

SPICe Briefing

Early Years – Subject Profile

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This subject profile provides an introduction to services for pre-school children. It updates and expands SB 06/83 published in October 2006.

Early Years refers to pre-school education, child health, children's social work and childcare. The main policy document – the Early Years Framework covers 0-8 years whereas childcare policy covers 0 – 14 years and policy often makes a distinction between pre-birth, birth to 3, 3 to 4 and school age children. This briefing focuses on 0 to 5 years and so does not cover ante-natal, school services or childcare for school age children except where these are also provided to pre-five children.



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EXECUTIVE SUMMARY

There are nearly 300,000 children aged under five years in Scotland. From birth until starting school, the main contacts which young children and their families have with the state are through health checks, childcare and then pre-school education at age 3. A very small but increasing number of pre-fives are becoming looked after¹.

Early years policy is influenced by a strong evidence base for the benefits of early intervention. Factors such as poverty, poor educational attainment and poor health have a strong influence on child outcomes but measures such as good quality pre-schooling and a strong home learning environment have been found to mitigate these effects.

Since devolution there has been a continuing aspiration to expand pre-school provision and to improve early interventions, integrated working and quality of provision. In 2009, the SNP Government's Early Years Framework continued these themes, but with a strong emphasis on local development and shifting resources from crisis intervention to preventative work. There has been much new guidance in this area and so this may take time to embed itself into practice. Increasingly, policy throughout children's services is being described using the language of the "Getting it Right for Every Child" approach. This is a programme which seeks to change working cultures, systems and practices in order that professionals are able to: "give every child the help they need when they need it." In addition, there is a long running programme to improve the qualification levels amongst childcare and pre-school education staff. From December 2011 all managers will be required to hold or be working towards the new childhood practice degree.

While health visiting and pre-school education are fairly standard across the country, and the amount of registered childcare available is fairly well known through national statistics, there is no national picture of targeted, integrated support for vulnerable families as this type of support is developed at a local level and tends to be small scale. For example, the 136 family/children's centres cater for less than 1% of children, and well known pilots such as Family Nurse Partnerships currently support 145 mothers.

Pre-school education makes up the main local government investment in early years. Local authorities spent £305m (net) on this in 2009/10. In the same year, the NHS spent around £200m (net) on community health services for children. There is also considerable investment through welfare benefits and tax – in particular: maternity benefits, child benefit, child tax credit, the childcare element of working tax credit and the childcare voucher scheme.

The SNP made a number of manifesto commitments on early years including introducing legislation, developing a National Parenting Strategy, extending Family Nurse Partnerships across Scotland and establishing a £50m fund for early intervention projects.

¹ Looked After in terms of the Children (Scotland) Act 1995 – including social work supervision and fostering.

² i.e. parents sent letter A or B following P1 basic dental inspection. <http://www.scottishdental.org/?record=265>

³ The local variation from 15.8% in Orkney to 3.5% in East Lothian suggests there may be an issue with different

LEGISLATIVE FRAMEWORK

Figure 1 outlines the key legislation in the field of pre-school education, health and childcare. Local authorities must develop childcare services plans and provide free part time education to all 3 and 4 year old children. Children in pre-school education fall within the additional support for learning statutory framework as do all disabled children. In their manifesto the SNP stated that they would review the Children (Scotland) Act 1995 and introduce new duties on health boards and local authorities in relation to early years services (SNP, 2011).

Figure 1: Key legislation in early years

Legislation	Brief Description
The National Health Service (Scotland) Act 1978 (c 29) (the 1978 Act), as amended	General duties to provide a health service. Ministers must make arrangements for the care, including medical and dental care, of expectant mothers and nursing mothers and of young children (s.38).
Education (Scotland) Act 1980 (as amended in 2000)	As amended, places a duty on local authorities to provide early education.
Children (Scotland) Act 1995	Local authorities must produce 'children's services plans,' (s.19), must provide day care for 'children in need' and can provide day care for other children (s.27)
Regulation of Care (Scotland) Act 2001 asp 8 (as amended)	Established the Scottish Social Services Council which registers staff.
Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009)	The local authority has a power to provide additional support to any child living in their area. However, they must provide additional support to: school children (including pre-school education) provided by or in partnership with the local authority and to disabled children under school age who are brought to their attention.
Protection of Vulnerable Groups (Scotland) Act 2007	Introduced a new system of criminal record disclosures for staff working with children or vulnerable groups. The new system is being phased in from February 2011.
Provision of school education for children under school age (prescribed children) (Scotland) Order 2007 SSI 2007/396	Increased the required amount of free pre-school education from 412.5 to 475 hours per year.
Public Services Reform (Scotland) Act 2010 asp 8	Replaced the Care Commission (established in 2001) with Social Care and Social Work Improvement Scotland to register and inspect care services from April 2011.

THE PRE-FIVE POPULATION

The number of children under five is increasing and is projected to reach over 293,000 by 2012 before starting to decline again (GROS). The longitudinal study, Growing up in Scotland (GUS) is providing useful data on the circumstances of young children and their families in Scotland. While the vast majority are healthy, happy and have no cause for concern, the study does reveal the incidence of circumstances such as poverty and poor health. Findings include:

- Nearly a quarter (24%) of 3 to 4 year olds were living in persistent poverty. (i.e. a couple with two children with an income of less than £17,000 in the first four years) (Barnes, 2010).
- About one in ten children (11%) experienced parental separation in the first five years of their lives (Chanfreau et al 2011)

The health of children under five is generally good, but:

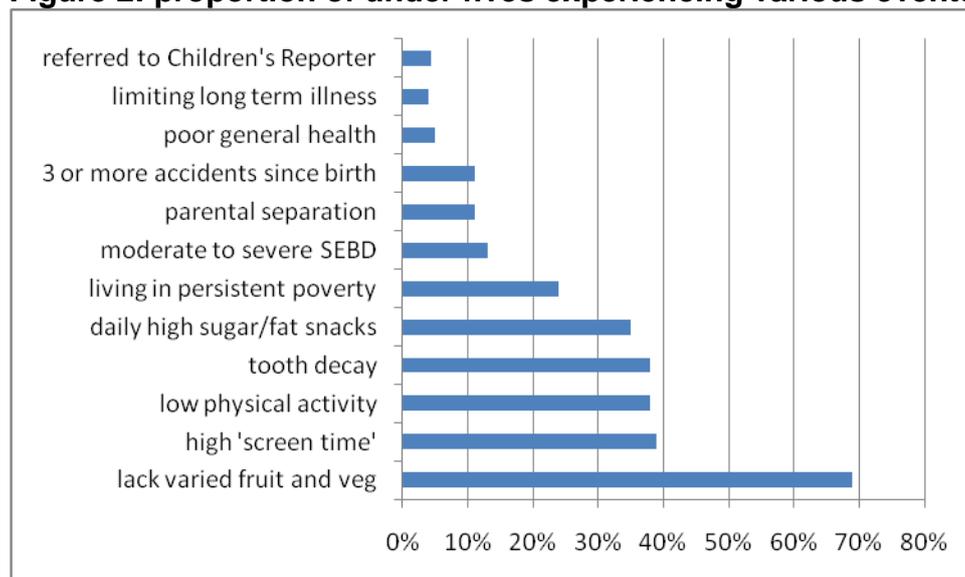
- A minority of the children were in poor general health (5%) or had a long-term illness that limited daily activities (4%)
- 18% had three or more health problems in the past year, and 11% had experienced three or more accidents or injuries requiring medical attention since birth
- 17% had some tooth decay (Although a basic inspection of P1 children found that 38% had some tooth decay²).
- More than a third reported low physical activity (38%) and high screen time (39%)
- 35% consumed snacks with a high sugar or fat content more than once a day, and 69% lacked a varied fruit and vegetable diet (Parkes and Wright 2011)

Some children need extra support from social work or education. A small proportion of children and families need intensive support.

- 13% of under fives had moderate to severe social, behavioural or emotional difficulties (Parkes and Wright 2011)
- The latest pupil census found that 8% of pre-school children had been identified as having additional support needs.³ However, only 0.4% had complex, long lasting, multiple needs requiring a Co-ordinated Support Plan (Scottish Government, 2010a).
- 4.3% per cent of all children under five were referred to the Children's Reporter in 2009/10, mostly by the police on care and protection grounds (SCRA, 2010). Most do not go on to become looked after, but numbers are increasing. In 2001, 571 children under five became 'looked after', by 2010, the figure was 931 (Scottish Government, 2010b).

The chart below illustrates some of these findings for children under five.

Figure 2: proportion of under fives experiencing various events/welfare issues



Note: SEBD is social, emotional and behavioural difficulties. Sources as detailed in text above.

The GUS study asked parents about their child's behaviour, looking specifically at conduct issues, hyperactivity, emotional difficulties and peer problems⁴. The vast majority of children (80%) scored in the 'normal' range for social, emotional and behavioural characteristics.

² i.e. parents sent letter A or B following P1 basic dental inspection. <http://www.scottishdental.org/?record=265>

³ The local variation from 15.8% in Orkney to 3.5% in East Lothian suggests there may be an issue with different approaches to identification of ASL.

⁴ Strengths and Difficulties Questionnaire.

Conduct difficulties were slightly more common (73% scored in the 'normal' range). However, around a fifth of children had high scores on all the 'problem scales' in addition to a particularly high score for either hyperactivity or emotional problems. These proportions match those which are expected from any community population. As the GUS report notes: "Difficulties with inattention, social interaction and emotion regulation can all provoke a poor reaction to the school environment and experience and ultimately lead to more negative school outcomes" (Bradshaw and Tipping 2010).

Children in low income families are more likely to have conduct difficulties, more likely to have emotional difficulties and be hyperactive. Children with poorer general health tended to have greater behavioural difficulties. In addition, delays in language development at age 2 were associated with hyperactivity and peer problems at school entry. Parenting styles also have an effect. Children who do not experience shouting or smacking and who do experience higher levels of parent-child social interaction, and a higher frequency of social visits, are less likely to have problems with their conduct or hyperactivity. As with all this type of research, these associations should not be treated as implying that poor outcomes are inevitable, or that the associations found necessarily tell the whole story about complex issues of behaviour or cognitive ability.

In addition to social, emotional and behavioural issues, a child's cognitive development will impact on their future educational achievement. The GUS study looked at language development and problem solving at around 3 years of age and found that:

"Children from more disadvantaged backgrounds in terms of their household income, employment status, area deprivation and maternal education and age have lower ability scores than children from more advantaged backgrounds. Low birth weight and signs of developmental delay at 22 months are also associated with low scores" (Bromley 2009)

GUS (Bradshaw, 2011) found that,

"The largest differences in ability are between children whose parents have higher and lower educational qualifications. At age 5, compared with children whose parents have no qualifications, those with a degree educated parent are around 18 months ahead on vocabulary and 13 months ahead on problem-solving ability."

However, in common with other studies, GUS found that a good home learning environment can mitigate (although not eradicate) some of the effects of disadvantage. This reflects findings in other studies looking at early intervention programmes.

EARLY INTERVENTION

Early years is a policy area which has been heavily influenced by the research evidence base. There is a vast amount of research literature in this area. The following picks out a few of the most influential findings.

PERRY PRE-SCHOOL STUDY

One particularly influential project has been the long term evaluation of the 1960's American High Scope Perry Pre-school project. In 1962, 64 children aged 3 and 4 who were considered at risk of failing at school were provided with high quality pre-school education. This involved 2 ½ hours a day of pre-school and a 1 ½ hour a week home visit which sought to involve the child's mother in delivering the curriculum. The emphasis was on active learning and both the

centre based sessions and the home visits were delivered by degree educated teachers. The programme cost \$11,300 per child (2007 prices). At age 40, those who had received the intervention were less likely to have been in prison, more likely to be earning more and less likely to have received government food stamps than the control group (Coalition for evidence based policy online). The largest savings were from diversion from crime. Estimates vary, but the latest found a range of between \$4 and \$7 return for every \$1 invested (using 5% discount rate) (Heckman et al 2010).

‘THE HECKMAN EQUATION’

Based largely on findings from projects such as Perry Pre-school, the economist James Heckman compared the 'rate of return' to the level of public sector investment and proposed that there should be far larger investment in the early years. Heckman argues that many social and economic problems are linked to low levels of skills and abilities. These are social and emotional abilities (e.g. motivation, perseverance) as much as cognitive. The family environment is therefore crucial in enabling the formation of skills and abilities and effective early intervention can assist in this. As he argued: “If society intervenes early enough it can improve the cognitive, socio-emotional abilities and health of disadvantaged children.” This creates an ability to learn, which in turn begets further skills and abilities in later childhood and later life. He therefore argues that: “early interventions promote economic efficiency and reduce lifetime inequality” but: “early investments must be followed by later investments if maximum value is to be realised” (Heckman, 2008).

EFFECTIVE PRE-SCHOOL EDUCATION

While Perry Pre-school was targeted at disadvantaged children, the ‘Effective Pre-school Education’ project (EPPE) has shown the value of universal pre-school education. This large scale English study found that good quality pre-school improved children's attainment in primary school. This was true for all income groups, although the effect in lower income groups was to bring children above the minimum expected level. The effects of pre-school are therefore more important for children in disadvantaged families. The study identified five elements of effective pre-school which were:

1. Quality of adult-child verbal interaction.
 2. Staff knowledge and understanding of the curriculum.
 3. Staff knowledge of how children learn.
 4. Adults' skills in helping children resolve conflicts.
 5. Helping parents to support children's learning at home.
- (Sylva et al, 2003)

HOME LEARNING ENVIRONMENT

GUS found that even where children are growing up in less affluent and less advantaged circumstances, being read to every day, visiting a wide range of places and doing a wide range of activities is associated with better cognitive development. Activities included things like looking at books, reciting rhymes, singing songs, running around, playing outdoors, painting, drawing and playing at recognising letters. Visits included things like going to a swimming pool, library, zoo or park. In other words, a good home learning environment can mitigate some of the effects of disadvantage (Bromley, 2009).

Effective early intervention programmes seem to involve both the parents and the child in seeking to improve the home learning environment. This was the case for Perry Preschool (see above) and outreach work in English Sure Start. Melhuish comments that:

“A thorough review of early interventions concluded that, to gain the most impact, interventions should include both parent and child together, with a focus on enhancing interactions (Barnes & Freude-Lagevardi, 2003). Such work indicates that parenting behaviours are learnable, and changes in parenting are associated with improved child development” (Melhuish, 2010a).

Similar conclusions have been drawn from GUS, which found that this may have more effect for disadvantaged families (Bradshaw 2011)

“strategies aimed at improving school readiness via the preschool setting need to include, for more disadvantaged children, strategies which seek to influence the child’s home environment and parenting experiences at the same time. To ensure that children’s cognitive ability is maximised in the pre-school period, our findings suggest that such strategies should focus on the quality of the parent-child relationship and frequency of home learning activities.”

However, the findings emphasise that a range of policies will be needed:

“The findings in the report present a complex picture of the numerous elements of children’s lives which, taken together, can influence their cognitive development. Influencing just one factor is unlikely to generate any change in children’s ability.”

This brief overview of some of the research in this area highlights that there is a broad range of policy interventions and services that are required to close the gap between advantaged and disadvantaged children. It shows that policies addressing poverty and health are relevant as well as those addressing childcare and education. It suggests that work with parents is important as well as work with children. It also highlights that while there is a sizeable minority of children who may have some issues with ‘school readiness’ there is a very small proportion of children who receive intensive social work support. Families with different levels of need may require different policy approaches.

POLICY CONTEXT

Policies in early years have tended to divide into those dealing with pre-school education, provision of childcare and targeted, integrated services for the very young. The Early Years Framework is the main current policy in this area and it covers all these areas together. This is reflected in its age range of 0 to 8 years. The general policy aspirations have not altered significantly since the late 1990’s. These include improving the quality, affordability and availability of childcare, providing free pre-school education, improving co-ordination between services, focusing on the child rather than the service and identifying and implementing effective early interventions. Developments in childcare were largely set in train by the childcare strategy in 1998 (DfEE) and the 2001 report *For Scotland’s Children* (Scottish Executive, 2001) was the starting point for a renewed focus on integrated services. In 2002 HALL4 led to a different approach to health visiting (Hall and Eliman). However, particular policy frameworks and

documents have changed and the following sets out the main policy context in the period 2007 to 11⁵.

NATIONAL PERFORMANCE FRAMEWORK

The SNP government's national performance framework includes the outcomes that: “our children have the best start in life and are ready to succeed ” and “we have improved the life chances for children, young people and families at risk” (Scottish Government, 2007a). Beneath this are the three main policy frameworks of which the key one is the 2009 Early Years Framework (Scottish Government, 2009a). The other two are Equally Well – tackling health inequalities (Scottish Government, 2008a) and Achieving Our Potential – tackling poverty (Scottish Government, 2008b). In addition, the Child Poverty Strategy pulls together the relevant policies within an anti-poverty framework (Scottish Government, 2011a).

EARLY YEARS FRAMEWORK

The Early Years Framework builds on existing developments but sets them in a framework of key principles (see annex). It covers the age range 0 to 8 years. There was no funding attached to the strategy although there were some funds for some specific initiatives mentioned in it. The over arching themes were local implementation, integrated working, early intervention and re-focusing effort on prevention rather than crisis intervention. It does not provide detail about how this is to be achieved and much of the implementation has been left to Community Planning Partnerships. The local government element of these partnerships is under a statutory duty to produce integrated children's services plans, and in addition, their progress towards achieving the national performance framework outcomes is expected to be included in their Single Outcome Agreement annual reports. The health aspects are being taken forward by a range of projects and link to work on modernising nursing in the community which began in 2010. In 2011, the Scottish Government published a report on progress so far, noting that:

“Real change is only possible through local implementation and joined up action by local partners and agencies, focused on improving outcomes for our youngest children. Shifts in local strategies and structures are certainly happening. Services are being redesigned and resources redirected to meet our agreed early years priorities” [...] At the heart of the framework is a desire to see a shift in investment in early years from crisis management to early intervention and prevention. We all know that the pressures on budgets are going to intensify and that hard decisions are inevitable” (Scottish Government, 2011b).

Figure 3, below highlights some of the short term ‘priorities for action’ referred to in the Early Years Framework and progress on them by April 2011. Further detail on many of these policies is given later in this briefing.

⁵ The range of services involved in the early years means that there is a large number of relevant policies – many of them extending beyond the early years. The main ones are referred to in the text where relevant, but comprehensive coverage is not possible in this short briefing.

Figure 3: Short term actions in Early Years Framework.

Policy	Progress
Increasing the free hours of pre-school education	Increases beyond 475 hours are discretionary to enable a focus on class sizes (Scottish Government, online).
Increasing access to a teacher in pre-school	More children have access to a teacher than in 2007, but number of teachers has decreased (Scottish Government, 2010a).
Family Nurse Partnerships	A pilot has been launched in NHS Lothian
Social marketing campaign on parenting	Playtalkread was launched in 2009 (Scottish Government, online).
Common values statement for the early years workforce	Launched for consultation in March 2011 (Scottish Government, 2011c).
Integrated care pathways for antenatal, maternity and postnatal care	Guidance published “A pathway of care for vulnerable families” (Scottish Government, 2011d).
Promote the benefits of a single, accessible and progressive means of supporting parents with the costs of childcare	Promotional campaign run on use of childcare vouchers
Promote play	£4m fund run by Inspiring Scotland Ltd currently provides funding to 27 organisations which promote play for 5 to 14 year olds (Inspiring Scotland, online).

Sources: Scottish Government 2009, 2011b unless otherwise indicated.

GETTING IT RIGHT FOR EVERY CHILD

Getting it Right for Every Child (GIRFEC) is described by the Scottish Government as the ‘methodology’ or ‘delivery mechanism’ for their frameworks on poverty, health inequalities and early years. GIRFEC is a programme which seeks to change working cultures, systems and practices in order that professionals are able to: “give every child the help they need when they need it” (Scottish Executive, 2006a). It seeks to increase personalisation, reduce bureaucracy and improve multi-agency working. GIRFEC extends to all children’s services and to adult services which impact on children. There is a National Practice Model which seeks to create a degree of consistency in assessment and planning for children across different services. Each child has a ‘named person’ – the health visitor for pre-fives and a school staff member for older children. This is someone who acts as the initial point of contact for children and families. Where co-ordination of services is required then a ‘lead professional’ should be appointed. The key values and principles in GIRFEC are that all professionals working with children will seek to ensure that children are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

CURRICULUM FOR EXCELLENCE

In its inclusion of pre-school and early primary education, early years services must also be seen in the context of Curriculum for Excellence with its four key capacities of creating successful learners, responsible citizens, confident individuals and effective contributors. Pre-school education is part of the ‘early’ stage of the curriculum which also includes Primary 1. This is discussed further under pre-school education on p.17. It is also linked to the literacy action plan published in 2010 which seeks to improve literacy at all ages including the early years.

SNP MANIFESTO COMMITMENTS

Building on the above developments and reflecting findings from research, the SNP manifesto in 2011 included the following commitments:

- A £50m 'change fund' for early intervention projects
- New legislative duties to support early years services and a review of the Children (Scotland) Act 1995
- Ensure early years services are included in local authorities' Single Outcome Agreements
- Continue to expand pre-school education and access to a teacher in pre-school
- Develop National Parenting Strategy
- Set out steps towards increasing support for childcare
- Establish a task force to ensure early years spending is prioritised by the whole public sector
- Roll out Family Nurse Partnerships across Scotland

SERVICE PROVISION IN THE EARLY YEARS

The Early Years Framework, GIRFEC and the Curriculum for Excellence are implemented through particular services. Between the ages of 0 and 3 most contact with the state is through the health service. A substantial minority of children in this age group access childcare which can be either private, public or voluntary sector provision. At age 3 and 4 there is almost universal use of free pre-school education, currently at 475 hours a year. At around age 5 children start school although a substantial proportion continue to access childcare. A very small number of children receive social work services.

SERVICES FOR UNDER 3'S

There is an increasing emphasis on the value of provision for children under three years. For example, the Early Years Framework states:

“A renewed emphasis on the period between early pregnancy and 3 years old is needed to reflect the evidence that this is the period with the greatest bearing on outcomes and a critical period in terms of breaking cycles of poor outcomes. Risks of poorer outcomes for children and families are strongly correlated to underlying factors, mainly poverty and lack of parental skills and knowledge as well as education” (Scottish Government 2009a)

Guidance for staff working with very young children has recently been revised (Scottish Government, 2010c). This emphasises partnership working, shared approaches across professions, a focus on the child and the value of preventative work. It summarises key messages from research about child development and encourages staff to engage in continuous learning and reflect on how research can inform their practice. The guidance sets out four interconnected key principles of rights of the child, relationships, responsive care and respect.

The midwife and health visitor are the main contacts for parents of very young children. Other recent guidance described the role of the community nurse as pivotal to the provision of children's services:

“The focus of professional practice is early intervention; prevention and health promotion for children and families; promoting social inclusion and reducing inequalities in health; addressing key public health priorities and supporting the capacity of families to parent

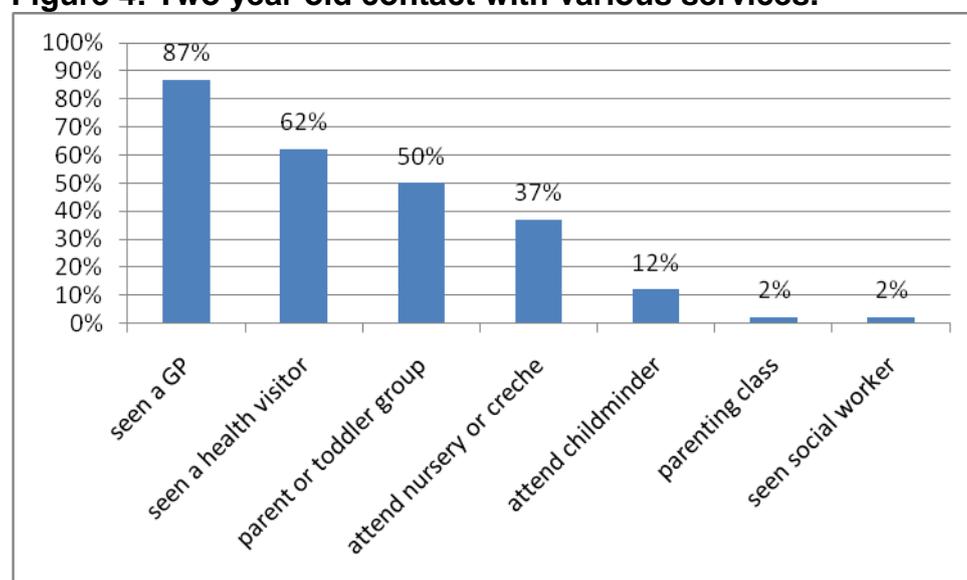
within their local communities through the provision of universal services” (Scottish Government 2011e).

Given the development of national guidance in this area it is interesting to look at how much contact the under 3's actually have with public services.

All children receive a ‘core’ programme of immunisation and health surveillance, which includes screening for certain conditions within days of birth, a visit from a health visitor at around 10 days and a 6 to 8 week review. Following concerns that this could leave children with no health visitor contact between 8 weeks and starting school, guidance was issued in January 2011 to re-instate the 24-30 month check for all children. These visits collect information relating to nutrition, parental concerns, physical and motor development. They are also an opportunity for health promotion and to identify children who need additional support (Scottish Government, 2011d).

GUS findings from sweep 2 (where the birth cohort were aged just under 2 years old) confirm that the main contacts are visits to the GP and health visitor. Very few children had seen a social worker (2%) although this was more likely amongst younger mothers (8% of mothers aged under 20). However, contact with childcare is also substantial, and is likely to be over a longer period of time (Bradshaw et al 2008 ch.8). Figure 4 below shows the different levels of contact for families with two year old children.

Figure 4: Two year old contact with various services.



Source: Bradshaw et al 2008, Tables 8.7, 9.2. paras 8.4.1 – 2.

GUS (Mabelis and Marryat 2011) found that the most vulnerable mothers were the least likely to engage with services. The authors considered that for some, extra signposting may be sufficient but:

“For other women, where stigma of engagement is an issue, an informal-formal support service, such as Community Mothers⁶, may help give this group support and could eventually break down barriers with formal services. For a small group though, more intensive professional support, such as the Family Nurse Partnership, is required in order to help them become the parent they want to be and for their child to have the best early years experience possible.”

⁶ Breastfeeding support project using local volunteers. See: <http://www.nhs.uk/nhs.uk/services/breastfeeding/lbi/pages/communitymothers.aspx>

FAMILIES NEEDING EXTRA SUPPORT

Much of the policy focus on the 0 to 3 age group has been on those families and children who may need extra support. As part of the standard programme of surveillance, health visitors identify such families. Guidance sets out factors which may indicate that additional support is required as well as factors that indicate family strengths. There is an emphasis on flexibility and the need to respond to individual and changing need. The 'named person' is the mid-wife until birth and then the health visitor until the child starts school. This means it is their responsibility to identify whether a 'lead professional' needs to be appointed to co-ordinate support across different services (Scottish Government 2011d).

One area where health visitors will be expected to identify concerns is in child protection. Over half (52%) of the children on the child protection register in 2010 were aged under five (1,306 children) (Scottish Government 2010d). A child protection reform programme launched in 2002 with a focus on the need for better integrated services. This was also one of the main aims of GIRFEC which was developed at the same time. New guidance on child protection was issued in 2010 which emphasises the continuing role of the multi-agency Child Protection Committees as well as collective responsibility for child protection.

“All agencies, professional bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and consider the child's needs, share information and concerns with other agencies and work collaboratively with other services (as well as the child and their family) to improve outcomes for the child” (Scottish Government 2010e).

Integrated services are also a key feature of early intervention projects targeted at vulnerable children and families. The focus though is on preventive work, compared to the 'crisis intervention' which marks much of child protection.

In 1998, English Surestart promoted services which linked health, education and care and which provided support for parents as well as children. There was also an extensive evaluation programme which has provided a wealth of information about the efficacy of different kinds of interventions. Early Surestart projects did not produce the hoped for results with the most vulnerable families. However, its transformation since 2006 into integrated children's centres run by local government and with a more clearly specified set of services has been more successful (Melhuish 2010b). This illustrates the need to focus not just on early intervention, but on the detail of the kinds of interventions that have been shown to be effective.

In England, there was greater consistency and national direction than in Scotland. Surestart Scotland was introduced in 1999/00 and although the basic principles were the same, it was generally left to local authorities to develop and funding was not ringfenced. With the publication of the Early Years Framework, national policy no longer referred to Surestart, although the Framework promoted similar kinds of provision. There is no national overview which quantifies the number of projects which provide integrated support to vulnerable families. However, some examples are given below:

- **there are 136 family centres** (Scottish Government, 2010f). These tend to combine childcare, pre-school education and various types of parental support. GUS found that fewer than 1% of children attend family centres (Bradshaw et al 2008 table 9.2). In her recent report *Joining the Dots*, Susan Deacon recommended increasing this type of provision.

“Where children and family centres work well, and offer a range of childcare, activities, services and support - as well as valuable opportunities for parents to volunteer and to

support one another – they can have a major beneficial impact on the wellbeing and development of young children, the family and the wider community. When coupled with effective outreach work they can often engage with parents and children who might otherwise not seek - or be offered - support from which they could greatly benefit.” (Deacon 2011).

- **Pre-school education for vulnerable two year olds** was a pilot scheme from 2006-08 delivered in four local authority areas. Its evaluation found that parenting capacity improved. Child outcomes improved in both the control and intervention groups (Woolfson and King 2008).
- **Parenting skills courses** such as Triple P, Mellow Parenting and Incredible Years are available in some local authorities (HMle 2009a).
- **Early learning support** is available in a number of local authorities and includes partnership working with libraries, encouraging fathers to play a more active role in their child’s learning, and support to families and children for whom English is an additional language (HMle, 2009a).
- **Family Nurse Partnerships** is an intensive home visiting programme for vulnerable young mothers which has been run in the US and England where it has been shown to be highly effective in improving life outcomes. It has been introduced on a pilot basis in Edinburgh and is currently supporting 145 mothers: “six family nurses visit expectant mothers every one or two weeks during pregnancy and throughout the first two years of their baby's life, offering guidance on child development, preventative health measures, parenting skills, breastfeeding, better diet information and advice for mothers on education and employment” (GP online 2010). The cost of providing the scheme throughout Scotland has been estimated as £35m p.a (Scottish Parliament, 2011).

There are also some services available to all parents which extend beyond children aged 0 to 3. These nationwide initiatives include:

- The **Scottish Book Trust's** 0 to 5 programme includes 'Bookbug' providing books to all children in Scotland at six weeks, 18 months, 3 years and primary one (Scottish Book Trust online).
- **Playtalkread** is a Scottish Government marketing campaign launched in 2009. This combines Bookbug, advertising and roadshows to encourage positive parenting (Scottish Government online).
- Children 1st has provided a phone help line – **parentline** since 1999 and have received around 113,000 calls in ten years (Children 1st online).
- **Homestart** is a UK wide initiative organised on a local basis which has offered volunteer home visiting for over thirty years (Homestart online).

The Scottish Government also provides funding to a range organisations providing support to parents including: Parenting Across Scotland, Parent Network Scotland, One Parent Families, Families Outside, Relationships Scotland, Scottish Marriage Care and Cruse Bereavement Scotland.

Generally, integrated provision supports the parent and the child, pre-school education supports child development and childcare policy is based mainly on enabling parents to work.

CHILDCARE

Policy

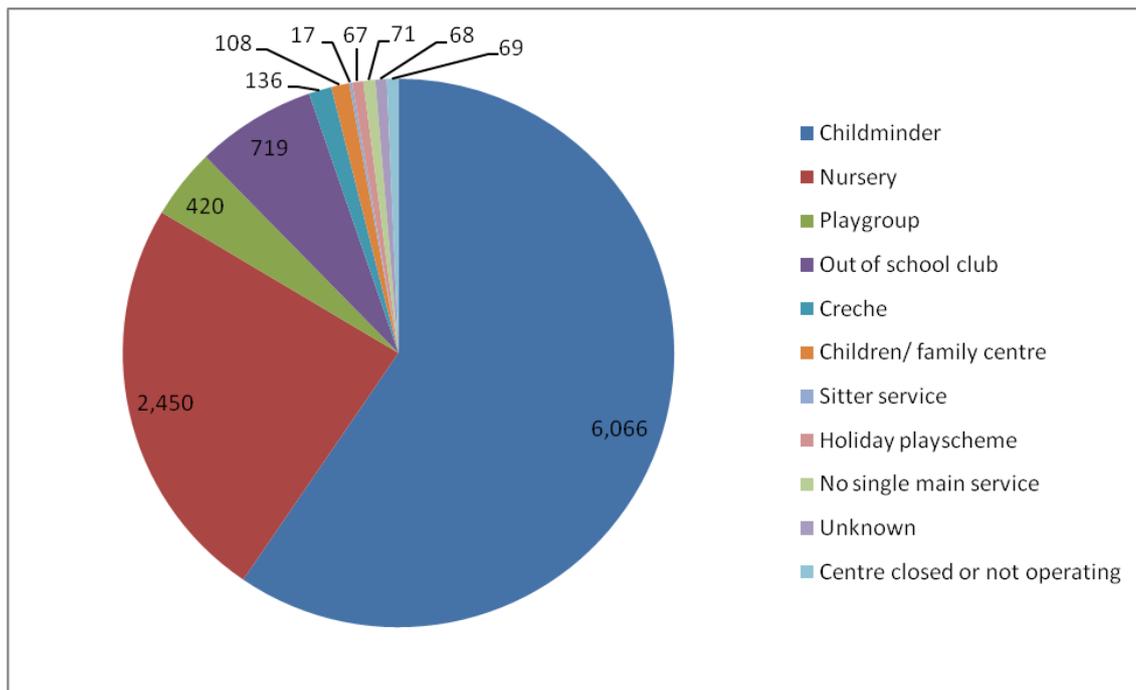
The Childcare Strategy in 1998 marked a significant shift in childcare policy in its ambition to develop high quality, affordable, accessible childcare for children aged up to 14 years. As a result, childcare costs were subsidised through welfare benefits and local authorities improved the information they provided about availability. Local authorities still spend around £28m per year on childcare (CIPFA 2010). This money was initially used establish Childcare Partnerships which bring together local organisations involved in early years care and education to help plan provision in the local area. These have often become part of the wider Community Planning Partnership and now sometimes referred to as Early Years Partnerships or Childcare and Early Years Partnerships. Local authorities also provide social work children’s daycare and spent £44m on this in 2010/11 (CIPFA 2010). There is a national website to help parents locate local childcare. See

<http://www.scottishchildcare.gov.uk/LocalCategoryDetail.aspx?chisid=23&bbcicid=6>

Providers

As figure 5 shows, there are many kinds of childcare services. The most common type of provider is childminding, although as they take only a few children each, they only cater for a relatively small proportion of children attending day care.

Figure 5: Registered providers by type, 2010.



Source: Scottish Government 2010f

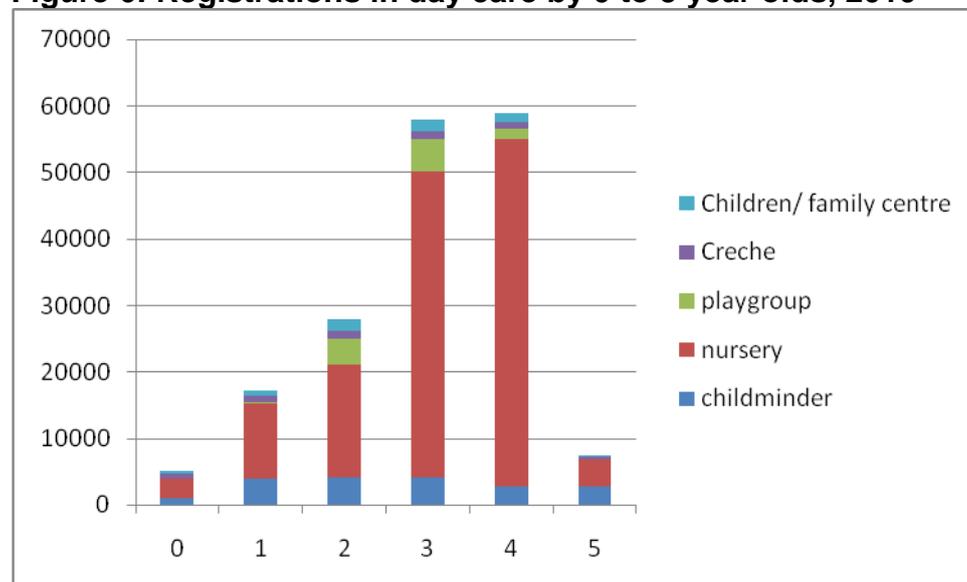
The voluntary sector provides most of the playgroups, out of school care clubs and sitter services whereas most pre-school provision is run directly by the local authority and all childminders are in the private sector. Overall, not including childminders, provision is 44% public sector, 27% private sector and 29% voluntary sector. When childminders are included, provision is 18% public sector, 70% private sector and 12% voluntary sector. There has been a small decline in the number of centres. Compared to 2006 there were 7% fewer childcare

centres and 5% fewer pre-school providers in 2010. However, there has been an 8% increase in pre-five children registering at childcare centres. This would appear to suggest that centres are getting bigger. The number of childminders remained almost the same.

Pattern of use

Figure 6 shows the use of registered day care by 0-5 year olds in 2010. This shows how the use of the early years sector is dominated by nursery provision for 3 and 4 year olds, reflecting the provision of free part time pre-school education. Most parents use more than one provider and their use changes over time. There is also a strong reliance on informal childcare – particularly grandparents. There is a great range in the number of hours used. For example, around a fifth of 1 to 2 year olds spend less than nine hours a week in childcare, but a not dissimilar proportion (23%) are there for more than 30 hours. The number of hours in childcare increases with age until children start school. Nearly a third of 3 and 4 year olds are in childcare for more than 30 hours a week. There have often been concerns raised about what effect time in childcare has on children. GUS found that childcare of between 17 and 40 hours a week at age 10 months had a positive impact on a child's vocabulary at age 3, but that more than 40 hours at age 3 was associated with behavioural problems at age 5 (Bradshaw, 2009).

Figure 6: Registrations in day care by 0 to 5 year olds, 2010



Source: Scottish Government 2010f

Cost

The increasing cost of childcare continues to be a key campaigning issue for organisations like the Day Care Trust. In 2010, they found that 25 hours of nursery care for a two year old costs £5,178 p.a. (£100 per week) (Daycare Trust online). However, in considering these types of survey, it is necessary to bear in mind the complex pattern of childcare use described above. It is more common to pay more when the children are under 3. This is because staff ratios are higher for under 3s. The GUS study found that around 20% of parents of 1 and 2 year olds and 11% of parents of pre-school children were paying over £100 a week for childcare. A substantial proportion (42%) were paying less than £20 when their children were 3 and 4 (Bradshaw et al 2008).

Work life balance

The use of childcare is linked to parents' working patterns and the provision of flexible working practices. The GUS study found that around a fifth of parents could access childcare vouchers, 60% had flexible working and around 60% of employers offered time off for children's illness (Bradshaw et al 2008).

PRE-SCHOOL EDUCATION

Free part time provision

One of the biggest changes over the last 15 years has been the expansion of pre-school education. Nearly all 3 and 4 year olds now attend pre-school education. The Labour Government had an objective of providing a free pre-school place for every 4 year old child by 1998/99 and for every 3 year old by 2002. In 2002 it became a statutory requirement to offer this in Scotland. The original requirement was for 412.5 hours per year, but this has since increased to 475 per year. The SNP government had an ambition to increase this further to 570 hours per year but, following a 2009 agreement on achieving primary class size reductions, this was left to the discretion of local authorities (Scottish Government online). Local authorities can commission pre-school provision from the voluntary and private sector, known as 'partnership' provision. In 2010, local authorities commissioned just over 1,000 pre-school providers, making up 40% of their provision (Scottish Government 2010f).

Pre-school curriculum

Apart from an increase in the number of hours of provision, a key change since the late 1990's has been the development of the pre-school curriculum. Curriculum guidance was provided in 1998 (SCCC). Curriculum for Excellence continues the focus on learning through play but places more emphasis on the links between pre-school and early primary. Pre-school and the first year of primary now make up the 'early' stage of the Curriculum for Excellence. The key principles are: active learning, an holistic approach to learning, smooth transitions and learning through play. Children attending pre-school education are entitled to additional support for learning as are disabled children under three years of age. As with school education, pre-school education is inspected by HMIE, due to become Education Scotland in July 2011.

Pre-school teachers

Nursery classes used to be required to have a teacher for every twenty pre-school children. This requirement was removed in 2002⁷ at the same time as local authorities were developing 'partnership' provision. This resulted in fewer teachers being employed – particularly by the new providers. By 2010, 94% of local authority nurseries included a teacher, but only 36% of partnership nurseries did so (Scottish Government 2010g). While this was happening, research such as EPPE (Sylva et al, 2003) was starting to show the beneficial effect of involving teachers in pre-school. However, some argued that it was the level of qualification that mattered rather than a teaching qualification per se and proposed a childhood practice degree. Responding both to research on the value of teachers and arguments of the value of a childhood practice degree, SNP government policy included increasing access to a teacher and creating a childhood practice degree. This degree will soon be a required qualification for all managers in pre-school and childcare (see below p.19).

⁷ Part of the repeal of the Schools (Scotland) Code 1956

HMle guidance recommended that teachers should spend a substantial amount of their time involved directly with children rather than just taking a 'backroom' planning or advisory role. They found that support for children with additional support needs was particularly good where there was a teacher involved (HMle 2009b). (Around three quarters of the teachers involved in pre-school do provide direct support to children with additional support needs (Scottish Government, 2010a)).

Between 2008 and 2010 the proportion of pre-school centres with a teacher working 'under a regular arrangement' increased from 66% to 70% (Scottish Government 2010a). However, there was a reduction in the number of pre-school teachers employed from 1,685 FTE in 2007 to 1,613 FTE in 2010, indicating that progress in this policy was achieved by deploying a slightly reduced number of teachers across a larger number of nurseries.

REGULATION AND INSPECTION

The regulation of services and the workforce has completely transformed since devolution. This is part of a broader policy theme of increasing regulation of the social care workforce generally but was also a response to the Childcare Strategy's ambition to improve the quality of care. The Regulation of Care (Scotland) Act 2001 created the Care Commission to regulate and inspect social care services and the Scottish Social Services Council (SSSC) to regulate the workforce. On 1 April 2011 the Care Commission became Social Care and Social Work Improvement Scotland although its functions in relation to childcare and pre-school services will not change.

While the Care Commission inspects the care elements of pre-school education, HMle inspects the delivery of the pre-school curriculum. In July 2011 the Education Scotland will be established from the merger of HMle and Learning and Teaching Scotland. The agency will be responsible for inspection and curriculum development.

Inspections have found that pre-school is generally of high quality. Centres are welcoming and children are keen to learn. However, HMle has found that "in around a quarter of voluntary and private centres, children are less well supported." While there was effective support for parenting and child development in some local authorities there was generally a need to improve integrated working with children with complex needs (HMle, 2009c).

WORKFORCE DEVELOPMENT

THE CHILDREN'S WORKFORCE

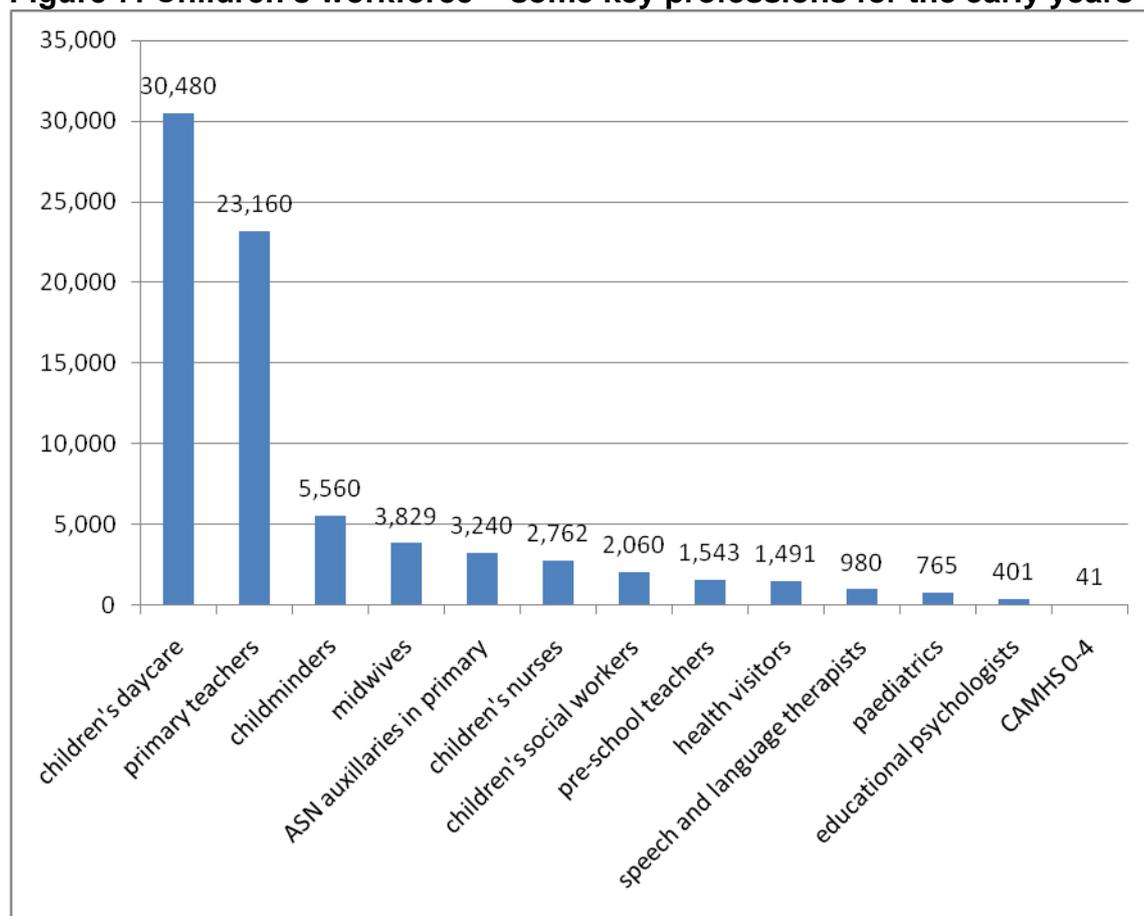
There are a large number of people working with children. Some estimates put it as high as 250,000 (Scottish Government 2011c) which is 10% of the entire Scottish workforce⁸. It is difficult to identify which of these are focused on early years, but figure 7 gives an indication of the scale of the workforce in particularly relevant areas. It is clear that the most numerous area is childcare and pre-school. Although health visitors are often mentioned in early intervention policies, there are only around 1,500 of them.

A consultation on common core skills for the children's workforce was launched in March 2011. This defines the workforce as including "anyone working (paid or unpaid) with any child, young person or family across health, education, social services, justice and community services, in the public, private or voluntary sectors." It draws heavily on GIRFEC to propose values

⁸ 2.5m people employed in Scotland in Nov – Jan 2011 (National Statistics 2011).

common to all those who work with children and also attempts to suggest common skills and knowledge (Scottish Government 2011c).

Figure 7: Children’s workforce – some key professions for the early years



Source: ISD online, Scottish Government 2010a, 2010f, 2010g and 2010h. Children’s daycare, childminders, nurses, health visitor and midwife figures are headcount. CAMHS is child and adolescent mental health services targeted at pre-5s. ASN is additional support needs. Social workers is children’s social workers employed by local authorities.

Given their domination of early years services, the following focuses on efforts to increase qualification levels amongst children’s daycare workers.

REQUIRED REGISTRATION FOR CHILDREN’S DAYCARE WORKERS

The children's day care workforce is regulated by the Scottish Social Services Council (SSSC), established in 2001. With the exception of childminders, the SSSC is phasing in the requirement for the workforce to register with them, based on obtaining certain qualifications. Between 2004 and 2008 £6m p.a. was provided to local authorities to support this process. Since 2008, this money has been 'rolled up' into the general local government revenue support grant. Since November 2010, managers of children's daycare have been required to hold or be working towards a degree level qualification. From December 2011 they will be required to hold or be working towards the new degree in Childhood Practice. Figure 8 below shows the dates for voluntary and required registration of children’s daycare staff.

Figure 8: Registration dates for children’s day care workforce

	Register Opened	Required to register
Managers	October 2006	30 November 2010
Practitioners	March 2007	30 September 2011
Support workers	October 2008	30 June 2014

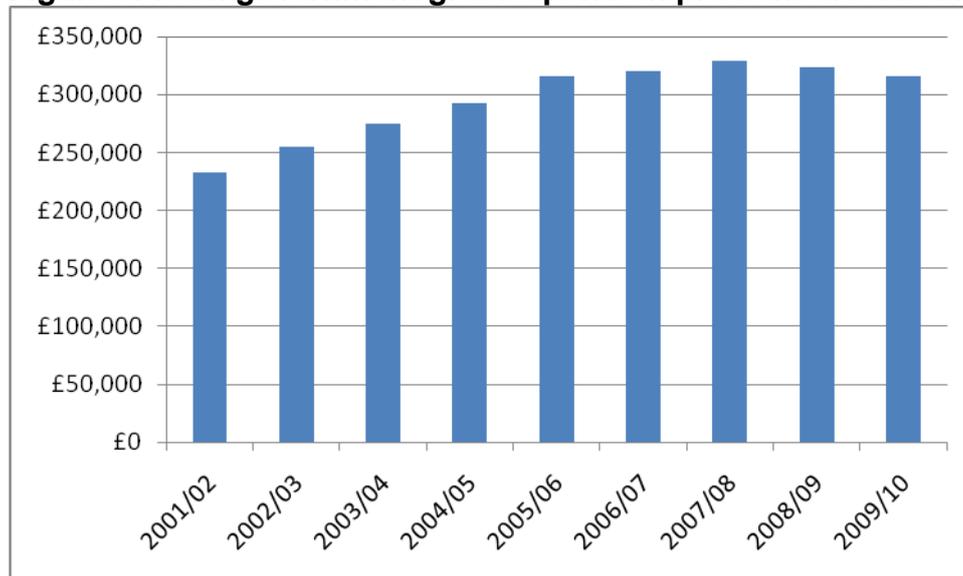
Source SSSC online.

In January 2010, 80% of centres had a plan for how their staff will meet these registration requirements. At that time 34% of managers held a childcare related degree. Statistics do not give the breakdown for support staff or practitioners, but 82% of all staff had a qualification at SVQ level 2 or above (the required level for support workers) and 74% of all staff had a qualification at SVQ level 3 or above (the required level for practitioners). Out of school care clubs and voluntary sector provision in general tended to have less well qualified staff. Around a fifth of all staff are currently working towards qualifications (Scottish Government 2010f).

FUNDING

The main identifiable area of spend under the control of the Scottish (rather than UK) Government is local authorities' provision of pre-school education and provision of certain health services. In 2009/10 local authorities spent £316m on pre-school education. Spend increased significantly until 2007 but has since declined in real terms. However, this appears to be mainly a result of inflation and a change in the way the statistics are calculated.⁹ Figures for 2010/11 are not yet available.

Figure 9: local government gross spend on pre-school education £000’s real terms.



Source: Scottish Executive 2003, 2004, 2005, 2006b. Scottish Government 2007b, 2008c, 2009b, 2010i, 2011g, converted to real terms using HM Treasury deflator

In March 2011, the Scottish Government announced an 'Early Years and Early Action Fund of £6.8m for national voluntary organisations (Scottish Government 2011f). It is to be administered by Inspiring Scotland who also manage the government's £4m Go Play programme and the 14:19 fund. The fund is expected to open for bids in May 2011. In their 2011 manifesto, the SNP stated that they would introduce a £50m 'sure start' fund. This would be: “a change fund to support projects designed to deliver effective early intervention in a child’s life, including the

⁹ In cash terms, funding only declined in 2009/10 and this was also the year in which the way PPP payments are accounted for changed. This resulted in education services overall being about 5% lower than they would have been if the finance statistics had been calculated according to the previous method.

development of a new generation of Children and Family Centres across Scotland” (SNP, 2011).

In terms of health expenditure, while it is not possible to identify exact spend on early years child health, a rough indication of scale is given by the net expenditure on community services by NHS Boards in 2009-10 of £80m on health visiting, £40m on midwifery, and £80m on child health (this covers immunisations, child health, school nursing, school health and community paediatrics) (NHS Scotland, 2010).

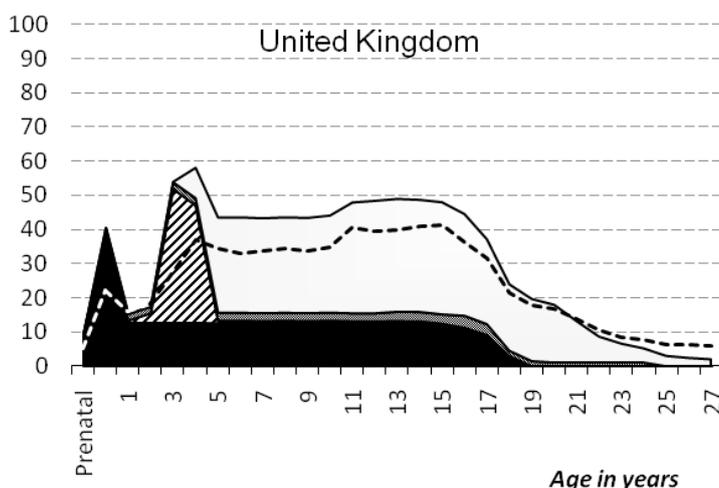
In addition, substantial UK Government investment is provided through welfare benefits. Maternity benefits include: Statutory Maternity Pay of 90% income for 6 weeks followed by £128.73 for 33 weeks. Alternatively, some mothers will get Maternity Allowance of £128.73 per week and some mothers on certain benefits can get a Surestart maternity grant of £500. Child benefit provides £20 per week for the eldest child and £13 for younger siblings. While the detail of child and working tax credits is complex, some examples of the level of payments are:

- £5,660 for a non-working family with 2 children, with income up to £15,000 p.a.
- £5,470 for a working family with 2 children, with income of £20,000pa and childcare costs of £90 a week (DirectGov online).

In December 2010, there were 369,300 children in Scotland in families receiving more than £545 a year in working tax credit (HM Revenue, 2010).

The OECD recently published an estimate of government spending according to age. Figure 10 shows the distribution of spend on cash transfers, in-kind benefits, childcare and education. The first solid section is cash benefits and tax breaks, the hashed section is childcare, the white section is education and the dotted line shows the totals for 2003. The general pattern is of high levels of spend throughout childhood with the exception of the 1 to 2 year olds. This probably reflects the gap in state assistance between the ending of maternity benefits and the starting of free pre-school education. This pattern is similar to many other European countries but is very different to the United States which shows an increase in state investment with age. The dotted line shows the position in 2003 and shows how there has been increased investment particularly in maternity and pre-school.

Figure 10: UK Average social expenditure by child by intervention as a proportion of median working-age household income, 2007.



(reproduced from OECD, 2011)

ANNEX: PRINCIPLES AND VALUES IN EARLY YEARS POLICIES

Many of the different elements of early years services have set out key principles and approaches. Many of these are aligned with GIRFEC. Examples are given below:

10 Elements of Transformational Change in the Early Years Framework

1. A coherent approach
2. Helping children, families and communities to secure outcomes for themselves
3. Breaking cycles of poverty, inequality and poor outcomes in and through early years
4. A focus on engagement and empowerment of children, families and communities
5. Using the strength of universal services to deliver prevention and early intervention
6. Putting quality at the heart of service delivery
7. Services that meet the needs of children and families
8. Improving outcomes and children's quality of life through play
9. Simplifying and streamlining delivery
10. More effective collaborations

GIRFEC principles

Safe
Healthy
Achieving
Nurtured
Active
Respected
Responsible
Included

Curriculum for Excellence capacities

- successful learners,
- responsible citizens,
- confident individuals
- effective contributors

Within this, the 'early' level approach (pre-school and primary 1) is based on: active learning, an holistic approach to learning, smooth transitions and learning through play.

Pre-birth to three: guidance

The four key principles are the inter-related ones of:

- Rights of the child
- Relationships
- Responsive care
- Respect

NHS Quality Strategy

This sets out the internationally recognised 6 dimensions of healthcare quality - healthcare that is: person-centred, safe, effective, efficient, equitable and timely. The 3 Quality Ambitions set out in the strategy to which all NHSScotland staff and its partners will be aligned are: **Person-centred, safe and effective:**

Child protection: framework for standards

Guidance issued in 2010 set child protection in the context of the UN Convention on the Rights of the Child, GIRFEC and equalities requirements. It also re-iterated the approach of the 'Framework for Standards' which is:

- Children get the help they need when they need it
- Professionals take timely and effective action to protect children
- Professionals ensure children are listened to and respected
- Agencies and professionals share information about children where this is necessary to protect them
- Agencies and professionals work together to assess needs and risks and develop effective plans
- Professionals are competent and confident
- Agencies work in partnership with members of the community to protect children
- Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness

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