

PERTH AND KINROSS COUNCIL

Lifelong Learning Committee

4 November 2015

Measuring Impact - Evidence2Success/Early Years Collaborative

Report by Director (Education and Children's Services)

PURPOSE OF REPORT

This report provides the Committee with a summary of the impact of Evidence2Success and the Early Years Collaborative on improving the priority outcomes for children and young people identified following the Evidence2Success surveys in 2013.

1. BACKGROUND – EVIDENCE2SUCCESS

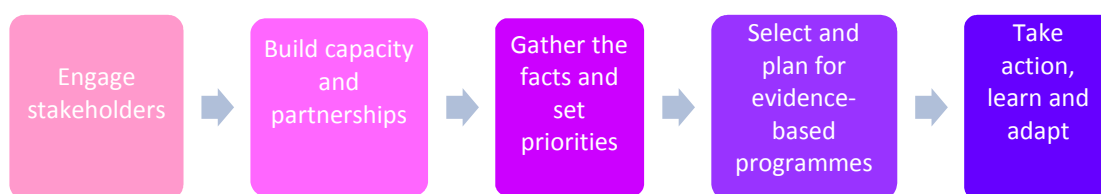
- 1.1 Evidence2Success (E2S) was approved by the Children and Young People's Strategic Partnership on 1 June 2012, and by the Executive Sub-Committee of Perth and Kinross Council Strategic Policy and Resources Committee on 16 August 2012 ([Report No. 12/341](#) refers).
- 1.2 Through development and implementation of E2S, the Community Planning Partnership (CPP) Board aimed to:
 - Transform children's lives – improving outcomes;
 - Deliver GIRFEC – putting the child at the centre;
 - Increase community empowerment: children's voices and needs heard;
 - Inform decision making by gathering world-class data on wellbeing; and
 - Invest together to make a real difference.
- 1.3 To deliver these aims E2S focused on establishing a common way of thinking centred on developing a shared commitment to improving a set of prioritised outcomes that then drive activity, investment and outputs.
- 1.4 The five prioritised outcomes for improvement through E2S were approved by the Lifelong Learning Committee on 6 November 2013 ([Report No 13/523](#) refers) as follows:
 - (1) Healthy Gestation and Birth
 - (2) School Readiness (4 months to 5 years)
 - (3) Engagement with School (9 to 11 years)
 - (4) Substance Misuse (9 to 14 years)
 - (5) Emotional Well-Being (11 to 15 years)
- 1.5 To address these priorities and achieve improvements in both universal and targeted services, a range of activity was approved by the Lifelong Learning Committee on 12 March 2014 as part of a developing Improvement Plan ([Report No: 14/98](#) refers).

2. BACKGROUND – EARLY YEARS COLLABORATIVE.

- 2.1 The launch of the national multi-agency Early Years Collaborative (EYC) was held on 1 October 2012, and was followed by the launch of local activity on 12 February 2013. The purpose of the Collaborative is to help organisations to deliver the Early Years Framework, and improve outcomes by creating a structure in which partners can easily learn from each other, and from recognised experts in areas where they want to make improvements.
- 2.2 The EYC is structured to deliver improvement in relation to four age specific workstreams with associated stretch aims:
- **Workstream 1: conception to 1 year** – To ensure that women experience positive pregnancies which results in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
 - **Workstream 2: 1 year to 30 months** – To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end 2016.
 - **Workstream 3: 30 months to starting Primary school** – To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end of 2017.
 - **Workstream 4: starting Primary school to 8 years** - 90% of all children reach all of the expected developmental milestones and learning outcomes by the end of P4, by end of 2021.

3. PROGRESS IN DELIVERY OF EVIDENCE2SUCCESS

- 3.1 The model for delivery of E2S has been structured in 5 phases:



- 3.2 Delivery of these 5 phases of E2S is well progressed. There was significant overlap in delivery of the first two phases - engaging stakeholders, building capacity and partnership. The work drew on the foundations of strong CPP relationships/ partnerships that were already in place prior to E2S. It also involved the establishment of a Community Partnership between the community, civic leaders and public sector providers in the Perth City North Ward area.
- 3.3 During 2013, Phase 3 of the programme was completed. This involved 800+ parents of children aged 0 – 8 years, and 8500+ children and young people aged 9-15 years contributing their views to a survey of well-being. This data was analysed, and reports on how well children and young people were doing

were provided at Perth and Kinross and school level wherever possible. Service providers and community members engaged in reviewing the data and informing the identification of the priorities outlined at 1.4.

3.4 In March 2014, an Improvement Plan outlining the implementation of evidence-based programmes and other activity to improve outcomes in relation to the five priorities was agreed (Phase 4). Although it was recognised that further activity needed to be pursued in relation to evidence-based responses to improving school engagement and emotional well-being. This Improvement Plan included the introduction of three evidence-based programmes (EBP) agreed for implementation at scale:

- Family Nurse Partnership: improving pregnancy and birth, and school readiness;
- Incredible Years Pre-school Parenting Programme: improving school readiness and school engagement; and
- Strengthening Families Programme: reducing early substance use and improving emotional well-being.

The focus of the Improvement Plan on increasing support for parents through these evidence-based programmes and the agreed scale of implementation was informed by the information gathered through the surveys undertaken in Phase 3.

3.5 Work is well progressed to deliver Phase 5 (Take action, learn and adapt). All three evidence-based programmes outlined at 3.3 are being implemented. Additional activities being planned or delivered to augment outcomes from these programmes and deliver further improvement in prioritised outcomes include:

- Expansion of Baby Massage programmes for targeted families to improve attachment; increase confidence in parenting; reduce stress and anxiety of babies and/or parents; and improve sleeping, digestion or circulation problems for babies;
- Implementation of the Solihull Approach within some areas of the early years workforce to increase parent's capacity to parent and support their child's development;
- Development of an attachment bundle that supports families to establish strong attachments in the early years;
- Action Research Projects in four Primary Schools. The focus of these projects has been informed by a literature review of current research on improving school engagement, undertaken by the Educational Psychology Service. The projects have been developing understanding of how schools can improve the following areas which are known to impact on children's commitment to learning in the school environment:
 - The impact of adults using higher order questions;
 - Which curricular areas pupils consider 'important learning';
 - Parental engagement; and
 - Whether staff understanding of 'engagement' improves consistency of practice?

- Training and support to enable staff to use the Model for Improvement methodology to increase the improvement in school readiness and school engagement. The focus of projects using the methodology includes: developing better attachment between parents and babies/children, enhancing communication skills, increasing effective delivery of support for parents and improving reading outcomes for children in the early Primary stages.
- Planning to develop pathways to improve emotional well-being, spanning from prevention to specialist intervention, including consideration of a 4th EBP (Functional Family Therapy) and review of the impact of Bounce Back and Roots of Empathy.
- An external evaluation of the process of implementation of Evidence2Success was funded at the outset of delivery by the Joseph Rowntree Foundation. The evaluation report on implementation to date is currently being finalised. Learning from this evaluation will be considered and used to inform future delivery as required.

4. PROGRESS IN DELIVERY OF THE EARLY YEARS COLLABORATIVE

- 4.1 Within Perth and Kinross the development of the EYC has been integrated with the overall activity and targets for improvement in the Early Years sector.
- 4.2 A range of services from Perth & Kinross Council, NHS Tayside and the voluntary sector participate in delivery of improvement activity to support progress towards these targets. This activity is supported, when appropriate, by the use of the IHI Model for Improvement to develop tests of change.
- 4.3 To enable staff to develop knowledge and understanding of the Institute of Healthcare Improvement (IHI) Model for Improvement, 2-day 'Bootcamps', half day and lunchtime workshops have been delivered. In addition, one-to-one coaching and Action Learning Sets have provided support for staff conducting Improvement Projects. This activity was supported by a member of staff who has completed training led by the IHI, and qualified as an accredited Improvement Advisor.
- 4.4 Eight Local Learning Sessions have also enabled staff to come together to discuss best practice, learn from the outcomes of Tests of Change in improvement projects and contribute to the shaping of local improvements.
- 4.5 Together, engagement at these events and consideration of the information emerging from E2S enabled a shared agreement to consolidate EYC activity locally on three agreed priorities (attachment, engaging parents, and early literacy) that will support delivery of the national EYC targets. Improvements in these areas make a direct contribution to the E2S priorities of improving healthy pregnancy and birth, school readiness and school engagement.

5. IMPACT – EVIDENCE2SUCCESS/EARLY YEARS COLLABORATIVE

5.1 Priority Outcome 1 – Healthy Gestation and Birth

- 5.1.1 Within Perth and Kinross 17.7% of parents participating in the community survey reported that their children were born either prematurely or with a birth weight lower than 2,500 grams. The data also showed that these children

were more likely to not be 'ready for school' and had increased likelihood of demonstrating 'early anti-social behaviour' as they grew older. The data also indicated that 43% of pregnancies were unplanned and that 32% of women had used substances (cigarettes, alcohol or illegal drugs) during their pregnancy. Nationally there is agreement that CPPs should prioritise activity to ensure that women experience positive pregnancies which result in the birth of more healthy babies, hence reducing rates of stillbirth relating to the stretch aim of Workstream 1 of the EYC.

5.1.2 **EBP: Family Nurse Partnership** has been independently evaluated as one of the most effective programmes to improve outcomes for first time teenage mothers and their babies. The Family Nurse Partnership (FNP) programme has been piloted and is now fully operational within the Perth and Kinross area. At present many of the families that the team have been working with as part of Cohorts 1 and 2 have, or are, reaching the point of graduating from the service. Pregnant women have been recruited to Cohort 3 since 1 January 2014.

Data on the impact of the FNP is collated by the FNP National Unit (Scotland) and will be reported at a Perth and Kinross level by the end of October 2015. Impact of the FNP on positive outcomes for children and parents in Perth and Kinross can also be drawn from analysis of information collected in previous years. This shows that:

- Breastfeeding increased - The percentage of teenage mothers breastfeeding is usually lower than the average breastfeeding for all age groups, however data for FNP clients in Perth and Kinross indicates that the percentage of mothers breastfeeding is higher or in line with than the average for any mothers breastfeeding at 6-8 weeks. In Cohort 1 of FNP, 31.6% of clients had indicated that they intended to breastfeed at intake. Following engagement with the service this figure increased to 50.4% of clients in this cohort attempting to breastfeed during the first 6 weeks post birth. In Cohort 2, 32.5% of clients had indicated that they intended to breastfeed at intake, this figure increased to 45.3% attempting to breastfeed during the first 6 weeks post birth.
- Meeting developmental milestones - the following table (Table 1) shows the percentage of children supported by FNP who achieve their developmental milestones within 5 development categories at 12 and 24 months and the comparative data for all children in Perth and Kinross meeting their developmental milestones at their 27-30 month review. At the time of reporting 12 month and 24 month data was only available for Cohort 1; however this highlights that the percentage of babies on the FNP programme meeting developmental milestones for their age/stage of development at 24 months is higher than the average for all children at the 27/30 month review.

Table 1 – Meeting Developmental Milestones

5 Development categories	Age's and Stages Questionnaires - 12 months (Cohort 1)	Age's and Stages Questionnaires - 24 months (Cohort 1)	Outcomes of assessment at 27/30 month review – all Perth and Kinross (1125 children)
Communication	100	96.2	84.7
Gross Motor	90.7	96.2	95.6
Fine Motor	100	100	95.0
Problem Solving	99.2	100	-
Personal/social	99.2	98.2	95.5

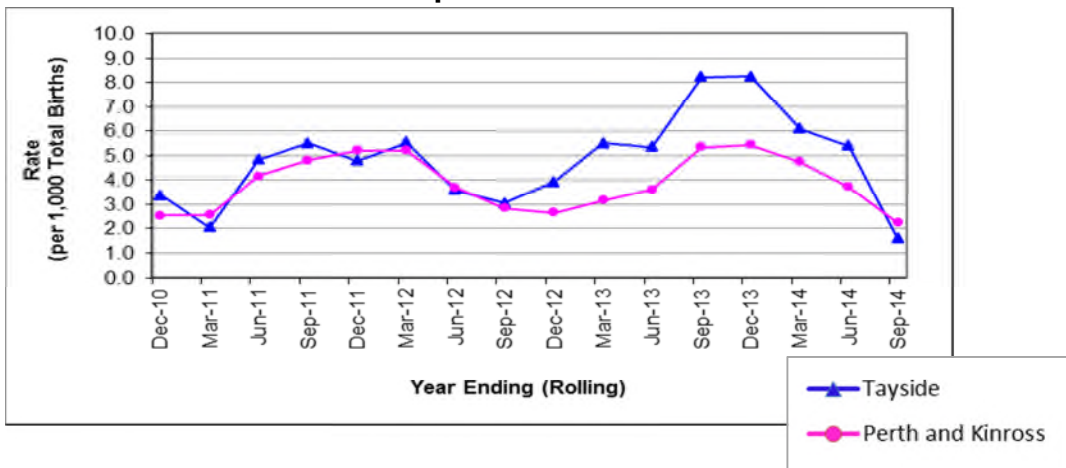
5.1.3 **Early Years Collaborative** - Key activity in this Collaborative and the Maternity and Children Quality Improvement Collaborative (MCQIC) is focused on the following key activity areas which are evidenced to improve the healthy gestation and birth of babies:

- increasing the number of women who access maternity care by the end of their 12th week of pregnancy;
- reducing the number of women smoking in pregnancy;
- reducing increases in obesity of pregnant women; and
- increasing early reporting by pregnant women who notice changes in foetal movements.

Collectively the delivery of these initiatives across Scotland has contributed to reducing still births nationally. In Perth and Kinross, rates fluctuated prior to introduction of the initiatives led by the Collaboratives; however data (Chart 2) now indicates a decreasing trend, with the lowest rate in three years achieved in September 2014.

Chart 2 – Rate of still-births per 1000 total births

5.2



5.2 Priority Outcome 2 – Improved School Readiness

5.2.1 The data gathered from parents by the E2S community survey indicates that over 1 in 5 parents felt that their child (aged between 6 months and 5 years) was not managing skills in key areas that will impair their progress towards being ready for school. This correlates with data gathered by NHS Tayside through the 27-30 month review of children's' progress towards meeting age

appropriate developmental milestones. This review of individual children undertaken by the parent and Health Visitor found that concerns were identified for 22% of the children with completed reviews between April 2013 and March 2014. The most common developmental concerns relate to speech/language/communication and behaviour. The importance of children reaching developmental milestones is also recognised in the EYC, which has set national targets to ensure that:

- 85% of all children within each CPP have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016; and
- 90% of all children within each CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

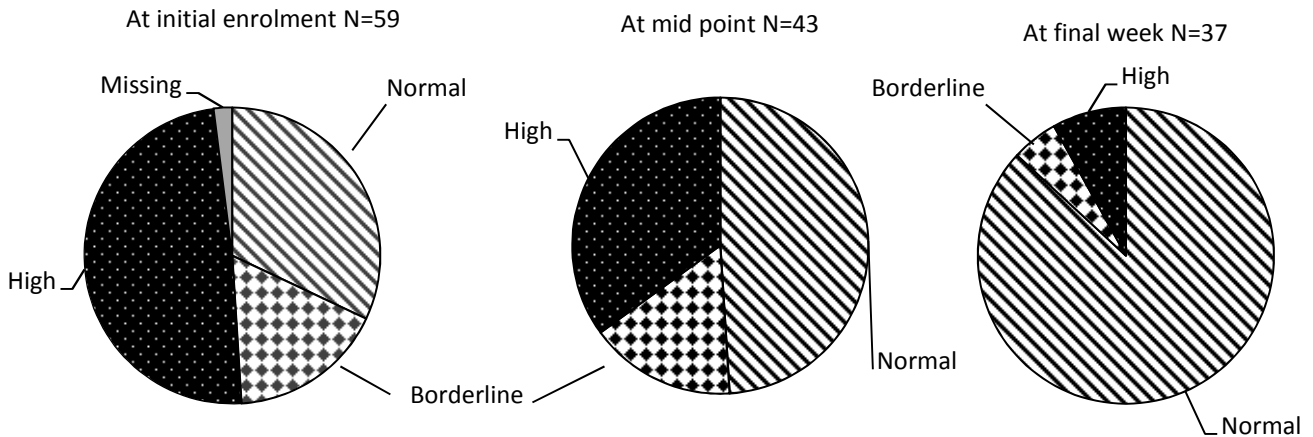
5.2.2 EBP: Incredible Years Pre-school Parenting Programme – is a group-based, skills-focused behavioural intervention for parents of children between 3 and 6 years, who are demonstrating behavioural or conduct disorder problems. The programme focuses on strengthening parenting skills, promoting children's social, emotional, and language development and on strengthening parent-child interactions and nurturing relationships. Three tranches of this programme have now been delivered to improve behaviour, social and emotional concerns for children aged 3 years and increase their 'school readiness'. In total, 186 parents/carers have enrolled in one of the Incredible Years groups delivered or currently being delivered. This has resulted in 67 parents/carers completing the programme between March 2014 and June 2015 and 96 parents/carers enrolled in the current Incredible Years groups which will complete in December 2015; 82 of these families remain engaged six weeks into delivery of the programme.

Supporting parents/carers to engage and remain in the programme for the full 14 weeks has been an improvement priority for the current tranche of groups being delivered. Through introduction of pre-group home visits by the group leaders to all families and maintaining communication prior to starting the programme only 11% of the parents enrolled in the current cohort failed to engage in their group, compared with 36% of parents/carers failing to engage in the last cohort of groups. The primary reasons for parents/carers non-attendance at all stages in the groupwork programme are health issues (36%) and family issues (21%). Where parents have been unable to attend a groupwork session due to such reasons, group leaders have provided them with opportunities to catch up on the elements of the programme that they have missed, thereby making it easier for them to re-engage the following week and gain more from the programme. This has resulted in a slight increase in retention levels to date, however improvement in this area can only be fully measured at the end of the 14 weeks.

Analysis of data on the impact of the programme following the third tranche of groups (January - June 2015) demonstrates that there is strong evidence that the programme has a positive impact on improving the behaviour of children affected by high risk or borderline behavioural issues. These behavioural issues are assessed through completion of a SDQ (Strengths and Difficulties Questionnaire) before, at a mid-point in the programme and at the end of the

programme. The data in the charts (Chart 3) below demonstrate the reduction in high risk and borderline behavioural concerns affecting children from 66% to 13 % of the cohort by the end of the programme (Tranche 3 groups).

Chart 3 – improvements in behaviour measured by SDQ



Achieving this level of improvement in the behaviour of children whose parents complete Incredible Years groups is significant as research into the impact of the intervention demonstrates that if delivered effectively it reduces:

- Attention deficit hyperactivity disorder symptoms;
- Disruptive behaviour disorder symptoms;
- Internalising symptoms;
- Major depressive disorders experienced by parents.

The improvement in the day-to-day lives of families completing the programme is captured in feedback provided by parents, this includes quotes such as:

- “I realise that it is me that needs to make the changes, not my child.”
- “It made me realise that playing with my child is so important.”
- “Group has helped me understand the power of praise.”
- “Sitting in group is great it helps me realise that I am not alone, seeing and hearing how other parents cope and hearing their ideas is helpful.”
- “I find that coming to group has opened eyes and mind to how I am with my children. I feel that I can now understand more of how they feel and how I am with them.”
- “It’s given me the confidence to speak with nursery and ask them to try strategies to keep my child calm at the start of each day.”
- “I used to hate the school holidays, but now I look forward to my children waking up each the morning so that we can do things together.”

A process of tracking is in place to monitor change in patterns of service usage by families following completion of Incredible Years Pre-school Parenting Programmes. It is anticipated that involvement of parents in the programme and the reduced behavioural needs of their children will result in less requirement for targeted support for children in the long term, such as nurture provision and behavioural support provided in Primary school.

5.2.3 **Solihull Approach** – this is an evidence-based framework that helps to provide a practical way of working with and supporting families. It helps practitioners to address emotional problems in a different way and build greater confidence in their own skills and practice. Over 70 members of Perth and Kinross staff have been trained in use of the Solihull Approach at foundation level. This includes all Health Visitors and Early Years Workers in Perth and Kinross CHP; two members of staff from Education Services; two members of staff from Children and Families Services; a member of staff from the Parenting Team and a member of staff from Muirton Community Nursery.

The impact of the use of the Approach with families is evident in qualitative evaluation of the impact of interactions. In particular, feedback from practitioners indicates that they feel that use of the model increases the effectiveness of their intervention and improves social, emotional and behavioural concerns of children and parents. Examples include use of the approach with parents in a nursery in a rural school to support parents to increase understanding of their child's behaviours and raise and find solutions to behavioural and family management issues: This has improved engagement between the parents and the school and between the parents as a group. Staff also report that since using the approach to engage with one family there has been significant improvement in the relationship between the parent and children and in the behaviour of the children in school.

Staff using the Solihull Approach in social work settings have indicated that the model enables more structure in their engagement with families, consequently enhancing the impact of their intervention.

5.2.4 **Baby Massage Groups** - To date, 9 Baby Massage groups have delivered in localities across Perth and Kinross, with Health Visitors referring parents or carers of babies aged under 6 months to these groups. Across these localities 61 parents/carers and babies engaged in the groups. Participants in the groups that have completed have all enjoyed the experience, with several noting that they have benefited from learning new skills to help their baby and having the opportunity to interact with other parents to discuss parenting. Many of the participants in the groups had a high risk of Post-Natal Depression or babies experiencing circulation, digestion or colic issues.

5.2.5 **Early Years Collaborative: Improving Attachment and Communication** – a range of approaches have been introduced or further developed to improve attachment between parents and their children and communication to support the foundations for early literacy skills. This includes encouragement of skin to skin contact immediately after birth and in the following days, use of Treasure Pouches to initiate communication between babies and care givers, increasing parents' skills in baby massage and development of a bedtime reading scheme for families struggling with routines. Levels of developmental concerns at the 27-30 month review will be monitored to identify any impact of the range of initiatives targeting this area.

In addition, 2 Primary Schools have been testing the impact of social eating approaches on pro-social behaviour and peer relationships of children in full-time nursery placements. Although the number of children involved have been small, data monitoring the impact has shown significant improvements

for the individual children; controlled expansion of testing of the approach will continue in the current academic year.

5.3 **Priority Outcome 3 – Improved School Engagement**

5.3.1 Over 47% of young people aged 9-15 years indicated through their responses to the E2S survey that they had a low commitment to school. This level of engagement was relatively consistent across the age group, with a higher percentage of girls (60%) than boys (52%) disengaged in the 9–12 year old group.

5.3.2 **Increasing use of data and Improvement Science in schools** – Following publication of the Evidence2Success data at individual and associate Local Management Group level, headteachers were supported to consider the data for their schools and as a whole. This has since informed the development of some actions in School Improvement Plans, particularly actions to improve levels of school engagement.

To develop a better understanding of what impacts on children's engagement with school and inform improvement activity, four Action Research Projects have been running in Perth and Kinross Council Primary Schools over the past year, supported by the Educational Psychology Service. All of these projects have demonstrated some learning and varying levels of impact, this includes the following activities:

- Tulloch Primary School – The Senior Management Team in this school have gathered more detailed information from P6 and P7 pupils and are now working with the P6/7 teachers to develop the teaching approach in their classes. This includes ensuring that the teachers discuss and reinforce with learners the positive consequences to be gained from making mistakes and that they convey the real life context relating to learning opportunities, ensuring reflection on relevance and skills for life, learning and work. In addition the P6 and P7 classes are testing the impact of pairing children in learning activities according to their group level to further ensure quality, usefulness and appropriateness of feedback. Initial feedback on the impact of these actions suggests that there are early indications that it is influencing improved engagement.
- Coupar Angus Primary School – Over the past year the school has trialled introduction of the FAST Programme (Families and School Together), developed by Save the Children, to improve parental engagement with the school, reduce parental isolation and improve children's behaviours and engagement in their learning. Data collected on the impact of the programme on the children's behaviours and engagement has yet to be analysed.

Nine schools have indicated their intention to participate in a second cohort of research projects in the forthcoming academic year.

5.3.3 Over the past two years NHS Tayside Speech and Language Therapy Service (SLT) and two Primary Schools (Letham and Viewlands) have utilised the IHI Model for Improvement from the Early Years Collaborative to:

- improve children's listening and talking skills in a school environment;

- enable school staff to identify and support children with specific SLCN (Speech, Language and Communication Needs);
- increase collaborative working between Speech and Language Therapists and school staff.

Research indicates that children with communication difficulties are 3 to 4 times more likely to develop emotional, behavioural and psychiatric difficulties, and 50% - 75% of children with language disorders will exhibit persistent academic problems. The improvement project consisted of a range of actions, including training for school staff, learning from practice in other authorities, selection of learning strategies, SLT staff modelling approaches and increased co-working between school and SLT staff.

One strategy employed was the 'Hi-Five' intervention; the impact of this on the reading skills of four individual children in P5 was measured and is reported below (Table 2).

Table 2 – impact of Hi-Five intervention on reading skills

	Accuracy – ability in years		Comprehension – ability in years	
	Jan 2014	June 2014	Jan 2014	June 2014
YP1	6y 8m	7y 2 m	6y 7m	7y 8m
YP2	7y 10m	8y 3 m	7y 9m	9y 10m
YP3	6y 6m	7y 11 m	7y 1m	8y 10m
YP4	7y 8m	8y 10 m	7y 8m	9y 10m

The impact of this project has also contributed to continued improvement in the key areas of Reading, Writing, Listening and Talking at P4 and P7. (Table 3).

Table 3 - Letham Primary School Attainment June 2014

P4	2011/12	2012/13	2013/14
Reading	73%	82%	91%
Writing	58%	70%	91%
Listening & Talking	79%	79%	88%

P7	2011/12	2012/13	2013/14
Reading	37%	75%	83%
Writing	30%	57%	75%
Listening & Talking	50%	82%	83%

5.4 Priority Outcome 4 – Reduced Early Substance Misuse

- 5.4.1 The data gathered in the E2S survey of 9-15 year olds indicated high levels of substance misuse (23%) by young people, predominantly alcohol use. This included approximately 1 in 10 young people aged between 9 and 11 years, and over 50% of young people aged 15 years identifying they had had a drink of alcohol in the month prior to the survey. The survey also demonstrated a close correlation between substance misuse and higher risk taking behaviour in relation to anti-social behaviour, offending and risky sexual behaviour. Research indicates that the early initiation of substance use by children and young people increases the risk of alcohol related problems in later life.

5.4.2 **EBP: Strengthening Families Programme** – this is a universal prevention programme to improve parenting skills and strengthen family relationships that will support the young people to manage challenges in their teenage years and make positive choices regarding substance misuse as they get older. Three tranches of this programme have now been delivered. This has involved delivery of seven groups that have engaged 40 families (45 parents and 45 young people). A further seven groups are currently underway involving over 70 parents and young people.

The available data gathered during the groups delivered since January 2015 is currently being collated and analysed to identify the impact of the programme on how family members are communicating with each other and are handling family management challenges. This information aggregated at a group level demonstrates that in the 4 groups that have so far had the evaluations analysed, parents in all groups note positive improvement in how they communicate and manage family issues with their young person. The responses from young people indicated that the young people in 2 groups noted positive improvements and in 2 groups noting no change. It is noted that identify greater benefits from engagement

The impact of the programme on reducing the early use of alcohol will take a number of years to be measurable. However evidence indicates that a strong family relationship within which a child feels able to talk to their parents about concerns and issues is a strong protective factor that is likely to reduce the potential for children to drink alcohol early. Therefore, the positive impact of the programme on family relationships and communication skills has been identified as a proxy measure for the impact of the programme.

Responses from parents to an evaluation question asking “what was the most valuable thing they learned during the programme” include:

- “How close it has brought us and I've taken lots of different ideas away that I've put in place at home which seem to be working. Making our house feeling less stressful at home”.
- “That it is important to set limits and follow through with consequences, that this can be done in a way that still shows love. That I have a toolbox of things to try out with my children”.
- “Privileges, one on one time, rewards, points, family decisions”.
- “I have enjoyed spending time with my daughter and talking openly. I have learned that I can use many different ways to deal with bad behaviour without shouting or getting stressed”.

A short film compiled from feedback received directly from parents and young people completing programmes is available at <https://youtu.be/7ly-AcWFxc0>

5.4.3 **Early prevention: ‘Oh Lila’** - This prevention resource has been rolled out in nursery and early years classes within Primary Schools across Perth and Kinross. ‘Oh Lila’ was produced by the Swiss Institute for Alcohol and Drugs, who gave permission to Alcohol Focus Scotland to translate the story into English and develop it for use with children aged between 3 and 5 years old. The flip card storybook is written in the format of the Japanese story telling art of Kamishibai, which has been used since the 12th century to convey stories with moral lessons.

Training in use of the resource has been offered to staff in all nurseries, including partner provider nurseries, Early Years Support Teachers and Early Years Development Teachers. The training was led jointly by NHS Tayside and Education and Children's Services. The purchase of resources (30 Oh Lila Sacks) has been jointly funded by NHS Tayside and Perth & Kinross Council; these resources have been allocated across localities for use by designated schools. Monitoring of the delivery of this programme will be undertaken in the routine Learning and Achievement Visits undertaken by Quality Improvement Officers from Education and Children's Services.

- 5.4.4 **Other initiatives: Curriculum for Excellence (CfE) Resource** - Work is underway to develop a 3-18 education programme to support schools in their delivery of the CfE Health and Wellbeing Substance Misuse experiences and outcomes requirements. This programme is being developed in conjunction with Angus and Dundee City Councils will be presented in a resource pack which will draw together information on best practice in respect of the learning that can be offered to the different ages and stages of children from 3 to 18 years of age. Delivery of the resource pack is scheduled for the beginning of the 2016/17 academic year.

5.5 **Priority Outcome 5 – Improve Emotional Well-being**

- 5.5.1 Almost 10% of young people aged between 11 and 15 years completing the E2S survey reported issues related to poor emotional well-being. When interrogated further this data showed that 15% of the girls and 4% of boys between 11 and 15 years reported these issues. It was also noted from the data emerging from the community survey that 15% of parents of children aged between 0 and 8 years also reported poor mental/emotional health.
- 5.5.2 There has been significant interest in improving the emotional well-being of young people demonstrated in the last two years. This includes increased scrutiny of Child and Adolescent Mental Health (CAMH) services at a national level, and the development of publications evaluating interventions and identifying best practice. Commitment to improving services has included introduction of a national Mental Health Innovation Fund 2015-2018. NHS Tayside has submitted an application to the Innovation Fund seeking funding to enhance co-ordination of activity to improve outcomes relating to this priority. If successful, this will provide a post that will work across Tayside to co-ordinate activity to develop the service offer at tiers 1 and 2. This aims to increase the number of children and young people getting appropriate services early and reduce the requirement for a subsequent referral to higher tariff services provided by CAHM services. It is planned that this investment, if secured, will, alongside the additional short-term staff already recruited to the CAMH service, improve the performance against national waiting times targets.
- 5.5.3 A Peer Research Project, led by sixth year pupils at Perth Academy, with support from school staff, Educational Psychology Services and the ECS Research and Performance Team, has been developed to provide more detailed data and information on what young people worry about. By the end of the 2014/15 academic year, approximately 370 pupils from all years at Perth Academy had completed a further survey. Analysis of the data and

information gathered has been completed and will be shared with staff and pupils to inform school improvement actions developed collaboratively.

- 5.5.4 A Mental Health First Aid (Young People) training programme for staff working with young people began in April 2015. This training has been welcomed with sessions for May, June, September and October all fully booked and only limited space left on November and December dates. Staff attending the sessions are from Perth and Kinross Council, NHS Tayside, Police Scotland, Perth College and a wide range of voluntary organisations.

6. NEXT STEPS

- 6.1 It is anticipated that full delivery of Phase 5 of E2S will continue until the end of March 2017. This will enable completion of the following:
- Following further analysis of impact, further implementation of agreed evidence-based programmes (e.g. Family Nurse Partnership, Incredible Years Pre-School Parenting Programme and Strengthening Families Programme) considered to be most effective in delivering improved outcomes for children and young people in Perth and Kinross;
 - Identification of any additional activity required to increase improvement in the agreed priorities, such as specific evidence-based programmes or approaches to improve emotional well-being of young people;
 - Further development and spread of the community engagement model (as developed in Perth City North) to support locality planning arrangements as required across Perth and Kinross; this spread will initially focus on Crieff and Rattray;
 - Tracking of the impact of interventions on service usage by families completing evidence based programmes. This will include monitoring of uptake of targeted or specialist services to support children with behavioural/ communication/relationship concerns at nursery and primary school stages;
 - Sustainability planning for programmes that are having the greatest impact through identification of ongoing funding and delivery arrangements. This will include re-alignment of mainstream budgets as well as bidding and securing a combination of funding through the Council, NHS Tayside and external funding bodies accessible by the voluntary sector;
 - Realignment of Service Level Agreements with external organisations to ensure the services being procured support delivery of the strategic priorities of the CPP as articulated in the Integrated Childrens Services Plan.

7. CONCLUSION AND RECOMMENDATIONS

- 7.1 There is strong evidence that children's well-being is at the heart of decision making as a result of understanding of the wealth of information gathered from children, young people and parents.
- 7.2 There has been informed decision making that has secured investment in, and implementation of, evidence based programmes and approaches based on understanding of what is most effective in the delivery of improvement.

- 7.3 Although implementation of evidence-based programmes and approaches need to continue to be developed, measurement of the impact for individual families is very positive, with a significant number of families already reporting improved outcomes.
- 7.4 Staff across the CPP organisations are engaging in developing their professional practice and have trained in a range of evidence-based approaches and improvement methodologies.
- 7.5 There is evidence of positive collaboration to plan and deliver improvement activity based on evidence and information on best practice to deliver both E2S and the EYC outcomes and targets.
- 7.6 It is recommended that the Committee:
- (i) Note the impact of Evidence2Success and the Early Years Collaborative to date; and
 - (ii) Request that a further report be prepared for a meeting of the Committee within twelve months outlining progress in delivery of the actions outlined in the next steps section.

Author(s)

Name	Designation	Contact Details
Fiona Mackay	Service Manager (Evidence2Success)	fmackay@pkc.gov.uk 01738 475057

Approved

Name	Designation	Date
Sheena Devlin	Director (Education and Children's Services)	20 October 2015

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	No
Workforce	No
Asset Management (land, property, IST)	No
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	No
Sustainability (community, economic, environmental)	No
Legal and Governance	Yes
Risk	Yes
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

Community Plan / Single Outcome Agreement/Corporate Plan

- 1.1 The Perth and Kinross Community Plan 2013-2023 and Perth and Kinross Council Corporate Plan 2013/2018 set out five strategic objectives:
- (i) Giving every child the best start in life;
 - (ii) Developing educated, responsible and informed citizens;
 - (iii) Promoting a prosperous, inclusive and sustainable economy;
 - (iv) Supporting people to lead independent, healthy and active lives; and
 - (v) Creating a safe and sustainable place for future generations.

This report relates to Objective No (i) Giving every child the best start in life.

- 1.2 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area: Change and Improvement.

2. Resource Implications

Financial

- 2.1 The Evidence2Success programme is fully funded within the Education and Children's Services Revenue Budget up to 2016/17 on a non-recurring basis.

Workforce

- 2.2 There are a number of workforce development opportunities related to the implementation of the evidence-based programmes, in particular the opportunity for staff to build skills and expertise. These implications were contained in the Lifelong Learning Committee report considered in March 2014 (Report No. [14/98](#) refers).

Asset Management (land, property, IT)

- 2.3 Not applicable.

3. Assessments

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

E2S has been considered under the Corporate Equalities Impact Assessment process (EqIA), and it has been concluded that the short and long-term action plan that will shape the delivery of improvement in respect of the agreed priorities for the next five years should be subject to an EqIA to inform its development.

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

The proposals have been considered under the Act and pre-screening has identified that the PPS will have no or minimal environmental effects.

Sustainability

- 3.3 Not applicable.

Legal and Governance

- 3.4 Perth and Kinross Legal Services have been consulted on several areas relating to the delivery of the project to date. In particular the Service has been consulted and provided assurance on the legality of the contract with the Social Research Unit and on aspects of the survey processes, such as data protection requirements. The Head of Democratic Services and Head of Legal Services were consulted on the content of this report.

Risk

3.5 Delivery of E2S will support effective controls of the following Corporate Risks:

- Protect vulnerable children and families
- Effectively manage changing financial circumstances

4. Consultation

Internal

4.1 The development of the Evidence2Success Improvement Plan was informed by discussion undertaken at the Evidence2Success Strategy Days attended by the Convener, Vice-Convener and Conservative spokesperson on the Lifelong Learning Committee. Progress in delivery of the project has also been provided for Elected Members through a series of briefing sessions. Consultation was also undertaken with the Executive Officer Team and with management teams within Education and Children's Services and Housing and Community Care during the development and subsequent implementation of the E2S Improvement Plan.

External

4.2 Partners from NHS Tayside and Police Scotland significantly contributed to the discussions relating to E2S. Extensive consultation with management teams from these partner organisations has also been undertaken during the dissemination of the consultation findings. A range of Third Sector organisations have been consulted on the proposals. Partners from CPP organisations are also engaged in regular review of the progress of E2S through reporting to the Early Years, Early Intervention Programme Board and Children, Young People and Families Strategic Group. Children, young people and parents provided their views through the Well-being surveys. Parent Council representatives from all Parent Councils in Perth and Kinross schools have had an opportunity to attend briefings on the survey results, the Parent Council Chairs have been provided with information on progress in implementation and a newsletter outlining progress has been distributed to all parents with children in Perth and Kinross Council schools.

5. Communication

5.1 A range of communication approaches are required to take forward E2S and a Communications Plan is in place. The activity in the Communications Plan includes briefings and presentations for staff groups and decision makers involved in planning and/or delivering services for children and young people; a number of locality and thematic partnership groups have also received presentations and have incorporated the information into their action planning; children, young people and parents have received written information through a newsletter and engagement sessions with Parent Councils have been undertaken by both the E2S Team and, in some schools, by Headteachers.

The E2S Survey Reports for schools have also been made available alongside other school information on the Perth and Kinross Council website.

2. BACKGROUND PAPERS

The following reports have been relied on in preparing this report:

- Early Years, Early Intervention - The Best Start in Life for Children in Perth and Kinross (Report No. [12/341](#))
- Evidence2Success Progress Report (Report No. [13/241](#))
- Evidence2Success Progress Report (Report No. [13/523](#))
- Evidence2Success – Developing an Improvement Plan (Report No. [14/98](#))

3. APPENDICES

No appendices.

