

Support from



the Start



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Photo – ‘Harry & the Snow King’ - Outdoor Learning & Play at Whitecraig Nursery

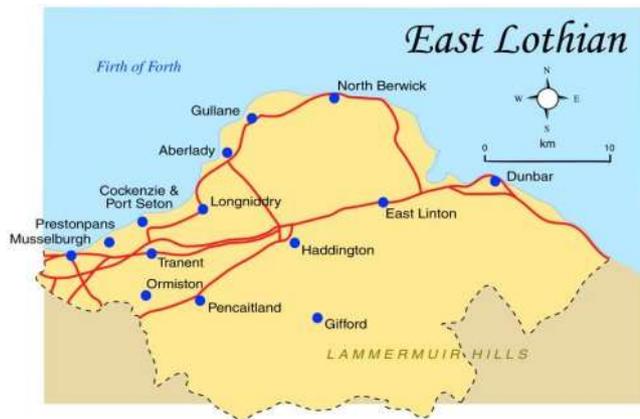
Test Site Overview

'*Support from the Start*' is about ensuring that mainstream services are doing all that can be done to improve the health and wellbeing of children and families in the early years of life, in areas of East and Midlothian where there is a record of health disadvantage. It is one of the eight Equally Well test sites across Scotland as proposed by the Equally Well Task Force in 2008.

Support from the Start has a vision that:

- children and parents / carers of families from less advantaged socioeconomic backgrounds are engaged with the key health challenges,
- parents can access support for healthy living when they need it,
- parents and children have good quality child friendly environments and
- those at most risk of poor health outcomes receive the most support.

The test site was originally established in East Lothian in October of 2008 with a formal launch in March 2009. The communities of Musselburgh East including Wallyford & Whitecraig, Tranent and Prestonpans are the target areas for the East Lothian test site. Ten medium term and four short term or learning outcomes were identified in a logic model for the test site.



In October 2009 an opportunity to extend the work of the test site to Midlothian, a neighbouring local authority area was taken. In Midlothian the test site was launched in March 2010 at a joint event with the Midlothian Parenting and Family Support Strategy.

Although the same process was established to support the test site, it was agreed to concentrate work in Midlothian on just one of the test site's medium term outcomes – to improve readiness for learning. Work in the Midlothian test site area is focused on the three communities with the highest level of deprivation and associated inequalities in health outcomes. The target communities are Woodburn, Mayfield and Gorebridge.



Tackling Health Inequalities in the Early Years of Life (pre-birth – eight).

The link between disadvantage in early life and inequalities in health and other adverse outcomes later in life is well established. Tackling health inequalities in later life requires a focus on interventions in the early years, as so many crucial influencing factors occur in this period. Disadvantage is apparent from a very early stage in life and tends to persist and lead to marked health inequalities over the life course. This persistence of inequalities over time is an increasingly recognised phenomenon. The mechanism for the persistence of these inequalities remains disputed, but may link to issues of attachment, resilience or to social and financial inequalities. These mechanisms are not mutually exclusive and are likely to operate in conjunction with each other, even if each may point in slightly different directions, as far as setting policy priorities and identifying practical actions, are concerned.

Hence, the rationale for the test site is 'Breaking the Cycle', referring to the need to prevent the risk of disadvantage in health outcomes being passed from one generation to the next. The aim is to improve existing and/or develop new service pathways, for addressing health inequalities in the early years, and to develop the engagement of the target communities in improving the health of their youngest members.

A geographical focus was chosen at the outset in both Mid and East Lothian because it is clear that particular communities have significantly worse health outcomes on a range of indicators, than the East Lothian and Midlothian averages. However, it was recognised that this approach has some limitations, in particular, that pockets of disadvantage exist in both communities and that this can be hidden statistically. It was always the intention to roll out any positive practice and share learning, beyond the geographical boundaries developed for the purpose of the test site.

In the early years of life we can see from statistics that children in Prestonpans, Tranent, Musselburgh East, Wallyford & Whitecraig in East Lothian and Woodburn, Mayfield and Gorebridge in Midlothian are exposed, more often than the average for their respective areas, to factors that will reduce their chances of good health in later life.

- Breastfeeding rates are much lower
- Smoking in pregnancy is much higher
- Levels of parental smoking are much higher
- Incidence of parents with drug and alcohol issues is much higher
- Number of lone parents and children in workless households is higher
- Admissions to dental hospital are higher
- Use of children's mental health services is higher
- Educational attainment is lower
- Teenage pregnancy is more common

Planning for Support from the Start

In East Lothian a logic model (appendix 1) and a development plan (appendix 2) were developed at the outset, by an existing multi-agency planning group for health improvement¹. In Midlothian a project initiation document (appendix 3) was approved by the relevant community planning partnership as the basis of the test site’s work. The East Lothian logic model identified ten medium term outcomes (table1), many of which linked to existing service planning, and four shorter term, or learning outcomes, which defined the learning that needed to be generated across services and communities, to generate new and different practice that would influence the medium term outcomes. Midlothian is focusing its work on one of those medium term outcomes – improving readiness for learning.

However, it should be noted that Support from the Start was, and is not, the delivery mechanism for these outcomes, but merely the process by which mainstream services can identify the changes needed to deliver on these outcome areas. The development plan for East Lothian and initiation document for Midlothian outline how the process of Support from the Start would be organised and delivered.

The task of Support from the Start, the Equally Well test site, was to engage communities and services in the challenge of doing new things, and doing things differently in order to address health inequalities. The challenge was to create a space, in which services and communities could develop the learning, leadership and engagement, needed to redesign services and change behaviours that would begin to address the outcomes, which would contribute to the desired reduction of the health gap in the longer term.

Table 1

<u>Long Term Outcome</u>
A healthier start to life, for children in Prestonpans, Wallyford, Whitecraig, Tranent & Musselburgh East
<u>Medium Term Outcomes</u>
1 Improve emotional wellbeing in early years
2 Increase proportion of newborn children breastfed at 6-8 weeks
3 Reduce obesity levels among children in P1
4 Reduce pregnancies in under 16 year olds
5 Increase number of children with no obvious caries experience in P1
6 Improve readiness for learning
7 Reduce smoking rates in pregnancy
8 Increase opportunity for involving parents and children
9 Increase number of Health Impact Assessments on new developments
10 Improved outcomes for looked after children
<u>Short Term (Learning) Outcomes</u>
1 Do East Lothian services make it easy for parents to be 'good enough', and can parents access the right support early enough, when they are finding it hard to cope?
2 How do we get our communities, parents and children, involved in key health improvement challenges for the early years of life?
3 How do we target support for children and families that are at risk of poor health, and is it effective?
4 Does the physical space of our communities contribute to creating good health in the early years and support parents in raising healthy children safely?

¹ Developments in community planning over the course of the test site, meant that the Joint Health Improvement Planning Board, was able to focus entirely on the test site, and become the Support from the Start Planning Board.

Creating a Space for Change.

Support from the Start is built on the premise, that reducing health inequalities requires mainstream services, used by individuals and communities, to be addressing health inequalities on an on-going basis. Hence, East Lothian’s ‘test site’ is focused on improving existing and/or developing new service pathways, for addressing health inequalities in the early years, and therefore, is most closely aligned with recommendations 3-15 in the Task Force report.

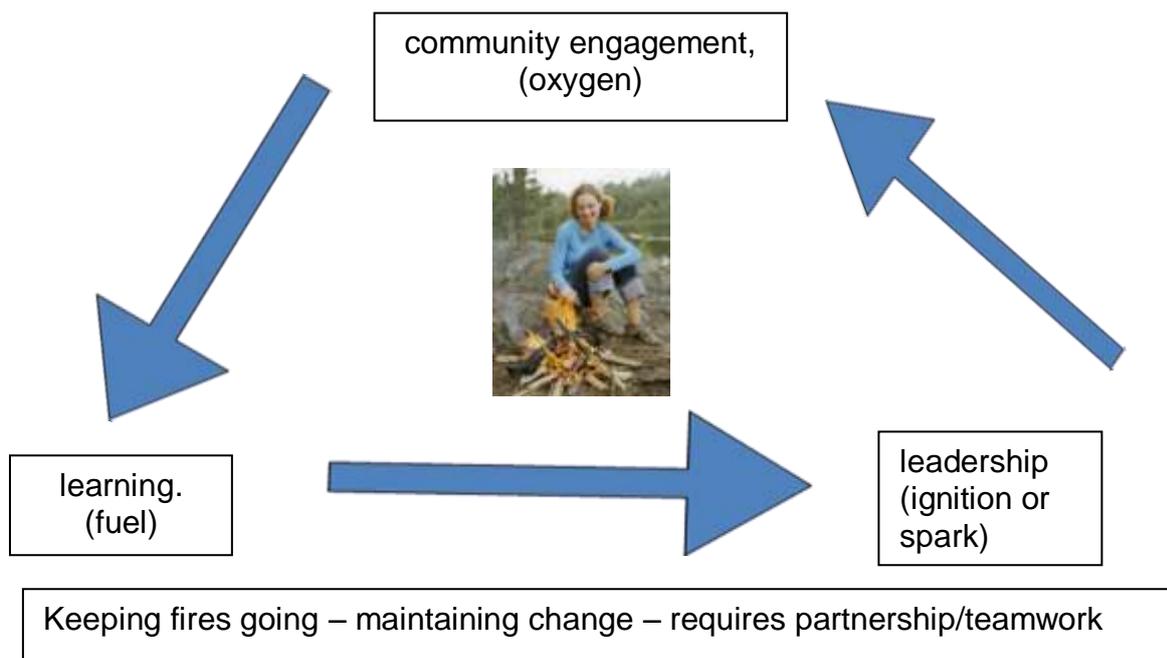
The outcome we want to achieve is better health for children and parents, in areas with a record of disadvantage in health outcomes. Change is necessary in parental and child behaviours, community attitudes and in the ways services are provided.

Achieving sustainable change is at the core of Support from the Start. Our approach has been to develop a process that consciously sets out to develop or strengthen three capacities for creating change in services and communities:-

- community engagement
- learning
- leadership

Starting small fires – creating sustainable change – the required elements

The test site has used the analogy of starting a fire to describe the process developed to do new thing things and do things differently. This analogy was adopted after a visit by the Kings Fund Top manager programme. One of the participants likened the process of generating creating the kind of system wide change needed to address a complex problem like health inequalities to starting small fires. The suggestion being that small sustainable fires, which generated real change, would eventually create enough heat for a more systemic change. To create fire there are three required elements, fuel, oxygen and an ignition source, which need to work in partnership. In Support from the Start we believe there are three required elements for service redesign, which are underpinned and sustained by partnership working.



Support from the Start's focus has been on creating an environment, which maximises the potential, for services and communities to develop a range of sustainable responses to the inequalities in health, within the communities of East and Midlothian. It has not sought to prescribe specific technical solutions to the problem of health inequalities, but to grow appropriate responses based, on a shared understanding of the causes of health inequalities, the available evidence base and the assets available to communities and services in the target areas.

This may not seem particularly innovative, but it is a different starting point for service planning. It does require a different mindset and different tools to achieve it. It is a journey we have begun, but we have much further to travel. This has been combined / underpinned by strong partnerships, with an outcome or service pathway mapping process, for most of the ten medium term outcomes identified in the logic model for the test site. (See page 17 for links to the service/outcome pathways)



The following were developed as part of the test site process in both Mid & East Lothian, but worked closely with existing structures and reporting mechanisms within the test area:-

Service Champions

Identifying and supporting Service Champions has been key to the development of the test site in both Mid and East Lothian.

An Equally Well Service Champion is an individual, identified and supported by senior managers, who is able and willing to foster a learning environment, within their areas, in relation to promoting health equality.

They are tasked with:-

- Communicating the vision and values of '*Support from the Start*' within their service area
- Bringing the experience and knowledge of their service area to a multi-agency 'Action Learning Set'
- Supporting services to identify training and information needs related to '*Support from the Start*' and communicating these to the lead officer
- Contributing, as appropriate, to a '*Support from the Start*' on-line learning log.
- Be willing to participate, as appropriate, in the dissemination of the test site experience to other authorities and agencies within Scotland.

Strategic Champions

Ensuring high level leadership and support for the test site, from officers in strategic leadership roles from key services and departments, as well as political leadership, was a key goal in the development of the test site. An existing planning forum was developed and expanded over the course of the test site to provide strategic leadership, and this is supported by operational Steering Groups in both Mid and East Lothian that provide operational support to the Board and management support to the Service Champions.

Community Champions

In parallel to Service Champions, a small group of Community Champions were developed to support the engagement of communities in East Lothian only. Six agencies were approached to provide champions – Musselburgh & Inveresk Community Council, Homestart East Lothian, Dadswell, National Childbirth Trust, Patchwork EH32, Hibernian Community Trust.

Action Learning Sets

Establishing a shared learning experience for the champions (both service and strategic) was important to ensure effective communication between individuals from different professional and service backgrounds. Action Learning Sets (ALS) was chosen because it was felt it would allow a shared learning experience, focused on what individual champions could do, to generate change and development connected to the test site aims. Action Learning was considered, a model of learning within which, a range of experience and professional backgrounds would be a positive advantage. ALS are small groups of individuals, who support one another in learning and development, in an area where they have an interest and wish to increase their expertise. The group has a maximum size of 5-8 people and is led by a facilitator. All Service Champions were asked to participate in an ALS. Each of the sets reflected a range of services, but did not mix managers and practitioners. For the first year of the test site external facilitators were utilised with the support of the National programme. By the second year internal capacity to support the evolving learning sets was identified.

Early Years and Health Learning Network

This network was intended to support wider learning opportunities connected to the test site, in terms of information sharing, updates on research etc. The learning events organised by the test site are targeted, but open to all interested parties within East and Midlothian. The

need for the range of learning opportunities generated by the test site has usually been identified by Service and Strategic Champions. Originally it had been intended for this network to be developed within and from an existing East Lothian early years forum, but in fact has operated as network connected to Service Champions and facilitated by the lead officer.

Healthy Early Years Learning Log

<http://edubuzz.org/blogs/equallywell/>

This is an on-line facility using a platform developed for East Lothian schools called edubuzz. The Learning Log or blog serves as both an information sharing facility for the test site and a repository for information about how the test site has developed. Service Champions are encouraged to contribute to the learning log, but it is updated regularly by the lead officer. It is intended to provide an opportunity for thought and reflection as well as an immediately accessible 'shop front' for the learning that takes place as part of the process of '*Support from the Start*'.

Midlothian has developed an on-line community as part of the local authority communities of practice website. This is a member's only community but it is relatively easy to register and join the community to share practice and updates.

The Champions Service Development Fund

This fund is accessible only by Service and Community Champions and is used to support service development identified by them. The fund provides small development grants with a minimal application process – a few simple rules and a requirement to report through an appropriate channel. The fund was created by matching funds from the national programme for Equally Well with local funds from a variety of sources. The Champions have taken forward many valuable projects, most of which have contributed to the goal of sustainable change within service and communities. Many have developed learning, which can and or has been shared both within and out with the test site. Summaries of the Champion led projects for 2009/2010 & 2010/2011 developed by the test site champions is available in appendix 4 & 5.

Civic Conversation

Civic Conversation is the name the test site adopted for the key goal of engaging individuals, communities and services, in a dialogue about how opportunities for children and parents in the target communities can be improved.

The initial test site proposal underlined the importance of community engagement in the test site but did not describe a methodology for achieving it. As the planning for the test site was put in place, the idea of a Civic Conversation, or an open ended on-going dialogue between service and communities, was developed from an input at a national Equally Well Learning Network. Andrew Lyon of the International Futures forum described work undertaken in Glasgow City to develop a Civic Conversation about the built environment. This was picked up at the East Lothian launch of the test site, where ideas were explored about how such a conversation could be developed and what role the participants would have in taking it forward. The Civic Conversation has utilised techniques like 'Participatory Appraisal', which is a research technique used to gather the views of participants about a given subject. It had already been used successfully in East Lothian in relation to healthy eating. This was the technique that was used to initiate some of the 'conversations' that have developed with communities as a result of Support from the Start. For example, the very first 'Civic Conversation' event involved a planning group (the Young People and Food Group) developing a series of promotional events on maternal and early years nutrition, called 'From Bump to Baby'. Participatory Appraisal techniques were built into these events to develop participants' views about issues from breastfeeding to weaning and support from services. A summary of the Civic Conversation is available at :-

<http://edubuzz.org/blogs/equallywell/2010/11/04/civic-conversation-3/>

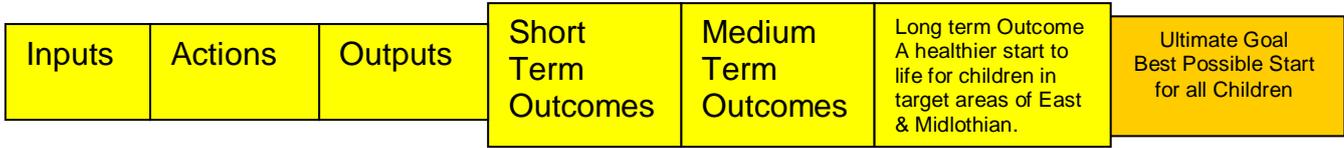
Participatory Budgeting

Participatory budgeting is the next step in developing a dialogue with communities about health in the early years. This technique will be linked to dissemination of the results from the Early Development Instrument in early 2012, to support engagement of communities and parents in their children's early development.

Research & Evaluation Group

In the initial proposal for the test site, it was recognised that external expertise and knowledge would be needed to effectively evaluate a complex intervention such as envisaged by Support from the Start. Developing a partnership with one or more academic institutions was seen as important in taking this forward. In year two of the test site a formal partnership with Queen Margaret University was developed, to take forward evaluation related to the test site. Support has also been received, in developing the outcome pathways and in particular identifying potential high level inequalities' indicators, from the Public Health Institute for Scotland. A partnership with the Scottish Collaboration for Public Health Research and Policy has also been developed to pilot the Early Development Instrument in East Lothian.

What Difference have we Made?



What Resources have we Utilised? (Inputs)

The test site takes a partnership approach to tackling health inequalities. The resources utilised reflect this approach with human, policy and financial resources, from a range of agencies local, regional and national, drawn into the development of the test site.

Key human resources include the Planning Board, which provides strategic leadership and is supported by Operational Steering Groups in Mid and East Lothian. The other key human resource is the time and expertise of the Service and Community Champions. However, the ongoing support, understanding and time of a wide range of service managers is also essential to transferring the idea of Strategic and Service Champions into practical service and community reality.

Key mainstream policy resources support the work of the test site, such as GIRFEC, Early Years Framework, Child Poverty Strategy, Community Development Strategy, Joint Health Improvement Planning, Parenting & Family Support Strategy, Curriculum for Excellence, and these were seen as essential inputs for the work of the test site.

The Planning Board is linked to key community planning for children’s services and health improvement and Support from the Start is an input supporting the delivery of the SOA for both areas.

The following outlines the key partners and lines of reporting and accountability within the test site

Community Planning Mid & East Lothian

Support from the Start Planning Board

Don Ledingham	Executive Director of Education and Children's Services, ELC
Councillor Roger Knox	Depute Provost, ELC
Councillor Ruth Currie	Cabinet Member for Community Wellbeing, ELC
Councillor Peter MacKenzie	Cabinet Member for Education, ELC
Councillor Jacquie Bell	Cabinet Member for Health and Social Care, ELC
Ronnie Hill	Head of Children's Service, ELC
James Bruce	Director of ELVON
Alan Gilloran	Vice Principal (Academic) QMU
Michele McCoy	Specialist in Public Health, NHS
Monica Patterson	Executive Director of Community Services, ELC
David Small	General Manager, East & Midlothian CHP
Mary Smith	Head of Children's Services, Midlothian Council
Professor Susan Deacon	External advisor

Midlothian Steering Group

Mary Smith (MLC -Social work manager)
 Cheryl-Lee Brown (Sure Start manager)
 Sue Fitchett (MLC - Education dept manager)
 Mandy MacKinnon (NHS Health Promotion manager)
 Alasdair Mathers (MLC -Regeneration Manager)
 Anne McConaghy (MLC- Community dev manager)
 Michele McCoy (NHS Public Health Specialist)
 Mairi McMillan (Clinical nurse manager)
 Anne Rooney (MLC- Policy & Planning manager)
 Steven Wray (Lead officer)

East Lothian Steering Group

John Boyce (NHS - PHP)
 Karen Holmes (NHS Integration manager)
 Eamon John (ELC – Healthy Living manager)
 Marion Wood (Social work manager)
 Steven Wray (lead officer)

Midlothian Service Champions

Isobel Allan	Mary Blair
Margaret Croft	Patricia Di Duca
Janet Donaldson	Kate Downey
Joanna Fleming	Jacky Gillan
Yvonne Hall	Lisa Hobson
John Mair	Alasdair Mathers
Heather McKie	Leonee Moorhead
Thomas Regan	Zosia Ross
Chris Saddler	Robert Scott
Mairi Simpson	Gillian Tennant
Lindsey Walker	Derek Welsh
Lisa Wilson	Carolyn Worlock

East Lothian Service Champions

Donna Black	Eileen Blackie
Lorraine Congalton	Kay Coull
Gillian Craig	Donna Doherty
Carol Frith	Carol Golightly
Mary Graham	Rhona Gunn
Helen Harper	Fiona Herriot
Jane Holden	Pauline Homer
Chris Jeffrey	Di Kettles
Sheila Laing	Eleanor MacAskill
Janice MacLeod	Sharon May
Yasmin McLean Steel	Morag Nicholson
Elaine Paterson	Tina Pollock
Kirsty Preston	Helena Reid
Patricia Ronaldson	Rebecca Spillane
Erica Thomson	Carolyn Worlock
Rose Zielinska	

Financial investment in the test site

Support from Scottish Government 2009/2010

Fast tracking Forest School	£40,000
Match funding for Service Champions development fund	£30,000
To support the development of a Civic Conversation	£25,000
To support the development of social marketing	£25,000
To support Action Learning for service and strategic champions	£15,000
3 days backfill for Health improvement officer	£25,000
3 days admin support	£15,000
Extension of test site to Midlothian	£31,000

Total **£206,000**

Non Scottish Government income for 2009/2010

Forest School equipment from Tyne Leader Fund	£ 6,100
Champions development fund from Fairer Scotland	£10,000
Champions Development fund from Choose Life	£13,000
Champions Development fund NHS Early years Health Improvement Fund	£ 6,000

Total **£35,100**

Grand total for 2009 /2010 **£241,100**

Support from the Scottish Government 2010/2011

Forest Schools training for early years and teaching staff	£40,000
Match funding to support services and Community Champions East Lothian	£30,000
Action Learning Sets East Lothian	£ 5,000
Social Marketing work via council and First Step	£25,000
Midlothian Development fund and Action Learning	£25,000

Evaluation

Change XChange	£24,000
3 days Business Support	£15,000
Back fill for 3 days of Public Health Practitioner time	£30,000

Total **£194,000**

Non Scottish Government income for 2010/2011

Champions Development Fund from Fairer Scotland	£10,000
Champions Development Fund from NHS Early Years Health Improvement Fund	£ 6000
Champions Development Fund from ELC Education & Children's Services	£ 8000
East Lothian Community Planning and Mid & East CHP for Changexchange	£24,000

Total **£48,000**

Grand total for £2010/2011 **£242,000**

Additional investment in early years services in East Lothian as a consequence of, or related to the development of the test site

Place2Be in six schools

Targeted breakfast provision in test site area

Free school meals for P1 – P3

Pilot of Early Development Instrument

Local Health Improvement funding criteria redesigned to reflect importance of early years and learning from the test site

What have we been Doing? (Actions / Interventions)

Identifying and Developing Strategic Leadership

The Support from the Start Planning Board is the key vehicle for strategic leadership. The Board meets on a two monthly cycle and is responsible for the overall development of the test site. The Board has benefited from the input of Dr Harry Burns in a regular informal learning space to which members can bring issues for discussion and debate. As strategic leaders the Board members have had a key role in providing the space for managers and practitioners to develop innovative practice as detailed below. However, the Board members have also directly initiated/supported a number of developments, arising from discussion and learning, as detailed below in the section headed Outputs/Innovation.

Identifying and Developing Service Champions

In East Lothian 28 Service Champions and in Midlothian 22 Service Champions were initially identified and took part in an induction programme delivered by the lead officer and Steering Group members. In both areas the numbers have fluctuated due to staff changes and departmental re-organisations. These champions have taken forward a wide range of service developments and have been involved in a shared learning experience, that has entailed them examining how the service can better respond to the challenge of health inequalities. The local evaluation results suggest many of these developments have direct and measurable impacts on families and children that are the recipients of them. A recent inspection of children's services in East Lothian noted as good practice one of the programmes taken forward by an East Lothian champion. Also work with a test site school, developed by Service Champions was also noted favourably in a school inspection by HMIE. Many of the Champions have been involved in designing bids to the Service Development Fund for Champions (see section on outputs below) however, the local evaluation also suggests that partnership working between agencies was strengthened through the Champions' network, leading to developments and improvements that are not formally reported as part of the test site process.

The local evaluation looks at what qualities define a Champion who has been able to use the test site process as an opportunity to further personal and service development, and what barriers there are to Champions developing their role.

Identifying and Developing Community Champions

Community Champions are individuals working for local community based charities and groups, identified by the Planning Board, as individuals that could help take forward engagement of community within the test site. Although support for Community Champions has been less formal than for Service Champions and the role was somewhat less clear, the Community Champions have taken forward a range of initiatives.

Musselburgh & Inveresk Community Council organised a conference for community council and community groups, entitled 'These are our Bairns', looking at the role of community in supporting children in the early years. The keynote speakers were Dr Harry Burns CMO and Don Ledingham Director of Education and Children's Services and their presentations were videoed for circulation to all community councils.

Homestart – East Lothian hosted a series of well attended Civic Conversation events, which brought together agencies to look at case studies of real families and their experience of services. A session on mental health needs led Homestart to develop a group for parents who are self harmers with support from Mental Health Services.

Dadswork (a project to support fathers), has worked closely with another local voluntary organisation Roots and Fruits, to support the development of school vegetable and fruit gardens in test site schools.

East Lothian National Childbirth Trust has worked with a test site school to develop and pilot a resource for teaching about breastfeeding in nurseries and primary schools.

Hibernian Community Foundation hosted a Champions conference at the Learning Centre attached to the club's facilities at the stadium.

Patchwork EH32 (a parents' group in Prestonpans) used development fund resources to increase their capacity to support more parents in the Prestonpans area.

Developing a Community Engagement Process to Support the test site Work

The Civic Conversation – a definition

Developing and sustaining a working relationship between council, health and voluntary sector services, that provide or support services to parents and children from pre-birth to eight, and the target communities in Mid & East Lothian, to help them both understand and act on the issue of health inequalities.

The key words in this definition of the Civic Conversation are 'understand' and 'act'. Bringing people together to talk about a wide range of issues that impact on health in the early years in the target communities, is essential to improve understanding of the many different perspectives and sometimes different ways of talking about the same thing.

A wide range of activity has taken place to support the developing conversation about health and equality in the early years of life. Whether its parents making a DVD about what they see as important for themselves and their children, or teachers spending an in-service day talking about the connections between learning, emotions and wellbeing, or children and parents being involved in early years theatre, it's all been part of a conversation about health and wellbeing in the early years.

The hope is that getting different agencies and communities to better understand each other's perspectives, or the research on how to improve health in the early years, will lead to action or to more effective action. There are many examples of this happening.

- Parents in Whitecraig talking together about how they understand health for their children and what would improve it, leading to improved play facilities and services in the community.
- Parents in Wallyford highlighting oral health as a priority, which alerted services to the lack of targeted support in the community.

- Teachers talking about the connection between learning emotions and wellbeing which led to the development of a resource for nursery staff to use music for emotional literacy and pre-reading skills.

However, these examples do not take account of the less tangible outcomes of improved networks and contacts that come from services, agencies and community members coming together to have a conversation about health.

A report on the first 18 months of the Civic Conversation can be accessed at :- <http://edubuzz.org/blogs/equallywell/2010/11/04/civic-conversation-3/>

In the last six months the conversation has moved on and Midlothian has made a significant contribution around improving readiness to learn. An innovative approach was used to engage over a 100 parents in conversations about what readiness to learn means to them and what is available to help their children be ready to learn in their communities. An early years theatre company called Lickety Spit worked with ten groups of nursery children (max of ten children per group) exploring imagination and adventure using simple props and ideas. The children were filmed taking part and parents were invited to the nursery to view and discuss the video. This was used as the context for a 30 minute discussion with parents about readiness to learn. The findings from the discussions are being used to inform an outcome mapping process for readiness to learn in Midlothian's target communities.

For more information about Lickety Spit see

<http://edubuzz.org/blogs/equallywell/2010/08/11/lickety-leap-theatre-for-the-early-years/>

and for more information on the findings from the conversation with parents of Midlothian nursery children see the draft readiness to learn asset / outcome map for readiness to learn in Midlothian at appendix 7.

Susan Deacon Scotland's early years champion has been an external advisor on the Support from the Start planning board and on taking up the challenge of early years champion she entered into the civic conversation in Midlothian by arranging to have open dialogue with groups of parents using early years service in East & Midlothian. These 'Conversations with Susan' are summarised at

<http://edubuzz.org/blogs/equallywell/2010/11/12/conversations-with-susan/>

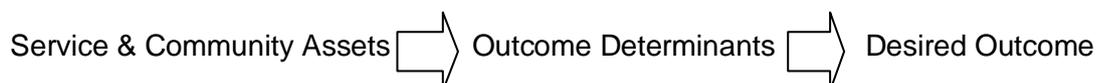
A throw away remark from one of the participants that we should have captured the conversation on video led to a group of parents working together with a media company to produce a short DVD entitled 'These are things that matter to me' as a promotional tool for the importance of early years services and early intervention. The video can be accessed at :

<http://edubuzz.org/blogs/equallywell/2011/02/09/these-are-the-things-that-matter-to-me/>



Mapping service pathways to medium term outcomes

One of the early aims of the test site was to map pathways to outcomes and look at the resulting maps, with respect to an evidence base for what works, to identify where the gaps are and how services might better work together. The outcome maps produced can be found at:- <http://edubuzz.org/blogs/equallywell/2010/07/28/mapping-support-and-interventions-for-parental-attachment/>



The pathway mapping process involved three steps

1. Producing a base map
2. Reality testing
3. Review

The first step involves the smallest number of participants and the last step the most. The amount of time, level of detail and the degree of involvement from stakeholders, varies enormously between each mapping exercise.

For the first step, a lead person met with key stakeholders to produce a base map, which identifies what are thought to be the determinants of the desired outcome. The base map also makes an initial attempt at a description of what assets were available to address those determinants. The next step (reality testing) shared the resultant map with a wider stakeholder group, to check the validity of the determinants agreed in step 1, and to develop a more detailed understanding of the assets. The final step (review) is to review the completed maps and generate discussion debate about what would enhance the assets supporting the determinants identified in the maps.

What Innovation has Resulted from Action? (Outputs)

Board led development

Pilot of the Early Development Instrument in Scotland

The Board recognised the lack of effective measures of early child development that could be used to guide the work of services and communities. Professor John Frank from the Scottish Collaboration for Public Health & Policy was invited to attend a meeting of the Board to discuss the potential of the Early Development Instrument. A partnership was developed to pilot this instrument in East Lothian. The first data will be available for services and communities in early 2012.

Introduction of Place2Be into East Lothian Schools

The importance of mental and emotional wellbeing for parents and children has been a key area of work in the test site. Board members championed Place 2Be for schools in the target area. Six schools in the target area for Support from the Start now have access to this programme. The Place2Be is a school-based counselling service, dedicated to improving the emotional wellbeing of children, their families and the whole school community. Children today have all sorts of worries from friendships to bereavement, domestic violence, gang culture or crime. By supporting children early on we give them the chance to grow up with prospects rather than problems.

Targeting of free school meals P1-P3

Free school meals for all P1–P3 children are now available to schools in the test site target area.

Participatory Budgeting

A pilot of this approach has been approved by the Board as one part of a community engagement process linked to the results of the Early Development Instrument –funds from Scottish Government have been matched with local funds to take forward this pilot.

Mainstreaming of Support from the Start

An outline proposal for mainstreaming Support from the Start has been developed by the Board for East Lothian linked to the ongoing development of the early years framework in East Lothian. The Head of Children's Services in East Lothian is tasked with reviewing current early years' provision in preparation for the Boards future planning.

Service and Community Champion led Innovation

Redesign of early years play in one community

Following on from a Civic Conversation event, play services in the community of Whitecraig were redesigned, leading to a reinvigorated play experience for early years' children and a developing partnership between community and school, which have had an impact on the whole community. This programme has recently been supported to extend its approach to other communities.

For more information <http://edubuzz.org/blogs/equallywell/2010/04/12/the-whitecraig-story/>
<http://edubuzz.org/blogs/equallywell/2010/07/19/whitecraig-making-a-difference/>

Redesign of oral health promotion in two communities

Following on from service mapping and Civic Conversation activity, a redesign of oral health promotion has been initiated in the community of Wallyford, which has the poorest dental health in East Lothian. This work is being evaluated over a three year period to assess impact.

For more information

<http://edubuzz.org/blogs/equallywell/2010/09/01/dental-health-in-wallyford-whitecraig/>



Development of a multi-agency Steering Group to develop attachment training and interventions including extended hours for two early years staff to develop Video Interactive Guidance (VIG)

The aim of this group is to embed attachment theory into practice, and to ensure consistency of practice between agencies. In addition to mapping a service pathway for improving attachment, the group has provided multi-agency training and supported two practitioners with enhanced hours, to allow them to develop skills to work with antenatal parents using Video Interactive Guidance.

For more information <http://edubuzz.org/blogs/equallywell/2010/07/28/mapping-support-and-interventions-for-parental-attachment/>

<http://edubuzz.org/blogs/equallywell/2011/02/08/can-we-support-parents-ante-natally-to-improve-attachment-post-birth/>

Targeting of breakfast provision

The East Lothian early years team are working with schools and other staff to ensure children from chaotic families are able to access the breakfast provision provided in schools

Capacity building through the Champions network

As described above a network of Champions for reducing health inequalities in East & Midlothian has been developed, has supported individual development and shared skills across agencies. The local evaluation has focused on the experience of Service Champions and what has helped and hindered them from developing their role. One of the test site legacies will be the networks and shared understanding of a complex issue like health inequality that has been developed by a wide range of staff who have taken on the role of champions for Support from the Start.

Staff trained as 'Forest School' leaders and assistants. Training for nursery/early years staff in Nature Play & Nurture

Forest School & Forest Kindergarten is a service innovation that has been a strategic focus for the test site. The aim was to support the development of this approach in schools and nurseries in the target area, by training staff and supporting schools with equipment and advice on available space and its management.

35 staff have been trained as level 3 Forest School leaders

12 staff have been trained as level 2 Forest School leaders

17 nursery staff have completed a three day Nature Play & Nurture course based on Forest School principles.



Evaluation of the impact of Forest School will take place in year three of the test site.

For more information <http://edubuzz.org/blogs/equallywell/2010/05/12/forest-school/>

<http://edubuzz.org/blogs/equallywell/2010/05/06/forest-school-research-links/>

Introduction of Creating Confident Kids and in-service training on emotional wellbeing.

Creating Confident Kids (CCK) a whole school approach to emotional wellbeing has been implemented in different ways in the different settings.

- Six settings fully implemented Creating Confident Kids - All six settings report impact on children and on the school community.
- Four settings have incorporated the programme into their own and have spoken of the programme filling gaps in their programme or complementing it.
- Two settings have yet to implement as they have had other priorities over the last year.
- The above refers to East Lothian schools but five Midlothian schools have recently also been supplied with the resources for this programme and training sessions

For more information <http://edubuzz.org/blogs/equallywell/2010/09/15/creating-confident-kids/>

In October of 2009 a half day conference on 'Learning, Emotions and Well Being' was held at Preston Lodge High School, which explored a range of ways of exploring and developing emotional literacy in East Lothian schools

Report at <http://edubuzz.org/blogs/equallywell/2009/12/02/learning-emotions-and-wellbeing/>

Support for gardening as a learning activity

Schools in the test site area in East Lothian have been supported to develop vegetable and fruit growing as an educational resource. The goal is to develop community volunteers to support the school in maintaining the gardens.

For more information <http://edubuzz.org/blogs/rootsandfruits/>

Health story sack project at Whitecraig Primary and Lawfield Primary

Two primary schools have been supported to develop health story sack to support literacy skills and understanding about key health issues

For more information <http://edubuzz.org/blogs/whitecraig/page/25/>

Active schools team developed an outdoor extra curricular resource for early years

East Lothian Active schools team developed an 'Outdoor Adventure' programme for P1-3 and also another for nursery aged children. They trained volunteers in the use of the pack and it is now part of the after-school programme on offer to schools across East Lothian.

For more information <http://www.activeschoolseastlothian.co.uk/>

Roll out of Play@home in East Lothian

Play@home is a national resource to support parents in playing with children. Following outcome mapping for readiness to learn a group of staff met to review how this resource was being used in East Lothian and how this could be developed.

For more information <http://edubuzz.org/blogs/equallywell/2010/01/15/play-home-training-rolled-out-in-east-lothian/>

Roll out of Stay & Play

The model of Stay and Play is now being used very successfully within two more areas of East Lothian - with high attendance figures being shown in these areas too. Being an adaptable model it can be used to fit into different areas and with different groups.

For more information <http://edubuzz.org/blogs/equallywell/2009/09/09/whitecraig-stay-play/>

Supported placement at play groups for children referred by professionals

Access to high quality childcare is an important intervention to support early development. Two play groups in East Lothian have been supported to provide subsidised places for children referred by community staff, whose parents may not otherwise have been able to access the places – Wallyford Play Group and Puffin Play Group in Prestonpans.

For more information see development fund reports

<http://edubuzz.org/blogs/equallywell/2010/05/28/service-development-fund/>

Capacity development for Parents Support Group in Prestonpans

Supporting a parents' self help group over two years to develop its service, so that it could support more parents.

For more information <http://edubuzz.org/blogs/equallywell/2010/08/20/civil-society-or-big-society-its-still-parents-supporting-parents/>

Development work for a music and emotional literacy resource for nursery/P1 – 'Music and Me'

Develop and pilot a resource for nursery staff to use music as a tool for developing literacy, including emotional literacy

For more information <http://edubuzz.org/blogs/equallywell/2011/04/06/%e2%80%98music-and-me%e2%80%99/>

Vulnerable Young Mums Group

This project built on and supported the work of the through care and after care nurse in East Lothian – To work directly with vulnerable young parents/parents to be on a multi-agency early intervention basis, to develop confidence in parenting role, and improve parent-child bonding. This intervention was highlighted as good practice by a recent inspection of children's services.



Baby TRAPP (Together reaching Positive Parenthood)

Supporting vulnerable young mothers in the antenatal period with the aim of improving parent child bonding and the parental role as primary educator.

Woodburn Parenting Support project

Supporting parents in the community of Woodburn in their role as primary educators.

Developing PEEP work in Mayfield

Supporting parents in the community of Mayfield in their role as primary educators utilising the PEEP model.

Startwrite at Gorebridge primary

Developing early reading skills as part of a school readiness project in the community of Gorebridge, Midlothian.

First Step Sleep Clinic

First Step Community Nursery was supported to develop a sleep clinic for families who require help and support in getting their children to sleep. Funding was utilised to offer a Sleep Training programme to First Step Staff. For more information

<http://edubuzz.org/blogs/equallywell/2010/05/28/service-development-fund/>

Mums in the Middle

Tranent health visitors targeted older mums with the following criteria for a support group

- Parents who are over 25 years – particularly mothers
- Have a number of children whose ages range from < 5years to > 10years.
- A low income/unemployed.
- Lone parents.
- Limited extended family support.
- Limited contact with local services.
- Parenting Issues

For more information

<http://edubuzz.org/blogs/equallywell/2009/07/09/mums-in-the-middle/>

<http://edubuzz.org/blogs/equallywell/2009/06/11/civic-conversation-2/>

Dance, Music & Movement Proposal for Parents and Early Years

This was a proposal to use dance and movement to increase confidence in women targeted by community staff. Although clearly an enjoyable experience it was not able to sustain itself for a number of reasons and was discontinued.

For more information

<http://edubuzz.org/blogs/equallywell/2010/05/28/service-development-fund/>

Resources for S4 girls group

A small grant for purchase of DVD publication of BBC programme 'My Big Decision,' a story about two schoolgirl's decision about whether to have a baby, to support work with young women with high risk behaviours.

Social Marketing at First Step Community Nursery

First Step Community Project are piloting a practical example of using a "social marketing approach" within a community based early years organisation. The aim of this project is to develop capacity within a group of parents and grandparents to identify and respond to their community health needs in the early years. The project will utilise the expert knowledge of the parents and grandparents to develop appropriate intervention for health improvement. This is a two year project and First Step have completed the first year, the work is supported by a by

a multi agency working group chaired by Morag Nicholson, Senior health Promotion Specialist (Early Years). More information can be found at appendix 6.

Short Term (Learning) Outcomes

Four short term or learning outcomes were identified for the test site.

1. Are children and families are engaged with the key health improvement challenges?

We have learnt when you ask communities what they see as the health issues facing them and their children they respond positively.

Example

In Wallyford, when asked during a civic conversation event, parents identified a range of issues including oral health. Local services responded to this by looking at what the oral health of pre-school children was like in Wallyford and found it to be very poor compared to the East Lothian average. When we mapped what was contributing to improving oral health by P1 it was evident that Wallyford was in fact receiving less of a service than areas with better oral health. Services worked together to redesign oral health provision and now the level of service has improved and its impact will be evaluated over the next three years. Perhaps most importantly the new provision has been developed as a partnership of local services that has involved parents through key community institutions such as schools and community centers

2. Can parents can access support for healthy living when they need it?

We have learnt that in order for mainstream services to respond to the healthy living needs of parents and early years children they need to have the capacity to :-

- communicate with service users and partners about health,
- to be flexible in their response to need,
- and to constantly innovate.

Our communities are made up of complex interactions of different groups, each with different needs and requirements, trying to provide the same service to all will lead to inequality of access.

Example

The health visiting team in Tranent were aware through their practice that a group of women in the community were not engaging with some of the services established to support mothers of small children / pregnant women. These women were often older first time mothers who felt their needs to be different from mothers of a younger age group. They have developed a support group for isolated / vulnerable first time older mother called 'Mums in the Middle' in an attempt to provide healthy living support to these mothers at a time when they need it.

Another example is the 'Active Schools' team recognizing a need for parents and children to be able to access outdoor play and 'adventure' in extra curricular settings that was not being met in current provision. They researched, developed and piloted an extra-curricular outdoor play resource that could be utilised by trained volunteers. After a successful pilot they are rolling out this resource to school and nurseries and training for volunteers as part of Active schools community training programme

3. Do parents and children have good quality child friendly environments?

We have learnt that service provision is not always matched to needs and may not be provided in a way that is acceptable to families. Sometimes it takes both service providers and communities to think differently about a problem.

Example

The 'civic conversation' in Whitecraig identified that play opportunities, was one of the major issues that community members felt could be improved to impact on health and well being. The community focus was on the lack of physical play amenities.

A partnership approach working with the community has helped to create a play based service that is acceptable and used by the community. The type of play provision was not the focus of the initial conversation with the community, but the community seem to have got behind what services have been able to do in response to the conversation. The children and community were also closely involved in the redevelopment of the physical play space in the community when an opportunity arose to address the gap of this kind of provision in the community.

4. Do those most at risk of poor health receive the most support?

It is known that inequality can be deepened as an unintentional consequence of the way services are organised. We have learnt that mapping the pathways to service outcomes is one way of identifying where inequality may be generated by service provision.

Example

Regrettably in some areas of East Lothian the statistics for smoking in pregnancy remain high. When we mapped what services are currently doing to reduce smoking in pregnancy it became apparent that there is little in the way of pro-active support, and limited early intervention. If you have made a decision to stop smoking and have the confidence to ask for help services will provide it. A similar pattern emerges for breast feeding – if you have made a choice to breast feed and have the confidence and knowledge needed to ask for help, then you will get it. This pattern of service tends to favour people who are well informed and confident about accessing services and hence may be disproportionately provided to well educated and affluent people. Services for smoking and breast feeding are being reviewed to have a greater emphasis on pro-active support and early intervention.

Medium Term Outcomes

Ten medium term outcomes were identified to track progress against key indicators of early year's health and wellbeing. Six of the ten were existing outcomes with indicators that are being tracked as part of the East Lothian community planning process. In the case of improving readiness for learning a proxy indicator of the PIP scores at P1 for both Mid & East Lothian is suggested. No indicator for improving emotional wellbeing has yet been identified, and increasing the number of health impact assessments has been superseded by Equality impact assessment.

Action Learning

As described above Action Learning has been a key tool for generating a shared learning experience for those most directly involved in the test site – Service and Strategic Champions.

Action Learning has presented challenges for Champions in terms of the commitment required, and it does not suit everybody's learning style. It has however supported the development of a shared understanding within the Champions' network and generated action for individual Champions and groups within the network.

Manager Briefings

Short (two sides of A4) briefing aimed at service managers were issued on a six monthly basis to keep key managers and staff informed of the test site progress.

Good News Stories

Case studies of good practise developed by the changexchange team and circulated to champions network service managers and politicians

Reports to Council

Regular reports have been given to East Lothian Council on the test site approach, progress and key developments.

Learning Events

A range of seminars, conferences and workshops have been held over the course of the test site, to support wider learning on the evidence base for improving health inequalities in the early years. The need for these sessions has been identified by Champions and other staff members working with the test site.

Presentations at National and Regional Conferences

The lead officer, Board members, operational Steering Group members and service champions have given presentations to a wide range of bodies on the approach taken by the test site its successes and challenges,

Web Log

The Support from the Start blog has regular updates on work taken forward in the test site as well as discussion about learning and research relevant to the work of the test site. The blog has had over 6000 unique visitors and over 15,000 page views.

Ning.

The ning website has been updated on a regular basis with posts from the East & Midlothian test site on a regular basis

Voxur Unit ('Little Brother')

The Voxur Unit has been used to capture the views of staff and community members largely at 'Civic Conversation' events, but also for Forest School / Kindergarten.

CHANGEXCHANGE

Is a collaborative research project consisting of practitioners from NHS Lothian and East Lothian Council working alongside academics from Queen Margaret University. The overall aim of Changexchange is to understand how communities deliver sustainable change to reduce health inequalities in early years.

The key to ensuring long term change in service delivery is to establish what has made a difference both to practitioners and to those who are in receipt of the service. Changexchange seeks to evaluate the impact of Support from the Start initiatives, by identifying changes which have taken place within families, practice and service delivery. Information will be gathered by a variety of research methods including questionnaires, focus groups and individual interviews.

The output from the research will highlight changes which have taken place within families, staff, communities and organisations, detailing examples of good practice and will be used to inform future service delivery both locally and nationally.

Changexchange is developing a resource based on the evaluation of the test site that will be promoted to community planning partnerships in Scotland and other partnerships on a UK and International basis. The resource will explore the factors that have allowed Support from the Start to generate a service redesign process which, in a relatively short period of time, had measurable impact on children and families

Implementing Support from the Start – Lessons Learned

Profiles of the test site in East & Midlothian were developed by a national evaluation team based on interviews with key individuals and attendance at planning events. Much of what follows is drawn from those profiles.

Success Factors

Support from the Start has resulted in significant progress in redesigning services to address health inequalities. There are a number of underlying factors which have contributed to the success of the test site to date. Key factors include:

- **Local ownership** - The test site was aligned with the existing priorities of East Lothian Council and the NHS. There was already a shift towards focusing on early years, and the test site offered a timely opportunity to align local and national objectives.

'It was not imposed from the outside'.

- **Senior commitment** - Key senior and influential individuals have really bought into the test site approach. This includes senior councillors, departmental heads and managers, and senior staff at the local university. These influential individuals are also on the Senior Planning Board for the test site, and are able to cut through bureaucracy and access support in a flexible way. Scotland's Chief Medical Officer, Dr Harry Burns launched Support from the Start, and his input appears to have strongly motivated senior level officers and elected members.
- **Committed individuals** – Service and Community Champions have been a critical success factor. These were initially self selected, and were willing to participate. Being designated as Champions gives them status, authority and legitimacy. The dedicated co-ordinator was also seen as a key driving force for the test site.

'The test site has provided a vehicle for some very enthusiastic and committed individuals to step up to the plate.'

- **Commitment to learning** - Learning has been built into the Support from the Start approach from the outset. The test site has a well used website, with regular postings including blogs, reports, photographs and Voxur video recordings. The Action Learning Networks for Community and Service Champions have also provided opportunities for learning, networking and sharing experiences. These were generally seen as effective, although one consultee suggested that there may be simpler and less expensive ways of bringing people together. The Changexchange evaluation will also help to build learning into future work.
- **Real joint working** – Relationships between organisations were already positive, with many people working jointly before the test site. However, people have seen real changes as a result of joint working through the test site, and in many cases enduring linkages have been built between people and organisations.

'We have moved from a talking shop or amorphous research group to a really grounded approach.'

- **Mainstream resources** – The focus of the test site was on using mainstream resources to tackle health inequalities. Partners have been committed to investing staff time in the approach, which has required significant staff resources, and have been committed to changing what their organisation does.

Challenges and Barriers

Like any new way of working, the test site has experienced challenges and barriers along the way. The key challenges are:

- **Ownership across all staff** - Although there is strong support for the test site, it has been challenging to achieve buy in and ownership at different levels. This gap in ownership at certain levels was recognised, and a development session was held bringing together members of the Senior Board, Operational Board and Service and Community Champions. The aim was to build a joint vision for the test site, and work to enhance ownership and involvement. This event was well received and resulted in further work to build links between senior decision makers, managers, and front line practitioners.
- **Maintaining momentum** – The test site has developed deliberately in a very organic way. Individual Service and Community Champions have played a strong role in making things happen. This has been positive, but in some cases has caused some challenges with sustaining momentum, and keeping track of progress. Work on some topics has progressed very quickly while others haven't really taken off. This has depended very much on the Champion involved, and the level of interest from all stakeholders.
- **Communication** – As the test site has involved a range of diverse activities, there have been some challenges in ensuring effective communication – both internally and externally.
- **Evidencing impact** – The test site has included an evaluation element (the Changexchange). However, consultees mentioned that it was important to establish the impact that the test site was having, without overstating this. Consultees in a national evaluation of the test site felt that the test site built on previous work over the years, focusing on ill health, deprivation and early intervention, and it was important to establish the impact of the test site itself.
- **Strengthening community involvement** – Communities, and particularly Community Champions, have been actively involved in the test site. However, consultees felt that this involvement could be strengthened – with Community Champions playing a bigger role. Some Community Champions were unsure how they could contribute to the test site – but very willing to do more. Some consultees in the evaluation suggested that the process of selecting Community Champions was 'a bit rushed' and could have been more robust.
- **Equalities** – There was no Equality Impact Assessment undertaken as part of test site development. Most consultees in the evaluation were resistant to defining or targeting 'equalities groups' or people experiencing multiple disadvantage due to personal characteristics. There was a strong focus on disadvantaged areas and early years, and some consideration of disability and gender. However, there was limited consideration of other equalities issues. In response to the feedback from the national evaluation an EQIA is planned for 30th May 2011 to look to broader equalities issues in the development of Support from the Start.
- **Organisational targets** – Consultees in the national evaluation within the NHS emphasised that the NHS was 'very target oriented'. These targets are generally focused on resolving problems once they have happened, rather than prevention and early intervention. Consultees felt that more work was required to ensure that early intervention is seen as 'a legitimate use of existing resources'.

'The Government needs to legitimise agencies to take this on as core enterprise, with the blessing of government.'

- **Financial environment** – The test site has operated during a time of increasing financial pressures. Partners felt that as times became particularly challenging in

2011/12, there was a danger that organisations would look for immediate savings rather than thinking about the long term. Partners were keen that there continued to be discussion about creative ways of sharing services, despite the financial environment.

- **Time** – The test site could not have operated effectively without partners being prepared to invest significant staff time in the approach. Many of the practical challenges raised by consultees were related to time – with many suggesting that this was a major project for one (part time) staff member to lead, and for Champions to take on over and above their other responsibilities. Consultees emphasised that this did not mean they felt that more financial resources were required, simply that some of the issues encountered were due to time pressures on staff across all organisations.

'Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.'

Support from the Start Presentation, October 2010



Most Significant Change

- **Raising the profile of early years** – The test site has helped the NHS to think about wider outcomes beyond health, and recognise that ‘the determinants of health and wellbeing are multi-faceted’. It has helped the Council in East Lothian to place early years and targeting at the forefront of its agenda, with strong political buy in. Both organisations have a network of active Champions, promoting and sustaining this investment in early years.
- **Leadership within organisations** – The network of Champions, supported by strategic leadership, has been critical in changing the way services are delivered. The Champions have the power to take decisions about activities and funding, resulting in many practical changes. This has all been achieved with very small amounts of money through the Development Fund.
- **Working with communities** – The test site has focused on involving communities in planning and delivering services – ‘getting away from the whole idea of dependency, to a collective service where users are partners in producing the service.’ Communities have a sense of ownership of test site activities, which should make them more sustainable. There is now an ongoing dialogue between communities and service providers.
- **Joint working across services and organisations** – Support from the Start has “started to break down silos”, with all organisations beginning to contribute to wellbeing. There is recognition that all have the interest of the child at the heart, and services are working together on a shared agenda.

‘There is a notion of shared enterprise. We are really making a difference.’

- **Tangible changes in communities** – Many consultees pointed to the real changes which the test site has brought about, improving quality of life for children and their families. The changes mentioned generally related to communities being involved in planning and delivering new activities or services, such as play services or support groups.
- **Linking to national agenda** – Local and national priorities fit very well, with a strong focus on early years and early intervention at a national level. This meant that while consultees feel that the test site fits well with national priorities, it does not feel imposed from above – with the same thinking going on at a local level. Many mention the critical role that Scotland’s Chief Medical Officer, Dr Harry Burns played in motivating staff, elected members and communities at the launch of Support from the Start.

The Future

Support from the Start in East Lothian will continue during 2011/12. It has received funding from the Scottish Government for this year, and will focus on continuing to develop effective pathways for early years services to tackle health inequalities.

East Lothian Council and the NHS in East Lothian are strongly committed to the Support from the Start approach, and believe that this approach is sustainable. There is strong political support, with four Council Cabinet members sitting on the Planning Board. Senior politicians have worked hard to build support for early years and early interventions across the local authority, and raise awareness among the Council administration.

Consultees in a national evaluation of the test site believed that those involved in taking decisions about funding in East Lothian were now very aware of the need for early intervention. This means that early years will continue to be a priority, and changes to mainstream budgets introduced as part of the test site are likely to continue. For example, resources are in place to ensure that the Place2be initiative in schools in disadvantaged areas continues for the next three years.

Consultees in a national evaluation of the test site were generally positive that the Council and NHS would find the resources required to continue to support the test site infrastructure – largely the co-ordination role, the Champions Network and the Development Fund. Partners did not think that it would be challenging to identify a lead officer to support the Champions Network on an ongoing basis. It has been easier to do this with extra funding available, but partners were confident that they would be able to identify a suitable person to take on this role regardless. There was also confidence that the Development Fund would continue. It is likely that the future fund will be considerably smaller, but there is commitment to continue in principle.

There were varying levels of concern about financial pressures. Many consultees felt that there were challenges, and that there was a danger that joint working would be compromised as “we all start to retreat into our own areas.” However, many also felt that East Lothian was in a relatively strong position generally.

In addition, some consultees felt that any reduction to early years’ activity would not be as bad as in other areas of work, due to strong political commitment to Support from the Start. Partners highlighted a strong commitment to continuing to target activities at the most vulnerable, rather than focusing on universal services.

Consultees in both the NHS and Council suggested that financial pressures may actually help encourage organisations to share services. For example East and Midlothian’s Education and Children’s Services departments are currently exploring options to work together more closely. This could link with, and complement the Support from the Start approach.

Many consultees stressed that while there was strong local commitment, early intervention and early years needed to continue to be championed at a national level. One consultee suggested that it would be useful to have a specific national outcome about early years and equality, which would provide a focus for this type of work, and challenge others to really think about it. Another suggested the need to recognise the value of working with communities to plan and deliver services, at a national level.

'The main requirement is legitimacy, that early intervention is a good approach to take.'

Replication

Consultees in East Lothian felt that aspects of their approach could be transferred to other areas. The key area which consultees felt could be replicated was the development fund – a small, shared fund focusing on innovation, could be of use to other organisations. This should be small – 'It's not just about spending the money' – and encourage organisations to use existing resources.

'It is a very small amount of money, but it has generated lots of activity and innovation.'

However, there was a strong warning that it is not possible to take a successful approach and transfer it without considering local context. Consultees highlighted the need for strong political support, local ownership and a clear logic for this type of work. Some consultees in the national evaluation in Midlothian had concerns about the way the approach had been initiated in Midlothian feeling that it was introduced as a result of high level staffing negotiations, rather than through senior and political commitment to the test site across the Community Planning Partnership. However, consultees did point out some positive outcomes in Midlothian. A series of Civic Conversations have taken place, and new activities introduced through the Service Champions and Development Fund. It has 'created a chance for people to come together and have a bit of creative space'. However, it has not yet resulted in significant service redesign.

Key Priorities for 2011 - 2012

In East Lothian mainstreaming of the test site approach will be a key focus for the Support from the Start Planning Board. The delivery of the Early Development Instrument over 2011 will support the Boards future planning for the year 2012 /2013. For the service champions recruiting new champions to replace staff who have moved on, and reinforcing the learning network supporting the champions will be key focuses. In terms of specific interventions / actions the champions are taking forward a range of work developed in the first two years of the test site. In particular champions are keen to build on the attachment based work, as well as to attempt to address the issue of crèche provision and the challenges this present services in terms of supporting parents. Champions will also be addressing wider equalities issues after the profile of the test site by the national evaluation team flagged this as a gap in the test sites development.

In Midlothian reviewing progress to-date and agreeing priorities for the final year of the test site is the key immediate task and this will be built on by generating a better shared understanding of readiness to learn in the target areas. Completing the outcome mapping process for improving readiness to learn is a key goal for the steering group.

Steven Wray
Lead Officer – Support from the Start
April 2011

Appendices

1. Test site Logic model
2. Development plan
3. Midlothian project initiation document
4. Service development fund report 2009 – 2010
5. Service development fund report 2010 – 2011
6. First Step Social marketing project monitoring report