

Early Years services in Carmarthenshire

Parent Focus Groups

Presented to Carmarthenshire County Council

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1. Introduction and background

1.1 Methodology

Carmarthenshire County Council commissioned Arad Research to conduct qualitative research with parents relating to their experiences of Early Years services for families of children aged 0-6 in Carmarthenshire. The purpose of the research was to understand parents' views and experiences of the support available to them from the Midwifery, Health Visitor, Language and Play, Speech, Language and Communication support, parenting support, and support from other health professionals including therapists, dieticians, child psychologists and physiotherapists.

1.2 Sampling and recruitment

The sample of parents was identified and recruited by Carmarthenshire County Council for each focus group and individual interview. The research sought to include a sample of:

- Parents with at least one child aged 3-4 years old;
- Welsh-speaking parents;
- Parents of child / ren with a disability / learning disability.

When recruited to take part in the focus group, parents were asked to consent to being contacted for a potential follow-up phone discussion of up to 30 minutes.

A convenience sample of parents was identified and invited to take part in the research by staff from Carmarthenshire County Council and Hywel Dda University Health Board. Once selected, parents that were happy to take part in an interview were asked to give their consent for their contact details to be passed to Arad Research. Parents were offered an incentive to participate, in the form of a £15 voucher.

1.3 Fieldwork

The fieldwork comprised of four focus groups and four one-to-one telephone interviews. A focus group topic guide was developed by the research team which included written exercises, open-ended questions and some closed questions. This was used in all focus

groups and individual interviews. The topic guide and exercise sheets are included in Appendix 1-7.

Focus groups conducted as part of the research took between 60 and 90 minutes, and individual interviews took between 20 and 45 minutes. The length of the discussions varied depending on parents' level of engagement with Early Years services. All focus groups were conducted face-to-face, with four individual interviews conducted over the phone. The interviews were split between a team of three researchers.

1.4 Profile of the parents interviewed

A total of 20 parents were interviewed as part of the research: 16 parents as part of face-to-face focus groups and four individual interviews over the phone. All fieldwork participants were mothers.

The number of children in each family ranged from one to three:

- Five of the families had one child;
- 11 families had two children;
- Four families had three children.

All of the families had at least one child aged seven or under:

- Seven families had a child aged below 12 months;
- Ten had at least one child aged two or under.

Seven of the participating parents were Welsh speakers, and all parents were from White Welsh or British backgrounds. Of the 20 parents interviewed, three parents had children with both a disability and learning disability, one parent had a child with a disability and one parent had a child with yet to be diagnosed learning disabilities. These disabilities included genetic conditions, autism, and other physical disabilities.

1.5 Analysis and reporting

Focus groups and interviews were written up in note format with interesting or illustrative quotes written in full. The interview notes were analysed thematically, drawing out the most common or recurring themes emerging from the interviews. The findings of the interviews are detailed in section 3 of this report, with quotes from parents included to illustrate some of the findings.

The qualitative approach adopted for this study enables us to gain an insight into families' views of Early Years services in Carmarthenshire. Qualitative research is designed to be exploratory, including open-ended questions to encourage parents to share their views on a topic in their own words rather than offering participants pre-determined responses. Although the research does not aim to provide statistically reliable data that can be generalised to the population (in this case all families accessing services in Carmarthenshire), it provides in-depth evidence to help understand parents' views of Early Years support in the local authority.

2. Parental awareness and engagement

This section outlines the findings relating to families' awareness of Early Years support available to them and what services they had accessed. Families were asked about the amount and type of information they had received about the Early Years services prior to engaging, and whether they felt that this was sufficient.

1.6 Level and type of engagement with Early Years support

Of the 20 families interviewed, all parents had accessed the midwifery and Health Visitor service. Of the 20 parents, four parents had accessed Language and Play or Speech Language Therapy sessions, and five parents had accessed either group or individual parenting support. These parents had accessed a range of parenting support groups and courses which included antenatal classes, baby massage, Ti a Fi and Cylch Meithrin groups, and courses including positive behaviour, responsive communication, how to deal with behaviour issues, tactile learning and visual stories sessions.

1.7 Awareness of services

All parents were aware of Midwifery and Health Visitor services through their engagement with those professionals. However, parents had a variety of levels of awareness and understanding of the purpose of these services and had different recollections of the information they were provided with at the time they first accessed them. There were mixed levels of awareness of antenatal classes, with some parents having attended these, others recalling that they had been told about them. A few parents could not recall antenatal classes being offered to them.

There was lower awareness among parents of groups and classes that were available during their child's development. A few parents had been made aware of baby massage and yoga classes through a local family centre. However, some parents did not recall receiving any information about, and were not aware of, any classes or groups available to them. A few parents recalled being told to look on social media for groups in their areas when they enquired with staff. Parents who weren't aware of groups stated that they would

be interested in attending to meet other parents, for their children to socialise with others and to help improve some of their parenting skills.

A few parents who'd had difficulties breastfeeding noted that they hadn't been aware that there was breast-feeding support available to them. These parents further explained that their experiences of breast feeding, and parenting on the whole had been negatively affected by their experience. They felt that a breast-feeding specialist could have helped assist with any issues and could support them further with tips, tricks and ideas to help them manage.

1.8 Information received about Early Years support

All parents have access to Midwifery and Health Visitor services as part of their Early Years support. These health professionals undertake marketing and promotion of other services that are also available to parents, for example, Language and Play, Speech and Language Therapy and parenting support groups and courses. Health professionals provide information in various formats to parents on services that could support and assist in their child's development. These include leaflets, other written materials and information on digital platforms.

Although most families could recall receiving at least some information about additional Early Years support available to them, many parents noted that they only received limited information about local family services. Most parents were not aware of the Family Information Service, with some parents stating that they'd heard about the service through the Childcare Offer information pack. This suggests that parents could be missing out on a large quantity of information available to them through the Family Information Service by only hearing about it by the age their children are pre-school.

A few parents didn't recall receiving any written information about groups or services and could only recall being told about some groups and services by their midwife or Health Visitor. Of the parents that had received information from staff, this information was in the form of written materials, including books and leaflets.

Some parents noted that they obtained most of their information about Early Years services from social media, especially parent groups. One felt that social media information helped break down barriers to engaging with services:

'When you see pictures on social media, it's better. Less intimidating if you see someone you know going [to a group or family centre]. You're more likely to go [there] then.'

Many parents felt they would've liked more information about the types of support available to them. Some parents suggested a leaflet with a brief overview of the types of support available and which health professional was responsible for that service. This information could include a description of the service, type of session / course and what skills are likely to be developed through attending for both mother and child.

'Parents should get a pack when you're pregnant from the Health Visitor, with all the benefits and information available to parents. I didn't know I was entitled to a family fund, because of my child's disability, which was up to £500 every three years, so we bought a new laptop to help with my child's spelling. I only found out about that through a family friend. I also didn't know you could claim extra tax credit.'

Parents also wanted more information about antenatal classes, including more support about the earlier stages of parenthood. These themes are also explored in section 2.1. A small number of parents had made specific enquiries about various groups in the area, of these parents, they were directed to either the social media page, or were told that due to baby massage groups only being arranged through Flying Start, they weren't able to attend due to their postcode.

Some parents noted that, on some occasions, they had been referred (usually by their Health Visitor) to another health professional due to having more specialised issues. Parents mentioned that the information they received was occasionally out-of-date or not relevant or appropriate for their needs. For example, a few parents mentioned being given information on groups that were no longer running, not age-appropriate, or appropriate to their child's needs. This led to some parents feeling frustrated that they had spent time contacting staff and services that had either closed, or staff members had left their roles.

3. Views on the services

This section presents families' views on their experiences of the Early Years support in Carmarthenshire. Parents were asked to rate, on the whole, how useful they have found parental services and support from 1-10. The average score by interviewed parents was 7.1 out of 10. Parents were also asked to explain briefly why they had chosen that number. These comments included requiring more information, not having enough support available and a lack of consistency and communication from staff.

Parents were asked to describe in four speech bubbles their experiences of the parental support services as part of exercise 2, as illustrated in appendix 4. The main themes raised were:

- Services and support can be helpful, informative and supportive;
- Mixed opinions of the services available depending on the individual health professional accessed;
- Attending many groups can be expensive;
- Miscommunication between various staff and health professionals can hinder and cause delays in services;
- Not enough variety of classes and groups to suit different audiences: younger mums, fathers, mothers with older toddlers, mother with children of mixed age groups;
- Not enough information available on other health professionals that can help.

2.1 Parents' views on services accessed during their pregnancy

Parents from both focus groups and individual interviews were asked to rate how useful they had found the midwifery services from 1-10. The average score given by parents was 8.1 out of 10, with over half of parents (10 out of 20) rating the midwifery service a nine or a ten out of ten.

In addition, parents were asked to rate how useful the support and assistance from accessed health professionals during their pregnancies had been to them: this included midwives but could also include consultants and other health professionals. The average score rated by parents was 7.9 out of 10, with parents asked to briefly explain why they had chosen that rating. Ten of the 20 parents stated that they found the midwife service very

useful, with midwives listening to concerns and putting parents' minds at ease. *'They explained the different kind of births you could opt for and what you could expect at the birth - if it was midwife led or consultant led if it was a C section – what the procedure would be, who would be there etc.'* Five parents mentioned that they would've liked more information from their midwife about what was to be expected during their pregnancy, further explanation of caesarean procedures and information about antenatal classes available in the community. Two parents mentioned that their midwife changed often, which made their experience of their midwives less personal.

'I had a different midwife each time, and I missed that connection. The story book picture of your midwife getting to know you and your child didn't exist, and that personal connection was just not there.'

A few parents mentioned that there was a lack of support and not enough staff on the wards for mothers during labour. Parents felt that there needs to be additional support for first-time mothers, in order for them to further understand the various phases of pregnancy and know what service or support to ask for if something wasn't going well for them.

Parents stated that being able to ask questions face-to-face to health professionals would feel more personal, as opposed to receiving large quantities of booklets to have to read. They felt that they would be more likely to absorb information during a face-to-face meeting, and that health professionals could answer any further questions in an open, safe environment. For one parent, receiving information in paper form caused additional anxiety for them, as illustrated in the case study below:



Case Study 1

nt is referred to a consultant with her second child for further checks, due to her first child being born less than average weight and there being previous history of still births in her family. She saw a different consultant every time, with one consultant giving her reading materials on giving birth to smaller babies. When reading this material, she became aware that she was 10 per cent more likely to give birth to a still birth baby.

'I didn't feel supported at all, and felt this information caused me more anxiety than if I hadn't had it. The consultant service never felt personal.'

The parent felt that having a closer, more personal relationship with health professionals would have provided opportunities to discuss her concerns and provide reassurance. The parent would have also preferred face to face contact in this instance, to settle any anxiety and doubts that they had about their pregnancy.

Perceived improvements needed to services

- Provide additional support to first time mothers, with information about caesarean and natural births.
- Suggestion of a 'what to expect when you're expecting course', to meet other mums and relieve any anxiety about the labour.
- More information for parents about their own health, and how to keep active during pregnancy and after giving birth.

2.2 Parents' views on services accessed during the first few months of their child's life

Parents were asked to rate how useful they had found the Health Visitor services from 1-10. The average score given by parents was 8.1 out of 10, with over half of parents (11 out of 20) rating the Health Visitor service a nine or a ten out of ten.

Most parents had positive views on their experiences of accessing Health Visitor support during the first few months of their child's life. Parents described accessing advice and

feeling reassured by their Health Visitor. A few parents described positive experiences of being supported with issues such as breastfeeding and establishing routines. Parents also mentioned that Health Visitors were happy to visit them at their homes, or arrange meetings at the Family Centres to discuss any problems they might have.

Some parents had less positive views of the Health Visitor service. The findings suggest that experiences varied depending on the individual health professional contacted by parents. Many parents mentioned that some Health Visitors were more supportive than others, with some parents raising concerns about the level of care and attention given to their children, for example one parent described not being provided with appropriate feeding equipment for her disabled child during the first few months, and therefore having to find these herself. A few other parents questioned whether their Health Visitors were sufficiently informed about some health issues, with four parents mentioning Health Visitors not noticing symptoms and not giving the best advice to parents that were dealing with specialised issues.

Having the same Health Visitor appeared to influence the views of parents on the service. Those who had been supported by multiple Health Visitors had less positive views on the service, compared with those who'd only accessed one or two Health Visitors.

'With my first pregnancy I had six different Health Visitors in six weeks. Some of them gave me different [conflicting] advice on things like bottle or breastfeeding routines. It was difficult to get consistency.'

Parents were also asked to rate how useful various support from health professionals had been during the first few months of their child's birth. The average score rated by parents was 7.8 out of 10. Parents were asked to briefly explain why they had chosen that rating. Eight parents made positive comments about the Health Visiting service. These comments included feeling supported, knowing who to contact when they needed it and providing regular check-ups when required. A few parents mentioned that they weren't as clear of the role of the Health Visitor, in comparison to the midwife. Some parents noted that they weren't sure whether to raise concerns about the health or diet of their children with their Health Visitors, or to seek information elsewhere.

'I didn't get anywhere near as much support from my Health Visitor as I did from the midwife – didn't feel that she was as knowledgeable as the midwife.'

A few parents felt that the Health Visitor service was more supportive than other health professionals, with examples of parents taking their children to their doctor's surgery numerous times with illnesses and infections before being *'taken seriously.'*

Some parents felt that the Health Visitor service could be impersonal. These parents explained that they felt were not provided with enough information, that some developmental checks had been missed and that it could be hard to get hold of their Health Visitor.

One parent felt that she would've liked more generalised information from her Health Visitor and other professionals during the first few months of her baby's life. Her child had suffered from febrile seizures in the night, and she had to call the emergency services more than once, which caused the parents added anxiety in an *'already challenging time.'* She felt there should be more information out there for parents to know that *'these sorts of things are normal, we could've then told extended family and stopped people feeling anxious. Maybe it would be useful to have a session explaining common ailments and issues that could happen with babies.'*

Another parent stated that due to not receiving information from the Health Visitor and midwife about the breast-feeding specialist, she was:

'really disappointed that I couldn't breast-feed. This session is the first time I've heard about the breast-feeding consultant [mentioned by another parent]. I didn't know where to go. No one explained that I could've pumped or that someone could help.'

Some parents felt that they had not had in-depth engagement with their Health Visitor or other professionals, and that this might mean they were less aware than they should be of any developmental issues their child may have. These parents felt that this could lead to them not accessing support their child required during an important developmental stage of

their lives. One parent described having a poor relationship with her Health Visitor which led to lower levels of engagement with the service. She felt that this lower level of engagement subsequently meant that her child's Speech and Language difficulties had not been identified sufficiently early.

2.3 Parents' views on services accessed during their child's development

Parents were asked to rate how useful support from health professionals had been during their child's development, specifically up until their child turned four years old. The average score rated by parents was 7.6 out of 10. Parents were asked to briefly explain why they had chosen that rating, with a variety of themes raised. Parents explained that their Health Visitors had been supportive and informative, explaining which milestones their children should be achieving and explaining the centile charts for assessing the growth and development of their children. The score given by parents appeared to be influenced by the individual that had provided support to the parent in many cases, with some parents finding that they were given enough support and received check-ups and information about their child's development in a timely and in-depth manner.

One parent explained that she'd frequently had to follow-up professionals to organise a scan for her daughter: *'I knew there was something wrong with her, and from her having meningitis to finding out she had a heart condition. There's been no consistency.'*

Another parent explained that *'they tell you you need to go on this course, then they just leave you out to dry, there's no after care. I now need counselling; I need to de-stress... we've been on the waiting list for respite care for three years.'*

One parent raised concerns over the care and attention given by health professionals during her child's development. This is illustrated in Case Study 2 below:

Case Study 2



parent has two children, one of which has a disability. During the child's development, the mother raised concerns with her child not reacting to hand movement in front of their eyes. The parent felt that health professionals did not pay sufficient attention to her concerns. She arranged to see the doctor, who referred her to a consultant, who confirmed that the child had severe disabilities that had gone undiagnosed for three years.

'The Health Visitor dismissed anything we said. It took us 9 months to notice that something was wrong, but it wasn't until he was 3 years old, we started seeing the right professionals. There should've been more care and attention there, it's so obvious now, that he had conditions, as there were lots of symptoms that didn't add up. Professionals are supposed to be there to know about these conditions and to take your concerns seriously.'

Similarly, a few parents felt that their Health Visitor had not taken their concerns about their child's development seriously enough. Two parents had children that were 'tongue tied'. They both felt that there had been a delay in being referred to and accessing the appropriate support from speech and language services.

A small number of parents felt that some practitioners did not fully appreciate the additional challenges of having twins, noting that they had experienced comments they felt to be insensitive about their children's development. They had found online peer groups to be the most useful support in this case.

One parent explained that due to her child being too young, she was denied access to specialist services, although her child was severely disabled. The family were told that the type of support required was only there for older children, and that they would have to wait. *'I needed the help and support then. They shouldn't look at the age of the child, they should look at the needs of the family.'*

Perceived improvements needed to services

- More frequent Health Visitor visits would ensure better communication between services, including more specialised service such as disability nurses and paediatricians.
- A more responsive, personal service from Health Visitors, responding to calls and requests for information.
- Better input needed from all health professionals to ensure that reports are completed for multi-agency review meetings.

2.4 Language and Play and Speech Language Therapy services

Parents that had accessed the Language and Play and Speech and Language Therapy (SLT) services were also asked to rate the service from 1-10. Three parents out of the 20 interviewed had accessed either Language and Play, Speech and Language Therapy, or both services. The average score given by these parents was 6.3 out of 10.

Parents that had accessed the Language and Play and Speech and Language Therapy felt that the service was too impersonal, and *'is not tailored enough around individual family needs.'* Parents suggested the need for more face-to-face provision that aims to support families that require additional help.

One parent stated that due to her child receiving Speech and Language support at both inside and outside the school, through the local authority, she was unsure whether both services worked together, and has struggled to receive any information relating to the targets and goals aimed to improve her child's speech and language. Three parents that accessed the SLT services noted that it had been challenging to access and communicate with the various specialists required to assist with their children's development. The collaboration between services is explained further in section 2.6. *'I've had so many disappointing turnouts with speech and language therapists, they're hard to get hold of, they don't turn up to meetings or they're off sick without telling us, and I've taken days off to go to appointments.'*

It was also noted that parents don't always know what they should expect in relation to the speech and language development of their children and therefore don't realise that they may need to seek further support if there is a problem. One parent felt that the speech and language development of children isn't reviewed early enough in their development and noted that *'there is a lack of follow up service relating to speech and language'*.

One parent stated a lack of consistency and staff members also may be responsible for less progress in her child's speech and language skills, as illustrated in the case study below:



Case Study 3

Parent has two children, one of which has a disability. They have been receiving support from Speech and Language Therapists and other health professionals since their child was two years old. During her child's early development, she found the support useful, although they had seen 5 different therapists by the time her child was 5. *'It takes a while for the therapist to get to know the child, by the time they've done that, they've left again. It doesn't give the children consistency as they have different ways of working.'* Her child is now older, and they feel that the current support through the special needs unit is *'non-existent...we were supposed to see the visual impairment specialist every two weeks, but we haven't seen them for over 1.5 years. These kids should be prioritised, but there's nothing else out there for us.'*

2.5 Parenting support services

Five parents had accessed parenting support services, but only two of these provided a response to rate the support they had accessed from 1-10. These two parents gave the parenting support services an average score of 5.5. One parent had accessed a 6-week NHS antenatal class and had found it useful. Other parents would have liked to be offered such a class but could not recall being told about it.

Parents had positive views on baby massage groups they'd accessed, noting that they were a good way of getting out of the house, meeting other parents and getting ideas which, they could talk about with other family members. Parents who'd accessed a local family centre had very positive experiences of the support they had received there. *'The family centre's been a godsend, a safe place. There's a creche there as well to use during groups.'*

Most parents agreed during focus groups and individual interviews, that they would've liked to access parenting support during their pregnancies as a way to meet other mums in the community. It was also noted that although parenting groups are available for parents of children aged up to 12 months there doesn't seem to be any groups for parents / carers of children between 12 and 24 months. *'There's no continuation, no link - you don't know where to go next until the child goes to nursery.'* Parents mentioned that there needs to be a continuation of support for parents from their pregnancy, to the birth and through to pre-school. The links could be strengthened between 12-24 months, giving parents information on feeding, bathing and child development.

One parent had accessed a responsive communication weekend course, where staff visited their home. *'It was useful to share experiences with other parents, and to have good ideas that are personalised to your situation, child and surroundings.'* She explained that many courses are tailored towards parents that have children with autism but aren't suitable to their child due to having more severe disabilities.

Another parent that has a child with a severe disability felt that all the groups that are arranged for parents are scheduled during working hours. She explained that she couldn't take annual leave, not knowing whether that course is relevant to them or not. *'If there was something on in the evening, I would make an effort to get to them. You get letters through the post at short notice of a group, but we can't make those dates as I'm working and can't change my hours last minute.'*

Improvements to LAP, SLT and parenting support services

- More promotion of the current groups and classes available for parents to access.
- More variety of groups available to parents, including groups where parents can go with more than one child, groups for fathers, and groups during the evenings/weekends.
- Better tailored support for families of children with disabilities.
- A better continuation of services from mothers-to-be accessing ante natal groups, who can then access parenting groups and support, to then access the school readiness parenting support groups.

2.6 Views on collaboration between services

Often parents raised the collaboration and communication between services during interviews, without being prompted to do so. When asked whether services could be better

aligned with each other, nearly all parents noted that there was a disjoin, especially when their child needed to be referred from one service to another. For example, from the midwife to consultant during pregnancy, or between many health professionals for disabled children and those needing contact with paediatricians, physiotherapists, behaviour specialists and other professionals.

Three parents that dealt with disability nurses and specialists noted that services were under-staffed *'feeling isolated, no one really understands what I'm going through. I feel just like a number. The lack of resources is ridiculous.'* Parents also mentioned that poor communication required parents to chase up services to get back in touch. *'It feels like I have to do all the chasing. I'm continuously phoning and leaving messages with different people.'* Parents felt that they had to be the 'go between' on many occasions, making sure that appointments were confirmed, and written information was passed from one professional to another. At times, they felt that specialist staff would only react when parents had chased those services up. Parents felt that poor communication and a lack of specialist services contributed to the disjoin between parental services.

One parent explained that services were not communicating adequately with each other in advance of review meetings. On more than one occasion, parents described having to make phone calls to 'chase up' different services in order to gain information they needed for their child's annual reviews. At times, this information was not available, and was sent weeks later – which resulted in review meeting notes and targets not being correct and up to date.

'There should be more efforts made to make professionals attend these meetings. If they cancel, another member from their team needs to attend. The reports are never ready for the annual reviews either, which mean that when they do send the reports, they are already out-of-date. If all the reports were mandatory, then we would know what needs focussing on and could work together on targets for the next year.'

Two parents suggested assembling one online database or system that could hold all patient information, so that all health professionals could upload any meetings and updates for other staff to see and respond accordingly, changing any methods of working or targets for the individual.

'We'd go to an appointment and her notes would be somewhere else, or the OT wouldn't know the updates as another department has her notes. That's really frustrating for me, I have to explain myself over and over again. I'm not a computer, my memory isn't great, I can't remember everything and the specific terms for each condition. If they just had one system, one page with different tabs on it. It would make such a difference and would make everything so much easier. You could even have a parent notes page, everything that you've said down there as well. Wouldn't that be easier for the other health professionals too?'

Parents explained that due to not seeing the same health professional at meetings, they had to 'explain their story every time.' Some parents stated that, at times, the same health professional would also ask them to re-explain their story, using around half of the appointment time repeating themselves.

'They expect you, even though they have the information, to remember every issue, every problem. They ask such basic questions: how old is she? What year is she in? When you go to seven different specialists every month, it gets so annoying.'

Another example of a perceived lack of communication between services was explained by a parent stating that specialists were not liaising with one another, which caused delays. The mother had to be the 'go between,' trying to pass information to them from their behaviour therapist.

'There's no holistic approach in that sense. Why can't they all sit down in a room together and discuss my child's progress and goals for him, so that all staff know what they're working on with him.'

Improvements to information and promotion of services

- Designing an up-to-date website promoting local groups would be useful for parents to be more aware of services available to them in their area.
- More promotion of the Family Information Service from an earlier age, making sure that parents are aware of the services available to them from pregnancy to school age.

- Further information about various groups available to parents, when they are held, where and what skills are gained through those groups.
- Further explanation of the parenting support, SLT and Language and Play services available to parents.
- Improving the information passed to parents when they have appointments booked with the hospital. At some departments, it's possible to get a time slot, but with others, parents are not aware of how long they are required to be there and can miss or book extra time off work when not needed.

Improvements to collaboration between services

- Developing one digital / paper system with patient notes and information from all professionals on one profile in order to effectively communicate between specialists and other health professionals.
- Improve communication between consultants, clinical hospital staff and other Early Years staff, including midwives, Health visitors and other Health professionals.
- Better input needed from all health professionals to ensure that reports are completed for multi-agency review meetings.

4. Conclusions and Recommendations

This section briefly summarises the conclusions of the research and associated recommendations for the future development of Early Years support in Carmarthenshire. It is important to note that the conclusions and recommendations below have been developed based on the perceptions of a relatively small sample of parents who participated in the research. Further research to test the feasibility and practicability of some of the recommendations, as well as who could be responsible for implementing them, may be required.

Conclusion	Recommendation
Information, awareness and engagement	
Some parents perceive that more information should be provided to parents, particularly first-time parents, on some aspects of pregnancy (e.g. health and keeping active) and giving birth. There is limited awareness of and engagement with antenatal classes.	Explore ways of providing parents with more information during pregnancy, including information about caesarean and natural births, parents' health, as well as how to keep active during pregnancy and after giving birth.
Parents have low awareness of the support services and groups that are available to them.	Further promotion of the current parenting support groups and classes available for parents may be required. Promotion should include when and where the groups are held, and what parenting skills they support.
Parents feel that some of the information they are provided about groups is too generic (i.e. does not include details on timings and locations) and is occasionally out of date.	Ensure that information provided to parents is as current and up to date as possible, particularly online information promoting local parenting groups.
Parents are not aware of the Family Information Service until applying for the Childcare Offer for Wales at age 3.	More promotion of the Family Information Service may be required to ensure parents are aware of the services available to them

	from pregnancy to the point where their children are at school.
Parents have low awareness of Speech and Language Therapy and Language and Play services available to parents.	Consider how more information on Speech and Language Therapy and Language and Play services could be made available to parents who need access to those services.
Parents of children accessing support from multiple services find accessing information difficult.	Further resources may be required to making sure that systems and contact details for specialised health professionals are up to date on all information platforms across the Early Years provision.
Improvements to current services	
Some parents feel they do not have enough contact with their Health Visitor to establish a close relationship. Some parents perceive that the Health Visitor service is not sufficiently integrated with other health professionals and Early Years services.	More frequent parent engagement by Early Years workers, including Health Visitors and other family officers, and would ensure better communication between services, including more specialised service such as disability nurses and paediatricians.
Some parents consider the Health Visitor service is not personalised enough.	Consider how a more responsive service could be provided through Health Visitors and other Early Years professionals, responding to calls and requests for information.
Parents of children accessing support from multiple services find that information is not always transferred between agencies in a timely manner.	Consider how to ensure that all relevant health professionals provide the input that is required to reports for multi-agency review meetings.
There are perceived barriers for some parents to engage in groups, including working parents, parents with older siblings and / or fathers.	Consider how a greater variety of groups could be made available to parents, including groups where parents can go with more than one child; groups for fathers, and groups during the evenings/weekends.

Parents consider there is a lack of continuity and integration between Early Years services, particularly between antenatal groups and other parenting support groups.	Consider ways of better integrating services, including ensuring continuity between accessing antenatal groups, parenting groups and school readiness parenting support groups.
Parents perceive a lack of communication between services e.g. midwives and consultants, clinical hospital staff and community health professionals.	Consider how to improve communication processes between consultants, clinical hospital staff and Early Years staff.
Parents of disabled children consider there to be a lack of tailored support for their families.	Consider how more tailored support could be provided for families of children with disabilities.

5. Appendix 1 – Parental consent form

Research with families in Carmarthenshire

Thank you for taking the time to speak to us, we really value your views. As you may know, Carmarthenshire County Council has asked Arad Research to speak to families about their experiences of early years services for families, such as health visiting, parenting groups and playgroups. We would like to speak to parents to see what services they have accessed, what they think about them and how they could be improved in future. We are speaking to groups of parents in this area, and will use what we find out to write a report for the Carmarthenshire County Council. We will also wish to speak to some parents over the phone after the groups.

Any personal data you provide for this research will be collected based on your informed consent. Everything you say during the focus group or interview will be treated as confidential, unless you say that you or someone else may be at risk of serious harm. Your name will not be included in reports, and all comments you make will be anonymous. A researcher from Arad Research will facilitate the focus group and staff from Carmarthenshire County Council, Hywel Dda University Health Board and/or Public Health Wales may attend as observers.

Further information about how we will use your data is available in the privacy notice here.

Please complete and sign this form

- I consent to take part in a 90-minute group discussion for this research and, if required, a follow-up phone call of up to 30 minutes.
- I understand that staff from Arad Research will facilitate the research and consent to them making a note of the discussion(s).
- I understand that Carmarthenshire County Council, Hywel Dda University Health Board and/or Public Health Wales may attend the group session as observers and have access to a note of the discussion.
- I understand that no-one else will have access to the notes of the discussion(s), other than staff from Arad Research, Carmarthenshire County Council, Hywel Dda University Health Board and/or Public Health Wales.
- I understand that anything I say in the discussion(s) will be confidential and that no personal information will be shared with anyone apart from Arad Research and Carmarthenshire County Council. All comments will be anonymous in any reports or case studies that are produced as a result of the research and my name will not be used.

- I understand that those in attendance at the group discussion may disclose information provided by me *if* there is considered to be a risk of serious harm to myself or others.
- I understand that taking part in the research is voluntary and I can withdraw at any time without it affecting my current or future access to any services.
- I am happy for the focus group to be audio-recorded and for this recording to be held securely by Arad Research, before being destroyed 6 weeks after the end of the project.

I have read and understood the above and consent to take part in the research.

Your name:

Your Signature:

Date:

6. Appendix 2 - Privacy Notice for parents

Hysbysiad preifatrwydd ar gyfer Ymchwil gyda rhieni yn Sir Gar

Mae Cyngor Sir Gâr (y Cleient) wedi comisiynu cwmni ymchwil Arad i gwblhau ymchwil gyda rhieni. Fel rhan o'r gwaith, mae Arad yn cynnal grwpiau trafod a chyfweiliadau dilynol gyda rhieni yn Sir Gaerfyrddin.

Cesglir y data gan Ymchwil Arad ar sail eich cydsyniad gwybodus. Gofynnir i chi roi eich caniatâd i ni ar lafar ar ddechrau'r cyfweiliad i gasglu gwybodaeth gennych.

Bydd y wybodaeth a roddwch i Arad yn cael ei defnyddio yn y ffyrdd canlynol:

- Bydd staff o'r Cleient, Bwrdd Iechyd Prifysgol Hywel Dda a/neu Iechyd Cyhoeddus Cymru yn gweld eich ffurflen gydsynio cyn ei basio at gwmni Ymchwil Arad.
- Bydd y dystiolaeth a gesglir yn ystod y prosiect yn cael ei chynnwys mewn adroddiad, ac o bosibl mewn cyhoeddiadau eraill, gan Ymchwil Arad a'r Cleient.
- Bydd pob enw a manylyn personol a fyddai'n gallu datgelu unigolyn yn cael ei hepgor o'r adroddiad a fydd yn cael ei gyhoeddi ar ddiwedd y prosiect.
- Bydd yr holl ddata a gesglir, gan gynnwys nodiadau ysgrifenedig, ond yn cael ei gyrchu gan Arad Research, y cleient,

Privacy Notice for research with parents in Carmarthenshire

Arad Research have been commissioned by the Carmarthenshire County Council (the Client) to undertake research with parents. As part of the work, Arad is conducting focus groups and follow-up interviews with parents in Carmarthenshire.

The data is collected by Arad Research on the basis of your informed consent. We ask you to give us your consent by completing a consent form in advance of the research.

The information you provide will be used in the following ways:

- Staff from the Client, Hywel Dda University Health Board and/or Public Health Wales will see your consent form before it is passed to Arad Research.
- The information collected during the project will be included in a report, and possibly other publications, by Arad Research, and the Client.
- Every name and personal detail which could identify an individual will be omitted from the report which will be published at the end of the project.
- The evidence collected, including written notes, will only be accessed by

Bwrdd Iechyd Prifysgol Hywel Dda a/neu Iechyd Cyhoeddus Cymru.

- Gall staff o Ymchwil Arad, y cleient, Bwrdd Iechyd Prifysgol Hywel Dda a/neu Iechyd Cyhoeddus Cymru arsylwi'r trafodaethau grŵp.
- Bydd yr holl ddata a gesglir yn cael ei storio ac wedyn ei ddiogelu gan gyfrinair ar gyfrifiaduron Arad. Bydd gwaith papur y prosiect yn cael ei gadw o dan glo yn swyddfeydd Arad. Bydd y data yn cael ei storio gan Arad am gyfnod o chwe wythnos yn dilyn diwedd y cytundeb rhyngddynt â'r Cleient.
- Bydd data personol a gesglir yn cael ei weld gan gwmni ymchwil Arad, y cleient, Bwrdd Iechyd Prifysgol Hywel Dda a/neu Iechyd Cyhoeddus Cymru arsylwi'r trafodaethau grŵp yn unig ac ni fydd yn cael ei rannu ag unrhyw drydydd parti.
- Bydd pob data arall (e.e. nodiadau ychwanegol yr ymchwilwyr, recordiadau sain) yn cael ei ddileu 6 wythnos ar ôl i'r prosiect ddod i ben.
- Dim ond ar gyfer dibenion ymchwil cymeradwy y bydd eich manylion cyswllt yn cael eu defnyddio ac yn unol â'r Ddeddf Diogelu Data / Y Rheoliad Diogelu Data Cyffredinol (GDPR).

Eich hawliau

O dan y ddeddfwriaeth diogelu data, mae gennych yr hawl:

- I gael mynediad at eich data personol mae cwmni Arad yn ei ddal;

Arad Research, the Client, Hywel Dda University Health Board and/or Public Health Wales.

- Group discussions may be observed by staff from Arad Research, the Client, Hywel Dda University Health Board and/or Public Health Wales.
- All the data collected will be stored and then protected with a password on Arad's computers. The project's paper work will be kept under lock in Arad's offices. The data will be stored by Arad for a period of six weeks following the end of the contract between themselves and the Client.
- Personal data collected will be viewed only by Arad Research, the Client, Hywel Dda University Health Board and/or Public Health Wales and will not be shared with any third parties.
- Every other data (e.g. additional researcher notes, sound recordings) will be deleted 6 weeks after the project has ended.
- Your contact details will only be used for approved research purposes and in line with the Data Protection Act / the General Data Protection Regulation.

Your rights

Under data protection legislation, you have the right:

- To access the personal data Arad holds on you.

- Gofyn i ni gywiro anghywirdebau yn y data hwnnw;
- I wrthwynebu neu gyfyngu ar brosesu (mewn rhai amgylchiadau);
- I 'ddileu' eich data (mewn rhai amgylchiadau); a
- Cyflwyno cwyn â Swyddfa'r Comisiynydd Gwybodaeth (ICO) sef ein rheolydd annibynnol ar gyfer diogelu data

Y manylion cyswllt ar gyfer Swyddfa'r Comisiynydd Gwybodaeth yw: Tŷ Wycliffe, Water Lane, Wilmslow, Swydd Gaer. SK9 5AF. Ffôn: 01625 545 745 neu 0303 123 1113. Gwefan: www.ico.gov.uk

Rhagor o wybodaeth

Os oes gennych unrhyw gwestiynau pellach neu gwynion ynghylch sut y bydd Arad yn defnyddio'ch data, ysgrifennwch atom gan ddefnyddio'r manylion isod.

Hefin Thomas, Ymchwil Arad, 8 Rhodfa Columbus, Maes Brigantîn, Caerdydd CF10 5LE. Ffôn: 029 20440 552 E-bost: hefin@arad.cymru

- Require us to rectify inaccuracies in that data;
- To object to or restrict processing (in certain circumstances);
- For your data to be 'erased' (in certain circumstances); and
- To lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

The contact details for the Information Commissioner's Office are: Wycliffe House, Water Lane, Wilmslow, Cheshire. SK9 5AF. Phone: 01625 545 745 or 0303 123 1113. Website: www.ico.gov.uk

More information

If you have any further questions or complaints about how Arad will use your data, write to us using the below details.

Hefin Thomas, Arad Research, 8 Columbus Walk, Brigantine Place, Cardiff CF10 5LE. Phone: 029 2044 0552. E-mail: hefin@arad.wales

7. Appendix 3 - Early Years topic guide and exercise sheets

Introductions

15 minutes

Background

Thanks for coming along and taking part in this focus group. Arad Research have been commissioned by Carmarthenshire County Council who are interested to find out more about parents' experiences of Early Years services for families of children aged 0-7 in Carmarthenshire. We are particularly interested in looking at services that families use during pregnancy and the first thousand days up children are 3/4 years old. For example, midwifery, health visiting and other family support services.

We will be asking you about the services you have accessed, what you think about them and how they could be improved in future.

Housekeeping

- No right or wrong answers, please respect each other's opinions
- Audio recording, MRS code of conduct
- Discussion will last for 1.5 hours
- Would like to hear everyone's views
- Only one person talking at a time
- Guarantee of anonymity – no personal details will be passed to any third party (apart from Carmarthenshire County Council, Hywel Dda University Health Board and/or Public Health Wales.)
- **Your participation in the research is voluntary and you are free to withdraw from the research at any time. All comments and information you provide us with will be confidential and won't be shared with anyone apart from Arad Research and Carmarthenshire County Council. All comments will be anonymous in any reports or case studies that are produced as a result of the research and my name will not be used. This means that any comments will be anonymous in any reports that are produced as a result of the research. We may use the information you provide to write a short case study about your experiences but no one's names included in reports and it will not be possible to identify anyone. However, we**

may disclose information provided by you if there is considered to be a risk of serious harm to you or others.

- Any questions?

Participant introductions:

- **Start by going around the room, telling us a bit about you and your household.**
First name, who you live with, children / ages, language of the family, health status of children/ parents (e.g. any special needs) and whether this impacts on the family in terms of accessing services, Ethnic background?

What services have you accessed?

15 minutes

1. To start off, I'd like you to think about the types of parental support / courses / classes that you've used recently. Please complete exercise 1 by ticking any services that you've used in the last four years, and state how useful they've been to you from 1 to 10. If you haven't used one or more of the services, please leave the score blank.

[Exercise 1: Services used]

Please complete this exercise individually

- *Once completed, discuss:* What number did you choose? Why?
2. **What information / if any were you given as a parent from your local parenting services?** [If needed: prompt with e.g. from your midwife, HV, family workers]
 - o What services were you given information on? [Prompt with: one-to-one support, advice, group sessions you could attend]
 - o Did you know where to go to find the information that you needed? [Prompt: online, over the phone, face to face, arranging a meeting]
 - o How did you receive this information? (Verbally, written, over the phone, internet)
 - o When did you receive this information? [If needed, prompt for different stages: during pregnancy, at birth, first few weeks/months] Was the information you received clear? Anything that was unclear to you?
 - o Did you receive enough information about parenting services?

3. **Had you heard about all of these services prior to us meeting today?** *Prompt each service individually, and take a tally of participant's responses.*
4. **Did you feel that there were enough group / courses available for you to meet and/or socialise with other parents/carers, and for your child to socialise with other children?**

Describe your views of the services in four words

15 minutes

5. **Describe in the four speech bubbles below your experience of the parental support... [Exercise 2: speech bubbles]**

- *Once completed, discuss:* What words did you write down? Why?

Describe your views of the services at different stages of your parenthood

20 minutes

6. **What did you think about the support and assistance that was available to you for you:**
 - o **during your pregnancy?**
 - o **during your child's first few months?**
 - o **during your child's development?**

[Open response first and then prompt for each, if needed:

- o Was the support you received sufficient?
- o What services made the most difference to your family?
- o How well did the services work together? (e.g. midwives and HVs)
- o If you were referred from one service to another, was your relevant personal information passed on to staff? To what extent did you have to explain your situation to other staff members?

Once completed, discuss

Describe your views of the whole parenting services **15 minutes**

7. On the whole, how useful have you found parental services and support from 1 to 10? **[Exercise 3: sliding scale]**

Prompt: Do you receive enough information, how often did you meet, are they easy to get hold of, what have they been able to help you with, what kind of advice / tips did you receive

- Once completed, discuss: What number did you choose? Why?
- Did you feel that any part of the service didn't work well / didn't match your expectations? Why?

Parenting services in the future, and any improvements **15 minutes**

8. How do you feel Early Years services could be improved in the future?
Do you have any recommendations?

- *Prompts, if needed:* Any additional information you feel would have been useful?
- Was there any additional help / support you would've liked that you didn't receive?
- Any ways in which services could have been provided in a different way? (e.g. at different times, locations, more/less often)
- How do you think these improvements would have made a difference to you?

Thank you and close **10 minutes**

Thank you all for your time.

- Do you have any other comments about the parent services in your area?
- **Would you all be happy for us to contact you at a later date, if we require a follow-up phone interview to find out more about your experiences of parental support in the Carmarthenshire area?**

8. Appendix 4 – Focus Group written exercises

Tick which of the following services you have used in the last **4 years**. **Circle** how useful these **services have been to you**, from 1 to 10. 1 being not very useful and 10 being very useful.

Exercise 1

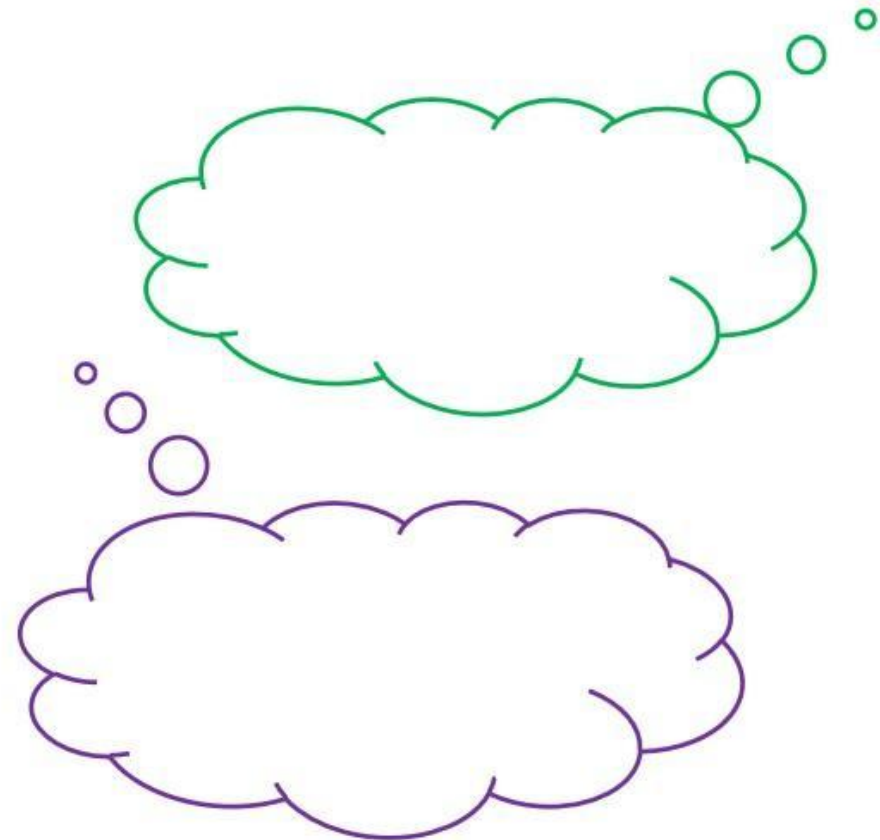
Midwifery services									
Not very useful ←————→ Very useful									
1	2	3	4	5	6	7	8	9	10

Health Visitor service & other health professionals (Speech & Language Therapist, Dietician, Child Psychologist, Physiotherapist.) Please state which health professional(s):									
Not very useful ←————→ Very useful									
1	2	3	4	5	6	7	8	9	10

Language and Play (LAP) / Speech, Language and Communication support									
Not very useful ←————→ Very useful									
1	2	3	4	5	6	7	8	9	10

Parenting support									
Not very useful ←————→ Very useful									
1	2	3	4	5	6	7	8	9	10

Describe in the four speech bubbles below your experiences of the parental support services...



Did you feel that there was enough support and assistance there for you:

During your pregnancy?

Not very useful

Very useful

1

2

3

4

5

6

7

8

9

10

Why have you chosen this number? Please explain your answer

During your child's first few months?

Not very useful

Very useful

1

2

3

4

5

6

7

8

9

10

Why have you chosen this number? Please explain your answer

During your child's development?

Not very useful

Very useful

1

2

3

4

5

6

7

8

9

10

Why have you chosen this number? Please explain your answer

On the whole, how useful have you found parental services and support from 1 to 10?
1 being not very useful and 10 being very useful.

Not very useful					Very useful				
1	2	3	4	5	6	7	8	9	10

Why have you chosen this number? Please explain your answer.