



Open Kindergarten

Evaluation of Open Kindergarten, Phase 3

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*'My child plays,
I can breathe'*

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Background

This report presents the findings from the evaluation of The Open Kindergarten Project (Phase 3) which was delivered in partnership by Parenting Across Scotland, Midlothian Sure Start and Children in Scotland between July 2024 and February 2026. The evaluation was undertaken by The Open University, and the project was funded by The Scottish Government’s Whole Family Wellbeing Fund.



Introduction

Open Kindergarten, adapted in Scotland from Nordic open preschool traditions, is grounded in a simple premise: that the earliest years of life require accessible, relational spaces where parents and young children can connect, play, and seek support informally. This premise aligns closely with developmental science and with children's rights frameworks. From conception to approximately age three, children experience a period of exceptional developmental sensitivity characterised by rapid physical, cognitive, and socio-emotional growth (Shonkoff, 2021; Center on the Developing Child, 2023). During this time, infants and toddlers depend on consistent, responsive caregiving relationships to regulate emotions, explore safely, and develop a secure sense of self. These early experiences form the foundations for later learning, behaviour, and resilience. They also reflect children's rights, as articulated within the United Nations Convention on the Rights of the Child, to development, participation, play, and protection from discrimination.

Development unfolds within the broader context of parental wellbeing and community life. The transition to parenthood is widely recognised as a period of psychological vulnerability. Parents frequently report fluctuating confidence, fatigue, heightened emotional sensitivity, and experiences of isolation (Fallon et al., 2020). These pressures are not evenly distributed. Families experiencing poverty, insecure housing, limited social networks, or migration-related stress often face intensified strain during the early years (Winstanley et al., 2021). When informal supports are limited, these pressures can compromise parental mental health and reduce opportunities for positive early interactions.

Parental wellbeing is consistently identified as a central determinant of early child development. Sustained stress, depression, or anxiety can affect sensitivity to children's cues and increase the challenges of everyday caregiving (Sanders et al., 2019). In contexts where parents feel isolated or unsure how to seek help, early difficulties may remain unaddressed. These patterns are more likely when community-based opportunities for connection are scarce or when services feel difficult to navigate.

In Scotland, research highlights persistent challenges for new parents in establishing social connections and accessing support that feels approachable and consistent (Children in Scotland, 2021). Trust and relational continuity strongly influence whether families seek help. Where support feels distant or overly formal, engagement may be delayed until concerns become more pronounced.

A substantial body of literature emphasises the protective role of accessible relational environments that enable parents and young children to connect routinely within their communities (Featherstone et al., 2021; Smith et al., 2022). Such environments provide predictable spaces for reassurance, shared experience, and the gradual development of confidence. Importantly, they allow support to be offered through ordinary interaction rather than formal intervention and uphold children's right to play and to associate freely with others.

Low-threshold or universal drop-in models have gained attention for their ability to engage families who might otherwise disengage from structured services. Defined by voluntary attendance and the absence of referral requirements (Axford et al., 2021), these approaches reduce barriers to entry and normalise help-seeking as part of everyday parenting. They are particularly relevant for families experiencing stress, those new to an area, and parents from minority ethnic or migrant backgrounds who may face additional structural or cultural barriers (Ennerberg, 2022). Across the UK, informal early years provision has declined unevenly due to funding pressures, venue closures, workforce shortages, and post-pandemic disruption (Scottish Government,

2022). Parents increasingly report fewer accessible spaces for infants and toddlers and reduced opportunities for peer connection. This contraction is especially significant for families with children under three, who do not yet benefit from structured Early Learning and Childcare.

For families with limited support networks, the loss of community-based provision intensifies isolation and restricts access to informal reassurance and guidance. The early years therefore represent a period of both heightened developmental opportunity and structural vulnerability. While the importance of prevention is widely acknowledged, accessible relational support during this stage remains inconsistent. Universal, low-threshold models inspired by Nordic open preschool systems respond directly to this gap by embedding early connection within everyday community life. This context provides the foundation for Scotland's adaptation of the Open Kindergarten model.

Gaps in Provision for Families with Children Under Three

Despite Scotland's longstanding policy commitment to early intervention and family wellbeing, significant gaps remain in the support available to families with infants and toddlers. These gaps stem from structural limitations within existing services, reductions in informal community infrastructure, and persistent inequalities that shape parents' ability to access help. Families frequently describe the period from birth to age three as one in which support feels fragmented, inconsistent, or difficult to navigate, despite substantial evidence that this is a critical stage for children's development and parental wellbeing.



Limited Universal Provision Before Age Three

Scotland's expansion of funded Early Learning and Childcare (ELC) to 1140 hours for three and four year olds, and eligible two year olds, represents a major national investment. However, there is no comparable universal offer for children under three. Health visiting remains the primary universal service during this period, yet national reviews indicate increasing pressures on the workforce, variability in continuity of support, and limited capacity for ongoing relational engagement beyond scheduled visits (Audit Scotland, 2022).

Targeted services, such as the Family Nurse Partnership, specialist parenting programmes, and children and family support teams, provide important support for specific groups, but do not meet the broader need for accessible, everyday forms of help. Many parents describe the period between early health visitor contacts and ELC eligibility as a quiet or unsupported phase during which isolation, uncertainty, and overwhelm may increase. These gaps disproportionately affect first time parents, migrant families, parents with mental health challenges, and those without established social networks.

Uneven Availability of Community Based Support

Informal early years resources have traditionally provided a critical layer of everyday support for families. Baby groups, parent and child play sessions, community centre activities, church hall groups, and library-based provision have historically offered predictable, low-pressure opportunities for connection, peer support, and early socialisation. However, the availability of these forms of provision has declined unevenly across Scotland as a result of reductions in local authority and third sector funding, venue closures or repurposing, workforce and volunteer shortages, shifting local priorities, and the slow recovery following COVID 19 restrictions.

In several localities, parents now report limited or inconsistent opportunities for their young children to play outside the home and for adults to meet others. The decline of informal provision disproportionately affects families with limited financial resources, lone parents, rural families with restricted transport access, and those who already experience social isolation. Without these community infrastructures, parents are left with fewer accessible entry points into early reassurance, mutual support, or informal help, while young children lose opportunities for routine early social experiences.

Stigma and Thresholds in Targeted Services

Another critical gap relates to how early help is accessed. Many forms of support require professional referral, formal assessment, or eligibility screening. Even when well intentioned, these thresholds can evoke feelings of stigma, apprehension, or reluctance. Evidence indicates that parents sometimes avoid targeted services, even when they are struggling, for fear of being judged, monitored, or perceived as not coping (Whittaker and Cox, 2020; McGhee and Jeffery, 2022).

These concerns are particularly salient among families with previous negative experiences of services, those from minority ethnic backgrounds, and those who feel anxious about how their parenting might be interpreted. Universal, voluntary, drop in models reduce these psychological barriers by avoiding referral pathways altogether. When attendance does not signal difficulty, families can access support freely and without concern about being labelled. The absence of thresholds is therefore a central feature of equitable early years provision.

Barriers for Migrant, Refugee, and Minority Ethnic Families

Migrant families, refugees, asylum seekers, and minority ethnic parents often face additional obstacles when seeking early years support. These barriers include language challenges, limited

familiarity with local systems, social isolation, absence of extended family support, cultural differences in parenting expectations or help seeking norms, mistrust of statutory services, fear of discrimination, and immigration related uncertainty.

International research demonstrates that migrant families benefit significantly from low threshold, relational early years environments where they can practise language skills, form local connections, understand community expectations, and access advice in a culturally sensitive context (Ennerberg, 2022). The absence of such spaces in parts of Scotland contributes to unequal early childhood experiences and can widen developmental and social disparities.

Fragmented Systems and Unclear Pathways to Early Help

Families frequently describe encountering a fragmented landscape of early years and family support services. Health visiting teams, early years practitioners, family support workers, third sector organisations, and community groups all play essential roles, yet parents often struggle to understand what is available, which services may be relevant, or how to access them. This fragmentation can lead to missed opportunities for early identification of need, especially for families who are less confident, socially isolated, or newly arrived in an area.

Professionals similarly highlight difficulties working across organisational boundaries when communication is inconsistent or partnership arrangements vary between localities. In the absence of clear, welcoming entry points into early help, families may only access support once challenges have become more pronounced.



Consequences of Gaps in Provision

The impact of these gaps is substantial. Evidence indicates that parents of infants and toddlers who experience isolation or lack informal support are more vulnerable to stress, low mood, and anxiety (Sanders et al., 2019). These pressures can affect parent child interactions, undermine children's emotional security, and limit opportunities for early developmental experiences such as play, exploration, and socialisation.

Conversely, accessible universal spaces and supportive relational environments can strengthen parental wellbeing, enhance parenting confidence, support early bonding, reduce feelings of loneliness, and provide opportunities for early play and socialisation. Such environments also create earlier and more natural pathways into additional support when required. The absence of these spaces represents a missed opportunity for prevention during the period of life in which intervention has the greatest potential impact.

Summary

Families with children under three in Scotland continue to experience significant gaps in early years provision. These include the limited availability of universal services, reductions in community-based supports, barriers created by threshold-based services, challenges faced by migrant families, and fragmentation across local systems. Together, these gaps contribute to parental isolation, delays in help seeking, and inequalities in early childhood experiences. They also strengthen the rationale for approaches such as Open Kindergarten, which provide relational, low threshold, community-based support designed to meet families' needs early and equitably.

International Evidence: Learning from Nordic Open Preschool / Kindergarten Models

The Open Kindergarten model draws inspiration from long established Nordic open preschool / kindergarten systems, which have operated for decades as integral components of early childhood and family support strategies. These systems, present in Sweden, Finland and Norway, are recognised for their universal, low threshold, relational approach to supporting families with young children. Although terminology varies across countries, the core principles remain consistent. These include voluntary attendance, parent and child play based environments, accessible relational support, and integration within local communities. The Nordic evidence base provides valuable insight into why these models are effective and how they can inform Scotland's adaptation of this approach.

Overview of Nordic Open Preschool Models

Nordic open preschools are community-based settings designed for parents and young children, typically from birth to around age five, to attend together. They are not childcare providers or formal education settings. Instead, they serve as relational, social, and early learning environments. Common characteristics include voluntary drop in attendance without referral or registration, free or low-cost access that reduces financial barriers, play based learning environments facilitated by trained early years practitioners, opportunities for parents to develop peer support networks, and access to informal guidance from staff through everyday conversation. Many settings also maintain links with wider services such as health visiting, social work, and early learning and childcare.

The principles underpinning these models are grounded in a commitment to equity. Universal access ensures that those most in need are not singled out or required to navigate formal thresholds in order to attend.

Evidence of Positive Outcomes for Parents

Nordic research consistently demonstrates that open preschools contribute positively to parental wellbeing, social connectedness, and confidence. Regular attendance has been associated with reductions in loneliness and stress, increased confidence in parenting, improved understanding of child development, emotional reassurance gained through observing other families, and a strengthened sense of belonging within local communities (Gällhagen and Isaksson, 2019; Nelson and Svensson, 2020).

These outcomes arise from the balance of peer support and practitioner input that characterises the model. Staff in open preschools are trained to offer guidance subtly and sensitively, responding to parents' questions as they emerge rather than through structured or didactic approaches. Parents frequently describe these informal conversations as crucial in helping them navigate the early period of parenthood. Because attendance is voluntary and universal, parents do not feel monitored or assessed, which contributes significantly to their sense of safety and equality.

Benefits for Young Children's Early Development

Children also benefit substantially from the early play and socialisation opportunities available within open preschool settings. Nordic studies highlight improvements in early social competence, confidence in group settings, early language exposure, emotional regulation, and collaborative or imaginative play (Björnberg and Gruber, 2021). For children who lack regular opportunities to interact with peers, who do not attend formal childcare, or who live in environments with limited access to child friendly spaces, these settings provide foundational experiences that support early development.



The child led and play rich ethos aligns with the broader values of Nordic early education systems. Evidence from Sweden suggests that children who attend open preschools often adapt more easily to formal preschool routines, group expectations, and transitions into childcare (Sundhall, 2020).

Reaching Families Less Likely to Access Formal Services

One of the strongest findings within the Nordic evidence is the capacity of open preschool models to engage families who may be reluctant to use more formal or targeted services. These families include migrants, refugees, minority ethnic parents, those facing economic disadvantage, parents with mental health challenges, socially isolated families, and lone parents. Because open preschools avoid referral processes and formal assessments, they attract families who might otherwise remain disconnected from early years support.

Migrant families, in particular, value open preschools as safe and welcoming spaces in which they can practise local languages, establish social connections, understand local parenting norms, and access practical advice without fear of judgement (Ennerberg, 2022). These settings also facilitate trust building with services more broadly, enabling families to become familiar with local systems and supports.

The Relational Role of Practitioners

Practitioners are central to the effectiveness of Nordic open preschool models. Staff often include early childhood educators, social pedagogues, or family support practitioners who bring specialised knowledge of child development and relational practice. Their responsibilities include cultivating a warm and welcoming atmosphere, facilitating play and supporting early learning, observing parent child interactions with sensitivity, offering informal guidance when appropriate, building relationships gradually over time, and signposting families to other support when needed.

Relational practice requires a high degree of professional skill and emotional attunement. The ability to be present without being intrusive is frequently identified as a core competency (Nelson and Svensson, 2020). Effective practitioners maintain a balance between offering support and enabling parents to develop their own confidence and relationships with their children. These micro interactions form a key component of the preventive and confidence building outcomes associated with the model.

System Level Benefits: Prevention and Early Help

In Nordic countries, open preschools operate as part of a broader preventive and early intervention ecosystem. They serve as soft entry points into services by enabling early identification of developmental or relational concerns, facilitating earlier access to health or social support, improving coordination across services, reducing the need for more intensive interventions at later stages, and supporting smoother transitions into preschool or childcare (Björnberg and Gruber, 2021).

Because families develop trusting relationships with practitioners, concerns often surface earlier and feel easier to discuss. Practitioners are well placed to introduce families to other forms of support at a pace that feels appropriate and respectful.

Relevance and Applicability to Scotland

The Nordic evidence carries clear relevance for Scotland. These models demonstrate that universal, voluntary provision reduces stigma and enhances equity; relational, play based environments support both parents and children; early and everyday contact with practitioners strengthens preventive systems; and community-based provision enhances accessibility for families who experience structural or cultural barriers. Sustained, predictable contact also contributes to parental confidence and supports integration into local networks.

These lessons align closely with Scotland's strategic ambitions for early intervention, prevention, relational practice, and holistic whole family support. Scotland's Open Kindergarten model draws directly on these principles while adapting them to the specific contexts, workforce structures, and policy priorities of Scottish communities.

The History of Open Kindergartens in Scotland

The origins of Open Kindergartens in Scotland goes back to 2015 when Clare Simpson, Parenting Across Scotland's previous director, undertook a [Churchill Fellowship](#) to Sweden, Norway and Denmark to explore those countries approaches to supporting families in the early years. A key feature of the study visit was understanding how they used the Open Kindergarten approach.

Stage One (2018)

In 2018, Parenting Across Scotland teamed up with Children in Scotland and the University of Stirling to undertake a [feasibility study](#) to explore whether the Open Kindergarten model could be adapted to Scotland to improve outcomes for children in the early years.

The conclusions of that study were that Open Kindergartens could:

- Meet parents' support and learning needs more effectively.
- Provide parents with critical peer support.
- Upskill the early years workforce, particularly on parental engagement.
- Represent a sustainable and financially viable model, readily capable of being upscaled and, most importantly, contribute to achieving better and more equitable outcomes for children.

Stage Two (2019-2020)

Between April 2019 and April 2020, the three partners worked with Midlothian Sure Start and the City of Edinburgh Council to pilot the project at two contrasting early years settings based in Edinburgh and Midlothian.

The pilot project involved free, twice-weekly drop-in sessions as well as community outreach work to overcome barriers to parental participation. The key objectives were to reduce social isolation among parents of very young children (0-3 years), support effective parenting, and contribute to optimising child wellbeing in health, learning and development.

The University of Stirling conducted an [evaluation](#) of the pilot project which concluded that;

- Open Kindergarten filled a service gap.
- Open Kindergarten provided support for parents and carers experiencing mental health challenges, including feeling overwhelmed or isolated.
- Open Kindergarten provided essential peer support for parents and carers.
- Open Kindergarten provided important opportunities for children to play and interact.
- The skills and experience of the practitioners were vital in building relationships with parents and carers.

A National Commitment to Early Years and Prevention

Scotland has articulated clear ambitions for early years support through a range of policy frameworks, including Getting it Right for Every Child (GIRFEC), the National Improvement Framework, the expansion of Early Learning and Childcare (ELC), and broader children's services planning. These frameworks emphasise nurturing, trusting, and responsive relationships; support that is available as early as possible; collaboration across agencies and sectors; the importance of children's rights and voice; and the need to reduce inequalities from the earliest stages of life.

GIRFEC, in particular, has championed early help for more than a decade, stressing that children and families should receive the right help at the right time from the right people. However, despite the relational ethos that underpins GIRFEC, there remains a structural gap in support for families with children under three. Parents frequently fall between universal health provision and funded childcare, leaving a significant period during which families have limited access to welcoming, community-based support. This gap highlights the need for additional universal spaces that families can access voluntarily and without approaching formal services.

The Scottish Policy Context: A System Ready for Relational, Early, Universal Support

Scotland's early years and family support landscape is underpinned by a strong and longstanding policy commitment to prevention, early intervention, children's rights, and relational forms of support for families. Over the past two decades, national strategies have consistently emphasised the importance of providing help early, strengthening relationships, and enabling families to access support within their communities. This policy environment provides an essential foundation for understanding the context in which Scotland's Open Kindergarten model has been developed. Phase 3 of the project took place during a period in which Scotland has been actively seeking sustainable, accessible, relational forms of early support, making this a particularly timely initiative.



Action to reduce child poverty

The Child Poverty (Scotland) Act 2017 sets out targets for the Scottish Government to significantly reduce the rates of child poverty by 2030. It also [identifies six priority groups](#), known to be at greater risk of experiencing child poverty. These groups are:

- Lone parent families
- Families with a disabled adult or child
- Larger families (3+ children)
- Minority ethnic families
- Families with children under the age of one
- Families with mothers under the age of 25

The Tackling Child Poverty Delivery Plan 2022-26 outlines that actions the Scottish Government committed to take to help achieve these targets. These included the Scottish Child Payment, employability support and a commitment to expanding access to holistic whole family support through £500m investment in the Whole Family Wellbeing Fund.

The Promise and the Shift Towards Relational, Family Led Support

The publication of The Promise (2020) marked a significant shift in Scotland's approach to supporting children and families. The Promise calls for a system firmly rooted in relationships, trust, love, and early support. It emphasises that families must receive help where and when they need it and without stigma. Central themes of The Promise include the importance of relational practice, the need for support that is voluntary and non-judgemental, the value of community-based spaces where families can spend time together, and the importance of services working together rather than in silos.

Open Kindergarten embodies these principles by offering inclusive, relational environments that parents choose to attend without referral or assessment. As Scotland continues its journey towards realising The Promise, the model provides a practical means of strengthening rights based, relational support at a local level.

Whole Family Wellbeing Funding and System Transformation

The introduction of the Whole Family Wellbeing Funding (WFWF) in 2021 represented a major national commitment to transforming family support. The purpose of the funding is to shift public services towards early, holistic, preventative support and away from crisis driven intervention. The WFWF National Principles emphasise the importance of early, relationship centred, strengths based, voluntary, and stigma free support; cultural responsiveness; coordination across sectors; and support that is rooted in communities.

Children's Services Planning Partnerships (CSPPs) across Scotland are required to redesign local systems around these principles and use the funding to support large scale transformation. Open Kindergarten aligns closely with this agenda by offering a universal, relational, community-based model of early help that can contribute meaningfully to preventive systems and early intervention pathways.

Post Pandemic Pressures and Widening Inequalities

Families with young children have been significantly affected by the social and economic impacts of the COVID 19 pandemic. Research in Scotland highlights heightened parental anxiety, reduced opportunities for both informal and formal support, interruptions in health visiting and early

years provision, increased feelings of loneliness among new parents, and widening inequalities, particularly for low-income families and migrant communities (Scottish Government, 2022).

Parents of babies born during or shortly before the pandemic often report reduced confidence, fewer opportunities for their children (and themselves) to socialise, and difficulty rebuilding local networks. These experiences have compounded pre-existing inequalities and increased the need for relational, accessible support spaces. Open Kindergarten provides an environment in which parents can rebuild social confidence, reconnect with local networks, and access gentle early support in a setting that feels safe, familiar, and non-judgemental.

Place Based Approaches and Community Assets

Recent policy developments in Scotland emphasise the importance of place-based working. This perspective recognises that families' experiences are shaped not only by individual needs but by local infrastructure, community dynamics, and available resources. Place-based approaches encourage CSPPs to tailor provision to local contexts, collaborate across sectors, and make creative use of existing community assets.



Open Kindergarten is highly compatible with this approach. The model can operate in a range of venues, including libraries, community centres, and schools; adapt to varying community cultures and needs; strengthen community assets and relationships; complement existing universal and targeted services; and support early help pathways at a local level. Its flexibility enables local partners to shape delivery in ways that reflect community strengths while maintaining fidelity to core principles.

Expansion of Early Learning and Childcare and the Changing Early Years Landscape

The expansion of funded ELC has significantly reshaped Scotland's early years landscape. However, because eligibility begins at age two or three, a substantial gap remains in structured provision for younger children. As national conversations develop regarding the future of early learning and childcare for children under three, Open Kindergarten offers valuable insights into what relational early childhood support can look like during this period. The model illustrates how parents can be supported to engage in early learning environments, how universal spaces can facilitate smoother transitions into childcare, and why support for both parents and children together is crucial in the earliest years.

The model provides an important contribution to ongoing policy discussions about developing a cohesive and holistic early years system that spans the full birth to five age range.

Incorporation of the UN Convention on the Rights of the Child (UNCRC)

In July 2024, the UNCRC (Incorporation)(Scotland) Act 2024 came into force. The Act makes Scotland the first country in the UK and the first devolved nation globally to directly incorporate the convention into domestic law. As a consequence, all public bodies are required to consider the impact of their decisions on the rights of children and young people.

The UNCRC recognises that most, though not all, children and young people grow up living with their parent(s) and requires governments to provide support for parents and carers to help them to raise their children. Early years whole family support provides an opportunity to support parents and carers in their parenting role, and work in ways that can uphold children's rights from birth.

A Strong Fit with National Ambitions

Taken together, Scotland's policy commitments across GIRFEC, children's rights, child poverty, The Promise, Whole Family Wellbeing Funding, place-based working, and early learning and childcare expansion reveal a consistent emphasis on early, relational, non-stigmatising forms of support. These commitments call for models that can reach families early and universally; strengthen parental wellbeing; support children's development; reduce inequalities; provide welcoming, community-based environments; and integrate effectively within wider early help pathways.

Open Kindergarten aligns closely with these ambitions and offers a practical means of embedding Scotland's aspirations for relational, community based early support within the everyday lives of families.

Rationale for Phase 3: Deepening Evidence, Strengthening the Model, and Testing Intervention Fit

Early phases of the Open Kindergarten project demonstrated that the model is both feasible and highly valued by families and practitioners. These phases indicated that the approach addresses a clear gap in early years provision, aligns with national policy priorities, and provides accessible, relational support that parents find meaningful and non judgemental. They also identified important questions regarding sustainability, workforce support, system integration, and equity of reach. Phase 3 was therefore conceived as a more ambitious stage of development designed to explore the model's potential to operate at scale and be easily transferable within Scotland's evolving early years and family support system.

This section outlines the key considerations that shaped the rationale for Phase 3 and explains why a comprehensive evaluation was necessary and timely.

Testing Delivery Across Diverse Local Contexts

Phases 1 and 2 highlighted that while the core principles of Open Kindergarten remained constant, the model was highly responsive to local context. Differences emerged in levels of need and demand, demographic characteristics of families, venue culture, accessibility, practitioner style, role expectations, transport and geography, local partnership support, and the availability of complementary services. These contextual variations influenced attendance patterns, family experiences, practitioner workload, and the extent to which Open Kindergarten integrated with other services.

To understand whether the model could be adopted more widely, it was essential to examine delivery across a broader range of settings, including urban, rural, and semi rural communities. Phase 3 expanded the number and diversity of sites and enabled a more nuanced understanding of the core features of the model and what adaptations may be required in different contexts.



Workforce Sustainability and Professional Support

Practitioners emerged as central to the success of the Open Kindergarten model. Their relational skills, sensitivity, knowledge of child development, and capacity to provide responsive support were key to families' positive experiences. However, earlier phases also highlighted a series of workforce challenges. These included the emotional labour associated with relational practice, working alone in unpredictable environments, responding to families with a wide range of needs, role ambiguity across settings, and limited opportunities for reflective supervision or peer support.

These issues raised important questions regarding how best to sustain the practitioner workforce, what training and support are needed, and what organisational structures are required to maintain safe and high-quality practice. Phase 3 sought to develop a clearer understanding of the workforce conditions that would support sustainable delivery at scale.

Strengthening Integration with Early Help Systems

Evidence from earlier phases suggested that Open Kindergarten could function as a soft entry point into wider systems of support, enabling families to access help earlier and with reduced stigma. However, the degree of integration varied significantly across localities. Some sites had well established relationships with health visiting teams, ELC settings, libraries, community development teams, and family support services, while others experienced challenges related to communication or unclear pathways.

Phase 3 explored how Open Kindergarten could be situated within local early help pathways, how practitioners identify and respond to emerging needs, the nature and frequency of signposting or referrals, and how the model complements other universal and targeted services. Understanding system alignment is essential for evaluating the model's potential contribution to early intervention and prevention within Children's Services Planning Partnership arrangements.

Clarifying Resources, Costs, and Long-Term Viability

Although Open Kindergarten is relatively low cost compared to many early years interventions, earlier phases indicated that the model nonetheless requires meaningful resources. Key questions concerned the number of staff needed to operate the model safely, the preparation and liaison time needed for practitioners, the time required for reflective practice, the costs associated with venues and materials, and the extent to which delivery could be integrated within existing roles. Considerations relating to long term cost and potential preventive benefits were also relevant.

Phase 3 aimed to generate clearer, evidence-based insights into the resource profile of the model, enabling local authorities and CSPPs to assess feasibility, affordability, and long-term viability.

Understanding Reach, Equity, and Who Benefits Most

Earlier phases showed that Open Kindergarten reached families who often do not engage with formal or targeted services, including those experiencing isolation or low confidence, migrant families, and families facing socioeconomic disadvantage. Phase 3 sought to examine whether this pattern continued across a larger and more diverse set of sites and whether the model contributed to reducing inequalities in early childhood experiences.

This involved exploring the demographic profile of families attending, attendance patterns across localities, barriers and facilitators to engagement, and parents' perceptions of accessibility, safety, and inclusivity. Understanding reach is crucial for assessing the equity impact of the model and its potential as a universal early help approach.

A Moment of Opportunity in Scotland’s Early Years Landscape

Phase 3 occurred during a period of significant policy development and system change in Scotland. National efforts to implement The Promise, expand early learning and childcare, invest in Whole Family Wellbeing Funding, promote place-based approaches, and respond to post pandemic inequalities have created an environment in which models that offer relational, community based, early support are particularly needed.

Open Kindergarten sits at the intersection of childcare, early learning, family support, and community development. It therefore offers valuable insights for national partners seeking to strengthen the preventive landscape and develop a more cohesive early years system and for local partners seeking cost-effective solutions to providing family support in their areas.



Evaluating Scope for Wider Adoption

To assess whether Open Kindergarten could be adopted more widely, Phase 3 considered the model’s effectiveness, its contribution to prevention and early help, the workforce supports required for high quality delivery, resource needs and costs, reach and equity, system integration, and overall sustainability and scalability. As well as being an evaluation of delivery, phase 3 was not only an evaluation of delivery but a broader inquiry into how the model fits within Scotland’s early years system and what conditions would be required for successful implementation at scale.

Summary

Phase 3 was developed to build on early positive findings while addressing remaining uncertainties about system fit, workforce sustainability, equity, resources, and long-term viability. It represents a critical step from exploratory piloting towards strategic evaluation and provides the evidence needed to consider whether Open Kindergarten could become a core component of Scotland’s early years and family support landscape.

Phase Three Overview

Phase three of the Open Kindergarten took place from July 2024 to February 2026. The partners Parenting Across Scotland, Midlothian Sure Start and Children in Scotland came together again to deliver this phase, with The Open University taking on the evaluation role. Each partner had a distinct role in the project as follows;

- Parenting Across Scotland – overall project lead
- Midlothian Sure Start – delivery partner
- Children in Scotland – learning partner
- The Open University – evaluation partner



Project Management and Advisory Group

The project partners met regularly throughout this phase of the project to develop and implement the work programme. They were also supported by an external project advisory group, comprising topic experts, practitioners and academics from Scotland, Norway and Sweden. The advisory group met three times and provided support to ensure the project remained aligned to its Nordic routes.

Delivery Staffing

One Development Manager (0.94 FTE) and two Development Officers (0.4 FTE each) were recruited by Midlothian Sure Start to deliver the Open Kindergarten groups. They were located within Midlothian Sure Start’s perinatal team and provided with training support and supervision from that team.

Groups Delivery

Fifteen groups were established and delivered between October 2024 and August 2025. These took place in the locations outlined in Table 1 below;

Table 1: Location of groups

Local Authority	Groups
Midlothian	<ul style="list-style-type: none">• Bonnyrigg• Gorebridge (young parents and weekend groups)• Millerhill• Loanhead• Mayfield (outdoors group and family fun day)• Penicuik (day and evening groups)• Woodburn
East Lothian	<ul style="list-style-type: none">• Dunbar• Musselburgh (outdoors group)
City of Edinburgh	<ul style="list-style-type: none">• Moredun (two groups, including outdoor group)
West Lothian	<ul style="list-style-type: none">• East Calder

Groups were delivered in a variety of locations including community centres, ELC settings, libraries, GP practices and parks. They were provided on a weekly basis and each lasted between one and two hours. Most sessions took place in the daytime during the working week, but one evening group and one weekend group were also trialled.

A total of 228 sessions were delivered across these fifteen groups. Attendance grew steadily over the term of the project starting with an average attendance of eight attendees per group at the beginning to 11 at the end of the project. Attendance at regular Open Kindergarten groups varied from two attendees (parent and child) to 46 attendees (20 adults and 26 children). Attendance was highest at an Open Kindergarten event held in the summer (39 adults and 55 children.)

Attendance was higher at the outdoor Open Kindergartens with an average attendance of 22 people. Weekend groups were more popular than evening groups with an average attendance at weekend groups of 13 attendees vs 6 at evening groups.

Group Participants

A total of 561 participants took part in the groups (249 parents / carers and 312 children). Of the children that we have data for (n=231), 218 (94.37%) were aged 0-3 years, of whom 44 (19.05% of all children) were aged under 1 year. Thirteen children (5.63%) were aged 4 years and over. Older children were more likely to be present in the evenings, weekends or when sessions were taking place over school holiday periods.

Of the parents / carers taking part that we have data for, the vast majority were women (n=233, 93.57%) but a small number of men did also attend (n=14, 5.62%). Most parent / carers were aged 22 years and over (n=202, 81.12%) but there were also some younger parents involved (n=11, 4.42%). At their request, a group was set up specifically for young parents, recognising that their needs were different from others.

Table 2: Participant demographics

	Demographic	Number	%
Age	Children		
	Under 1	44	19.05
	1-3 years	174	75.32
	4 and over	13	5.63
	Total responses	231	100%
Gender	Parents / carers		
	Women	233	94.33
	Men	14	5.67
	Total responses	247	100%
Age	Parents / carers		
	17-21 years	11	5.16
	22+	202	94.84
	Total responses	213	100%

In terms of child poverty rates, postcode data was utilised to identify Scottish Index of Multiple Deprivation (SIMD) Deciles. There were 217 families with postcode data available. This indicator does not identify those living in poverty outwith an area of deprivation, and so should be treated with some caution. However, overall, this shows a fairly balanced spread across all deciles (see Table 3).

Table 3: Participant SIMD data

DECILE	Number	%
1	4	1.84
2	11	5.07
3	33	15.21
4	38	17.51
5	20	9.22
6	43	19.82
7	21	9.68
8	21	9.68
9	15	6.91
10	11	5.07
Total	217	100%

Research Questions

This evaluation sought to develop a detailed understanding of how Open Kindergarten operates across diverse Scottish localities, the needs of the families who attend and the conditions that support effective delivery. It aimed to examine how the model functions as a low-threshold, relational form of early years support and to identify the factors that enable or constrain its contribution within Scotland's wider early childhood landscape. To guide the study, the following research questions were developed.

1. What needs, challenges and circumstances characterise the parents, carers and young children who attend Open Kindergarten, and how do these shape their engagement with early years support?
2. How, and to what extent, does the Open Kindergarten model address these needs through its relational, flexible and low-threshold approach?
3. What roles do practitioners play in supporting parents, carers and young children within the model, and which aspects of practice are experienced as most and least helpful?
4. How do practical and contextual factors such as venue, timing, group size and community setting influence the accessibility and quality of family experiences within Open Kindergarten?
5. What is the contribution of Open Kindergarten to parents' confidence, help-seeking and transition into wider early years provision, including Early Learning and Childcare?
6. What considerations are required for sustainable implementation and scalability of the Open Kindergarten model across diverse localities in Scotland?

Evaluation Methods

This evaluation adopted a mixed-methods, ethnographic design that built directly on the methodological foundations established during Phase 2, while intentionally expanding both the scale and breadth of data collection. This approach enabled the evaluation to examine how the Open Kindergarten model operated across a wider geographical area, a more diverse set of communities, and a more variable set of organisational contexts. The method was selected in recognition of the complexity of the model itself, which is relational, context-dependent and strongly shaped by the social and emotional dynamics within each session. An ethnographic lens allowed for attention to the lived experience of parents and carers, the evolving practices of practitioners, and the interplay between place, setting and delivery.

Consistent with Phase 2, both quantitative and qualitative sources were used, but in Phase 3 the qualitative component was broadened to include observations, focus groups, practitioner diaries, and a case study (comprising parent diaries). This enabled a more granular understanding of variability across sites and a deeper analysis of relational processes.

Quantitative Component

Questionnaires

66 parents and carers attending an Open Kindergarten session were invited to complete a short questionnaire at their convenience. The questionnaire design mirrored that used in Phase 2, which ensured continuity in the type of information gathered and facilitated comparability across project phases. Items captured demographic characteristics, previous experience of support services, sources of referral, reasons for attending, and information about their child or children. In Phase 3, a total of 66 questionnaires were completed across the participating settings. Practitioners were available to help parents complete the questionnaire where literacy, language or childcare demands made this challenging. Responses offered valuable insight into who was accessing Open Kindergarten, how they found out about the sessions and what they hoped to gain.

Although the questionnaire was brief, it contributed meaningfully to the evaluation by offering a broad overview of the demographic profile of families across rural, semi-rural and urban contexts. This overview helped identify both common features across communities and important local contextual differences, particularly in relation to socio-economic diversity, family composition and experiences of social isolation.

Service-Level Data

Service-level data collected by practitioners included patterns of attendance, frequency of return visits and the age range of participating children. These records allowed the evaluation to track engagement over time and identify how quickly groups became established across settings. Such data were important for understanding the pace at which the model was able to embed in communities, as well as how staff capacity, venue suitability and local service landscapes influenced uptake. The inclusion of service-level data was particularly valuable in Phase 3 because of the breadth of sites involved and the diversity of local infrastructures.

Qualitative Component

The qualitative element of the evaluation was central to exploring the lived experiences of parents, carers and practitioners. The approach used in Phase 2 was expanded in Phase 3 to achieve a richer, more contextualised understanding of the model.

Structured Observations

Five structured observations were undertaken in Bonnyrigg, Dunbar, Gorebridge Community Centre, the Gorebridge young parents' group and Woodburn. Observations provided direct insight into the relational and practical dynamics of Open Kindergarten sessions. The observer documented how space was used, how children interacted, how adults moved through and interpreted the environment and how the practitioner established and maintained the parent-led ethos. Observations were especially important in Phase 3 due to the significant variation in venue type, ranging from compact community rooms to larger multi-use spaces within libraries and community centres. These environmental differences had notable implications for the nature of interaction within sessions, and observations enabled the researcher to examine these implications in detail.

Observations involved attending an Open Kindergarten session and interacting with parents/carers and their babies/children. The researcher had a notebook for writing observational notes throughout.

Interviews with Parents/Carers

Semi-structured interviews were conducted with eight parents and carers across a diverse set of locations, including Bonnyrigg, East Calder, Gorebridge, Penicuik and Woodburn. Interviews were conducted online (apart from one in person) and lasted between 20 and 40 minutes. The one in person interview was held in a nursery setting where privacy could be achieved but the participant's child could play.

The interviews explored participants' experiences of being new parents or carers within their local communities, their initial impressions of Open Kindergarten and the extent to which the sessions contributed to their wellbeing, confidence and sense of social connection. The interview format offered flexibility for participants to share personal narratives, including experiences of isolation, relocation, mental health challenges and the emotional and practical demands of caring for infants. This approach allowed for deeper exploration of topics that emerged during Phase 2 as central to parents' experiences, particularly the importance of accessible, non-stigmatising and relational support.

Focus Groups

Two focus groups were held in Dunbar (10 parents) and Woodburn (12 parents). The researcher recorded (using a password protected dictaphone) the focus group for between 20 and 30 minutes during the Open Kindergarten session. This enabled parents to be with their children and for play and interaction to continue while the focus group took place.

Focus groups enabled participants to reflect collectively on their experiences and comment on each other's perspectives. This group-based format was particularly useful for examining how parents conceptualised community belonging, peer relationships and shared experiences of navigating early years provision. The collaborative nature of focus groups also supported exploration of subtle group dynamics that emerged within sessions, such as the development of friendships, informal peer support networks and shared interpretations of the practitioner role.

Interviews with Practitioners

Three practitioners participated in interviews, with one practitioner interviewed twice to explore how experiences and perspectives shifted over time. Interviews were between 40 and 80 minutes in duration. One was in person and three were online.



Practitioners discussed their day-to-day experience of delivering the model, the emotional and relational labour required, and the demands associated with working across multiple geographical locations. These interviews provided crucial insight into the practical realities of implementing a parent-led, low-threshold model in areas with differing levels of existing provision, staff presence and community infrastructure. Practitioners also reflected on the challenges of solo working, the importance of establishing trust, and the time required to develop relationships with community stakeholders.

Practitioner Diaries

The same three practitioners kept weekly diaries. They were provided with a broad template inviting them to reflect on their experience of establishing, running and bringing Open Kindergarten sessions to a close, which they used over the course of the duration of their involvement. They then emailed the researcher all their diary entries as their posts came to an end. Each diary entry comprised between 300 and 1500 words.

These diaries offered a continuous, practice-based insight into the emotional, practical and relational dimensions of their work. Diary entries explored the rhythm of weekly sessions, preparations undertaken, unexpected challenges and the relational needs of parents and carers. They also captured the professional judgement required to navigate shifting group sizes, varying levels of parental confidence and the different relational needs of families attending the sessions. Diary material was invaluable for understanding how practitioners adapted their approach in response to emerging dynamics within sessions and to contextual demands.

Parent Diaries

Two parents kept a diary documenting their reflections across several months. One parent wrote monthly diaries between February and July. The other kept a weekly diary in the month of August. They were provided with a template, comprising questions for guidance. Each diary entry comprised between 300 and 500 words.

These diaries provided insight into how their engagement with Open Kindergarten intersected with broader experiences of parenting, community life and support. For parents experiencing isolation, adjusting to new communities or facing limited informal support networks, diary accounts highlighted how Open Kindergarten shaped their sense of connection, routine and confidence over time. The diaries enriched the evaluation dataset by illustrating everyday fluctuations in parents' emotional and practical experiences.

Analysis

All qualitative interviews, diary entries, focus group transcripts and observational field notes were analysed using thematic analysis, following Braun and Clarke's (2006) guidance. The process mirrored the analytic approach used during Phase 2 to ensure consistency in both coding practice and thematic development. Transcripts were read repeatedly to support immersion in the data. An initial set of inductive codes was developed, and these were refined through iterative cycles of coding, discussion and comparison. NVivo software was used to organise coded segments and support the systematic development of themes.

Themes were developed through a process of synthesising patterns across data sources, attending closely to the emotional, relational and contextual nuances apparent in parents' and practitioners' accounts. Particular attention was paid to understanding contextual variation across sites, including how differences in venue, community infrastructure, demographic composition and local service landscapes shaped participants' experiences.

Quantitative data from questionnaires and service-level records were entered into Excel and analysed using descriptive statistics. These data provided contextual grounding for the qualitative insights and helped identify patterns of attendance and engagement across the varied settings.

Settings

The Phase 3 evaluation examined the model across multiple local authorities and a wide range of community contexts. Sessions were delivered in urban, semi-rural and rural areas, including:

- Midlothian: Bonnyrigg, Mayfield, Gorebridge, Loanhead, Millerhill, Penicuik and Woodburn
- East Lothian: Dunbar, Lewisvale
- West Lothian: East Calder
- Edinburgh: Moredun and Inch Park

Each site differed significantly in terms of population demographics, available early years provision, transport links, accessibility and community cohesion. Some locations had well-developed networks of early years services, whereas others had limited provision, meaning that Open Kindergarten was operating where few or no comparable supports were available. This variability made it possible to examine how the model interacted with different local systems and how conditions for successful embedding varied across sites.

Variation in community size, existing service relationships, venue management practices and the availability of informal community networks influenced both the pace and nature of engagement. The inclusion of semi-rural and rural settings also provided insight into the specific challenges faced by communities where support was limited or geographically dispersed.

Ethics

Ethical approval for the evaluation was granted by the Open University Human Research Ethics Committee, ensuring that all aspects of the study complied with institutional and sector-wide standards for research involving human participants. The evaluation was conducted in accordance with the University's ethical guidelines, with particular attention to safeguarding the wellbeing of parents, carers and practitioners who chose to participate.

All participants were provided with clear written information outlining the aims of the evaluation, what their participation would involve and their rights, including the right to withdraw at any stage without explanation. Informed consent was obtained prior to data collection for interviews, focus

groups, diaries, observations and the case study. Participation was entirely voluntary and was not connected to access to Open Kindergarten sessions or any other service provision.

Given that discussions frequently involved sensitive issues such as mental health, isolation and financial strain, interviews and focus groups were conducted using a supportive, person-centred approach that prioritised comfort and autonomy. Participants were reminded that they could pause or decline to answer any question.

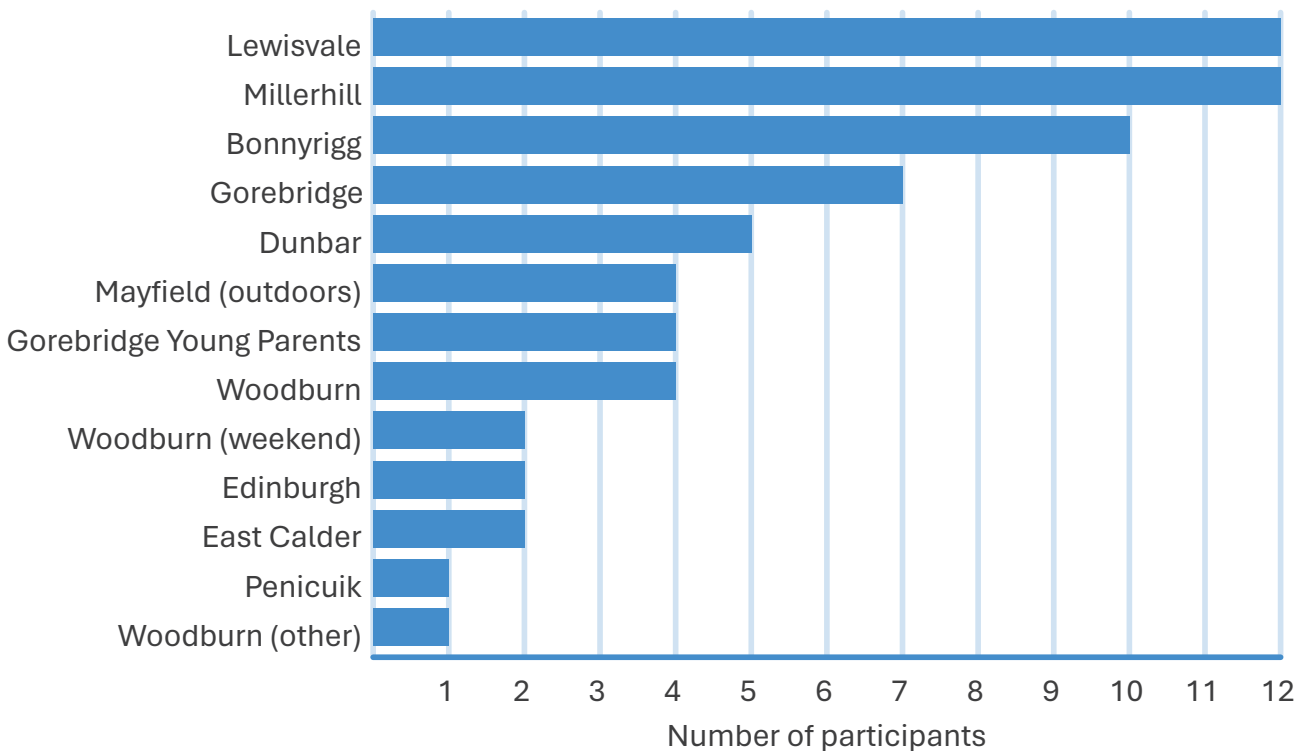
All data were treated confidentially and were anonymised during transcription to protect participants' identities. Data were stored securely on encrypted, password-protected systems in accordance with data protection regulations. These measures ensured that the evaluation was conducted responsibly, respectfully and with careful attention to participants' dignity and privacy.

Survey findings

This section presents the findings from the quantitative survey completed by parents and carers attending Open Kindergarten sessions in Phase 3. It summarises who responded to the questionnaire, the childcare and parenting support they were currently using, how they found out about Open Kindergarten, their reasons for attending, and the difference they felt it had made.

A total of 66 questionnaires were completed across the Open Kindergarten sites participating in this phase of the evaluation. Responses were received from 13 locations, with the largest numbers coming from Lewisvale (n = 12), Millerhill (n = 12) and Bonnyrigg (n = 10). Smaller numbers were collected in Gorebridge, Dunbar, Woodburn, Mayfield outdoors, the Gorebridge Young Parents group (weekend), Woodburn, Edinburgh, Penicuik and East Calder.

Figure 1. Number of participants in Open Kindergarten location



Respondent characteristics

Respondents were predominantly women. Of the 66 participants, 63 identified as female and two as male, with one person not reporting gender. This means that around 95 per cent of those who completed the survey were women, which reflects broader patterns in family support and early years provision where mothers tend to be the primary users.

Ages ranged from 20 to 70 years, with an average age of 36. Most respondents were in their early to mid-thirties. Three quarters were aged between 31 and 39. This is what the project expected, given that Open Kindergarten is engaging parents and carers who are primarily caring for children in the early years, while also reaching a small number of younger and older caregivers.

Participants reported between one and five children. The majority had one child (56.1 per cent) or two children (31.8 per cent), with a small number reporting three or more. Overall, families engaging with Open Kindergarten in this phase tended to be caring for one or two young children, with a smaller group with larger families.

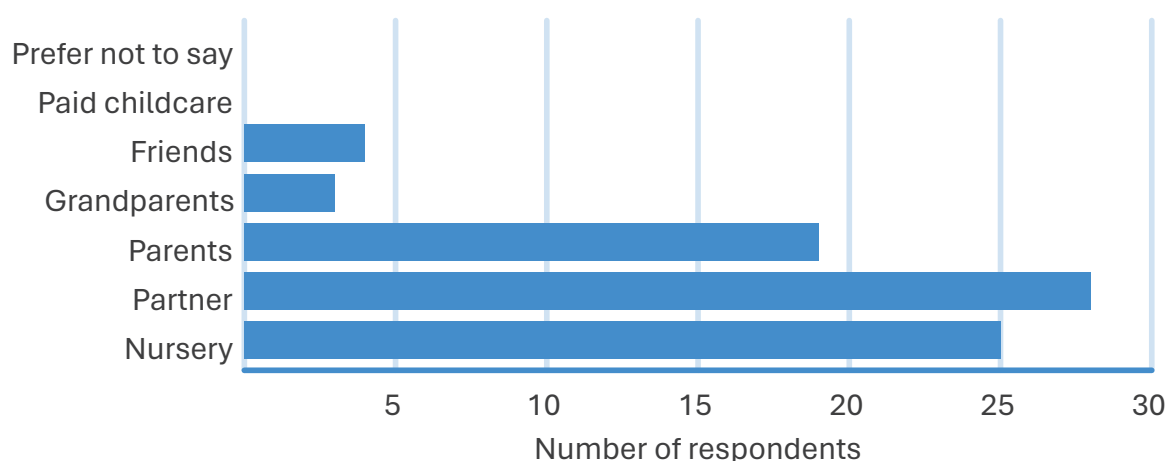
Although only 21 respondents completed this item, 19 identified their family as falling within at least one category commonly associated with additional vulnerability. The most frequently reported circumstances were disability within the household (7 respondents), larger families with three or more children (6 respondents), and minority ethnic background (5 respondents). A further five respondents selected the additional category included in the questionnaire, and three identified as lone parents.

Several families selected more than one category, indicating overlapping or intersecting forms of complexity. Overall, this suggests that Open Kindergarten is engaging a meaningful proportion of families experiencing additional pressures or structural disadvantage, rather than only those in universally low-need circumstances.

Childcare support and previous parenting support

Participants were asked about the types of childcare support they currently receive. Many families reported drawing on more than one source of help. The most common sources were support from a spouse, partner or the child’s other parent, and nursery provision. Some also received childcare support from their own parents, grandparents, friends or paid childcare. Figure 2 summarises these patterns.

Figure 2. Number of respondents who had accessed different forms of parenting support



Taken together, these data indicate that families are combining formal and informal forms of childcare support. At the same time, a notable minority did not report any of the listed sources, which may suggest that some respondents were managing their childcare responsibilities largely on their own, or did not interpret their informal arrangements as “support” in the terms used in the questionnaire.

The survey also asked whether participants had used any forms of parent support before attending Open Kindergarten. Overall, previous engagement with structured parenting or early years groups was limited. A minority reported having previously attended parent and toddler or baby groups (10 respondents), and a smaller number indicated that they had taken part in informal parent–child groups (7 respondents). The majority, more than four fifths of participants, did not report prior use of such services. This pattern suggests that, for many parents and carers, Open Kindergarten may represent one of their first experiences of a regular, organised family support space.

Routes into Open Kindergarten

Question 8 asked participants how they had found out about Open Kindergarten. The most frequently reported route was word of mouth, with participants mentioning hearing about the sessions from other parents, friends or existing relationships with staff in community organisations. First Step and Facebook were also highly significant routes, with smaller numbers of families identifying Eventbrite, family nurses, posters, flyers or other local channels.

Figure 3: Routes into Open Kindergarten

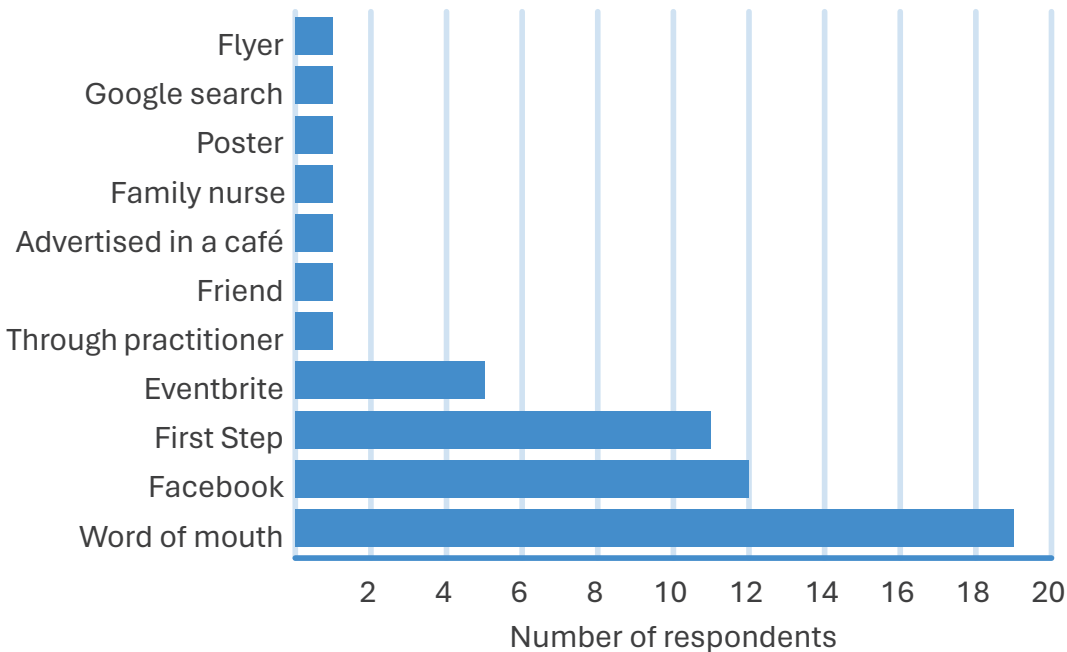
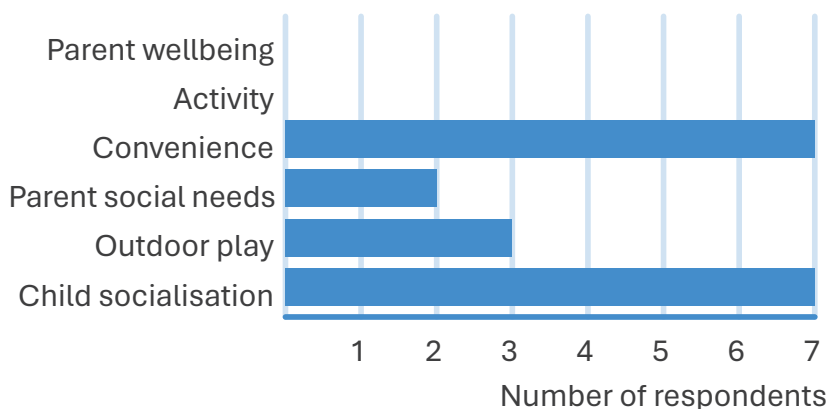


Figure 3 provides an overview of the different routes into Open Kindergarten. The data highlight the importance of relational networks and low threshold communication methods in reaching families. Open Kindergarten appears to be accessed through a combination of peer recommendation, community-based organisations and accessible online platforms.

Motivations for attending

Question 9 invited respondents to describe what had led them to attend Open Kindergarten sessions. Responses were analysed thematically and grouped into six broad categories: child socialisation, outdoor play, parental social needs, convenience, activity, and parent wellbeing. Figure 4 shows the number of responses in which each theme was identified.

Figure 4. Motivation for attending Open Kindergarten



Many parents and carers placed emphasis on benefits for their children, particularly opportunities for social interaction and play with other children. Others highlighted the appeal of outdoor play and nature-based activities, describing a desire to provide more opportunities for exploration and fresh air. A third cluster of responses focused on parents' own social and emotional needs, including meeting other parents and reducing feelings of isolation.

Convenience and locality were also important. Several respondents referred to the sessions being local, free or the only option available on a particular day. Overall, the thematic patterns in Figure 4 suggest that families were drawn to Open Kindergarten because it offers something that is simultaneously good for children, and manageable and accessible for adults.

Perceived impacts of Open Kindergarten

The final three questions in the survey focused on the difference that Open Kindergarten had made to families' engagement with support, to parents' and carers' confidence in responding to their children's needs, and to their mental health. Even though these items were open-ended, responses showed a high level of consistency.

Participants described Open Kindergarten as widening their awareness of other forms of family support and making it easier to engage with these. They also reported feeling more confident in playing with their children, particularly in outdoor settings, and in following children's cues and interests. Many noted that attending the sessions had reduced their social isolation and that the regular, welcoming nature of the group had had a positive impact on their mental health. Finally, a number of responses drew attention to parental mental health, including experiences of anxiety or low mood. For these respondents, Open Kindergarten was seen as offering a safe, supportive routine that contributed positively to their wellbeing.

Taken together, the survey findings indicate that Open Kindergarten is reaching families who may not previously have accessed formal parenting or early years support, and that it is making a meaningful difference to how parents and carers feel about their parenting, their connections with others and their everyday wellbeing.



Findings

This section presents the findings from the qualitative data collected in the evaluation, drawing on the experiences of parents, carers and practitioners as well as from the structured observation sessions. The findings are presented thematically, exploring what makes Open Kindergarten unique and effective for families and the impact sessions had on the parents / carers, babies and young children who took part. Later on, we explore some of the organisational factors that help and hinder Open Kindergartens.

Why Open Kindergarten Matters to Families

A warm space doing something families could not find elsewhere

It is important to consider at the beginning of the presentation of the findings how powerfully parents described the impact of Open Kindergarten. As the findings will illustrate, across all sites, families spoke with conviction about having finally found a place where they could feel like they can be themselves, somewhere they could arrive exactly as they were, without pressure, without comparison, and without the sense of being watched or evaluated. Many had searched for such a space in other early years settings and had not been able to find it. What emerged in their accounts was not simply that Open Kindergarten was helpful, but that it met needs that remained invisible or unmet elsewhere.

Many parents described Open Kindergarten not as an add-on to their week, but as a lifeline, a grounding point, and for some, the first place where they felt safe to parent in their own way. To understand why families valued it so deeply, it is important to consider what they were reacting against: highly structured classes, pressure to perform competent parenting, rigid expectations around arrival times, and the social complexities of other groups where they often felt out of place.

Why other settings were so difficult

Across the dataset, parents spoke with clarity about the pressures they experienced elsewhere, pressures that made early years settings feel demanding rather than supportive. Their descriptions highlight challenges around timing, structure, routine, and an unspoken sense of being judged by both practitioners and other parents.

One parent from Gorebridge captured this vividly:

“I hated toddler groups. The politics of who you can interact with, who you can’t... this is the right thing to say, this is not the right thing to say. There’s a social expectation woven through it all. And it was just absolutely untenable for my elder son.”

(Mother, Gorebridge)

Her words speak not just to personal preference but to the way structured groups can subtly pressure parents into policing their own behaviour, their child’s behaviour, and their interactions with others. It is important to note that this of course is not the experience that all parents have of structured groups. Several parents across sites recalled entering other groups already stressed, managing naps, feeding, crying, or multiple children, only to have those pressures intensified by the expectation to be “on time” and “hold it together.” A parent in Dunbar described this in the following extract:

“I’d be trying to get to class on time, and then there’d be an ill-timed poo as we were walking out the door. You arrive stressed, sweating... and it’s meant to be fun. I actually dreaded it sometimes.”

(Mother, Dunbar)

Across interviews and focus groups, parents reinforced that early years provision often assumes predictability, predictable sleep, predictable moods, predictable mornings, all of which clash with the reality of caring for young children. This mismatch meant many parents were arriving in other settings already feeling overwhelmed, anxious, or behind.

What Open Kindergarten does differently

What made Open Kindergarten so powerful for families was not a specific programme or curriculum, but the conditions it created: a relaxed atmosphere, emotional warmth, child-led play, and practitioners who were present, attentive, and human. Parents did not speak about features; they spoke about how it felt. Several qualities repeatedly appeared across sites, each shaping the experience in ways parents struggled to find elsewhere.

A place that removes pressure so parents can arrive “as they are”

Parents emphasised the difference made by simply being able to arrive when it suited them, no rushing, no waking sleeping babies, and no panic about being late. This was far more than logistical convenience; it fundamentally changed how they felt walking through the door. One parent in Woodburn explained:

“With booked classes I’ve lifted him from the car when he’s sleeping because we’d paid for it. With Open Kindergarten I don’t have to do that. I can let him sleep. I can arrive when it suits us. It takes the pressure right out of the morning.”

(Mother, Woodburn & Gorebridge)

This freedom to come and go helped parents enter the space feeling calmer, less defensive, and more open to connecting with others.

Practitioners who offer genuine warmth and emotional presence

The relational approach of practitioners was at the heart of parents’ accounts. They described practitioners not as facilitators but as adults who noticed them, who remembered what they were going through and responded with kindness. These small acts of relational care were deeply meaningful. A parent from Penicuik shared:

“[Practitioner] often makes me a cup of tea... a hot cup of tea. That is not a small thing. It is the only time in the week someone looks after me like that.”

(Parent, Penicuik)

Parents valued this not just because it felt nice, but because it countered the invisibility many described elsewhere. Being seen and cared for helped them feel steadier, more confident, and less alone.

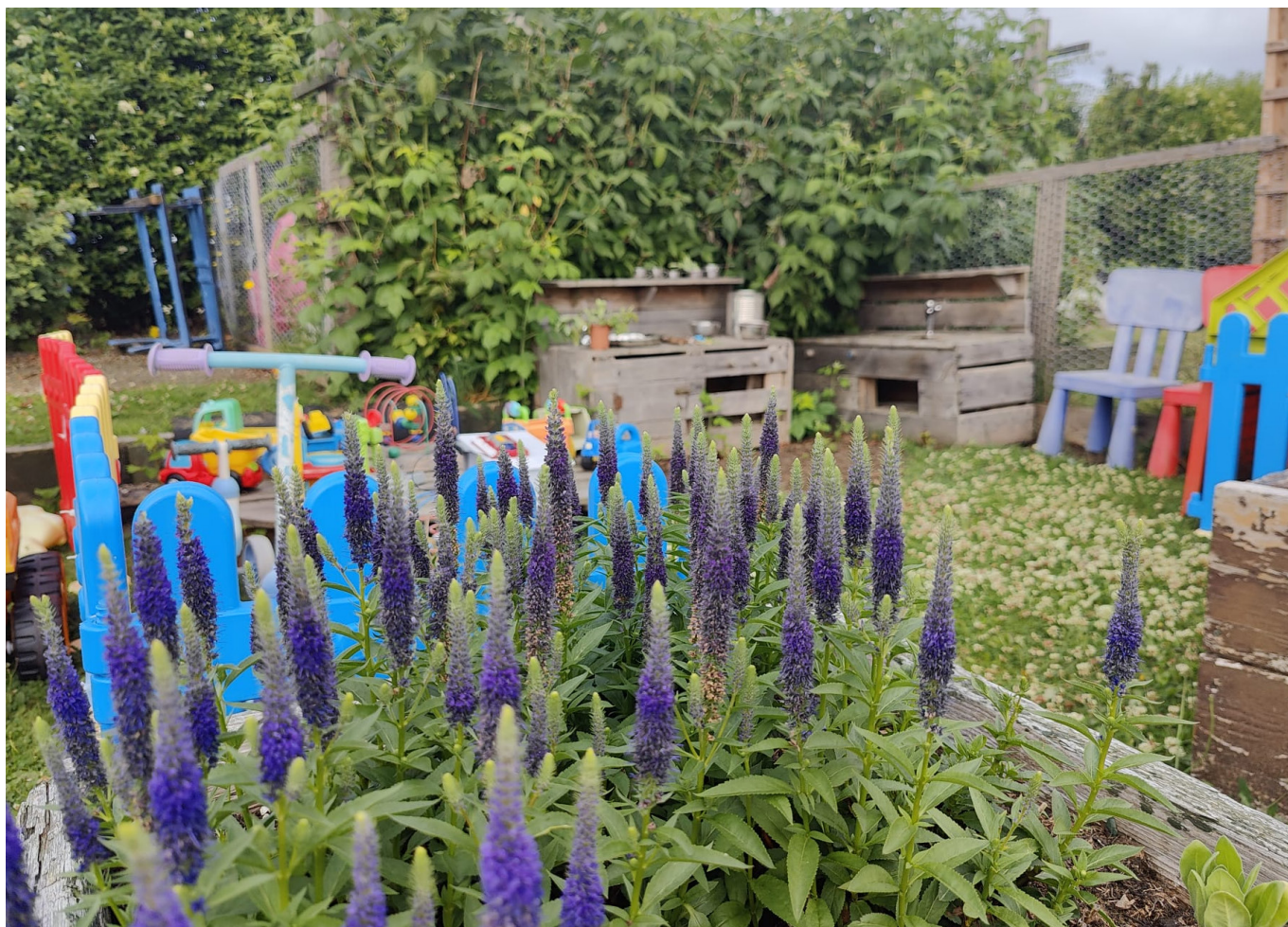
A space where children can explore and parents can feel welcome

Parents consistently described the environment as enabling both connection and rest. Children explored freely, moved at their own pace, and engaged with others when they chose to. This freed parents from the constant vigilance or active participation expected in more structured settings. As one grandparent in Bonnyrigg put it:

“It is relaxed in a way nothing else is... My child plays, I can sit, or I can chat, or I can just be. That combination does not exist anywhere else.”

(Grandparent, Bonnyrigg)

Parents and carers emphasised that this balance, whereby children were engaged and adults were able to relax, simply does not exist in many other environments.



Reducing isolation and easing the weight of early parenting

Across the findings, one of the strongest themes was the way Open Kindergarten eased the loneliness that so many parents were carrying. This was not limited to parents without local networks; isolation appeared across ages, stages, and backgrounds. Parents with newborns spoke about the disorientation of early parenthood, parents with toddlers described feeling cut off from adult conversation, and those who had moved into new communities emphasised the difficulty of meeting people at all.

A parent in East Calder described this disconnection with striking honesty:

“We didn’t know an awful lot of parents in the area... we have been a bit limited in being able to build those friendships.”

(Mother, East Calder)

She went on to explain that even though her daughter attended nursery, she had no access to the informal parent networks that sometimes emerge there. The early months of childcare offered little opportunity to meet others, leaving her feeling unanchored in the local community. Open Kindergarten provided the first opening: a place where she could recognise familiar faces; exchange experiences; and begin to build a sense of belonging.

For others, isolation took a more internal form. A parent in Bonnyrigg, speaking about a period of profound sleep deprivation, described arriving at Open Kindergarten “dragging my heels,” feeling low, but leaving with a sense of lightness:

“I didn’t expect to go in and come away feeling like she’d had a great time and I’d had a little bit of support... I came away really quite heartened.”

(Mother, Bonnyrigg)

Parents consistently emphasised this emotional shift: entering stressed, tired, or lonely, and leaving feeling steadier, supported, or more connected. The change was not necessarily dramatic, but it was meaningful and, crucially, repeatable. The regularity of sessions meant those small boosts accumulated, gradually building confidence and resilience.

Practitioners noticed this pattern too. In several locations, families told them directly that they had no one else to talk to about certain worries. A practitioner reflected:

“I have had families say... they just feel so alone, and they just like having someone who is an empathetic listener.”

(Practitioner, Midlothian)

The quiet, dependable presence of another adult, a presence that signalled safety, care, and acceptance, proved crucial to meeting the aims of Open Kindergarten.

Feeling seen, supported, and good enough

Connected to the theme of isolation was another central finding: parents described Open Kindergarten as one of the few places where they felt “good enough.” This came through in the way they talked about judgement, or more precisely, the absence of judgement, in the Open Kindergarten context.

Many parents contrasted Open Kindergarten with settings that felt more evaluative of them as parents. This evaluation was not always explicit. It came through glances, routines, or the pressure to do an activity in the “right” way. Parents described constantly watching others to see whether they were parenting properly. One parent in Bonnyrigg explained:

“It is gently supportive... there is no ‘you must do that.’ You hear what other people do, you take what fits.”

(Mother, Bonnyrigg)

This gentleness mattered. It created room for parents to recognise that there was no single correct approach. Instead of being told how to parent, they could witness the diverse, messy, contradictory realities of other families and see their own experiences reflected back without criticism.

Practitioners also played a crucial role in this. Several described normalising challenges for parents who believed they were alone in facing them. A practitioner offered an example of a parent around toddler biting:

“They hated that their child was biting... It wasn’t until I said it is actually so normal... that they relaxed.”

(Practitioner, East Lothian)

Moments like these illustrate how Open Kindergarten helped parents reframe everyday difficulties. Instead of feeling like failures, they came to see themselves simply as people navigating a shared experience.

For some parents, the impact of feeling seen extended beyond the sessions. One parent spoke about being awake at night with her baby and imagining the other mothers in the group awake too, an imagined community that made the long hours feel less punishing. She said:

“I knew in my head I wasn’t the only one... but without having actual faces, it is hard to believe. Meeting them makes it feel better that you are not alone.”

(Parent, East Calder)

This idea, that Open Kindergarten made the invisible labour of parenting visible, ran strongly throughout the findings. Parents talked about feeling recognised, understood, and reassured in ways they rarely encountered elsewhere.

A space where parents and children can grow alongside each other

Parents described learning not through structured instruction but through observing, chatting, and sharing experiences in the flow of the session. This was a relational, social form of learning: picking up new ways to play, new language for understanding behaviour, or new ideas simply by watching others.

One parent described discovering that her child loved household items, pastry brushes, spatulas, mugs, simply by seeing another child interact with similar objects in the treasure basket:

“You are like, what would you like now... and it is this scrubby bag, or pastry brushes. I would not have thought of that if I had not been here.”

(Mother, Bonnyrigg focus group)

Others learned through witnessing practitioners’ interactions with children. A parent in Woodburn described how a practitioner gently comforted her distressed toddler:

“She is just there to help, or even just to listen. And you know you are going to have someone who will empathise with you.”

(Mother, Woodburn)

Parents valued that the space held both their needs and their children’s needs simultaneously, a rare balance.

The emergence of community

One of the most powerful effects of Open Kindergarten was the sense of community that formed over time. These connections were not forced. They evolved through repeated encounters, familiar faces, shared humour, and shared struggles.

One parent in East Calder said:

“If I hadn’t gone to kindergarten, I’d never have met her... That was the start of making some friendships here.”

(Mother, East Calder)



Practitioners described parents offering each other biscuits, making drinks for one another, sharing contact details, or staying late because they did not want to leave. These small acts were evidence of belonging and of Open Kindergarten helping create the “village” many parents said they lacked.

“For them it was like a village... a community for sharing experiences, problems, happiness.”
(Practitioner, Bonnyrigg)

Why Open Kindergarten resonated so deeply across communities

Parents repeatedly emphasised that nowhere else offered the same mixture of welcome, flexibility, warmth, and freedom. Other services were present, but often inadvertently added stress through structure, evaluation, or rigid expectations. Open Kindergarten removed those pressures. It shaped itself around the unpredictable rhythms of early childhood and created capacity through gentleness, ease, and relational care.

Parents described stepping into a space where they did not have to apologise for being late, for being tired, for their child’s behaviour, or for not wanting to participate. This acceptance created conditions for connection, confidence, and wellbeing.

“It is relaxed in a way nothing else is. My child plays, I can sit, or I can chat, or I can just be. That combination does not exist anywhere else.”
(Mother, East Calder)

“It is the only time in the week someone looks after me like that.”
(Mother, Penicuik)

These voices highlight that Open Kindergarten supported families not through instruction but through creating a space where parents could feel human again, seen and respected.

The power of feeling “held” in a chaotic season of life

Early parenthood can be chaotic, disorienting, and emotionally heavy. Parents described sleeplessness, loneliness, uncertainty, and constant recalibration as children grew. Many felt overwhelmed while believing they should be coping.

Open Kindergarten allowed this emotional weight to be shared - sometimes through conversation, sometimes through silence, sometimes simply by being alongside others navigating the same realities. Even small moments of connection normalised struggles, softened self-judgement, expanded confidence, strengthened resilience, and built social support that extended beyond the session.

A space that enabled both stability and growth

Open Kindergarten became a rhythm in many families’ weeks. It provided structure, broke up long days, and gave parents something to look forward to. Even occasional attendance created a sense of grounding because parents knew the space was there.

Children benefited too, exploring freely and engaging with materials in ways that revealed new aspects of their development.

“My child plays, I can breathe.”
(Mother, Bonnyrigg)

Few early years services hold both parent and child needs simultaneously. Open Kindergarten did this with ease.

A foundation for the themes that follow

The findings show that Open Kindergarten met a combination of needs rarely addressed elsewhere. It created a space that parents could not find in other settings, one that welcomed the full humanity of families in all their exhaustion, uncertainty, joy, and complexity.

It offered emotional safety, relational warmth, freedom, flexibility, child-led exploration, and community. Parents experienced these qualities as stabilising, affirming, and at times transformative.

These insights provide the foundation for the discussion that follows, exploring how specific aspects of Open Kindergarten contributed to meaningful impacts on family wellbeing.

Open Kindergarten Across Diverse Contexts

A model that adapts to place

Families' experiences of Open Kindergarten were shaped by the particular places in which sessions took place. The findings show that the model worked well in a variety of settings, including large halls, small community rooms, libraries, outdoor parks, newly built housing estates, long-established towns, and areas characterised by either affluence or deprivation. While the essence of Open Kindergarten remained consistent, the ease with which families accessed the groups and the kinds of relationships that formed varied from place to place.

In some areas the groups became established more readily because practitioners had the time and opportunity to build relationships with venue staff, local professionals, and families. Where practitioners were already known to services such as health visiting teams, or had existing networks they could draw upon, the sessions gained visibility more quickly and families began to attend with greater ease. These contexts allowed practitioners to focus on welcoming families and spreading awareness rather than overcoming initial barriers. In these settings, parents also described the benefits of having a venue they could reach comfortably, which shaped how the session fitted into their week:

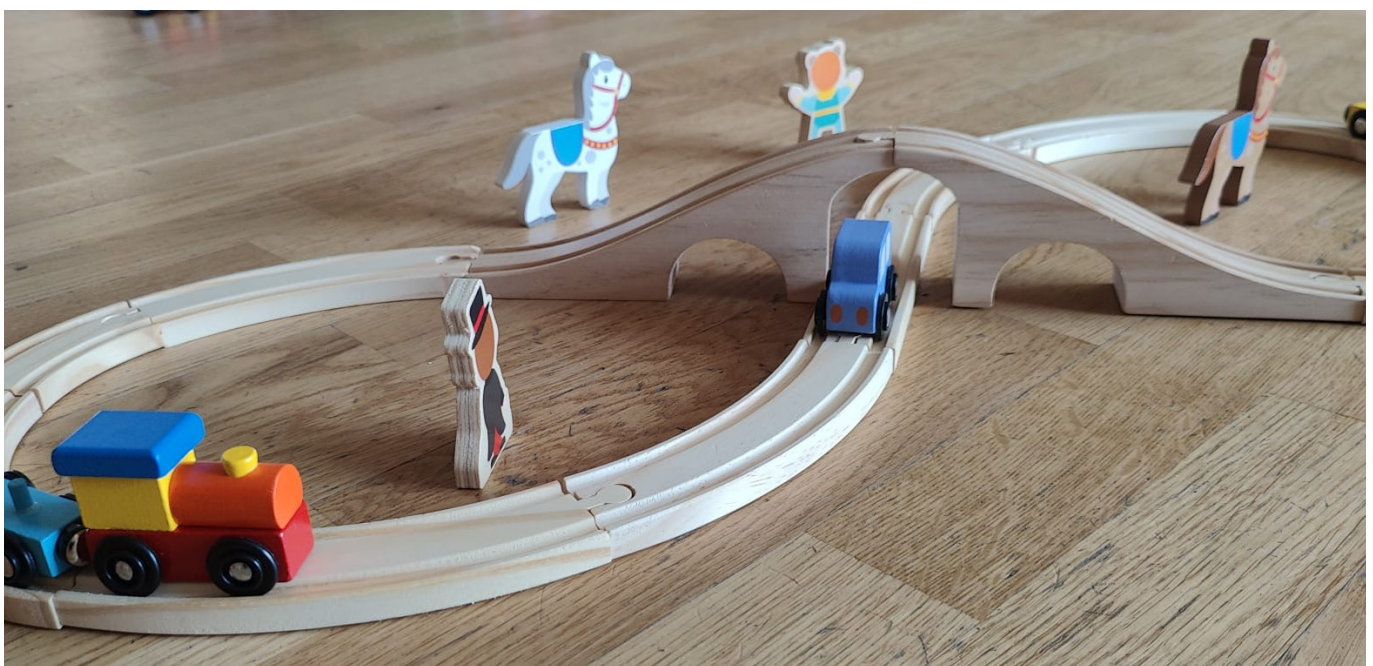
“We have driven sometimes... but we have also just walked there, and that is good for us as well. Because a lot of the time, if I try and take [daughter] out for a walk, it is like two steps forward, ten steps back. Whereas when she has a destination she actively wants to go... we are able to actually walk with purpose.”

(Mother, Woodburn and Gorebridge)

In other contexts, establishing the group was far more difficult. New housing estates with little social infrastructure, rural areas where transport was limited, and more affluent communities with fewer shared spaces often created barriers that took significant practitioner effort to work through. A managing practitioner described when another practitioner arrived in a new area with no established networks and feeling the scale of the task:

“It was really difficult coming into a new area where she did not have the contacts she was used to having. How do we get the word out there that this group is on?”

(Practitioner, East Calder)



The challenge of finding out what is available

Across all contexts, parents described how difficult it was to find information about local groups for young children. Even in areas with several existing services, knowledge circulated unevenly. Families often relied on word-of-mouth, parent chats in playgrounds, or a particularly proactive health visitor. Practitioners experienced similar difficulties when mapping out existing provision. Some local authorities had clear online listings, while others had none. One practitioner summarised the challenge:

“In Midlothian there is nothing. You do not know what is running. Parents are not going to sit and do that themselves with a baby on their hip.”

(Practitioner, Midlothian)

Parents echoed this. Many said they would have benefited from clearer information earlier on and expressed surprise at discovering the range of support available. One mother reflected:

“I knew about Peep, but I did not know about baby massage. How is this not common knowledge for new mums, second-time mums, third-time mums?”

(Mother, Woodburn)

The findings suggest that access often depended less on what was available and more on what was visible. Where information was patchy or inconsistent, families struggled to discover opportunities that would have been meaningful for them.



Community dynamics and the work of entering new areas

In several communities, practitioners encountered guardedness from organisations that were already well established. Some health visitors and local groups were hesitant to refer families to Open Kindergarten because they were concerned that attendance might shift away from their own provision. Funding pressures within the early years sector increased this sensitivity. One practitioner described a conversation in which a health visitor openly avoided referrals:

“A health visitor said, I have deliberately not referred people in because I thought it would take away from [our] funding. There is a lot of guardedness.”

(Practitioner)

In East Lothian and Edinburgh, practitioners described entering communities where charities were protective of their role and uncertain about the presence of a new organisation. Over time, some of these concerns eased, and collaborative work began to emerge, but this took much longer than the project timeframe allowed. Practitioners frequently observed that Open Kindergarten requires a slow process of relationship-building to become trusted. Many felt that only a longer-term presence would allow the model to embed fully across a variety of contexts.

How spaces shape connection

The physical space shaped families' experiences in very tangible ways. Indoor settings with a single shared room often supported stronger connection between parents. Families naturally gathered near one another and conversations flowed easily. Outdoor or multi-room venues offered freedom and rich play opportunities yet could make connection more difficult because families became spread out.

One mother who attended several groups noticed a clear difference:

“Because they are more outdoor and you are running about after your toddler, there is less chance to connect in the same way as the Bonnyrigg one. That one is more indoors, and it is usually the same faces.”

(Mother, Bonnyrigg)

Practitioners also observed this pattern. When outdoor sessions were arranged around several small stations, families tended to sit apart. When a single shared area was used, families gathered more naturally. One practitioner explained how a simple change reshaped the feel of the group:

“We had little stations outdoors and all the parents did was sit at different places. It kept everyone separate. Then we used one large tarpaulin and suddenly we were all together again.”

(Practitioner)

Understanding need in different types of communities

The findings considered the assumption that need is concentrated in particular types of areas. In newer housing estates parents often felt isolated because they had no shared meeting points or established networks. One practitioner working in such an area described the absence of any natural community life:

“There is absolutely zero community. Parents do not stand at a playground together. They go back inside their houses. Hundreds more houses are still being built.”

(Practitioner, Midlothian)

In areas with high deprivation, the barriers were different. Services were often stretched, health visitors were managing very high caseloads, and information about free groups did not always reach the families most likely to benefit. At the same time, more affluent areas also contained families who were deeply isolated, particularly when they were new to the area or had limited networks.

Travel patterns added another layer of complexity. Some families travelled across towns or local authority boundaries to attend sessions that felt right for them. For parents in rural areas or those with unpredictable work patterns, this was often the only viable option. Practitioners described families coming from considerable distances because a particular group met their needs.

The importance of time and local knowledge

Across every location, the findings show that delivering Open Kindergarten in diverse contexts requires time, consistency, and a sustained presence. Practitioners needed space to learn the subtleties of each community, to build trust with professionals, and to become familiar and reliable figures for families. This could not be achieved quickly. One practitioner reflected on the difficulty of managing multiple groups at once, and the impact of limited time in a new area:

“I feel like I was doing a lot but not well. I wish I had dropped one group sooner because I would have got more from East Calder if I had more time to put in.”

(Practitioner)

Across all sites, the findings highlight that Open Kindergarten is highly adaptable and warmly received, yet the conditions surrounding its delivery vary significantly. Models like Open Kindergarten flourish where families can access it easily, where information flows, where local professionals are connected, and where practitioners are given the time needed to understand and support the life of the community.



Enabling Practitioners to run Open Kindergarten sustainably

Parents consistently identified practitioners as central to the success of Open Kindergarten. They spoke of practitioners' calmness, warmth and "absolutely lovely" manner, describing how these qualities created spaces that felt safe, accepting and emotionally spacious. Practitioners were perceived as genuinely interested in both parent and child, remembering previous conversations, noticing subtle changes in mood or behaviour and responding without judgement. The consistency of these observations across sites underscores that relational practice is not peripheral to the Open Kindergarten model. It constitutes its core foundation and is central to how impact is generated.

The findings in this section focus on the demands placed on practitioners and the conditions required for this work to be sustained over time. Although the model can appear simple from the outside, it requires substantial emotional labour, high levels of attunement, confidence in child development, skill in maintaining boundaries, and the ability to hold multiple family stories simultaneously within an open, unpredictable environment. Sustainability therefore relies not only on workforce capacity but also on organisational structures that provide containment, reflective space and clarity of expectation.

Emotional labour in open, unpredictable environments

A defining characteristic of Open Kindergarten is its openness. There is no predefined programme, no expectation that parents follow a particular structure, and no sense that parents are being evaluated or judged. Parents arrive with whatever they are carrying psychologically, emotionally and practically. Practitioners described this as both the strength of the model and its most demanding dimension.

The emotional labour involved was substantial. Practitioners frequently supported parents who shared complex, painful or traumatic experiences. These conversations often emerged organically and without warning. One practitioner reflected on a parent who disclosed multiple experiences of trauma in a single session:

"She spoke for a long time about her awful birth and how her pain is now something she will have to live with. It sounded like she had PTSD. She then spoke about two awful miscarriages and how she will never have another child. I felt like I couldn't get away from the parent and wondered how the others in the group felt that I spent a lot of time with one person. It's really tricky when you spend a lot of time with one person. It would be great to have two workers in this group but it's only me that works a Monday."

(Practitioner)

This extract illustrates the multiple layers of emotional labour undertaken simultaneously. The practitioner is supporting a parent in distress, managing her own emotional response, monitoring the rest of the group and navigating concerns about fairness and visibility. The work is relationally intensive and cognitively demanding.

Emotional labour was embedded in the everyday work of maintaining a non-judgemental stance. Practitioners described actively resisting normative assumptions about parenting practices, from feeding and routines to screen use. Parents appreciated this, noting that the absence of judgement enabled honesty and reduced their fear of professional scrutiny. Practitioners recognised that creating such a climate required conscious effort and emotional awareness. It was the foundation on which deeper conversations and trust were built.

This form of emotional labour is often invisible in organisational planning but central to the impact of Open Kindergarten. Practitioners were not simply “being friendly”. They were creating psychologically safe environments in which parents could breathe, reflect and connect. This is highly skilled work that requires attention, presence and capacity.

Working alone and feeling supported in the work

Many Open Kindergarten sessions were facilitated by a single practitioner. The findings illuminate both the value and the challenges of this arrangement. Single practitioner facilitation is currently standard practice across most groups, reflecting existing funding constraints, which do not routinely allow for two practitioners to be present. However, both MSS and delivery staff have highlighted the importance of maintaining safe and relationally responsive ratios. Their recommendation is broadly that one practitioner can effectively facilitate a group of up to five parents and children, with two practitioners advised when numbers exceed this.

The primary challenge lies in the drop-in nature of Open Kindergarten sessions. Attendance can fluctuate unpredictably, and while numbers may initially appear manageable for a single facilitator, additional families may arrive, quickly altering the dynamic and stretching capacity. This creates a tension between resource limitations and the need to sustain a safe, contained and relationally attuned environment.

From parents’ perspectives, the presence of one practitioner created a gentle, calm environment. They appreciated having a consistent, reliable person who welcomed them, noticed their absence, approached quieter individuals and helped ease early anxieties. Practitioners were conscious of this relational role:

“I used to always make my way around the room, making sure I chatted to everybody and finding out how they were doing.”

(Practitioner)

Working alone could also benefit children, especially in smaller groups, where fewer adults created a less stimulating and less demanding sensory environment. Practitioners noted that having two professionals present in a quiet session could feel disproportionate or overwhelming.

However, the limitations of solo facilitation were also clear. Being the only responsible adult meant practitioners had to hold multiple layers of responsibility at once, from relational work to safety, from welcoming new families to managing crises. This was particularly challenging during sessions with high attendance, or when parents needed significant emotional support.

By contrast, co-facilitated groups offered significant relief and enriched relational work. Practitioners described being able to stay with a parent who was sharing something deeply personal, knowing that a colleague was maintaining oversight of the group:

“With the outdoor group it is me and another staff member and that is really nice because I can really chat to parents and not worry about the rest of the group. Someone else is welcoming people and supporting them while I am chatting.”

(Practitioner)

Co-facilitation also allowed for deeper observation, more responsive engagement and shared decision making. Practitioners valued the opportunity for real time collegial reflection during sessions, noticing children’s play, discussing parent concerns and thinking together about emerging needs.

Parents, too, recognised the strain of solo facilitation. One parent commented that to expand provision, “one person cannot do it all”, and emphasised the need for more staff to maintain quality.

Working alone also increased practical pressures. Practitioners described arriving at venues with broken heating, navigating large buildings with heavy bags of resources, managing last minute changes to attendance or staffing, and handling unexpected visitors. Such logistical challenges compounded emotional demands and reinforced the need for organisational support.



Training, confidence and developmental knowledge

The findings demonstrate that practitioner confidence is central to sustaining the Open Kindergarten model. Confidence was supported through training, observation of experienced colleagues, reflective discussion and explicit permission to work flexibly.

Practitioners described the early stages of the role as anxiety provoking, largely because the open structure did not offer the reassurance of a programme or script. One practitioner recalled worrying that she would “do it wrong” and that parents would not enjoy the sessions. Seeing multiple Open Kindergarten groups and receiving support from a manager who modelled the ethos helped her internalise the principles:

“I had no idea what it should look like. Seeing different groups and having a manager who modelled the principles helped me think, now I have seen it, I can do it.”

(Practitioner)

Developmental knowledge also emerged as significant. Parents were highly aware of whether practitioners understood typical infant behaviour. One parent contrasted the sensitive, open attitudes within Open Kindergarten with more rigid responses encountered elsewhere, such as a nursery worker who expressed concern that a two-year-old had been “eating leaves”. For the parent, this incident revealed a lack of understanding of normal exploratory behaviour and highlighted the value of the developmental attunement she experienced within Open Kindergarten.

Practitioners described training as most useful when it aligned directly with their relational and safety responsibilities. This included first aid, child development, safeguarding, attachment-based practice, and training on facilitating open, unstructured groups. Practitioners also emphasised that some aspects of the role rely on personal qualities: warmth, intuition, emotional presence and the ability to “read the room”. One practitioner reflected on how her lifelong sensitivity, previously seen as a weakness, had become essential to the work.

Supervision, reflective space and organisational containment

Sustaining relational work requires relational support. Across the data, practitioners identified supervision, reflective practice and emotional containment as essential to maintaining their capacity to be present with families.

Reflective practice sessions were valued when they allowed time to think about both specific families and practitioners' own wellbeing. One practitioner described finally attending a reflective session after a period of absence. The session enabled discussion not only of individual cases but also the emotional impact of organisational changes and workload pressures. She described this as "really helpful" and linked it directly to her ability to remain emotionally available in groups.

Several practitioners emphasised that establishing new groups takes time, particularly in communities where relationships with local services need to be built from scratch. Attempting to do this while running three or four groups per week was widely described as challenging.

Containing practitioners in order to sustain the model

The findings converge around a clear conclusion: sustaining Open Kindergarten requires sustained investment in the practitioners who hold the work. To sustain the model, the following conditions appear essential:

- meaningful, context specific training.
- reasonable caseloads and realistic limits on the number of groups.
- opportunities for co-facilitation where demand is high.
- trauma informed supervision and regular reflective practice.
- explicit organisational understanding of the relational foundations of the model.
- recognition and resourcing of the hidden relational labour (texts, check ins, follow ups, building trust).
- logistical support around venues, equipment and communication.
- time to establish new groups, build community ties and deepen local relationships.

Practitioners repeatedly emphasised the profound value of the work. They described the relationships they formed, the trust they built and the sense of community that developed as deeply rewarding. Parents mirrored these sentiments, describing Open Kindergarten as offering something rare and invaluable: a place to breathe, feel safe, connect and find community.

However, such relational spaces do not emerge automatically. They are created and sustained by practitioners who offer emotional labour, developmental knowledge, relational attunement and practical responsiveness. These capacities require containment and support.

Parents often described Open Kindergarten as offering "a village". For that village to thrive, practitioners also require a village around them: an organisational and relational infrastructure that holds them, sustains them and enables them to continue offering the depth of presence that families so clearly valued.

Reach, Inclusion, and Equity of Access

The Open Kindergarten model is designed to provide a universally accessible space that requires no payment, referral, or advance booking. This low-threshold approach supports inclusion across a wide range of families. Attendance was shaped by parents with diverse experiences of early childhood care, different levels of confidence, and varied access to social networks. However, the findings also indicate that universality alone did not guarantee equity. Patterns of attendance reflected a complex interaction of session timings, communication practices, mental health, experiences of isolation, and the dynamics between organisations operating in the same localities.

This section explores those patterns and examines the conditions that supported or hindered equitable access.

Timings, Daily Rhythms, and the Realities of Family Life

Parents' capacity to attend was strongly influenced by the timing of sessions. Although the drop-in format reduced pressure to commit, the specific time of day still had significant implications for inclusion. While evening and weekend sessions were available within the overall programme offer, and were valued by some families, these options did not fully mitigate the constraints associated with infant routines and family logistics. Timing therefore remained a significant factor shaping who was able to attend regularly, and when.

Many parents described how the sleep and feeding schedules of young children restricted the periods in which they could leave the house. Parents of children between one and three years of age often identified mid-morning naps as a barrier to attendance. One mother in East Calder reflected on this challenge:

“The timing of the group for kids that were between one and three would generally be having a nap around about the time that the group was on, which might put some parents off.”

(Mother, East Calder)

Parents frequently identified mid-morning sessions beginning at 10.00 as particularly workable because they allowed time to manage early morning routines while remaining close enough to lunchtime to sustain attendance. As one parent observed:

“It is not too late, it is not too early...nine o'clock would probably be too early. Even for more relaxed mornings, it is a good time.”

(Mother, Woodburn)

Several parents suggested that the emotional and practical benefits of attending would be strengthened if sessions were slightly longer. They noted the difficulty of preparing young children to leave the house and commented on how quickly ninety minutes passed once they arrived. The project trialled different session lengths across locations. In Penicuik, sessions initially ran for a shorter duration and were subsequently extended following requests from attending families. Weekend sessions, as well as those delivered in Gorebridge, were scheduled for a longer period from the outset. This flexible approach allowed the project to test how session length influenced engagement, depth of interaction and overall experience, and provided useful learning for future planning.

Practitioners also described organisational constraints that limited their ability to vary timings. Sessions could only run on days when specific staff members were contracted to work. This created unavoidable clashes with other community activities and limited the possibility of experimenting with alternative times.

Parents also highlighted seasonal variation. Summer holidays often removed important support structures within the week, yet many community groups paused during this period. Several parents suggested that this created a gap that Open Kindergarten might be well placed to address.

Timings therefore supported inclusion for many families but created access barriers for others. The flexibility of the model reduced pressures, although the structural constraints that surround family life continued to shape attendance.

Mental Health, Emotional Load, and the Supportive Nature of Low-Threshold Provision

The findings indicate that mental health was a major factor influencing access. Open Kindergarten reached many parents who were experiencing lowered mood, anxiety, sleep deprivation, the after-effects of traumatic birth experiences, and a range of other pressures. Parents described how difficult days or difficult weeks reduced their motivation to leave the house. Despite this, they almost always reported feeling better after attending:

“Sometimes you cannot really be bothered getting out and doing things. But you always feel better after.”

(Mother, Dunbar)

Many parents emphasised the relational qualities of the space. They valued the gentle conversational atmosphere and the possibility of raising concerns in a way that felt spontaneous rather than staged. One parent explained how this worked in practice:

“They talk to you and somehow manage to tease out anything that is bothering you. You might not even realise something is bothering you. You come away and think, I brought that up today and they suggested something I could try.”

(Mother, East Calder)

Such accounts illustrate how low-threshold, relational support reached parents who might not have accessed more formal services. Practitioners also described supporting families with acute challenges including domestic abuse, severe anxiety, financial hardship, and suicidal thoughts. In several cases, practitioners followed up outside the session through home visits or referrals into other services. Parents often valued these connections precisely because they were offered in an atmosphere that felt safe, warm, and unforced.

Parents also identified longer-term benefits. Some reported gradual improvements in emotional wellbeing that only became visible when reflecting over many months. Others spoke about Open Kindergarten as a protective routine that helped stabilise difficult periods of early parenthood.

Overall, the findings show that emotional support is not only a matter of structured intervention. The openness and relational orientation of the model appeared to create a form of support that was accessible to parents who struggled to seek help in other contexts.

Reaching families who remain at the margins

Despite the open and welcoming nature of the model, some families remained under served by the project. Parents managing chaotic circumstances, families for whom English was not a first language, and parents who were cautious about sharing personal information, often took longer to engage. Online registration systems, QR codes, and unfamiliar venues created small but significant barriers. In some of the more diverse communities, practitioners found that trust developed slowly, particularly when families did not yet know the organisations involved.

Isolation, New Communities, and the Uneven Geography of Belonging

Isolation was a significant determinant of both the desire to attend and the perceived value of the sessions. Parents who had recently moved to an area or who lived in new housing developments often lacked informal routes into community life. One parent in East Calder described the difficulty of building relationships when her child had not yet formed identifiable friendships at nursery:

“We did not know an awful lot of other parents in the area. We have been a bit limited in being able to build those friendships.”

(Mother, East Calder)

Attending Open Kindergarten created opportunities for friendship and facilitated access to wider community networks. The same parent described being added to a local WhatsApp group after attending a session, which helped her integrate into the community more quickly. Other parents described the space as the only place in which they regularly saw other adults. Some described how the group became a form of weekly “anchor” for the household.

There were also parents who did not seek extensive social interaction for themselves. Some, particularly those who identified as introverted or neurodivergent valued the calmness of the setting and the opportunity for their child to play without pressure to interact with other adults. Nevertheless, even these parents described the structure of a weekly session as protective against the isolating effects of caring for children at home.

Practitioners noted that many parents did not recognise their own loneliness until they attended. They described frequent conversations with parents who framed themselves as managing well until they entered a relational space that illuminated how much they had been carrying alone.

In a number of settings, parents lacked extensive networks of family support. Practitioners described examples where the group became a central form of community. One mother in Woodburn used the group to host her child’s birthday celebration because she had no other network to draw upon. This illustrates how deeply the model shaped belonging in areas with limited community infrastructure.



Inclination to Access Support and the Value of Low-Barrier Design

Even when practical conditions permitted attendance, the inclination to access support was influenced by confidence, mood, and previous experiences of group settings. Several parents described social anxiety, overthinking, or worry about being judged. These factors made it difficult for them to initiate contact with structured groups. The open nature of the model therefore played a central role in supporting attendance.

As one parent observed, the main barrier was often the first step:

“If you have not had a good day or week, you cannot really be bothered getting out. But you always feel better afterwards.”

(Parent, Bonnyrigg)

Parents frequently described how attending Open Kindergarten strengthened their confidence to seek other activities. Some stated that they had begun to “over-think less” and felt more able to leave the house with their children. Others emphasised the reassurance that comes from a genuinely non-judgemental environment.

Several parents suggested that the model particularly supports groups who face elevated challenges relating to confidence or motivation. They highlighted benefits for younger parents, single parents, new mothers, and those without family support nearby. In their view, the atmosphere of the group allowed people to engage at their own pace while still feeling seen and supported.

Practitioners also emphasised the importance of making parents feel valued. They noted that parents “do not owe us anything” and that the relational warmth of the sessions helped families feel that their participation mattered. This sense of mattering was important in encouraging attendance among those who were unsure whether they belonged in community spaces.

Being Known and Being Trusted: Organisational Dynamics and Unequal Reach

Although the Open Kindergarten model was designed as a universal offer, access varied depending on how well Midlothian Sure Start was known within specific communities. In areas where the organisation already had a presence, parents often heard about sessions through health visitors, local nurseries, or informal networks. In other areas, particularly those outside Midlothian, unfamiliarity created hesitation both among parents and among local professionals.

Parents in some settings were uncertain about what Open Kindergarten involved or worried about sharing personal details with an unfamiliar organisation. One practitioner explained that parents were cautious about signing up, particularly when English was not their first language:

“Parents were a bit untrusting of giving their details to an organisation they did not know.”

(Practitioner)

This hesitation affected referrals. In some communities, health visitors preferred to signpost families to more familiar organisations or expressed concern about duplication of services. Practitioners occasionally described a sense of “territoriality” linked to funding pressures. These dynamics limited how much information about Open Kindergarten reached certain groups of parents.

Lack of time to embed the model also affected reach. Parents sometimes knew about sessions for weeks before attending, often because their routines were disrupted or because they lacked confidence. Several practitioners noted that attendance commonly increased towards the end of a

block of sessions, which suggests that longer periods of delivery are needed for groups to become established and trusted.

Parents themselves recognised these barriers. One mother expressed surprise at how extensive Midlothian Sure Start provision was after discovering Open Kindergarten late into her parenting journey. She questioned how this information had not been more widely available when she first needed it.

These findings suggest that universal access must be accompanied by sustained, locally tailored communication and by collaborative relationships with existing organisations in order to ensure equity.

Universal Design and the Need for Proactive Inclusion

The Open Kindergarten model offers a form of universal provision that can reach parents who might not otherwise access early-years support. The low-threshold design and the relational ethos made it accessible to families experiencing isolation, anxiety, depleted confidence, or high levels of stress. At the same time, structural barriers were evident. Issues relating to timing, local awareness, language, professional gatekeeping, organisational competition, and short delivery windows all limited reach in certain areas.

Parents consistently expressed appreciation for the model and questioned why it was not more widely known. One mother reflected on the breadth of Midlothian Sure Start's activities and stated:

"You are doing so much. How is this not common knowledge for new mums."

(Mother, Woodburn)

This reflects the central insight of this theme. Universal design supports inclusion, but equitable access requires additional, intentional work. This includes sustained visibility, long-term presence within communities, collaboration with other local organisations, and sensitivity to the specific social and emotional circumstances that shape parents' capacity to engage.



Alignment with Scotland's Policy Landscape and System Opportunity

The findings demonstrate that Open Kindergarten is closely aligned with Scotland's policy direction across early years, whole family support, mental health, community wellbeing and equality agendas. Scotland's strategic commitment to prevention, early intervention and accessible community-based support has been articulated repeatedly in recent years, most prominently in the Scottish Government's Getting It Right for Every Child framework (Scottish Government, 2021), Whole Family Wellbeing Funding approach (Scottish Government, 2021), and mental health policy landscape (Scottish Government, 2020; 2017). The Promise Scotland has similarly emphasised the centrality of relational, non-stigmatising, rights-based support for families from the earliest point of need (The Promise Scotland, 2020; 2021). The experiences shared by parents indicate that Open Kindergarten embodies these commitments, not as abstract principles but in the practical, lived reality of community-based support. This alignment suggests a significant system opportunity for Scotland as it continues to shift toward earlier, more relational and locally grounded provision.

Prevention and Early Intervention

Prevention and early intervention remain the foundation of Scotland's policy ambitions for children and families (Scottish Government, 2021). National frameworks emphasise the need for support that is available well before challenges escalate and without the requirement for referral, diagnosis or crisis activation. Parents' experiences of Open Kindergarten illustrate how these preventative aims are enacted in practice. Several parents described arriving with emerging challenges around confidence, isolation or emotional strain, but being able to access support immediately and without a threshold.

One parent reflected that other services often required a formalised process, explaining that they felt they needed to "have a reason to go" but that at Open Kindergarten "I could just walk in and be with people." This accessibility aligns closely with Scotland's ambition for early, universal support that is embedded in everyday community life rather than restricted to those who meet predefined criteria (Scottish Government, 2020a; Scottish Government, 2021b).

Parents often positioned the model as the earliest point at which they felt able to receive support. Another parent stated that before attending, they had been "at home for days without talking to anyone" and did not feel able to access more structured provision, but that the open format made attending possible. This reflects national commitments to reducing barriers to early help, particularly for families who may not engage with formal services (COSLA & Scottish Government, 2023).

The preventative value of Open Kindergarten is also evident in the way parents described emotional de-escalation. One parent spoke about feeling overwhelmed in the weeks before attending and said that the space "stopped things getting worse." Scotland's Mental Health Transition and Recovery Plan highlights the importance of community settings that can provide early stabilising support for parents and carers (Scottish Government, 2020b). The findings suggest that Open Kindergarten delivered precisely this form of early, relational containment.

Relational Practice and Workforce Policy Commitments

Relational practice is central to Scotland's ambitions for children and families. The Promise Scotland identifies relationships as the fundamental building block of all support, stating that help must be grounded in trust, continuity and emotional presence rather than transactional interactions (The Promise Scotland, 2020). Similarly, GIRFEC emphasises that practitioners must work in partnership with families through approaches characterised by empathy, respect and

attunement (Scottish Government, 2021). Scotland's Whole Family Wellbeing Funding framework further positions relational ways of working as essential to achieving system change (Scottish Government, 2021).

The findings show that Open Kindergarten practitioners embody these principles in ways that parents described as deeply meaningful. Parents repeatedly highlighted the emotional tone held by practitioners, describing them as gentle, calm, steady and genuinely interested in both parent and child. One parent said the practitioners were “so lovely and warm, you can tell they really care,” while another shared that they “always felt seen” even on days when they did not feel able to join conversations. These descriptions mirror national priorities that call for services built upon sustained, trusting relationships rather than programme delivery or formalised intervention.



Parents also emphasised the lack of judgement they experienced. One parent explained that at Open Kindergarten, “nobody is checking up on you, they’re just there with you.” This reflects Scotland’s policy commitment to non-stigmatising approaches that meet families where they are and value their existing strengths (Scottish Government, 2020; COSLA & Scottish Government, 2023). In many accounts, parents contrasted the relational quality of Open Kindergarten with the more pressured or evaluative tone of other services. One parent noted that in other settings “staff were so busy that you felt like you were in the way,” whereas at Open Kindergarten “they actually had time for you.” This aligns with wider policy concerns about the impact of workforce pressures on relational capacity across the early years and family support sectors.

The consistency of these experiences points to a system level insight. Scotland’s policy landscape repeatedly emphasises relational practice, yet many parents described difficulty finding relationally attuned support before encountering Open Kindergarten. The model demonstrates what becomes possible when practitioners are given the conditions in which they can prioritise presence over process. This resonates with NHS Scotland’s Perinatal and Infant Mental Health Programme’s emphasis on emotionally safe environments and practitioner attunement (NHS Scotland, 2020), indicating clear opportunities for integration and shared learning across services.

Inclusion, Access and Equity

Equity of access is a core priority across Scotland's policy landscape. National commitments emphasise the need to widen participation in early years and family support, particularly for families who experience social isolation, marginalisation or practical barriers to engagement (Scottish Government, 2022; COSLA & Scottish Government, 2023). The National Family Support Principles for Scotland highlight that support must be accessible without stigma, flexible in form, and designed around the realities of families' lives (Scottish Government, 2020). The findings indicate that Open Kindergarten delivers on these principles, particularly for families who had struggled to access other provision.

Importantly, Scotland's Child Poverty (Scotland) Act 2017 and the associated Tackling Child Poverty Delivery Plans set clear national targets to reduce child poverty and identify six priority family types at greatest risk: lone parent families; minority ethnic families; families with a disabled adult or child; families with a child under one year old; larger families (three or more children); and mothers aged under 25. The survey findings indicate that Open Kindergarten is engaging families across several of these priority groups, including households affected by disability, larger families, minority ethnic families and lone parents. In doing so, the project contributes in a practical way to national ambitions to reduce socio-economic disadvantage through early, preventative and community-based support.

Parents described significant barriers to engagement in other early years settings. Several explained that they had tried attending other groups but felt out of place, overwhelmed or uncomfortable. One parent said they "never felt like those spaces were for someone like me," while another noted that they had left other groups quickly because "everyone seemed to know what they were doing and I just felt awkward." Others described practical barriers, such as the timing of sessions, overstimulating environments or the sense that structured activities were not suitable for a very young baby. These reflect well documented challenges recognised in Scotland's early years and inclusion policies (Scottish Government, 2016; Scottish Government & COSLA, 2023).

In contrast, Open Kindergarten was consistently described as accessible and welcoming. Parents valued the open-door format, the ability to arrive late or leave early, and the lack of obligation to participate in particular ways. One parent described the relief of being able to "just sit quietly if that's what I needed that day." Another emphasised that "there was no pressure to be a certain kind of parent," which enabled them to attend even on days when their confidence was low. These experiences echo Scotland's policy emphasis on reducing stigma, widening universal access and ensuring that services feel psychologically and culturally safe (Scottish Government, 2022).

The model also aligns with the Equality Act 2010 and Scotland's commitment to advancing equality for people with protected characteristics, including disability, race, sex and age. By offering a non-stigmatising, relationship-based and low-threshold space, Open Kindergarten reduces both structural and psychological barriers that can disproportionately affect families experiencing discrimination or marginalisation. The absence of formal referral routes, assessments or eligibility criteria further supports equitable access.

Many parents explicitly linked their attendance to a sense of inclusion they had not experienced elsewhere. One explained that Open Kindergarten "was the only place I felt I could just be myself," while another commented that "nobody is competing here, it's just people being together." This aligns with Scotland's commitment to community-based support that fosters belonging, social connection and participation (Scottish Government, 2016). The findings suggest that Open Kindergarten is particularly effective at reaching parents who might otherwise remain isolated or disengaged from service pathways, directly supporting national aims to widen engagement among families who need support but do not necessarily seek it out (Scottish Government, 2021).

In addition, the project contributes to Scotland's implementation of the United Nations Convention on the Rights of the Child (UNCRC), now incorporated into Scots law. By creating welcoming, participatory spaces for babies, young children and their caregivers, Open Kindergarten supports children's rights to development (Article 6), to play (Article 31), to non-discrimination (Article 2), and to have their best interests treated as a primary consideration (Article 3). The relational ethos of the sessions — which centres children's cues, rhythms and agency — reflects a rights-based approach in practice, particularly for families who may otherwise experience barriers to participation.

The model therefore supports Scotland's equity ambitions by enabling participation without prerequisites, gatekeeping or demands that parents present themselves in particular ways. It offers a practical example of how inclusive, low barrier provision can be delivered within community settings, reflecting both the Whole Family Wellbeing Funding approach and the broader commitment to reducing inequalities in early childhood (Scottish Government, 2022).

Taken together, the evidence suggests that Open Kindergarten does not simply widen access in general terms, but makes a targeted contribution to national child poverty, equality and children's rights commitments through preventative, community-embedded and relational early years support.

Mental Health and Family Wellbeing

Scotland's mental health and family wellbeing strategies consistently emphasise the importance of early, community based, relational support for parents and carers, particularly during the perinatal and early childhood periods (Scottish Government, 2020b; Scottish Government, 2017). National policy identifies that parents often experience isolation, fluctuating confidence and emotional strain during early parenthood, and calls for services that can provide stabilising, non-stigmatising support embedded within everyday community life. The findings show that Open Kindergarten delivers on these priorities in ways that parents experienced as emotionally protective and sustaining.

Parents frequently described the mental and emotional challenges they had been facing before attending. Several spoke openly about feelings of isolation, low mood and a sense of being overwhelmed. One parent noted that they "had been at home for days without really talking to anyone," while another said that before attending they "felt like I was disappearing a bit." These experiences reflect widely recognised patterns in Scotland's mental health evidence base, where new parents often report diminished social contact and heightened emotional vulnerability (Scottish Government, 2020b).

Open Kindergarten was described as providing a form of gentle, everyday support that had a noticeable impact on wellbeing. Parents emphasised the emotional benefits of having somewhere to go that felt safe and welcoming. One parent said that the space "lifted my mood straight away," while another shared that "just being around other people who get it made such a difference." These accounts resonate strongly with the principles of Scotland's Perinatal and Infant Mental Health Programme, which highlights the importance of relationship-based environments that support emotional regulation, social connection and parental confidence (NHS Scotland, 2020).

The absence of pressure or expectation was also central to parents' experiences. Several parents explained that they appreciated being able to attend on days when they were not able to engage in conversation or structured activities. One parent said that "some days I barely spoke, but it still really helped." This aligns with national guidance emphasising the need for flexible, non-judgemental support that allows parents to set the terms of their participation (Scottish Government, 2020; Scottish Government, 2017).

Parents also highlighted the importance of feeling understood by staff who were attuned to the emotional realities of early parenthood. One parent reflected that the practitioners “just seemed to know when you needed a bit of support.” Scotland’s mental health strategies stress that practitioner attunement and emotional sensitivity are essential for effective early support (Scottish Government, 2020b). The findings suggest that Open Kindergarten offers a form of relational containment that is consistent with these policy commitments.

The role of community-based support in reducing stigma is a further point of alignment. Parents consistently described Open Kindergarten as a place where they felt able to be honest about how they were coping without fear of judgement. One parent said, “it was the only place where I felt I didn’t have to pretend I was fine.” This reflects national ambitions to reduce stigma around seeking support, particularly in relation to mental health and perinatal wellbeing (Scottish Government, 2018).

Taken together, the findings show that Open Kindergarten supported parents’ mental and emotional wellbeing in ways that Scotland’s policy landscape identifies as essential but often missing in practice. The model therefore offers a concrete example of how early, relational, community based mental health support can be operationalised in accessible ways.



System Learning and Opportunities for Integration

Taken together, the findings reveal a clear gap between Scotland's policy aspirations and the lived experiences of families attempting to engage with early years and family support. While Scottish policy frameworks consistently emphasise the importance of prevention, relational practice and accessible community-based provision, many parents described struggling to find support that embodied these principles before encountering Open Kindergarten. This divergence highlights important system learning and opportunities for integration.

Parents repeatedly described Open Kindergarten as a form of provision they had not been able to find elsewhere. One parent explained that they "had tried everything and nothing felt right until I came here." Another said that Open Kindergarten "was the only place that actually made me want to come back," while a third reflected that it "became a lifeline" at a time when they had been feeling particularly isolated. These experiences mirror the Scottish Government's recognition that support systems are often fragmented and difficult to navigate, leaving many families without the early, non-stigmatising help envisioned in national frameworks (Scottish Government, 2021; Scottish Government, 2022).

The Promise Scotland emphasises that effective support must be relationship based, community rooted and available without assessment or gatekeeping (The Promise Scotland, 2020; 2021). Parents' experiences suggest that Open Kindergarten demonstrates how this vision can be operationalised. The model's open structure, flexible entry points and emphasis on presence rather than programme delivery align closely with the future system outlined in The Promise. It therefore represents a valuable learning site for local and national partners tasked with embedding Promise aligned practice across Scotland.

The Whole Family Wellbeing Funding approach calls for integrated, community-based models that provide early help and strengthen local ecosystems of support (Scottish Government, 2021). The findings show that Open Kindergarten offers a practical example of such a model. Parents described it as a space where they could connect with others, access emotional support and experience a sense of belonging within their local community. These elements align strongly with the cross-sector emphasis on place based, preventative support that responds to the complexity of family life (COSLA & Scottish Government, 2023).

There are also clear implications for Scotland's workforce ambitions. National strategies identify that practitioners require supportive conditions, manageable workloads and emotionally holding environments in order to deliver the relational practice that policy demands (Scottish Government, 2020b; NHS Scotland, 2020). Parents consistently interpreted the relational quality of Open Kindergarten practitioners as integral to their experience. This suggests that wider scaling of similarly structured models would require attention to workforce development, supervision and the removal of bureaucratic pressures that inhibit relational work.

In addition, Scotland's mental health and wellbeing strategies highlight the importance of community settings that provide early, non stigmatising emotional support (Scottish Government, 2020b; Scottish Government, 2017). The findings demonstrate that Open Kindergarten functioned as such a setting for many parents, providing day to day emotional stability and reducing isolation. As NHS Scotland and local partners continue to invest in perinatal and early years mental health pathways, integrating models such as Open Kindergarten could strengthen preventative capacity and widen access for families who are not inclined to approach more formal services.

Overall, the alignment between Open Kindergarten and Scotland's national policy direction suggests substantial potential for system wide learning and scaling. The model provides an example of how early, relational, community-based support can be delivered in ways that families

find accessible, non stigmatising and impactful. It therefore offers a valuable opportunity for local authorities, health boards, third sector partners and national bodies to explore collaborative approaches to embedding similar provision within Scotland's evolving family support landscape.

In sum, the findings indicate that Open Kindergarten embodies many of the core principles articulated across Scotland's strategic frameworks, including prevention, equity, relational practice and community-based support. Parents' experiences suggest that the model fills a gap within the existing system, offering a form of support that is both aligned with national commitments and profoundly valued by families. This alignment presents a significant opportunity for Scotland as it continues to transform its early years and family support infrastructure towards earlier, more relational and locally rooted provision.

Considerations for Wider Implementation of Open Kindergarten

Practitioner-informed Conditions for National Rollout, Integrated with Scottish Policy and Strategy

Practitioners across the project consistently articulated that Open Kindergarten has considerable potential for broader adoption across Scotland. They viewed the model as filling a significant gap in the existing landscape of early years and family support by offering a relational, low-barrier and non-judgemental environment where parents and young children can engage with practitioners and peers without pressure or stigma. They also stressed that this distinctive ethos cannot be sustained through rapid or purely operational expansion. Instead, expansion requires the deliberate and well-resourced establishment of the relational, organisational and systemic conditions that enable Open Kindergarten to function as intended.

The following analysis draws extensively on practitioner reflections to identify the preconditions that would need to be met for a Scotland-wide rollout. These practitioner-informed themes are interwoven with relevant Scottish policy frameworks, including GIRFEC, The Promise, the National Parenting Strategy, the Whole Family Wellbeing Funding (WFWF) Framework, the Early Learning and Childcare (ELC) Workforce Strategy, the National Children and Young People's Mental Health and Wellbeing Strategy and the Tackling Child Poverty Delivery Plan. This integrated lens demonstrates both the feasibility of scaling Open Kindergarten nationally and the conditions that must be safeguarded to ensure fidelity to its ethos.

Building Time and Infrastructure for Local Set-up

Practitioners emphasised repeatedly that Open Kindergarten cannot be implemented successfully without substantial time for groundwork in each locality. This preparatory work is relational and practical in equal measure. It involves building trust with health visitors, community organisations and local authority partners, establishing reliable referral pathways, preparing physical environments and ensuring that families understand what the model offers.

This view was expressed clearly by a practitioner who reflected on the shift in how partner organisations now engage with community-based initiatives. She noted that, unlike earlier phases of the work where organisations were willing simply to attend groups informally, engagement had become more formal and bureaucratic:

“I found it really difficult getting people to want to come along. Even Citizens Advice were saying they would need booked appointments and all the paperwork. I was saying it is more just to pop along, introduce yourself, make parents comfortable.”

(Practitioner)

This illustrates how organisational cultures can shape the feasibility of partnership working. Establishing shared expectations, clarifying organisational processes and maintaining the informal, relational feel of the model all require time. Without this investment, external partners may inadvertently undermine the accessible tone of the groups.

Set-up time is also needed for families to develop trust and familiarity. Practitioners noted that, although Open Kindergarten is open access, many families require multiple points of exposure before they feel confident to attend. One practitioner explained:

“The approach has not been wrong. It is the time to embed it and the support around it that we have struggled with.”

(Practitioner)

This aligns strongly with national policy commitments to early intervention and preventative support. GIRFEC emphasises the importance of building relationships and ensuring that families experience services as accessible and supportive rather than intimidating or bureaucratic. Similarly, The Promise calls for support that is relational, available early and grounded in community settings. The National Parenting Strategy also highlights the importance of environments where parents feel welcomed, respected and not judged. A Scotland-wide rollout of Open Kindergarten would therefore require protected time at the outset of each new implementation site to establish relationships, map local needs and build community awareness.

Practical readiness was also emphasised. Several practitioners described arriving at venues to discover barriers that would have been addressed with earlier communication or preparation. One practitioner recalled arriving to find that the heating was broken during winter and the hall temperature was around three degrees:

“If I had known the heating was broken, I would have suggested a walk. But because I did not know and parents arrived without buggies, we could not make that choice.”

(Practitioner)

Such examples demonstrate that the physical environment must uphold the warmth and safety central to the model. This is explicitly supported by the ELC quality principles, which identify high-quality environments and nurturing atmospheres as essential for young children and their families. Ensuring these conditions requires clear communication with venues, agreed responsibilities and time to test and prepare the space.

Finally, practitioners noted that, without adequate lead-in time, families risked not receiving accurate information about the groups. For instance, one practitioner recounted that a parent attempted to attend but reception staff did not know the group existed:

“A parent messaged to say she came but was told by reception there was no group on. If I had more time to embed it, that would not have happened.”

(Practitioner)

This indicates the need for internal communication processes within host organisations and sufficient time to ensure full organisational awareness. These experiences align with the Scottish Government’s ambitions for integrated community planning and accessible universal family support under the Whole Family Wellbeing Funding programme.

Collectively, these reflections suggest that a Scotland-wide rollout must build in a structured and adequately funded set-up phase that allows practitioners to accomplish the relational and practical tasks essential for effective implementation. Scaling without such a foundation risks compromising the model’s accessibility, relational depth and clarity.

Sustainable Practitioner Capacity and Organisational Support

Practitioners emphasised consistently that relational work requires time, emotional presence and organisational structures that support sustainable practice. The quality and distinctiveness of Open Kindergarten depend on practitioners having the capacity to engage with families meaningfully, follow up with them outside group time and manage complex emotional and practical needs.

Practitioners described concerns about caseload size. One practitioner reflected:

“At one point I had over a hundred parents across groups. I was remembering people, but not names. How do I keep that same level of care?”

(Practitioner)



Another noted the administrative burden associated with constant sign-ups:

“Every day I would come in and there were new sign-ups. It was constant. A lot of admin. Recording them on the database.”

(Practitioner)

These reflections underscore the importance of realistic caseloads, administrative support and appropriate staffing models to protect relational work. This aligns directly with Scotland’s ELC Workforce Strategy, which emphasises the link between practitioner wellbeing, manageable workloads and high-quality relational care.

Practitioners also spoke extensively about the emotional weight of the work. They described supporting parents who were experiencing isolation, mental health difficulties, relationship breakdown and child protection concerns.

Taken together, the practitioner accounts show that successful national rollout requires explicit recognition of the emotional labour inherent in Open Kindergarten and the establishment of substantial, structured support for staff. This includes reflective practice, supervision, peer support, manageable caseloads, time for follow-up work and adequate administrative resource. Without these supports, the model risks drifting into a volume-based delivery approach that undermines the relational ethos that families value.

Flexible and Context-sensitive Staffing Models

Practitioners were clear that a flexible staffing model is necessary for effective delivery. They reported that some groups benefited from two practitioners, while others were more appropriately delivered by one. This decision depended on factors such as group size, family complexity, venue layout and emergent needs within sessions.

One practitioner described the advantages of double staffing in relationally intensive settings:

“With the outdoor group, it is me and another member of staff. That meant I could really chat to parents and have an in-depth conversation and not worry about the rest of the group.”

(Practitioner)

Another practitioner reflected on the practical value of shared staffing in challenging circumstances:

“When the hall was freezing, having someone else would have helped. I was trying to run the group and sort out heaters at the same time.”

(Practitioner)

Other practitioners noted that two practitioners could be overwhelming in smaller groups, potentially detracting from the relaxed, unpressured atmosphere central to the model:

“When the group is quiet, two professionals can seem like quite a lot. I actually felt more relaxed on my own.”

(Practitioner)

Flexibility is therefore essential. Practitioners emphasised the importance of staffing decisions being made in response to contextual, relational and environmental considerations rather than through fixed ratios.

Practitioners also stressed that when double staffing is used, the two practitioners must have overlapping schedules. One practitioner described the significant inefficiencies that arose when two practitioners worked entirely different days:

“They never met each other. I had to do two inductions, two meetings. They missed reflective practice. They could not support each other.”

(Practitioner)

This raised concerns about how practitioners working alone in remote areas might experience the work:

“It made me wonder how it would feel for someone running a group in [location] by themselves with no support.”

(Practitioner)



These reflections align with several national policy commitments. GIRFEC advocates for continuity in relationships and for proportionate support that reflects the level of need. The Promise emphasises support for the workforce and continuity of care. The Whole Family Wellbeing Funding framework promotes grounded local decision-making and services that adjust responsively to families.

A national staffing framework for Open Kindergarten must therefore enable local discretion, promote relational continuity and ensure structural support for practitioners. This will require guidance for local authorities and host organisations on determining appropriate staffing configurations, ensuring staff overlap and providing time for joint planning, reflection, support and professional development.

Recruiting Practitioners Who Embody the Ethos of the Model

Practitioners observed that the success of Open Kindergarten depends significantly on the qualities and dispositions of the practitioners delivering it. The role requires sensitivity, attunement, warmth, authenticity and the ability to hold space for parents without imposing structure or judgement.

Several practitioners described the challenges that arise when staff are recruited who are uncomfortable with the relational, open-ended nature of the work. Another described practitioners in a different organisation who adopted directive styles that did not align with the Open Kindergarten ethos:

“They were telling parents how they should be. It felt very do this and do that. It felt awful. Parents can do what they want in this space. If they want to stand with a cup of tea, their children are safe.”

(Practitioner)

Practitioners who were well-suited to the role, exhibited empathy, relational presence and comfort in unstructured settings:

“What came across in the interviews was empathy. That mattered more than experience.”

(Practitioner)

These accounts underscore the importance of values-led recruitment. The Scottish Government’s ELC Workforce Strategy, The Promise and the National Parenting Strategy all emphasise the importance of relationally skilled, attuned and nurturing practitioners in early years work. Scaling Open Kindergarten nationwide will require recruitment frameworks that prioritise these relational qualities as core competencies. Job descriptions, interview processes and induction programmes should all reflect the centrality of relational practice to the model.

Structuring Outdoor Sessions to Strengthen Relational Connection

It is recommended that future Open Kindergarten planning gives explicit consideration to the spatial design of outdoor sessions, recognising the influence of layout on relational dynamics. Practitioner learning indicates that dispersed activity stations may inadvertently limit interaction between families, whereas a shared central base can encourage gathering, visibility and informal conversation.

Accordingly, it is recommended that outdoor provision is structured around a communal focal point – such as a large groundsheet or single shared activity area – in order to promote proximity and strengthen opportunities for connection. Embedding this principle within future planning guidance would support the project’s wider aims of fostering community, mutual support and relational engagement.

Local Adaptation and Partnership-sensitive Rollout

Practitioners emphasised that Open Kindergarten must be adapted sensitively to local contexts. They observed significant variation across local authorities in terms of service landscapes, community assets, referral pathways and organisational cultures.

One practitioner explained:

“Services look very different in each area. I think we might be a bit spoiled in Midlothian.”

(Practitioner)

Another reflected on how difficult it could be to identify local provision:

“If I struggle to find out what is available, parents will really struggle.”

(Practitioner)

Practitioners also highlighted the importance of partnership-sensitive rollout. In some areas, local organisations felt threatened by the presence of Open Kindergarten, particularly when their funding depended on attendance numbers:

“Charities were worried about their funding. They thought we would steal parents.”

(Practitioner)

This underscores the need for early local engagement to communicate the aims of the model, differentiate it from existing provision and build collaborative relationships. Practitioners emphasised that once partnerships were established, joint groups were highly valued:

“The joint groups have shown that we can do something together. Combining efforts means we can reach more families.”

(Practitioner)

Safety considerations also varied across areas. One practitioner described a situation where a referral involved a parent with a behavioural marker that had not been communicated effectively:

“If it had been a straightforward referral, [practitioner] would have done the home visit. But she would not have had access to the information that I did. That could have put her in a risky position.”

(Practitioner)

National rollout must therefore include consistent safety protocols, standardised induction materials and cross-authority information-sharing systems to ensure that practitioners can access relevant information and that families are supported safely.

Summary

The evaluation found Open Kindergarten to be an approach that is well positioned to support Scotland’s national ambitions for early intervention, family wellbeing and community-based provision. Its preventative, relational and low-threshold design aligns strongly with Scotland’s policy emphasis on early help, reducing stigma and widening access to family support. However, effective scale requires more than replication of session activity. In order to be adopted more widely with integrity, the model must preserve its relational ethos and establish the organisational and structural conditions that enable practitioners to deliver it safely and sustainably.

Scaling Open Kindergarten should therefore be understood as a process of careful transplantation rather than rapid expansion. The relational culture – including the absence of pressure, the non-

directive stance and the emphasis on emotional containment – is central to its impact. Without the right infrastructure, there is a risk that expansion could unintentionally dilute these qualities.

This evaluation proposes that requirements for wider roll-out include:

- **Protected time for local set-up and embedding.** New sites require preparatory work, including relationship-building with partners, community mapping and practitioner orientation to the model.
- **Sustainable practitioner capacity and emotional support.** The model relies on emotionally attuned facilitation. Practitioners require reflective supervision, manageable ratios and realistic workload expectations in order to sustain this work.
- **Flexible staffing models tailored to local need.** Attendance patterns fluctuate, particularly in drop-in contexts. Staffing structures must account for variability while safeguarding relational quality and safety.
- **Values-led recruitment focused on relational practice.** Practitioners require skills in containment, observation and non-directive facilitation rather than activity-led delivery. Recruitment and training should reflect this.
- **Partnership-sensitive local adaptation.** While the core ethos should remain consistent, implementation must be responsive to local authority structures, community demographics and existing early years ecosystems.
- **Consistent cross-authority safety and communication frameworks.** Clear safeguarding pathways, referral relationships and risk management processes are essential to support practitioners and families alike.

These conditions align closely with Scottish Government policy priorities across early years, family support and prevention. When these foundations are established, Open Kindergarten offers a compelling, relationship-centred model that can strengthen Scotland’s early years landscape and contribute meaningfully to national commitments such as GIRFEC, The Promise and Whole Family Wellbeing Funding.

Conclusion

The evaluation of the Open Kindergarten model across several localities demonstrates that it offers an important and distinctive contribution to Scotland's early years landscape. The findings throughout this report show that Open Kindergarten created a rare space of relational safety, informality and community connection for parents, carers and young children during a period of family life that can be marked by isolation, financial strain and limited access to support. Across the localities involved, the model was experienced as accessible, non-stigmatising and deeply valued. For many families, it represented the only form of meaningful support they could access. Children benefited from opportunities for early social play, exploration and interaction, while parents and carers found a place where they could talk openly, share experiences and receive emotional and practical support.

The evaluation provides clear evidence that the model filled a service gap. Attendees often described their lives as dominated by isolation, low mood, practical pressures and very limited support networks. Many were managing poverty, single parenthood, recent migration, parental mental health challenges or the demands of caring for multiple young children. Open Kindergarten created a consistent point of connection that alleviated some of these pressures and enabled families to establish stability within their week. The model's success across localities demonstrates its adaptability and the strength of its relational ethos. The findings also provide important learning for how an open, community based, parent led approach can complement and strengthen wider early years provision in Scotland.

Reaching Families Most in Need

A central aim of this phase of the project was to reach families with the highest levels of need, particularly those who were unlikely to access formal early years provision. The findings from across the localities indicate that the model achieved this aim. Many families who attended Open Kindergarten were facing multiple adversities, including financial hardship, housing instability, food insecurity, experiences of loneliness, limited family networks, depression and anxiety. Many expressed fear or discomfort about entering other settings, including structured parenting programmes or early years groups.

The qualitative data across the parent interviews, case study material and practitioner diaries indicate that many attendees experienced circumstances commonly associated with higher levels of need. Families repeatedly emphasised that they would not have attended any other provision available to them but felt able to attend Open Kindergarten because it was free, informal, local and did not require referral or prior registration. These features removed some of the most significant barriers to engagement. Parents and carers described arriving without fear of being judged, assessed or asked to justify their need. The open arrival window also allowed them to participate even when managing challenging mornings, disrupted sleep, or the emotional strain that often accompanies early parenthood.

Taken together, the evaluation indicates that while the project engaged families experiencing higher levels of need, the short-term nature of the delivery phase created limitations. Establishing provision in areas of greater deprivation requires time to build relationships, trust and local partnerships. In practice, implementation was often shaped by existing connections and entry points. A longer delivery timescale would strengthen the project's capacity to embed within communities facing the highest levels of disadvantage and to broaden its reach accordingly.

The model offered a low threshold, relational point of access to families who have historically been underserved by existing support systems. This is a core achievement of the project and

underscores the potential of Open Kindergarten to contribute meaningfully to early intervention and prevention in the first years of a child's life.

Impact of Multi Agency Working

In local delivery contexts, practitioners drew on relationships with several community-based organisations, including health visitors, social support services, early years staff, library-based groups and other voluntary sector partners. These connections enabled practitioners to reach families who were not accessing other services and to offer additional resources or information when needed. For example, when particular themes emerged in parent discussions, such as sleep, feeding or local transitions, practitioners invited relevant colleagues to attend. This allowed families to have informal and non stigmatising contact with professionals who might otherwise be difficult to access.

The evaluation also highlights the importance of time for collaborative relationships to develop. In some localities, practitioners had extensive community networks before the model began. This allowed faster embedding of Open Kindergarten and stronger links across services. In other areas, practitioners had fewer preexisting local relationships, and time was needed to build trust, establish visibility and understand the local context. Multi agency working was therefore most effective when practitioners were supported with realistic expectations, adequate capacity and opportunities to develop long standing connections within their community.

Transitions to Early Learning and Childcare and Learning for the Development of ELC Provision for Children Under Three

The evaluation identifies important learning for the transition from community-based support into Early Learning and Childcare. Open Kindergarten served as an introductory point of contact with early years environments for many families. Parents and carers with limited familiarity with ELC described gaining confidence simply through spending time in a safe and welcoming space alongside early years practitioners. This helped to reduce the sense of unfamiliarity that can make transitions into ELC feel daunting.

For families managing anxiety, depression, isolation or limited information about services, Open Kindergarten acted as a stepping stone into more structured provision. The informal environment allowed parents and carers to ask questions and observe their child's development. The findings indicate that relational, non-stigmatising support in the earliest years can play a crucial role in preparing families for the transition into ELC.

Learning for Wider Implementation Across Diverse Localities

The Open Kindergarten model proved adaptable across several localities with different demographic profiles, community structures and levels of socio-economic deprivation. In some areas, attendance grew through strong community relationships and preexisting networks. In others, practitioners relied more heavily on outreach, home visits and one to one contact to build trust and reach families who were isolated. These variations illustrate that while the core principles of Open Kindergarten remain consistent, the approach needs to be tailored to local contexts.

For broader implementation, it is essential that practitioners are given enough time to build relationships within their communities. Several practitioners reflected on the importance of early home visits not as recruitment tools but as opportunities to establish trust, understand family circumstances and reduce anxiety about attending the group. Where practitioners were pressured to launch quickly or without adequate preparation time, building attendance was slower and more challenging. The evaluation therefore highlights that relational groundwork is not an optional component of implementation but central to the success of the model.

The findings also highlight considerations relevant to differences between rural and urban settings. Rural contexts may require specific attention to transport barriers, limited local services and smaller populations. Urban contexts, particularly those with higher cultural and linguistic diversity, may require additional support for families who lack local networks or face language barriers. The evaluation suggests that Open Kindergarten can work effectively across these differences, provided implementation is grounded in an understanding of local needs and supported by practitioners with the skills and time to respond flexibly.



Impact of Venue, Time of Day and Group Size on Family Experience

Practical considerations relating to venue, timing and group size shaped the quality of experiences within Open Kindergarten. Across localities, parents and carers emphasised the importance of entering a space that felt comfortable, calm and safe. The size, layout and sensory qualities of rooms influenced the extent to which families could relax, move freely and interact. In some areas, small spaces limited the ability of parents and carers to engage in conversation or support their child's play. In others, larger and well-resourced spaces allowed families to spread out, sit comfortably and feel more at ease.

Flexibility in arrival and departure times was a core strength of the model. Parents and carers managing demanding routines, young children's changing needs or periods of low mood described the open timing structure as crucial. This flexibility reduced pressure and helped parents and carers feel welcomed regardless of their ability to arrive at a fixed time. Across several localities, this element of the model was highlighted as one of the primary reasons families continued to attend.

Group size also influenced family experiences. Smaller groups enabled deeper interpersonal conversations and stronger relationships with practitioners but limited opportunities for peer learning and social interaction among children. As groups grew, sessions became more socially dynamic but also more complex to facilitate. Practitioners noted that larger groups required additional staffing to maintain a person-centred environment and to ensure that quieter families were not overlooked. These findings demonstrate that the practical organisation of the sessions is closely linked to the relational ethos that defines Open Kindergarten.

Limitations of the Evaluation

While the findings are positive, several limitations should be acknowledged.

First, the evaluation would have benefitted from interviews with organisational staff within Midlothian Sure Start at a strategic or managerial level. Practitioner perspectives provided rich insight into delivery, but engagement with senior staff could have strengthened understanding of implementation processes, commissioning considerations and organisational learning at a systems level. This would have provided a fuller picture of the structural enablers and constraints influencing the model.

Second, the evaluation would have been enhanced by access to more detailed demographic information on session attendance. While survey data captured some characteristics, routine attendance data did not include comprehensive demographic breakdowns. However, it is important to recognise the complexity of gathering such information in low-threshold, relational settings. Families attending voluntary, drop-in provision may be reluctant to provide personal data at the outset, and requirements to complete detailed forms can act as a deterrent to engagement. Balancing robust monitoring with maintaining a psychologically safe, stigma-free environment remains an inherent tension in evaluating universal community-based models.

Third, although a range of locations were included in this phase of implementation, the evaluation would have benefited from data drawn from more rural and remote contexts, including island communities. Delivery in dispersed or geographically isolated areas may present distinct logistical, workforce and partnership challenges. Further piloting in such settings would strengthen understanding of the model's transferability across Scotland's full geographic diversity.

Taken together, these limitations do not undermine the core findings but indicate areas where future evaluation could deepen insight. A subsequent phase incorporating strategic-level interviews, enhanced demographic monitoring (where appropriate and proportionate), and testing within more remote communities would provide an even stronger evidence base for national decision-making.

Overall Reflections

This evaluation demonstrates that Open Kindergarten creates something deceptively simple yet deeply significant: a welcoming, relational space where babies, young children and their caregivers can gather without pressure or prerequisite. Across several localities, it has provided a meaningful and valued contribution to early years support, offering an environment that families trust and return to. In doing so, it addresses isolation at its roots and strengthens the everyday relationships that underpin family wellbeing.

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The strengths of the model lie in its flexibility, its low threshold nature and the skill of its practitioners. Its value does not rest in intensity or complexity, but in consistency, containment and connection. By bringing together relational practice, parent led interaction and community-based support in ways that feel accessible and acceptable, including to families experiencing higher levels of need, the model offers a distinctive approach within the early years landscape.

The findings suggest that, when delivered with fidelity to its relational principles and supported by appropriate organisational conditions, Open Kindergarten provides a sustainable and transferable model of support. Careful attention to local context, appropriate staffing, protected practitioner capacity and safe, welcoming venues will be critical if the approach is to be sustained and expanded. At a time when Scotland continues to prioritise prevention, equity and community-based provision, Open Kindergarten stands as a practical example of how these ambitions can be realised in lived experience, strengthening early childhood wellbeing through relationship, belonging and everyday connection.

Recommendations

Based on these findings, the following recommendations are made for any future implementation of Open Kindergartens in Scotland;

Organisational Practice

- Families taking part in Open Kindergarten valued the warmth, flexible and non stigmatising approach it offered. In order to achieve this environment, organisations wishing to incorporate Open Kindergarten approaches need to consider;
 - flexible staffing models tailored to local need.
 - values-led recruitment focused on relational practice.
 - sustainable practitioner capacity.
 - embedding training, support and supervision for staff.
 - Outreach capacity to engage with those furthest from support.
 - Long term group commitment to provide support to families over time.
- The Open Kindergarten Project's Implementation pack and elearning module offers some guidance with how to develop and implement Open Kindergartens in different context. To support further roll out, it is recommended that these resources are further enhanced through the development of specialised training packages, organisation development support and an Open Kindergarten community of practice.

Systems and Structures

- Open Kindergarten fills a gap in support for families, providing a universal offer that can sit well within a wider system of community based whole family support. It is recommended that Children's Services Planning Partnerships embed Open Kindergarten approaches within their Children's Services Plans, identifying local third sector or statutory ELC providers who are well placed to deliver these approaches.

National Policy

- The Open Kindergarten Project (Phase 3) was funded by the Scottish Government's Whole Family Wellbeing Fund. To sustain and further build capacity for whole family support across Scotland, it is recommended that the Scottish Government extends its commitment to whole family support and the Whole Family Support Fund beyond 2027 to the lifetime of the next parliament (2031).

Research

- Phases 2 and 3 of The Open Kindergarten provided positive evidence about the impact of Open Kindergartens for families and factors that help and hinder their roll out in different contexts. Future research should focus on gathering evidence on social return on investment of Open Kindergartens to outline the costs of provision in relation to their benefits.

References

- Andersson, B., & Neuman, Å. (2021). Early childhood education and care in Sweden: A universal model in transition. *International Journal of Early Childhood*, 53(2), 267–284. <https://doi.org/10.1007/s13158-021-00293-4>
- Audit Scotland. (2022). Health visiting workforce: Progress and challenges. Audit Scotland.
- Axford, N., Berry, V., Lloyd, J., & Hobbs, T. (2021). Identifying and supporting families with complex needs: Evidence from early intervention systems. *Journal of Children's Services*, 16(1), 1–16.
- Björnberg, U., & Gruber, S. (2021). Social support and early childhood: The role of family centres and preschools in Sweden. *Children & Society*, 35(4), 539–553. <https://doi.org/10.1111/chso.12433>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Center on the Developing Child at Harvard University. (2023). Three principles to improve outcomes for children and families. <https://developingchild.harvard.edu/>
- Children in Scotland. (2021). Parents' experiences of early years services in Scotland. Children in Scotland.
- COSLA, & Scottish Government. (2023). The National Family Support Principles for Scotland: Guidance for local implementation. Scottish Government.
- Ennerberg, E. (2022). Inclusive early childhood support for newly arrived families: The role of open preschools in Sweden. *International Journal of Early Years Education*, 30(2), 257–274. <https://doi.org/10.1080/09669760.2021.1883777>
- Fallon, V., Silverio, S. A., Halford, J. C., Bennett, K. M., & Harrold, J. A. (2020). Postpartum-specific anxiety and maternal bonding: A prospective study. *Journal of Reproductive and Infant Psychology*, 38(2), 131–147. <https://doi.org/10.1080/02646838.2019.1628120>
- Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2021). *Protecting children: A social model*. Policy Press.
- Gällhagen, B., & Isaksson, A. (2019). The role of Swedish open preschools (öppna förskolan) in family support. Swedish Agency for Health and Care Services Analysis.
- Gibson, L., & Hanson, K. (2020). Parents' experiences of isolation during early parenthood. *British Journal of Community Nursing*, 25(9), 438–444. <https://doi.org/10.12968/bjcn.2020.25.9.438>
- McGhee, K., & Jeffery, B. (2022). Trust, stigma and family engagement in early help. *British Journal of Social Work*, 52(3), 1381–1398. <https://doi.org/10.1093/bjsw/bcab126>
- Morris, T., Picken, N., & Ward, A. (2023). Parental loneliness and early childhood inequalities: A mixed-methods systematic review. *Child: Care, Health and Development*, 49(1), 58–72. <https://doi.org/10.1111/cch.13020>
- Nelson, G., & Svensson, A. (2020). Everyday support in open preschools: Parents' and staff perspectives in Sweden. *Early Years*, 40(3), 348–363. <https://doi.org/10.1080/09575146.2018.1501550>
- OECD. (2019). *Good practice for good jobs in early childhood education and care*. OECD Publishing.
- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2019). *The importance of parenting in*

influencing the health and development of children. *Medical Journal of Australia*, 210(1), 7–12.

Scottish Government. (2020). *The Best Start: Strategic early years policy framework*. Scottish Government.

Scottish Government. (2021). *GIRFEC: Getting it right for every child – Policy statement*. Scottish Government.

Scottish Government. (2022). *Families’ experiences during COVID-19: Lessons for early years support*. Scottish Government.

Scottish Government. (2023). *Whole Family Wellbeing Funding: National guidance*. Scottish Government.

Scottish Government, & COSLA. (2023). *Community wellbeing frameworks: Local delivery guidance*. Scottish Government.

Shonkoff, J. P. (2021). Early childhood neuroscience and the foundations of lifelong health. *Science*, 373(6550), 108–112. <https://doi.org/10.1126/science.abi9224>

Skolverket. (2019). *Open preschools in Sweden: National overview and policy report*. Swedish National Agency for Education.

Sundhall, J. (2020). Early transitions: Children’s adjustment to preschool in Nordic welfare states. *Early Years*, 40(3), 322–337. <https://doi.org/10.1080/09575146.2019.1593918>

The Promise Scotland. (2020). *The Promise*. The Promise Scotland.

The Promise Scotland. (2021). *Plan 21–24*. The Promise Scotland.

Whittaker, K., & Cox, P. (2020). Engaging parents in early help: Barriers and enablers. *Child & Family Social Work*, 25(2), 389–397. <https://doi.org/10.1111/cfs.12703>

Winstanley, C., Webb, L., & Conti, G. (2021). Parenting under pressure: Economic insecurity and parental mental health in the UK. *Social Science & Medicine*, 276, 113815. <https://doi.org/10.1016/j.socscimed.2021.113815>