Healthy Happy Bairns

Support from the Start

Community Empowerment & Health Inequalities
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Acknowledgements

We would like to thank the parents who gave of their time and wisdom in the development of this resource and to the local organisations who hosted the data gathering. We would also like to acknowledge the energy and innovation all of the champions involved.

We would also like to acknowledge the research support of the Firefly Research Group at Queen Margaret University:
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When asked what the early years’ health outcome should be, the majority of Scottish parents indicated that the most important outcome for them was to have healthy, happy children. This was typified in this quote from a parent who lives in East Lothian:

“[We all need]...to make sure they’re healthy happy bairns” (parent, Tranent, East Lothian)

So powerful was this message that this resource is named after this single outcome. We would all agree that this is indeed an outcome we should all be striving for. The question then becomes how does Scotland support our children to be healthy and happy? Moreover, how can this outcome be achieved for the most vulnerable children who come from deprived socio-economic circumstances? The answer is complex. The view of the scientific community is now robust and indicates that chronically raised stress is associated with deprived socio-economic circumstances. Antonovsky’s\(^1\) concept of creating health through supporting individuals to understand their social environment, and to take control of it, seems an important mechanism for reducing stress. Improving Scotland’s health should, therefore, involve developing methods to increase resilience in our young people, and supporting adults who lack the incentives to engage with their social environment to do so. This view focuses on an assets model, which accentuates positive capability within individuals and supports them to identify problems and activate their own solutions to problems they themselves identify\(^2\). This view encourages the full participation of local communities in the health development process.

The Scottish Government’s Equally Well National Programme\(^3\) is based on these principles. Equally Well sets out an ambitious and radical programme for change across the key priority areas of health inequality of children’s very early years. Local test sites are a key way in which the Equally Well recommendations have been taken forward. These are areas where local authorities and their community planning partners improve on both the reach and impact of local services within existing resources, implementing ideas from frontline staff who deliver services, and from the people who use these services. The test sites approach embodies the new relationship between central and local government in Scotland: a shared vision for high level outcomes, and effective local action to help achieve those outcomes.

Through an Equally Well test site called “Support from the Start”, East Lothian rose to this challenge and committed to transform joined-up local service responses to health inequalities in Prestonpans, Musselburgh East and Tranent. East Lothian has a long track record of progress in this area, and “Support from the Start” provided a further impetus to create significant positive gains for children and their families. “Support from the Start” was built on areas of strength in East Lothian, namely community engagement, leadership and learning.

2 - Annual Report of the Chief Medical Officer, Health in Scotland 2009: Time for change, Scottish Government
Queen Margaret University completed a formal evaluation of “Support from the Start”. Queen Margaret University has a long history of creating meaningful engagement with the communities it serves, through socially relevant research. Queen Margaret University has built academic excellence through values that are consistent with an Equally Well agenda and are inclusive of social responsibility, demonstrating respect, care, social justice, equity and fairness. Queen Margaret University’s innovative Firefly research team, led by Professor Forsyth, has created joint academic/practice structure to ensure that socially relevant research is completed at the front line of public sector services. This research team also ensures that research findings are simultaneously translated and used by the public sector to further enhance benefits to service users. Within the Firefly philosophy, Professor Forsyth set up the ChangeXchange research team to carry out the evaluation of “Support from the Start”. ChangeXchange were also charged with creating a resource from the evaluation findings to share with both East Lothian (to further enhance their efforts) and nationally, to support other Community Planning Partnerships tackle health inequalities.

This collective effort in East Lothian has created significant outcomes for children and their families. Children who were involved in “Support from the Start” had new-found confidence, improved social relationships, were better equipped to cope with change, were more ready for school, and benefited from a more structured, and more settled, day/ family life. Parents involved in “Support from the Start” improved their relationships with their children, were more able to avoid significant mental health issues and become less stressed, were more able to cope with life events, experienced an increased level of personal confidence, and were able to find support from extended social networks.

We know this “Healthy Happy Bairns” resource will be a source of ideas and inspiration for a range of professionals and organisations seeking to make a difference to health inequalities in the early years. We recommend that practitioners, managers and leaders take the learning and use it to make the changes required to create a positive impact in the early years experience of all children, so that they can secure a stable, healthy and happy future.

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Foreword
The Scottish Government’s Equally Well National Programme sets out an ambitious and radical programme for change across the key priority areas of health inequality of children's very early years. Through an Equally Well test site called Support from the Start, East Lothian has been transforming local service responses to health inequalities in Prestonpans, Musselburgh East and Tranent. This resource is the outcome of a formal evaluation of Support from the Start by the Changexchange research team at Queen Margaret University.

The Changexchange team completed a comprehensive evaluation inclusive of qualitative and quantitative research methods. Parents were engaged in focus group experiences to allow them to share their views in a supported environment. Focus groups are particularly helpful in eliciting user needs and feelings and, therefore, provide a rich source of information about people's experiences and views of services and possible areas for improvement.

Service champions completed a FlightGate tool (step 1) which is a self rated appraisal of their engagement in their service champion role. They then completed FlightGate tool step 2 which involved a discussion and a joint rating with a mentor. The process of Step 2 led to the setting of action plans focused on how to improve their engagement in their service champion role. The step 1 and 2 data was then quantitatively analysed. Service champions who were identified from the analysis as the most engaged in their service champion roles, were identified for follow up in depth interview. The interview provided a detailed understanding of why they were able to engage so fully in their role. The lead officer of Support from the Start was also interviewed to add to the understanding of how the Support from the Start process was developed and progressed.

Below is an outline of the main learning identified through this Changexchange evaluation which is also illustrated in Figure A.

What have we learned from parents?
- Parents had a very strong, positive sense of community and felt strong consistent relationships with staff to be vital
- Co-location of services was thought to improve communication and transition, and local organisations were considered more flexible and responsive to local needs
- Parents thrived on local social support networks which helped them support each other and built up their identity and their resilience
- Positive parental mental health alongside strong social networks was recognised by parents as essential to wider family and child health
- Parents understood the importance of boundaries, realistic expectations and social interaction for their children as well as the crucial importance of a stable home environment and the value of honesty, courtesy and respect
Parents wanted inputs that were useful, relevant and consistent, delivered locally and accessibly by committed, open staff;

Transport and costs both limited community empowerment

What have we learned about Support from the Start structure?

- Learning from government is more potent when delivered face to face by informed passionate people who inspire local leaders.
- Strategic leads need to both endorse and be visible in the health inequalities agenda
- An approach inclusive of leadership learning and community engagement, is put in place with clear lines of accountability
- Support structures need to be in place to facilitate shared learning
- It would further improve the dissemination of learning if the process had involved operational managers of front line staff being accountable for the early years health inequalities agenda
- It is pivotal that when you are trying to empower a community you name the process and ensure buy in/commitment to “the brand”
- Devolve budgets are pivotal to frontline staff who are then accountable for its impact
- Outcomes can be achieved by giving permission to frontline staff to get on with what they believe will make a difference

What have we learned from Service Champions?

- The majority of Service Champions were effectively engaged in the change initiative and were ready for the change.
- There was a range of engagement in the change initiative (from not engaged to very engaged)
- The most difficult issue for Service Champions was “confidently prioritising time”
- Front line practitioners have benefited from peer support through shared learning opportunities and from a greater degree of accountability for a locally based budget.

High performing Service Champions demonstrate:

- A history of being active in previous innovation
- A feeling of reward through innovation
- Confidence in their ability to make change, curiosity about change, and demonstrate a high level of value in change
- Ability to prioritise time
- Active engagement with a mentor and their support network
- Momentum with change despite environment challenges
- An ability to piece together new practice based knowledge

To support champions organisations need to:
- Have a shared vision
- Carefully select Service Champions
- Consider all managers building an
Executive Summary

- Identify as a service champion
- Provide opportunities to have access to a mentor and a learning set
- Have managers who endorse taking time out for learning/planning
- Devolve authority to make small scale local investment decisions
- Allow opportunity for failure and to report on learning.
- Ensure that all partners are represented strategically and support champions

What have we learned about the outcomes that can be achieved?
- Health outcomes for parents can be immediate which will have a positive long term impact on children, parents and practitioners
- Children can benefit from new found confidence, improved relationships and less anxious parents
- Children can be better equipped to cope with change and are more ready for school
- Children can benefit from a more structured day and a family life that is more settled
- Parents can benefit from improved relationships with their children and their partners
- Parents can be more able to avoid significant mental health issues and become less stressed and more able to cope with what life throws at them
- Parents can benefit from increased levels of personal confidence, extended social networks and be able to take on new things
- Families can benefit from a normal family life with confidence to do new things with their children and improved relationships within the family

In hindsight, what could have been done differently?
- Establish a process to provide the opportunity for one to one mentoring with service champions from the outset
- Strengthen engagement of operational managers
- Strengthen planned rather than reactive communication opportunities between services and strategic champions
- Greater clarity about the role of community champions
- A more structured strategy for reporting directly to communities in the target areas
- Develop stronger external communication strategy about early years and health inequalities
- Assertively celebrate success with communities

Summary
Significant improvement in health inequalities outcomes can be achieved for children and their families through a community empowerment initiative
Executive Summary

Figure A: ChangeXchange Model of Community Empowerment

Areas of Mainstream Innovation

Organisation needs to:

High Performing Service champions

- Empowering Partnership
  - Staff
  - Families

- Feels rewarded
- Confident
- Pieces together new knowledge
- Provide mentors

- Active in previous innovation
- Prioritises time
- Sustains momentum
- Accesses support network
- Endorse taking time out
- Provide learning sets
- Devolve authority
- Allow for failure
- Managers to identify as service champions

Short term outcomes

- Highly positive health outcomes for parents
- Families enabled to lead a normal and settled family life
- Children more ready for school
- Improved personal confidence and family relationships
- More resilient children with increased levels of confidence
- Increased accountability of service champions through the devolution of budgets

Long term outcomes

- Improved breastfeeding rates
- Lower incidence of smoking during pregnancy
- Higher education attainment figures
- Reduction in teenage pregnancies
Healthy Happy Bairns is the evaluation of Support from the Start in East Lothian and the product of a collaboration with Queen Margaret University in Edinburgh called ChangeXchange (Appendix 1). The main aim of ChangeXchange was to report on and evaluate the Support from the Start (SftS) initiative, an Equally Well test site in East Lothian, and to understand how communities can deliver sustainable change to reduce health inequalities in early years.

**East Lothian**

East Lothian is an area to the east of Edinburgh in Scotland with a population of 94,440. It is approximately 270 square miles in area and has 43 miles of coastline. It extends from Musselburgh, immediately east of Edinburgh’s suburban edge, eastwards to Dunbar on the east coast and south to the Scottish Borders. From the coastline of the Firth of Forth, an agricultural plain extends southwards to the Lammermuir hills.

While health and wellbeing in East Lothian is generally positive, there are variations within the county which highlight considerable health inequalities. Recent data show that children in some geographical areas of East Lothian (Prestonpans, Tranent, and Musselburgh East) are exposed to a higher than average range of factors that may lead to poorer health in later life. These include lower breastfeeding rates, higher incidence of smoking during pregnancy, lower education attainment figures and higher numbers of teenage pregnancies. It is these geographical areas, these communities and these families which have been targeted and empowered by being engaged with SftS.

**Support from the Start**

Support from the Start grew out of Equally Well, the Scottish Government’s response to the challenge of addressing health inequalities, and was set up to generate critical learning about ways to break the link between disadvantage in early life and inequalities in health. It has a focus on early years and empowering communities through civic conversations; on mainstream service change as an outcome; and with Service Champions as agents of that change. It is East Lothian’s contribution to the national Equally Well initiative and is specifically focused on the need to prevent the risk of disadvantage in health outcomes being passed from one generation to the next.

This resource describes, analyses and evaluates SftS community empowerment, what it takes to support the development of “healthy happy bairns”, and has the following sections:

**What is the right change?**

Parents were asked what was important to them to ensure the best possible health outcomes for their children. Key issues that emerged were transport, access to services, and...
and the strength of their local community. Parents also relied on high quality local services run by committed, local, open workers and valued their relationships with them highly.

While they valued honesty, courtesy and respect and had some concerns about negative external influences on their children, they thrived on strong, local, social support networks. They had a good understanding of the importance of consistency, boundaries and a stable home environment for their children.

Good mental health as well as access to affordable, quality food and exercise opportunities was also highly valued.

**What was the change?**

The range of Support from the Start developments and initiatives across the targeted communities is outlined with case studies and examples of good practice. The story of Support from the Start, how it began and how the process evolved over time is told, including details of the structures that have evolved and the philosophy for community empowerment that has been developed. This includes community engagement, learning and inclusive leadership with clear lines of accountability and support structures in place to facilitate shared learning.

Strategic leads need to champion the health inequalities agenda and this is enhanced with the involvement of operational managers.

Devolution of budgets, authority and permission enhance local creativity and accountability.
How ready for change were Service Champions?
A study of the Service Champions identified that the majority of Service Champions were effectively engaged and ready for change, although there was a range of engagement, from ‘not engaged’ to ‘very engaged’. The most difficult issue for Service Champions was confidently prioritising time.

High performing Service Champions demonstrated a history of innovative action and felt rewarded through this. They had confidence in their ability to make change, a curiosity about change, and demonstrated a high level of value in change. Despite difficulties they were able to prioritise time and used an active engagement with a mentor and their support network to maintain momentum and piece together new practice based knowledge.

To support champions, organisations need to have a shared vision; carefully select Service Champions; consider all managers as Service Champions; provide opportunities to access a mentor and a learning set; endorse taking time out for learning/planning; devolve authority to make small scale local investment decisions; and allow opportunity for failure and to report on learning.

What impact have the changes had?
Most importantly the impact on children, parents and families as a result of having been involved in a Support from the Start initiative
is examined. The key findings identify increased levels of confidence both in children and parents, and a significant improvement in the mental health of parents involved in the groups.

Children were better equipped to cope with change, more ready for school and benefited from a more structured day and a more settled family life.

Parents benefited from improved relationships with their children and their partners and were more able to avoid significant mental health issues, less stressed and more able to cope with what life threw at them. Parents also benefited from increased levels of personal confidence, extended social networks and were more able to take on new things.

Families benefited from a normal family life with confidence to do new things with their children and improved relationships within the family.

This resource also provides practitioners with ways of learning for community health partnerships to tackle the issue of health inequalities in the early years.
Introduction

How can this resource be used?

**Self appraisal tool**
There is a self appraisal tool in Appendix 2. This will allow for critical appraisal of the elements required when embarking on a health inequalities initiative.

**Self reflective questions**
In addition there are a series of self reflective questions below which are intended to stimulate dialogue around critical issues which provide the foundation of a health inequalities initiative.

These questions can also be found at the end of each chapter in a workbook format to support groups and individuals to engage with the information presented in this resource.

**Strategic**
- How can organisations recognise the strengths of the communities they are working for and to seek to utilise and build on these strengths?
- At a strategic level, how do you ensure sustainability of the shared vision?
- How can organisations create ways of staff meeting, sharing ideas and supporting each other?
- At a strategic level, how do I work towards sustainability and mainstreaming of these changes?

**Operational**
- How can operational managers value and prioritise staff time spent with parents and local communities in understanding their needs and issues?
- What can I do as a manager to enable initiatives to be developed?
- How can operational managers engage with change initiatives?
- As a manager, what can I do to ensure staff can work in new and different ways to bring about changes for children, parents and families?

**Practitioner**
- How can practitioners best listen to and develop high quality relationships with local people and communities?
- How do I begin to address health inequalities as a practitioner?
- How can your organisation support innovation?
- As a practitioner, how can I change my practice to bring about changes in health outcomes for children, parents and families?
Chapter 1
Is it the right change?

What do parents say is needed for them to feel empowered about their health and the health of their families?
Is it the right change?

“At the end of the day we’re parents you know, we’re responsible for our own children ourselves...we’re responsible for our own family” Local parent

“Listening to parents is critical to policy, planning, and delivering effective services for and with families” Councillor Ruth Currie - Cabinet Member for Community Wellbeing

What have we learned?

- Parents had a very strong, positive sense of community and felt strong consistent relationships with staff to be vital;
- Co-location of services was thought to improve communication and transition, and local organisations were considered more flexible and responsive to local needs;
- Parents thrived on local social support networks which helped them support each other and built up their identity and their resilience;
- Positive parental mental health alongside strong social networks was recognised by parents as essential to wider family and child health;
- Parents understood the importance of boundaries, realistic expectations and social interaction for their children as well as the crucial importance of a stable home environment and the value of honesty, courtesy and respect;
- Parents wanted inputs that were useful, relevant and consistent, delivered locally and accessibly by committed, open staff;
- Transport and costs both limited community empowerment

Chapter Overview

This chapter aims to answer the question of whether the change on offer from Support from the Start (SfS) is the right change from the perspective of parents. What changes do local people want to see? If communities are to be empowered their perspective must be listened to and understood. A key lesson from “Joining the Dots” by Susan Deacon¹ is that if you bring people together, give them the time and space to offer their ideas and suggestions, and resource and empower them to take their ideas forward, they will have a great deal to offer. This chapter is split into sections which reflect what parents told us about their needs, their issues and their views.

Community empowerment: What do parents need?

This section focuses on strong parental views which specifically identify what the health needs are for themselves and their families.

Barriers to community empowerment: Parental Issues

This section illustrates the everyday challenges faced by parents in supporting their families to feel empowered about their own health.

Facilitators of community empowerment: The views of parents

This section identifies from a parent’s perspective what is fundamental in supporting them to be proactive within their own community to reduce health inequalities.

Community empowerment - What do parents need?

Community support

Most parents noted the importance of peer support and social networks to support their ability and capacity to be good parents, and to share ideas, concerns and issues. The use of a range of often linked networks centred around their children, their wider families and their local community was heavily emphasised by many parents. Also deemed important was the quality of support available from peers who could be relied upon to understand their perspective. The importance of this social and peer support, rooted in developing relationships within the local community, was a key aspect of the positive benefit that many parents felt they got from taking part in SftS. It was important to parents that this support could be available outwith their own particular support group or initiative, and that it could continue beyond the end of the SftS group itself.

This complex web of support was, to an extent, a natural extension of the community spirit identified by many parents that built up a strong sense of belonging, friendship and mutual support (Fig. 1).

This network of support took the form of extended and overlapping groups of mutual help, support and trust which radiated out from the initiative or resource that the parents were currently engaged in. The friendships which resulted from the contacts made helped parents to cope better with their children, as they could talk through issues with a close confidante who could be relied upon to empathise and understand. This chimes strongly with the finding of the Growing Up in Scotland (GUS) survey report on the factors that protect parents’ well being and build resilience.

Figure 1 Community Support

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Is it the right change?

Family Life
When discussing family life, parents talked about consistency, stability, morality, social networks and positive parental mental health, as well as covering some lifestyle topics.

Consistency
Almost all parents stressed the importance of consistency with regard to their children. Without a reasonable degree of consistency, the applications of boundaries and the setting of realistic expectations, most parents felt that it was hard for their children to learn and to make healthy choices (Fig. 2).

This applied both within the home and within the SftS group which their child attended. The parents noted benefits both from the SftS group and from the parents themselves adopting credible, achievable and consistent approaches with their children, and that these benefits were useful for the smooth working of the SftS group and the promotion of positive behaviour in the home environment. There was a level of self reinforcing behaviour which was recognised as positive and worthy of promotion and development.

Figure 2  Consistency

Parents understood the importance of boundaries, realistic expectations and social interaction for their children.
Secure, stable environment
A secure and stable home environment was noted by nearly all parents as having a strong and positive impact on a child’s health and his or her health prospects as they grew up (Fig. 3). This was viewed as arguably the most crucial factor, which, if in place, could compensate for lacks or deficits elsewhere. However if this was not available in the home environment parents thought that it would be very difficult to compensate for elsewhere.

Figure 3 Secure, stable environment

"Somewhere secure to live. They’ve got their needs met at home. A secure, structured family”

Stable home environment basis for all else

Parents understood the crucial importance of a stable home environment.
Is it the right change?

Moral values

All parents were very clear that they had a responsibility to ensure that their children had the best possible start in life and that they should ensure that their children grew up knowing the difference between right and wrong. They felt that it was their role as parents to instil this in their children and that its roots were in the home. They were concerned that their home life should act as a bulwark or buffer against the greater uncertainties thrown up at times by the external world (Fig. 4).

Most parents felt that key to the development of moral values was having open and honest relationships with their children as they grew up, and giving them increasing degrees of responsibility for their own behaviour to help them to make informed and positive life choices as required.

Parental mental health

A number of parents were very clear that parental mental health was significant in its impact on their children’s health, although they were concerned that this was not always recognised by all professionals. This was also a finding in the Growing up in Scotland report¹.

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Figure 4  Moral Values

![Moral Values Diagram]

Parents understood the value of honesty, courtesy and respect.

Figure 5  Parental mental health

![Parental mental health Diagram]

Positive parental mental health understood as essential.
They expressed a strong belief that a mother with depression may find it difficult to bond with her baby and that this will have significant negative impacts for the future.

They had a very clear understanding of the importance of good parental mental health for the future wellbeing of their children (Fig. 5).

**Social networks**

For parents this was closely related to the significance of positive parental mental health. Being able to socialise as a parent helped them to share problems and concerns and had positive benefits for a parent’s health and well-being. One of the key risk factors in raising a child was the risk of isolation, which could only be overcome if there was a good selection of opportunities to socialise with a range of other people in both similar and less familiar circumstances (Fig. 6).
Is it the right change?

Parents were very clear that if, as a parent, you are coping well with life and you have a wide ranging network of supports, then you are much more likely to be able to provide a strong and nurturing home environment for your children.

Diet & Exercise

All parents in each group stressed the importance of a healthy diet in the context of family life, lifestyle and eating patterns. This included avoiding some foods like sweets and fizzy drinks and encouraging children to eat more fruit and vegetables. This was also thought to be quite difficult at times and it was often easier to know and to state what a healthy diet is, than to practice the same, day in and day out, in the face of some difficult social and financial pressures.

Having access to a low-cost supplier helped families provide a more balanced diet and encouraged parents to do more home cooking. The SftS service provided by Roots & Fruits, a local community food initiative, was mentioned positively by many parents.

The opportunities provided by SftS services such as Roots & Fruits also encouraged children to experiment with and to taste new foods. This often placed them in a key position to change what their families or parents ate, through encouraging their parents to buy new food items after experimenting themselves (Fig. 7).

Exercise, and access to suitable exercise and activity facilities, were both recognised as important factors in keeping your family and your child healthy. The opportunity to play in a safe, secure and free spirited manner outdoors was much valued, along with access to organised play and physically active leisure activities supported by the local authority through education, community development or leisure and recreation.

1 - For more information http://edubuzz.org/blogs/rootsandfruits/
Content of service provision

This section covers:

- **Content**: related to what topics and issues were covered by the initiatives and what choice and ownership parents had over this
- **Location**: where the initiative took place
- **Staff**: by whom was it led or delivered

**Content**

The content of any service provision for parents and young children was considered important by parents when looking at the influence it might have on the health of their children. Most parents were keen that the content should be helpful, informative and enjoyable for them, as well as being useful and practical for their children. The content needed to be relevant to their particular circumstances at that time and relate to them and their family’s interests and concerns.

Sessions which enabled parents to be better informed about their child’s health or which could support and enhance their parenting skills were seen to be important by many. Nearly all parents were keen to learn from perceived experts as well as each other, and valued when the experts involved also had some life experience of the issues that they covered.
As far as their children were concerned, being involved in activities which related to healthy eating, dental health and exercise were all seen by parents to have potentially good impacts on health outcomes for their children. They were keen that their children should get, take home, and be able to act on, the information and advice available.
It was also noted as important that the content was consistent over time, starting with groups focusing on and for the parents of very young children running right through to pre-school and on into primary school. The importance of consistency and the management of smooth transitions recurred in a number of areas with a number of parents (Fig. 8).

**Location**

Parents felt that it was important that services were accessible to them and located within their own communities whenever possible to be of most benefit. This sense of local ownership and control was an important issue for many parents. There were many concerns expressed about the inaccessibility or unavailability of certain services as a result of geographical isolation, along with limited access to suitable transport options, whether public or private (Fig. 9).

**Staff**

Almost all parents stressed that all groups, activities or initiatives would ideally be led by staff who were highly motivated, inspirational and most of all, who cared. This professional commitment to local people and the community manifested itself in many sometimes subtle ways but was often very obvious to local parents by its presence or absence.

Parents also felt strongly that practitioners working to support parents should be open and honest and be able to develop close and trusting relationships with all of the parents in the group. The communication, empathy, respect and relationship building skills of professionals were highly valued as was their experience with children and families, both professionally and personally (Fig. 10).

In essence, local parents wanted well planned, locally accessible services facilitated by high quality local workers.

**Figure 10  Staff with service provision**

Staff should be committed, open, honest and excellent communicators.
Is it the right change?

Structure of service provision
The structure of service provision focused primarily on access and quality, with issues relating to:
- Co-location
- High quality local organisations
- Relationship with professionals
- Healthy eating

Co-location
Parents in one area reported significant benefits for themselves and their children as a result of the co-location of the community centre and the local primary school. There were felt to be synergies which arose from this close proximity which would be hard to realise in any other fashion.

A major and tangible aspect of this synergy was that children experienced much more positive and effective transitions from community based activities into nursery. It felt far less like a transition and more like a smooth and natural progression, with information readily and easily passed from one setting to another (Fig. 11).

Parents also felt the benefit of this proximity and connectedness as they reported that they were more aware of what was going on in each setting, and therefore felt better able to support their children through the process of change, which felt quite minimal to most.

Figure 11  Co-location of service provision

"Nursery and playgroup can see each other."
"The community centre and then the playgroup all do their visits to the nursery because it's, we're all so sort of close together, so that's a huge advantage."
"I think the good thing about here is the community centre, whereas the community centre being actually in the school is a good thing."

Co-location of services improves communication and transition.
High quality local community organisations
Most parents reported that they benefited from access to a local facility or community organisation which was well run, approachable, and accessible, and staffed by knowledgeable staff who were able to respond flexibly to their needs (Fig.12). There was specific reference to SftS First Step, Roots & Fruits and Whitecraig Community Centre in this regard (see Chapter 2).

Figure 12  Flexibility of service provision

"I think First Step, and a lot of my friends who do live in communities that don’t have a First Step are jealous, very jealous..."

Local organisations are often more flexible and responsive to local needs.
Relationship with professionals

The importance of the role of the Health Visitor was noted by many parents. Parents were clear that having a positive and supportive relationship with their Health Visitors, both as individuals and as facilitators of groups, was good for the health of their children. Some concern was expressed however that some parents’ mental health needs could occasionally be overlooked by staff focusing solely on their children’s health, and that this in itself could have a negative effect on their children (Fig. 13).

Eating healthily

The majority of parents noted the importance of encouraging healthy eating habits, particularly through healthy snacks and the promotion of the consumption of fruit and vegetables. This was often supported through the work of SftS Roots & Fruits, a local community food initiative, in a variety of ways (Fig. 14).
They needed a sense of ownership and control over the content, delivery and location of service provision, with co-location of services strongly favoured, as well as stressing the crucial importance of the quality of local staff and the parents’ relationships with them. There is considerable overlap between the needs expressed by parents and the elements of transformational change outlined in the Scottish Early Years Framework¹.

Is it the right change?

Barriers to community empowerment

There were five main issues that emerged:

- Access, relating to how local and easily accessible a given service was
- Transport and the lack of suitable public transport options and limited access to private forms of transport
- Service provision, which was also identified earlier as a need
- Community resources, where the value of good local professional relationships and high quality local resources was again stressed
- External influences and moral values in society and the negative influence that these might have on their children

Access

All parents reported issues with access to resources which might have an impact on their child's health. In one area in particular the issue was to do with access to health services like the doctor and dentist. In some of the local communities neither service is present, and people have to travel to their nearest larger town to access them. This has significant implications for parents with young children, particularly those who are dependent on public transport (Fig. 16).

The need for physical and social activity was also noted as being important; however this was difficult for many parents. There were several references to financial barriers to community-based clubs and activities, with the cost of them being prohibitive to many especially non-working parents.

Transport

Parents in one of the communities identified transport as a significant issue for them, as parents of young children. To go to the dentist or doctor they have to travel to their nearest larger town, or further afield in some cases. Few of the parents had easy access to a private car, and many were highly dependent on public transport (Fig. 17). There were many comments that the bus service to and from the area was poor, unreliable and not easily accessible to parents with babies, toddlers and buggies. Even when there were services available it was not always possible to use them with buggies if the spaces for buggies were already taken.

Service provision

There were practical issues about the number of places available for children locally, particularly with regards to nursery places. Parents expressed concern that if their children were unable to get a place in their own community nursery, this would have an adverse effect on their transition to primary school (Fig. 18).

In addition there was specific concern raised at the SfS sleep clinic group that they felt that they only received support from their Health Visitor if their child was perceived to be at risk, and that sleep problems and post natal depression were not thought to be taken seriously enough by some health practitioners.
Is it the right change?

**Figure 16  Access**

"There's a lot of clubs in school but I can't afford to pay £12 every time for two kids, you know what I mean?"

"You've nothing local here; you've not got a dentist or a doctors' here."

Transport can be a major barrier to access.
Cost is also significant.

Transport and cost are important access issues.

**Figure 17  Transport**

Transport is a major issue and limiting factor for many.
It was particularly problematic for families with young children.

"The bus service up here's nonexistent."

"You really need to drive in..."

Transport especially limits access for families with young children.

**Figure 18  Service provision**

"When you do get somebody you can talk to they end up leaving or they stop working with you."

"Nobody wants to know unless you live in a deprived area or your kids are at risk."

"That's one thing I worry about, I'm just new to Whitemoors and my wee one should be starting nursery next year but I'm just worried they'll no be a space there for her."

Importance of consistent positive relationships with local professionals.
Concerns expressed when this did not work out.

The quality of the relationships with local workers was very important and valued.
Is it the right change?

External influences and moral values in society
For parents in all groups there were clear concerns expressed about the impact that external influences and pressures might have on their children as they grow. The availability of drugs and alcohol within their communities was a concern, as was the prevalence of vandalism and fighting. These fears were mostly focused on the future, and contrasted with parents’ earlier expressed views of the local area being a safe and secure environment in which to bring up children (Fig. 19).

Significantly, parents were also concerned about the lack of respect young people might show for each other and the wider community, especially as they got older. There was a feeling that you could try within the family to instil moral values, but that peer pressure and other external influences made that increasingly difficult. In addition, societal pressure, particularly with regard to the sexualisation of young girls, was also seen as an issue which could adversely impact on children’s health as they grow.
Is it the right change?

Figure 19  External influences and moral values in society

Parents were concerned about their decreased ability to shelter and protect their children as they grow.
Is it the right change?

Summary of Barriers to Community Empowerment

Parents were concerned about access and transport, which were issues that were identified across parents. There were particular concerns about access to dentistry services in particular, but poor transport infrastructure and limited access to private transport made access to many other services problematic.

Families felt safe and protected within their own local communities but were concerned about the perceived malign influences from elsewhere on their children, particularly as they grow and become more independent.

There was an unsurprising fear of the unknown, the ‘outside’ and the future expressed (Fig. 20).

Figure 20  Barriers to Community Empowerment
Facilitators of community empowerment

The responses in relation to parental views were broken down into aspects of:

- Coherence, covering parents’ strong sense of belonging and community spirit
- Positivity, looking at the need to remain upbeat and optimistic
- Positive professional relationships, stressing the importance of the relationships individuals had developed with key local professionals
- Service provision, the importance of high quality, well staffed and resourced, accessible local facilities.

The views expressed reflect what parents have gotten out of participating in SfTS and what they would like to see continuing into the future. They are expressed in largely positive ways, reflecting an asset model of health which is also gaining profile in professional circles. This positive model of building on local strengths harnesses the civic conversation, community champion and local service champion inherent in the Support from the Start approach of taking ideas and initiatives forward.

**Coherence**

Parents reported a strong sense of belonging to their community. All stated clearly that there were many advantages to living in a close knit, small community where everyone looked out for each other. Their experience of living in a small rural community was generally described in the most positive terms.

This sense of community had positive benefits for children, as parents felt able to give them more freedom and responsibility in the knowledge that someone would look out for them or look after them should something go wrong. There was a sense of mutually assured safety (Fig. 21).

At an individual level, through discussion about the importance of parental mental health and wellbeing, parents noted the importance of having a positive attitude and an optimistic outlook and having some sense of personal and community control over their health prospects.

**Figure 21 Coherence**

*Parents have a very strong and positive sense of community.*
Is it the right change?

**Positivity**
Nearly all parents were of the view that being positive about opportunities was important to them. The outlook of many parents about their families and their communities was positive, although this was mixed with a degree of fatalism and linked closely to their sense of both personal and community cohesion (Fig. 22).

**Figure 22  Positivity**

*“You have to laugh at the problems I suppose or break”*

A positive approach was considered to be protective

Parents felt that it was always better to be positive and optimistic.

**Positive professional relationships**
Some parents were clear that their relationships with the key professionals involved in the delivery of the service were vitally important. Their relationships with these key professionals were often expressed in life affirming and even life saving terms. For services to have a genuine and lasting impact, the professionals needed to be open, honest, approachable, motivational and in some cases inspirational (Fig. 23).

**Figure 23  Positive professional relationships**

*Good, strong, consistent relationships with professionals are vital*

*“I’m pretty sure I would not be with my husband and I’m pretty sure our relationship would have deteriorated and we’d be in a separation situation if it hadn’t been for the sleep clinic.”*

Strong consistent relationships with staff are vital.

**Service provision**
All parents noted the importance of having high quality, accessible and locally based services available to assist them in seeking to achieve positive health outcomes for their children. The staffing of these services was also deemed to be important, as parents stressed the need to have good relationships with staff. There were also benefits identified in having services co-located within the community with other service providers. This enabled continuity of provision and improved communication, both of which were perceived as having benefits for children (Fig. 24).
Summary of Facilitators of Community Empowerment

The views of parents were expressed in largely positive ways, which reflected an asset model of health. This asset model builds on the positive, health affirming aspects of everyday life and seeks to maximise them rather than mitigating the negative. This model of building on local strengths harnesses the civic conversation, community champion and local service champion models inherent in the Support from the Start method of taking ideas and initiatives forward. Parents were keen to continue to access the support they had gathered from their particular initiative as well as to make that support available to others (Fig. 25).

Figure 24  Service provision

High quality services staffed by high quality staff with good communication = improved experience for families.

Figure 25  Facilitators of Community Empowerment
Is it the right change?

Chapter Summary

Parents suggest that local people need and want to have good access to high quality, linked up local resources with strong relationships with committed local workers, especially Health Visitors in the early years. Their issues centred on access and transport and an unknowable, slightly scary and inherently uncertain future (Fig. 26).

They had strong views on the positive benefits of living in small, tight knit, well known local communities and the need for and difficulty of achieving consistent parenting in the home and elsewhere. They welcomed and valued committed local workers listening and responding creatively and imaginatively to their views. These views of local parents support the assertion that the changes put in place by Support from the Start, with service and community champions, civic conversations and local resources to respond creatively to local need, are heading in the right direction of being the right change.

Figure 26 Community Empowerment
Is it the right change?

What did we learn from parents?

- Parents had a very strong, positive sense of community and felt strong consistent relationships with staff to be vital.

- Co-location of services was thought to improve communication and transition, and local organisations were considered more flexible and responsive to local needs.

- Parents thrived on local social support networks which helped them support each other and built up their identity and their resilience.

- Positive parental mental health alongside strong social networks was recognised by parents as essential to wider family and child health.

- Parents understood the importance of boundaries, realistic expectations and social interaction for their children as well as the crucial importance of a stable home environment and the value of honesty, courtesy and respect.

- Parents wanted inputs that were useful, relevant and consistent, delivered locally and accessibly by committed, open staff.

- Transport and costs both limited community empowerment.
Is it the right change?

Key Questions

How can organisations recognise the strengths of the communities they are working for, and to seek to utilise and build on these strengths?

How can operational managers value and prioritise staff time spent with parents and local communities in understanding their needs and issues?

How can practitioners best listen to and develop high quality relationships with local people and communities?

See also self reflection tool in Appendix 2
Chapter 2

What is the change?

What does a health inequalities community empowerment initiative look like?
What is the change?

“Playgroup is giving kids with a bit of a disadvantage at home the chance to start learning and learning things that are different” Local parent

“The range of change initiatives that have taken place are wonderfully diverse and will make a lasting impact in our communities through building health resilience” Councillor Jacqui Bell - Cabinet Member for Health and Social Care

What have we learned?

- Learning from government is more potent when delivered face to face by informed passionate people who inspire local leaders.
- Strategic leads need to both endorse and be visible in the health inequalities agenda
- An approach inclusive of leadership learning and community engagement, is put in place with clear lines of accountability
- Support structures need to be in place to facilitate shared learning
- It would further improve the dissemination of learning if the process had involved operational managers of front line staff being accountable for the early years health inequalities agenda
- It is pivotal that when you are trying to empower a community you name the process and ensure buy in/commitment to “the brand”
- Devolve budgets are pivotal to frontline staff who are then accountable for its impact
- Outcomes can be achieved by giving permission to frontline staff to get on with what they believe will make a difference

Chapter Overview

This chapter covers the origins, philosophy and shared vision of addressing health inequalities in the county that is implicit in Support from the Start (SftS). The structure that was developed to support the change process is outlined, as are the change initiatives that were developed following one of three routes: the logic model/pathway mapping process; organisational change; and service champion empowerment. Each route allowed different ways of working to be tested and the learning from them was disseminated through action learning sets. Finally a summary of the range of change initiatives which have taken place, how they were structured and who is expected to benefit from them is given.

The story so far in East Lothian

In response to the Scottish Government’s call for local areas to test out different ways of addressing health inequalities, East Lothian was one of twenty-eight bids submitted to the competitive selection process. This bid was successful in being chosen as one of the eight areas across Scotland where partners and stakeholders would work together to improve health outcomes.

At the outset there was a commitment by politicians and senior managers to a shared vision for the children of East Lothian. This vision is about ensuring that all children have a better start in life, knowing that this will improve their life chances in later years. There was acknowledgment that policies and
practice to date had given a strong foundation but that in order to really change health outcomes for some of our youngest children, we would require services and communities to either do some things differently or do new things entirely. There needed to be a culture change which allowed managers and practitioners to ‘do things differently’. East Lothian has embraced that culture change and provided, through Support from the Start, an environment where change can thrive. A culture has been created which has enabled staff to take forward new ideas to senior management who have been supportive and given permission to test things out.

**Support from the Start**

Support from the Start is an early years health inequality initiative. The underlying philosophy is one of empowerment and engagement. The process should bring about improvements in health inequalities, using a community empowerment model, and by mainstream services being empowered to work in a different way. It is not a one-off project but is a process which will bring about sustainable change in service design and delivery.

**The Plan**

As it is widely acknowledged that health inequalities continue to exist in spite of many health improvement programmes and initiatives, it was decided that Support from the Start would begin to look at why important health messages were not being heard by parents and why services were not being either accessed or fully utilised. Support from the Start therefore focused on improving existing and / or developing new service pathways (Appendix 3a, b & c) for influencing health inequality in the early years which would ultimately achieve these outcomes. Using the best available evidence on effectiveness, SftS aimed to work with parents and their communities to review and where necessary develop and redesign services, thus enabling all children to access what they need to be confident, responsible and healthy citizens.

**The Location**

Support from the Start focused on five communities within the west end of the East Lothian. These communities were selected because, compared with the rest of East Lothian, they are known to experience significantly poorer health outcomes. The specific indicators which were taken into consideration were:

- Lower educational attainment at key stages
- Lower rates of breastfeeding
- Higher rates of smoking
- Higher rates of obesity
- Poorer dental health
- Higher rates of referral to child and adolescent mental health services
- More problems associated with alcohol and drug misuse
- Lower average age of first time mothers and more teenage pregnancies

From these indicators the short, medium and long term outcomes for SftS were drawn up (Appendix 4). It was recognised however at
What is the change?

the outset that it would take many years to
effect any measurable change in health
outcomes and that achieving short term goals
would indicate success in itself, as at least the
journey would have started.

The Structure
To guide Support from the Start from
inception through to reality, a Lead Officer
was appointed on a part-time basis from
within East Lothian Council Staff. The Lead
Officer reports to a Strategic Board which is
made up of senior managers from both the
local council and the Community Healthcare
Partnership, senior elected members from
East Lothian Council, a representative from
NHS Lothian’s Public Health Team, and the
Government’s Equally Well National
Programme Leader. The Board is chaired by
the Executive Director for Education and
Children’s Services in East Lothian Council,
thus emphasising the high strategic level at
which Support from the Start was situated.

At an operational level, the Lead Officer has
the support of a Steering Group which
consists of managers from both the Council
and the Community Healthcare Partnership.
Here he receives guidance, support and
advice regarding the implementation of plans.

The Parameters for Success
There are three key principles which underpin
Support from the Start’s empowerment
model. These are: Community Engagement,
Learning, and Leadership (Fig. 27).

COMMUNITY ENGAGEMENT
Community Engagement through Civic
Conversations
Many initiatives aimed at addressing health
inequalities have been driven by policy and
professionals, and have had little or no impact
on health outcomes. Support from the Start
set out to engage with people in a different
way and find out from them what the
important health issues were and how they
felt they should be addressed. The process of
community empowerment followed the
model of Civic Conversations.

‘Civic conversation’: a process by which
diverse groups in a community work together
to identify its aspirations, discuss its
possibilities and realise its potential.

The basic premise underlying the civic
conversation is that the way a community
talks to itself, how it forms its values, beliefs
and policies ultimately influences how it
behaves. Through the civic conversation we
discover where our understanding of the
situation is incomplete, we uncover new
possibilities, and we develop new insight and
enhanced understanding, making more
effective action possible.

It was envisaged that this process would
ultimately inform some of the change
initiatives being led by the Service Champions.

1 - A summary of the Civic Conversation is available at :
http://edubuzz.org/blogs/equallywell/2010/11/04/civic-
conversation-3/
2 - Glasgow Centre for Population Health - Civic Conversation Briefing
Note 28 Nov 2008.
What is the change?

Figure 27  Support from the Start Structure

Scottish Government Policy – Equally Well

Support from the Start Structure

- **COMMUNITY ENGAGEMENT**
  - Civic Conversations
  - Identification of change initiatives
  - Identification of Needs, Issues and Views

- **LEADERSHIP**
  - Strategic, Service & Community Champions
  - Strategic Endorsement
  - Management Engaged
  - Devolved Budgets
  - Innovation

- **LEARNING**
  - Action Learning Sets
  - Identification of change initiatives
  - Problem Solving
  - Peer Support
  - Outcome Mapping
LEARNING

One of the key messages from the Government’s Equally Well report was about learning. Support from the Start would contribute to the national debate about how we improve long term health outcomes. Therefore learning is at the core of Support from the Start. To facilitate the dissemination of learning, Action Learning Sets were put in place for both strategic leads and operational staff, thus ensuring the free flow of knowledge and information horizontally and vertically within the organisations. There was a commitment from senior managers of partner organisations to ensure their nominated staff had time within their workload to attend these sessions.

Strategic Action Learning Sets
The Action Learning Sets allowed members of the Strategic Board to have ‘air time’ where they could share ideas and developments in their particular field. These learning sets benefited from having the guidance and support of Dr Harry Burns, Chief Medical Officer for Scotland. His mentorship of Support from the Start has added weight to the process and confirmed the importance of ensuring that our children have the best possible start in life.

Service Level Action Learning Sets
These Action Learning Sets are small groups with a maximum of 5-8 participants, with each one being led by an external facilitator. The membership of the sets reflects a range of services but does not mix managers and practitioners.

LEADERSHIP

From the outset it was recognised that the concept of leadership applied at different levels, from practitioners in direct contact with families through middle management structures right up to senior managers in the partner organisations.

To drive these agendas forward a range of champions were identified, from different staff groups:
- Strategic Champions;
- Service Champions;
- Community Champions.

Strategic Champions as Leaders
To effect any long term change in service delivery or redesign there has to be a commitment from those who hold the budgets. Therefore at a strategic level, the members of the Support from the Start Board are strategic champions with a responsibility for the leadership of SftS. They have ultimate responsibility for the strategic development or redesign of mainstream services within the partner organisations. As strategic leaders they have the responsibility for ensuring that the culture within their organisation fosters an environment whereby the change process can evolve. The strategic champions are also responsible for ensuring that developments in national policy inform any service redesign.

Service Champions as Leaders
There is wide acknowledgement that there are practitioners doing a very good job, being innovative, motivational and supportive of children, parents and community groups.
Support from the Start acknowledges these people as leaders on the ground who could take responsibility for their own service delivery area. These practitioners were deemed to be ‘champions’ in their professional field.

A Service Champion, therefore, is an individual, identified by senior managers, who is able and willing to be a leader and 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 project manager;
- Contributing as appropriate to a Support from the Start online learning blog;
- Being willing to participate, as appropriate, in the dissemination of the East Lothian Test Site experience to other Authorities and agencies within Scotland.

The expectation is that these champions develop and innovate service delivery within their particular area of expertise, testing out new models or methods of working.

**Community Champions as Leaders**

The third group of leaders are community champions. They are people who work in the voluntary sector or are involved in community groups, and are therefore representatives of non-statutory service providers. These community champions can lead on and disseminate the learning from the change initiatives into the wider community. One piece of work currently being undertaken by one community champion is about establishing a local network for people working with families with young children.
What is the change?

Here skills, knowledge and information are shared and a common understanding of a way forward to support families is agreed. Further initiatives are being developed following the needs identified within this group.

Routes to development of SftS change initiatives

There were three routes to the development of change initiatives within Support from the Start, these being:

- Logic model and pathways review;
- Organisational and cultural change;
- Change champion empowerment.

Logic Model and Pathways review

At the launch of Support from the Start, the short, medium and long term outcomes for the process were agreed (Appendix 4). The long term outcome is about having a healthier start to life for children within the Support from the Start area whilst the short and medium term outcomes address the learning that will take place to achieve a range of actions. The medium term outcomes were determined by the health indicators which informed the initial development of Support from the Start.

As has been stated before, Support from the Start focused on improving existing and / or developing new service pathways for influencing health inequality in the early years which would ultimately achieve these outcomes. Two key questions were asked at the outset:

- What do children and families have to do to achieve positive health outcomes?
- What services and supports are in place, or need to be in place, to enable them to achieve them?

To begin to answer these, the SftS Lead Officer was responsible for scoping an “outcome pathway” for each of the medium term outcomes. It was important to involve not only managers and practitioners in this process, but also representatives of community groups and parents themselves where possible. Two examples are in Appendices 3a, b & c.

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.

Community desired outcome &
Service determinants

The pathway mapping process involved three steps:

- Producing a base map similar to those in Appendices 3a, b & c
- Reality testing - Discussing base maps with key professionals and local people
- Review - Amending maps and planning action

1 - The outcome maps produced can be found at: http://edubuzz.org/blogs/equalitywell/2010/07/28/mapping-support-and-interventions-for-parental-attachment/
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 community 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. Three examples of this process are in Appendices 3a, b & c.

Two initiatives which were developed as a consequence of this scoping exercise were the Music Initiative and the Dental Health Initiative.

**The Music Initiative**

The background to its development was the scoping of an ‘outcome pathway’ for *Readiness to Learn*. Part of the process involved a discussion with the Head of Education who suggested that there was scope for further development of the role of music and rhythm to support language development in the early years.

In addition to this a similar scoping exercise for *Improving Emotional Wellbeing* highlighted that there was more potential for using music to develop children’s emotional literacy. At a conference on ‘Learning, Emotions and Well Being’ held in December 2009 David Trouten gave a workshop presentation on his work at a local high school using music to help develop emotional literacy in a teenage group.

This proved to be the catalyst for taking the ideas generated by the mapping exercise into a practical change initiative. One head teacher who was also a service champion then developed a proposal to pilot this work in a nursery setting and if possible to develop a resource that could be used by all nursery staff regardless of their musical ability.

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1 - For more information http://edubuzz.org/blogs/equallywell/2011/04/06/%e2%80%98music-and-me%e2%80%99/
What is the change?

So the project started with scoping what was contributing to two key outcomes for Support from the Start – Improving Readiness to Learn, and Improving Emotional Wellbeing. This was supported by the learning generated at the conference and then turned into practice development through the leadership of a Support from the Start Service Champion who worked with key stakeholders (the two nurseries where it was developed, the music and literacy specialists in the council, the Youth Music Initiative Coordinator and an independent contractor) to develop a pilot.

The resulting resource pack is being taken forward and disseminated by the Youth Music Initiative and mainstream educational services.

The Dental Health Initiative¹
When scoping an “outcome pathway” for Increase number of children with no obvious caries experience in P1, it became evident that two communities within the Support from the Start area had a higher than average incidence of tooth decay in primary school aged children. As a consequence of that, the Community Dental Health Team looked at ways they could address this situation. At the same time parents were involved in conversations about their health issues within these communities.

Oral health was a common theme, particularly around difficulties in accessing a dentist when you have young children. Bringing these two strands together was the role of the service champion. She brought in the ChildSmile Project into these 2 two communities, thus meeting the needs of the both parents, children. This resulted in the Dental Health Initiative. As a consequence new levels of

¹ - For more information http://edubuzz.org/blogs/equallywell/2010/09/01/dental-health-in-wallyford-whitecraig/
What is the change?

Dental health promotion provision have been developed as a partnership of local services involving parents and key community institutions such as schools, community centres and community groups.

**Organisational Culture Change**
Support from the Start aims to bring about long term sustainable change in health inequalities through changes in service delivery or service redesign. The Board members, as strategic champions, have responsibility for driving this change agenda forward within their own organisations.

Strategic champions had the opportunity to participate in Action Learning Sets. Developments from these will have long term implications for policy and practice within East Lothian and have demonstrated the commitment by Strategic Champions to take new ideas forward. An example of this is the use of the Early Development Instrument\(^1\). The germ of the idea came from practitioners’ attendance at a conference. Inspired by what they heard, they pursued the idea and gathered more information for presentation to the Board at an Action Learning Set. As the Board were open to new ideas they too pursued this and extended their learning on the subject by inviting Professor John Frank\(^2\) to present to them. Inspired by the potential importance of this tool, East Lothian Council agreed to be the first local authority in Scotland to use the Early Development Instrument. This will assess all children as they enter formal education at the age of 5 years over 5 key domains. These are: Physical health and well-being; Social competence; Emotional maturity; Language and cognitive development; and Communication skills and general knowledge. The results of this assessment will then be used to inform resource distribution across the county and particularly to schools where the greatest needs have been identified.

A further development that has been inspired by the Board’s commitment to changes in service delivery is the establishment of a Place2Be hub within the 6 schools for children aged 5 - 11 in the Support from the Start area. This provides a therapeutic counselling service to children within these schools who are experiencing a range of difficulties, and supports staff by helping them develop strategies to work with these children.

**Service Champion Empowerment**
Support from the Start is about creating long term sustainable change to services aimed at young children and their families through the development of new pathways or the modification of existing ones.

Service Champions as change champions have been empowered to effect change in their practice or service delivery by their line managers. They are able to do this with the support of colleagues through accessing the Service Development Fund; attendance at Action Learning Sets; and using the Support from the Start online blog to report on initiatives.

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\(^2\)Director of Scottish Collaboration for Public Health Research and Policy and Chair of Public Health Research and Policy at the University of Edinburgh
What is the change?

Permission was given at the outset to champions to try to do things differently and in order to support this, a small budget was allocated, known as the Service Development Fund. Unlike most local authority and health service budgets, the responsibility for the decision-making process about allocation of funding rested solely with the practitioners themselves. Any bids for funding, however large or small, were debated and discussed by Service Champions until a consensus was reached about whether or not the initiative should receive funding. These discussions were not kept solely for the Action Learning Sets, but were also conducted by email conversations and phone calls. Any impasse was resolved by the Lead Officer. Accountability for the use of the Fund remained within the group and did not have to be referred back to the Board.

A typical Action Learning Set allows champions to bring along an area of work, an idea for an initiative, or an area of concern to a group of like minded practitioners. The champions have the opportunity through ‘air time’ to present their work to the group. Fellow Action Learning Set participants then support, make suggestions, observations, and offer comments to the presenter. This process enables champions to share good practice, explore new models of practice and in some cases develop new initiatives which are then fine tuned with the support of the Action Learning Set.

These learning sets have also facilitated the development of new initiatives where ideas have evolved and been shaped through peer review and support. One example of this is how an idea about supporting vulnerable young first time mothers has developed. One of the Service Champions brought her concerns to an Action Learning Set and a proposal about how to meet the needs of this group of vulnerable young women. The idea was shaped and reshaped and taken to a point where a consensus was reached that one way of approaching this was to focus on attachment. There is now a multi-disciplinary group focusing on attachment and delivering training which is available to all staff working in the Support from the Start area.

A further idea was developed by the Health Visitors in Tranent and the surrounding areas, who had been aware for some time that there was a gap in service provision in relation to families who have parents who are over 25 years old – particularly mothers and often on their own, who also have limited extended family support and are finding it difficult to cope as parents. Discussions about this potential group took place at Action Learning Sets, and through discussion with colleagues, the Health Visitors set about establishing a group for this target group of parents. The group became known as Mums in the Middle and is now a well established support group.

1 - For more information http://edubuzz.org/blogs/equallywell/2010/05/28/service-development-fund/
What do change initiatives look like?
The Shared Vision for Support from the Start is about effecting long term change in health inequalities in a new, different, imaginative and creative way. That does not necessarily mean making radical changes to practice. It simply acknowledges that sometimes even a small change in practice or presentation can make a significant difference in outcome.

At the outset Service Champions were asked to think about what they could do differently either with their specific client group, or with a group that previously had been overlooked. They were asked to develop an idea or initiative with parents which would begin to address some of the short and medium term outcomes which had been set out for Support from the Start. It was not expected that Service Champions should develop something that was explicitly about health improvement as this would only reinforce the idea that practitioners know what is wanted or needed to change health outcomes. Service Champions were therefore asked to think beyond their current practice and try something that parent and/or child behaviours had identified would lead to improved health outcomes.

The expectation was that Service Champions would use their network to sound out ideas. Feedback from peers would then help them shape and develop their idea into the initiative which they took forward. Some chose to focus on working with parents, some with children and some looked to work with children and parents together.
What is the change?

What are the change initiatives that have taken place?
The following section describes some SftS initiatives.

**Puffin Play Group**
This group is based in the Pennypit Community Centre, Prestonpans. The aim of this initiative was to establish a playgroup which would provide quality community based childcare with supported places for vulnerable children. It would also enable parents to contribute to its development. The supported places have been taken up by children of parents who would otherwise not have been able to do so due to financial constraints. These children are benefiting from a consistent care arrangement and their parents have the opportunity to seek part-time employment and learning/training opportunities, thus ensuring positive outcomes for both parents and their children.

**Whitecraig Playgroup**
This initiative is based in Whitecraig Community Centre. The Service Champion who supported this initiative identified a need for a playgroup aimed at children aged from 2 to 3 years of age. The group meets on two mornings each week and ensures that the children who attend have a high quality play experience. Parents benefit from peer support from other parents and also having some time to themselves in the knowledge that their children are in a safe and welcoming environment.

**Sleep Clinic**
This was established in the First Step Community Project, Musselburgh. Staff had identified a number of parents who were attending First Step who were increasingly distressed about their relationship with their babies as a result of very significant sleep issues. To support these parents, staff trained as sleep consultants and provided a fortnightly clinic and follow up appointment support to parents. Parents have benefited significantly from attending this group and have a much stronger sense of wellbeing as a result.

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**Mums in the Middle**

This initiative was based in the Early Years Centre, Sanderson’s Wynd Primary School, Tranent. It was established by Health Visitors who had identified a gap in service provision within their community for older mothers. These mothers were ones who had limited contact with local services, little or no extended family support and parenting issues. The group meets on a weekly basis and combines Health Visitor led sessions with input from other agencies and professionals. The mothers who attend the group have benefited from increased levels of confidence through enhanced childcare knowledge and peer support.

**Music and Emotional Literacy**

This initiative was developed as a result of discussions around ways to link the role of music and rhythm to the development of early years’ literacy and to the enhancement of emotional literacy in pre-school children. These two strands would combine to better preparing children for the transition to primary school. It was based in Wallyford Primary School initially, and following its success, a resource pack was developed which will be rolled out to other pre-school settings in the Support from the Start area.

**Roll out of Stay & Play**

Stay and Play is a model of intervention whereby parents and young children learn to play together. Based initially in Whitecraig Community Centre, it acknowledged that often parents, particularly young parents, were unsure about the importance of play and were therefore not providing their children with appropriate play opportunities. An additional benefit was that by the parent and child playing together their level of attachment would be enhanced. It was considered to be a successful model and therefore a worker has been employed to develop similar groups in other communities within the Support from the Start area.

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http://edubuzz.org/blogs/equallywell/2009/06/11/civic-conversation-
2 - For more information http://edubuzz.org/blogs/equallywell/2011/04/06/%e2%80%98music-and-me%e2%80%99/
What is the change?

Summer Programme—Transition Group

The transition programme was specifically aimed at children at risk of non-attendance in Primary 1 and those with additional support needs, and to support the more vulnerable nursery children with their transition into primary school. It was intended to encourage positive interaction and social engagement between the children and to improve confidence and communication.

The programme was also designed for parents and carers. Parents were provided with important information on school procedures and attended workshops that supported them with various parenting techniques and approaches. One of the keys to its success was the involvement of school staff. This enabled a trusting relationship to be established between them and the children going into Primary 1 and also with their parents.

Active Outdoors: a resource pack

This pack was developed by the Active Schools Team within East Lothian Council. The aim of this project was to develop an extra-curricular outdoor activity pack aimed at Primary 1 – 3 children and pilot it in the Support from the Start area. The idea behind the pack was that children would be active, it could be used in all weathers, and it was easy to use by volunteers.

Feedback from the children was very positive and they all enjoyed being active outdoors. The pack is to be rolled out beyond the pilot schools and a nursery pack has also been developed. Volunteers have been trained to lead this programme, thus ensuring roll out of the pack to as many schools as possible.

Capacity Development - Patchwork EH32

This initiative is based in the Pennypit Community Centre, Prestonpans. The idea behind this initiative was to develop a toddler programme which would reach out to parents who previously were not involved in any group activities. Particular activities have included healthy eating workshops and children’s activity sessions. The number of parents and children registered at this group has grown to over 90 children, with around 40 adults benefiting from participating in the initiative.

Resources for Vulnerable Mums group

The Vulnerable Young Mums is a support group for teenage mothers across the Support from the Start area. The group is led by the through care/after care nurse, working with colleagues in the Children’s Services Department. The participants are supported through their pregnancy and afterwards in both a practical and informative way.

This model has recently been highlighted as good practice by HMIE (Her Majesty’s Inspectors of Education).

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1 - For more information http://www.activeschoolseastlothian.co.uk/
2 - For more information http://edubuzz.org/blogs/equallywell/2010/08/20/civil-society-or-big-society-its-still-parents-supporting-parents/
Healthy Story Sacks

This initiative is based in Whitecraig Primary School and was developed to create a resource which could be shared with families with a view to promoting healthy living. Each story sack was designed to include a story, a non-fiction book, a game or activity and information leaflets. Parents are actively encouraged to be involved in maintaining the sacks and ensuring they contain the appropriate materials.

Creating Confident Kids

This project was designed to implement the Creating Confident Kids Emotional Literacy Curriculum in all the schools and nurseries in the Support from the Start area. The idea behind this resource was to increase the capacity of all teachers to improve children’s emotional and social wellbeing.

Forest School

A sustained use of the outdoors has clear benefits for health and well-being and the development of forest schools is recommended in the Early Years Framework and is encouraged by Her Majesty’s Inspectorate of Education. Forest School is an inclusive and inspirational process that offers children, young people and adults regular opportunities to achieve, and develop confidence and self-esteem through hands-on learning experiences in a woodland or outdoor setting. There are now 24 accredited forest school leaders and several primary schools are developing the forest school principles within the delivery of the curriculum.

Natural Play & Nurture

To meet the specific needs of nursery staff with regards to the development of forest schools, a ‘Nature – Nurture’ - course has been developed for nursery staff in East Lothian. It consists of three taught days and the opportunity to observe a pilot nursery ‘nature nurture group’ using the forest school principles in a nursery setting.

Attachment Training

This initiative was developed following discussions amongst Service Champions about how to support vulnerable and isolated young mothers. These discussions highlighted the importance of attachment between these young mothers and their babies. Rather than addressing this through a group work model, training sessions were provided for a range of early years practitioners on the importance of attachment. At the same time two

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1 For more information http://edubuzz.org/blogs/whitecraig/page/25/
3 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/
What is the change?

practitioners developed their skills in the use of Video Interactive Guidance. This is a technique which aims to improve communication and relationships for participants, in this case between mother and child.

It involves participants viewing and discussing very short recordings of their successful interactions with a Video Interaction Guider. The participants should then begin to see many elements of the skills they already have and exactly how they can build further on these.

CHAPTER SUMMARY

This chapter has covered Support from the Start, its origins and philosophy and the shared vision to address health inequalities in the county. It has outlined the structure that was developed to support the change process. Change initiatives were developed following one of three routes: Logic Model/Pathway Mapping Process; Organisational Change; and Service Champion Empowerment. Each of these routes has allowed different ways of working to be tested and the learning from them is disseminated through Action Learning Sets. Finally, the range of change initiatives which have taken place has been described, how they were structured and who is expected to benefit from the change.

Key Learning:

- Learning from government is more potent when delivered face to face by informed passionate people who inspire local leaders.
- Strategic leads need to both endorse and be visible in the health inequalities agenda
- An approach inclusive of leadership learning and community engagement, is put in place with clear lines of accountability
- Support structures need to be in place to facilitate shared learning
- It would further improve the dissemination of learning if the process had involved operational managers of front line staff being accountable for the early years health inequalities agenda
- It is pivotal that when you are trying to empower a community you name the process and ensure buy in/commitment to “the brand”
- Devolve budgets are pivotal to frontline staff who are then accountable for its impact
- Outcomes can be achieved by giving permission to frontline staff to get on with what they believe will make a difference
**What is the change?**

**Key Questions**

At a strategic level, how do you ensure sustainability of the shared vision?

What can I do as a manager to enable initiatives to be developed?

How do I begin to address health inequalities as a practitioner?

See also self reflection tool in Appendix 2
Chapter 3
How ready for change were Service Champions?

Who are the service champions? What can organisations do to support them?
How ready for change were Service Champions?

“We couldn’t let these children down, you had to give them something that would really set them up and get them ready for moving on” Local service champion

“Champions have demonstrated an enthusiasm and willingness to innovate and make a significant difference for our children” Councillor Roger Knox – Depute provost

What have we learned from Service Champions?

- The majority of Service Champions were effectively engaged in the change initiative and were ready for the change.
- There was a range of engagement in the change initiative (from not engaged to very engaged)
- The most difficult issue for Service Champions was “confidently prioritising time”
- Front line practitioners have benefited from peer support through shared learning opportunities and from a greater degree of accountability for a locally based budget.

High performing Service Champions demonstrate:

- A history of being active in previous innovation
- A feeling of reward through innovation
- Confidence in their ability to make change, curiosity about change, and demonstrate a high level of value in change
- Ability to prioritise time

- Active engagement with a mentor and their support network
- Momentum with change despite environment challenges
- An ability to piece together new practice based knowledge

To support champions organisations need to:

- Have a shared vision
- Carefully select Service Champions
- Consider all managers building an identify as a service champion
- Provide opportunities to have access to a mentor and a learning set
- Have managers who endorse taking time out for learning/planning
- Devolve authority to make small scale local investment decisions
- Allow opportunity for failure and to report on learning.
- Ensure that all partners are represented strategically and support champions

Chapter Overview

This chapter examines the experiences of Service Champions. It looks at how engaged Service Champions were in the process of Support from the Start and at what facilitated or hindered their levels of engagement and involvement.
How ready for change were Service Champions?

Who were the Service Champions?

It can be argued that applying an asset based model\(^1\,^2\) of health requires a close relationship with communities to understand what and/or who the community assets are. Support from the start sought to empower local practitioners who were identified as the best placed people to identify what those assets were and work with them in flexible and creative ways. These practitioners were called Service Champions.

What did we find out about Service Champions?

In order to understand how Service Champions were performing we asked them to complete the Flight Gate tool\(^3\) which is based within a theory of change\(^4\,^5\). This tool asked champions to rate pivotal areas for people who are changing their work practices (e.g. confidence, recognition for effort, time out to learn, debate with others, new routines, making sense of new knowledge\(^6\)). We then asked Service Champions to complete the tool again jointly with a mentor. A quantitative analysis was then completed. This analysis highlighted the below about the Service Champions:

There is a range of engagement in change

We found that there was a range of engagement in the change initiative across the Service Champions. Some Service Champions had little engagement in the change initiative. They had difficulty in a range of areas (e.g. being interested in the change initiative, thinking the new way of working was important, being able to enjoy receiving positive feedback, being able to piece together practice knowledge, enabling positive outcomes, or supporting others). These champions held the responsibility for being champions, however they were not displaying the behaviours associated with this role.

The majority of Service Champions, however, were engaged in the change initiative. They could confer with a knowledgeable mentor, become involved in new routines, source affirmation and clarification, and apply new practice skills. They also sought out opportunities, felt a sense of achievement, understood the importance of utilising time effectively, and reflected on their performance. There were also Service Champions who were very engaged in the change initiative and demonstrated the most difficult set of behaviours to exhibit when involved in change e.g. an ability to feel empowered to take time out, confidently prioritise activities, understand their new

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2 - Morgan & Ziglio (2007) Revitalising the evidence base for public health: an assets model. IUHPE Promotion and Education Supplement 2—2007 (http://ped.sagepub.com/content/14/2_suppl/17)

3 - Forsyth K, Melton J, Shute R, Clee S, Fear C, Freeth D (2010) Flight Gate: Supporting practice development, together NHS Foundation Trust, Gloucestershire; Queen Margaret University, Edinburgh


How ready for change were Service Champions?

roles, actively seek feedback, recognise their progress, adjust to changes, and believe in their ability. The most difficult issue for Service Champions was “confidently prioritising time”.

**Most Service Champions were engaged in the initiative**

It was a positive finding that the majority of the Service Champions were engaged in the change initiative. Most Service Champions were self selected, identified themselves as enthusiasts and put themselves forward to be a service champion. It is heartening that a formal evaluation indicated that the champions rated highly on a tool which identifies elements of change behaviour. There were, however, some Service Champions who were put forward by their line managers and were having difficulty with change.

**Mentorship improves self ratings**

The results of the analysis indicated that many Service Champions improved their score on the Flight Gate tool when it was completed jointly with a mentor. This indicates that mentorship is a powerful structure for feedback to support champions to review their engagement and performance in the change initiative. Moreover, the tool provided an analysis of the areas for development for the champion (i.e., questions they could not endorse positively). All champions could be encouraged to engage with the change initiative more fully with the support of a knowledgeable mentor.

**Choosing effective Service Champions**

It is in the best interests of all those involved that the selection process for Service Champions is robust and the choice is based on the best possible chance of people being able to take on this role effectively. If there was variability in how Service Champions engaged in the change initiative, how could we set up selection criteria to ensure more champions are more effective more of the time? Through the Flight Gate quantitative analysis we identified the highest performing Service Champions and then completed in depth qualitative interviews based on the areas of the Flight Gate tool. The goal of the interviews was to identify the common features of high performing champions to create a list of desirable characteristics, so that there could be more specificity choosing Service Champions for future change initiatives.

The following sections will examine each area in turn and illustrate them with the words of the Service Champions themselves.

**Accumulating Reward**

Accumulating reward is the ability of champions to feel positively rewarded for the work that they do, thereby heightening their commitment to change. In general the Service Champions were adept at feeling positive about and rewarded for their work. For many Service Champions there was a strong sense of reward and personal satisfaction gained from making a difference.

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How ready for change were Service Champions?

Figure 28  Accumulating reward

This was fed back, confirmed and reinforced by user and participant feedback. All Service Champions reported that they got considerable enjoyment from receiving positive feedback. In most cases this positive feedback came from clients and participants who reported the benefits and positive changes to their lives as a result of participating in the initiative supported. The rewards were often intrinsic although external recognition was also welcomed (Fig. 28).
How ready for change were Service Champions?

**Building Confidence**

Participants’ confidence in their ability to make a difference, to effect change and to influence change is pivotal. Most Service Champions indicated a belief in their ability to make a difference and they showed openness, positivity, passion and engagement. All Service Champions were interested and curious about new ways of working, e.g. willingness to meet with and learn from others, to take on new ideas, and to use the information and knowledge made available to them to take forward initiatives in their own areas and for their own clients (Fig. 29).

Many Service Champions managed to recognise their progress in adopting new ways of working through feedback from participants and colleagues although this progress was often small, incremental and hard to measure or objectively define. All Service Champions placed high value on new ways of working and were proud of their achievements. They regularly used terms such as “passion”, “making a difference”, “taking forward new ideas” and “succeeding”, and often described themselves as “outside of the box” thinkers.

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**Figure 29  Building Confidence**

![Building Confidence Diagram]

Champions were highly self motivated. The language used by successful champions was littered with positive ideas and phrases which captured passion and enthusiasm.

“Never stop looking for a new idea and never stop thinking, and never think that you’ve done as much as you can.”

“The whole thing about support from the start is being creative, trying new ideas so you’ve got to really think, right how can we support the climate, that climate of change”

“For me, confidence would be the kind of biggest thing”

“I can think more outside the box”

“I’m open to ideas”

“So this is where I want to take on the world but I have to do it just a day at a time.”

Successful champions were confident in their ability to make change, curious about change, and have a high level of value in change.
How ready for change were Service Champions?

Figure 30  Channelling time

Channelling time is the importance of taking time out from face to face work with children and families, and using this time effectively to assess, learn, plan and evaluate. While champions generally recognised the value and importance of such time they often had considerable difficulty in prioritising and finding time (Fig. 30).

It was not always easy to make the case within their organisations for channelling time. Many services were under pressure to perform a range of other tasks and activities which were considered to be more pressing or urgent.

Many Service Champions expressed difficulty professionally and organisationally in prioritising different pressures to make time for development. In general health workers felt less empowered than their local authority and voluntary sector colleagues to prioritise time effectively to drive change. This created conflict for the service champion and hampered the progress of effective change.

Middle managers were often viewed as managers, not innovators, which structured the activities of their staff into pre-designed (often historical) activities and did not promote innovation within the organisation.

Channelling time

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How ready for change were Service Champions?

Conferring with others

Conferring with others is important in order to support champions to initiate, share and develop ideas and test them out. The champions valued both formal and informal supportive learning opportunities for staff engaged in creative change (Fig. 31).

Most of the Service Champions were unable to identify mentors. The lead officer from Support from the Start, however, was specifically named as being a supportive mentor and all high performing Service Champions reported that they were able to source affirmation and clarification from other colleagues and peers and in turn supported others.

Almost all champions regularly used reflection in assessing progress and developing new ideas, but this was not used to the same extent as conferring with others.

The networks built up and strengthened thorough action learning were eagerly utilised. Most Service Champions talked of the importance and value of Action Learning Sets specifically for sharing, support and networking alongside their routine conversations with other peers and colleagues for confirmation and affirmation. Most Service Champions would have tried to find alternative support networks if Action Learning Sets had not existed, although some reported that they would have had considerable difficulty with this.


Figure 31  Conferring with others
How ready for change were Service Champions?

Finding Flow
Finding flow refers to gained and sustained momentum in an environment that encourages innovation. Most champions felt that momentum had been created through the change initiative, however this flow was not found in other parts of their organisations (Fig. 32).

Some Service Champions felt that momentum was enhanced through the feeling of working together on a shared enterprise, while more than half of them actively sought and listened to feedback and changed their behaviour as a result.

The sense of working on a common goal, getting together regularly and sharing their thoughts and ideas, their progress and barriers, was energising for many and helped them to keep up their high levels of enthusiasm and motivation.

Figure 32  Finding Flow

How ready for change were Service Champions?

**Constructing knowledge know how**

Most Service Champions reported that they were able to piece together knowledge and make sense of new practice based knowledge. Firstly, Service Champions could take knowledge of the bigger health inequalities picture and apply it locally to inform practice development. Examples included using the information provided at talks from public health specialists such as Dr Harry Burns and others that graphically illustrated the importance and value of attachment and early intervention in setting a positive life course for individuals. This allowed champions to feel informed and supported by the wider organisations all the way up to and including the Scottish Government (Fig. 33).

Secondly, there was learning from colleagues and peers and how they were applying knowledge locally and using this knowledge to inform their own local practice development. Many individuals worked closely with colleagues from other professional backgrounds and from other organisations to take forward the ideas from families in the community. There was a great deal of collaboration, joint working and joint learning.

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Figure 33  Constructing knowledge know how

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Chapter Summary
This chapter closely examined the experiences of Service Champions and found there was a range of engagement in the change initiative (from not engaged to very engaged) and that the majority of Service Champions were effectively engaged in the change initiative and were ready for the change. The most difficult issue for Service Champions was their ability and capacity to “confidently prioritise time”.

What characteristics should be sought when choosing Service Champions?
High performing Service Champions demonstrate:

- A history of being active in previous innovation
- An ability to articulate how they felt rewarded in previous innovations and how they source external reward (accumulating reward)
- Evidence of being positively rewarded for engagement in change initiatives (accumulating reward)
- Confidence in their ability to make change, curiosity about change, and a high level of value of change (building confidence)
- Specific methods of prioritising time out from face to face work with children & families and using this time effectively to learn, plan and evaluate innovation (channelling time)
- The ability to identify a mentor and a network they routinely engage with & articulate the benefits of doing this (conferring with others)
- An ability to identify ways of gaining and sustaining momentum despite environment challenges (finding flow)
- An ability to articulate how to piece together knowledge and make sense of new practice based knowledge (constructing knowledge know how).

What did we find out about the support Service Champions need?
Service Champions can flourish if the environment is structured in specific ways. In particular, the organisation should:

- Have a clear common purpose and a shared vision with embedded structured change initiatives to make it happen
- Ensure Service Champions are selected through a process that allows people to put themselves forward based on a set of desirable characteristics;
- Provide opportunities to have access to a mentor and a learning set
- Have managers who ensure they support champions to take time out to share and learn from others and to be able to prioritise their time accordingly
- Consider all managers building an identify as a service champion as a mechanism of changing organisational culture
- Devolve authority to make small scale local investment decisions (along with accountability) with, and on behalf of, their service users
- Allow opportunity for failure and to report on learning.
How ready for change were Service Champions?

What have we learned from Service Champions?

- The majority of Service Champions were effectively engaged in the change initiative and were ready for the change.
- There was a range of engagement in the change initiative (from not engaged to very engaged)
- The most difficult issue for Service Champions was “confidently prioritising time”
- Front line practitioners have benefited from peer support through shared learning opportunities and from a greater degree of accountability for a locally based budget.

High performing Service Champions demonstrate:

- A history of being active in previous innovation
- A feeling of reward through innovation (accumulating reward)
- Confidence in their ability to make change, curiosity about change, and a high level of value of change (building confidence)
- An ability to prioritise time (channelling time)
- Active engagement with a mentor and their support network (conferring with others)
- Momentum with change despite environment challenges (finding flow)
- An ability to piece together new practice based knowledge (constructing knowledge know how)

Ensure that all partners are represented strategically and support champions

To support champions organisations need to:

- Have a shared vision
- Carefully select Service Champions
- Consider all managers building an identify as a service champion
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- Have managers who endorse taking time out for learning/planning
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- Allow opportunity for failure and to report on learning.
- Ensure that all partners are represented strategically and support champions
How ready for change were Service Champions?

**Key Questions**

How can the organisation create ways of staff meeting, sharing ideas and supporting each other?

How can operational managers engage with change initiatives?

How can your organisation support innovation?

See also self reflection tool in Appendix 2
Chapter 4
What are the Outcomes of Change?

What changes have taken place for children and families in local communities?
What are the Outcomes of Change?

“A great start early in life”, “We’re all the same but with different qualities, different problems”  Local parent

“Partnership with our community has generated significant outcomes for children/young people and their families” Councillor Peter MacKenzie - Cabinet Member for Education and Children’s Services

What have we learned?

- Health outcomes for parents can be immediate, which will have a long term impact on children, their parents, and practitioners
- Children can benefit from new found confidence, improved relationships and less anxious parents
- Children can be better equipped to cope with change and are more ready for school
- Children can benefit from a more structured day and family life is more settled
- Parents can benefit from improved relationships with their children and their partners
- Parents can be more able to avoid significant mental health issues and become less stressed and more able to cope with what life throws at them
- Parents can benefit from increased levels of personal confidence, extended social networks and be able to take on new things
- Families can benefit from a normal family life with confidence to do new things with their children and improved relationships within the family

Chapter overview

This chapter will illustrate the significant changes which have taken place for the children, parents and their families who have participated in Support from the Start initiatives.

It will show how children have gained confidence and are coping better with transitions. Attending local groups enhances their readiness to learn. Parents also grow in confidence and feel very strongly that their mental health and well being has greatly improved as a result of participating in a Support from the Start initiative. A knock-on effect for families is shown too as parents and children are doing more together and often trying out new things.

It will also show that early years practitioners have developed new ways of working and managing devolved budgets and that the local authority has a commitment to improving health outcomes through directing resources at the Support from the Start area.

Changes

It is important to tell the story of what changes have taken place from the perspective of the parent within these families, and do so in a rigorous way. This story belongs to the participants in Support from the Start, and their stories were the measure of success of the initiative.

To identify these changes we asked parents who were involved in SftS initiatives to attend focus group discussions. Service Champions
who led on these initiatives were also asked their views on changes on an individual interview basis.

The key changes noted by parents who participated in the focus groups can be identified for children, their parents, and the family as a unit. Although these may be relatively small changes, they are having an impact.

For children
It is widely acknowledged that children benefit from being more confident and are better able to cope with life when they are resilient. They will be ready to learn when they go to school and more able to take advantage of all the opportunities presented to them to enable them to achieve positive health outcomes.

A range of behaviour changes were identified by parents. The key themes which emerged in relation to the children involved both directly and indirectly in the initiatives were:

- confidence and resilience
- improved transitions
- improved routines and patterns
What are the Outcomes of Change?

Figure 34  Confidence and resilience

Confidence and Resilience
The majority of parents said that their children had previously been anxious about being in new surroundings, could not be left with other adults in a group setting, and were distressed when their main caregiver left the room. This resulted in stress for both parent and child. These parents however said that as a consequence of attending the initiative their children were more confident, more resilient and therefore better able to cope with change as a result of attending the group. This was expressed by the majority of parents in terms of their children being more able to go into a new group setting and be comfortable in the care of adults other than their main caregiver.

Parents commented that being able to leave their child in a new setting without them being distressed was a significant benefit of having been involved in the initiative, not only for the child but also for the parents. Most of the parents also said that their children were better able to relate to other children in a more confident manner.

From the parents’ perspective, they said that they too benefited from their children being more confident (Fig. 34).

Transition from one group or setting to another can be traumatic for children and have an impact on their readiness to learn. The majority of parents said that a clear benefit for their children from participating in these initiatives was that they were better equipped to cope with transition to nursery. Children who settled well into playgroup or Stay and Play were more able to cope with the change of setting, routines and adult leaders (Fig. 35).

Most parents also expressed the opinion that there would be longer term benefits for their
What are the Outcomes of Change?

Children in terms of their ability to cope with transitions. Specific reference was made to the impact this would have for their children when they enter formal education at the age of 5.

This message was reinforced by a parent who said that feedback from the Head teacher of the local primary school was positive with regard to the benefits for children of attending these initiatives.

**Figure 35  Improved Transitions**

"Bailey would never have got confidence to go to nursery if she’d never had the playgroup, she would never have settled in nursery without going to playgroup, so it was a well needed thing”

“I think that will stand them in good stead as well is they go up to school as well, it’s not just the playgroup/nursery"  

"The difference that she (Head Teacher) noted between children who have been at stay and play and playgroup coming in to three year old places at nursery, the transition has been markedly smooth, she said just it is that whole readiness to learn thing”

Children who are better equipped to cope with change are more ready for school.
What are the Outcomes of Change?

**Figure 36  Improved Routines**

"I just find her day's a lot more structured, she'll come back and she'll tell me or try and explain in her own words what she's done for the day and I sort of just map it out for the rest of the day and try and fit in some routine."

Structured day
Routine
healthy habits
Normal family life

"The routines as well, because similar to Stay and Play as well they're introducing, like they wash you hands before snack..."

Children are benefiting from a more structured day with routines which mean that family life is more settled.

**Improved routines**

Parents in three of the four focus groups said that there were positive benefits from the changes in routines both for their children and within their families. These benefits were expressed in terms of being more relaxed as a consequence of the introduction of routines and therefore feeling better able to relate positively to their children. The majority of parents also felt that routines introduced a structure to their day which enabled them to spend more quality time with their children.

Children who attended groups also benefited from enhanced routines both in terms of routines established within the groups and more structured routines at home. This ranged from their children routinely washing their hands to having healthier eating habits like eating fruit and vegetables.

The majority of parents said that they and their children were able to lead a more normal family life and had developed closer relationships as a consequence. This had particular implications for parents in the initiative which looked at sleep issues. All parents in this group said that as a direct consequence of attending this group they were able to lead what they believed to be a "normal family life" in that what they were able to do was no longer determined by the child’s inability to sleep (Fig. 36).

**For parents**

Support from the Start initiatives were about changing behaviours in both children and their parents which would result in long term health benefits. All the parents who participated in these groups felt that they were benefiting from both themselves and their children either doing things differently or behaving in a different way. Parents felt that as a consequence of this there were some significant changes for them in their day to day life.
These were:
- improved relationships
- a perception of improved mental health and well-being;
- increased levels of confidence.

**Improved Relationships**

All parents agreed that having good relationships with their partners and their children was important to them. Parents said that as a consequence of attending the group they were now benefiting from improved relationships both with their children and with their partners. One parent said that she was now able to bond with her daughter in a way that she had never been able to do before (Fig 37).

Other parents said that they were able to do more things with their children and felt that they were closer to them and had a better relationship with them as a consequence.

Four parents even said that participation in the group had "saved their marriage". Participating in one of the initiatives had enabled them to be better able to cope with the issues and difficulties which they faced and had helped them develop and rebuild significant relationships.

**Figure 37  Improved Relationships**

![Figure 37 Improved Relationships](image)

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Parents have benefited from improved relationships with their children and their partners.
What are the Outcomes of Change?

Case Study—The Sleep Clinic—First Step

This group was established by workers at First Step with the support of specialist sleep workers from Sleep Scotland. The problems that many of the parents had experienced, the sleep deprivation and the all pervasive effects of this, were causing them serious emotional, psychological, physical and relationship problems. All the parents were at their wits’ end and felt that they had nowhere to turn for help and that they were suffering on their own. As a result of attending this group these parents now feel that they have been lifted from a state of depression. They can now live a normal family life, have good and positive relationships with their children, and now feel that they can support others in a similar situation.
What are the Outcomes of Change?

**Improved Mental Health and Wellbeing**

As far as parents were concerned, the most significant change was to do with perceived improvements in their mental health and wellbeing. Parents in all four focus groups said that being involved in the group had a positive impact on how they felt about themselves. This ranged from increased levels of self confidence to significant improvements in their ability to cope with life in general. All parents recognised that by feeling better in themselves there were benefits for themselves, their children and their families.

The most significant change for parents in one group in particular was around improved mental health of both themselves and their partners. All said that they felt that taking part in the group had saved them from having a mental breakdown and in most cases had saved their marriage. They felt that being listened to and understood had been the most important aspect of attending the group. They realised that they were not alone and that there was a solution to their problem. As a consequence of this they noted positive changes in their relationships with their children (Fig 38).

Parents in the other three groups also said that they gained mutual support from fellow participants and consequently were better able to cope with the stresses of life. This too had an impact on their relationships with their children.

**Figure 38  Improved Mental Health and Wellbeing**

Parents have been able to avoid significant mental health issues and are therefore less stressed, coping with what life throws at them, and able to keep their marriage together.
What are the Outcomes of Change?

**Increased Levels of Parental Confidence**

All parents in each of the groups said that they now felt more confident in many aspects of their lives from relating to their children, their friends and their families to feeling confident in themselves and their own abilities.

Some parents talked about how they now felt confident in themselves to wear clothes that they would previously never been comfortable wearing. They were able to go the shops on their own without feeling anxious and in the case of one parent as a direct consequence of confidence gained from participating in the group she was now able to reduce her dependency on prescription medication. Parents also said that they gained mutual support from fellow participants and consequently were better able to cope with the stresses of life (Fig 39).

They were able to benefit from improved social networks and had newfound friends with whom they could share issues and problems and find solutions to them. At a simple level, even just having another adult to talk to during the day was noted as a positive benefit of taking part in the group. This newfound confidence resulted in benefits for their children too. One parent in particular was now able to go out on her own with her children without feeling that she was unable to cope.

**Figure 39  Increased Levels of Parental Confidence**
Case Study – A parent’s story

One of the parents who attends Mums in the Middle is a single parent with two young girls aged 2 and 4. Her 4 year old daughter has several disabilities and as a consequence is in a wheelchair. Prior to attending the group, M had limited contact with anyone other than the health professionals who supported her and her daughter. She was unable to go anywhere without assistance as she struggled to cope with the complexities of managing two small children in a public place, let alone coping with the additional issues associated with having a child with disabilities. With the support of fellow group members, M attempted several outings, including one to a family park. Whilst she was assisted in the care of the two young children, group members helped her to see that she was more capable than believed herself to be. As a consequence of this, M is significantly more confident in her abilities and will now go out with her girls and will cope with nappy-changing, toileting, transport issues and going in and out of shops without any assistance, thus enabling her to lead a more normal life.
What are the Outcomes of Change?

Figure 40 Changes for Families

Changes for families

Parents said that they felt more confident about doing new and different things with their children both outside and in the home. One parent in particular spoke about how she now encourages her sons to assist in the preparation and cooking of meals. Other parents said that they could now go out as a family when previously they had felt it impossible to do so.

As a consequence of introducing new routines within the household, parents now felt that they were living a normal family life. They would not have been able to achieve this without the advice and support gained from attendance at their particular group (Fig 40).

Parents also said that as a consequence of attending the group they were now benefiting from improved relationships both with their children and with their partners. This ranged from one parent stating that she was now able to bond with her daughter to four parents stating that participation in the group had "saved their marriage".

From a Service Champion’s perspective:

We have shown the outcomes of change from the perspective of those who took part in the Support from the Start initiatives. Each of these initiatives was led by a Service Champion and they too have observed changes in both the children and parents who took part in these groups.

For the children who attended these SftS groups, the changes observed are to do with them being more confident and being to relate to other children in a more appropriate way. Service Champions can see the benefits this will have when the children move from one group setting to a more structured pre-
What are the Outcomes of Change?

As far as changes observed in parents are concerned, Service Champions were clear that the groups had a significant impact on parents. They have observed a change in parenting styles and an improvement in the parent/child relationship. Parents have also been able to move on to employment as a result of the confidence gained form attending a Support from the Start initiative. Several Service Champions said that even having health on the agenda of some of these families was an impact in itself, as these parents would previously never have thought about their health and what they can do about improving it. This applied to both the physical and mental health of those involved. One significant positive change that was observed concerned two parents who have reduced their dependence on anti-depressant medication.

Figure 41 From a Service Champion’s Perspective

Service Champions have observed children who are more confident and who are better able to cope with transitions, whilst parents are less socially isolated with positive health benefits.
Key Learning:
- Health outcomes for parents can be immediate, which will have a long term impact on children, their parents, and practitioners
- Health outcomes for parents can be immediate which will have a positive long term impact on children, parents and practitioners
- Children can benefit from newfound confidence, improved relationships and less anxious parents
- Children can be better equipped to cope with change and are more ready for school
- Children can benefit from a more structured day and family life is more settled
- Parents can benefit from improved relationships with their children and their partners
- Parents can be more able to avoid significant mental health issues and become less stressed and more able to cope with what life throws at them
- Parents can benefit from increased levels of personal confidence and extended social networks and be able to take on new things
- Families can benefit from a normal family life with confidence to do new things with their children and improved relationships within the family

Chapter Summary
In this chapter you have read about the significant changes which have taken place for the children, parents and their families who have participated in Support from the Start initiatives.

Children have gained confidence and are coping better with transitions. Attending these groups has enhanced their readiness to learn. Parents have also grown in confidence and feel very strongly that their mental health and well being is greatly improved as a result of participating in a Support from the Start initiative. There has been a knock-on effect for families too as parents and children are doing more together and often trying out new things.

Early years practitioners have developed new ways of working and managing devolved budgets. The local authority has shown a commitment to improving health outcomes through directing resources at the Support from the Start area.
Key Questions
At a strategic level, how do I work towards sustainability and mainstreaming of these changes?

As a manager, what can I do to ensure staff can work in new and different ways to bring about changes for children, parents and families?

As a practitioner, how can I change my practice to bring about changes in health outcomes for children, parents and families?

See also self reflection tool in Appendix 2
Appendix 1

The ChangeXchange Team

Karen Grieve, Scottish Government, Equally Well

Support from the Start Board

Susan Deacon, Former Professor of Social Change, QMU
Dr Donald Maciver, QMU

Academic

John Boyce, East Lothian CHP
Ann Hume, East Lothian Council

Practice context

Steven Wray, Lead Officer, Support from the Start
### ChangeXchange self reflection tool

#### Is it the right change?

| 1. | We recognise the strengths of the communities we are working with and seek to utilise and build on these strengths |
| 2. | Operational managers value and prioritise staff time spent with parents and local communities in understanding their needs and issues |
| 3. | Practitioners listen to local people and communities and invest in high quality relationships with service users and community members |
| 4. | We can evidence how we listen to and work with communities |

#### What is the change?

| 5. | We have a vision for reducing health inequality through support and investment in early years, and this is understood by services and communities. |
| 6. | We have a process to share learning between agencies and professions including new evidence and practice innovation |
| 7. | We provide opportunities for staff at different levels of our service / organisation / partnership to share learning and provide support for innovation |
| 8. | Managers are aware of how they can support staff to be innovative in meeting community needs and address inequality |
| 9. | Practitioners are prepared to change practice to meet community needs and address inequality |
| 10. | We know how we can sustain innovation in meeting community needs and addressing inequality |

#### How ready for change were Service Champions?

| 11. | We have developed leadership at a strategic level for meeting needs and supporting innovation in the early years |
| 12. | We have developed leadership at an operational and practitioner level for meeting needs and supporting innovation in the early years |
| 13. | Our organisation / service / partnership welcomes change and innovation in addressing health inequality in the early years. |
| 14. | Operational managers are engaged as innovators for tackling health inequality |
| 15. | Where appropriate we devolve as much decision making about how our services are organised to service users and community as is practical. |
| 16. | Practitioners are given explicit permission to innovate to meet the needs of the community. |
| 17. | Practitioners can access time and resource to support innovation |

#### What are the outcomes of change?

| 18. | We know how our services contribute to agreed health inequality outcomes and can map a pathway from inputs to medium term outcomes for the long term goal of reducing health inequality. |
| 19. | We have developed strong and inclusive partnerships for addressing health inequality in the early years. |
| 20. | Tackling health inequality through investment in early years is a clear strategic priority for services and planning partnerships. |

---

**Key:**
- This is an area of strength
- We are developing in this area, but it still needs improvement
- Area requires this requires immediate action
Reviewing service pathways

Increase no. of children with no obvious caries experience in P1

Diet

- Water
  - Fluoride
    - Child Smile Programme
      - Nursery tooth brushing campaign
      - Tooth brushing packs and weaning cups distributed at key stages
      - Fluoride varnish
    - Home tooth brushing
    - Access to healthy food
    - School & Nursery catering regulations
    - Oral health education training provided to nursery and P1 classes and community groups

- Home diet

- Healthy eating initiatives e.g. Hungry for Success
- Free fruit

- Advertising & marketing
- Water

- Eradicate child poverty
  - Parent's attend / registered
  - Parents don't attend / not registered

- Access to preventive dental treatment
  - Community Dentistry
  - General Dentistry
  - Specialist treatment

- Water fluoridation (possible under current legislation?)

Data: National Dental Inspection programme
Appendix 3b

Support from the Start Service Pathway - Emotional Well Being
Appendix 3c

Support from the Start Service Pathway - Educational Attainment
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This model ensures that health inequities are best addressed by mainstream services combined with a vigorous community engagement strategy. It also assumes that service providers and the target communities have a shared interest in improving health and addressing inequity and are willing to prioritise this.

Recession: Time pressures on services limiting capacity for change. Prioritisation of health and social justice issues change before objectives can be realised. Barriers to working across agencies reduce capacity for change and shared learning.

Appendix 4