-ordinated approach built around the needs of children and families that has led to parents and children receiving more than one service. Twenty-seven provided an estimate of this. Just over two fifths (41%) of local

authorities said that 75-100% of children were receiving an integrated package of care. Just over a quarter (27%) of local authorities said that 50-75% of children were receiving an integrated package of care. Just under a quarter (23%) said that 25-50% of children were receiving an integrated package of care and only 9% said that 0-25% of children were receiving an integrated package of care.

Chart 9: Percentage of Children Receiving Sure Start Scotland Services with an Integrated Package of Care
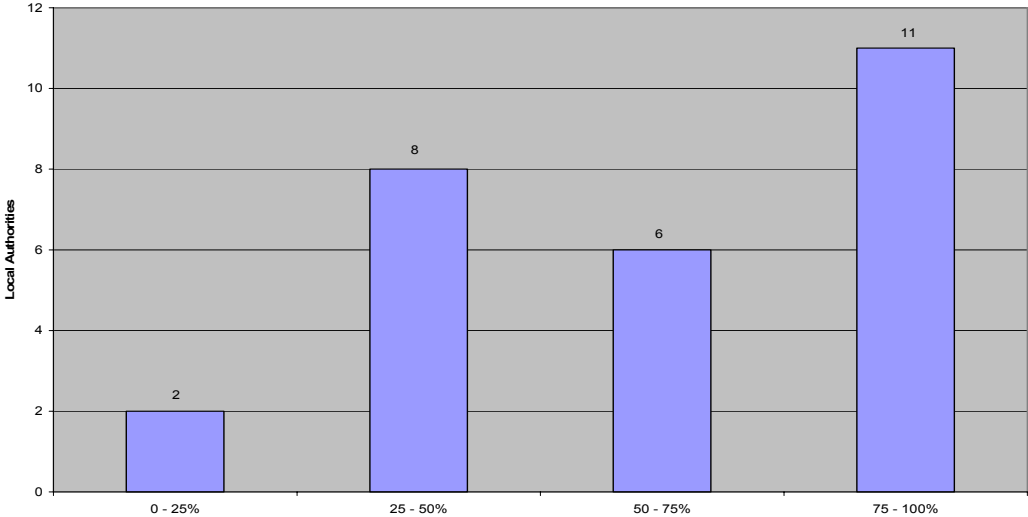
Providing integrated packages of care

Although it was clear from the questionnaires and interviews that many families would be receiving a range of services, flexibly provided to meet changing needs, the extent to which this was co-ordinated varied across local authorities. The most common ways in which such packages were co-ordinated were through family centres, admissions panels, the initial referrer or some kind of 'Early Years' group or integrated children's services group. Many, however, used their referral process to assess need and co-ordinate support. Many were paying particular attention to the referral or admissions process to support integration, for example through the development of joint assessment frameworks or an integrated children's services implementation process:

> *'A child in need model of assessment and support is currently being developed for all agencies to use and this will promote a more systematic service....'*

> *'The development and piloting of a multi agency single assessment framework is currently a priority piece of work'.*

> *'The Home-link service in particular has established secure links with other agencies such as health visitors and social workers, and the voluntary organisation Home Start. There is a considerable amount of liaison takes place where 'integrated packages of care' are carefully designed to support vulnerable families'.*

Provision of emergency places

The majority of local authorities said that they were able to respond to requests for emergency places most commonly in relation to: daycare, nursery, respite, crèche, community childminder and family centre places. A total of 102 out of the 246 services where information was provided for this mapping exercise provided some kind of crisis support. From the 30 questionnaires, 27 local authorities said that they could provide emergency support; responses varied from one local authority saying they 'would do their utmost to help' to another where 'In some projects places are kept free for emergency referrals'. Emergencies were accommodated or dealt with in different ways, sometimes through the usual referral or admissions process, sometimes a service would be provided which would then be followed by more formal assessment and some had access to a supplementary budget for emergency places.

The following example shows how such emergency provision might operate:

A young mother, fleeing domestic violence, had hoped to stay with relatives. When this fell through, she had already given up the lease on her flat. The Sure Start team liaised with another Local authority for this woman to access Sure Start projects there and supported her through the housing crisis and offered support around the domestic abuse issues.

Targeting of specific groups

Although the overwhelming ethos adopted by local authorities in relation to Sure Start was to provide support for vulnerable children and families, in a non-stigmatised way, through universal services, this did not mean that there was no specific targeting, for example of particularly vulnerable groups or of specific geographical areas. As one Sure Start Contact Officer noted:

'So the whole Sure Start philosophy here was to take mainstream good quality childcare that should be accessible by every child and overlay it with layers of increasing specialism'.

Targeting those with additional support needs is described as enabling parents and children to access universal services more effectively, as the example from Dundee City below illustrates:

Dundee City

Sure Start Early Intervention Projects: three early intervention teams consisting of two extra staff members (a nursery teacher and a nursery nurse) have been established. The nurseries are co-located with child and family centres, and a new service for children aged 0-3 has been established. The projects are focused mainly on children aged 2-4 years and set out to provide additional support for young children whose development and learning may be compromised by a range of social, emotional and/or health related problems. To date more than 150 children have benefited directly from the Sure Start Early Intervention Projects. However, this work has had significant implications for a wider population of children as early years professionals have worked together to improve support for children and families and to develop new approaches to tackling common issues. The teams have developed a range of strategies to improve support for all children. However, a clear implication of the additional resource has been that in all 3 nurseries, children with complex additional support needs have been integrated into mainstream nursery settings.

Local authorities work to meet the needs of vulnerable families with very young children and through this they are able to meet the needs of specific groups:

> *'We hope that making services easier to use will mean that those who were hardest to reach in the past will have more chance of benefiting from them'.*

The quantitative data obtained on services provided suggests that a wide range of supports are provided to different communities, as the following table demonstrates, with young parents being the group supported by the largest number of services. However, these data do not necessarily suggest specific targeting, as provision may be part of a more universal service.

Table 1: Support to Specific Groups

Drug misusing parents	92
Minority ethnic/ minority language communities	46
Those affected by domestic abuse	77
Young parents	112
Those affected by Homelessness	56
Fathers	74
SEN/disability	93
Travelers	34
Other	55

The meanings attached to the concepts of targeted and universal services are variable, with some targeting being achieved by prioritising particularly vulnerable groups, by ensuring mainstream provision is accessible, or by developing specific services to meet the needs of particular groups. The following examples from the interview data illustrate some of these differences:

'I think we feel, within family support, that having specific target groups in…(Local authority) is very difficult because of the population, that we actually need services that are flexible enough to respond to the needs of all parents, not just parents with a learning disability or parents with drug misuse problem or parents with a mental health problem. The groups of very vulnerable parents are small and scattered and that's why our 0-3 intensive outreach team manages to do the work it does because they will go out to all parents who are vulnerable rather than specific groups. For the nature of our area, that seems to be the most helpful approach'.

'I think the whole admissions policy sets out our store on the type of people we should be targeting, and we're very clear that Sure Start is not a universal service obviously and that Sure Start is wholly used to target the most vulnerable groups'.

'We certainly don't do ethnic minority very well. We need to focus a bit more, we don't do it because in practice it doesn't bubble up as a major issue in (Local authority) but we should be wise enough to know that minority issues don't bubble up very obviously in many places anyway until it hits the fan. If it doesn't bubble up it probably means that we're not reaching out properly, and that goes for travellers and other minority issues. So we've a lot to do, a lot to catch up'.

During their interviews, most of the Sure Start Contact Officers said that they did currently target some specific groups via Sure Start funding; the main ones mentioned are shown in the table below, with the most popular responses at the top. However, these figures should be treated cautiously as they are compiled from semi-structured interviews and are not comprehensive.

Table 2: Groups targeted by local authorities via SS money

Group	Number of local authorities saying this
Children with special needs	14
Ethnic minorities	6
Young Parents	2
Lone Parents	3
Substance misusing parents	3
Travellers	4
Men as carers	2
Women affected by domestic violence	1
Parents with a learning disability	1
Neonatal health problems	1
Geographical areas (e.g. deprivation)	1

The balance between supporting vulnerable families through universal or mainstream provision and developing specifically targeted services was different in different local authorities, reflecting the nature of service provision and delivery, the ethos and also the needs of the population being served. However, almost all Sure Start Contact Officers mentioned the way in which universal services, or targeting within universal provision can help to overcome stigma:

> *'There is less obvious stigma about "vulnerable parents" accessing services within Centres which cater for a variety of parent and children's needs'.*

> *'Within (Local authority) we have continued to provide an integrated and non-stigmatised service to all, but also targeted the most vulnerable families'.*

Overall, local authorities orient their services around the needs of vulnerable families both through universal provision and, where appropriate, the targeting of specific groups. As noted above, the concepts of universality and targeting are differently understood and operationalised within an overall ethos of non-stigmatised provision. Such flexibility seems useful especially as local authorities are increasingly moving towards integrated service planning and delivery. A range of provision linking mainstream and more targeted approaches may best meet the diverse needs of families and family members.

Staff and parent training

The area of staff and parent training was also highlighted by many local authorities as something that had been developed further since 2001. Supporting the development and retention of a skilled workforce was considered important as was supporting parents to improve their skills as parents, and also through other training. Training was also described as something that supported inter-agency working. In the interviews, all the Sure Start Contact Officers were asked whether they had been able to offer any staff or parent training as a result of Sure Start (or Early Years) funding; although not all offered staff training with Sure Start funding, all responded positively that they had been able to offer and usually develop staff and parent training.

Staff training

Staff training included a range of possibilities, for example: training in a range of parenting programmes; breast feeding support; child behaviour programmes; local authority specific programmes such as Fit Ayrshire Babies or Play @ Home. The interviews suggested how important such training was in developing services, meeting the needs of vulnerable families and in developing the workforce:

> *'If you can help parents to get their children to sleep properly, you've then got a parent who's able to address issues in the day because they won't be sleep deprived. That's why we've trained a lot of our early workers in sleep counselling – so a lot of our community learning Sure Start workers, a lot of our social workers, health visitors as well, they've done the Sleep Scotland training. That's been very effective; it's been very very helpful particularly for some of these children whose sleep patterns are very different'.*

'I mean even things like the inter-agency training, some of the most successful things, we had things like the working with parents who use drugs for home visiting workers. This was provided by...at the time. Something like that makes a fundamental difference to the way someone approaches their work, it's quite intensive and challenging training, it's actually making people think about how they approach this and their own prejudices'.

'Workforce development – linking that very closely with the needs that we have within childcare and linking that again through Sure Start as well, and there's been a lot of work done in that area, to build up accredited learning opportunities. So not only are we looking at it as training that has an impact on the level of service delivery, we're also looking at training with a clear pathway for people so they can recognise the benefits of it and particularly with employment opportunities'.

Parent training

Staff and parent training were not always seen as separate activities, as sometimes both were trained together and also parent training may lead directly into work with children and families, as the following example suggests:

'We encourage parents to participate in all our training programmes, whether it's accredited or not. We certainly try to ensure that, in terms of the workforce development, we are looking at that as a means of improving the workforce. We don't see the two things as separate; parents can participate and become part of the workforce'.

From the service information received, there was evidence of considerable support in the form of different training for parents, as noted in the table below:

Table 3: Parent Training

Type of training	Number of services
parenting training	137
personal/social/ development/ assertiveness/life skills	132
vocational/employment/literacy	64

The most popular form of training was some kind of parenting training, and a number of different types of parent education are offered, such as Mellow Parenting and Triple P, and staff are trained to deliver this. Other types of training include training around health related issues, literacy, child development, meeting specific needs or problems, or supporting parents into education and training. Much training is delivered in family centres and is supported by crèche provision. In the example below the Sure Start Contact Officers explain the range of training developed, in the first example across the local authority and in the second within a specific project.

Scottish Borders

In terms of training for parents – we've developed three courses of our own, we deliver a lot of group work courses to parents but in terms of parent training we've developed three courses that are Scottish Borders council owned courses which are: Stay and Play, Play and Learn and Play and Health. The first two we deliver, that's to do with learning to play with your child and also moving your child on and preparing them for nursery education, and Play and Health is a course that was put together by health colleagues from dental health, speech and language, health visiting, dietician. It's a course that we deliver, but it's basic health information for parents of children 0-3. We do something called basic parenting which we provide for our parents with learning disabilities. That's a course that's been put together using a variety of materials. There's also a lot of parent training in the teenage parent group about baby brain development and breastfeeding and weaning, there's a lot of parent training going on in that group.

North Lanarkshire

The biggest single project is the Home Link Project which is located within our Community Services Department. The project works on an outreach basis providing group support sessions to vulnerable parents and their children. The service responds to local demands and a range of support sessions are provided in local communities in a variety of accessible locations including community buildings and nursery centres. Families are mainly referred from other agencies notably health but can also self-refer. A range of courses is offered for different needs and abilities ranging from parent/child play sessions to more formal training such as the Pram to Primary package. The project meets objectives by supporting parents in their parenting role and the approach adopted has facilitated the development of good relationships with groups of very young parents. The project meets objectives by supporting parents in their parenting role, valuing them and giving them confidence and this has had a positive impact on the parent/child relationship and consequently on children's health and development. Parents are also encouraged to move beyond the project itself with routes to learning being identified and promoted.

In addition to the types of training outlined above, parents are also supported in more informal and unmeasurable ways through ad hoc contacts while accessing services.

Summary and Conclusion

Sure Start has developed considerably since the last mapping exercise. While Chapter 2 focussed on the range of services and numbers of children supported, Chapter 3 has looked in more detail at how services have developed. 56% of current services for which data were obtained have developed since 2001, suggesting a continued growth in provision, reinforced by the growth in the number of children supported reported in Chapter 2. 71% of services were funded from more than one source, suggesting integration in both the planning and delivery of services. Sure Start Contact Officers reported that Sure Start had enabled an expansion of services since 2001 and greater integration of services and joint working,

especially at service delivery level. Although the overall picture is optimistic, a few local authorities did note that development had not been as great as hoped, on account of funding or a poorer baseline of provision before 2001. Relatedly, although this mapping exercise reported greater integration, especially greater involvement of health, for a large minority of local authorities, involving health was still proving difficult. Local authorities also identified innovative change, the development of new posts and some capital spend as characterising the development of Sure Start in their areas. Overall, the development of Sure Start includes:

- Expansion and increased integration of services.

- Improved joint working, especially at service delivery level.

- Innovative practice, including working with health in the delivery of services.

- The provision of integrated packages of care, whether formally co-ordinated or not

- Targeting the most vulnerable families, often through universal provision.

- Targeting those with additional support needs, such as children with special needs.

- Provision of staff training, especially supporting inter-agency working.

- Provision of parent training to support parenting skills, child development and access to education and employment.

CHAPTER 4 THE PERCEIVED IMPACT OF SURE START SCOTLAND

'We know we are helping people but it's hard to show the evidence' (Sure Start Contact Officer)

Introduction

This chapter focuses on what the Sure Start Contact Officers said about the uptake and impact of Sure Start Scotland and provides qualitative evidence about such impact. Chapter 2 provided quantitative evidence on numbers of children supported and the range of services offered, while Chapter 3 identified the ways in which services have developed to meet the needs of vulnerable families. This chapter also considers what the Sure Start Contact Officers and key planners reported about the involvement of service users in the planning and delivery of services. Difficulties associated with measuring impact are also considered alongside issues related to monitoring and evaluation.

Uptake of services

All of the local authorities reported an increase generally in the uptake of Sure Start services since the end of 2001. In most local authorities the majority of projects are nearing capacity or are at capacity and some have waiting lists.

> *'The uptake of Sure Start Scotland services within (Local authority) has continued to be very positive. The projects have continued to report an ongoing increase in uptake, with figures stabilising and projects reaching their capacity. This includes the uptake of nursery or day care places for children under 3, the uptake of specialist support and group activities for parents'.*

Some noted that it was hard to keep up with demand and that service development quite appropriately generates demand by identifying unmet need:

> *'If we take fostering as an example - if we have 20 fostering placements we will fill them, if we have 25 we will fill them. To a degree we draw the line according to the resources we have available. Now that Sure Start services are set up people see the value of them. Because the services exist, need that can be met by this type of service is identified, for example by health visitors, when they go to see a family. Setting up services encourages the identification of genuine need, which puts further pressure on resources'.*

As in the 2001 mapping exercise, however, some Sure Start Contact Officers were keen to point out that quantitative measures of uptake do not do justice to the initiative nor to the impacts it may be making:

> *'We do not operate a "number of places" type of service, i.e. we do not offer solely a nursery type service, however there has been an increase in the number of families receiving a service over the years.... However, we have not adopted an attitude of "never mind the quality, feel the width", and gone for increasing our gross number of families serviced. We have tried to respond more flexibly to families in need, providing a higher level of service to the families in greatest need'.*

'Uptake is a misleading term. Numbers are always low in rural areas'.

A few local authorities noted that they have ceased to advertise a particular service as further demand could not be met, and as will be discussed in Chapter 6, there were gaps in provision suggesting a level of unmet need.

Many Sure Start Contact Officers reported that it was difficult to reach the most vulnerable families and noted success in this area. Early intervention was considered very important and achieving this was one measure of the success of Sure Start Scotland. Encouraging vulnerable families to come forward was remarked upon as important when considering uptake:

> *'Parents feeling that it is not a sign of failure to require/seek advice, guidance and support with all aspects of parenting and stress management. Parents are being given a wide range of services to choose from'.*

> *'We hope that making services easier to use will mean that those who were hardest to reach in the past will have more chance of benefiting from them'.*

The impact of Sure Start Scotland

The Sure Start Contact Officer interviews and questionnaires provided the opportunity for the impact of Sure Start Scotland to be discussed. As noted by several respondents, measuring impact is difficult, for example:

> *'We need to be able to meaningfully assess outcome. We have a lot of services but need to look at them and determine which ones actually impact on the quality of people's lives'.*

> *'Not all success can be measured'.*

> *'We know we are helping people but it's hard to show the evidence'.*

However, the data generated through the interviews and questionnaires were replete with evidence relating to perceived impact. At one level, this related to the delivery of services more generally, and how these meet the overall objectives of Sure Start Scotland discussed in Chapter 2. For example:

> *'We hope that making services easier to use will mean that those who were hardest to reach in the past will have more chance of benefiting from them'*

> *'By developing parents' self-esteem and abilities to parent, services are supporting adults to be able to provide care and nurture for their children thus improving children's social and emotional development'.*

> *'Services and projects which operate on a local basis have made an impact on the quality of life for the children and the parents'.*

The interviews provided a strong sense that people know Sure Start works and that it makes an impact on parents' and children's lives. However, the evidence for such a conclusion is varied, ranging from anecdotal, the use of a range of feedback and more robust measures, including on-going evaluation and monitoring:

> *'We know it works from the discussions/feedback reviews, feedback from parents, other stakeholders and from staff's direct observation of, for example, children's capacity to interact better with their peers, the children's ability to play and explore their environment…'*

However, as noted above, measuring success is difficult, not least because of the long term nature of some outcomes:

> *'We can establish changes in parent confidence and even parent-child interaction but can't yet say definitely changes in the life outcomes of the children. We have realms of feedback from parents saying the various services have made a difference'.*

Some respondents provided some basis for their overall perception that Sure Start is making an impact, as in the example above where a combination of feedback from staff and parents and direct observations provide evidence of improvement in children's social development.

This next example demonstrates how success can be measured, and draws on one of the illustrative case examples provided by the Sure Start Contact Officers:

A single parent with 2 children was referred to (the service) by the local health visitor due to concern about the younger child's behaviour. The mother was anxious that her child not be labelled as 'difficult'. On the initial visit the child appeared to be controlling the interaction with his mother. The mother was reluctant to mix socially outwith the home due to the child's unpredictable behaviour and frequent temper tantrums. Over a 6-month period the parent and child engaged in play sessions and the interaction improved, culminating in the mother successfully hosting a birthday party for her son. In the longer term, the child has now successfully entered primary school and both mother and father (separated) have agreed boundary issues for their child's behaviour. The intervention showed a 50% reduction in the child's behavioural problems (as measured by the Behaviour Checklist) and a reduction in the mother's anxiety (as measured by the HAD scale); the family were successfully discharged from care.

Others provided less precise reasons but nonetheless were convinced of the positive impact of Sure Start, for example through identifying better transition to nursery:

> *'There is reason to believe that the transition from home to nursery is more manageable with nursery staff being faced with fewer unknowns when welcoming 3 year olds into nursery. There is also reason to believe that planning for transition allows parents to be more content with arrangements made around their children'.*

Or, as in the following example, how a particular service can impact on confidence and self-esteem:

> *'Some of the parents that were involved initially in the drop-in service are now committee members, or some of the local parents have gone on to do (a child care qualification), so it's creating employment over and above self-esteem and confidence. So we have strong indications that it is having that kind of impact. The impact on children can be more closely monitored as we've got fully qualified and experienced staff providing those services to children. The children, through child development, are being monitored as well. That's had an obvious and very visual impact on children being able to interact with their peer group and be in their local community…and they probably wouldn't have access to those kinds without the service provision so I think the impact, although I'm saying it's difficult to measure confidence and self-esteem, I think you can safely say that for some people their confidence and self-esteem has been built up'.*

Positive impact of Sure Start Scotland services on children/families

There were a large number of positive impacts of Sure Start services on children and their families reported by the Sure Start Contact Officers during the interviews. However, these should be understood as subjective assessments although based on experience often at service delivery level. As noted by some of the respondents, objective measures and assessment of longer term impact are not often collected, although qualitative evidence through case examples and case studies and smaller service level evaluations are available. The reported impacts mentioned in the interviews can be summarised within the following areas:

Reported positive impacts on children

- Improved health
- Improved oral health
- Healthy eating/improved diet
- Improved social and emotional well-being of children
- Children safe and well cared for
- Improved capacity to learn and develop socially/improved child development
- Early literacy of children
- Improved resilience

Positive impacts on parents

- Improved self-confidence for parents
- Improved self-esteem
- Gain more skills and knowledge
- Improved parenting skills/better understanding of child's development

Positive impacts on both parents and children

- Relieving stress on families
- More social contact/families less isolated

- Education for children and parents
- Allows parents to work
- Child and adult literacy improved
- Improving parent-child bonding/interaction
- Overall well-being of families improved

Other positive impacts

- Raising awareness of health
- Able to identify children with additional support needs and help them
- Prompt assessment of need/risk
- Support and help for specific groups: breastfeeding, young parents, post-natal depression
- Prevent need for child protection due to support from services
- Home to nursery transition more manageable and improved
- Improved transition from nursery to school
- Increased access to local provision, services easier to access
- Early intervention

In order to provide illustrations of how families have been helped by Sure Start Scotland, each Sure Start Contact Officer was asked to provide an anonymous case example, usually in the questionnaire but occasionally during the telephone interview. Almost all were able to do so. The selection provided below demonstrates the range of ways in which families are supported, from short term to longer term interventions. In order to further protect confidentiality, the local authorities are not named and other identifying features have been removed or slightly altered.

The first example shows the success of a short term intervention:

This is an example of a simple but effective piece of work. A mother with two boys (5, 2) self-referred. There were no problems with the eldest but the youngest had behavioural difficulties. Mother was unsupported due to partner working away; there is not a family network to help out. In this family there are no problems with poverty, very bright and able parent, just huge problems with this second child. The worker spent a morning in the park with the mother and the child. Mother thought there was something wrong with the child and was very relieved when the worker gave reassurance. Having that discussion with the mother, and giving advice about making boundaries etc, the worker then returned a month later and things were a lot better partly because the mother had been reassured. That was the limit of the piece of work. That could have escalated into something quite difficult by the time the child reached P1, so that was a very successful simple piece of work.

The second example, from the same respondent, is of a more long term piece of work and demonstrates not just how the mother and child were helped but that there were wider spin offs in terms of the playgroup and therefore the support it might provide other children in the future:

In this second example, a 3 year old (only child) had just started playgroup and had been excluded within 2 weeks. The mother was desperate and didn't know what to do with this child. A worker became involved and talked about techniques (how to manage the child) with the mother and then with the playgroup. The worker became the vehicle because it had completely broken down between the mother, the other parents and the playgroup. This assisted the child to come back into the playgroup with everybody using the same behaviour management techniques. It was also clear there were very likely other issues around. The mother agreed to referral so there could be a joint assessment with health. That was a successful piece of work because that child has now got an early assessment not just in terms of his school needs but his family have got help about how to manage him at home, and there's a very positive link now between the playgroup and the parents. Also the playgroup feels more confident about managing such children in the future so they've learned that you don't just exclude, you try different sorts of techniques, and also there are people that you can talk to…so the playgroup have come on. Lots and lots of positives in that.

The third example is of a complex case and shows how the extended family are also brought into the integrated package of care:

This case is of a drug user aged 17 years with a young baby. The grandmother helps support her but finds it very difficult to cope. The centre provides a place for the baby and works with the mum and grandmother and the addiction services. Social work and health have a very high input to this family but the centre brings all these services together to save duplicating the records and discussions. Family support workers provide appropriate discussions and training to help this family meet the needs of the baby and the mum is going into rehab for two weeks. The grandmother will then have time to attend stress management classes in the centre and meet other adults in similar situations who attend a support group. Before this input, this baby was about to be taken into care and now there is hope that things will turn out all right for their future as a family unit.

The fourth example shows how identifying need early can lead to appropriate support prior to attendance at primary school:

A primary school discovered one of its pupils had a young sibling at home who was not attending any nursery provision. A referral was made to the Homelink Worker who contacted the family and arranged a home visit. Both transport and isolation were problems so the Homelink Worker helped arrange assistance with transport and also contacted Home Start. The child now attends nursery on a regular basis, a volunteer from Home Start visits weekly and the family has been able to access other community activities e.g. a playgroup. This is a very typical example of support.

CASE STUDY: Service Users' Views

In order to obtain a richer picture of the felt impact of Sure Start Scotland, a small sample of service providers were interviewed over the telephone as part of the Case Study component of this mapping exercise. These examples show the range of services used and how they helped the family.

The service providers participating in the study were asked if they would recruit a few parents who had used a Sure Start service into the study to provide some information on parents' views. Information sheets and consent forms were sent to the service provider for distribution. The parent was then able to return the consent form directly to the CRFR team in the supplied stamped addressed envelope. Seven replies were received. Short telephone interviews were conducted with four mothers (two could not be contacted on the number provided and one subsequently did not wish to be interviewed) and verbatim notes taken. The interview covered basic demographic information; a discussion of the service or services used for their young child; what they thought of the service; whether they had suggestions for changes or improvements and whether there were additional services or supports that they would like to be able to use.

All service users were very positive about their involvement in Sure Start Services. Different services had been accessed: Sure Start groups, family centre, parent and toddlers, childminder and young mothers' group. One mother with a child with special needs describes the Sure Start group she attended as 'fantastic' and the leader as a 'ray of light'. This mother said that it took her a few months before she felt able to access services and this and other groups were suggested to her by the local community nurses. This was one of a few services she used, such that her child was involved in both mainstream and special provision. When describing benefits to her child, she said that she could see impact on speech, ability to learn from other children and also growing independence. From her own perspective, the Sure Start group and classes at the family centre (supported by crèche facilities) give her confidence; she made friends and found others with similar problems. She felt the impact extended to the whole family. When asked about improvements, this mother felt that more could be done to pass on information. She also felt other services in the area (not Sure Start) needed to be more responsive to children with special needs.

Another mother who used a Sure Start group for her daughter from aged 10 months to 3-4 years, said that she heard about the group from her health visitor and that is sounded fun, that the timing was good (morning) and it was nearby. Although the group includes children up to age 5, most stop going once they start nursery. She liked the structure of the group as the children know exactly what they are going to do and when, in a routine moving from one activity to another. In terms of the impact on her daughter she said 'she can get messy without being shouted at', but also that she learns to share and begins to help with the younger ones. For herself she said that she benefits from talking to other mothers (very few fathers go) and that although it can be a bit daunting at first, it is 'fantastic'. She said you can ask advice and 'you don't have to clean up!' She also praised the group leader and that she would miss the group once her daughter stops going. When asked about improvements she felt the area could do more for older children.

The story of the third respondent in this case study shows how Sure Start can support a parent to develop and move into work. This mother used a Sure Start parent and toddler group with her young daughter. Since she was new to the area she didn't know anybody. A neighbour told her about the group – there is good word of mouth in the area and also a newsletter detailing services. She and her daughter loved it, and she continued to use the group in the morning (once a week) even when her daughter started nursery. She talked about how the service grew and that Sure Start and community education worked together to provide locally based courses and crèches. This respondent has gone on to part-time work as a result and has also been involved in service development. As with the other respondents, this mother describes the impact on the child as supporting social development, helping the transition to

nursery and encouraging children to play together. When asked about possible improvements, she said that the physical state of the premises needed to be upgraded.

The fourth respondent provided information on services used by her teenage daughter who has a young child. Sure Start provided support to this family by funding a child minder; this enabled the young mother to continue her education and the respondent to continue to work - 'a godsend' was how the respondent described it. A Sure Start group for young mums provided support and confidence around the birth and breastfeeding and enabled the young mother to meet others. The family found out about the service through a leaflet at a local hospital. The respondent was 'full of praise' for the help. Her only concern was over continuity of provision once her daughter left school and went to college.

All the service users in this small case study were full of praise for the Sure Start services they had accessed. It is clear that the provision impacted positively on themselves and their young child, and also the whole family. From the perspective of these respondents, the Sure Start objectives were being met. There were small areas of improvement mentioned: ensuring people know about the service and an improvement to premises and continuity.

Negative impacts of Sure Start Scotland services on children and families

In addition to asking about positive impacts, the questionnaire also asked about any negative effects of Sure Start Scotland on children and families. The vast majority of Sure Start Contact Officers reported that there were no negative effects; indeed, as Chapter 6 outlines, the response to Sure Start was overwhelmingly positive. However, a few issues were mentioned in this context:

- A concern that demand for services outweighs supply
- Support may not continue across the transition to primary school
- Expectations may be raised that cannot be delivered in terms of support beyond age 3-5
- A limited amount of anecdotal concerns about continued dependence on support services within a few families remaining with services for a number of years
- A concern that services are well-coordinated to ensure that support does not become intrusive
- Issues of prioritising families with highest need with lower-need families not necessarily having their needs met, thus limiting scope for preventative work

Stigmatisation is thought to be avoided through mainstream and universal services:

> *'Research on Sure Start in England suggests that some families in England feel stigmatised and reluctant to become involved. The approach taken in this Local authority to add onto mainstream services appears to have avoided this pitfall'.*

Involvement of service users in the planning and delivery of services

The interviews with the key planners, the Sure Start Contact Officer questionnaire and interview, all asked questions about the involvement of services users, particularly parents, in the planning and delivery of services. For almost all local authorities, parents had

involvement in these processes, although the nature of such involvement varied as did the degree to which this was formalised and embedded into planning structures.

The planner questionnaire asked how the Local authority consults with and involves service users in the planning and delivery of services; whether the consultations were planned (ad hoc or coordinated) and how frequently and at what stages consultation happened. It then went on to ask whether planners thought this pattern of consultation would change and develop over the next three years. The Sure Start Contact Officers also expressed their views about the planning and service delivery process. All local authorities made some response to these issues; however, answers should be seen as indicative rather than comprehensive. The detail of response varied considerably across respondents, some supplying one or two examples whereas others spoke of up to ten examples of involving service users in planning in some way.

The majority of local authorities indicated that the most important and frequent type of involvement and gathering service user views came direct from frontline services and from consultations:

> *'Service users contribute to the planning process and the "shape" of services by the feedback obtained in individual reviews of the integrated package of care, by feedback and suggestions when the groups are evaluated and by comments made by parents at the time of the 4/6 month follow-up that occurs following closure of the case'.*

Such feedback is gathered by practitioners, continuous user feedback augmented by group discussion and informal chat, feedback sheets, service entry and exit questionnaires and other questionnaires. A few local authorities had initiated consultation with more vocal young children. One respondent commented that strong user feedback came through the process of self referral/selection for a project. Another noted that users commented on an individual project plan. In another a user pressure group had been formed at a local centre. Many Sure Start Contact Officers reported the routine ways in which service users are consulted and involved in services, through feedback through the practitioner, as the following example suggests in answer to a question on the extent to which service users are involved in the planning process:

> *'This would vary between projects. Community based projects in particular are very skilled in user involvement. More specialist services would develop services in response to user feedback'.*

In some cases the Sure Start Contact Officer him or herself was directly involved in obtaining feedback on services and feeding this in, as the following example illustrates:

> *'I think on a very local basis we get people, when they've received a service, to have some sort of feedback at the end and that is fed back and collated. I also attend lots of user groups and I'm very open to people – the one thing I do like is people being very creative and thinking through and everything, but I'm very keen to just ask people and I enjoy the process of actually talking with people 'well if we did it like this/that' and that sort of dialogue…and we have changed things very positively with the involvement of users'.*

Others talked of some of the difficulties in involving vulnerable parents:

'I think where there are very vulnerable service users, it's quite difficult to get them involved in the delivery of that service but what we try and do is consult with them and check out what is appropriate'.

A few respondents expressed doubts as to the efficacy of having users involved in planning groups, feeling that their experience indicated users were only able to represent themselves rather than the wider group and that therefore it was more important to get feedback from users at the local service level rather than the planning level. Three local authorities spoke of disseminating planning information and user views via the Web, a Sure Start Bulletin or a newsletter.

The majority of local authorities said that parents are actively involved in service delivery through community-based groups, parents groups, parent and toddler groups, helping in crèches and nurseries, helping deliver parenting programmes, parent workshops, parent support groups and other groups. Parents are involved as volunteers in many services; they may also bring about new service developments.

Although local authorities were involving service users in a range of ways in the planning and delivery of services, many also noted that this was an area for improvement:

'So a lot of parent involvement, but I don't ever feel complacent about that'.

'I think we do consult and there's going to be an ongoing piece of work with ...University. I don't know if we ever do it enough. But it's also doing it in a way that's not patronising'.

'We use questionnaires, group meetings, review panels, informal discussions, research to inform our planning process'.

Several local authorities said they were always reviewing their methods of consultation and a few said they needed to be more strategic and systematic in what they did. Developments in infrastructure would help for example, guidance from the Integrated Early Years Strategy, employing someone in a research role and guidance on how to consult young children. A few said that they would welcome the development of a national network to share good practice. The example below shows the range of consultation methods being used within Stirling:

We use a large range of methods for consulting with parents – parent groups, parent forums, groups of parents coming together and contributing to dialogue about a service, parents built into planning process. With children – we have done innovative work on how to gather views of young children, age groups 3 and 4 year olds focused on for consultation. For example, have one to one or group discussion, what they like, what they don't like in nursery and use this to build a picture to influence practice. The need for more outdoor play was identified by children in one consultation so now this is a cross service strategy and has been implemented; there is outdoor play each day with appropriate clothing. With very young children the workers observe what children seem to be enjoying.

Local authorities plan to start or continue developments under existing or forthcoming formal arrangements: Children's Services planning; Regeneration agreements; Education Service improvement plan; greater use of the Childcare Information Service; following the Child Protection Inspection; under consultation jointly with health, under Hall 4. Users were reported as being involved in formal planning structures and consultation events for: Community Planning; citizen's panel; Children's Service Planning; theme groups; Childcare Partnerships; Best Value and Service Review; inspections (integrated, HMI/Care Commission, child protection); specialist officers – Children's Participation officer and Children's Rights Officer.

There were queries about feeding back joint consultations, on how consistent the Care Commission is and how to bring the new Birth-3 initiative alongside Sure Start. One local authority mentioned the possibility of developing eGovernment resources. There was mention of the difficulties of conflict resolution in difficult local communities, how consultation is made difficult by rural geography and how it was important that people were not over consulted.

Evaluation and monitoring

Some respondents spoke of more formal evaluation of projects using: interviews with parents; focus groups through services; ongoing evaluation at the project level and regular monitoring at local community level. A few spoke of conducting ad-hoc evaluations as required or in advance of a new service development. The majority of local authorities described various aspects of formal consultations they were carrying out: telephone interviews; questionnaires; focus groups and meetings; local forums; using external consultants. A number of issues were raised by respondents about monitoring and evaluation, with some in the process of developing specific frameworks or commissioning external evaluations. Many pointed out that local projects often evaluated their own work, but that there was a need for monitoring and evaluation to be further developed:

> *'There is no overall evaluation of the complete range of projects. A couple of projects have been funded to undertake independent evaluations'.*

> *'We are reviewing monitoring and evaluation to build it in from the start'.*

> *'We would welcome dialogue about evaluation'.*

A variety of procedures for monitoring and evaluation are in use in local authorities and some were developing more robust approaches:

> *'We've got a reasonably robust monitoring and evaluating framework for projects funded who are in the voluntary sector, and there's a person in post who deals with that but the issue is around where the funds have gone elsewhere, i.e. to education or anywhere within the Local authority. So Sure Start itself as a whole has not been monitored, just bits of it through the monitoring and evaluation frameworks for the voluntary sector, and that's reasonably robust and has been strengthened over the last few years'.*

The following are examples of procedures and approaches that were mentioned during the interviews or in questionnaire responses:

Frameworks/evaluation tools

- LEAP 'Learning Evaluation Planning' framework or other frameworks
- Monitoring through Council's 'Following the Public Pound' processes and contract compliance monitoring
- Self-evaluation tool, 'Child at the Centre'
- Commissioning of a Best Value review
- Reporting framework for community nurseries
- Single Case Evaluation

Visits/Inspections

- External organisational review
- Care Commission/HMIE inspections
- Review days
- Visits to services

Production of reports

- Annual reports produced by teams
- Services produce reports detailing work and evaluation, presented at Childcare Partnership or other strategic meetings
- Annual Standards and Quality Report produced
- Children's Services Plan

Other

- Standard weekly evaluation process/forms and at end of service for service users
- Service level agreements
- Twice yearly reviews of service
- Annual monitoring and review of external services
- Local forum input into the development of children's services
- Internal evaluation carried out through Sure Start steering group or by other groups, such as Sure Start type teams
- A working group to pull together the different methods of monitoring and evaluation in services and develop a more standardised approach
- Managers/providers identify needs of the community and engage with it

Some local authorities have commissioned evaluations of services to be carried out or have carried out their own evaluations of service, including for example:

- Fife: East Fife Women's Aid Children and Young People's Service Evaluation
- Shetland: 'Fife and Mossbank Family Centre' Health Impact Assessment and research on the 'Bruce Family Centre' parent and staff views
- Highland: Evaluation of NCH Sure Start projects in Lochaber, Alness and Merkinch and Family First Evaluation
- Dundee City: Celebrating Sure Start in Dundee. An evaluation of all Sure Start services in the Local authority

- West Lothian: Family Support Worker Evaluation
- Aberdeen City: Travellers' Project Evaluation
- Glasgow: currently auditing Family Learning Centres (using Changing Children's Services Fund)
- Edinburgh: has developed a new framework for monitoring and evaluation

Summary and Conclusion

Local authorities, through the key planner and/or Sure Start Contact Officer, reported an overall increase in the reach of Sure Start Scotland, in terms of vulnerable and hard to reach families but also an overall increase in numbers of families supported. In addition to positive reports about uptake of a greater diversity of services, respondents also suggested a range of impacts on families. Some local authorities have been involved in formal evaluations of at least some of their Sure Start services, and most conduct some kind of monitoring as part of their service development. However, there is no overarching framework for monitoring and evaluation and no consistent approach to measuring success. Nonetheless, reported impacts, often derived from service providers' observations and user views (through questionnaires, discussions and involvement in service delivery) suggest improvements in the quality of life of parents and their very young children. Examples of cases provided by Sure Start Contact Officers, and a small number of interviews conducted with parents as part of this mapping exercise, illustrate the range of ways in which Sure Start services are perceived to impact on families. Improvements in parenting, in children's behaviour, in parents' self confidence and increased access to services all suggest that Sure Start Scotland is reaching vulnerable families and is felt to make a difference there. In summary:

- Local authorities report increased uptake of services and increased reach towards the most vulnerable.

- Local authorities have a range of ways of consulting parents and involving them in the planning and delivery of services, although there is diversity across Scotland.

- Many local authorities would like further guidance on issues relating to monitoring and evaluation, although some were developing frameworks themselves and also commissioning specific evaluations.

- Many local authorities would like to improve on their consultation methods.

- Evidence for the impact of Sure Start Scotland relates to case examples, where perceived and felt impact suggest improvements in parental self confidence and child behaviour alongside access to services.

CHAPTER 5: THE PLANNING PROCESS

'To do integration properly is harder and takes more time' (Key Planner)

Introduction

Interviews with key people involved in the planning process for Sure Start services (or the process within which Sure Start type services were planned) were conducted in 30 of the 32 local authorities. These respondents were in senior positions in the Local authority, for example as Manager for Early Years and Childcare. The location of the participating planner depended on the structure of the Local authority. Some were located in education, some in social work and some in often recently configured departments that cut across previously separate domains. In some cases the nominated planner was one and the same as the Sure Start Contact person, but separate interviews were carried out as the main focus was different. The interviews were conducted by telephone and lasted between 20 and 60 minutes, with most taking about 30 minutes. Interviews were recorded and notes then taken from this recording under different themes and input into N6 for subsequent analysis. Analysis focussed on responses to each of the main topic areas comprising the interview schedule. Firstly, we asked for a description of the planning process, whether this had changed since 2001, how integrated the respondent thought the planning process was, and what they thought had helped and hindered that process. Secondly, we asked about how planning decisions were actually made and which groups had particularly benefited from Sure Start Scotland funding and whether there were groups who were not yet benefited from Sure Start type services. Thirdly, we asked further questions about joint working and key appointments and lastly we asked about how the Local authority consults with and involves service users (this topic was covered in Chapter 4). Specific examples of good practice in joint working at planning and delivery level were also given as illustrative examples of the different ways in which local authorities are moving towards integrated planning. Respondents were candid in their answers about what had often been a process of rapid change within their local authority, highlighting progress, changes in culture, structures and practice as well as discussing difficulties.

The Planning Process

Almost all respondents reported that there had been specific changes in the ways in which decisions and planning for early years services, including Sure Start, were effected within local authorities since 2001. Although a few said that integration was quite well established before 2001, they too reported greater embedding of Sure Start within overall integrated planning and delivery; structures may not have changed as they already supported joint planning, but the overall culture is changing, as the following key planner noted:

> *'The integration of service delivery (joining social work and education) has necessitated integrated planning. There has been political commitment... towards holistic vision for children'*

A language and structure of integration seemed to be embedded in most cases, with a move towards more strategic decision making for Sure Start in the wider planning context. For many, this involved a move towards integrating Sure Start within overall early years planning and delivery and a movement away from a project based approach to Sure Start. For example, in Stirling a number of budgets are brought together within the Integrated Children's Service,

with Sure Start money being used to focus on early years' provision in conjunction with other budgets. In other local authorities, Sure Start remained a distinct domain with its own budget and planning or steering group, but this also tended to be integrated into the wider planning process. For example, Sure Start may be a subgroup of the Child Care Partnership with input upwards to the Children Services' Plan, as in North Ayrshire, with Sure Start 'part of the bigger picture now'. In Dundee, a Sure Start Implementation Group, which has wide representation, including from the private sector, makes planning recommendations which then feed into the Early Years' Childcare Partnership and the Children's Services Planning Executive Group, and then finally to the education and social work Committees of the Council. Some local authorities noted the two way process between higher level planning and the working of subgroups, whether a Sure Start group, locality group or other kind of subgroup. Sure Start is increasingly integrated within an overall approach to Early Years. Other policy drivers such as the Community Planning and Integrated Children's Services were often identified as the key processes through which Sure Start was integrated into overall planning structures for early years and children's services. For some, considerable change in planning structures has occurred since 2001:

In Highland, a range of planning partners are working towards a new structure that involves devolved area based planning through Area Children's Services Forums; Sure Start planning and delivery occurs within this embedded context. This feeds into the Joint Committee on Children and Young People. Each area also has a Childcare and Family Resource Partnership, to broaden the focus beyond childcare. The whole process reflects a considerable degree of change; it involved a full time planner supporting strategic moves towards integrated planning. New joint posts, good electronic systems, a range of planning partners, involvement of many agencies, discussions to achieve consensus on a definition of vulnerability and indices of rural deprivation were all noted as supporting this process described as a period of 'frantic activity and growth' with 'people believing in it'.

For others, change has been more incremental, but nonetheless working towards an integrated agenda:

In East Lothian the early years services are mainly planned at first line level. The Integrated Service Planning for early years feeds into the Family Support Group of the Children Services' Planning process. The decisions are made in the Chief Officers' Group of the Children Services' Planning. In 2001 the Childcare Partnership was very much in its infancy; it has now become much more integrated. The Early Years' Planning Group has become more established and sits alongside the Childcare Partnership, and has more responsibility for the Early Years' Planning. Very close links between the two groups was reported. A range of agencies are involved, although as in Highland this does not include the private sector. A commitment on the ground and a will through the Council were both described as supporting this process.

Across the local authorities, then, these changes were often strategic and grounded in the development of new infrastructures to support cross-boundary working for Early Years' activity, including Sure Start. Aberdeen City is another typical example of the kinds of structures that have been developed. They have established an Early Years Integration Group and have moved Sure Start into that group. Other constituents include representatives from health, voluntary sector, education, community learning, social work and the Child Care Partnership. That group is then part of a wider structure consisting of a Children and Young

People's Management group, which comprises officers at senior level within the Council, Voluntary Organisations and health. They meet monthly. Above that there is an overarching Strategic Planning Group, consisting of councillors and chief officials from partner organisations.

As noted above, in a number of the other local authorities, the joint working practices for *existing* committees have been strengthened. For example, in Orkney the planning process for Sure Start is conducted through the existing Childcare Partnership with contributions from education and social work. There is a Sure Start sub-committee of the Child Care Partnership that meets annually and influences Sure Start planning. This process feeds upwards through the Education Committee and the Service Improvement Plan.

A few local authorities had already quite well established integrated planning structures before 2001. For example, West Dunbartonshire had already integrated social work and early years education, but a continuation of existing planning processes, started through an Interim Childcare and Education Plan, was reported to increase integration and joint planning. A Joint Strategy Group which includes social work, education and health works with the Children's Services Committee.

Although the development of new committee and group structures facilitates planning and decision making and, undoubtedly, supports joint working, it is not the only factor influencing the extent to which respondents felt that the planning process was fully integrated. While all reported that there was, for the most part, better integration between sectors than before, many said that there was still some way to go, not least because recent changes needed to become bedded in. Comments such as being 'well on the road' , 'extremely good integration now', 'A lot better in the last year, still more work to be done to develop further integrated children's services', 'integration with health improved immensely in the last 12 months' illustrate this change in ethos and culture. Some cited a 'real change in thinking' and a growing culture of 'collective ownership'; other data, outlined elsewhere in this report, support these reports of collective change, for example the extent of joint funding and joint working at service delivery level. The following example shows how service expansion and development brought agencies together to provide an integrated centre with joint working:

West Dunbartonshire

Under original Sure Start there was an under 3s unit in a regeneration centre which included a community café, classes, library and training. Across the road was an existing nursery for age 3-5. Now it is completely joined up into one Early Education and Childcare Centre and managed by one Head of Centre. Original referral from health; social work had always been involved, then brought in community education, CPN and Lennox Partnership (employment). This was described as a good basis for joint working, with lots of individual examples of joint working around this Centre.

Different partners seemed to be increasingly involved in planning at both the top and bottom ends of the process. The following example was provided in the interview as an illustration of joint working in the planning of a new service:

East Ayrshire

The planning process for a new capital build resulted from several people and agencies pulling together across the LA and SIP, looking at audited level of need and funding. All were round the table for service delivery specification for the centre: Local Public Health practitioner, social work, leisure and communication. It provides 0-5 early education and childcare, baby clinic via local health centre, breast feeding and support group and social work use it for reviews and parent access groups. There are regular centre meetings for staff; family care workers have parents' group meetings. In addition, by different funds, there is an early years addiction worker – takes referrals of children affected by addiction and works with children and the community.

In the 2001 mapping exercise, many barriers to integration and joint working were cited; this current mapping exercise still identified barriers, but the overall message seems to be that integration is becoming established and structures and cultures are changing. Many different partners and agencies were involved in joint planning at a number of different levels. In some local authorities these partners ranged widely, including, as in Highland, the Northern Constabulary, Highland and Island Enterprise amongst others in the Joint Committee. In all local authorities working across Council agencies, and with the voluntary sector and health was reported as becoming increasingly well established, although joint working with health remained difficult in a few local authorities. The private sector continued to be involved at Child Care Partnership level, but rarely at other levels. The extent of voluntary sector involvement varied depending on how Sure Start was being delivered and whether planning at the higher level had been opened up to the voluntary sector. The lack of an umbrella organisation for the private sector was mentioned by one planner as militating against strategic involvement; the same was also reported as influencing voluntary sector involvement. Where a voluntary sector was a major provider in a local authority, they were sometimes in key positions, for example as chairs of relevant planning groups. Health was also sometimes in such positions, indicating collaborative working and power sharing which might open up discussion. The need for openness and transparency, and a willingness to listen and work towards shared agendas regarding young children and their families were all cited as important in supporting integrated planning. For example, one key planner said, 'Everyone on the Sure Start Steering Group is equal' and another, 'we have won the battle in promoting the all round needs of children'.

The planning process in the case study areas involved in this mapping exercise was subject to further inquiry through interviews with different planning partners. The details of these are provided below.

The Planning Process in the Case Study Areas

Introduction
The interviews conducted for the case studies covered similar issues to the main planner interviews but also aimed to get different perspectives on the planning process. The questions included: the respondent's involvement in the planning process for Sure Start Scotland; their views on integration and factors perceived as helping and hindering; how planning decisions

are made; views about joint working across sectors; examples of good practice at service delivery or planning level; and questions about user involvement. In both case study areas, a telephone interview was conducted with a respondent from health; in Aberdeen City another interview was conducted with a representative from the voluntary sector and in West Lothian from education.

Aberdeen City
According to the key planner interviewed for this mapping exercise, Aberdeen City is in the early stages of joint work. Sure Start planning takes place in the Early Years' Integration group; a recent move. This has representatives from health, voluntary sector, education, community learning, social work and the Child Care Partnership. It is part of a wider structure – the Children and Young People's Management Group – which comprises officers at senior level from within the Council, health and Voluntary Organisations. Above that there is an overarching Strategic Planning Group consisting of councillors and chief officials from partner organisations. There has been movement towards integration since 2001 with the establishment last year of the Early Years' Integration Group which means that agencies out with the council are now involved. Overall, planning is now much more integrated although Sure Start is still a separate stream. Initiatives are underway to integrate funding, for example to give a more coherent structure to crèche provision throughout the city. The driver for integrated planning was described as the Aberdeen*futures* scenario with multi-disciplinary neighbourhood teams in three areas of Aberdeen, supported by Change Managers to drive integration forward in Early Years. 'Aberdeen*futures* has created a context of integrated working between services and with partner organisations. This is a fairly well developed approach to local service delivery with integrated planning'. Overall, openness and trust are reported to underpin integration and this was a point taken up by the other respondents who described such commitment as both present and important.

There was a sense given in both the additional interviews for this case study area that the planning process was moving towards integration, but that it was not yet completely there. Health was not included in Sure Start planning at the beginning. Although there is now an Early Years' Integration Manager and Early Years' Integration Group which meets every 4-6 weeks, the respondent from health noted that much money had already been allocated. On the positive side, there was evidence of involvement of health visitors and a willingness to improve; the linking of the Integrated Early Years Management Group and the Sure Start Group was given as evidence of this. From the point of view of the health respondent, factors that hindered the integration of the planning process related to internal reorganisation within health; that there was no designated person with this agenda as part of their remit and therefore much depended on good will. Factors that were reported as helping related to that good will – a 'general willingness of people to work together'.

The respondent from the voluntary sector also felt the planning process was much improved; although the Early Years' Management Group does not yet have budget control, it is moving towards it. The key planner said that integrated budgets were the aim. The Early Years' Management Group was considered to function very well with representatives from all sectors – 'a comfortable group with free exchange of information'. This group was once part of the Child Care Partnership; although now separate it remains connected to it. There has also been strategic planning overview for at least the last two years. This respondent also felt that there was greater integration of planning but that it would be easier if there was one pot of money rather than different funding streams, with merging of budgets. However, overall 'there is more positive than negative'.

In terms of the planning process itself the interviews suggest a robust process with everything discussed well and evaluations reviewed. There are needs assessments and areas of deprivation are targeted. Three priorities have been identified by the Management Group for the delivery of Sure Start – children who are vulnerable because of their geographical location; children with special needs; children disadvantaged by circumstance, including teenage mothers, travellers and substance misuse in parents. Provision that was first made is continued if it meets the aims. If there is an increase in funding, people bid for money. A combination of targeted and universal services is provided.

Gaps in services were identified by respondents: parents with learning difficulties; services for very young mothers; the need for a more integrated approach especially around education and employment. One respondent felt more could be done to involve service users. Both had reservations about Sure Start being within education. The key planner mentioned that families outwith the priority areas would not be benefiting from Sure Start.

Examples of joint working on the ground include crèche facilities in family centres; a voluntary sector organisation working in a multi-agency way involving social work, education and health. The same voluntary organisation is involving service users in deciding what type of groups they want from the choice available (e.g. assertiveness work, baby massage, safety in the home). Another example is the provision of a Special Needs Crèche within a nursery school, which also has a family centre. A range of staff from across different agencies are increasingly working together. Within one of the designated areas, Sure Start is working with the New Community Schools team to support local families; this means that what is delivered to families is now coordinated rather than piecemeal as it was before.

Parents are not involved or consulted regarding the broader planning process, but through those delivering services, so they are involved at local level. However, as neighbourhood / community planning develop, Sure Start will be involved in that. Parental involvement and localised and integrated planning is set to develop further over the next few years.

West Lothian
Planning in West Lothian is well integrated with a Children's Services Management Group (with an Early Years' Subgroup); a Sure Start Steering Group which inputs to the Management Group and to the Integrated Early Years' Service Joint Working Group. Having 'one encompassing Early Years' Sub Group of the Children's Services Management Group, is an attempt to pull together in a more integrated way existing planning groups and ensuring that they consider not just initiative funding but all resources contributing to Early Years' Services in West Lothian'. Because the local authority is small, the same people are involved in different groups and also the Child Care Partnership. The health respondent noted that it would have been better to have had more integration from the start, but there is a 'good buzz' about Sure Start. This respondent talked about the common agenda between the Local authority and health, and that Sure Start is part of this.

Planning decisions are made robustly, with small area statistics and surveys used to establish need. The Children's Services' Management Group has good representation across sectors and uses evidence well to make sure services are targeted to the most needy and making a difference. Greater integration is being achieved as new builds, especially, are able to promote it. It was reported by the respondent in education that West Lothian had operated with a Sure Start type approach before the introduction of Sure Start. Joint working was described as good

– with the private sector involved in early years and the Child Care Partnership. Attaching health visitors to early years centres was described as a 'great way forward', although there are still a few difficulties involving health at planning level. Integration was described as being ahead in early years compared to other parts of the service.

An example of good integrated working at planning and delivery level is the Joint Working Group planning early years centres. This group includes representatives from education, social policy, Sure Start and Early Years Centres Managers. The centres are holistic and have health visitors attached to them. There are now 5 early years centres, with education in a family centre building. Other examples of innovative practice include working with fathers and young mothers.

Service users are involved in Early Years and the Child Care Partnership although it is difficult to get representatives; they are not involved in planning decisions that take place at a higher level. An example of involving and empowering parents was given by the education respondent: the use of a training tool to get to know parents, getting feedback on the area and then feeding this through the community team. This has brought about real changes using the democratic process with a parent deputation up to committees – for example the introduction of 'buggy buses'. Parents are being listened to and heard.

Conclusion

Overall in both case study areas there was considerable progress towards integrated planning, although integration has been established for longer in West Lothian, partly due to a pre-existing Sure Start type approach. There were closer links with health have been developed at planning and delivery level and, it seems, between education and social policy. However, in Aberdeen City there was a strong commitment towards integration and positive movement in that direction, with the establishment of the Early Years' Integration Group and the links with neighbourhood/community planning. The detailed information from these areas identifies issues common across many of the other local authorities: progress towards integration, greater involvement of health but with some barriers remaining, examples of good practice as new or expanded services are planned for, use of evidence to support the planning process, a commitment to integrated working, and the involvement of parents at local level.

Factors that help or hinder integrated planning and joint working

The key planners interviewed were asked to identify factors that helped or hindered integrated planning. Some of these have been touched on in the discussion above; this section provides a little more detail on these factors. Although there has undoubtedly been significant developments in terms of the involvement of health in both the planning and delivery of services, driven partly by the health improvement agenda, barriers were still reported to exist regarding effective joint working. In some cases the fact that there were not co-terminous boundaries between health and local authority areas made joint planning difficult; it was also reported that it was not always clear who the key person in health should be on joint bodies. Planning structures were different in health and internal reorganisation within health boards has hindered joint working. However, there were many examples of successful joint planning, and even more in terms of joint working at service delivery level. One key planner stated that 'Health is more involved but still has some catching up to do'.

Other factors cited as hindering integration included some continued debate about the different roles and needs of social work and education in some local authorities. In others, clear decisions had been made in terms of where budgets and lines of responsibility should be held, sometimes in social work, sometimes in education and in some cases through newly established departments that crossed boundaries, such as in the City of Edinburgh. One key planner noted: 'There are strengths in funding coming without anyone's name attached to it, it stimulates inter-agency activity, but there are things that social work has to do and these priorities have to be safeguarded'. Professional identities and conflicting priorities were themselves considered as hindering joint planning, for example the feeling that 'every organisation should have a bite at the cherry' which would mean that Sure Start services would not be as integrated as they might; or the need to 'give up decision making powers' for the sake of integration of planning. A few local authorities cited funding issues as hindering integration, for example if not all available funding was 'on the table' for a multi-agency group to decide strategic priorities. A few also talked about some tensions at management level over whether services should be targeted or universal, tensions relating to different professionals' stances on the issue and differing priorities. Time was also discussed in relation to joint planning, as integrated planning was certainly described as time consuming, with key people sitting on many different groups: 'There's more joint plans than we know what to do with!'; 'People don't always appreciate how much time planning takes if you are going to do it properly; it can be difficult in terms of time commitments'. However, changes in management structures and roles also meant that remits increasingly involved integration as part of the management function. Local authorities are also working towards overcoming barriers through the structures and processes of change outlined earlier. In small ways other issues can be overcome, for example Argyll and Bute use video conferencing to overcome time consuming travel in such a rural local authority; Inverclyde are looking at core competencies, hoping to blur some of the boundaries.

Factors described as helping the integrated planning process all suggest a high level of support for the changes described, despite some of the difficulties mentioned above. For example, the knowledge of all agencies involved and the commitment to understand needs and look at these co-operatively, and taking forward key policies collectively were all described as helping integrated strategic and operational planning. 'Collective ownership has been important, and it works the same on the ground'. Enthusiasm, support at senior level, involvement of elected members, and good communication were all noted as supportive – 'people believe in it'; 'there has been political commitment towards a holistic vision for children.' In smaller local authorities the fact that people knew each other and their different roles was considered helpful, but good communication and information sharing existed in large local authorities too. The next chapter discusses factors that were perceived to help and hinder the development of Sure Start Scotland more generally, drawing on the interview and questionnaire data from the Sure Start Scotland Contact Officer interviews.

New or joint appointments

Most respondents described the importance of new or key appointments in driving forward the integrated planning agenda for early years and Sure Start, although a few local authorities, especially the smaller ones, did not describe new or joint appointments. Most such appointments did not use Sure Start funds; funds such as the Changing Children's Services Fund might be used, or funding from a range of sources, including Sure Start. Some posts were linked with other strategic developments such as the New Community Schools. For example, Falkirk has Integration Support Officers for the roll out of New Community

Schools. Many posts fitted into the emergent or existing structures within the local authorities as described earlier.

Although no one model emerged from the interview data, it was clear that a range of posts helped to support integrated planning through the links they afforded across agencies or their remit to drive the integration agenda forward. In many local authorities, new heads of service appointments for Early Years and Child Care, or similar, were described as enabling greater integration. Some local authorities appointed specific integration officer or manager posts. East Ayrshire, for example, has an Integrated Children's Services Manager, and Inverclyde has a cross agency post within its Integrated Children's Service Project. Posts made links across projects, across council areas (such as social work and education) and between the local authority and health. Renfrewshire, for example, has a health officer, linking health and social work; South Lanarkshire has planning officers and Glasgow a Children's Change Manager and Child Care Strategy Manager. Several local authorities also mentioned the Child Health Commissioner role in this context and some mentioned Hall 4 as providing good opportunities for driving preventive work with very young children. Several described joint funding of posts at service delivery level, for example health visitor posts in Aberdeenshire, although for other local authorities, joint delivery did not necessarily mean joint funding but joint working. The following example illustrates how difficulties associated with joint working can be overcome:

Falkirk

The CLASP project brings together Aberlour Childcare Trust, health and social work to look at the implications of having a health visitor working in an organisation where there is no health management or leadership. Leadership is less of an issue as long as one knows who leader is, but there were issues of clinical supervision and professional development. The health board worked with us to draft the job description and to work out how the person would be supported in post.

Planning decisions, priorities and needs' assessment

As noted in the introduction to this chapter, we asked the planner respondents about how planning decisions for Sure Start Scotland were made, including prioritisation and needs assessment, within the context of each local authority's planning process. Authorities differed in the extent to which budgets were devolved to local (area) or ground (service/group) level and where decisions about expanding or developing services were made. For example, in Aberdeenshire, the Sure Start Steering Group looks at bids and makes joint decisions on how to spend budget. In Fife, the local children's services groups, co-ordinated by local integration managers under the Integrated Community Schools Framework, and theme groups, drawing on local knowledge, look at proposals against the Sure Start and Changing Children's Services' Fund criteria and other funding streams. These recommendations then go up to the Children Services Group which makes the decision on whether proposals meet priority need. In other cases the upward reporting was for approval of a decision made nearer to the level of implementation. Many local authorities discussed working within priorities established within current plans, such as the Children's Services Plan, and with a range of needs assessments carried out in diverse ways. However, as noted above, all local authorities were working within or moving towards integrated planning processes that linked vertically, from ground to

strategic level and often horizontally as well, involving different agencies and partners and different plans. Many described joint decision making within the context of overarching plans and priorities that had been developed in recent years.

The planning of Sure Start monies allocation draws upon a wide variety of information sources to establish need. Services that existed prior to 2001 were generally developed on the basis of needs assessments and priorities established in Children's Services Plans, with on-going review and further needs assessments for current plans. A few local authorities had commissioned research to assist in needs assessment. Some draw upon standard on-going information sources and formal needs assessments. Examples of this approach include using existing agreements such as the Regeneration Outcome Agreement and the needs assessments that informed it, or needs assessments that informed Community Planning. When formal needs assessments had been done, as was the case in many local authorities, these were made use of in the planning and prioritising process. Scottish Borders, for example, noted that they had conducted an authority wide needs assessment, not just for Early Years. This informed service development with the Welfare Benefits Advice service stemming from that. Some local authorities used deprivation indices to help identify areas of greatest need, for example in Aberdeenshire, or their own local knowledge about areas of greatest need. Other more specifically local needs assessments were used in some local authorities, such as Glasgow, where local needs assessments are conducted prior to decisions being made. Opinions are sought from a range of sectors and include local people and local forums. The following example was given by Glasgow to demonstrate the effectiveness of joint planning and working. It shows how a combination of local needs assessment, the input from local people and the joint commitment across the council and health led to the development of a new service.

Glasgow

A new family learning centre has been set up, led by a small local voluntary sector organisation. A local forum audit found that there was no under 3s provision in this area. Culture and Leisure, social work, education, health and Children's Change are all pulling together a new centre using an existing building. However, this is not Local authority led. The audit through the local forum brought about the change. This is multi-agency working on the ground. There will be a local management committee.

A few local authorities felt that there was not much specific local needs assessment work done for Sure Start, because it is just part of other broader approaches, which involved mapping services and identifying gaps more generally for children's services or in identifying vulnerable families. The audit process was also mentioned by some respondents as helping decision making. Decisions are sometimes based on the needs of a particular community or particular groups who were not currently being serviced but were vulnerable.

Several local authorities felt that an understanding of need was gained via consultation and also from service providers and from planning priorities and that this fed directly into the planning process. Perth and Kinross described a process that utilised information from the ground, through their Local Information Networks and priorities from the Children's Services Plan. Other local authorities had different mechanisms to bring in information from the ground, such as Community Wardens in South Lanarkshire. Small local authorities, such as

Shetland and Stirling suggested that they knew where the gaps were, and informal needs assessments took place.

From the planning interviews and as noted in Chapter 3, a number of local authorities mainly used Sure Start funding to keep and strengthen existing services, for example 'money allocated to Sure Start is largely about maintaining existing projects'. Major funding decisions had already been made when the Sure Start initiative began and these overall priorities are now integrated into wider planning both within children's services and beyond. This provides the potential for greater joined up thinking and working. In many local authorities, Sure Start developed through centre-based provision and this continues to be a major and expanding focus, as noted earlier. While the short term nature of the funding was a criticism made in the earlier mapping, and still occasionally within this exercise, the scope for mainstreaming as funding was more assured meant that positive steps could be made to plan for service development.

Building capacity by supporting and expanding services that are already there is one way in which local authorities could plan and involve agencies delivering services. Models of service delivery were often already trying to provide holistic, one stop, flexible support to vulnerable families with young children. The challenge now was to expand this and integrate across sectors.

The planner respondents discussed the way in which Sure Start services developed to support vulnerable families and young children. A tension between providing universal and targeting services was identified in the 2001 mapping exercise. It still seemed that issues of balance between universal and targeted services pertained within an overall ethos of developing non-stigmatised services. The processes of needs assessment outlined above helped to identify gaps as well as areas of need. Local authorities tended to describe their approach as targeting in a universal context, thus supporting the most vulnerable in a non-stigmatised way. For example deprived areas might be targeted or distinct groups such as drug misusing parents or those with mental health problems; vulnerable families could be supported by additional services within universal provision and by a mix of services as Chapter 3 documents.

Funding issues

Planners raised a number of issues to do with the nature of the funding allocation process. Money is allocated from the Scottish Executive Education Department and in most cases enters the local education department via the GAE process; however, sometimes the allocation is to social work and sometimes to newly integrated departments. However, it is not specifically ring-fenced. In most local authorities this is not an issue and indeed was seen to provide greater scope for integration. In a few local authorities, the lack of ring-fencing means that Sure Start monies may be eroded under pressure of other council requirements. A few also expressed concern about other priorities to safeguard children, particularly in relation to Child Protection. As noted in the 2001 mapping exercise, lack of baseline provision hampered a few local authorities in how they could develop Sure Start in their areas. Having clear plans was sometimes cited as a way to ensure the budget for a service, and, as noted above, it is now possible for longer term planning to be made within known budgets.

The variety of funding streams of which Sure Start Scotland is a part was often described as complex and that this could have both positive and negative effects. In multi-agency working, this allows for joint funding, joint ownership and shared responsibility, but also means that

many people have to be involved 'to get things established'. The continued short term nature of some funding streams was also mentioned, meaning that projects might be funded for only one or two years, and post continuity not guaranteed. Some also said that they experienced problems of recruitment partly although not entirely for this reason. However, there were also examples of mainstreaming of posts (or new posts as outlined earlier) or of 'getting used to short term posts'.

Planners spoke of a range of top-down and bottom up processes involved in the allocation of funding. Some planners gave an impression of measured, orderly, top-down budgeting processes – 'Agree funding at outset…rolling programme of services'. Others spoke of funding more responsively - 'dependent on local need and local decision making and may come back for more money'.

Several planners mentioned the need for an alternative source for capital funds. Some local authorities are still short of accommodation and this could hamper service development as the following examples suggest – 'and another major difficulty is accommodation…we inherited very little in the way of accommodation' and 'sometimes it is difficult to get capital costs e.g. for meeting rooms, so (there is a need to) put funding into physical as well as people resources'.

Groups who are benefiting from Sure Start Scotland and gaps in provision

The majority of respondents spoke of using the Sure Start Scotland funding to expand the coverage and availability of existing 0-3 services to reach the most vulnerable children and families. This could be done in the following ways – through more outreach, extending provision for very young babies, playgroups, crèches, pre-5 learning support, transitional arrangements beyond thee years, providing services for families who would not have accessed services otherwise, providing services from the family rather than the service point of view to ensure integrated support, and the development of new family support teams, or equivalent, and new or expanded centres. Supporting voluntary sector services such as Homestart and Homelink were particularly important in some local authorities; voluntary sector involvement was established in most but not all local authorities. The following example is of voluntary sector involvement in new service development:

Moray

There are a growing number of drug-abusing parents, and therefore vulnerable babies and young children. Previously mothers and babies went 60 miles away to Aberdeen, to Richmond Hill House residential unit for assessment and support. Moray are now planning for more a local service of assessment and programmes with young parents. They have bought in Richmond Hill House to do multi-agency training to underpin this. For the residential element they have a fee-based fostering service and are looking to get a couple of foster carers to take on mothers and babies in same way as Richmond Hill House. There is some SS funding in next year's budget to provide ancillary support e.g. support worker to assist foster carer in the home, support to move on to own tenancies. Also working to the 'domain model', identifying all aspects of a person's life and looking to get local services involved e.g. local psychiatric services, health visiting, social work. They are bringing together SS funding, fostering budget money, and getting different services to prioritise these cases at a local level. Social work, health and the voluntary sector are all involved.

There was a diversity of approaches concerning targeting specific areas, neighbourhoods or areas of deprivation. A few local authorities preferred not to target but to look for a local complexion on services. Others spoke of very purposeful targeting of areas of rural isolation and rural/urban deprivation. Others found that Sure Start money enabled services to reach region-wide, and penetrate into rural areas to provide support for example to isolated mothers with post-natal depression or mental health problems.

Sure Start money has supported staff training and development, enabling staff to think laterally and open their horizons and to develop specialist skills and core competencies that can cut across existing professional boundaries.

Planners were very positive about Bookstart initiatives which were seen as a highly cost-effective way of developing bonding between parent and child and also universal in approach. Aberdeenshire cited a 'Books for Blokes' programme linked to the local oil industry, where men got time off to read with their children.

As noted above, many local authorities expressed some concern over the dilemma caused by balancing universal and targeted services. Lack of funds and therefore lack of a holistic or universal approach means there are always some groups just out of the criteria for targeted services, yet may still be vulnerable, or groups that remained very hard to reach. This means that some early preventive work cannot be achieved. Some local authorities felt they were not able to provide universal early intervention, that there were families just out of targeted areas or not meeting their admission criteria, perhaps being just over the cut off point. More of the same basic services were needed to meet demand e.g. for example more open access to respite childcare or more wrap-around for 0-3 year olds.

Many also wanted to be able to provide more early intervention with the most vulnerable. Hard to reach groups were often a particular difficulty e.g. young parents and teen mums; dads were described as hard to engage and there was a lack of male staff to work with them. More rural areas faced problems due to geographical spread and small numbers to justify services for more isolated families. A few local authorities spoke of the desire to do more for traveller families while others spoke of the difficulty of catering for transient populations with substance misuse issues. A few wanted to do more for ethnic minority families or with homeless families. Most wanted to meet the needs of a range of vulnerable families by bringing them into services, supporting access to universal provision rather than developing specialist provision. A minority of local authorities thought there was no real issue of specific groups benefiting less from Sure Start, feeling that their services were meeting need.

Summary and Conclusion

These interviews suggest that considerable progress has been made towards integrated planning, where Sure Start operates within wider structures. There was evidence of needs assessments and a range of discussions and consultations that feed into the planning process. A combination of top down and bottom up approaches suggest, on the whole, a sound iterative process of priority setting.

The factors that seem to facilitate more integrated planning include an openness and a trust between the workers who are involved; good local networks and pre-existing good working relationships, the development of integrative structures and, finally, a willingness to relax

professional and sectoral boundaries in order to engage openly with each other. Factors that have hindered development include different planning processes, and planning cycles within different sectors. Overall, the interview data suggest that:

- All local authorities, from whatever baseline they were starting at, have moved towards integrated planning and joint working

- Many have new structures in place to support integrated planning, linking local or thematic groups to the wider Early Years' or Children's Services Planning process

- Many have new posts, sometimes joint posts, with the remit to support integration

- All local authorities could provide examples of good joint working at planning and delivery levels

- All local authorities, with some reservations, suggested that there has been a change in culture towards integration and a willingness to overcome barriers and difficulties

- Although a range of different needs assessments informed the planning process, there were still areas of unmet need and considerable variation in how information and knowledge was generated for planning purposes

CHAPTER 6: OVERALL ASSESSMENT OF SURE START SCOTLAND AND ITS FUTURE DEVELOPMENT

'It's right in there with the bricks now. I would hate anything to happen not to give us that in the future'. (Sure Start Contact Officer)

Introduction

This chapter focuses on what the Sure Start Contact officers said in the interviews and questionnaires about the positive and negative aspects of Sure Start Scotland, the factors that they perceived as helping and hindering development, what areas of improvement they suggested, the extent to which Sure Start was considered to be part of overall early years' policy and what ideas or hopes they had about the future. The previous chapters have shown that Sure Start Scotland has developed and expanded across the Scottish local authorities and that there are overwhelmingly positive views about the initiative. This is reflected again in the responses to the specific questions about positive aspects. Negative aspects relate mostly to factors that were perceived to act as a hindrance to further development rather than relating to the aims of Sure Start itself.

The positive and negative aspects of Sure Start Scotland

In the interviews, the Sure Start Contact Officers were asked what they thought the best and worst things about Sure Start Scotland were; the questionnaire focused more specifically on factors that were perceived to help or hinder planning and delivery. The open-ended interview question elicited overwhelming support for Sure Start Scotland, reflecting much of what has been the story of this mapping exercise – expanded activity and services in early years, meeting the needs of the most vulnerable and moving partnership working and joint working practices forwards. The following examples illustrate some of these issues and exhibit the positive elements which the respondents reported:

> *'Sure Start has been such a big thing for me. As an officer it has given me a lot of opportunities to get out and make things work for families, very beneficial'*

> *'I'm a big fan of Sure Start'*

> *'There's not really anything bad about it, Sure Start's great'*

> *'The best thing was the opportunity to give vulnerable children and families the best possible start in life. And also the improved partnership working across a range of sectors and also the opportunity to support staff in training to provide quality childcare'*

> *'The targeting of the 0-3s, that's definitely it. That's raised the profile of 0-3s. That's the key thing'*

> *...the involvement, there's a lot of money going into the voluntary sector as well so it does, in different ways, increase the level of partnership working and collaboration'.*

As the above examples suggest, the positive aspects of Sure Start Scotland were keenly expressed. When asked about the least good aspects, respondents reiterated issues related to

the short-term nature of funding, the difficulties this caused in relation to planning and sustaining posts, the lack of ring-fencing and issues relating to monitoring and evaluation. Such concerns, although not expressed by all, must be taken seriously as they suggest important ways in which Sure Start may continue to develop and improve and thus better serve the needs of vulnerable young children and their families. The following examples illustrate some of these concerns:

> *'Time not available to step back and review work or celebrate success due to on-going pressures to deliver'.*

> *'Being part of GAE makes funding vulnerable, makes expanding difficult'.*

> *'Need to be able to meaningfully assess outcome. Have a lot of services but need to look at them and determine which ones actually impact the quality of people's lives'.*

> *'The uncertainty of what the funding is in the future. I think it's been so positive but the uncertainty of the funding would be the most difficult thing'.*

Factors that help or hinder the planning and delivery of Sure Start Scotland

In the 2001 mapping exercise a range of factors was found to help or hinder the planning and delivery of Sure Start Scotland. These factors, which emerged from the interviews conducted in that exercise, formed part of the questionnaire completed by Sure Start Contact Officers for this exercise. The aim was to identify which factors persisted in hindering and which continued to operate to support the planning and delivery of Sure Start Scotland. Twenty-nine respondents ticked items that they though applied in their local authority. As can be seen from Table 4 below, all of the factors identified previously as helping planning and delivery were still relevant but not across all local authorities. Although robust comparisons cannot be made with the situation in 2001 where these data were not quantified, it is interesting to note that most local authorities now found the local situation supportive.

Table 4: Factors that help the planning and delivery of Sure Start Services

Factors that Help	Number of local authorities
Scottish Executive not imposing a prescribed model and allowing local tailoring	26
Local providers across range of sectors being committed	25
Knowledge of service requirements (e.g. through Children's Services Plans)	24
Local providers having local knowledge, experience and skills	21
Strong local or national policy context framework reflecting Sure Start Scotland objectives and principles	21
Strong mechanisms and relationships for integrated working at both strategic and practice levels	21

Local authority at corporate level being 'in tune' with and committed to Sure Start Scotland objectives and philosophy	20
Centre-based and other provision already existed and can be built upon	16
New money that is spent only on extending and developing services	11
Ring-fenced funding with Sure Start Scotland officer able to control this	10
A dedicated SSS officer able to give sole attention to the programme	8
Reorganisation of LAs in 1996 leaving positive baseline of service provision	7

The questionnaire invited respondents to mention any additional factors relevant to their Local authority that were helpful. Fourteen responses were obtained citing different local conditions as supportive. These responses suggest that integration, commitment and relationships are all important in developing Sure Start Scotland:

- Small size of Local authority, local integration teams and voluntary sector involvement
- Small Local authority, easy to contact professionals and personal relationships are built up
- Small Local authority helps, lack of management layers to go through
- Belief in Sure Start Scotland principles
- Willingness of staff to work in an integrated way
- Tradition of integrated working and support
- Development of integrated model, shared vision and full allocation of resources to improve service delivery
- The Sure Start Contact Officer also being the Childcare Strategy Manager so able to progress range of joined up developments
- Commitment of staff at local and strategic level
- Childcare partnerships feeding into the local Children's Services Plan
- Local authority plan and local assessment and planning
- All funding in GAE, all services planned and funded as a whole of children of all ages
- Combining resources, creation and on-going development of Sure Start teams

Of the 21 factors drawn from the 2001 mapping exercise that were reported as hindering the planning and delivery of Sure Start Scotland, all but one (history of poor relationships between departments) continued to have some resonance. The three most important hindering factors (mentioned by the most respondents) were the short term nature of funding, leading to problems of longer term planning; lack of specific guidance from the Scottish Executive on how success is to be measured and what monitoring and evaluation is required and lack of a dedicated Sure Start Scotland officer in post, resulting in multi-tasking. Reassuringly, conflicts and diversion of funds were reported by very few local authorities.

Table 5: Factors that hinder the planning and delivery of Sure Start Services

| Factors that Hinder	Number of local authorities
Short-term nature of SSS leads to problems of longer term planning	22
Lack of specific guidance from SE on how success measured and required monitoring and evaluation mechanisms	17
No dedicated SSS officer in post, contact officer having to multi-task	17
Lack of clarity from Scottish Executive about how success is to be measured and evaluation mechanisms	16
Some health boards' personnel involved in planning and delivery not always having funds/authority to commit	16
SSS funding still insufficient to meet unmet need	15
Staff retention and recruitment problems	14
Not ring fencing funds results in difficulties in long-term planning	13
Tension between need for universal and targeted services	13
No or insufficient centre premises to work from and insufficient funds to build new	12
Lack of integration by some health authorities, particularly at strategic level	11
Starting from a low level of baseline provision post 1996	11
Lack of clarity about how strict cut-off age at 3 is	10
Lack of history of integration at corporate level re planning and development of services	9
Financial crisis causing SSS funds to be diverted	6
Lack of well developed policy context or plan for services to respond to and encompass SSS agenda	5
Lack of history of integration at local provider level of joint working	2
Conflicts between major departments	1
Differential in award of SSS resulting in plans being downsized	1
Late award of funds limiting implementation of plans	1
History of poor relationships between department and individuals within departments	0

The questionnaire invited respondents to mention any additional factors relevant to their Local authority that were perceived as hindering. Twelve responses were obtained citing different local conditions as supportive. Some of these responses reiterate issues in the table above; their repetition in the open-ended responses suggests that these factors are keenly felt within the specific Local authority:

- Need to know funding levels for more than three years
- Other agencies expect Sure Start to fund all services for 0-3
- Difficult to develop/plan services for most vulnerable families even working across agencies
- Age range 0-3 and lack of follow on service for aged 5+; lack of national strategy and regulated standard of career and training – progression/career pathways; balance between providing services for children in need and preventative work; competing demands, more children
- Capacity to meet Sure Start aspirations amid other Scottish Executive priorities
- More stigma in small communities, lack of privacy, anonymity, short term budget
- Difficult to get consistent involvement across agencies, recruitment problems, lack of co-ordinator post and planning
- Lack of clarity re Early Years Integration Strategy, Children's Services Planning and role of Childcare Partnerships
- Limited qualified people for staff, geography, group work expensive, confidentiality issues relating to volunteers in rural areas
- Lack of human resources, staff have to multi-task, no dedicated Sure Start officer, temporary contracts
- Role confusion due to worker migration and obligation to call on workers in specialist teams

Areas for improvement/gaps in service

The Sure Start Contact Officer questionnaire asked if any of six defined issues were gaps or areas for further development in their local authority. Twenty-five respondents completed this question. The four areas identified by the most were 'involving men', followed by 'evaluation and monitoring' 'developing preventative services' and 'developing services for the most marginalised and vulnerable children and families'. The planning process, as discussed in Chapter 5, was well developed in most local authorities, as was partnership working, and these issues were noted by fewer local authorities.

Chart 10: Gaps or Areas for Further Development
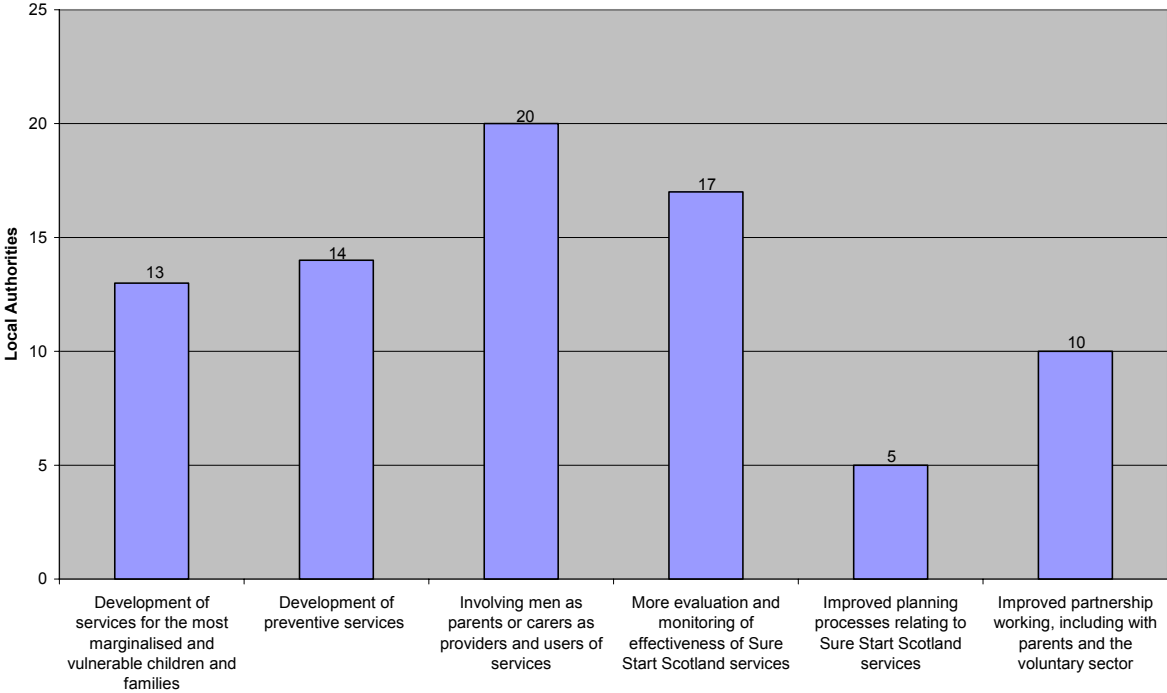
Respondents were asked to expand on their answers in order to provide more detail about gaps and development needs: 29 provided expanded answers including four who did not tick any of the preceding issues. These four described their local authority as working in each of the six areas, with the following comment being typical:

> *'Working to improve on all of these; don't know when could say have done enough'*

The issue that received most attention in the open ended responses was the need to involve men, as users and/or carers with eleven respondents mentioning this, with the following comment being illustrative:

> *'Engaging men still a challenge'*

Nine respondents reinforced the need for more monitoring and evaluation and/or more guidance on this, for example:

> *'There is a need to develop current monitoring systems'*

In different ways, nine respondents identified vulnerable groups that needed more services, for example, isolated families, families affected by drug or alcohol misuse, young mothers or more generally as the following example suggests:

> *'Improve targeting to high priority families'*

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Four respondents noted that partnership working could be further developed or improved; four mentioned human resource issues, four noted the need for further work on preventative services; two the need for long term planning and one the need to involve parents more.

The questionnaires also asked the Sure Start Contact Officers to detail any ways in which Sure Start Scotland could be improved in their local authority. Twenty-eight responses identified a range of ways that Sure Start could be improved relating to gaps or difficulties outlined above, such as the need for accommodation and more centres, ring-fencing, a strategic approach and more time for integration. Other issues, often with specific local relevance included the need to/for:

- Look at the flexibility of Sure Start criteria to support transitions for parents and children
- Extend Sure Start to reach the most rural areas or those with less provision
- Increase mainstreaming and move away from a project-based, individual service approach
- Introduce a one-stop shop approach and increase wrap-around services
- Health to accept ownership of the agenda
- Better use of management information to improve targeting
- New posts to better identify issues for vulnerable families and partnership working to better identify vulnerable families
- Address issues with legal requirements

Sure Start in the context of Early Years' Policy and ideas for future development

In the interviews, the Sure Start Contact Officers were asked how they saw Sure Start Scotland fitting in with the overall structure of early years policy and services in the future. It was clear from their answers that they saw Sure Start as integral to overall early years' policy, as the following examples illustrate:

> *'Sure Start and Early Years – they are part of each other – they complement one another'*

> *'It's a Venn diagram isn't it - with Sure Start in the middle'*

> *'Would like to see that it is core to the Integrated Early Years' Strategy and making best use of Hall4'*

> *'It has to be the foundation of early years' policies. I think there's still a fair way to go, particularly with our colleagues in education who see the child at age 3 but there are things that happen to the child before they reach nursery that are very significant'*

Ideas for the future, asked for at the very end of the interviews, often reflected the gaps and issues outlined above, such as the need to involve men, having guidance on monitoring or ensuring money becomes ring fenced, or reinforced the sense that Sure Start was developing well, as the following examples suggest:

'I think if it can keep going on the way it's going, it's doing okay'

'More of the same, happy how things have developed'

'Quite happy with the way it is structured currently; the false 0-3 bit of it has been eroded quite a bit which is a good thing. Anything that would encourage health to be a more consistent player. Quite happy with 3 yearly funding, have faith that it will continue'

Moreover, there were several comments for the future:

- Suggestions about sharing of good practice, for example through the organisation of seminars
- A suggestion that a centrally funded Sure Start pot that local authorities could bid to use, for example for capital builds
- The need to get away from a separate initiative or more integrated funding between initiatives – for example the need to consider combining two funding steams e.g. SS and Childcare Strategy
- Scottish Executive guidance on integrated working and shared budget management
- Longer term planning
- More involvement of parents
- Further developing partnership working – for example:

'if health had to sign off Sure Start activity, along with education and social work and the voluntary sectors, I think we may well have had a more cogent and coherent approach to it all'

Summary and Conclusion

Overall this chapter has highlighted the perceived strengths and weaknesses of Sure Start Scotland at a general level and in relation to the needs and requirements of specific local authorities. The overall assessment of Sure Start Scotland was overwhelmingly enthusiastic and positive and it was thought to be at the heart of Early Years' Policies. Sure Start Scotland has led to expanded activity, greater partnership working and an impetus to meet the needs of the most vulnerable families and very young children.

The main supportive factors were:

- Local flexibility
- Local knowledge
- A strong policy context
- Mechanisms for integrated working

The main hindering factors were:

- The short term nature of funding
- Lack of guidance on monitoring and evaluation
- Lack of dedicated Sure Start Officers in some local authorities

The main identified gaps in services were:

- Involving men as users, carers and childcare workers
- Reaching the most marginalised and vulnerable children and families
- Established monitoring and evaluation frameworks and procedures

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

'Sure Start must sit at the heart of the government agenda for early years services'
(Sure Start Contact Officer)

Introduction

Sure Start Scotland is part of a broader programme of action to promote social inclusion 'through a positive start in young children's lives'. The objectives of Sure Start Scotland are broad: to improve children's social and emotional development; to improve children's health; to improve children's ability to learn and to strengthen families and communities. Sure Start Scotland is increasingly being delivered within the wider context of early years policies and services.

This research design for this mapping exercise involved quantitative and qualitative components. Data templates involved information about services across local authorities. Self-complete questionnaires for Sure Start Contact Officers collected information on the progress and impact of Sure Start Scotland. Follow up telephone interviews provided more depth in aspects of service delivery and development and also on best and more difficult aspects of Sure Start Scotland. Interviews with planners provided data on the planning process and joint working. Additional information from service providers and users was collected from two case study areas: Aberdeen City and West Lothian. This, along with case examples drawn from the interviews and questionnaires provided qualitative evidence about service delivery, its integration and impact.

The overall picture of Sure Start Scotland provided by this mapping exercise is a very positive one. The mapping exercise identified increased provision in terms of numbers of services and numbers of families supported. It also identified greater embeddedness of Sure Start Scotland with overall planning structures for early years services, suggesting an internalisation of the overall objectives of the programme alongside mainstreaming provision to ensure sustainability. Key issues of flexibility and integration were highlighted in the evidence provided by Sure Start Contact Officers and key planners. The impact of services, identified through qualitative case studies and case examples, reinforces this message of the value of flexible services provided in a holistic way to meet the diverse needs of vulnerable families. This final chapter provides a summary of the report and suggests recommendations drawn from the analysis of the data provided by local authorities.

The range and use of Sure Start Scotland services

There has continued to be a year on year increase in the numbers of places for children and parents from the baseline figure of 3,387 children supported in 1999/00 to the 2003/04 figure of 15, 400 places for children and 9,600 for parents. Although it was not possible to obtain data on the number of integrated packages of care across all local authorities, a figure of 5,075 children receiving integrated packages of care was derived from returns from 7 local authorities. The qualitative evidence provided through the telephone interviews suggests that flexibility of service provision enabling integration and a holistic approach was a hallmark of Sure Start Scotland across local authorities, so it can be robustly assumed that the Scottish Executive target of 15,000 vulnerable children aged 0-3 are receiving an integrated package of care involving a range of services.

Sure Start Scotland services were reaching children across the 0-3 age range but were also including pre-birth services. Evidence also indicated that some services were going beyond age 4. The need for flexibility regarding ages of children supported was reported in the interview data and the impact of such a flexible approach was clear in some of the case examples provided by local authorities to illustrate how Sure Start Scotland was supporting vulnerable families.

The service templates show that Sure Start Scotland is providing intensive, group and resource-based services, and one service may well offer more than one type of provision. Intensive provision might involve home based support; group provision might provide training and crèche facilities; resource provision might involve a toy library or books. Centre-based provision was the main type of service provided although in a few local authorities such provision was not well developed either because of a lack of premises or because such provision was inappropriate for rural areas. Other types of services provided included: playgroups, outreach support, parent and toddler/baby groups, other day care or nursery, crèches, learning support to child or parent, resources and staff training. Centres provide a range of services including day care, visiting sessions, play groups, crèches.

The services for which data were collected were meeting the range of Sure Start Scotland objectives, although fewer claimed to be meeting the objective 'to improve children's health'. However, other evidence from the interview and questionnaire data suggests that it is in the area of health that some of the most innovative developments were taking place. Indeed, when discussing examples of joint working, collaborations with health were often cited as examples of good practice.

The development and delivery of Sure Start Scotland services

The mapping exercise found that 56% of services where data were available were set up after 2001, suggesting an increase in overall provision across Scotland. The qualitative data reinforced this as Sure Start Contact Officers described how local authorities were trying to mainstream services. Provision was thus being extended and enhanced rather than replaced by new services. Local authorities were also reported as mixing funding streams, with 71% of services being funded from more than one funding stream.

The main ways in which Sure Start Scotland was described as developing were through the expansion of services and through improved integration and collaborative working. However, Sure Start Contact Officers also noted issues such as the variety and flexibility of provision, the responsiveness to local need, the development of centre-based provision and the targeting of vulnerable families through non-stigmatised services. A few local authorities reported difficulties with expanding and developing services because they had a baseline of very little provision or because of funding and staffing difficulties.

New or innovative practices include the development of new posts, especially those committed to joint working, linking health with other sectors. Other forms of innovation relate to the development of new forms of needs assessment and in some areas, new family support or similar teams. Innovative practice was often highlighted as aiming at early identification of need and therefore offering preventive intervention. The examples provided illustrated the range of developments. In the case study areas, the examples of service development show the involvement of the voluntary sector, the importance of targeting of

hard to reach groups with specific services as well as the need to bring vulnerable families in touch with services through outreach support.

Sure Start Contact Officers reported considerable developments in integrated working across sectors although many said that further improvements could be made in integrating with health. Nonetheless there was evidence of joint working with health at planning and delivery level. Additionally, visiting sessions within centre-based provision often involved health care staff, such as health visitors, providing specific input. Integrated packages of care, as noted earlier, are hard to measure: families might be accessing a range of services at one point in time or over time suggesting considerable flexibility in support and provision. Illustrative case examples of both services and their impact suggest the value and importance of such integration. It can meet the needs of different family members and support can be built up and reduced according to changing needs. Thus, a combination of intensive, group and resource-based provision may dynamically serve a vulnerable family in a holistic way.

Specific groups are also being targeted within Sure Start Scotland, although the overall ethos is one of non-stigmatised support for vulnerable groups within the context of more universal provision. Enabling parents to access services and supporting them to achieve that is one way of combining a targeted and universal approach. Meeting additional support needs within universal provision is another way. Moreover, sometimes specific groups were reported as being supported through targeted provision, for example children with special needs. Overall, meeting the needs of all vulnerable families with young children, through additional support, seemed to be the overarching aim.

The area of staff and parent training was highlighted by many local authorities as something that had been developed further since 2001. Supporting the development and retention of a skilled workforce was considered important as was supporting parents to improve their skills as parents and through other training. Many services reported that they offered some kind of training for parents.

The perceived impact of Sure Start Scotland

Qualitative evidence from the interviews and questionnaires gave an indication of the impact of Sure Start Scotland. Sure Start Contact Officers described the way in which families were helped and how the nature of the service enabled such support. Most concurred that impacts are hard to measure and are not reflected in a 'number of places' approach, but that the impacts of Sure Start Scotland are visible and tangible. Some services were oversubscribed and those services aiming to serve the hardest to reach groups were reporting success. Some Sure Start Scotland services had formal evaluations in place and the majority of local authorities carried out formal consultations. Many Sure Start Contact Officers stressed the need for monitoring and evaluation to be developed further.

The Sure Start Contact Officers provided evidence from case examples as well as evidence drawn from local evaluation and monitoring to illustrate the value of Sure Start Scotland. Impacts related to improved child behaviour and development, increased self-esteem of the parent, preventing more intensive social work involvement as well as improvement in health. Some examples demonstrated wider community level effects such as involvement of parents in service related committees on in training for childcare work. Evidence from the case examples showed the impact of single, short term interventions as well as longer term, integrated interventions. Service users' views from the case study areas also demonstrated the

positive impacts of Sure Start Scotland on their lives. Small issues for improvement, from the service users' point of view, included upgrading premises, continuity of service and more information about services. More generally across the local authorities, service users were involved in the planning and delivery of services mostly through the gathering of their views by service providers but also through wider consultations.

The Sure Start Contact Officers highlighted a few areas of concern about Sure Start Scotland. These included a concern that demand outweighs supply, the provision of support beyond age 3, balancing the needs of the highest priority families with preventative work with other vulnerable families and a concern that support does not become intrusive.

The planning process

Most local authorities reported that there had been significant changes in the ways in which decisions and planning for early years services were conducted. Sure Start is becoming embedded within overall integrated planning and delivery. A change in culture as well as structure supported joint planning, leading to a more holistic approach. However, integrated planning was time consuming. Some local authorities had put in place radical change in their planning structures; for others change was more incremental. The development of new committee and group structures facilitates joint planning and decision-making and local authorities were reported as working towards integration although still had some way to go. Different partners seemed to be increasingly involved in planning at both the top and bottom ends of the process, including the voluntary sector and in some cases the private sector. Nonetheless, there were factors that hindered integrated planning and joint working. With respect to health, this included boundaries not being coterminous, different planning structures and internal reorganisation. However, difficulties at planning level were not necessarily reflected at service delivery level, where many examples of joint working with health were provided. In some local authorities there was continuing debate about the location of budgets and lines of responsibility; however in others decisions had been made to establish departments that crossed boundaries. New or joint appointments were also described has helping to transcend sectoral boundaries. On the whole, the funding process for Sure Start Scotland was viewed favourably with advantages perceived in flexibility at local level. However, in a few local authorities the lack of ring-fencing meant that Sure Start monies might be eroded under pressure from other council requirements. Some also cited the need for capital funds.

An overall assessment of Sure Start Scotland

Throughout the mapping exercise the positive aspects of Sure Start Scotland were keenly expressed. The expansion of services to meet the needs of the most vulnerable, the move towards joint-working were both cited as achievements. These can be considered specific elements of success, alongside the embedding of Sure Start Scotland within early years' policies, planning and services more generally. Specific areas where improvements could be made included involving men, evaluation and monitoring, developing preventive services, developing services for the most marginalised and vulnerable children and families. Other issues included the need to look flexibly at the Sure Start criteria to support transitions for parents and children, the need to involve health even more, continued mainstreaming, the need to reach rural areas and the need for even more integration. Sure Start Contact Officers suggested that future developments might be enhanced by the sharing of good practice, the use of a centrally funded pot for capital builds, further integration of funding streams,

guidance on integrated working and shared budget management, longer term planning, greater involvement of parents and further development of partnership working.

Conclusion and recommendations

This mapping exercise has demonstrated a considerable increase in activity across local authorities regarding Sure Start Scotland. Although local authorities have developed different structures and approaches to the planning and delivery of services, all support the integrated approach of Sure Start and work towards meeting its core objectives by supporting vulnerable families in flexible and non-stigmatising ways. Evidence to support such a conclusion comes from:

- The increase in numbers of children and parents supported by local authorities' Sure Start funded services

- Reported increase in range of services and expansion of existing services

- Reported increase in integrated and joint working both at planning but more especially at service delivery level

- Perceived and felt impacts observed through evidence collected on the ground and also through case examples

Sure Start continues to provide a flexible approach, combining universal and targeted services, and respondents in this study all thought that Sure Start Scotland made a difference in the planning and delivery of services as well as for the families being supported. A number of recommendations can be drawn from the evidence in this report and from the specific suggestions made by the Sure Start Contact Officers and planners:

- Sure Start Scotland's flexibility and responsiveness should be regarded as strengths; any move towards increased targeting should be carefully managed to maintain a non-stigmatised approach

- Flexibility should be supported across age ranges so that services do not stop at age 3

- Flexibility should be supported through formal and informal integration so that families are supported to meet their needs in holistic and unobtrusive ways

- The persistence of unmet need suggests that Sure Start needs to develop and expand further if vulnerable families are to be supported adequately

- Sure Start will take a long time to have significant effects as it is introducing new ways of working and embedding itself into early years' policies; there should be little expectation of rapid transformation in terms of impact and outcome

- Although intensive support may be costly, it is preventive and may save more costly interventions later on. There needs to be some assessment of longer term impacts, perhaps by focussing on key transitions, for example into nursery or primary school

- There is an need for a review of monitoring and evaluation within and across local authorities

- Local authorities would value the sharing of good practice and plans should be developed to support this through seminars and other methods

- Consideration should be given to capital spend in those local authorities in need of additional premises.

- Issues of rurality may need to be addressed, especially in terms of additional transport needs and the reach of services

- Wider workforce issues need to be addressed as recruitment and retention were reported as concerns, although many local authorities were working towards improved quality through training. There is a need for men to be more involved as both carers and workers.

- Given that Sure Start funding is not ring-fenced, mechanisms should be in place to ensure adequate spend in all local authorities

'People know there are better outcomes but life doesn't become easier'. (Sure Start Contact Officer)

APPENDIX 1

SURVEY AND INTERVIEW INSTRUMENTS

SURE START SCOTLAND
MAPPING AND EVALUATION
EXERCISE 2004-5

QUESTIONNAIRE FOR
SURE START SCOTLAND CONTACT OFFICERS:
EXPLORING VIEWS ON SERVICE DEVELOPMENT

Please return the questionnaire no later than 06/12/04. If you would like more information you can contact the research team at the address below:

CRFR Research Team:
Sarah Cunningham-Burley
Amanda Carty
Rachel Adam

Sure Start Scotland Mapping Research Team
CRFR, The University of Edinburgh
23 Buccleuch Place, Edinburgh EH8 9LN
Tel: 0131 651 1832   Fax: 0131 651 1833
Email: crfr@ed.ac.uk

Centre for Research on
Families and Relationships

BACKGROUND INFORMATON

DEFINING A SURE START SCOTLAND SERVICE

For the purposes of this mapping exercise, a Sure Start Scotland service is one that meets all of the following criteria:

1. The service has a specifically targeted element for vulnerable children aged 0-3 and families, including where this targeting is within the context of a de-stigmatised, universal service
2. The service has been at least partly funded by Sure Start Scotland, even if different funding streams have been mixed at a corporate level, making the exact contribution from Sure Start Scotland unclear
3. The service meets one or more of the four Sure Start Scotland objectives
4. The service is 'in tune' with the overall ethos of Sure Start Scotland

The four Sure Start Scotland Objectives are to:

- Improve children's social and emotional development
- Improve children's health
- Improve children's ability to learn
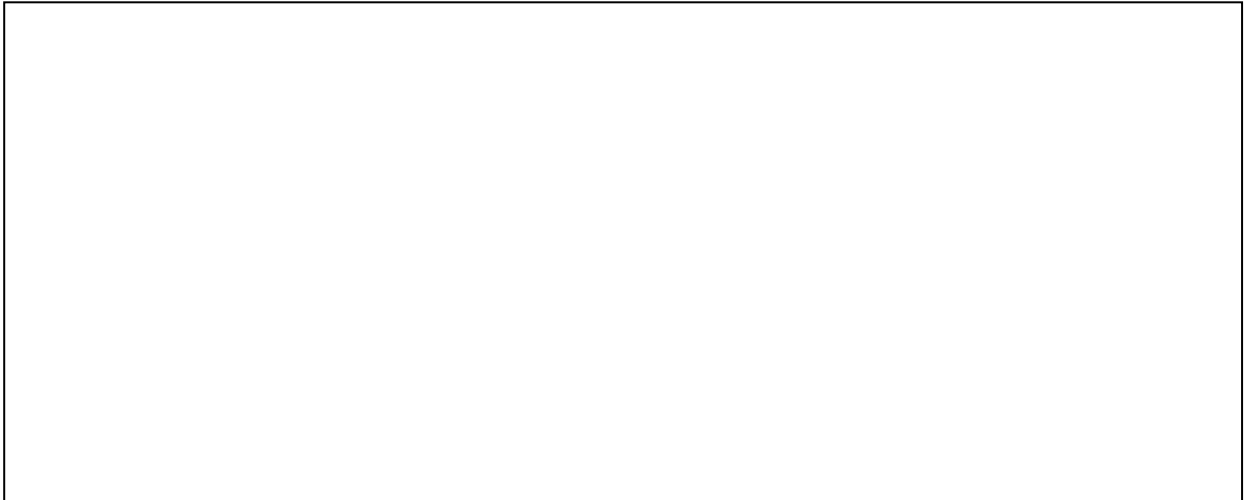- Strengthen families and communities

Section 1

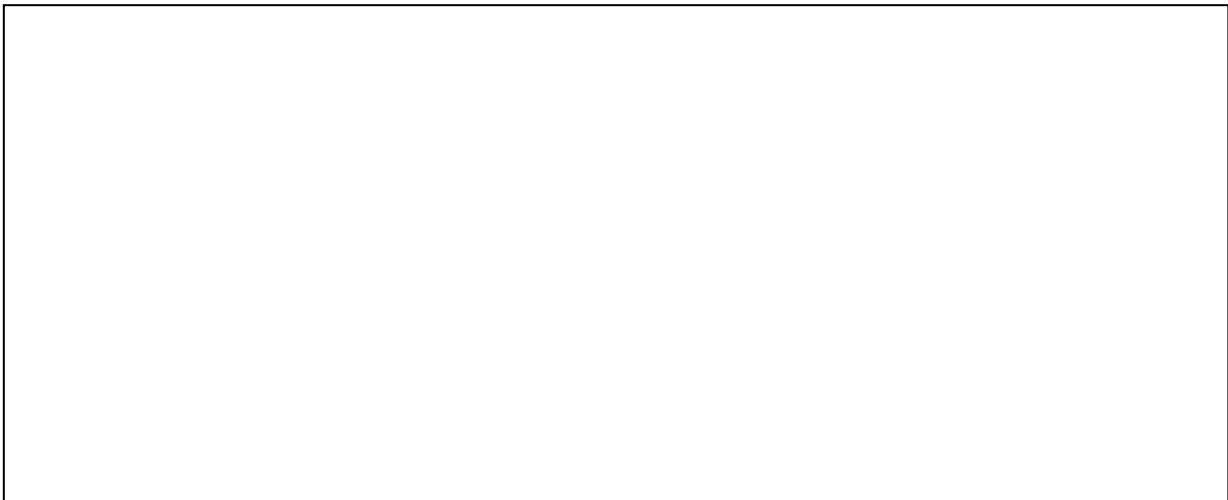## Progress and Impact of Sure Start Scotland Services

1.1   From your point of view, how have Sure Start Scotland services changed and/or developed since the end of 2001 in your Local Authority?

1.2   Briefly describe the up-take of Sure Start Scotland services in your Local Authority since the end of 2001.

1.3   Briefly describe whether and, if so, in what way(s) you think these services, as a whole, are meeting Sure Start Scotland objectives.

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1.4   What positive impacts do you think these services are having on children and families?

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1.5   Do you think there are any negative effects from Sure Start Scotland services on children and families?

****We would like some specific exemplar information about Sure Start Scotland services and their impacts on children and families in order to illustrate what is happening. If it is difficult to find an example just now, leave this until the telephone interview.****

1.6   Please select one Sure Start Scotland service in your Local Authority and describe it for us in one paragraph. What does the service provide, how does it meet Sure Start Scotland objectives and what you think is the impact on children and families?

1.7   Without giving any identifiable information, please tell us about one child/family currently using a Sure Start Scotland service, and how they have been supported. Again, one short paragraph will suffice.

Section 2

Service Provision, Use and Gaps

1.8   Do any of your Sure Start Scotland Services respond to requests for emergency places, and if so, how?

1.9   We are interested in the extent to which Sure Start Scotland services
       form part of an 'integrated package' of support for children and families.
       By 'integrated package of care' we refer to where a co-ordinated
       approach built around the needs of children and families has led to
       parents and children receiving more than one service. Can you give us your
       views about Sure Start Scotland services in this context?

1.10   What proportion of children, aged 0-3, supported by a Sure Start
       Scotland service, would you say have an integrated package of care?
       Please give an estimate.

0-25% ☐   25-50% ☐   50-75% ☐   75 -100% ☐

1.11   Please describe the processes in place by which children, aged 0-3, and families access such an integrated package of care which includes Sure Start Scotland services (e.g. referral procedures, needs assessments and referral panels).

In the last mapping exercise, service providers across Scotland identified the following gaps in services or areas they would like to develop further. We would like to know whether these gaps persist and what improvements, if any, are still needed in this respect.

1.12   Please identify by ticking the appropriate box which, if any, of the following gaps or areas for further development you think is still required in your Local Authority.

☐   Development of services for the most marginalised and vulnerable children and families

☐   Development of preventive services

☐   Involving men as parents or carers as providers and users of services

☐   More evaluation and monitoring of effectiveness of Sure Start Scotland services

☐ Improved planning processes relating to Sure Start Scotland services

☐ Improved partnership working, including with parents and the voluntary sector

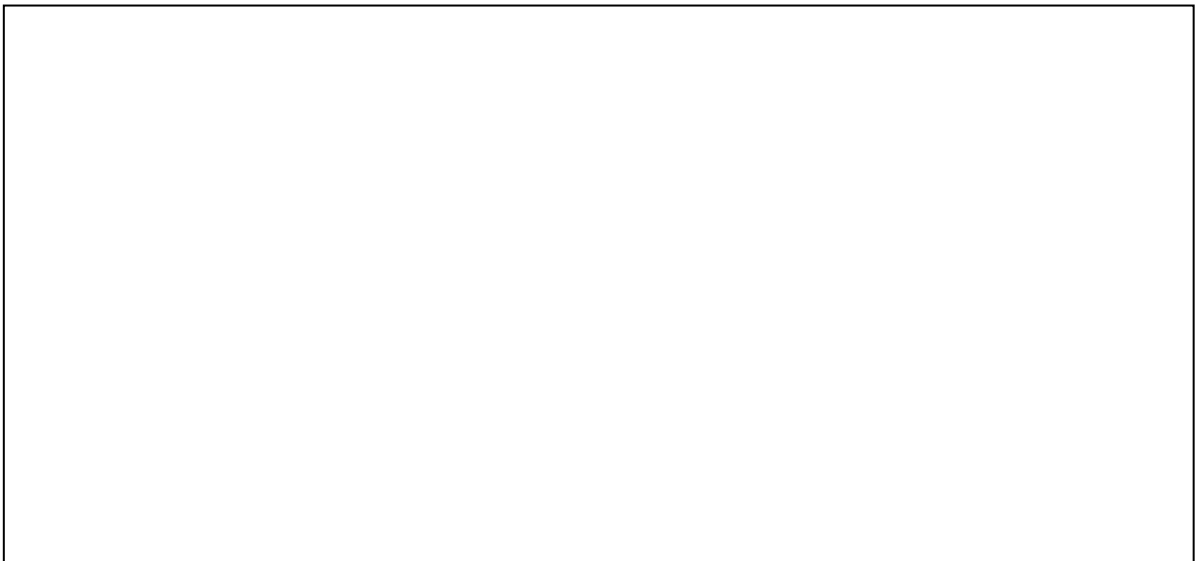If you ticked any of the above, please expand your answers:

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1.13 Are there any ways in which you think Sure Start Scotland could be further improved in your Local Authority? If so, please briefly describe this (e.g. in terms of the quality, reach or emphasis of service provision).

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Section 3

Service Planning Processes

We want to: understand the planning processes relevant to Sure Start Scotland that are in use in different Local Authorities

3.1   Please briefly describe the planning process in use in your Local Authority that relates to Sure Start Scotland services.

Please send us a diagram of planning processes, if your authority has one.

3.2   To what extent do you think these processes currently reflect and encourage integrated working between partner organisations?

3.3   To what extent do you think service users are involved in the planning processes?

3.4   FACTORS THAT <u>HELP</u> THE PLANNING AND DELIVERY OF SURE START SCOTLAND SERVICES IN YOUR AREA

*The last mapping exercise identified a range of factors that helped and hindered the effective planning and delivery of Sure Start Scotland services. From the lists below, please indicate, by ticking the appropriate box, which of these, if any, you think operate **now***

☐   LA at corporate level being 'in tune' with and committed to Sure Start Scotland objectives and philosophy

☐   Strong local or national policy context framework reflecting Sure Start Scotland objectives and principles

☐   Re-organisation of LAs in 1996 leaving positive baseline of service provision

☐   Centre-based and other provision already existed (as above) and can be built upon, especially where centres are in Social Inclusion Partnerships

☐   Strong mechanisms and relationships for integrated working at both strategic and practice levels in place

☐   Local providers across range of service sectors, including the voluntary sector, being committed to Sure Start Scotland objectives and philosophy

☐ Local providers having local knowledge, experience and the skills to carry out the work

☐ Knowledge of service requirements (through e.g. childcare audits/pre-5 services reviews/Children's Services Plans).

☐ A dedicated Sure Start Scotland Officer to give sole attention to the programme

☐ Ring-fenced funding and Sure Start Scotland officer able to control this, thus having some influence on partner organisations

☐ New money that is spent only on extending end developing new services

☐ Scottish Executive not imposing a prescribed model and allowing local tailoring of Sure Start Scotland plans

3.5 FACTORS THAT <u>HINDER</u> THE PLANNING AND DELIVERY OF SURE START SCOTLAND SERVICES IN YOUR AREA

☐ Starting from a low level of baseline provision (post re-organisation in 1996)

☐ Lack of history of integration at corporate level re planning and development of services

☐ Conflicts between major departments

☐ Lack of integration by some health authorities, particularly at strategic level

☐ History of poor relationships between departments and individuals within departments

☐ Lack of well-developed policy context or plan for services to respond to and encompass Sure Start Scotland agenda

☐ Financial crisis causing Sure Start Scotland funds to be diverted to save cuts to essential childcare services

☐ Staff recruitment and retention problems

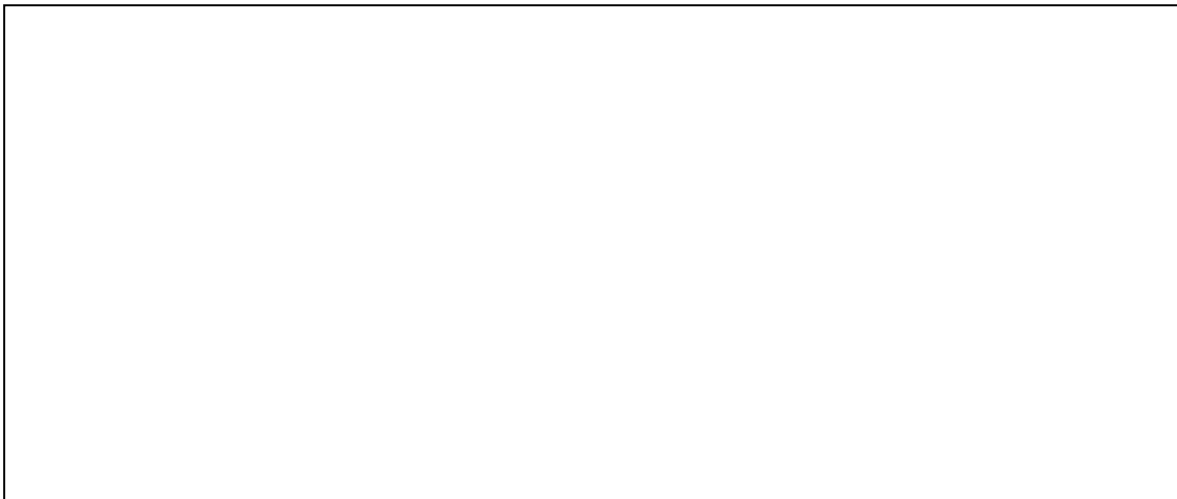☐ No dedicated Sure Start Scotland officer in post; contact officer having to multi-task

- ☐ Lack of history at local provider level of joint working (necessitates breaking down professional barriers, and changing staff attitudes and traditional working practices that are not in- tune with Sure Start Scotland)

- ☐ No or insufficient centre premises to work from and insufficient funds to build new premises

- ☐ Sure Start Scotland funding still insufficient to meet the level of unmet need

- ☐ Differential between bid and award of Sure Start Scotland resulting in plans for services being downsized

- ☐ Late award of funds limiting implementation of plans

- ☐ Not ring-fencing funds results in difficulty planning long-term planning (exacerbated by funding having to be spent by the end of each financial year)

- ☐ Short-term nature of Sure Start Scotland (three years to date) leads to problems of loner-term planning

- ☐ Some Health Boards' personnel involved in planning or delivery not always having authority or funds to commit to any projects, making integrated service development difficult

- ☐ Tension between need for universal and targeted services

- ☐ Lack of clarity about how strict cut-off age for Sure Start Scotland is (adherence to only servicing the 0-3s is contradictory to the philosophy of seamless and holistic care)

- ☐ Lack of clarity from Scottish Executive about extent to which the numbers of children serviced is more important than the quality of work (not all 'success' can be measured)

- ☐ Absence of specific guidance from Scottish Executive about how success is to be measured and required monitoring and evaluation mechanisms.

Please also tell us about any other factors that you think currently help or hinder planning and delivery of Sure Start Scotland services in your Local Authority, which have not already been covered.

3.6   Other factors that HELP:

3.7   Other factors that HINDER:

Section 4

Evaluation and Monitoring of Services

4.1   Please give us details of any monitoring or evaluation frameworks in use in your Local Authority for Sure Start Scotland services.

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Please send us copies of any guidelines and reports on evaluation and monitoring e.g. best value reviews of Sure Start Services, internal or external research/evaluation reports.

4.2   Do you think that service users fully consulted, and their views taken account of as part of service evaluation, monitoring and planning? If so, in what ways?

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4.3   Are there ways in which you think user involvement could be improved?

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Section 5

Other Information

Please give us any other information you feel is important to this Sure Start Scotland Mapping and Evaluation Exercise. We can discuss aspects of this further on the telephone.

THANK YOU VERY MUCH FOR HELPING US WITH THIS RESEARCH

PLEASE TRY TO RETURN THIS QUESTIONNAIRE IS NO LATER THAN 06/12/04.

PLEASE CONTACT US IF YOU HAVE ANY DIFFICULITES

Sure Start 04 – Survey Quantitative Data Template

centre for research on families and relationships

Name of Local Authority	
Name of person completing form	
Contact Details	

1. Name of Service	

2. Briefly describe the service

3. Service type (tick <u>one</u> main category)

❑ Centre-based provision (family centre/children's centre)

❑ Playgroup/Play initiative   ❑ Parent and baby/toddler group

❑ Outreach support   ❑ Other Day-Care (not Centre)

❑ Other nursery (not Centre)   ❑ Crèche (not Centre)

❑ Learning support to child   ❑ Learning support to parent

❑ Resource-based provision   ❑ Staff training/support

❑ Other (please specify) _____

Any additional information you may wish to add?

Notes:

4. Age of children catered for (tick all that apply)

❑ Pre-birth   ❑ 0 – 1   ❑ 1 – 2   ❑ 2 – 3

5. Intensity of service (please tick)

❑ Intensive   (high ratio of staff 1:1, 1:2)

❑ Group Support   (lower ratio of staff)

❑ Resource (little or no interactive back-up)

6.   Further details of types of support provided (please tick all that apply)

❑ Crisis Support

❑ Learning support to parent

❑ Parenting training

❑ Personal/social development/assertiveness/life skills

❑ Vocational/employment/literacy

❑ Learning to support child

Describe:

❑ Outreach

❑ Day care

❑ Nursery

❑ Play group/play initiative

❑ Parent and child groups

❑ Support to specific communities

❑ Drug misusing parents

❑ Minority ethnic/minority language community

❑ Domestic abuse

❑ Young parents

❑ Homelessness

❑ Fathers

❑ SEN/Disability

❑ Travellers

❑ Other

❑ Visiting sessions/therapeutic

    ❑ Physiotherapy

    ❑ Psychiatry

    ❑ Baby massage

    ❑ Speech therapy

    ❑ Health visitor

    ❑ Other (specify) _____

❑ Transport for clients to service

    Financial support   ❑ Yes   ❑ No

    Actual transport run by service e.g. minibus ❑ Yes   ❑ No

❑ Other informal/non-measurable support

Describe:

7. Date set up (please tick)

❑ Pre 01   ❑ Apr 01/Mar 02   ❑ Apr 02/ Mar 03   ❑ Apr 03/ Mar 04

8. Funding Source (are other funds used in addition to Sure Start Scotland funds)

9. Agency through which funds are allocated (agency responsible for service)

10. Staffing

   a) Agencies of core staff (e.g. education; social work; vol sector etc)

   b) Volunteers   ❑ Yes   ❑ No

11. Number of places (specify number)

	01/02		02/03		03/04

Daycare/childcare type service Child - Part time					
Daycare/childcare type service Child – Full time					
All other services for children Places					
Child – Integrated packages of care					
Parent (if service is for a parent)					

12. Waiting list (specify number)

	Child – number waiting
	Child – Average length of time to wait (days)
	Parent – number waiting
	Parent – Average length of time to wait (days)

13. Which Sure Start objectives are met?

❑ Improve children's social and emotional development

❑ Improve children's health

❑ Improve children's ability to learn

❑ Strengthen families and communities

14. Any other specified objectives met?

Describe:

General Interview Schedule for Sure Start Contact Officers

Introduction

Hello, this is ….I am carrying out these telephone interviews for the Centre for Research on Families and Relationships (CRFR). We wrote to you a while ago and sent you an information sheet on this mapping exercise of Sure Start Scotland 2004; did you receive this ok? **(If sending these)** Did you also get the interview questions in advance? Thank you very much for agreeing to take part in the research. This telephone interview should take around 30-40 minutes to complete, depending on how much you have to say. We'd like to tape record the interviews and the tapes will be erased after the study, is this ok with you? I'll also be taking notes so please pause as much as you can between comments.

Thank you for completing the return we sent you. I shall be using your responses to the questionnaire and quantitative data template as a basis for this interview. I will begin by asking you for any additional information and by clarifying your responses to the questionnaire. I will then move onto asking you about the best and also the most difficult things about the SSS initiative over the past 3 years. Finally, I will explore your views on how you would like to see SSS fitting in with Early Years policy in the future. May I just check that you have quick access to any information you may need to help you answer questions (it may help to have a copy of your completed questionnaire to hand).

What you say during this interview will be confidential. I should reiterate what we said in the letter; although we will not name individuals in the research report, we can't completely guarantee anonymity as it is possible that key staff could be identified from what they say. Is this ok with you? Would you like to ask anything before we begin?

Main Interview

1. Gaps in questionnaire

Go over any gaps in their completed questionnaire.

2.   Clarification of questionnaire

Clarify any aspects of their completed questionnaire and double check their list of services

We contacted you before about the change in our method of counting of the numbers of places offered by services. **(If this information hasn't been supplied already)** please could you confirm in the templates for daycare type service which of the places in the part-time box are actually part-time and which are full-time and for other services the number of whole places offered.

I'd like to sum up the Sure Start services that you have told us about. These are:

-
-

Are there any other key Sure Start services that have been missed or anything you'd like to add to your return?

3. Service delivery

Since 2002, has Sure Start Scotland made any difference to the ways in which the council delivers services?

[ ]

Prompt: *Were any new groups established to deliver services? Please describe any new partnership arrangements formed as part of service delivery.*

[ ]

Could you please tell me about whether any changes have occurred in the delivery of integrated services due to Sure Start and the involvement of health in this? (**Probe:** *in integrated centres where health may be a permanent feature of centre provision, for example, a health visitor being permanently based in a centre such as a family centre?*)

Are parents actively involved in service delivery?
Probe: *In what ways?*

[ ]

Does the local authority target any specific groups, such as ethnic minorities and/or children with special needs via Sure Start money (either in service delivery, planning or both)? If so, could you please tell me about how this is achieved?

Gaps in services

Further to your responses in the questionnaire, are there any (other) gaps in services for vulnerable children aged 0-3 and their parents that you'd like to mention?

4.   Impact of SSS on training and practices

Have you been able to offer any staff or parent training as a result of Sure Start (or Early Years) funding? Can you please give details of this?

Do you think that any new and/or innovative practices have been introduced into your local authority as a result of Sure Start Scotland (or Early Years) funding since 2002?

(Probe: *Please describe this practice? Who is involved? Can you send us any further information?)*

If yes, have there been any increased opportunities for the sharing of new or innovative practices across agencies since 2002?

Would you like to add anything to what you have said about monitoring and evaluation in your questionnaire responses?

Finally, some general questions on your views of SSS.

5.   Best and worst and things about SSS

What do you feel has been the best thing or things about the Sure Start Scotland over the past 3 years? Please expand on your answer.

What would you say have been the most difficult or least good thing(s) about the Sure Start Scotland initiative over the past 3 years? Please expand on your answer.

6.   SSS in the future

How do you see Sure Start Scotland fitting in with the overall structure of Early Years policy and services in the future?

What sort(s) of developments, if any, would you like to see in the Sure Start Scotland initiative in the future?

Is there anything else at all that you would like to mention about Sure Start Scotland that we haven't already discussed or that you have said in your return?

Thank participant very much for taking part in the research. Explain how the information will be used (written up into a report for the Scottish Executive. Report will be available on the SE website from [date].

Interview Schedule for Sure Start Scotland Children's Services Planners

Introduction

Hello, this is Amanda Carty/Sarah Cunningham-Burley/Anne Birch/Claudia Martin. Do you remember the Centre for Research on Families and Relationships (CRFR) wrote to you and sent you an information sheet and the interview questions in advance, did you receive these ok? Thank you very much for agreeing to take part in the research. This telephone interview should take around 20-30 minutes to complete, depending on how much you have to say. We'd like to tape-record it so that we can ensure we report accurately and for quality assurance purposes and I'll also be taking notes as you speak so please pause between comments. The tapes will be erased after this. Is that ok with you?

What you say during this interview will be confidential. I should reiterate what we said in the letter; although we will not name any individuals in the research report, we cannot completely guarantee anonymity as it is possible that key local authority staff could be identified from what they say. Is this ok with you?

This interview will investigate your views on the planning and delivery of Sure Start Scotland services. Would you like to ask anything before we begin?

QUESTIONS

1. **Can you please describe the planning process for Sure Start Scotland services?**

Probe: Has this has changed since 2001?
What sectors within and outwith the local authority are involved in planning?
How integrated would you say the planning process is?
How has this integration been achieved?
What are the factors that have helped or hindered integration of planning?

2. Could you please tell me about how planning decisions are made?

Probe: How are aspects of service delivery decided upon – for example, how (and whether) services are to be targeted or universal; what sort of referral; which groups are being targeted and why; how are new or expanded services planned and delivered?
How are decisions made about which services are to be prioritised? For example, are local needs assessments conducted prior to decisions being made – if so in what ways?
How are funds allocated? (**Probe: what are your views on the funding arrangements/packages in place and the complexities involved in this**).

Do you feel that there is/are any specific group(s) that has/have particularly benefited from Sure Start Scotland funded children's services in your local authority area? If yes, which one(s)?
Do you feel that there is/are any particular group(s) that has/have not benefited as much as other groups from Sure Start Scotland funded children's services in your local authority? If yes, which one(s)? Do you plan to target this/these group(s) next?

3. Can you tell me a little about the extent of joint working across sectors?

> **Probe:** across local authority departments; health; voluntary sector; social inclusion sector
> Are there key appointments that support joint working and joint planning (e.g. Child Health Commissioner/Child Health Strategic Co-ordinator)

4. Could you please give me an example of good practice in relation to joint working at the planning level?

5. Could you please give me an example of good practice in relation to joint working at service delivery level?

6. Could you please tell me about how your local authority consults with and involves service users in the planning and delivery of services?

Probe: types of consultations and involvements; how planned (ad hoc or co-ordinated); how frequently and at what stages?
Do you think aspects of this will change and develop over the next three years?

Is there anything you would like to add to what you have already said during this

interview?

Thank you very much for taking part in the research. The information will be written up into a report for the Scottish Executive. The report should be available on the SE website later next year (possibly April, May 2005) after the research has been finalised.

CASE STUDY TOPIC GUIDES

Interview schedule for Sure Start Scotland Mapping Exercise

 – CASE STUDIES - PLANNERS -

Introduction

Thanks for agreeing; case study to get a little more qualitative detail about service planning and integration and also a little more about service delivery.

Tape recording if agreed and taking notes.

Case study area is likely to be named; will not name planners but the description of the sector and planning process will mean that you might be identified. Please say if you want something to be off the record and we will ensure that such comments cannot be attributed.

West Lothian/Aberdeen City are one of two case studies and they will appear as such in the final report we provide for the Executive.

We are interested in hearing more about the planning and delivery of Sure Start Scotland services than the one planner interview we are conducting across all 32 local authorities. I expect we'll speak for about 20 minutes.

Questions:

First of all – can you briefly describe your post and how long you have been working there?

Can you tell me a little about your involvement in the planning process for Sure Start Scotland Services?

- How long have you been involved
- How has the planning process developed since 2001
- How integrated would you say the planning process is
- How has this integration been achieved
- What are the factors that you perceive as helping or hindering integration of planning

From your point of view, how are planning decisions made?

- How are aspects of service delivery decided upon – targeted/universal; referral; which groups, new or expanded services

- Are there groups that you feel are not benefiting from Sure Start Scotland who you think should be benefiting?

What are your views about the extent of joint working across sectors in your area?

- Health; voluntary sector; private sector; local authority

Drawing on your own experience and involvement, can you give me an example of good practice in relation to joint working at the planning level?

And at the service delivery level?

To what extent to you think service users are involved in the planning and delivery of services?

- Types of consultations and involvement – ad hoc, co-ordinated, plans for further development

Interview schedule for Sure Start Scotland Mapping Exercise

– CASE STUDIES - SERVICE PROVIDERS -

Introduction

Thanks for agreeing; case study to get a little more qualitative detail about service delivery and uptake.

Tape recording if agreed and taking notes.

Case study area is likely to be named; will not name service provider but the description of the service will mean that you might be identified. Please say if you want something to be off the record and we will ensure that such comments cannot be attributed.

West Lothian/Aberdeen City are one of two case studies and they will appear as such in the final report we provide for the Executive.

We are interested in hearing more about the service you are involved in and the experience of delivering it and what you think the benefits to parents and young children are. I expect we'll speak for about 20 minutes.

Questions:

First of all – can you briefly describe your post and how long you have been working there?

Can you tell me a little about your service to expand the survey information we already have –

- How long has it been in operation
- How does it relate to Sure Start Scotland (objectives; funding etc)
- What are its aims and what is the client group
- How are parents and children supported – intensive/group/resource
- How long are children supported for
- Integrated package of care
- Referral system
- Targeted/universal

How has the service developed –

- Changes in mode of delivery
- Working across sectors
- Training of staff
- Other types of expansion

Are there groups that you feel are not currently being serviced who should be?

Can you give me an example of how you think your service helps young children and their families?

How would you like to see early years' services developing in your area and what do you see as your role in this?

- Planning
- Expansion
- Integration

NB: For Aberdeen City Providers, ask about recruiting service users for short telephone interview and get provider's address for mailing consent forms and information sheet

Sure Start Scotland Case Study – March 2005
Service User Interview Schedule

Can you tell me a little about yourself?

- Age
- Living arrangements (who live with)
- Housing tenure
- Car ownership
- Numbers and ages of children
- Work

Can you tell me a little about the service you use for your young child?

- Type of service
- When started using
- How long using for
- How often
- How referred – how found out about it

How have you found the service?

- Impact on child
- Impact on self
- Impact on other families
- Staff
- Accessibility

Are there things you would like to see changed or improved?

Are there other services or supports you would like to be able to use?