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## **Pembrokeshire County Council**

Early Years Integration Transformation  
Programme

*Qualitative Pilot Evaluation*

2024



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## 1. Executive Summary

Premier Advisory Group (PAG) was commissioned by Pembrokeshire County Council to undertake qualitative primary research into parents' views and experiences of the support available to them from Midwifery, Health Visitors, Speech, Language and Communication support, parenting support, as well as support from other health professionals including therapists, dieticians, child psychologists and physiotherapists. The research also involved consultation with early years professionals from services involved in the Early Years Integration Transformation Programme pilot, to allow for a comparative analysis of the impact of the pilot thus far.

The key findings of the research were:

- Collaboration between providers has transformed the way services are delivered to families
- Family Support services provide a high-quality and holistic approach to care
- Families receive valuable preventative and interim support for ALN
- Parental experiences with information accessibility are inconsistent
- Early Years groups provide strong social and educational benefits for families

Suggestions for future delivery of the programme include:

- More variety in types and schedules of groups
- Information on various types of ALN
- Increased advertising of services for better engagement
- Integration of IT data-sharing systems between relevant teams
- Support with accessing in-person groups



## 2. Structuring our Research

### 2.1 Purpose of Research

In April 2023, Pembrokeshire County Council commenced a pilot project for the Early Years Integration Transformation Programme (EYITP). The programme aims to develop and improve Early Years services through collaborative working and enhanced offers that are responsive to the needs of the families and communities within Pembrokeshire. The pilot covered the areas of Tenby, Saundersfoot and Amroth.

Following the initial research report in 2022, PAG was commissioned to conduct a qualitative review to discern the strengths and challenges of the pilot programme thus far. This research delves into parents' experiences and perceptions of Early Years Services via detailed interviews and an online survey, as well as gathering qualitative views of early years professionals and service providers.

### 2.2 Methodology

The research and analysis took place during November 2023 and February 2024. The geographical scope of this research covered the towns of Tenby, Saundersfoot and Amroth.

#### Consultation with Parents

Parental participants included:

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

#### Survey

An electronic survey was designed to elicit parental views on the Early Years groups they had recently accessed. This sample of parents was identified via professionals who organised and conducted the groups. The survey questions related to their experiences with accessibility, preferences, information and knowledge-sharing and parents were encouraged to leave feedback for future improvements. In total, 14 parents responded to the survey.



### Telephone interviews

Additionally, PAG undertook detailed telephone interviews with parents who are accessing or have recently accessed early years services in Pembrokeshire. This sample of parents was identified by Pembrokeshire County Council and Hywel Dda University Health Board, via professionals who work directly with local families. Of the original 20 identified parents, 16 consented to participate in the research.

The interviews were based around a specific question set defined by the local authority, designed to cover:

- Parents' views and experiences of the support available to them from various services such as Midwifery, Health Visitors, Speech, Language and Communication support, parenting support
- Parents' views and experiences of support from other health professionals including therapists, dieticians, child psychologists and physiotherapists
- The quality of information sharing about local services available to parents, as well as experiences of information sharing between services used by parents

The areas above were covered by all participants. Where participants wished to explore a particular area in more detail, or to discuss an area not explicitly covered by the above, this was facilitated by the researcher.

### **Consultation with EY Professionals**

PAG conducted in-depth interviews with professionals from various EY services. The interviews were designed to gain insight into how the pilot has impacted:

- Their day-to-day roles and responsibilities
- The well-being of families they work with
- The quality of resources and services they offer to families
- The quality of information sharing between service providers and families

The participants were identified by Pembrokeshire County Council and provided to PAG for consultation. Out of the 21 invited, 9 professionals consented to take part in the research. These participants included professionals from the following sectors:

- Midwifery



- Health Visiting
- Additional Learning Needs (ALN)
- Community and Family Support
- Education

### **Analysis**

PAG conducted a thematic analysis of the interview responses by investigating the common points that participants had discussed throughout the research. In line with Pembrokeshire's research specification, this analysis is intentionally qualitative, focusing on parental and professional experiences rather than, for example, detailed demographic information. These themes are presented below and highlight the areas of strengths and challenges of Early Years Services within the area.



### 3. Views and Experiences of Early Years Services

#### 3.1 Thematic findings

The following themes were identified through analysing responses from the survey and interviews.

##### 3.1.1 Collaboration between providers has transformed the way services are delivered to families

According to the majority of practitioners interviewed, the implementation of the programme pilot and integration between teams has significantly supported practices in a multitude of ways. Collaborative working has helped to fill gaps in sector knowledge, strengthening professional development and shaping the way they communicate and provide services to families.

Perinatal services are particularly seen to have benefited greatly from effective communication with the EYITP team and wider. As a result of collaboration between health visitors, midwives and the EYITP team, they have been able to increase the support provided to parents of young children by exploring the needs of the community, with a focus on the types of families in the area and how resilience can be fostered through different forms of engagement, e.g. one-to-one support, additional parent groups, referrals to specialist services etc. From this, postnatal groups and support services such as breastfeeding have been enhanced, and most parents are seen to keenly attend group sessions after being made aware of them. In addition, tailored support for socially vulnerable families has been increased, to combat postnatal isolation and improve parents' confidence and abilities.

Where parents are having difficulties accessing services, members of the health visiting team will contact the families to find a way to involve them, ensuring no family is left out of opportunities. For example, one midwife discussed having the opportunity to facilitate personal introductions to nursery nurses for expectant mothers, to foster a sense of trust and familiarity before attending postnatal group sessions.

*"I think the groups have worked really well. Because parents have had the home visit or the chats on the phone, they've met everybody first, and so they know when they go to the group it's gonna be the same person there. It helps them feel a bit more secure and have a bit more confidence to go - that relationship building between us and parents was lacking before"*

Furthermore, the increase in face-to-face collaboration with other services has allowed for effective sharing of skills and expertise, promoting continuous improvement in personal practice and bringing positive changes to team dynamics.



*“You kind of feed off other people's skills and expertise, then when you get to know each other as a team, you know who is sort of better at what”*

ALN professionals further indicated that the involvement of the EYITP team during the programme pilot implementation has fostered a more holistic approach to supporting children and families with ALN, and collaboration with the EYITP team has led to more comprehensive information sharing between professionals during person-centred meetings. This has led to enhanced insights into various areas of the child's life rather than basing information on observational visits at school.

*“The close working between all the teams is the best thing that I found about it... We've been able to discuss families whom we're both supporting and put some pieces of the jigsaw together, helping to support families more effectively... It's really good cohesive working.”*

Implementations of modernised technology and systems were also seen to support improvements in information sharing. For midwives and health visitors, the introduction of a QR code on each woman's antenatal notes provides easy access through the ability to scan with a Padlet and find information on what services each woman is registered for and what they can be further offered. Another practitioner described their team using an enhanced list of contacts for families resulting in smoother referral processes.

Throughout interviews, parents discussed the ways they were supported by various Early Years professionals, through both independent services and holistically between teams. Examples were provided where Social Services, Early Help teams, and Schools would work together to deliver personalised and appropriate care while keeping parents regularly informed of developments. One parent praised the commitment of the support workers they've seen and explained how the meetings with multiple services help them to feel consistently supported.

*“They were the first people I reached out to when I needed the support and they were the first ones to really help. And they're still around, I've just actually had a conference call with everyone... they're very much still in the loop with helping, so yeah, amazing.”*

Where parents felt like they needed some extra support in areas of child development, health visitors were able to arrange this. For example, two parents had accessed support during the weaning stage, which helped to boost their confidence and knowledge.



*“We had one of the [early years transformation team] ladies come out and help us do a bit of weaning because we had a little bit of a choky incident, which made me very paranoid about weaning.”*

### 3.1.2 Family Support services provide a high-quality and holistic approach to care

A representative of Pembrokeshire’s Action For Children service discussed the impact that the programme pilot has had on their delivery of work. The introduction and expansion of accessible services were noted, particularly in health services and the presence of a new food bank in the Tenby area, helping to target local families experiencing food insecurity.

The professional indicated that the integration of services and departments has been smooth, expressing a significant desire for the pilot to develop further, particularly with increasing outreach to families. Another practitioner working throughout Pembrokeshire to improve community engagement praised the impact of the pilot, mentioning how they can now offer a wider choice of support and activities to families, providing further opportunities for the community.

Several parents were interviewed who had previously or are currently accessing family support services, particularly from the Early Help team, seeking assistance for reasons like domestic abuse, learning difficulties and mental health. Parents consistently praised the commitment of professionals involved in family support services.

One parent mentioned that they have some issues with memory and organisation, which their family support worker has supported by assisting with tasks such as filling out forms on time and arranging appointments, as well as reminding them of upcoming events they are eligible to attend. These types of support were echoed by other parents in varying degrees, dependent on the needs of the family. Other aspects of support discussed include financial aid, food parcels, vouchers for recreational trips with children and support with parenting skills.

*“She [family support worker] gave me lots of tools, advice, books, things like that for like potty training... She also helped me find some good information on nutrition for my child who is a really fussy eater.”*

Furthermore, contact with professionals is consistently available and parents can access short-term, long-term and even emergency support wherever possible, to ensure the needs of families are met.



*“I asked if they [Early Help team] could provide any, you know nappies, some milk and they came around to drop some within a few hours and they asked me if they needed to do anything else.”*

### 3.1.3 Families receive valuable preventative and interim support for ALN

Additional Learning Needs (ALN) professionals provided information on how the pilot has changed the way they support children and families with ALN. One key improvement has been the increase in offering support at home as well as in education settings. They also discussed a stronger emphasis on providing strategies for behaviour and development support rather than immediate labelling of additional needs, with some families being able to access this before a referral is put in. This is considered to be a positive approach to engaging parents who may be initially apprehensive of ALN ‘labels’, and also used as a preventative measure where a child may not always need to use the service in the end, due to their parents applying the correct strategies.

An ALN practitioner discussed ways they have adapted their approaches to promoting accessibility for parents who require additional support themselves. For example, one parent had severe difficulties reading information due to dyslexia, therefore a home visit was arranged where a speech and language therapist met the parent to demonstrate various strategies and techniques. Additionally, the team held multiple sessions for parents to teach different methods of supporting speech and language at home, including nursery rhymes, pretend play, sign language etc. These groups were well-attended and the team has since received positive feedback.

Parents who reported having children with ALN or suspected ALN indicated that when accessed, the quality of support from providers is high. The support for Speech and Language is reported to be particularly strong.

*“[Redacted] comes like every week and does his speech and language with him... So, she's been coming to try and help him until my referral's through which has been wonderful. They also teach me sign language”*

Referrals for assessments are always reported to be timely; however, there is a common challenge of long waiting lists for diagnoses, a situation not unique to these cases but reflective of a broader issue across the UK. Despite the long waits, most parents reported receiving interim support from service providers such as assisting with administrative processes (letters, referrals), being accessible via phone, and actively involving parents in activities and sessions with their children so that support is consistent at school and home.



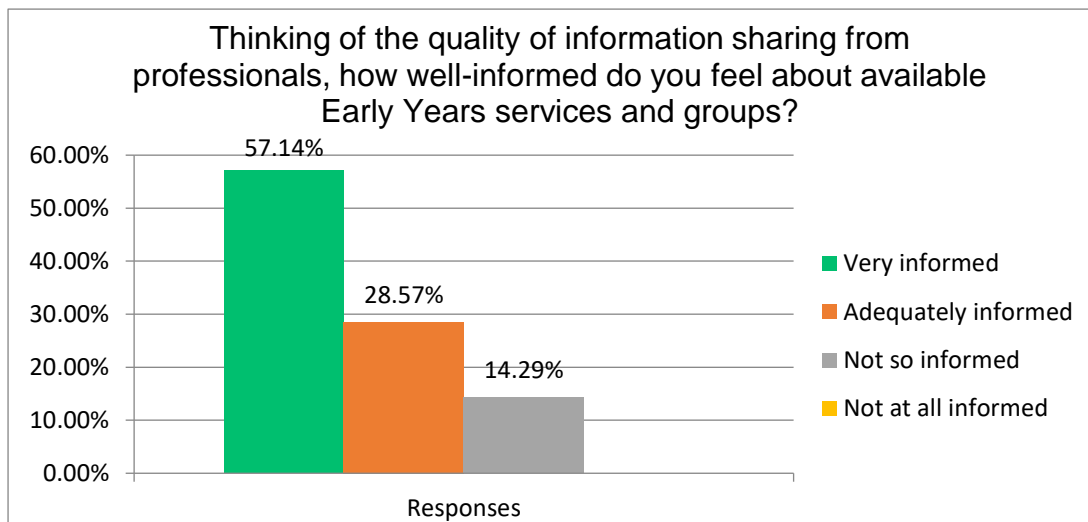
Schools and early years settings commonly play a positive role in identifying additional needs, assisting with referrals, supporting development and communicating progress with parents.

*“I’ve heard that the waiting lists are just huge at the minute, but I think it’s really, really good that the school has put a bit of support in place for him without the diagnosis.”*

**3.1.4 Parental experiences with information accessibility are inconsistent**

Despite finding that families are receiving a high-quality standard of care when they are accessing services, and while the survey found that over half of parents felt ‘very informed’ about available Early Years services and groups, feedback from parental interviews was more mixed.

**Chart 1 - Thinking of the quality of information sharing from professionals, how well-informed do you feel about available Early Years services and groups?**



In general, parents were satisfied with information sharing on available services and in knowing where to access information when needed. They indicated a reliance on their health visitors as their first point of call for general information and questions on child development. However, some parents reported feeling ‘left in the dark’ about what is out there for them to attend. This was particularly the case if they had previously had children during the pandemic and faced a lack of services at the time, resulting in ignorance of what is typically available. Furthermore, it was suggested that parents who had already had one child before are not provided with as much information on groups as the first time around.

*“I think because there wasn't anything with my first... There literally wasn't anything so I just didn't really even think to look the second time around.”*



Furthermore, a small number of parents indicated a lack of clarity about available support for ASD/ADHD after initial identification, as well as education about the needs their child may have, highlighting a potential gap in information accessibility for ALN.

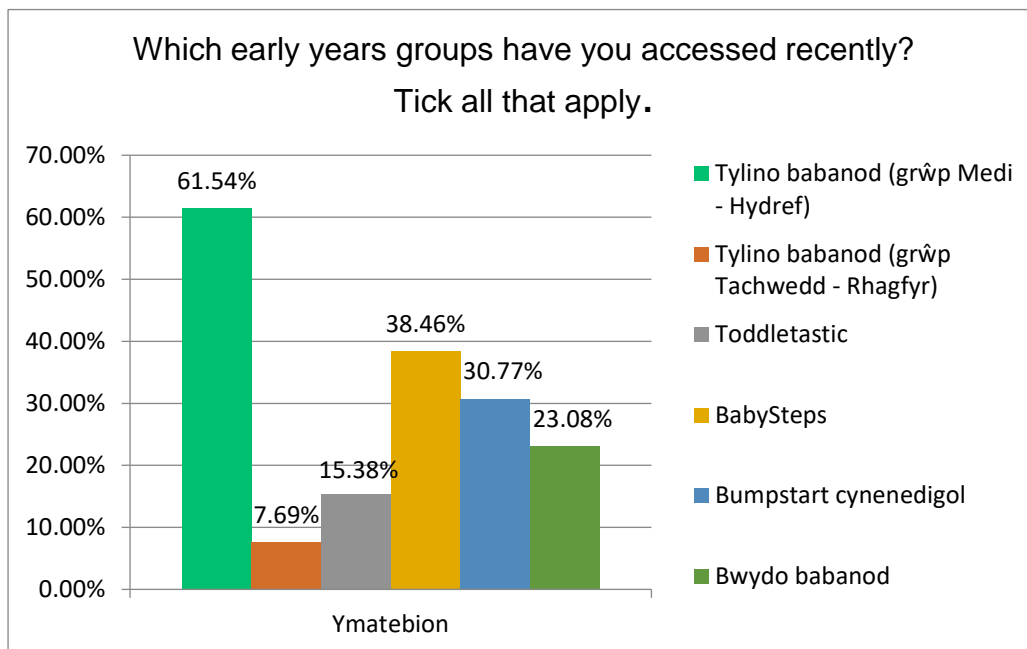
*“She came and did the forms for the referral for the autism, but getting support with his behaviour and stuff like that... I don't know if the health visitor is supposed to see me and tell me how to deal with stuff like that. I'm not really sure.”*

While the pilot has considerably improved information-sharing processes compared to previous evaluations, these experiences indicate a remaining barrier where more recent groups and services are not reaching the intended service users.

**3.1.5 Early Years groups provide a strong social and educational benefit for families**

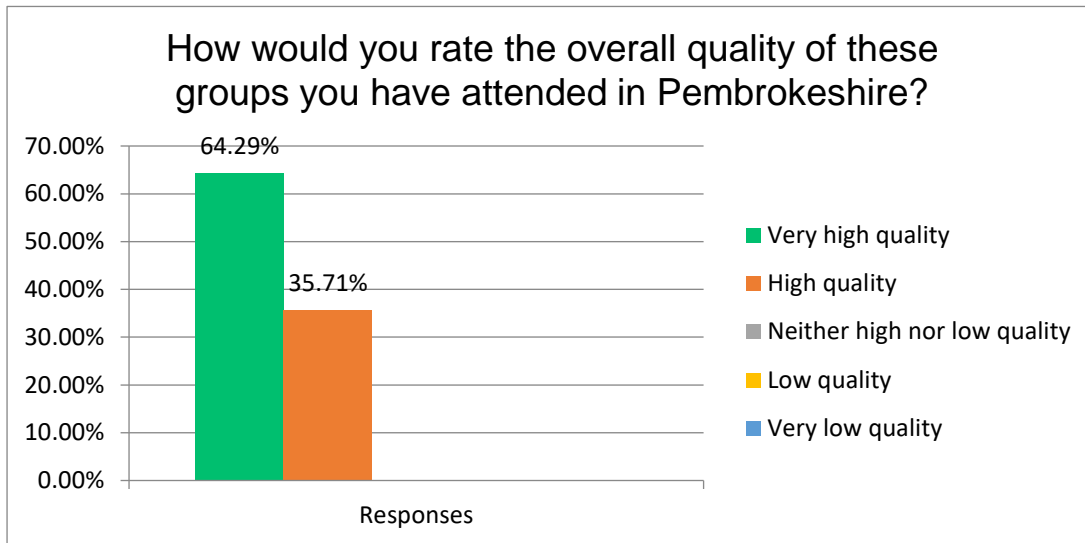
Through analysis of both the parental survey and interviews, results show that the majority of parents who attended Early Years groups provided positive feedback. The groups are perceived to be beneficial to the overall well-being of families, with participants referring to higher confidence, level of knowledge and improved mental health as well as supporting child development.

**Chart 2 - Which early years groups have you accessed recently? Tick all that apply.**





**Chart 3 - How would you rate the overall quality of these groups you have attended in Pembrokeshire?**

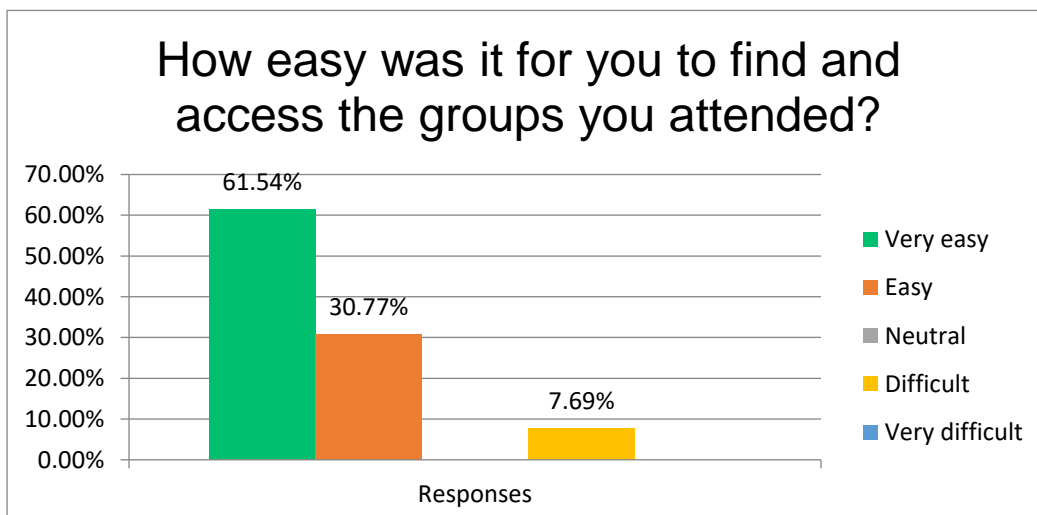


In addition to having suitable timings and age-appropriate resources for the children, 9 out of 14 surveyed parents highlighted socialisation for themselves and their children as a crucial factor to consider when contemplating joining Early Years groups. Feedback shows that sessions are meeting the socialisation needs of attending parents and children.

*“These groups were a great opportunity for socialisation both for the parents and the babies. They had a semi-structured approach which was great because it enabled this socialisation.”*

*“The baby massage and under 1’s group was invaluable for my mental health. Some weeks it was the only time we went out.”*

**Chart 4 - How easy was it for you to find and access the groups you attended?**





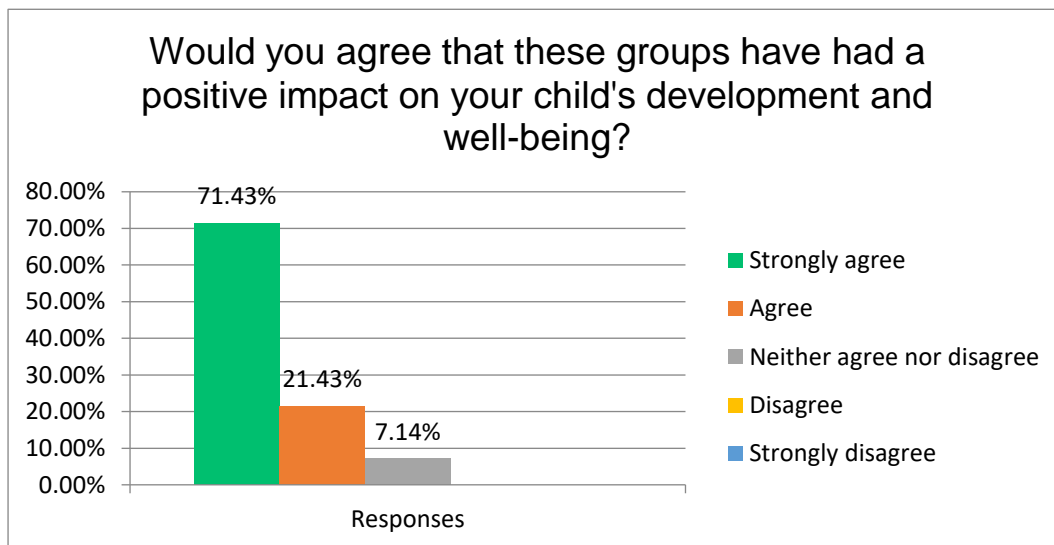
During interviews, other parents further emphasised the value of socialisation felt by first-time parents, discussing the importance of providing a welcoming and friendly setting that helped combat isolation during the early months of parenthood. However, it was also found that some interviewed parents did not feel the need or wish to attend any. The most frequent reasons for this were that they feel they fulfil their socialisation needs elsewhere, issues pertaining to mental health and transport difficulties.

71% of surveyed parents strongly agreed that the groups had a positive impact on their child’s development and well-being and during interviews, parents continuously praised the level of knowledge demonstrated by professionals.

*“The groups have supplied me with knowledge, confidence and support in my mum journey”*

*“So helpful from early on especially having twins”*

**Chart 5 - Would you agree that these groups have had a positive impact on your child's development and well-being?**



**3.2 Barriers and suggestions for future delivery**

Parents and professionals gave specific suggestions for how their experience of early years services could be improved:

- **More variety in types and schedules of groups** - parents commonly expressed a desire for more varied baby groups, such as swimming or arts and crafts-themed groups, to encourage attendance and expose children to different experiences. It was also suggested



that a fathers-only group would be welcomed by parents. Additionally, although 13 out of 14 survey respondents found the EY groups very easy or easy to access, some parents later suggested more variety in session times to suit the needs of the parent and children, particularly for later in the day.

*“It would be nice to have more variety in times as the groups all tend to be in the morning which can be difficult if you’ve been up through the night.”*

- **Information on various types of ALN** – some parents mentioned a lack of knowledge of ALN upon facing a potential diagnosis for their child. They suggested that access to reliable information about ALN could help to further support them with parenting children with various needs, as well as introducing parents to one another to promote the ALN community.

*“My little boy, if he has got like, ADHD or autism, there's not much really support really for people like that, I don't think. I don't have a clue what kind of traits are for ADHD or autism. And maybe making parents a bit more aware of what they are could make a difference.”*

- **Increased advertising of services for better engagement** - It was suggested to use flyers in public spaces (e.g. doctors, shop notice boards) for future advertising and also use social media to publish short video clips of professionals explaining what they do and how parents can access the services to increase awareness and engagement. One parent mentioned that there is no designated council webpage where to find information on services and groups.

*“We're in the middle of nowhere. I'm not sure really, if there's much around”*

- **Integration of IT data-sharing systems between relevant teams** - One suggestion for improvement was for a more streamlined IT system where professionals can share information easily, such as a shared list of families with brief notes on their previous visits to help with organisation and planning (for health visitors and connecting services). This was suggested to reduce the need for as many individual emails or hand-written notes as files could be accessed independently or collectively.
- **Support with accessing in-person groups** - Transport was highlighted as a potential barrier for families accessing support out of the home, as a large number of families do



not have access to a car and so rely on public transport, which can prevent families from engaging with services due to the time and money it costs to travel. Another barrier was a lack of parking for families, particularly as some areas are pedestrianised in the Summer months. Headteachers would be open to using the school to host activities and meetings, providing additional spaces for the community to benefit from.