



CYPIC National Conference 2022

Summary Analysis of Feedback Shared in Early Child Development Session



March 2023

1. CYPIC Learning Session Feedback Analysis

1.1 Introduction

The Children and Young People Improvement Collaborative (CYPIC) National Conference 2022: Connect, Collaborate, Improve was held on 15 November 2022. The conference brought together over 400 individuals to discuss a shared method to improve outcomes for babies, children, and young people.

In the session entitled [Early Child Development – It’s Their Right, We Need to Get it Right From the Beginning](#) led by CYPIC National Improvement Advisors, delegates were asked to feed in their views on what should be done differently to improve early child development, around one of the primary drivers:

1. Nurturing Care
2. Play and Stimulation
3. Nutrition
4. Protection from Harm

The feedback was provided firstly by individuals working through a set of questions, and secondly through larger round table discussions. This paper provides an analysis of the feedback gathered, to help inform Scottish Government thinking on early child development.

Key themes identified from across all four of the above drivers are presented, and subsequently the key themes which emerged within each driver are shown in more detail.

The themes were identified by thematically coding each of the individual and group comments. **Inductive coding** analysis was adopted which is a ground-up approach where themes are derived from codes that are applied to the data. This process starts with no preconceived notions of what the codes or themes should be. The data is analysed line by line where each line or sentence of text is coded with a clear and brief (often one or two words) description. This process was then repeated to add more detail to each code, for example where comments discuss breastfeeding further details such as *facilities/space/support/promotion* could be added. The next stage analyses the codes to allow the final themes and narrative to emerge. An inductive approach to analysis can be used to condense extensive and varied raw text data into a summary format and enables establishment of links between objectives and findings which was suitable for this exercise.

2. Most cited themes across all groups – individual feedback

What is working really well? (Top 5)

- Bookbug
- ELC hours expansion/eligible 2s
- Antenatal/perinatal care, support and contact
- Early Intervention
- Staff Training/knowledge/staff confidence

What doesn't seem to be working as well as it should? (Top 5)

- Work Pressures
- Staffing (levels/retention)
- Affordability/cost of living/Access*
- Breastfeeding/Infant feeding support
- Parental engagement/education/awareness

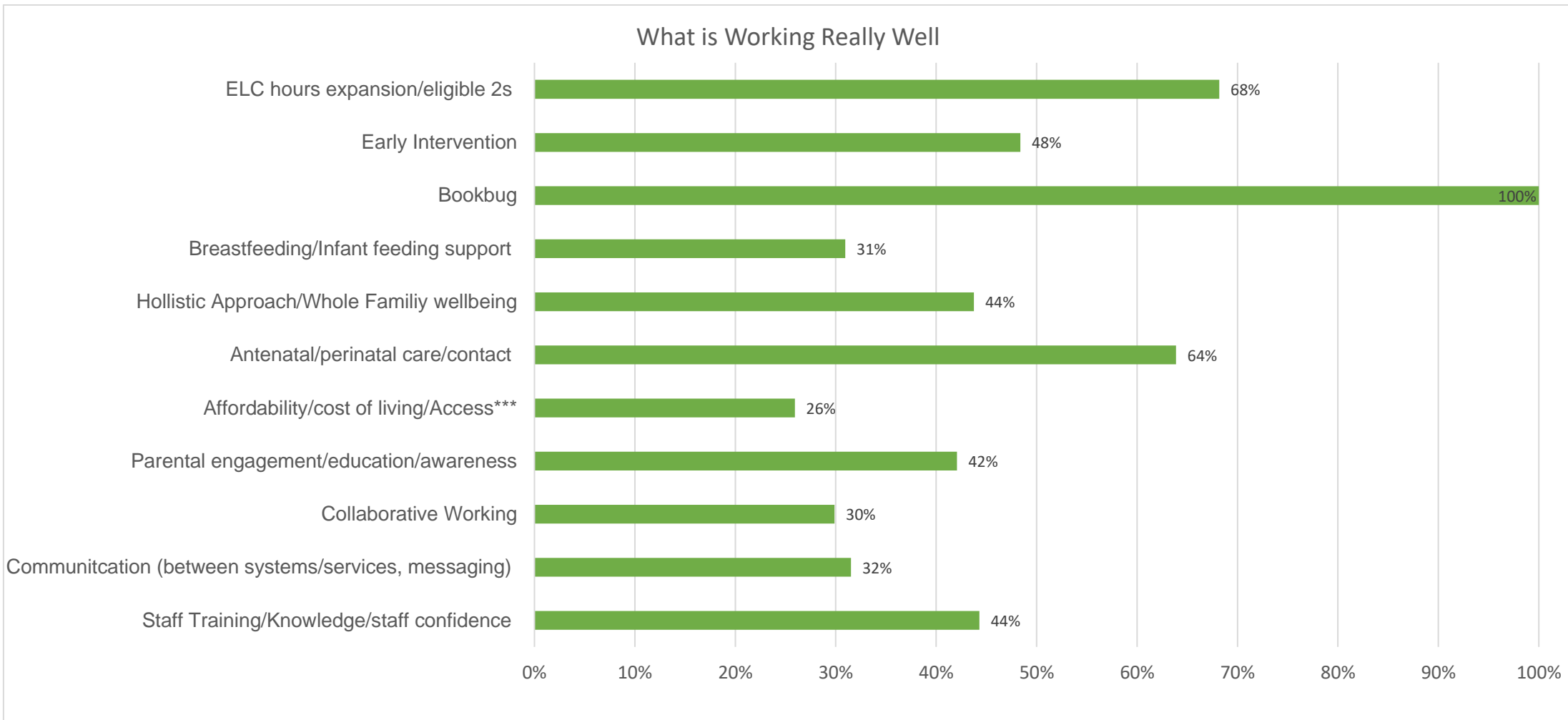
What are we not doing that we really should? (Top 5)

- Staffing (levels/retention)
- Holistic Approach/Whole Family wellbeing
- Collaborative Working
- Communication (between systems/services, messaging)
- Breastfeeding/Infant feeding support

*Including access to play groups/transport/food banks

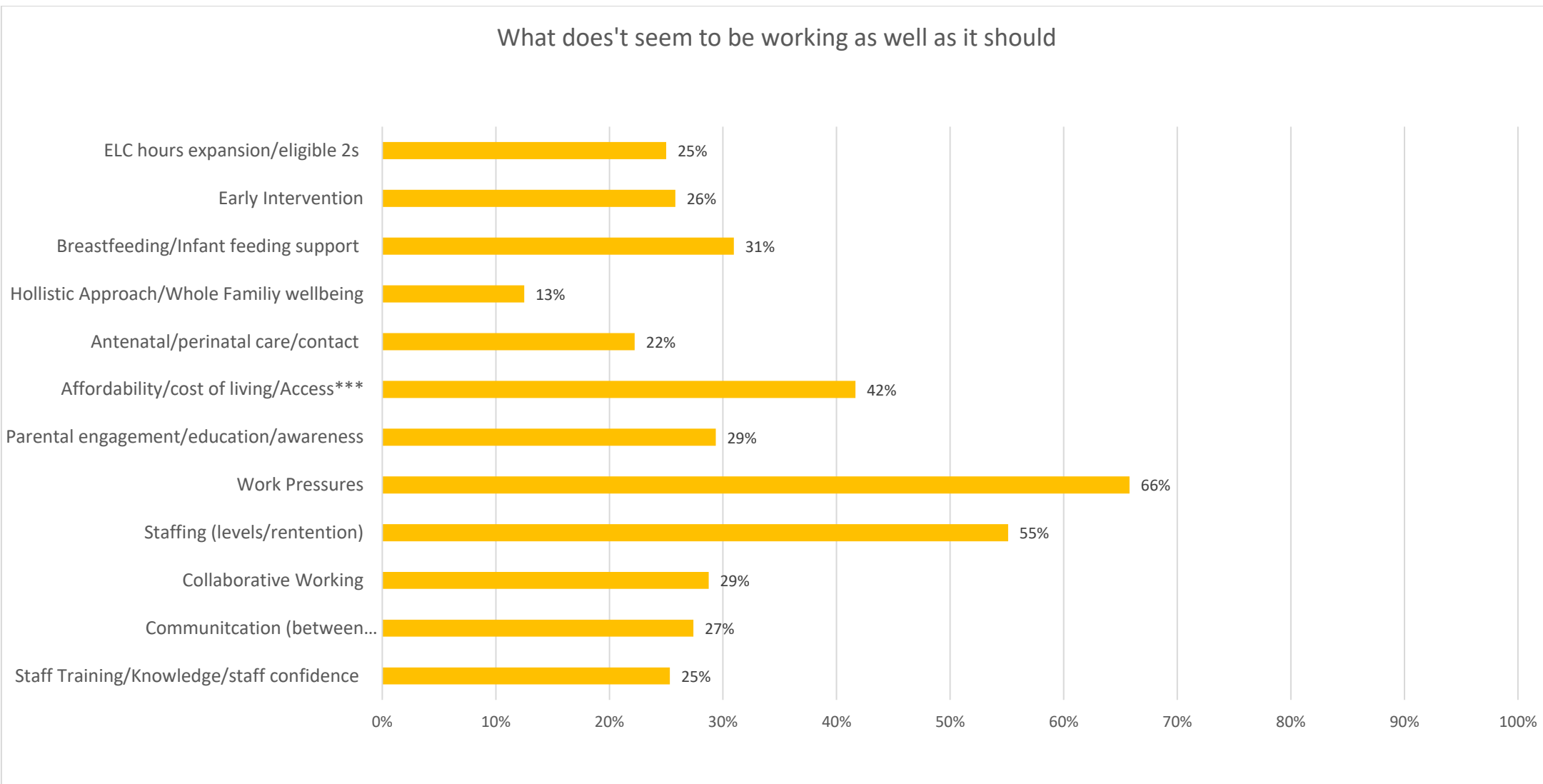
NOTE: Themes can appear in multiple categories.

2.1 What is working really well?



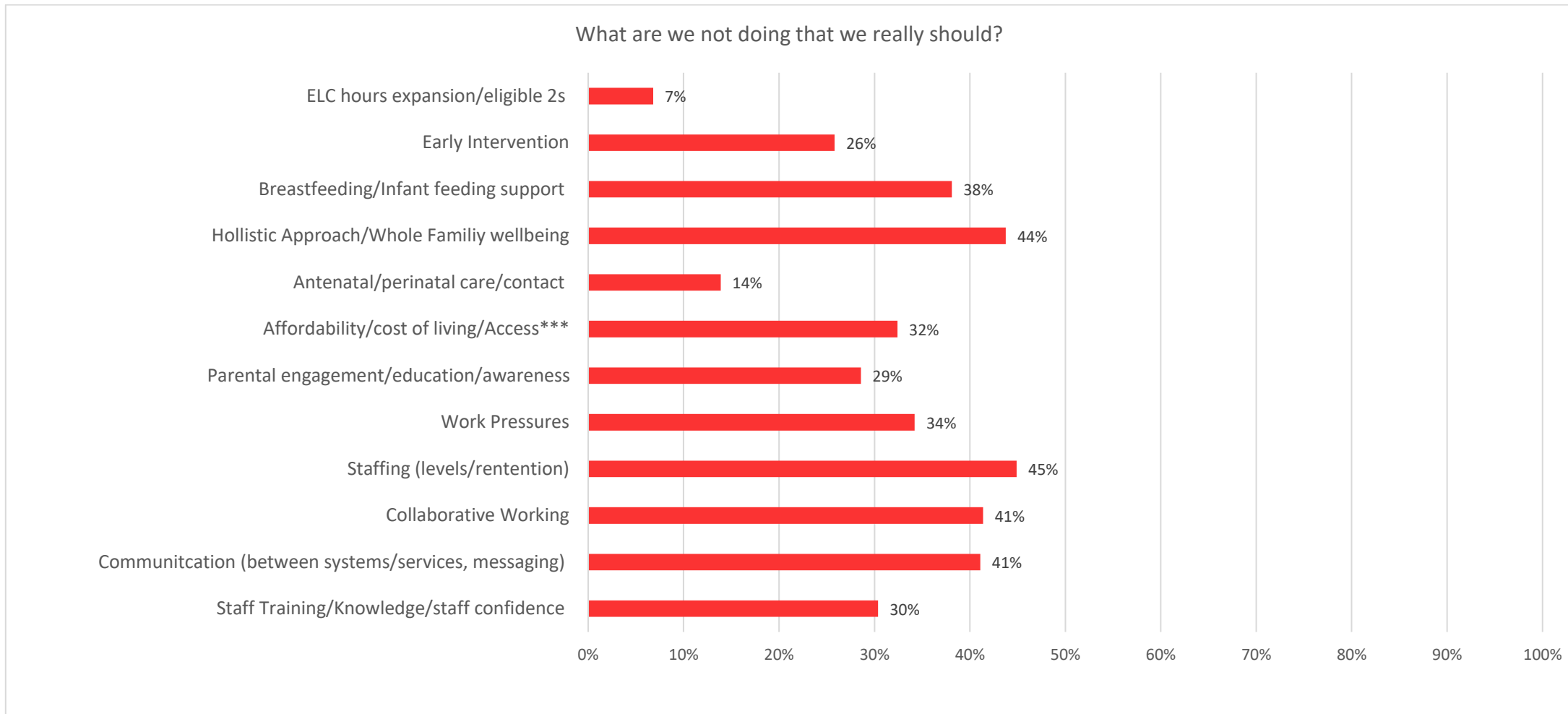
The percentages shown are a percentage of all comments on the relevant theme which were categorised as **working really well**, eg. of all comments on the theme of ELC expansion, 68% were categorised as **working really well**.

2.2 What doesn't seem to be working as well as it should?



The percentages shown are a percentage of all comments on the relevant theme which were categorised as **not working as it should** eg. of all comments on the theme of ELC expansion, 25% were categorised as **not working as it should**.

2.3 What are we not doing that we really should?



The percentages shown are a percentage of all comments on the relevant theme which were categorised as **not happening** eg. *of all comments on the theme of ELC expansion, 7% were categorised as **not happening**.*

3. Group Feedback

Nurture Group Feedback		
Practice	Local Community	In Scotland
Collaborative Working	Parental engagement	Clear measureable aims
Spaces (dedicated/safe)	Spaces (community/breastfeeding)	Community connections
Parent Awareness/Understanding	Trauma informed	Staff training and knowledge
Education for young people	build relationships in community	Early intervention
Staff Training and Support	Collaborative working	Trauma informed
Antenatal Contact	Clear aims/messaging	Staffing levels/retention
1140 hours/Vulnerable 2s support	Signposting	Mental health support
Non-stigmatised support	Education	Non-stigmatised support
Clear messaging		Funding

Nutrition Feedback		
Practice	Local Community	In Scotland
Parental/family engagement	Cooking classes/support	Normalise/support breastfeeding
Health visiting support for families	Parental/family engagement	Cost of living/affordable healthy food
Staff training	Welcoming/clean/safe spaces	Consistent approach
Clear messaging/information	Staff levels (ratio)	breastfeeding/infant feeding education
Consistent approach	Encourage child independence	Collaborative working
Choice of meals in ELC/schools	Access to vitamin D	Reduce availability of processed foods
Education on healthy meals	Support breastfeeding	Support for breakfast clubs
Foodbanks	Access to healthy food	Influence shops/supermarkets

Play and Stimulation Feedback		
Practice	Local Community	In Scotland
Staff Training and Support	Access to services/play/transport	Clear Messaging
Clear Messaging	Community groups	Trauma informed
Parental engagement/education	Stay, Play and Learn	Antenatal Contact
Collaborative Working	Welcoming/clean/safe spaces (indoor and outdoor)	Access to services/play/transport
Antenatal Contact	Collaborative working	Staff Training and Support
Bookbug	Including fathers/grandparents/all carers	Collaborative Working
Outdoor play/learning	Funding	Parent/Family education on Play
Non-stigmatised support	Centralised database of local resources/community groups	Maintain outdoor spaces
Early intervention	Consistent approach	Views of families
Access to services/play/transport	Staff Training and Support	Impact of screen time
	Views of families	Early intervention

Protection from Harm Feedback		
Practice	Local Community	In Scotland
Collaborative working	Access to vitamin D	Communication (systems)
Information sharing	Support breastfeeding	Funding
Educate young people	Collaborative working	Weaning support for families
Staff training and support	Family support	Parental engagement
Antenatal/Perinatal/Neonatal support	Non-stigmatising support	Information sharing
Trauma informed	Staff training and support	Increase Health Visitor numbers
Parental/family engagement	Accessible services	
	Community spaces	

Group feedback highlighted many on the same themes as the individual feedback, however, **removing stigma** from accessing support, **trauma informed practice** and **signposting** were consistently highlighted across all four groups.

4. Nurturing Care

4.1 Individual feedback

From the individual feedback, the main themes highlighted in the **nurturing care** comments include: parental education and engagement, collaborative working, antenatal contact and perinatal mental health support, breastfeeding, community support, ELC expansion and eligible twos, staff training and knowledge, staffing levels and retention, and funding.

Regarding **parental engagement** the majority of the comments were either categorised within “**what doesn’t seem to be working as well as it should**” and “**what are we not doing that we really should**”, while fewer comments were categorised as **working really well**. Listening to what matters to families and relationships with families were seen as **working well**, while understanding among new parents of the importance of cues and acting on them and programmes/interventions to support parents skills in responsive care, support for parental mental health and space to provide parental support were all viewed as either **not working as well as it should** or **not happening**.

Collaborative working was viewed equally as **working well** and either **not working as it should** or **not happening**. Comments where **collaborative working** was mentioned as **working well** seemed to focus on good multi-agency relationships. When mentioned as either as **not working as it should** or **not happening**, the comments mainly focused on the use of consistent language and goals/priorities, staff pressures and capacity and providing family support.

Antenatal contact by health visitors was generally viewed positively in regard to nurturing care, however where comments were categorised as **not working as well as it should** delegates were concerned with health visitor capacity and workload as well as the availability of trained staff. The introduction of **perinatal mental health teams** was views as **working really well**.

Breastfeeding and infant feeding were mentioned across all three categories. When categorised as **working really well**, comments related to the availability of infant feeding coordinators and support groups for breastfeeding. Two comments highlighted the positive effect of public acceptability of breastfeeding and “breastfeeding Welcome” signs in certain spaces. When categorised as **not working as well as it should** or **not happening**, the comments related to the provision of breastfeeding spaces, support groups for breastfeeding, breastfeeding and infant feeding education for young people in schools, support for body image and breastfeeding, infant feeding coordinators and advisors and training for health visitors on breastfeeding.

Regarding the expansion of ELC provision including **1140 funded hours and ELC places for eligible twos**, the comments were largely positive and focussed on positive support this provides for families. However, when categorised as **not working as well as it should**, one comment highlighted that 1140 hours may be viewed as taking away parental responsibility and stated that as this provision is not

mandatory and is flexible, consideration should be given to how this offer can be more inclusive to collaborate with families so the benefits aren't lost.

Staff training and knowledge was also mentioned across all three categories. When categorised as **working really well** this was concerning PEEP training for family sessions and also for antenatal training. When categorised as either **not working as well as it should** or **not happening** the comments were regarding lack of consistent staff knowledge, traditional views of 'bad behaviour', outdated views on models of practice, lack of health visitor training and solihul training and lack of training overall. Many of these comments also mentioned staff levels, funding and workforce pressures.

Community support was categorised across all three categories. Comments categorised as **working really well** concerned community links and relationships such as links with health visitors, FNP nurses and nursery schools. Those categorised as either **not working as well as it should** or **not happening** were concerned with physical space for community support including safe spaces and the lasting impact COVID-19 has had on the provision of community spaces for groups, with not all reopening or are not working in the same capacity.

Staffing levels and retention and **Funding** were only categorised as either **not working as well as it should** or **not happening**. These comments concerned the recruitment and retention of staff and the challenges associated with this such as work capacity and training and development opportunities.

Trauma informed workforce, early identification/intervention, whole family wellbeing and holistic approaches were all categorised as **working really well** in relation to nurturing care.

4.2 Nurturing Care - Group feedback

The table below shows the themes identified from the group feedback and the feedback submitted to the app.

Nurture Group Feedback		
Practice	Local Community	In Scotland
Collaborative Working	Parental engagement	Clear measurable aims
Spaces (dedicated/safe)	Spaces (community/breastfeeding)	Community connections
Parent Awareness/Understanding	Trauma informed	Staff training and knowledge
Education for young people	build relationships in community	Early intervention
Staff Training and Support	Collaborative working	Trauma informed
Antenatal Contact	clear aims/messaging	Staffing levels/retention
1140 hours/Vulnerable 2s support	Signposting	Mental health support
Non-stigmatised support	Education	Non-stigmatised support
Clear messaging		Funding

5. Play and Stimulation

5.1 Individual Feedback

From the individual feedback, the main themes highlighted in the **play and stimulation** comments include: Bookbug, outdoor play/learning, ELC expansion and eligible twos, antenatal contact, staff training and knowledge, access to play groups/opportunities, collaborative working, work pressures, staff levels and retention.

The majority of comments categorised as **working really well** included mention of Bookbug as both bookbug packs given out by health visitors and bookbug sessions. All comments regarding bookbug were positive.

Outdoor play and learning was categorised mostly as **working really well**. Comments regarding **outdoor play and learning** which were categorised as **working really well** focussed on the increased emphasis, messaging and awareness on the importance of outdoor play and learning, the increase of outdoor play and learning in nurseries. Of the comments that categorised **outdoor play and learning** as either **not working as well as it should** or **not happening**, they were concerned with lack of upkeep of outdoor spaces and play areas, lack of play parks in communities such as near schools, lack of safe walking routes and suggestions of more forest/woodland nurseries.

Antenatal contact by health visitors was generally viewed positively within this group. Comments that categorised **antenatal contact** as **working really well** discussed the antenatal visits by health visitors as a good opportunity to engage with parents on how to talk and play with their baby. Comments in this category also discussed the resources given out and signposted to by midwives and health visitors including the baby box, Ready Steady Baby resources and Bookbug packs. Although the majority of these comments were positive, some categorised **antenatal contact** as either **not working as well as it should** or **not happening**. These comments focussed on the lack of interface/handover between midwifery teams and health visitors, that antenatal visits are not prioritised and that there is a lack of pregnancy support/community groups.

Staff training and knowledge comments in the play and stimulation group were categorised across all three categories. Comments which categorised **staff training and knowledge** as **working really well** discussed the quality and level of knowledge among ELC staff and the availability of practitioners trained to varying levels in play pedagogy. Comments also mentioned the positive effect of health visitor support staff who are trained in play and stimulation. The comment focused on good awareness among staff of the importance of play on child development. Comments which categorised this as either **not working as well as it should** or **not happening**, focussed on the confidence of staff in delivering play pedagogy and also the consistency of training and the mode of delivery with one comment stating that staff learn from each other so have good knowledge in practice but little theoretical understanding behind the practice.

Access to play groups/opportunities was mentioned across all three categories. Comments which were categorised as **working really well** focussed on the play opportunities available such as bookbug, toy libraries, play groups and the opportunities available as a result of the increased nursery provision. Those that were classed as either **not working as well as it should** or **not happening** discussed the cost of play groups and availability of free and affordable play groups and the availability of affordable, safe and inclusive spaces to hold groups. Equal access to play opportunities was discussed in relation to location, with some comments mentioning a 'postcode lottery' in the availability of safe free play opportunities. Continuing from this, the availability of accessible, reliable and affordable transport was viewed as a barrier to accessing play opportunities.

Regarding the expansion of ELC provision including **1140 funded hours and ELC places for eligible twos**, the comments were largely positive and discussed the increased opportunities this provision presents for play and stimulation and family engagement. There were no comments which categorised this as **not happening**. Those that categorised this as **not working as well as it should** focussed on the uptake of eligible two provision and engagement with 1140 hours suggesting that the 1140 doesn't suit all families and children.

Parental engagement, education and awareness of play and stimulation was mentioned across all three categories. Those comments which categorised this as **working really well** discussed the good resources and messaging provided to parents by health visitors including bookbug packs, play at home information, words up and bumps to bairns and also mentioned the positive relationships between families and health visitors regarding the importance of play. Comments which categorised this as either **not working as well as it should** or **not happening** focussed on a perceived lack of confidence in parents with play at home and in attending groups. Parents awareness of the support available and language and cultural barriers were seen as challenges in increasing parental knowledge of the importance of play. Lack of support for lower income families to access play opportunities was also mentioned including support to access groups financially, to access transport and quality toys at home.

Staffing levels and retention and **Funding** were only categorised as either **not working as well as it should** or **not happening**. These comments concerned the recruitment and retention of staff and the challenges associated with this such as work capacity and training and development opportunities.

5.2 Play and Stimulation - Group feedback

The table below shows the themes identified from the group feedback and the feedback submitted to the app.

Play and Stimulation Feedback Practice	Local Community	In Scotland
Staff Training and Support	Access to services/play/transport	Clear Messaging
Clear Messaging	Community groups	Trauma informed
Parental engagement/education	Stay, Play and Learn	Antenatal Contact
Collaborative Working	Welcoming/clean/safe spaces (indoor and outdoor)	Access to services/play/transport
Antenatal Contact	Collaborative working	Staff Training and Support
Bookbug	Including fathers/grandparents/all carers	Collaborative Working
Outdoor play/learning	Funding	Parent/Family education on Play
Non-stigmatised support	Centralised database of local resources/community groups	Maintain outdoor spaces
Early intervention	Consistent approach	Views of families
Access to services/play/transport	Staff Training and Support	Impact of screen time
	Views of families	Early intervention

6. Nutrition

6.1 Individual feedback

From the individual feedback, the main themes highlighted in the **nutrition** comments include: Free school meals, healthy options, choice, ELC snacks, food banks, breastfeeding, parent support/awareness, affordability/cost of living, staff training/knowledge/staff confidence, antenatal contact.

Free school meals and **free meals and snacks in ELC** were mentioned across all three categories. The overall provision of **free meals in schools and ELC** was viewed as **working really well**. However, the **portion sizes** of meals was viewed as **not working as well as it should** while **choice of meal**, particularly concerning children's choice of meal in ELC was categorised as both **not working as it should** and **not happening**. Further, some comments discussed the availability of **healthy options** in schools, suggesting that there is too much reliance on processed foods.

The provision of free **ELC snacks and milk** was largely viewed as **working really well**.

Breastfeeding and infant feeding were mentioned across all three categories. **Breastfeeding** rates, the promotion of breastfeeding and the support of infant feeding advisers were all categorised as **working really well**. Nutritional information and support for breastfeeding mothers, breastfeeding facilities and financial support for breastfeeding were categorised as either **not working as well as it should** or **not happening**.

The availability of **food banks** was categorised as **working really well**. However, the availability of healthy food and choice of food at **food banks** was viewed as either **not working as well as it should** or **not happening**. Having to be referred to a **food bank** and the requirement for a 3rd person to make this referral was also viewed as either **not working as well as it should** or **not happening**.

Support for parents and parental awareness of nutrition regarding nutrition was mentioned across all three categories. Relationships between ELC staff and parents around nutrition and meals and the perception of parental understanding of the importance of nutrition were categorised as **working really well**. **Parental understanding** of nutrition was also viewed as either **not working as well as it should** or **not happening**, this was perceived especially among more vulnerable families. **Parental skills and knowledge** of healthy food and cooking were also viewed as either **not working as well as it should** or **not happening**. Many comments on this theme also highlighted the importance of listening to children and their families regarding nutrition,

Affordability of healthy food and mentions of **the cost of living** was viewed as either **not working as it should** or **not happening**. These comments focussed on the high cost of healthy foods and the affordability and availability of unhealthy options.

Staff training, knowledge and confidence was viewed as **working really well** within this group. These comments discussed the level of knowledge staff had regarding nutrition in ELC settings and their knowledge of children's needs.

Antenatal contact, 'setting the table' and child independence in eating were all categorised as **working really well**.

6.2 Nutrition - Group feedback

The table below shows the themes identified from the group feedback and the feedback submitted to the app.

Nutrition Feedback		
Practice	Local Community	In Scotland
Parental/family engagement	Cooking classes/support	Normalise/support breastfeeding
Health visiting support for families	Parental/family engagement	Cost of living/affordable healthy food
Staff training	Welcoming/clean/safe spaces	Consistent approach
Clear messaging/information	Staff levels (ratio)	Breastfeeding/infant feeding education
Consistent approach	Encourage child independence	Collaborative working
Choice of meals in ELC/schools	Access to vitamin D	Reduce availability of processed foods
Education on healthy meals	Support breastfeeding	Support for breakfast clubs
Foodbanks	Access to healthy food	Influence shops/supermarkets

7. Protection from Harm

7.1 Individual feedback

From the individual feedback, the main themes highlighted in the **protection from harm** comments include: Staff Training/Knowledge/staff confidence, communication, collaborative working, safeguarding, parental awareness/engagement/relationships, staffing (levels/retention), work pressures, early intervention.

Awareness of **safeguarding** was viewed as **working really well** in this group. These comments also highlighted that there is good awareness that **safeguarding** is everyone's responsibility

Collaborative working was mentioned across all three categories. Comments which categorised **collaborative working** as **working really well** focussed on multi-agency approaches and valued that this is in place. However, where comments categorised this as either **not working as well as it should** or **not happening**, they highlighted that collaborative working between agencies is not always efficient and done in a timely manner.

Similar to Collaborative working, **communication** was mentioned across all three categories. Where **communication** was categorised as **working really well**, the comments were often associated with multi-agency working. Where **communication** was categorised as either **not working as well as it should** or **not happening** the comments focussed on how different services and systems communicate and these comments were often associated with staffing levels, caseload pressures and backlogs due to residual pressures of COVID-19.

Parental awareness and engagement was equally mentioned across all three categories. Overall **relationships with families** was categorised as **working really well**. However, where **parental awareness and engagement** was categorised as either **not working as well as it should** or **not happening** comments discussed full family support and reaching all families including those who may not appear to be in need and ensuring that all parents are aware of what support is available. Language and cultural barriers, as well as workload and staffing issues were often associated with these comments.

Early intervention was mentioned across all three categories. The overall understanding and implementation of **early intervention** was viewed as **working really well**. Similar to collaborative working, where **early intervention** was viewed as **not working as well as it should** or **not happening**, the comments discussed concerns with the efficiency of **early intervention** being conducted in a timely manner.

Staffing (levels/retention) and **workforce pressures** were both only categorised as either **not working as well as it should** or **not happening**. These comments were often interlinked and were associated with lack of staff, increases/high work loads and delays due to back logs and residual effects COVID-19 restrictions.

Staff Training/Knowledge/staff confidence was mentioned across all three categories. When discussed as **working really well**, staff training was associated with shared learning and, GIRFEC. **Staff training and knowledge** was categorised as working well when discussed along side trauma informed practice, awareness of safeguarding and child protection co-ordinators. Where comments categorised **staff training and knowledge** as either **not working as well as it should** or **not happening**, these comments focused on face-to-face training for early years , concerns that not all staff are confident in knowing clearly who and what support is available. These concerns were also associated with increased staff pressures including staffing pressures from 1140 hours.

ELC expansion, Health visiting pathway and antenatal contact were all viewed positively in terms of supporting protection from harm, although some comments highlighted concerns with health visitor staffing levels.

7.2 Protection from Harm - Group feedback

The table below shows the themes identified from the group feedback and the feedback submitted to the app.

Protection from Harm Feedback		
Practice	Local Community	In Scotland
Collaborative working	Access to vitamin D	Communication (systems)
Information sharing	Support breastfeeding	Funding
Educate young people	Collaborative working	Weaning support for families
Staff training and support	Family support	Parental engagement
Antenatal/Perinatal/Neonatal support	Non-stigmatising support	Information sharing
Trauma informed	Staff training and support	Increase Health Visitor numbers
Parental/family engagement	Accessible services	
	Community spaces	

