

Early Years Collective (EYC) – Emerging Needs Assessment

In order to shape future activity, and better understand the needs of supported families the EYC partnership identified two streams to explore:

1. Better understanding the needs of families that emerge as they begin to engage and build relationships with EYC staff and volunteers; comparing this to information provided at the point of referral.
2. Explore shared concerns and observations around the development, wellbeing and resilience of children under 4 in Fife. A group of children deeply affected by both the pandemic and cost of living crisis, which has had a profound impact on their outcomes.

Since inception the EYC partnership has received 1,144 referrals of which 59% were received from partners in Health (Data Source: EYC referral database Aug-23).

Across the eight partnership organisations the EYC has engaged successfully 1,051 new families throughout Fife in addition to families already being supported by each service at the point of 'kicking off' partnership activity. (Data Source: EYC organisations data Sept-23).

The organisations deliver services that are tailored to meet the needs of families with young children experiencing wellbeing issues, which is facilitated by a dedicated team of staff and volunteers.

We have worked collaboratively to create a coordinated approach to early years support funded through Children Services. Each partner organisations is committed to continuing a more joined up approach that, most importantly, provides families in Fife with high quality collaborative support to meet their needs.

Section 1: Emerging needs of families – referral data vs engagement knowledge

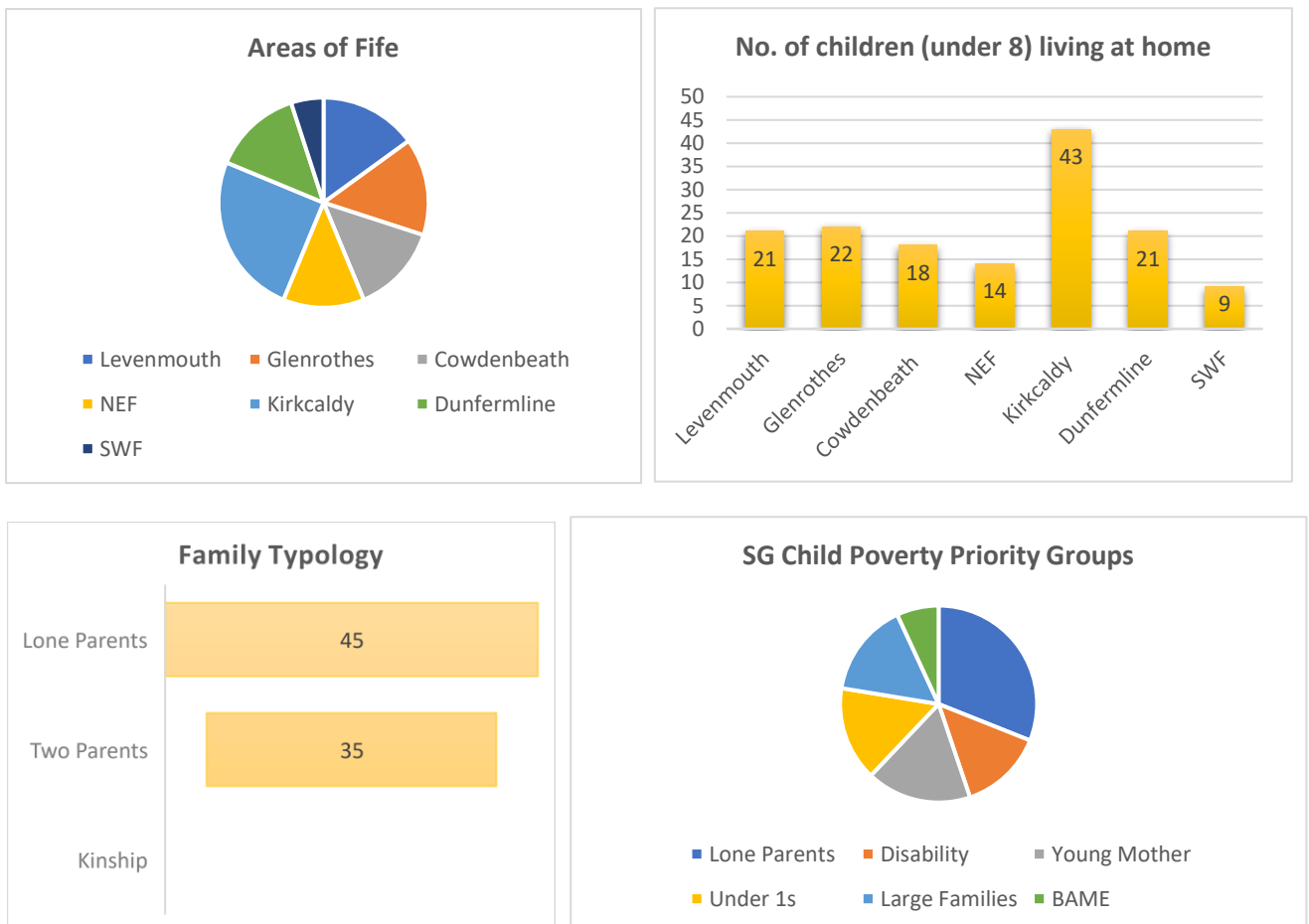
The EYC partner organisations were keen to better understand the difference between information provided at the point of referral, and the complex needs that often emerge as we build relationships and trust with families.

In order to do so we created a shared template in excel and each organisation undertook an exercise to collect data. Each partner organisation agreed to randomly select ten families who were referred between January-June 2023.

Our hopes were to better understand the needs identified at the point of referral, and what we learned as families engaged with the service i.e. *emerging needs* of families.

The Data:

The EYC anonymously analysed data for 80 families therefore providing a helpful snapshot and representative data set around the 'make-up' EYC households:



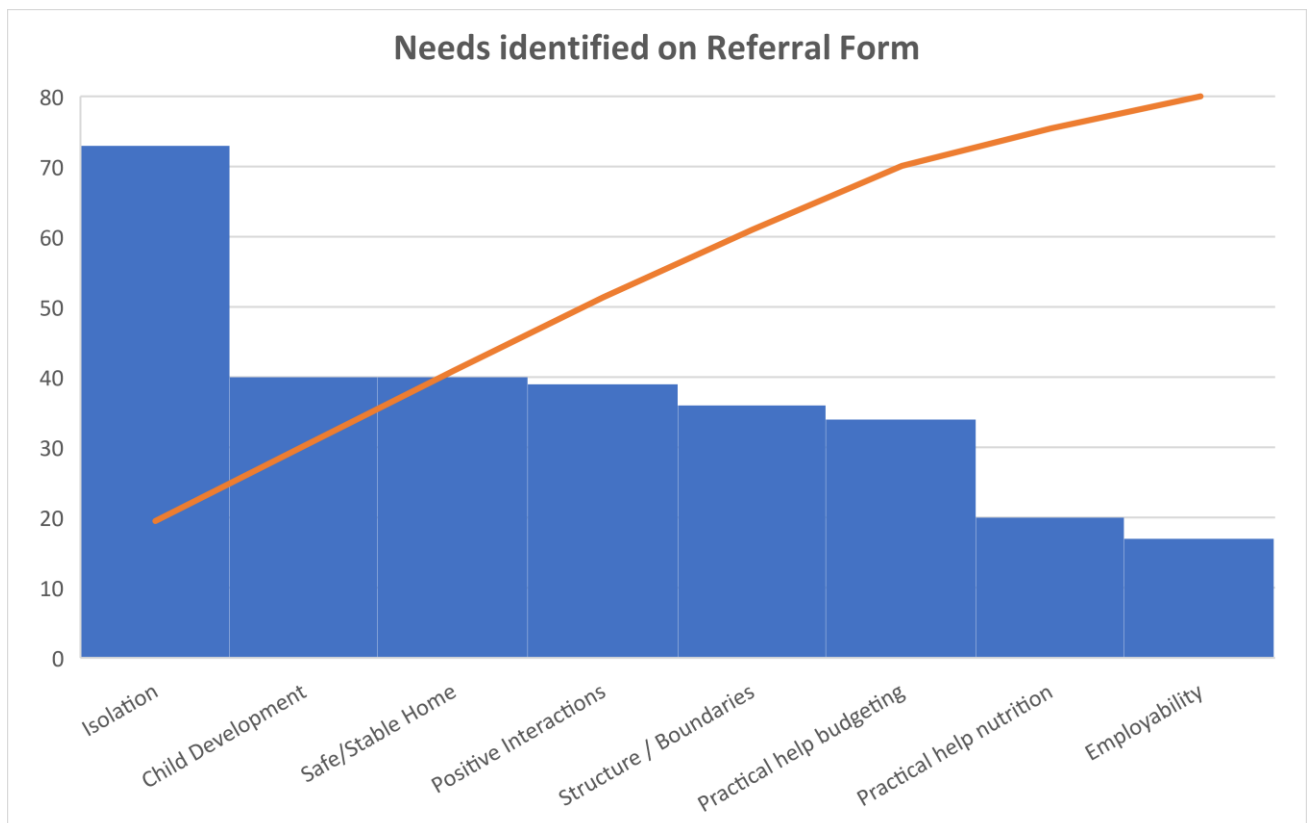
Referral Data:

Using data provided by the referring agency recorded on shared EYC referral forms we learned that for the 80 families identified:

- ✓ 28% required urgent/crisis support at the point of referral
- ✓ 5% had children on the child protection register
- ✓ 5% had children who were considered looked after

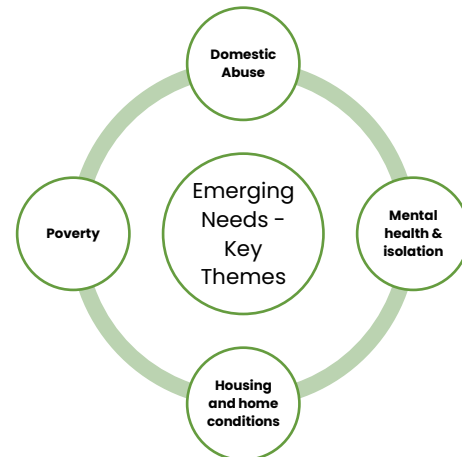
This provides a helpful snapshot into the 'stage' of the families at the point of referral in relation to the child wellbeing pathway in Fife. Service Brief 2(a) is aimed at providing earlier intervention to support to families in Fife, and this data indicates that (as expected) a low % of families are within formal measures. Although the level at the point of crisis (typically linked to poverty and material deprivation) are notable.

The referral form asks the referrer to select the anticipated needs of families based on their knowledge, and the largest driver for referrals is **isolation**. This aligns to knowledge within the partnership around a lack of accessible and free universal services in communities for families in need (particularly in a post-pandemic landscape).

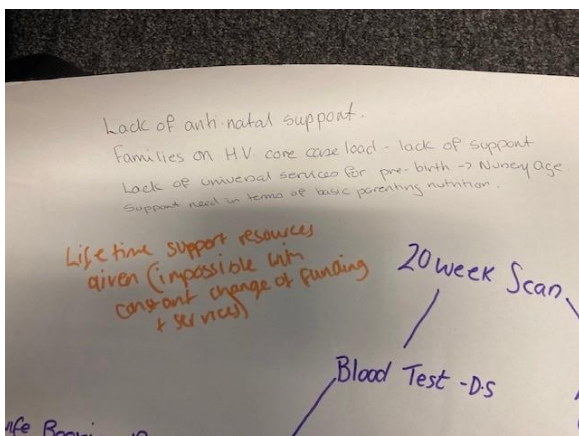


Emerging Needs:

We moved on to collect data on the needs that emerged as we built relationships with families, and analysis of this qualitative data provided by staff and volunteers evidenced there were four main areas of needs identified. This was supported by anecdotal evidence from conversations during referral meetings and between partner organisations.



Maslow's hierarchy of needs



Additionally, an important area to highlight is that often referrals identify areas such as routine and boundaries as a primary need for families. However, our experience is that there is often an enormous amount of preparatory work required with families before this can be addressed.

Many of the parents are experiencing low mood and poverty (inextricably connected challenges) which need addressed first. External factors such as the cost-of-living crisis, pandemic recovery and welfare reform have compounded challenges for families.

There are (more often than not) no quick fixes to the emerging needs of families, and through a relationship centred trauma informed approach we are investing time understanding the whole picture in order to enable families to make sustainable changes. Particularly as trauma is a common factor (including adverse childhood experiences) contributing to parental mental health issues and child wellbeing concerns.

The emerging needs for young families, is further supported by initial findings within the Whole Family Wellbeing Fund Co-Production project – the group have discussed gaps for families on Health Visitor caseloads in accessing universal services in their communities from conception. We will continue to connect with the learning from the Co-Production project through our EYC partner organisations.

Case Study

T is a young mother referred to the EYC in Jan-23 due to social isolation and 'parenting' (particularly around child development). She had moved to the area in Nov-22 with her baby daughter (10-months) with no connection to the local community or friends, and strained family relationships. T spent most of her childhood in foster care due to parental mental health, neglect and emotional abuse. Effects from the trauma experienced by T left her struggling with her mental health and an eating disorder.

Engage:

Supporting T to engage initially with the EYC was very difficult, I carried out numerous home visits throughout the first weeks where I was kept at the front door and I would phone her frequently to try and establish a relationship. Through this consistency and persistence T eventually allowed me into her home.

The home conditions were very sparse and whilst the walls in the house had been recently plastered, they were not painted. There were no blinds, curtains or sofa. It was clear T was struggling to maintain the home with food cans, dirty nappies, clothes and cat litter scattered throughout the house. The gardens were overgrown, and overrun with weeds and debris.

T's daughter's motor skills were delayed e.g. unstable when sitting and had not yet started to babble. The referrer (Health Visitor) also raised concerns around routine and a lack of structure around sleep/feeding. Through my own observations, I could see that the family had a disorganised attachment and there were areas for improvement required in T's responses to her daughter.

Support:

T clearly lacked trust with 'professionals' therefore it took time to build our relationship through twice weekly visits and calling in between to catch up. After a few weeks T started to disclose things about her past – her experiences as a child and domestic abuse perpetrated by her daughter's father. T acknowledged that she did struggle with her own mental health, and this affected her ability to manage day to day tasks. She didn't know how to get to her GP and I supported T to get an appointment with a Mental Health Nurse who prescribed anti-depressants.

Over the first few weeks I noticed small (but important) improvements such as T was no longer in her PJs when I visited but dressed with some makeup and hair curled. We talked about the home conditions and addressed these through a paint pack, practical support with painting & garden areas and support to access essential goods (sofa, curtains and blinds).

We then moved on to consider parenting. Due to her own upbringing T's knowledge and skills of parenting were limited, she shared that she was not sure where to start with routines and play and had no knowledge of songs or rhymes. I carried out 1:1 support with T and her daughter at home, offering advice about sleep routines, weaning and activities to support her daughters physical and language skills. Due to T's financial struggle she also only had limited toys available for her daughter and many of these were not age appropriate – secured toys through the Big Hoose and enrolled her in the local library.

Progress:

T was allocated group support – a parent and child group and the Freedom project to support her with the domestic abuse. Initially I supported T to come along to these and she was quite withdrawn to begin with but is now engaging well.

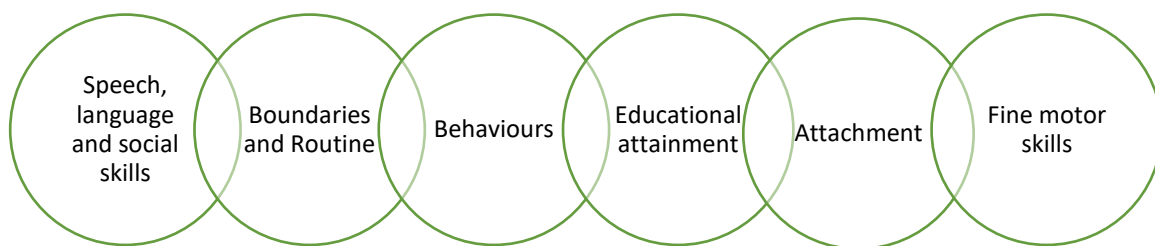
As part of her own mental health issues, T suffered from OCD so found participating in messy play very difficult. Through her developed knowledge of the benefits this brings to babies and encouragement T will now participate in these types of activities. Both T and her daughter have gained a lot of confidence and self-esteem coming along. Although I still carry out home visits these have now reduced to weekly as T continues to maintain her routines within the home.

Her daughter is thriving, she is now walking, feeding herself and has begun to say single words. Most importantly, T's relationship with her daughter is more positive, she is more nurturing and encouraging in her responses and as part of their routine; they will play together which is evident in the progress her daughter continues to make. As a parent T has also gained confidence as she less frequently asks for my advice and will make changes to her daughter routine from her own initiative. She has begun to access facilities in the local community and is a regular attendee at Bookbug in the local library. T has also agreed through the mental health team to be referred to a specialist adult counsellor where she can address issues that are still affecting her.

Section 2: Emerging needs of children under 4

Through discussions amongst EYC partners, and colleagues in Health a key emerging need is around children under 4. This is a group of children affected disproportionately by the pandemic in relation to achieving their development milestones, and this risk is greatly exacerbated by poverty for EYC families. As we recover from the pandemic these are children who have missed many opportunities, particularly around socialisation and community engagement. There is a notable lack of free, accessible and universal group opportunities for those in the most need.

The emerging needs of under 4s include:



There is a collective observation that these issues have been compounded by the pandemic and cost of living crisis – and have worsened for the most vulnerable families.

There are many reasons why this is the case but the apparent primary drivers are reduced interaction from services (including statutory provision), lack of universal community opportunities, increased concerns around parental mental health and increased domestic abuse during the pandemic.

There are key indicators which raise concerns around under 4s such as Fife risks around public health due to lower immunisation rates compared to rest of Scotland.

This is supported by recent research from Save The Children around babies and poverty (click [here](#) to access) which stated that “Evidence is clear that experiences of poverty in a baby’s first twelve months can have a profoundly disadvantageous effect on their development in infancy and beyond”.

Section 3: What’s next?

As a partnership we are committed to delivering a coordinated approach to support families with young children facing poverty. We will continue to:

- ✓ Share and improve the joined-up referral process.
- ✓ Promote the project as the Early Years Collective as an established ‘brand’ locally.
- ✓ Coordinate activity across areas of Fife to ensure we can meet local needs.
- ✓ Host sessions to share best practice, and identify improvement opportunities.

This exercise and analysis will inform the next iteration of the Early Years Collective as we head towards the next commissioning process.