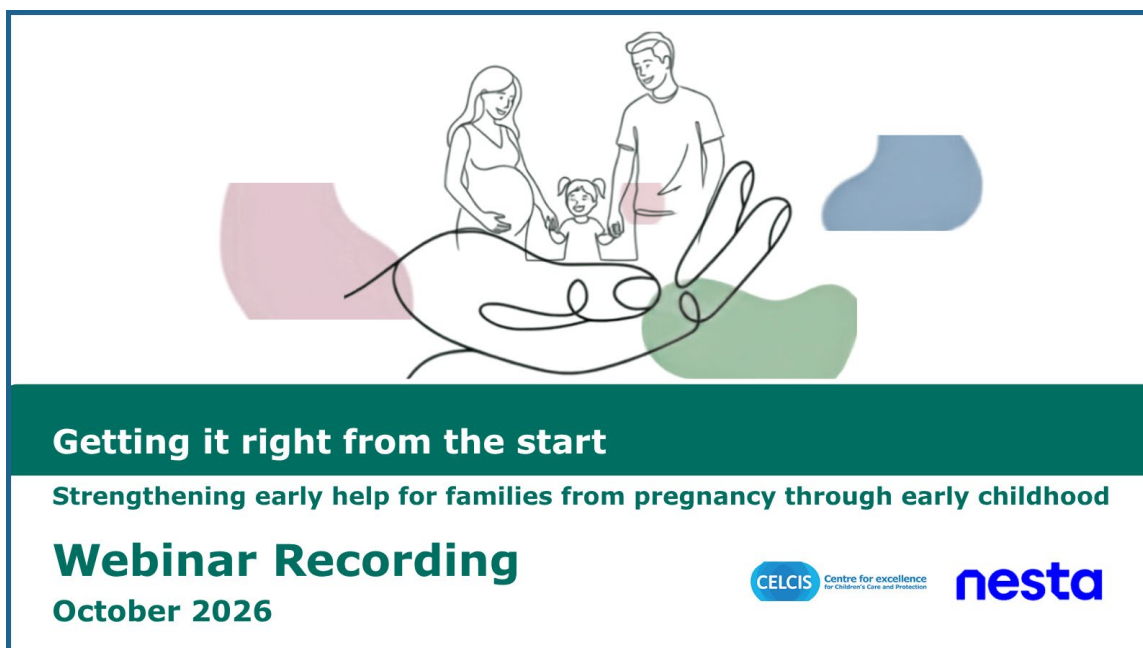




Mapping Early Years Support in Scotland

Strengthening early help for families from pregnancy through early childhood

October 2026

Transcript

Chair:

- **Claire Burns**, Director, CELCIS

Speakers:

- **Jane Scott**, Head of Early Help and Protection, CELCIS
- **Linda Davidson**, Early Help Lead, CELCIS,
- **Linda MacDonald**, Mission Manager (A Fairer Start), Nesta
- **Ben Bryant**, Director, ISOS Partnership
- **Sharon Grant**, Service Manager (Children and Justice), South Lanarkshire Council

- **Gillian Carroll**, Children's Services Planning and Performance Lead Officer, South Ayrshire Council
- **Sheena Fraser**, Early Years Service Manager, East Dunbartonshire Council
- **Diana Beveridge**, Head of CYPIC, Scottish Government

Claire Burns

Good afternoon, everyone and a warm welcome to today's webinar. I'm Claire Burns, the Director of [CELCIS](#), and we really appreciate everyone giving the time to step into this learning space together. The numbers show us a really clear indication of our joint commitment to improve outcomes for our children and families in the most vulnerable settings. And again, we're very conscious of the massive competing pressures that are on everybody. But a real sense of people's commitment to learning who have come along today and given us this time probably over your lunchtime as well.

Today's webinar is on early help for babies and families in Scotland. We'll be looking at what is available from pregnancy through to age 3 and what needs to change to make it more consistent, joined up and impactful for families. Today CELCIS has published its new report, [Mapping Support and Services and Pregnancy in Scotland](#), which details the findings of the research.

Scotland has a long-standing commitment to giving children the best possible start in life, reflected in Scottish Government policies such as Getting It Right For Every Child (GIRFEC), support around early years in early child development and the incorporation of the UN Convention on the Rights of the Child (UNCRC) in to Scots law. We all know that the first 1001 days are critical to long-term development yet support for families during pregnancy and early childhood can still feel, to them, as fragmented, complex and inconsistent. Within this context, the Scottish Government commissioned CELCIS to mark the support available in Scotland during pregnancy and a baby's first few months. And we were delighted to be working in partnership with [Nesta](#), who

carried out research to explore what was needed to strengthen early childhood support from birth to age 3 and to understand the role of early learning and childcare and supporting integrated family support.

Nesta also commissioned the [ISOS Partnership](#), to look at how early learning and childcare settings in Scotland and early education and care settings in England can be joined up with wider support for families, drawing on evidence from 9 local areas, a survey of local authorities and a call for evidence from providers. It makes recommendations for building a more joined-up Early Years system. We're delighted that today brings together practitioners, managers, children's planning partnerships, the children's services workforce and strategic leaders from across Scotland. Together we'll consider the national and local changes needed to ensure families receive more consistently, timely, joined-up support from pregnancy through the early years.

We'll be hearing from **Jane Scott**, head of Early Help and Protection at CELCIS, and **Linda Davidson**, Early Help Lead at CELCIS, also **Linda MacDonald**, Mission Manager for A Fairer Start at Nesta and **Ben Bryant**, director of the ISOS Partnership. We'll then take a short pause before hearing examples from practice in three local areas. And again, it's always our effort to try and make the links between what we're hearing in evidence and practice as well. So, delighted to be joined by **Sharon Grant**, Service Manager, Children and Justice from South Lanarkshire, **Gillian Carroll**, Children's Services Planning and Performance Lead Officer at South Ayrshire Council and **Sheena Fraser**, Early Years Service Manager at East Dunbartonshire Council. They will share what's resonated with the research and what may change possible in their areas.

So, to begin with, I'll hand over to Jane Scott to share what we found when mapping support during pregnancy and the early months.

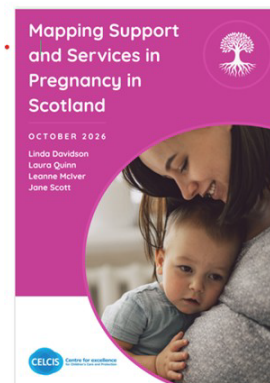
Jane Scott

Thank you. And I will also be joined by my colleague, Linda Davidson. Before we start, I wanted to give a huge thank you to all of those who contributed. We managed to get the survey from 25 Children's

Services Planning Partnerships. And that's no mean feat because that also involves a huge amount of local discussion and collaboration in order to get these responses to us. So, we were overwhelmed by the support and the contributions and delighted. We also wanted to say a big thank you to Nesta. We worked very closely alongside Nesta to make this possible and you'll be hearing from them later, so I won't say any more about that. But also, to colleagues and Scottish Government whose support and reflections and comments and guidance was hugely appreciated.



- Our study aimed to increase understanding of the support and services in place across Scotland during pregnancy and in the first few weeks and months of a child's life.
- We worked alongside NESTA which was exploring the change and conditions required to strengthen childhood development.
- What we did:
 - focused review of key literature, including all available Scottish research
 - analysed 25 survey responses from CSPPs exploring universal, additional and targeted services in place from pregnancy and into childhood
 - participated in 13 workshops led by NESTA with 6 local authorities



So, what we aimed to do was to increase understanding of the support and services in place across Scotland during pregnancy and into the first few weeks of a child's life. This is not an evaluation of services; I should say that. It's just beginning to map out actually what's happening here and now in Scotland. Having said that, we actually got many examples of innovative, effective good practise which we've tried to share as much as possible in the report because we think there's as much learning in seeing what other people are doing as well as hearing from us. As I said, we worked alongside Nesta and the work that we did, in addition to the survey responses, we also focused on some of the key literature and really looked to see what we could find out about Scotland because we were keen to get a good picture about

Scotland. And we participated in the workshops which were led by Nesta, which allowed us to do more of that in-depth work in six areas. I think it's really important to say we felt there was a really strong commitment from the workforce for developing and sharing practise despite the challenges that are out there at the moment, and that was really quite apparent. Lots of areas are delivering lots of services and working really creatively to meet the needs of local communities. And I think it's really important to hold on to some of these positive messages at the moment.

As I said, there were many examples of innovative and effective practice and we've tried to share those and you're hearing from partners today. And I think the other aspect that was really clear was that strong local collaboration and partnership working and a significant involvement in the third sector and a really diverse arrangement of partnerships from very small local - neighbourhood, almost - organisations working in local communities right through to some of the national services that we deliver. So, there is a very varied landscape. So, I'm going to hand over to Linda, and this is what you and the evidence I should say have told us.

Linda Davidson

Provision of support and services

GIRFEC is being adapted for use during pregnancy, reflecting relevance of the framework but perceptions that it does not explicitly address the pre-birth period

Support is delivered through complex local funding and governance arrangements highlighting the highly collaborative but locally diverse arrangements for delivery and funding of services.

Midwifery support and Health Visiting highlighted as critical component of the early help agenda, but needs further investment.

Further development and standardisation of the Safeguarding Midwife role

Early help provision characterised by inconsistency rather than a lack of services highlighting a need for stronger local strategic coordination.

Additional support and services in pregnancy included a focus on health and wellbeing, pregnancy support, parenting support, parenting programmes and financial support

Target and intensive support included social work, targeted family support, support with addictions and domestic abuse, perinatal mental health and infant mental health

Hello everyone, we've got quite a number of slides to highlight this. Under provision of support and services. It was clear that many areas were trying to adapt GIRFEC for use during pregnancy and it doesn't always explicitly address the pre-birth. But in the areas we're making an effort to try and use the overarching GIRFEC approach pre- and post-birth, we learned that supports delivered through many complex local funding and governance arrangements. Sometimes this was collaborative and locally diverse.

And actually, there was a huge number of services and a variety of funding streams available to families in the pre/post-birth. Midwifery and health visiting were highlighted throughout as a critical component of early help but was also mentioned in terms of needing further investment to ensure consistency of support. Further development and standardisation of safeguarding midwifery roles. So, we looked at universal targeted support, and certainly in terms of targeted support the safeguarding midwifery role was highlighted, although we're also aware that that's not a role that's available in all local authorities in Scotland. What we learned was that early health provision is not characterised by a lack of services. There are many services highlighted in the report. What was lacking was consistency across Scotland and the fact that perhaps we need stronger local strategic coordination in place. Many of those additional supports and services focused on health and well-being, pregnancy, parenting support, parenting programmes, financial support and weren't just third sector. But actually, we highlighted the fact that there were a number of local charitable organisations also involved in the pre/post-birth where targeted and intensive support was required for families. This included in all areas social work in many targeted family support and a variety of supports for families where there were issues of addiction, domestic abuse and a need for perinatal mental health or infant mental health support. What we also found was a significant increase in our work with local areas around perinatal and infant mental health where over the last five years services seem to have increased from 5 local services to 15 as mentioned in our survey.

Multi-agency pathways and processes

Clear multi-agency pathways are not in place consistently across Scotland across universal, additional, and targeted support, with local support and services available to families before situations escalate.

Assessment approaches varied across Scotland, with local areas developing their own models rather than using a standardised framework.

Early help provision is characterised by inconsistency rather than a lack of services highlighting a need for stronger local strategic coordination.

What is working well

Effective support which is underpinned by strong professional relationships, co-location, informal communication and shared responsibility enabled better coordination of support for families.

Locality based multi-agency arrangements are effective in identifying concerns early, improving information sharing, and coordinating support, with collaboration strongest when services were organised around communities.

There was a lack of clear multi-agency pathways consistently across Scotland covering that universal additional and targeted support and the importance of that support and service being available to families before situations escalate. We asked specific questions in the survey around parenting assessments or parenting capacity assessment approaches, and we found again a lack of consistency with many areas developing their own models rather than a standardised framework. So Early Help provision in terms of pathways and processes was again characterised by inconsistency rather than a lack of services, which again highlights the need for stronger local coordination. What was working well was that when effective support was in place it was underpinned by strong professional relationships, in some instances co-location, informal communication and a shared responsibility to coordinate support for families. And that locality based multi-agency arrangements were effective in identifying concerns early, improving information sharing and coordinating support, especially when collaboration was organised around local communities and local communities' needs.

Challenges in service delivery

Sustaining preventative work challenging when faced with financial insecurity.

Workforce constraints pushing practice towards brief contacts, referrals and crisis response, rather than sustained relationship-building and prevention.

Strengthening practice

Coordinated, proportionate and outcomes-focused local planning that keeps the needs of babies and infants at the centre and supports parents.

Preventative, whole-family approaches, including a strengthened universal offer in early pregnancy, improved access to flexible community-based support, and clear visibility of services so families receive timely help close to home.

Multi-agency structures or teams across Scotland to strengthen the early identification of risk, early engagement and provide preventative support for pregnant women and their families

Strengthen targeted and intensive support for families in pregnancy through dedicated pre-birth teams and integrated pathways to simplify routes into services, reduce unnecessary referrals, and provide timely support during pregnancy and after the baby's birth.

Perhaps not surprisingly, the first challenge we've noted in terms of service delivery is areas trying to sustain preventative work when faced with financial insecurity. And many areas talked about short-term funding and the challenges of managing support for families in those circumstances. There were also a number of areas that talked about workforce constraints and workforce challenges which pushed practice towards less of a preventative approach and more towards brief contacts, referrals or multiple referrals being required and a crisis response rather than being able to sustain relationship building and prevention. The things you told us that you thought would strengthen practice are having coordinated, proportionate and outcome focused local planning that keeps babies and infants at the centre and support for parents in place. That preventative whole family approach, including strengthening universal offer early in pregnancy, having access for parents to flexible, community-based support and clear visibility of services so families can receive timely help close to home. The importance of having multi-agency structures or teams across Scotland, many areas mentioned. Some mentioned that they had multi-agency structures and teams in place, but all mentioned that that would strengthen an early identification of risk for children and families, early engagement with families, and would provide opportunities for preventative support for pregnant women and families. Another strength would be having targeted and intensive

support in pregnancy through dedicated pre-birth teams or an integrated pathway of support to reduce some of those unnecessary referrals and provide more timely support during pregnancy and the post-birth period.

What Scotland needs to deliver effective services

Nationally, babies should be recognised as a distinct group.

Sustained national commitment to prevention, whole-family and trauma-informed early help and intervention.

Identifiable local strategic leaders with responsibility for early help within current planning structures

Local leaders, who are visible, approachable and supportive of innovation, helped create cultures of trust, collaboration and shared ownership.

Investment in the workforce with greater focus on retention and staff wellbeing, increased capacity, and a stable and supported workforce are critical for the delivery of effective services

Develop national expectations for data-sharing systems across maternity, health visiting, education, social work and third sector services

So, what does Scotland need to deliver effective services? Well, the work that we've undertaken and what we've heard from the sector is that nationally babies should be recognised as a distinct group with distinct needs. There needs to be sustained national commitment to prevention and a whole-family and trauma-informed early help and intervention approach, that it'd be really helpful to have local strategic leaders who held responsibility for early help within current planning structures. Local leaders who are visible, approachable, supportive of creative creativity and innovation and help support cultures of trust, collaboration and shared ownership across services. That it would be helpful if there was increased investment in the workforce with a greater focus on retention and staff well-being, increasing capacity and stability, which is critical for the delivery of effective services and to develop national expectations for data sharing systems across maternity, health, visiting, education, social work and all third sector services.

Jane Scott

9 key insights



Renewed cross-government focus on pregnancy and young babies

Build on foundations already in place

Align strategic oversight between national priorities and local strategic coordination with GIRFEC the overarching framework

Develop a consistent and accessible offer of support

Identify clear coordinated pathways

More consistent approach to assessments

Consider multi-agency or co-located services

Address fragility of funding and workforce

Improve data sharing

So just finally to say this led us to think about some of the key insights, and we identified 9 key insights from all that we heard and the evidence that we read. And it was felt that there has been a focus in government on pregnancy and young babies over the last two decades, but somehow, we just need to renew that focus and it needs to be cross government. There's been a lot of good work over the two decades that has been done locally and nationally with a range of initiatives and let's build on the foundations already in place. Really important to align that strategic oversight of those national priorities with that local coordination that Linda was describing with GIRFEC as the overarching framework for all of our children, including the unborn baby. And to develop that consistent accessible offer of support with clear pathways and more consistent approaches to assessment and to consider multi-agency co-location of services and understanding those really local community needs. And obviously to address that fragility funding workforce. And one of the key things coming through was improving data sharing at that particular point in the system. And that was our map, if you like, of our way through and we'll finish there and I will stop sharing and I will hand over now to Linda MacDonald from Nesta.

Linda MacDonald

Hello everyone, Thanks so much, first of all to CELCIS for organising today and for allowing us to take part. I'm here to talk about Nesta's recently published report called [Getting it Right for Every Baby](#), which we published last week. It was published as part of Nesta's [A Fairer Start mission](#), which aims to ensure that every child has the same chance of developing to their full potential in the early years.



Getting it right for every baby

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With this project, we set out to generate intelligence and insights about existing early childhood support in Scotland and to make some clear recommendations about what we think is required to change at both the national and local level to strengthen support and practice. To do this, we worked with six local areas in workshops facilitated by [Horizons Research](#), and we also incorporated findings from the CELCIS survey into the report. And just at this point, to repeat the thanks that Jane gave earlier to everyone who really generously gave their time to feed into this work.

What we set out to explore

01

What already exists

02

What is working well

03

The role of prevention

04

Gaps in provision

05

Systemic and delivery challenges

06

Steps for improvement

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I'm going to really quickly run through our key insights and recommendations that we identified through the work. I feel like about 80% of what I've said is just going to reinforce what you've heard from Jane and Linda, but hopefully that's helpful in terms of having used different parts of the system and come to some of the same conclusions. I'm going to focus mainly on national recommendations here, but I will circle back to the key recommendations we are making for local areas towards the end. But what is clear is that action is required at all levels of the system for us to make the difference for families that we need to.

Key strengths to build on

- 01 Cross-sectoral commitment to the principles of prevention, early help, relational practice and putting families at the heart of services
- 02 The third sector as a valuable cornerstone of the current service landscape
- 03 Building trust through 'continuity of carer' as exemplified by the Universal Health Visiting Pathway and Family Nurse Partnership
- 04 Commitment to collaborate and joined up working supporting a collective ambition of 'no wrong door' approaches
- 05 GIRFEC as a key enabler and driver of practice

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First thing again to just highlight is that there are significant positives within the system to build and we encountered them in every area we worked in. These involve considerations around prevention, collaborative working, family-centred and relational approaches, and a real recognition of the central role of the third sector in delivering on this agenda. What came through clearly across all of it is what's letting us down – they are systemic issues to do with things like capacity and direction and coordination. And that's what emerges through the five themes I'm going to talk about next.

Key themes



Strategy, leadership and governance



Support available to families



Funding, accountability and improvement



Workforce skills, capacity and collaboration



Data and operational infrastructure

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These are the five things I'm going to rattle through at pace. As you will see, just from the high level, most of them relate to systemic type approaches. The second one, I'll talk more about the actual supports that family have available.

Theme 1: Strategy, leadership and governance



Baby blind spot

Policies and plans often prioritise all-age approaches or older age groups leaving babies under represented.

Recommendation

Make early childhood a national priority

"The emphasis on free childcare for three-to-five year olds has overshadowed the critical foundations laid in the years before. We need a fundamental rethink of the framework."
area lead interview

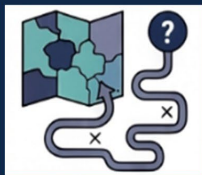
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This looks at strategy, leadership and governance. What came out across all of the areas we worked in was this idea of a perceived baby blind spot where early childhood is largely missing from broader policy

language. And that policy around children has shifted to focus on older age or all age support. And this can often mean that young children and babies are invisible within that policy. Aligned with that, there's a sense that governance at both national and local level is fragmented and that there's a lack of clear stewardship. One of the recurring themes we heard was a sense of who's holding the baby? It's often reliant on individual champions within systems or it's seen as the remit of one team rather than being a combined effort that we all need to come around.

So, the recommendations relating to this theme are very clearly around the development at national level of a unified vision that re-establishes babies and early childhood as a key government priority. It is not about setting up another policy, it's about a more streamlined policy landscape with clear accountabilities and governance, but that really embeds babies and young children at the heart of all children's policy. There's also a recognition from local areas that while there's this need and that it would be beneficial to have that clear direction and prioritisation, there still needs to be space for local areas to be flexible about how they go around delivering that.

Theme 2: Support available to families



"There's definitely a gap in terms of that middle group of families. You're relying on parents being quite proactive – understanding, noticing what's happening with their child."
workshop participant

Inconsistent services and pathways

The current system prioritises immediate risk over early help meaning many families remain unsupported until they reach a breaking point.

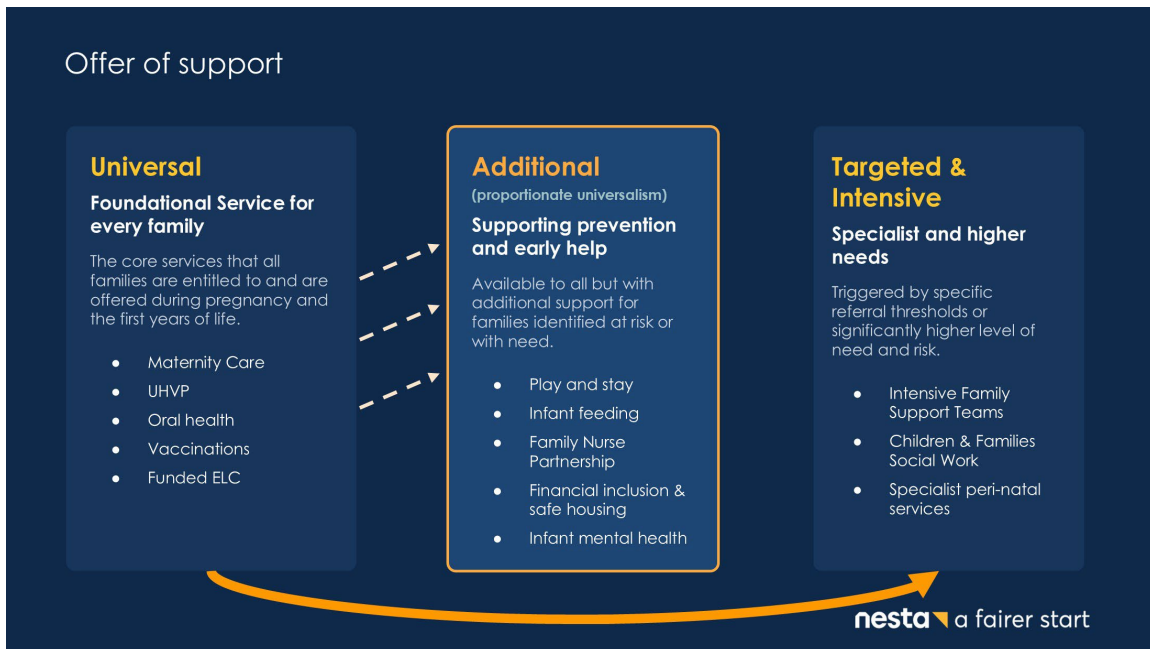
Recommendation

Ensure a consistent and accessible offer of early help is available to all families

Our second theme looked at what kind of support availability was to families and again, very much resonating with what we heard from

CELCIS. There is a really extensive range and variety of services available in the zero to three landscape. It can often be heavily fragmented. It can be inconsistent both within areas and across areas and this can make it difficult for families to navigate.

We also heard a lot about universal services who are doing a lot of the heavy lifting in this space. So, health visitors and other allied health professionals, but they're under severe strain and this can often cause the system to default to more reactive risk management lens rather than moving into a preventative space. And as Jane and Linda said, this is not always about the lack of services. There is an identified lack of well established and communicated pathways that can support families through from the different services they need. And another interesting point I think that emerged was the fact that universal touch points - there are a lot of them in the first year of a child's life, but they then drop off quite significantly after a child turns 1 year. And this was seen as being ironic by some of the participants, given that this can be the point where some of those early child development concerns in particular start to become identified and there are less touch points around to pick that up. What that means when taken together is that we are left with an overlooked missing middle of families, often with emerging or lower-level needs who are left to navigate these services for themselves.



We've tried to illustrate this by setting out services that families get into these three buckets, which roughly align with the model of proportionate universalism you may be aware of. It's set out for the Marmot papers ([The Marmot Review](#)). They set out the kind of core services that all families are entitled to during pregnancy in the first year of life. And what we identified is that the first and third column in particular are better established - not without their challenges and some shortages in what can be delivered there because of resourcing crisis - but there is a well-established pathway, or a better established pathway, from those universal services on the left through to the targeted ones in the right. But they are often triggered by a level of need or a referral. So you actually have to be at a level of need that will get you into them. What we discovered was this middle column (column 2), which we'd referred to as additional, is less consistent both in terms of what is delivered and pathways into it are less well established. And we think this is the real missing opportunity, is around the space in this middle column around prevention. It means our recommendations around this theme are therefore for Scottish Government to set out clear expectations about what families should expect via a core offer or minimum operating framework. And that should emphasise opportunities for coordination, co-located services and setting out those clear pathways for families while still allowing

room for local areas to determine exactly how to go about that. We think GIRFEC can play a central role in supporting that. And we also think there's an opportunity for a review of the relationships and responsibilities between some of those key universal services and at transition points. Some of this will happen if the [National Health Visiting Action Plan](#), which was set last year, is fulfilled. But we think in particular that there's an opportunity to look at the role of ELC in this. And that's something Ben's going to touch on next.

Theme 3: Funding, accountability and improvement



"Sustained and long-term funding commitments are essential to embed preventative early childhood support. Short-term funding cycles create uncertainty and limit workforce stability." survey respondent

Funding constraints

Funding is frequently short term, silod and prescriptive in nature. Limited opportunity for pooled and preventative funding

Recommendation:
Ensure funding and accountability mechanisms drive delivery

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We looked unsurprisingly at funding and what came through there clearly is that funding at local area is viewed as not meeting the needs of this population group because it's often short term and restrictive in nature. And this can create a lot of operational uncertainty and also forces local services to adapt to funded requirements over community priorities. And we heard time and time again that funding streams routinely prioritise older age groups or all age cohorts, or that funding is absorbed into more immediate need and critical support, leaving infants and families with lower needs underrepresented. So, the recommendation here is around a streamlined and simplified funding environment for babies and for Scottish Government to consider how it might go about ensuring that a fair and proportionate allocation of existing funding goes to this cohort of the population. We think the

most immediate opportunity around that sits within the development of the new whole family support programme. And we're thinking about what that might look like and how we might provide examples of what that might look like.

Theme 4: Workforce skills, capacity and collaboration



"We had better relationships previously. People were more accessible. Covid was a shift, and I don't think we're back to where it was in terms of partnership working."
workshop participant

Workforce capacity

Highly skilled staff are overwhelmed by admin burdens and high caseloads, forcing them to prioritise reactive crisis management over preventative care

Recommendation:
Develop the sustainability and capability of the workforce

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I'll move on to the next theme now. This looked at workforce. In all six areas we worked, we encountered a really highly compassionate and knowledgeable workforce. They were committed to relational practise, but often capacity was limited and high caseloads were pushing their daily operations towards briefer contacts and crisis response. There are other systemic things that came up, for example the loss of shared physical bases that's happened post-pandemic and the kind of perceived lack of opportunities for practice-based learning and cross-sectional training. Our recommendation here is around the need for a longer-term workforce strategy and to invest in critical roles such as midwifery, health visiting and allied health professionals.

Theme 5: Data and operational infrastructure



*"Much of what we do is repeating (things) time and time again... if we could resolve them nationally that would be wonderful."
area lead interview*

Fragmented data

Unlinked datasets and systems increase admin burdens and limit evidence-based planning.

Recommendation:

Develop seamless data infrastructure and guidance that enables best practice

Data came up time and time again as the area where each area felt that there was an opportunity for Scottish Government to take a [Once for Scotland](#) approach. Areas talked about disconnected IT platforms, restrictive governance rules, some of the challenges for frontline staff having to manually duplicate data. And our recommendation here is that there's a real role for Scottish Government to establish and strengthen some of those standards around data and that focus on interoperability, provide guidance and also provide some capacity support for local areas too.

Just to finish up, I want to circle back on the next slide to the priorities for local action. We heard really clearly from local areas that they didn't want us to produce a large fail list of things that were not going to be deliverable. And we also wanted to recognise that different areas have got different strengths and different priorities. So, the three things that we're saying to local leaders that we think they should do to start with are:

- to create a singular cross agency vision for early childhood, working with children services planning partnership members to do so;
- to think about how that embeds within leadership and governance and what accountability for that would look like;

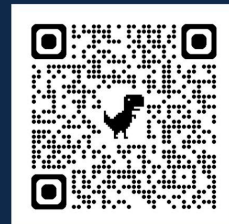
- take steps to review their existing support and services and establish a shared improvement plan.

And that's something in terms of next steps. If there's something we can do to help set out what that core offer or minimum operating framework might look like and what support localities might need to do some kind of review of the current services.

Keep in touch

linda.macdonald@nesta.org.uk

www.linkedin.com/in/linda-macdonald-scotland



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Just to say this report published last week for us is really the jumping off point to start some of these discussions and we'd be really delighted if anybody wants to get in touch to have a conversation. I've put my details there and also the QR codes through to the report. And with that, I will hand over to Ben.

Ben Bryant

I'm Ben Bryant. I'm that part of the ISOS partnership team that, working with Nesta, undertook the research that we called [*Building Bridges*](#). This was looking specifically at the integration of early learning and childcare settings and support for families.

I'm going to try and be very brief in terms of providing an overview of our key findings and our proposals. I won't spend long on the latter. You'll see there's a lot of synergy with what colleagues from CELCIS and Linda from Nesta have just spoken about. I want to say three

things very briefly by way of introduction. So, this was a piece of work, it's worth stressing that was very much focused on the lens of the role of ELC settings and how they can play a role in terms of this sort of early years and early help space as a bridge between parents and families and wider support services. And I appreciate there was a sort of complementarity between what I'm talking about for children who are of the age to attend settings as well as for babies and younger children. And what I would argue is what we found through this research, a really effective integrated system, one that sees the role of ELC settings as part of a broader continuum of support that starts with the pre and post pregnancy period, the very earliest years before 1 and 1 and then at the point where children may be entering settings.

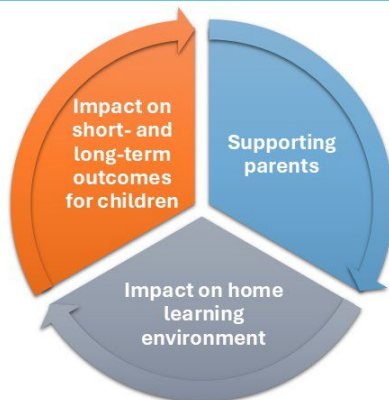
Why we undertook this research

isos partnership **nesta**

The impact of high-quality early education on children's outcomes is well established, as are the benefits of joined-up support for families.

Creating a "virtuous circle"?

Filling the information vacuum



1. Explore existing approaches – at local area and setting levels – that have sought to “integrate” ELC / ECEC with support for families.

2. Consider how to foster greater integration in future, and specifically what role ELC / ECEC settings should play in supporting families.

We undertook this work for two reasons. One, from a theoretical perspective, we wanted to test whether you could create a virtuous circle, IE whether the integration of high-quality ELC and support for parents and families created a virtuous circle that improved outcomes and experiences for children and for families. But also we wanted to fill the information gap. We wanted to find out what local areas were doing in this space and what was needed in terms of fostering greater integration in the future.

What we did

The research aimed to explore approaches to integration in local areas and settings across England and Scotland, using both qualitative and quantitative methods.

Calls for evidence



A survey for councils

65 responses

England 33% of LAs | Scotland 41% of LAs



A call for evidence for early years providers

57 responses



Workshops with leaders and practitioners in Scotland and England (respectively)

Deep dives into 9 local areas

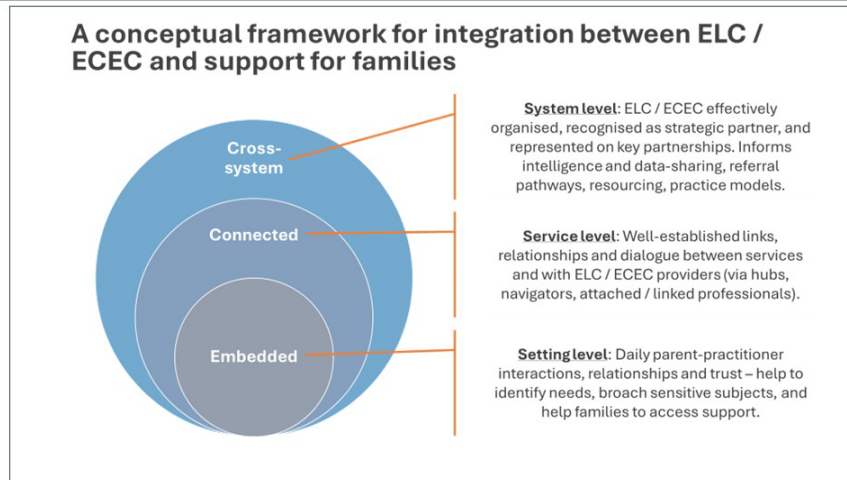


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The second thing to say by way of intro, this was a piece of work that covered both England and Scotland. Claire mentioned some of the work that we've done. I've put some of the ways in which we gathered evidence on the slide. I know there are colleagues on the call and indeed on the panel who contributed directly to the surveys that we did. The workshops that we ran shared information about their local model. We did deep dives into 9 local areas, 3 in Scotland. You can see on the map where they were. So, we're drawing on that broader kind of evidence base.

How we conceptualised “integration”

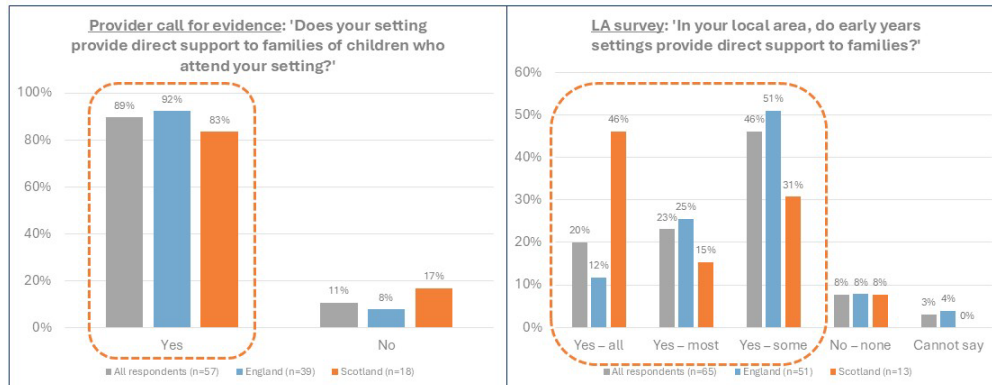
At the start of the work, we undertook a brief review of existing evidence and developed a conceptual framework to allow us to explore integration on 3 distinct levels.



At the start of the work developed what we called a kind of conceptual framework, a way of thinking about what we might find. And we use this to structure our evidence gathering. So, what the slide attempts to show is what we think we might be looking at in terms of what we might have been searching for through the research in terms of what integration might be characterised by at each of three levels. So, we wanted to look at what was happening in terms of support for families that was embedded in the day-to-day work of individual ELC settings. Then we wanted to look at how those settings connected to wider services in the local area that supported children and families. And then lastly, how ELC settings were part of the broader strategic partnership decision making governance structures that decided on use of resources and support pathways in the local area. So, we used those 3 to structure our evidence gathering, and we used those 3 levels to structure our findings.



9 in 10 ELC / ECEC providers reported that they were providing support to families. A similar proportion of LAs reported this was the case for some / most / all local providers.



9 in 10 ELC / ECEC providers and 8 in 10 LAs reported that ELC / ECEC settings providing support to families enabled swifter identification and more joined-up support.

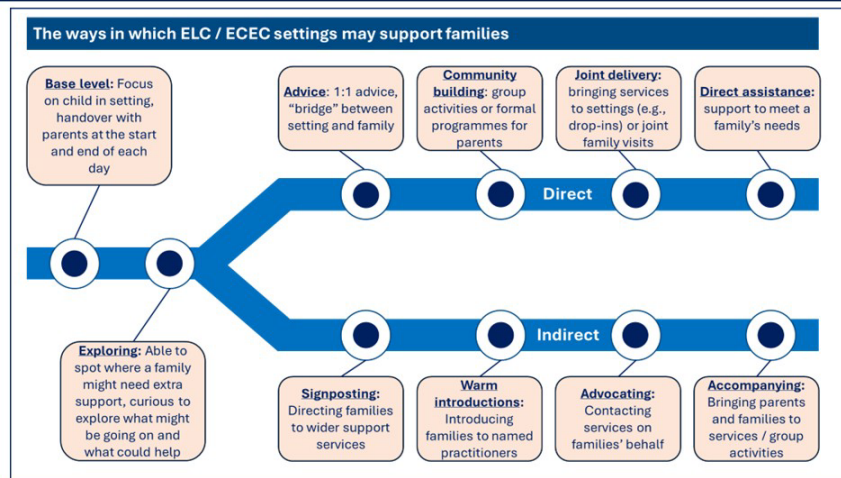
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So first of all, the setting level; one of the hypotheses that we set out to explore through this research was the extent to which ELC settings were stepping into a broader role in terms of support for both families as families, but also parents as parents. And we definitely found that. When we asked ELC, and in England ECEC providers, 9 in 10 providers said “yes, our setting provides direct support to families. Interesting, slightly higher in England (92%), slightly lower in Scotland (83%), but still the vast majority of providers that contributed to our call for evidence. And you can see if you can add the figures together, essentially, we get a similar proportion of local authorities. That said, in our local areas all or most or some ELC or ECEC providers are providing direct support to families. Again, in Scotland that combined figure was highest at 92% and you can see from the slide the most common response among Scottish local authorities, 46% said yes – all early years settings provide direct support to families. Now, this may reflect the development of a phenomenon in England, of being less centralised and more driven by individual settings. In Scotland it may be more of a local area approach. What's key is that both providers and local authorities said amongst those areas that are providing where settings are providing support to families, it is having a significant impact in terms of enabling swift identification and more joined up support and this was a theme throughout the research.

Those that were involved in more integrated forms of working were the most positive about their impact on children and families' outcomes. And that makes sense that picture in terms of ELC setting stepping into that role because they are uniquely placed, the daily interactions they have with families, the ability to build up trust and support means they are able to spot where things may need some additional support. So, what is it that they are actually doing?

Setting level: The evolving role of ELC / ECEC

ELC / ECEC settings reported providing a broad range of both “**direct**” (delivered by the setting) and “**indirect**” support (where the settings connects a family to external support).



Well, we tried to introduce a couple of distinctions to explain this. First off, we noticed that settings themselves were offering both what we called direct support, where they were actually delivering support to families, as well as what we've called indirect support, where their role was more in terms of connecting families to the services that were able to support them. And the graphic here, which I won't go into in great detail, I'm happy to explain, but just sets out the kind of spectrum - the different levels of intensity in terms of support along those two, sort of axes as it were. But we also found that the support that ELC settings were offering to families differed by the sort of area or, the “domain of support” in which families needed help. And what we've tried to do on this next slide is summarise 4 broad domains of support that are different and where that sort of role of ELC settings was, whether it's more direct or more indirect.

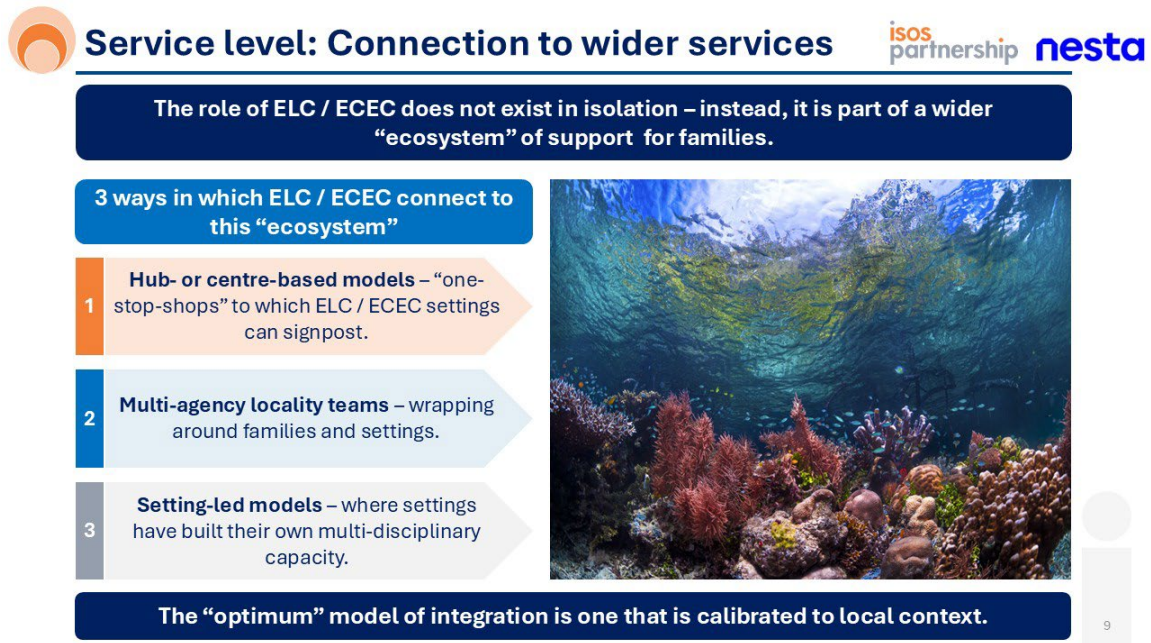


The role of ELC / ECEC settings in supporting families differs depending on the areas in which a family needs support

The role settings are playing differs depending on the domain of support for children and families		
Domain of support	Direct role	Indirect role
1. Child development and home learning	Settings often play a direct role – 1:1 advice to parents; community building through family groups / parenting programmes.	Signposting and introducing – especially where local services are strong.
2. Inclusion and additional support needs	Settings often play a direct role – inclusive practice, advice and community building for parents of children with ASN / SEND, and joint delivery of support with specialist teachers, EPs, SALT.	Alongside direct support, signposting parents to support and advocating for them.
3. Family wellbeing	Some settings play a direct role as a lead professional , or due to gaps in support from external services.	Settings' role often indirect – signposting and introducing families to wider services, and working as part of multi-agency teams around families.
4. Cost-of-living and financial hardship	Some settings offer direct assistance (food, clothing, books). Some offer " advice " (e.g. budgeting).	Often an indirect role – signposting or introducing families to services (e.g., welfare rights, food banks, housing). Some accompanying (helping with forms, assessments) and advocating .

Essentially what this graphic tries to get across is that in the areas of particularly child development and support for home-learning and linked to that support around inclusion and additional support needs, settings tended to be playing more of a direct role. It's not completely clear cut. There are elements of indirect support, but in these areas, settings have the relationships, they have the expertise and the ability to affect change to support families. So that role tended to be more direct. Whereas in the areas of family and parent well-being and in terms of support around cost of living and financial hardship, it tended to be the case that settings were playing a more indirect role. We've got the relationships, but we're not necessarily the best place to support. It's more of a role in terms of connecting, signposting, and introducing. But interestingly in some areas by necessity settings were stepping into that space and leading on support for family well-being or providing some very concrete direct assistance for families around hardship. It's worth emphasising here, this is not a consistent picture. We can see a broad theme but it's not consistent across settings. It's not consistent across local areas. And where local areas or settings have developed this way of working, often what they're saying is we have concerns about the long-term sustainability of this because we've got a particular grant or we've got some short-term funding. But actually, we're not confident we can sustain this. The last thing to say

is I've talked here about the role of ELC settings. People who contribute to this research were very clear. We should not see this in isolation. We should see this as part of a wider ecosystem of support to which ELC settings are connecting both at a point in time, but also across that kind of age range and stage of a child, a family's learning.

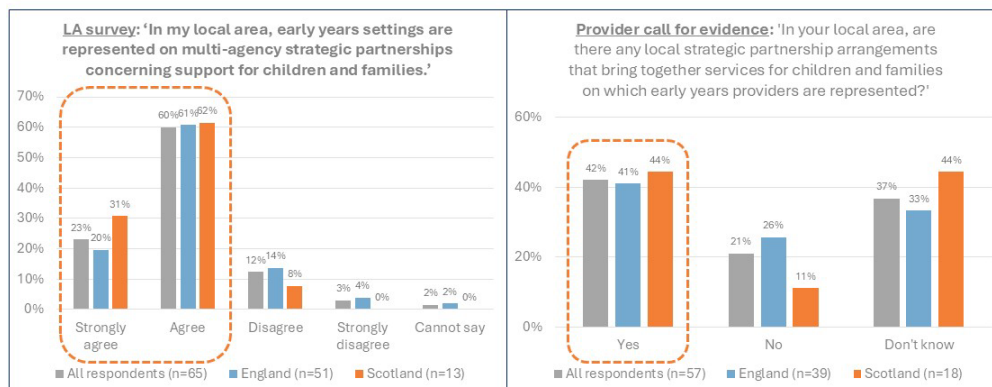


So, this next level of our work was about how ELC settings connect to wider family support in a local area. And, put very simply, there were three broad approaches. One, what we've called a kind of hub or centre-based model, put very simply, this is where services are working together in one stop shops as it were, and where the role that settings can play is to signpost families to where those services are. This was much more common, I should say, in England, particularly in local areas where there was a legacy of Sure Start. There were some examples of it in Scotland, but obviously they worked in a slightly different way. The next sort of model, which was more common in rural areas and particularly more common in the areas that we worked with in Scotland was a kind of multi-agency locality team where services sort of work together on a multi-agency basis to wrap around the settings and connect with families in the spaces and places where they're bringing their children every day. And then lastly, which was a less common model and often in areas of very high deprivation to

complement and fill gaps in existing services rather than alternatives, but where settings themselves have developed their own sort of mini multi-agency teams to provide support to families where that support is embedded. The key thing to say here is there is no optimum model. And actually, the areas that we worked with, the way that they'd interpreted these different models and adapted them to their local context, was the key in terms of making it work rather than there being a kind of single, you know, one-size-fits-all approach.

System level: Integrated partnership working

8 in 10 LAs – but only 4 in 10 ELC / ECEC providers – reported that ELC / ECEC settings were represented on local strategic partnerships.



Our research suggests that this may reflect a lack of formal partnership structures that bring together ELC / ECEC providers and enable them to act as a local strategic partner.

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The last level, we looked at the extent to which ELC settings were integrated into local strategic partnerships and we came across quite significant discrepancy, which these stats try to capture. Overall, 8 in 10 local areas said yes, we've got ELC representation on our key local strategic partnerships, and that was higher in Scotland than in England. But amongst settings themselves, only four in 10 said yes in our area we are involved in local strategic partnership working, or we're aware of it. What we think this reflects is something about the way that the ELC and in England ECEC sector comes together and the fact that it's a more diverse, a more disparate sector that doesn't, unlike schools, lend itself to coming together and acting as a kind of single strategic partner. There are networks, but they tend to be much more focused on day-to-day practice rather than having links into key

strategic partnership bodies and speaking as one of the sectors. And that in itself can be an inhibiting factor in terms of the integration of the ELC and why the decision making about family support.

Our recommendations

98% of ELC / ECEC providers and 95% of LAs agreed that greater integration would improve outcomes for children and families.

- 1** National governments should formally recognise and define the broader role of ELC / ECEC settings – the role should be shaped by 3 principles – relationships (who knows the family best?), expertise (who understand what support is needed?), and agency (who can effect change?).
- 2** National governments should provide sustainable resourcing to build long-term capacity for ELC / ECEC settings to play a broader role in supporting families – sustainable, consistent practice requires sustainable, consistent funding.
- 3** Skills related to supporting families should be incorporated into national and local ELC / ECEC workforce development – (i) core component for all practitioners; (ii) advanced practitioner role.
- 4** National and local governments should support the ELC / ECEC sector to act as a strategic partner in local multi-agency partnership working and in developing local integrated plans.
- 5** National policymakers should develop consistent guidelines and templates for multi-agency data-sharing agreements – especially between settings, education, health and family services.

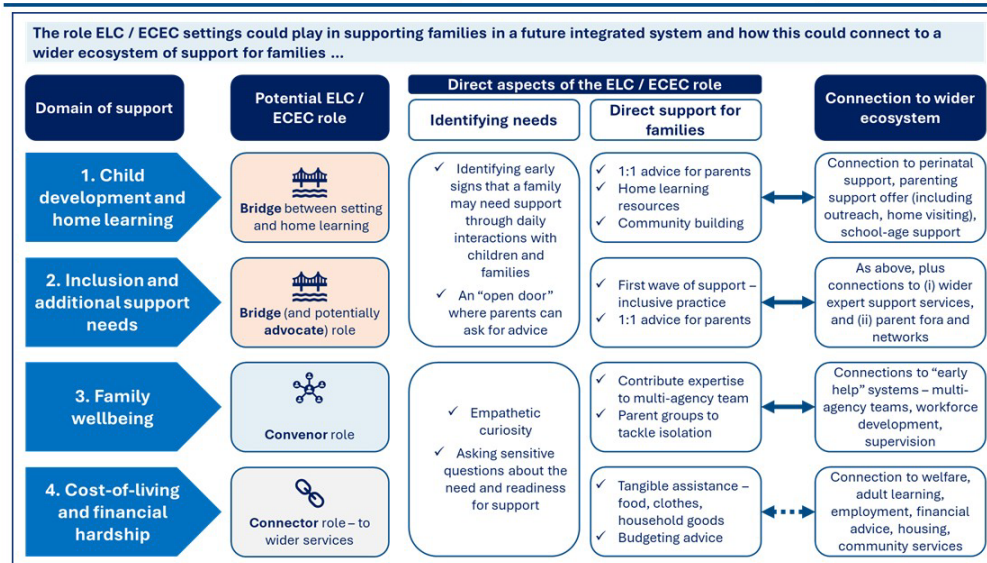
The bottom line from our research was that there was a very strong consensus that greater integration of ELC and family support would have a positive effect in terms of experiences and outcomes for children and families. And our research found that ELC settings are very much stepping into this space already, but it's not consistent and there's uncertainty about long term sustainability. So, what we try to pose in this research was essentially a kind of a fundamental choice. If we want to have a more consistent and less of a post code lottery sort of offer around support for families, we've got a choice to make.

Our research I think very much lends itself to saying we should lean into the role of ELC settings as a key part of that local infrastructure and build on that and go with the grain. But there are other choices available, we made five recommendations that flow very much from that choice; i.e. if we want ELC settings to be a key part of the infrastructure, the ecosystem in terms of family support, what would be needed? And our five recommendations here say, echoing what other colleagues have said about making it a strategic priority, recognising and defining this broader role of ELC settings, putting in

place sustainable, flexible resources for long to build long term capacity, ensuring that this is factored into workforce development and skills development, ensuring that the ELC sector is supported to play a role in local strategic partnerships. And, I think other colleagues have mentioned this and emphasise this, removing critical barriers to integrated working, none more so than data sharing.

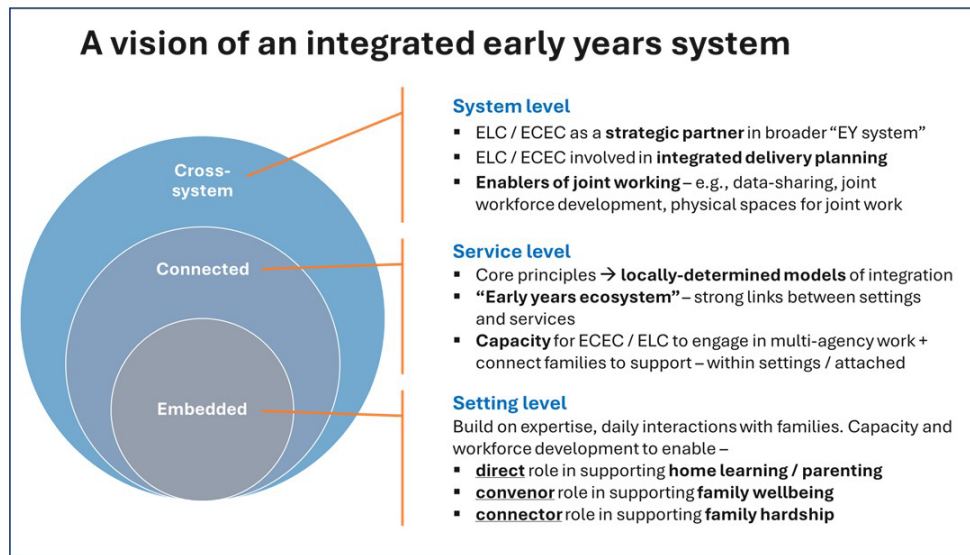
What would this mean in practice?

isos partnership **nesta**



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This slide tries to capture what the role of an ELC setting in an integrated support system for families and parents would look like around those 4 domains, around the kind of direct aspects of the role and how that might differ from the different domains and that connection to the wider eco system.



And then there's a final slide, which comes in the conclusion of our report, which just goes back to that conceptual framework, those 3 levels and essentially what we think an integrated system would look like, and its characteristics would be like. Like Linda, if you're interested in keeping in touch, I put the QR code there to access the report, but I will stop sharing at this point and hand it back to Claire and the panel.

Claire Burns

Thanks, Ben. And I think is particularly raising lots of questions about; even if we know this is the right thing to do, what's it going to take to actually implement it. But we might come back to that in the second half. But just to focus back on the research then I wondered if I could ask each of you about where do you think there are the areas of strongest consensus around the research? And was there anything that surprised you? And while you're thinking about your answer to that, I wonder if I could just share some of the comments that have come in, so that you can maybe integrate these in your your responses, if you can. One reflection about the confusion about where thresholds lie. Is that a specialist provision or a universal provision and the lack of fluidity between these services, I think locally? Other comments are just about a lack of investment and what that will mean for shifting towards a more preventative approach. And there was also

an ask about if neonatal services had been considered in any of the projects are they are a high-risk population? So just going back to the question then: where do you think the areas of strongest consensus are in the research and what surprised you and Jane, I'm going to start with you.

Jane Scott

That's fine. I'm going to give my colleagues longer to think about that question because I'm not going to answer it directly. But what I did want to pick up was on some of the health visiting and the comments, midwifery critical component of early help and and the pressures that they're under. In 10 minutes, we didn't really have time to go into the detail, but we were aware from the surveys that a number of areas reported - probably about a third of those that responded to the survey, maybe a bit less - of the challenges locally for both health visiting and for a midwifery. And they were really trying to hold on to that preventative sense but having to make decisions about addressing the full package for those who there were concerns in terms of vulnerabilities, but actually not losing touch with the core group of people as well. But they were making planned changes to how they were delivering both of those pathways. So instead of a visit, it might have been a phone call and maybe pulling two of the visits together. But there was also some thinking about how we can make better use of the resources in the pathway at the moment so that we can hold on to that preventative end. But it's not without its challenges. And at least a third of the areas that spoke to us, or responded to us, talked about some of those challenges and around workforce capacity and some of the constraints and what they were trying to do to address that. I think the second thing around the neonatal is really important. And, whilst we didn't look at those services directly, I think what that speaks to is that if you've got the neonatal and there's a baby, but there's been a pre-birth child protection plan, then you have a lot of the services around. But I think what that speaks to is in pregnancy, being much clearer about some of the risks that might be there and getting that team around. So that it's really as the baby's born and moves into the first few weeks of life, then those people around that family and around that mum and that

dad, if about, and then it's really all the way through. So it's identifying some of those risks much earlier in the process and getting the right responses in. Interestingly, what we did here at that really crucial point of that change, it's not our view, we heard it from midwives, and we heard it from health visitors, is can they do that relationship better? I think some reflected that it could be a bit transactional, but actually, and there's so much volume and compatibility and what they have to do, but actually, could they do that a bit better in terms of that building relationships and that understanding of the family at that point in time? In terms of going back to the question, which I've now beautifully forgotten, which I think was about, did anything surprise us, or just where was the strongest consensus? There were really strong local developments around GIRFEC and that approach right from pregnancy all the way through, really strong consensus of we've had a focus on babies. It's shifted for a number of reasons, understandably different priorities. Let's bring it back and a really strong consensus about it's so important to get in really early to make good effective decision making for all families and get the best support for babies and the unborn child.

Linda Davidson

I think one of the things in the question was directly about health visiting in midwifery. And I think what we have in many local authorities is a referral system and thresholds to be met. And what we saw as examples of practise that was working well was where there was no one agency left holding the baby, that actually this was about multi-agency teams coming together and multi-agency support for staff. And I think we'll hear that from Sharon Grant shortly. But I think that's one example of that working in practice in a way that doesn't leave health and social work and other agencies sitting as separate entities with multiple referrals but actually bringing services to work together from the very beginning.

Claire Burns

Thanks very much, Linda, very succinctly put. But I think again, just before I pass to Linda MacDonald, what you're really emphasising here is that we can know the right thing to do, but we need the enabling

context around the work and across agencies, we need that to be working well.

Linda MacDonald

I think probably just picking up on some of that. I think we heard consistently of just a frustration at the inability to get to the prevention and early help ends that so much of the work has been driven further downstream towards more crisis. And there's a real frustration around that. Lots of talk about the diminishing of community based co-located type support for various reasons and a real call for more of that to be in place. I think the other thing that's maybe not surprising but striking was just the lack of time that is available for multi-agency collaboration, whether that's around individual families, although there is more of that. But certainly, that kind of multi-agency planning, having time to sit down and think about what do our populations need, how can we do this better is the real space I think that can make a difference without necessarily having to throw lots and lots of money at this.

Claire Burns

Yeah, I think that's so important, Linda, I think that people or funders or government have to see that has been part of the work, you know, that it doesn't automatically happen, but very difficult to get people to prioritise it and fund it. And Ben, over to you for final word before we go to Sharon.

Ben Bryant

I'll be brief. I underline and endorse everything that my colleagues have said previously. I won't repeat that. I guess the things where there were strongest consensus in our work was around the extent to which - again, this is a small part, this isn't part of the whole kind of early childhood, but where ELC settings were involved, the extent to which they were stepping into a much broader role around support and that was valuable and desirable particularly - and just to pick up the points that were made earlier where that was done on a preventative basis of professionals working together rather than a referral basis. And some of the models that we saw, where you had health visitors or speech and language therapists, whoever it might be, working very

closely with settings and with families there, that was a really strong model. Also, where there was strong consensus. I mentioned this is a piece of work that was done across both England and Scotland. The recommendations that we made, we were fully prepared to write two separate reports on England and Scotland. And actually, what was interesting was when we had the conversations with colleagues in both national contexts, how much the same set of issues came up. Obviously, the policy context is different, the way you would implement it would be different, but it was striking how much the issues and the recommendations were similar. And I think two of those just to highlight in terms of surprise are quite how precarious some of the good practice that I've described, and we've seen in this work, is. Many local areas, and I'm thinking about, you know, in particular in a Scottish context here saying, we've got this model by the sort of grace of God, we've managed to kind of beg, borrow or steal or get a grant or we've got leaders who really buy into this. But, you know, there is no guarantee that we will have this, this approach in X number of years' time. And this is more a criticism, I think of colleagues in English government than necessarily in Scotland. But I think that I was surprised by how little national government has got to grips with how to put this agenda together and think coherently about the early years and early childhood and family support. And I was struck in a Scottish context how much colleagues said we keep talking about childhood as a kind of instrumental value for adults, i.e. childhood is good because it gets adults into work, childcare is good because it prevents poverty. And people say, actually this is a massive oversimplification. It doesn't do justice to the holistic work we need to do to support families living in poverty. But it's also unhelpful to think of this not as early education, early development for children. And that concept, I think, is a good way of uniting ELC settings with kind of support for families in terms of early parenting, early support for parents as children's first educators.

Claire Burns

Thanks very much. There is so much in that I would want to pick up, but I can't. So, we will hopefully get a chance in the second half, but I want to move on to hear from our local areas. So, we're going to hear

from Sharon Grant first from South Lanarkshire before hearing from Gillian from South Ayrshire and Sheena from East Dunbartonshire. So, Sharon, over to you. Thank you.

Sharon Grant

OK, thanks. I'm absolutely delighted to be invited to give a brief overview of South Lanarkshire's pregnancy pathway and and particular parents plan approach. So, the parents plan was developed to support expectant parents where there are vulnerabilities or concerns identified during pregnancy. The focus is very much on early intervention rather than waiting until concerns escalate. It's about working alongside families before baby is born, helping the families to identify strains, suggest challenges and make changes that improve outcomes for being parent and baby. Ultimately, the aim is to reduce the need for more formal interventions by providing meaningful support at the earliest opportunity that we can.



The infographic titled "Parents plan" features a header with a teal and orange wavy design. Below the title, which is accompanied by a circular icon of a family, are three blue text boxes. The first box states that the Parents Plan approach has been introduced in South Lanarkshire as part of the vulnerable pregnancy pathway to reduce babies subject to child protection or looked after procedures at birth. The second box explains that the approach is normally offered to families at risk of escalation to child protection or looked after procedures, with the threshold determined by a multi-agency discussion at EYMAS (Early Years Multi Agency Support Team) or IRD. The third box notes that as Parents Plan is often used as an alternative to child protection procedures, the level of contact with a family and review of the plan should be at the same level as child protection procedures unless determined by the multi-agency parents plan meeting that this is not proportionate to the presenting risks and needs. At the bottom, there is a logo for the South Lanarkshire University Health and Social Care Partnership and a graphic of a family (two adults and a child) next to the text "Family Support Hub".

Parents plan

The Parents Plan approach has been introduced in South Lanarkshire as part of the vulnerable pregnancy pathway. The approach aims to reduce the number of babies being subject to child protection or looked after procedures at birth.

The Parents Plan approach will normally be offered to families that are at risk of their situation escalating to child protection or looked after procedures and the threshold will be determined by a multi-agency discussion either at EYMAS (Early Years Multi Agency Support Team) or IRD.

As Parents Plan is often being used as an alternative to child protection procedures the level of contact with a family and review of the plan should be at the same level as child protection procedures unless determined by the multi-agency parents plan meeting that this is not proportionate to the presenting risks and needs.

South Lanarkshire University Health and Social Care Partnership

Family Support Hub

Parents Plan is generally offered to families where they have identified concerns and risks that circumstances could escalate without additional supports being put in place. So, access to the pathways is agreed through multi-agency discussion. Usually EYMAS (Early Years Multi-Agency Support Team), which is South Lanarkshire's meeting where vulnerable pregnancies are discussed, or through an Initial

Referral Discussion (IRD) where all partners would be present there as well. This just helps to ensure that the families are receiving the right level of support when it's actually needed. So many of the families that we support are navigating the range of challenges including, we've heard from the reports, mental health difficulties, substance use, domestic abuse, learning difficulties, maybe previous experience of child protection services and wider social pressures. One of the strengths of the Parents Plan is that it provides a clear framework for everybody involved and it sets out what the concerns are, what's working well, what needs to change before birth and what supports will also be provided. So importantly, to mention the plans are developed by parents, it's not developed for them. We want families to be active participants in the process and to feel ownership of the changes that they are working towards.



So, you'll see the other slide shows where the Parents Plan sets in our wider pregnancy pathway. As mentioned, the process starts from when concerns, or vulnerabilities are identified during pregnancy. A multi-agency discussion then helps determine the most appropriate response. So, where there's potential for positive changes, the Parents Plan provides an opportunity to work alongside families earlier rather than progressing straight to child protection procedures. So, a

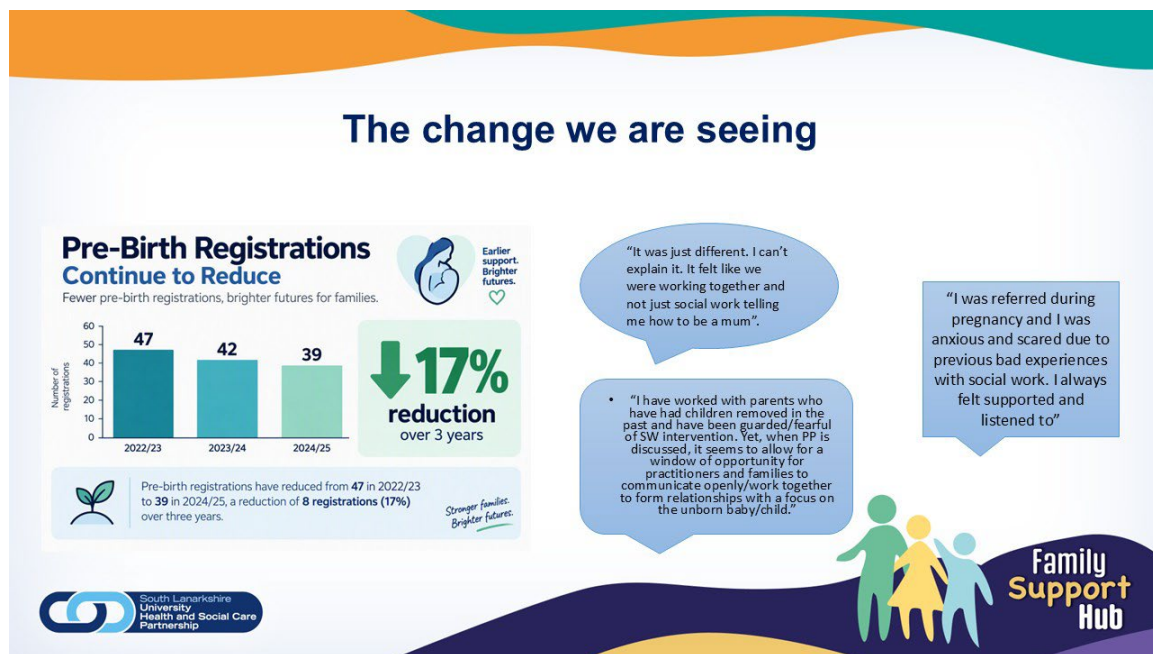
comprehensive assessment would then follow alongside the offer of family group decision making. Normally family group decision making is about giving the families an opportunity at an earlier stage to involve their wider support networks, and for families to identify people who can help them before and after baby's arrival. Throughout the pregnancy the process is regularly reviewed and then around 28 weeks agencies and parents come together to assess how things are progressing and whether identified risks have reduced in that time. From there you'll see that the pathway can either continue through the Parents Plan if this progress has been made or divert to pre-birth child protection processes if concerns remain significant. The overall emphasis is on partnership, early help and creating opportunities for change before the birth of baby.

The infographic is titled "Support During Pregnancy and Early Parenthood" and is set against a background with orange and teal wavy borders at the top and bottom. It features a central table with six support services arranged in two columns. Each service is accompanied by a small icon: a heart for Peer Support, a group of people for Family Group Decision Making, a heart with a pulse line for Intensive Family Support, a heart for Therapeutic Support, a pregnant woman for Mellow Bumps, and a group of people for Group Work. The bottom of the infographic includes the "University Health and Social Care Partnership" logo on the left and a "Hub" logo with a cross icon on the right.

Peer Support	Therapeutic Support
Support from trained people with lived experience of pregnancy and parenting challenges.	Emotional and therapeutic support during pregnancy and after birth.
Family Group Decision Making	Mellow Bumps
Bringing together family and friends to create a support plan for you and your baby.	A supportive programme to help build confidence and prepare for parenthood
Intensive Family Support	Group Work
Coordinated support, practical help and relationship-based intervention during pregnancy.	Supporting parents during pregnancy and after birth to build confidence, strengthen relationships, and develop parenting skills through shared learning

So, a key strength of the Parents Plan is the enhanced package of support available to families at that stage. It's much more about monitoring concerns, it's more about taking the time to build trusting relationships, understanding family circumstances and providing practical support that can make a real difference. Support is tailored to what each family needs and can include home visiting, family support, parenting support, emotional well-being services, trauma support and help to access wider community resources. Families can also connect

with their peer support staff who are workers with lived experience and can often help reduce isolation and develop parents' confidence. I've mentioned there that therapeutic and trauma support is available through pregnancy and also after birth and this just supports parents' emotional well-being and resilience during this significant period of change that we're trying to support there. We, as I've mentioned, we use family group decision making and that's just brings together the family network to identify strengths and family-based solutions for baby as well. So alongside this, the programmes such as Mellow Bumps help parents prepare for parenthood, strengthen relationships and build the confidence and skill that's needed for the baby to have the best possible start in life.

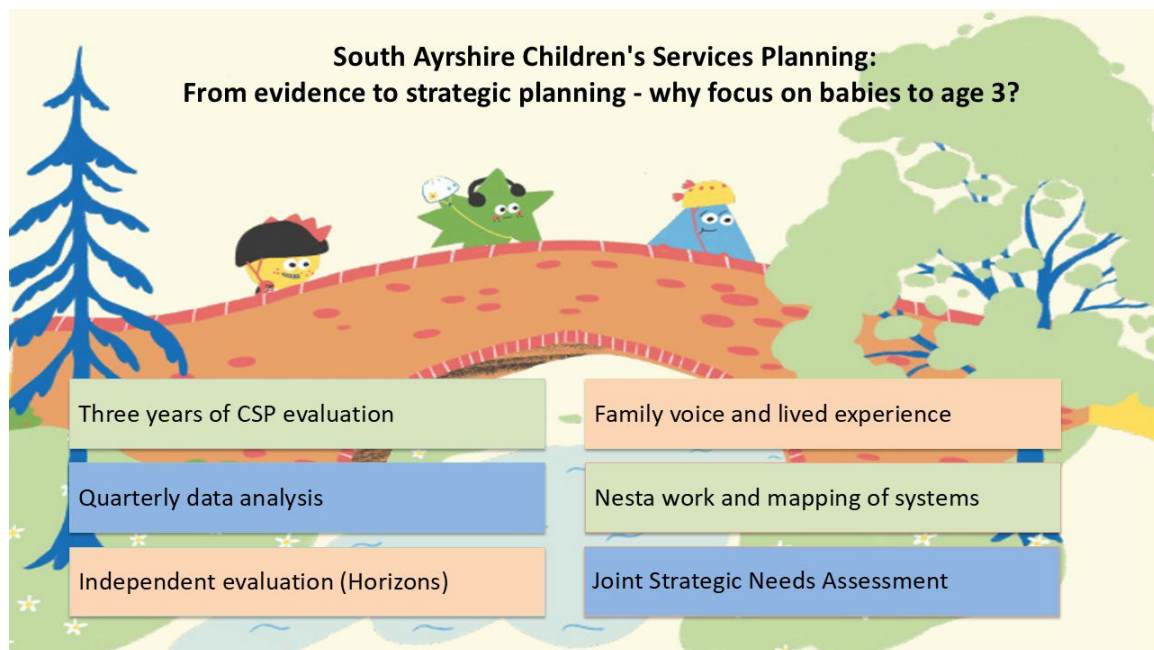


Just lastly, the change that we're seeing. Over the last three years pre-birth registrations have reduced, representing a 17% reduction you can see there. So, a range of factors will contribute to this. It suggests that providing earlier relationship-based support during pregnancies, helping families access supports in and access help before concerns escalate to the point of child protection. So just alongside that data, some meaningful feedback from parents and practitioners, the practitioners are seeing families are feeling more listened to, supported and involved in decision making. And they've

also highlighted how Parents Plan creates opportunities for more conversations, stronger relationships and focuses on achieving positive outcomes for babies. And I will leave it there and hand over to Gillian.

Gillian Carroll

Thank you, it's lovely to have a few minutes to speak to you all this afternoon. And thank you Sharon too. I found that really interesting. And I think other South Ayrshire colleagues on the call as well would have really enjoyed that input. So, my name is Gillian Carroll. I'm responsible for the development, the progress and performance of our South Ayrshire Children's Services Plan. And I was asked to jump in today just to briefly share I suppose from that strategic point of view, how we've used and developed our data set over the past three years really of our children's services plan to support us to begin a bit of a whole system shift to a collaborative focus on babies to age 3.



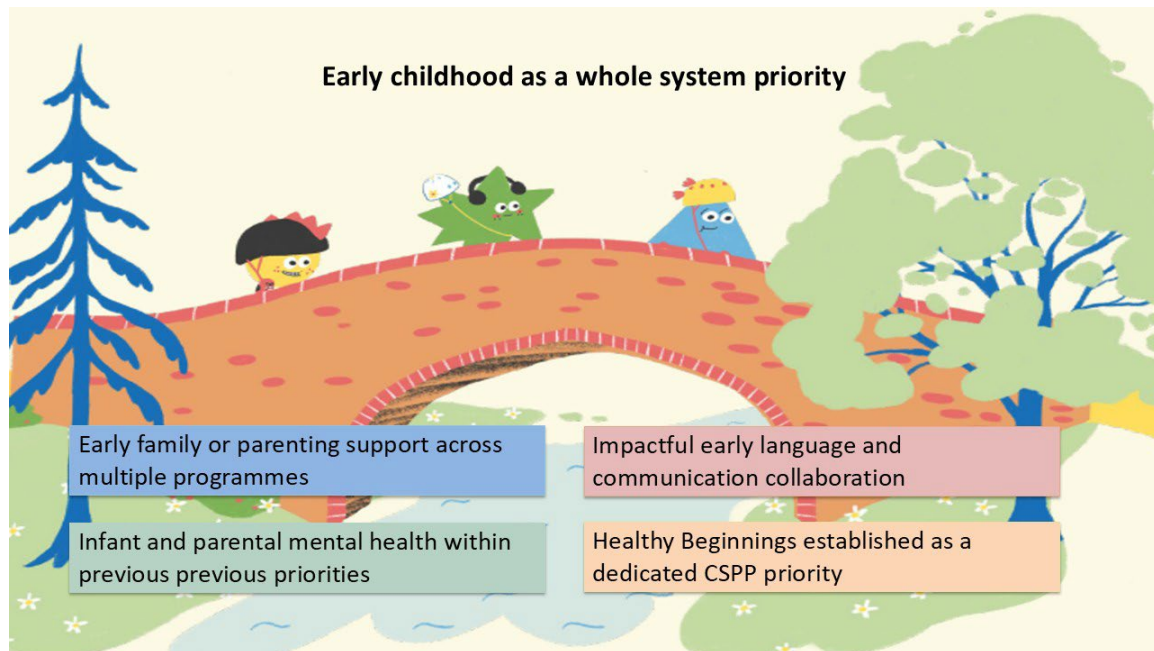
So really that first theme and recommendation in Nesta's report, which talks to that importance of commitment from senior leaders to embed this into our strategic direction and really name babies as our priority locally. So, development of our [new children's services plan](#), has essentially been three years in the making. And we were really fortunate as well to have a three-year learning partnership with [Horizons Research](#) and also more recently were part of the workshops

with Nesta. So those have really both supported us to develop our local thinking. So, although not perfect and, and always with an aim to improve how we do things, our local dataset and intelligence has evolved in recent years, particularly strengthening how we understand indicators relevant to families from pregnancy and into those key early years. And that forms part of a quarterly process and informs key leaders from the Children's Services Planning Partnership who are leading on our seven thematic priority group areas because they've got that context to really support our understanding and our curiosity around what the data is telling us.

So, looking at the shared data, and we are fortunate here that for the most part as a shared dataset that we're looking at, with indicators from across services and reviewing that regularly and analysing that regularly gave us a really clear and consistent message to then take to our Children's Services Planning Partnership, which is our kind of most senior leadership structure within children's services to build that buy in. So, they clearly heard the voice of families through our flash report mechanisms, and they were telling us please provide us with that accessible support at an earlier stage. But alongside this, our under 5s dataset showed those inequalities emerging early in children's lives. So, as we all know on the call, those developmental indicators that we are fortunate to be able to scrutinise them to locality level. A child protection registration zero to 3. Some of that pre-birth IRD information which which Sharon was saying was really resonating there, but also local intelligence that highlighted opportunities to improve early joined up support for achieving the family processes for under 5s.

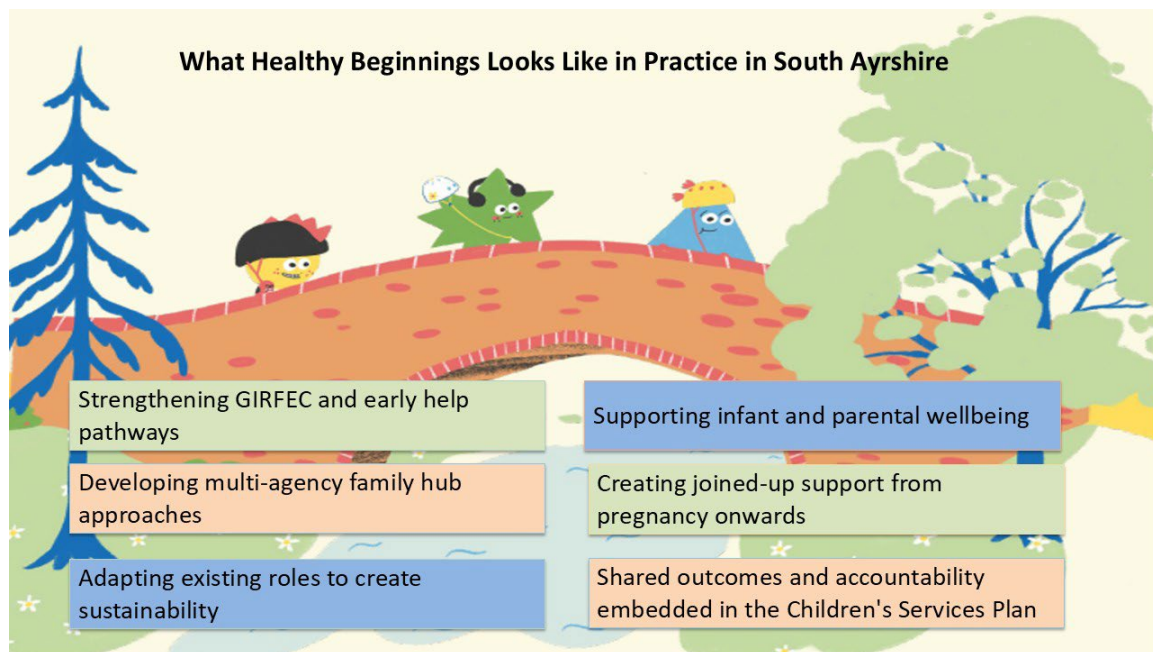
So, all of this and amongst other key indicators that would take way more than my allocated time to share with you this morning. But although these different sources of evidence told a slightly different part of the story, together examined collectively alongside that lived experience gave us that common conclusion. And I suppose the purpose of today's webinar that our greatest opportunity to strengthen early intervention and prevention work locally sets from birth to the earliest years. Really having that clear consistent evidence base led us to gain a commitment from our most senior leaders in the Children's

Services Planning Partnership to embed our new Healthy Beginnings 0 to 3 collaborative priority group into our new children's services plan and embed early childhood as our collective focus. So, Linda from Nesta earlier on said about just that collective time and space to think about this together and plan together is often forgotten, but we found it incredibly valuable and all of our work and hopefully it'll be valuable in this space as well.



So one of the other recommendations emerged from Nesta's work is that move from fragmented support towards integrated systems that support families. So that's exactly what Healthy Beginnings and its multi-agency improvement plan and also the data performance framework that sits alongside it represents for us. And I suppose our Healthy Beginnings priority didn't emerge because we weren't already doing work around babies and young children. We did have important activity happening across thematic priority groups. So, we aren't looking to address a lack of activity, but what we are now working really hard to do locally is reviewing and bringing that activity and new collaborative work into one strategic group, the key leaders across the system working towards that collective ambition, all for babies, children, young people in that improvement plan. But again, all under the scrutiny and governance of the Children's Services Planning

Partnership to ensure that collective oversight of the work that's happening.



And finally, this is a new children's services plan. But what we are now seeing is some of that strategic commitment beginning to translate into practice. So, our focus for the next few years is a lot of what we've heard about this morning. So, strengthening those GIRFEC and early help pathways, supporting infant and parental mental well-being that came quite strongly from our family feedback and also creating that more joined up support from birth onward. So, like many other authorities, evidence has led us to begin implementation of a multi-agency early year family hub approach. So that connected experience for families, opportunities for good old-fashioned co-location and in many ways that return to some of the principles that sat at the heart of Sure Start. But because we've secured that commitment through our children's services plan, we've already been able to identify the community where we'll embed our first hub approach, integrated well and to a trusted Early Years Centre, as Ben previously mentioned, and began those conversations with partners about how we case create that sustainable model. And there are challenges, some of which have already been highlighted and some of which I'm sure were yet to encounter.

But we don't have significant funding to support this work other than perhaps a small amount to start up. And our plan doesn't really involve any new funding. So, we are choosing to see that's more of an opportunity to ensure that this isn't a kind of pilot or a project. But the commitment that we've got from senior leaders has allowed us to begin exploring how existing roles, for example, in early years will be key to this work. Services and community assets can work differently or be refocused around to families, or again those natural improvement opportunities that we've experienced in our family-first early help model for school age children are in co-location that doesn't have that kind of significant financial impact. So, we're still at the beginning of this journey. We certainly don't have all the answers yet. But what we do have is what Linda mentioned earlier on; that shared understanding of the opportunity, a shared vision, that leadership commitment and that time and space collectively to think differently.

So, we are not creating another service, just hoping to create a more connected system, but most importantly for me in my role, one where we can evidence that improves how families and babies and small children may experience our services and support. So, thank you.

Claire Burns

Thanks so much, Gillian. So we're going to pass to Sheena now, but as Sheena's coming on and getting ready, just wanted to highlight a number of really significant things that Gillian said there. I thought really strong on how you coordinated local data along with experience, you know, listening to lived experience, but actually some of this work was going on, but it was a more coordinated kind of aligned effort I think is what you've really emphasised there. So, I got lots from that and I'm sure other folks did as well. So, Sheena, I'll hand over to you.

Sheena Fraser

OK, thank you, everybody. Thank you very much for inviting me. I'm going to talk on this perspective of early learning and childcare. And it's really nice to hear all the key findings that really resonate. And I suppose there's no massive surprises, but that's a good thing. I think we wouldn't want too many surprises. Obviously, on the focus of early learning child care. I'm just going to talk about a really simple model

that we do to work with families. Obviously early on in childcare expansion to 1,140 (1,140 hours a year of funded early learning and child care) was to happen during COVID. So that was a massive challenge and that was one of the biggest transformational changes. But we managed to do it. The sector managed to do it. It has lots of challenges and continues to have challenges. But we have children in from about six weeks old to 5-6 years old and they could be in from 8 o'clock in the morning to six o'clock at night over that full year. So, we see these children a lot. We get to know the families really well. When we talk about families, we're not just talking about the parents. We can talk about grandparents, aunties, uncles, siblings. So, relationships is key. And this is what we're talking about, what everybody's been talking about and just having that trusting and respectful relationship with their families. So, we've tried to introduce a model within our early years sector.

Family Champions – Early Years settings

Family Champions

In each of the local authority early years centres, an early years practitioner will be designated with the role of Family Champion – a first point of contact for parents, who can provide positive parenting support and advice using a preventative, universal approach.

Practitioners will put themselves forward for this champion role; the Family Champion needs to have a positive, friendly, and asset-based approach to build a trusting relationship with parents, encouraging participation and promoting inclusion.

Additional training is provided to family champions

Have a designated family space to meet with parents.

Relaxed approach providing a cuppa.

Over 100 families have been supported over the past year through a light-touch intervention, toilet training, positive eating and bedtime routines.

Other family engagement sessions within the early years' centres include stay and play sessions, storytelling, cooking, gardening, coffee and chat and grandparent events.

Signposting to other services



We introduced a number of years ago before 1,140 a family champion model. And it's really simple. It's basically a key person – it is a practitioner who is already a very experienced trained practitioner who becomes an identified family champion within the early years centre. They get additional training on nurture, on parenting programmes and they get time off from the key worker duties of working with the child

to actually offer support to families. And what we found was that key person, they're that bridge. And I think it was Ben was talking about the bridge earlier; your centres are seen as that bridge for families to be able to just engage. And with families, if you've built that relationship and somebody has an empathetic way, a nurturing way, families will open up and basically a family champion model is as simple as that. They're that key person. Families will know that that's a person that can go to. It's really important we have that designated family space for parents to meet, which is not always easy, particularly in older buildings. But what we've tried to do is try and find that cosy space where we make it comfortable, have a comfortable chair, a kettle where you can have that cup of tea. If we look at just supporting families, families will come to you. Parenting is hard, right? And it can be difficult and parents worry about everything. Most of us will probably be parents here. We do worry. And it could be your child's not sleeping right, they're not eating right, even toilet training, anything like that. What a family champion will do is support parents through these simple everyday common behaviours or challenges that parents have. We also do other things like stay in play sessions, cooking sessions, gardening, we get grandparents in. Our early years practitioners really have a diverse job and they were involved in the research with Ben. That's what they were saying. We get to know these families over many years and they've come to trust us with the child.

We are educating their children, but we've also become that key person to them. And I think that's the thing that we need to understand. We need to be able to support because of these challenges around the workforce and being able to have that time to be able to get the time off to be able to support the actual families. So that is the biggest challenge. But we try to make that time where that person can be the key person for that family. But as we know, a lot of times families will come and it might start off as a situation that only is a bedtime issue, but because it's a trusting relationship, then divulge there's other things. And that's where the family champion will then signpost.

Structured support for families across Education settings

Family Champions	Family Learning Assistants	Supporting Families Workers
 Setting: Early Years Centres	 Setting: Primary Schools & Nurture Bases (12 funded schools)	 Setting: Central Team / 1-to-1 Deployment
 Support Level: Preventative & Universal	 Support Level: Targeted & Universal Community	 Support Level: Intensive & Complex
 Core Mandate: First point of contact; friendly, asset-based light-touch support.	 Core Mandate: Dual role balancing core nurture base support with wider school family learning.	 Core Mandate: Specialist interventions (trauma, neurodiversity) and mentoring for Family Champions.

So, our Family Champion models in the early year centres is very much about that preventative and universal support. And then we'll do the signposting. This has been so successful that we've introduced family learning assistants into our primary schools, and we have a nurture base in 12 of our primary schools in East Dunbartonshire where again, it's a safe space. It's where children will come, you know, to have some time out. But we can also invite families in, and we have a Family Learning Assistant who will do some targeted approach work, but we'll also do a lot of family learning, bring the parents in to do cooking, really common-sense simple things. But it makes a massive difference. Again, we can then signpost and we're very fortunate in East Dunbartonshire to have a central team of designated Supporting Family Workers who do more intense and complex work.

Early Years and Supporting Families
Practitioners -
Central Team

Parenting: Supporting Families Workers

- Evidence- and research-based programmes and approaches, such as Triple P and NVR
- Early intervention approaches
- Preventative Work
- 1:1 parenting support bespoke to the needs of the family
- Group delivery - day and evening sessions
- Co-delivery of Seasons for Growth
- Training for practitioners across Education and wider



We use evidence-based parenting programmes like Triple P (Positive Parenting Program) and we call it nonviolence. It used to be called nonviolence resistance (NVR), but we call it new vision relationships now. It's evidence-based programmes. And again, we try to use those early intervention approaches. It is a referral process, unfortunately, but with our relationships with the nurseries and the schools, we try to get the parents seen to as quickly as we possibly can. We offer one-to-one support and group delivery through this, with that trauma informed lens, because a lot of parents are experiencing anxiety or the children are experiencing anxiety, and we're finding some of our programmes like a Triple P Fearless or the NVR programme is meeting the needs of families who are worrying about the children's emotional and anxiety. As the research and all the other speakers have said, just getting in as early as you possibly can, having a key person, having that trusting and respectful relationship is really, really important. It sounds like common sense and it sounds easy. It isn't always easy because it's trying to release the staff to be able to do it and having that resource to do it and having that comfortable safe space is really important, but it's been nice to unpick all the research and thank you very much.

Claire Burns

Thanks so much. Again, a huge thanks to you and others there for doing a whistle-stop tour and I think like the rest of the people who are listening today, I'm so struck by the three of you, the value base that underpins this work around strength-based work with families, trauma informed in work with families. So, I suppose we've only got time for a short comment each from Sharon, Sheena and Gillian before I moved to Diana. But I wonder - I think for me, there's a bit around just coming back to how do you think with all the competing priorities that you have got locally? You know, so there's The Promise and there's a move to prevention and there's public sector reform. And you know, how do you - I think Gillian articulated this really well - but what do you need? What do you need from central government and what do you need locally that would make a difference to help you prioritise and, and sustain this? Because I think the other thing you're saying is that sometimes you're cobbling together bits of funding. So, Sharon, could I maybe start with you? I know that's maybe a bit unfair, but what would help you to be able to prioritise this, integrate it with other things that are happening and sustain the funding of it? Sharon, I'll start with you.

Sharon Grant

I think what we need is what speakers have already covered; it's the policy and it's committing to the policy rather than taking their eye off the babies. We've seen through the NSPCC report, for example, just in the past 25 years how we've drifted between policy from Early Years Collaborative (EYC) to ECS where we've lost sight of our babies. So, I think that would be beneficial and if it goes without seeing the funding being mainlined being protected so that we can continue to target where we know that the evidence presented today is telling us that it's very much needed.

Claire Burns

That's brilliant. Thanks very much Sharon. Gillian, can I come to you now?

Gillian Carroll

I think for us, it's that kind of understanding that a lot of those different priorities actually will come into a central point of being so interconnected that they support the work oftentimes as well. You know, when we think about The Promise and moving to supporting our our babies and families at that earlier point, then we'd also think about keeping the promise for babies as much as we are thinking about some of that the other work that we do. So, I think for us, it's that permission to use those interconnections to advantage as opposed to them competing with each other and just understanding that it's all for one common aim of improving the life chances of our local families.

Claire Burns

Brilliant. Thanks, Gillian. I think you've really emphasised that bit about it's not necessarily new, but it's about alignment across the work to ensure that the work across is not fragmented. Sheena, coming back to you, is there anything else that you would want to add just quickly?

Sheena Fraser

Yeah, babies is really important. Obviously Scottish Government plans are possibly to introduce funding for babies, which I think is great in principle, but it has to be funded properly to support the whole infrastructure and of that sector. Absolutely, we shouldn't be forgetting about babies because at the moment it's only eligible 2 year olds and 3 to 5s that receive funding. But I think it's a great thing. But we need to remember that the sector has to be funded appropriately. And that is just from my perspective.

Claire Burns

Thanks very much, Sheena. I'm conscious that we've just got over 5 minutes left. And I'm just going to start off by apologising to our previous speakers on the research that we've not had a chance to bring you back in. And I think we could spend all day on this webinar and we still would have only scraped the surface. But I'm going to go over now to Diana Beveridge. Diana, works at the Scottish Government. She's head of [CYPIC](#) (Children and Young people Improvement Collaborative). She was absolutely pivotal when pushing

for this research to take place. And so, Diane, I wonder if you could give us your reflections on what you've heard. Nice to see you.

Diana Beveridge

Nice to see you as well, Claire. And I want to start by saying a huge thank you to CELCIS, to Nesta and to all the local areas for the contribution that you've made to these reports. Hugely helpful, hugely valuable. Linda started right at the beginning of the call saying that I think there's a wee bit of surprise just to the degree of engagement and contribution that you've had into this issue. I think it's a reflection of how much people care and how much people see the importance of really focusing on those critical early years in Scotland. It resonates with me. You mentioned I'm head of CYPIC. I'm head of the [Early Child Development Programme](#) within Scottish Government as part of that. And that's been set up specifically to address some of the issues you and the contributors today have been covering on the call. The need for us to really renew that focus on the earliest years in babies and children's lives in Scotland from pre-birth until age 3. To make a real concerted effort and to pull together the policies that most impact in those early years of family life and to identify any gaps in policy and implementation and work together as a system to address those. Reflecting that this isn't down to any single service, any single organisation, any tier of the system in Scotland. It's going to take all of us to make sure that babies get the best start in life. So, thank you to everybody that's contributed. I think the important thing is what do we do with this thing? I think getting that understanding of the system as is, recognising that this has, as you mentioned earlier, been a long journey for Scotland and, and something that we are considered very highly on across the rest of the world.

We do focus on the early years as well. And we also recognise that at points that's become diluted and the evidence is never going to change. Babies are going to need what they need in order to develop to the full potential and we need to make sure that we understand what's getting in the way that in the system. So, we spoke about a lot of key themes here, in terms of getting the evidence into practise, making sure that there's visible messaging, commitment, leadership on this. And those of you on the call that have seen the programme

for government that set the direction for the next 5 years for Scottish Government. I'm hoping you'll have noticed that increased focus on babies and very young children through the preventative agenda, through the commitment to making sure through whole family support, we have sufficient focus on pre-birth to 3 as well. And the findings from these reports, I think, is going to be critical in helping us put those visions into practise. So here are the bits of the system we need to collectively focus on.

How can we be strengthening policy in areas such as children's services planning guidance? GIRFEC guidance - what comes next for Whole Family Support? And the stuff that you've been describing today is going to help us to do that. So, we will be working with policy colleagues, continuing to lean into the folks on the call as we develop ways ahead and for for getting this evidence into practice and thinking about what we can do now, what can we do longer term with partners as well? So, thank you very much for that.

Claire Burns

Thanks very much Diana, and I suppose just as a final word - and I'm confident that I can say this because I know you'll agree with me knowing you as I do - I think it's focusing down on the babies and pre-birth as an area. But I think you and I both agree that what we've also got to do is help local areas do some of the stuff that Gillian was talking about, which is how are they getting a hold of their data? How are they thinking about how their data triangulates with what families and children are telling us about their experience, you know, and what does that mean about support for aligning across the system and making it less fragmented? So that feels just as important, doesn't it? And I know that's a view that you hold as well.

Diana Beveridge

It is a huge part of the picture as well, and something that I'm really passionate about as well as how we help each other. We spoke about variation in Scotland and how families experience support in those early years as well. But there's so much great stuff happening out there as well. How can we be more deliberate in sharing that learning and helping people not be starting from scratch? So, we've heard

some excellent examples there and we know data, for instance, it's a big issue for local areas. I also regularly hear about workarounds and how people are breaking down barriers as well. So, there is something about how we can develop that. A Once for Scotland approach was mentioned earlier on the call as well. How do we help each other with that? So, there's stuff at every sort of the system isn't there to see the policy right through.

Claire Burns

Thanks Diane, and great to have you on the call as well. So, at 28 minutes past, I'm just going to provide a final thanks to our speakers. That was packed full of information and again, I'm hoping it is the start of a conversation with people. So again, thanks to our speakers, but a massive thanks to everybody who prioritised this in what is the really busy day that was a huge number of people that were on this call. So, thanks to you. And again, I'll just say it is a massive reflection of people's commitment to children and young people. So, thank you very much, enjoy the rest of your day.