

Evaluation of existing Early Years, place-based models of delivery in Carmarthenshire

Report for
Carmarthenshire County Council

Practice Solutions Ltd

Authors:

Helen Mary Jones

Sara Powys

November 2023

Contents

1. Background and Context	3
Early Years Integration Transformation Programme.....	5
2. The Project.....	7
3. Our Approach.....	8
4. Current Early Years Provision in Carmarthenshire.....	9
Key objectives of the pilot are as follows	9
Flying Start Programme.....	10
5. Evaluation of Cwm Gwendraeth Early Years Integration Pilot	12
Engagement	12
Findings.....	12
Case Studies	16
Issues/ areas to be considered for further development.	20
Conclusions	21
Recommendations.....	21
6. Evaluation of Family Centres and ICCs	23
Engagement	23
Findings.....	24
Parental testimonies.....	25
Issues/ areas to be considered - Family Centres	27
Parental testimonies.....	31
Issues/ areas to be considered for further development (ICCs).....	32
7. Conclusions.....	33
8. Recommendations	35
Short-Term.....	35
Medium-Term	35
Long term	36

1. Background and Context

The Welsh Government's National Strategy - Prosperity for All (2017) provides a vision for the Early Years of children's lives.

"Children from all backgrounds to have the best start in life. Our aim is that everyone will have the opportunity to reach their full potential and maximise their chances of leading a healthy, prosperous, and fulfilling adulthood, enabling them to participate fully in communities, the workplace, and contribute to the future economic success of Wales."

The strategy seeks to ensure children from all backgrounds:

- Have the best start in life.
- Can reach their full potential.
- Maximise their chances of leading a healthy, prosperous, and fulfilling adulthood, enabling them to participate fully in communities, the workplace, and contributing to Wales's future economic success.

The ambition is to develop joined up and responsive Early Years' services that put the needs of the child first, regardless of traditional organisational and professional structures.

The aim is to:

- Create an Early Years system to deliver services in a coordinated, integrated, and timely way.
- Support local partners to re-configure Early Years services focusing on planning, commissioning, and identifying and addressing needs.
- Identify barriers to integration and ways to remove, reduce or rationalise them.

An integrated Early Years system will:

- Give children and parents a voice and listen to their needs.
- Put the needs of the child and the family first.
- Reach all children and families as early as possible.
- Ensure stability and continuity of services along a continuum from prenatal into Foundation Phase and on to school.
- Include and effectively accommodate children with Additional Learning Needs (ALN)
- Value parents as decision makers
- Work in true partnership across and within organisations and professions to maximise investment.
- Develop the workforce around a shared ambition for the success of every child.

The need for effective early intervention and prevention that builds family resilience and wellbeing is reinforced by [Public Health Wales's Adverse Childhood Experiences Study \(2015\)](#). This study added to a growing body of evidence which suggests that children who are exposed to multiple Adverse Childhood Experience (ACEs) are more likely to adopt health harming behaviors during adolescence which can lead to poor mental and physical health in later life.

The Welsh Government's national priorities for health and well-being are set out in [A Healthier Wales](#) (published 2018, updated November 2022.) This strategy places a strong emphasis on coordination between Health and Social Care and on prevention.

It's core Values include:

- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness, and well-being for the future generations of Wales.
- Co-ordinating health and social care services seamlessly wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.

A Healthier Wales's accompanying [Plan for Health and Social Care](#) commits the Welsh Government to ensuring its transformation to a single system of seamless health and care provision promotes the wider adoption of integrated and effective intervention for children resulting in greater positive health and wellbeing outcomes over time.

Locally, these ambitions are reflected in Carmarthenshire County Council (the Council)'s [Wellbeing Plan - Moving forward in Carmarthenshire](#), which sets out Carmarthenshire's key aspirations between 2018-23. The plan recognises the need to respond to play and childcare requirements and key issues contributing to poverty through early intervention programmes. The Council's [Corporate Strategy 2022-2027](#) aims to ensure every child should be given the best start in life and improve their early life experiences through delivering key early intervention and prevention programmes. Specifically, it identifies the need for improved availability of Early Years and childcare settings across the County, particularly in rural areas, with a focus on providing and strengthening Welsh medium provision.

Carmarthenshire's [Family Support Strategy 2018-23](#) sets out how the council aims to develop and deliver early intervention services to support children, families and young people. This will be achieved by providing support as soon as a need is identified, at any point in a child's life, from the Early Years through to the teenage years. It describes joined-up approaches to supporting families across a range of needs.

The strategy details how the Council will offer high quality, high value and easily accessible services that target the people who need them most, so that:

- Children, young people, and their families receive the services they need, when they need them and where they can best access them.
- All service providers work together to make sure families receive the services they need when they need them most.
- Commissioners work together across services and across sectors to achieve the best value for money.

The aim is to deliver Family Support Services for families, children, and young people that:

- Intervene early to prevent problems escalating - Providing early help, targeted family support and specialist services to build resilience in families and children, combat the impact of ACES and in the longer term - reduce the demand for specialist services.
- Are integrated - working collaboratively to effectively deliver the right help, at the right time.
- Are family-focused, personalised, strength based, and solution focused - Addressing challenges by working with a family's strengths and working in partnership with the whole family to find solutions and deliver support that is personalised to their specific needs?
- Are accessible and inclusive - Easy to contact and use so that families can get support wherever their first point of contact is.
- Enable families to build their resilience rather than promote dependence - Helping families to help themselves to improve their situations rather than create dependency.

[Carmarthenshire Family Information Service](#) is the first point of contact for local help and information for families, carers, and professionals. It provides free advice and guidance on a wide range of child and family

issues including childcare options, health care, support groups, education and training, leisure activities for children and finances.

Early Years Integration Transformation Programme

In 2019, Welsh Government introduced the Early Years Integration Transformation Programme (EYITP) to develop a more joined-up, responsive, Early Years system which has the unique needs of each child at its heart. It spans the period from pre-birth to the end of the Foundation Phase at seven years old.

Carmarthenshire is one of eight pathfinders in the EYITP. Pathfinders pilot new multi-agency delivery models to support the development of a more integrated and responsive early year's system. Pilots will build on what works well in existing programmes, such as Flying Start, Families First and the Healthy Child Wales Programme.

Pathfinding areas are expected to:

- Shape the Welsh Government plan, principles, and priorities.
- Feedback on WG policy thinking
- Help WG understand barriers and solutions.

The EYITP requires local authorities to pilot and test integrated ways of working, both strategic and operational, working with partners including Health, other councils and third sector services. As part of this, a pilot Early Years Integrated Team has been set up providing services for families of children aged 0-7 years old living in the Gwendraeth Valley (Cwm Gwendraeth). The team provides Midwifery, health visiting, **speech and language therapy** and family support services, supporting families through an integrated approach within which professionals from all services work together.

In addition to the Cwm Gwendraeth pilot, there is a requirement to develop work on a strategic level to provide the vision and priorities for Maternity and Early Years Services, this includes:

- Considering what it will take to develop a fully integrated and responsive Early Years service, focused on the coordination of services locally, their planning and commissioning and how best to identify and address needs.
- Shape the development of a national framework for transforming the Early Years, which will test the core components for a single integrated Early Years service, before wider roll out across Wales.

A key strategic driver for this is the [Maternity and Early Years Strategy for West Wales 2022-26](#) which aims to:

- Secure positive engagement/early intervention with families at the ante-natal stage and during Early Years
- Ensure that specialist services provide support to prepare families for parenthood and offer support at the earliest possible opportunity.
- Keep family needs at the heart of joined-up services, so that families access the right support at the right time.
- Achieve positive transition from childcare to Early Years education.
- Ensure a seamless transition process for all children and parents from pre-school settings into Early Years education.

The Strategy encompasses the following five themes:

- Integrate our services.
- Take a person-centred approach to service design.

- Develop technology infrastructure and systems to enable collaboration.
- Develop our workforce.
- Provide accessible information.

Further details of current provision in Carmarthenshire are provided later in the report.

In 2022, Welsh Government released its updated Programme for Government which commits to continued support for the flagship Flying Start programme. Welsh Government has extended this commitment to deliver a phased expansion of Early Years provision over the next ten years to include all two-year-olds, with a particular emphasis on strengthening Welsh-medium provision via the Flying Start programme. The first phase of the expansion of Flying Start started in September 2022, and includes all four elements of the current programme. Welsh Government's intention is to reach a further 2,500 children under four during this phase.

As part of the expansion, Local Authorities will be required to address in their expansion plans the following high-level priorities:

- Addressing deprivation
- Increasing Welsh language provision
- Addressing gaps in availability of provision

Phase 2 of the Flying Start expansion commenced in April 2023 for a two-year period and only includes the childcare strand of the Flying Start programme. The priorities will remain the same as noted above.

Due to the childcare element only being expanded via the Flying Start programme of expansion, the Council acknowledges that families will also require seamless access to a variety of Family Support Services across the County. It is committed to developing a Maternity and Early Years Service which is integrated, cost-effective and offers holistic support meeting the needs of families. This also fits with the Welsh Government's vision for also utilising other elements of existing programmes which are proven to work well for families. It also wants to see further programmes developed in partnership to ensure a cost-effective and holistic package of support for families living in Wales.

2. The Project

Practice Solutions were commissioned to assist Carmarthenshire County Council to review existing maternity and Early Years and place-based models of delivery in the county. The overarching aim was to undertake a robust evaluation and develop a plan for delivering place-based maternity and Early Years support via co-located teams within Carmarthenshire.

Key drivers for the review were as follows:

- Anticipated end of funding for the Early Years Integration Pilot in Cwm Gwendraeth in March 2024
- Expansion of The Flying Start programme.
- The need for the Council to reevaluate its model of commissioned Family Centres (this was last reviewed in 2018)
- Evaluation the Council's in-house Integrated Children Centre model.

Identifying what is working well both on a strategic and operational level, the evaluation will inform plans for delivering a consistent, clear, and cost-effective model of delivery as part of the Council's vision for transforming maternity and Early Years services in Carmarthenshire.

The key programmes and projects that currently deliver place-based, Maternity and Early Years support include:

- Flying Start and Flying Start Expansion (including Trimsaran Early Years Children's Centre)
- Integrated Children Centres
- Plant Dewi Family Centres
- Maternity and Early Years transformation including the Early Years Integration Pilot in Cwm Gwendraeth.

The effectiveness of the Flying Start Model is well documented, and a full evaluation of this programme was not required as part of our review. However, the review would take account of lessons learned and good practice from existing models of delivery.

The project was originally to be delivered in two distinct phases; however, due to issues surrounding availability of key staff and project capacity, phases 1 and 2 were combined.

Phase 1: Evaluation of existing initiatives, as listed above.

Part 2: Report including short/medium- and long-term key recommendations for developing an enhanced County wide Maternity and Early Years Service based on the findings of the evaluation, in line with the 10-year Flying Start expansion. Specifically, we were asked to:

- Work with the Local Authority and Health partners to develop the plan.
- Ensure that families were included in the design of the future plans.
- Consider the Political, Economic, Social, Technological, Legal and Environmental impact in developing the plan.
- Clearly outline the Strengths, Weaknesses, Opportunities and Threats associated with current arrangements.
- Identify benefits and risks of current or future arrangements.

3. Our Approach

The project comprised five components:

1. **Inception** – confirming data requirements for the review, liaison arrangements with client, initial planning for consultation, and expectations/requirements for reporting.
2. **Desktop research and data management** – collation of relevant documents to form an initial picture of provision; other information for analysis and identified gaps in information.
3. **Engagement with key stakeholders** – working with Council staff to identify key stakeholders for engagement and data gathering purposes. This involved one to one interview with key stakeholders, in person and virtually, focus groups, informal conversations with parents and observation of Early Years settings.
4. **Analysis of findings** - analysis of information from the document review, one to one interview and focus groups.
5. **Reporting** – preparation of draft report incorporating findings of our analysis and, following review by the Council, production of a final report.

Co-production has been at the heart of the evaluation and the voice of families is clearly and fully represented in our report and recommendations.

4. Current Early Years Provision in Carmarthenshire

Cwm Gwendraeth Early Years Integration Pilot

The Cwm Gwendraeth Early Years Integration Pilot is an initiative covering the whole of the Gwendraeth Valley, a largely rural, former coal-mining area with several population centres. The pilot Aims to build an integrated, multidisciplinary team to support families effectively and prudently with young children living in this part of the County.

The Early Years Integration Team is located in Cross Hands and sits within a shared management structure with the established Family Support Services of Flying Start, Families First and Team Around the Family. This provides for coherence of delivery within the broad context of the Council's Family Support Strategy. The Team aims to work closely with the Flying Start service allowing transfer of learning, shared training and consolidation of professional networks and relationships. The approach incorporates lessons learnt from the Flying Start model and intends to replicate the approach beyond the designated areas.

Implementing a place-based approach within a specified locality and developing a local Early Years identity allows for improved partnership working between services, more effective referrals, and better communication between parts of the system. It is anticipated that robust working relationships across family support services within the Cwm Gwendraeth area will facilitate co-delivered models including parenting support groups and one to one support.

Key objectives of the pilot are as follows:

- Build an integrated, multidisciplinary team in order to support families effectively and prudently with young children living in Cwm Gwendraeth
- Identify and map service provision for families with young children living in the area.
- Develop and improve the accessibility of information available about services for families within their geographic area.
- Provide packages of parenting support that aims to improve outcomes and builds packages.
- Improve the support of families identified as 'vulnerable' through the delivery of established parenting support programmes.
- Facilitate and deliver activities that promote early attachment such as baby massage and one to one support for parents identified as having mental health issues.
- Create strong working relationships with existing family support services that are active within the Cwm Gwendraeth area, in order to work with them to facilitate or co deliver provision of parenting support groups or one to one support.
- Identify gaps in family support provision within the Cwm Gwendraeth area, and devise ways of filling those gaps especially for groups that are recognised as needing more support, such as families dealing with the early stages of an identified 'additional learning need', such as ASD or a global development delay.
- Support parents so that they are confident and able to support their own children to be healthy, safe and to have good outcomes even if there is adversity.
- Create resilience for families and children living in Cwm Gwendraeth, through the development and implementation of innovative support.

Flying Start Programme

Flying Start is a Welsh Government funded programme which focuses on early identification of needs using a strengths-based approach and ensures that all children develop their language and social skills and are emotionally and physically ready to begin school. It comprises four core elements:

- Enhanced health visiting
- Support for speech, language, and communication
- Parenting support
- High quality childcare

The approach is based on a co-located multi-agency team comprising Health Visitors, speech and language therapists, safeguarding specialists, parenting officers, family support workers and childcare staff. The programme targets children who live in the most deprived areas and aims to mitigate the impact of deprivation and poverty on families through the delivery of services during the first 1000 days of a child's life, starting just before a baby is conceived, continuing during pregnancy and up to the age of four.

The Flying Start model has been operational in Carmarthenshire since 2007, alongside Family Centres and Integrated Children Centres. It currently operates in the following areas of the County:

- Ammanford Town
- Betws (Ammanford)
- Bigyn (Llanelli)
- Burry Port
- Carmarthen Town North
- Carway
- Dafen (Llanelli)
- Felinfoel (Llanelli)
- Garnant
- Glanamau
- Lakefield (Llanelli)
- Llwynhendy (Llanelli)
- Morfa (Llanelli)
- Pantyffynnon (Ammanford)
- Pembrey
- Pwll (Llanelli)
- Richmond Park (Carmarthen)
- Trimsaran

Flying Start provides four key elements of support to families with children aged 0-3:

- Funded quality, part time childcare for 2-3 year olds for two and a half hours per day, Monday to Friday, for 42 weeks of the year through private, voluntary, and local authority day nurseries.
- An Enhanced Health Visiting Service that supports families from the antenatal period onward.
- Parenting programmes to help develop skills to positively parent children.
- Language development activities such as language & play and numbers & play to encourage parents to interact, talk, sing songs, play, and enjoy craft activities with their children.

In Carmarthenshire has a purpose Flying Start delivery includes a purpose-built Early Years Children Centre located in Trimsaran. The Centre is a venue for all associated strands of delivery, such as parenting, health visiting and speech, language, and communication.

Integrated Children's Centres (ICCs)

The Local Authority operates three ICCs in Llanelli at Felinfoel, Llwynhendy and Morfa. These offer Early Years activities for families with children aged 0-3 years including Stay & Play sessions, language & play, baby massage, after-school play clubs for children aged 4– 11 years, open access play and family play sessions, alongside healthy lifestyle activities, such as healthy eating, cooking on a budget, confidence building and parenting courses.

Family Centres

A network of Family Centres across Carmarthenshire supports families with children aged 0-11. The service addresses the challenges of family life by increasing parents' confidence and skills in providing positive learning opportunities. Parents are encouraged to play with their children to support their cognitive, social and language development.

The Council contracts with Family Centres to deliver a range of key interventions including:

- Joint Assessment Family Framework and Team Around the Family
- Child development / language and play
- Parenting courses
- Baby massage

The Family Centres are independent charities which come under the umbrella of [Plant Dewi](#). The Council's current contract with Plant Dewi includes sustainability funding for each of the Family Centres alongside funding two Family Together Groups.

5. Evaluation of Cwm Gwendraeth Early Years Integration Pilot

Engagement

We engaged with the full team of family support workers and a sample of the health professionals, Health Visitors and Midwives involved in the pilot. We undertook:

- One in-person focus group with the staff attended by all members of the family support team and one Health Visitor.
- An online focus group attended by two Health Visitors.
- One to one phone interviews with two members of the Midwifery team.
- 14 interviews with operational and strategic professionals with knowledge of the pilot, and wider understanding of Early Years services across Carmarthenshire.
- Two observations of practice involving family support workers delivering activities to groups of young families
- Two in-person focus groups with 22 parents who have used the pilot's Services.
- Two one to one case study interviews with new mums.

Findings

The staff working in the pilot are very clear about its aims and objectives and are strongly committed to their successful delivery. They are well able to articulate the core aspiration of diverting children and families from statutory services including healthcare and social services. They subscribe to the central aims of creating a community around each young family and facilitating the development of supportive networks amongst new parents. They understand the need to strengthen the use of Welsh as a community language and to support language transmission in families. They demonstrate flexibility and a willingness to innovate, using the pilot's resources and those of partner agencies to help ensure that the needs both of individual families and groups of families are met.

Team members describe themselves as feeling well-led and supported. They feel that their ideas and suggestions are always welcomed, that their needs as individuals are understood and met and that they are supported to provide good service to their service users. The team coordinator is clearly very passionate about her work and **the** potential of the pilot to deliver meaningful change to families and communities in the area it serves. This passion and commitment **set** the tone for the wider team and its work.

The family support team's practice with families in groups creates a warm and supportive atmosphere. Parents appear relaxed and children happy and confident. Parents in the focus groups spoke of always feeling welcome and never judged, and of being offered support in a flexible way that enabled them to express their anxieties and ask for help if they needed it without being made to feel like 'bad mothers'.

Some health professionals, particularly Midwives, have found it challenging to fully engage with the pilot, citing clinical pressures as the main cause of this. Where health professionals have been able to engage, they are very positive about the benefits of the support the pilot provided to families. For example, they highlight family support workers stepping in to provide support for young families before the baby is born – helping with benefits applications, providing parenting advice, and support and reassurance. These were roles that would otherwise be undertaken by community Midwives and family support workers doing this frees Midwives to concentrate on their clinical roles with expectant mothers. Additional areas of support

that could be fulfilled by family support workers were suggested, including routine weighing of babies and more simple breastfeeding support.

In terms of maintaining contact, many health colleagues value members of the family support team calling in to the office and felt that this informal contact was helpful in building understanding and information sharing.

Some Health Visitors feel that there is sometimes confusion about their role and its interface with that of the family support workers. They express some concern that they have less clinical support than other health visiting teams in the County because of their location within the pilot. Nevertheless, they appreciate and value the support that family support workers provide to families. They report families saying they had benefited greatly from attending groups, one to one support, and informal advice provided by the family support workers. They raised concerns over occasional delays between referrals and families accessing services and further indicated they would appreciate more consistent feedback on the referrals they make into the pilot, including the nature of support that family's access and how it helps them. They feel that being co-located with the family support workers will help with this and with building a sense of the team working together.

The Midwives we interviewed were not as engaged as the Health Visitors in the work of the pilot. One said that she would like to be more aware of the services that the family support workers could provide. She sees it as useful that the parenting support worker came in regularly to the office that is shared by the Health Visitors and the Midwives. She values the support the **parenting support worker** provides, for example in helping young mothers prepare, helping parents complete paperwork and providing simple breastfeeding support. She also is of the view that co-location with Health Visitors promotes cooperation and supports informal information-sharing. The other Midwife with whom we spoke reported that clinical pressures make it difficult for Midwives to be fully involved in the broader work of the pilot. She reports problems with the co-location with the Health Visitors which results in a noisy work environment that lacks privacy. However, she sees the potential for the family support team to support the work of Midwives, for example in undertaking low risk-discharge calls, and routine weighing of babies. Referrals from Midwives into the pilot appear to be working less effectively than those from other Health Visitors.

Overall, the system of referrals to family support services from Health Visitors appears to be working effectively. The position regarding Midwives is less clear. Some health professionals expressed the need for them to understand more fully the range of services available to families through the pilot, with some citing clinical pressures as a reason for finding it hard to attend meetings. There was an understanding of the potential benefits to families of professionals within the pilot working even more closely together.

Overall, amongst those who had a good understanding of its work, other professionals with whom we spoke are overwhelmingly positive about the pilot. Those who have worked directly with the pilot praised the Team's professionalism and flexibility, their understanding of the families they work with and the communities in which those families live.

Whilst levels of awareness vary, there is generally an appreciation of the potential value of the pilot in reducing pressure on other services and improving family support. One senior Health Visitor told us that colleagues working in other parts of the county wished they had similar resources available in their areas to provide effective support to families.

Senior professionals see the potential of the pilot in providing valuable evidence of the wider benefits of service integration, notwithstanding the clear challenges involved.

Parents with whom we engaged are enthusiastic about the pilot and the services that they receive. They are generally very positive about group and one to one support.

Most parents had been referred by their Health Visitor to the pilot, with their involvement often originating with baby massage. Some told us they found out about the pilot and services available through social media, and some by word of mouth from other parents. Others had been told about the pilot whilst participating in ante-natal groups.

Parents generally told us that their children are feeling safe and happy. This reflects our own observation of practice in the groups with staff engaging effectively with children to support their participation.

One mother said:

"In other groups I have taken him to he has been really quiet and clingy... here he mixes with the other little ones and charges around. He is just so happy."

In describing the support provided by family support workers, families remarked:

"I can always ask for advice, or just have a bit of a moan if I need to... they always listen."

"They always check in with you when you arrive, just to see how you are."

"I hadn't been to a group for a while and the family support worker phoned me to see if I was OK. They don't just leave you to get on with it. They are there for you."

They also value peer support from other parents:

"No one judges you here. It feels like a family."

"I've made friends in the baby massage group, and they've given me confidence to come out and do other activities with him. I was getting so lonely at home."

Parents told us that the groups provide an important and reassuring counterbalance to messages portrayed on social media, which make family life seem perfect, and can cause depression and demoralization for parents when circumstances are tough.

Some families described the quality of activities provided in the groups as better than those in other paid for groups and services. Several parents said they could no longer afford to pay for groups and activities because of the cost of living crisis; they said they would be isolated at home were it not for the groups provided free of charge by the pilot.

We had the opportunity to observe parents from a range of backgrounds participating in groups together, positively promoting community cohesion. Parents describe pilot staff as offering vital informal advice at group sessions relating to issues such as teething, sleeping and toileting, and offering one to one support at home for those with higher support needs such as language therapy.

A mother with two children who have additional learning needs, described one support worker as having transformed her family life. Another mother who has accessed both the pilot Anxious Mums specialist group and one to one support, as well as the open groups, told us that she was sure that she would have

needed Mental Health intervention and treatment had she not had access to the support in the community through the pilot.

Families value the facility offered to them through the pilot to connect with other parents facing the same challenges and to develop strong, lasting friendship groups. We witnessed for ourselves the support provided parent to parent and by workers; the sense of a developing community and network of support was palpable.

Case Studies

<p>Laura & James</p> <p>Background <i>Laura lives with her partner and their three year old son James in Tumble. They are expecting their second child and Laura is in her second trimester. The family have chosen to raise their family bilingually as Dad speaks Welsh. Laura intends to learn Welsh as the children grow. James currently attends a Welsh medium creche and will subsequently attend a Welsh medium nursery and primary school.</i></p> <p><i>Laura is originally from Swansea and was unfamiliar with the local area. She therefore had a limited support network. James was born during Covid, which compounded Laura's ability to integrate with the local community. Laura also identified a delay in James's speech and language, potentially due to the lack of socialisation during Covid. These were key drivers for Laura's engagement with the Carmarthenshire Early Years team.</i></p>
<p>Experience of Early Years service <i>Laura was initially made aware of the Early Years team's work by her Health Visitor. She was signposted to baby massage classes which she attended for six weeks. The classes were held via Zoom due to Covid restrictions at the time. This presented a significant challenge and Laura felt that she and James would have benefitted more if held in person. Despite this, Laura felt the baby massage classes provided an opportunity to meet other Mums and a springboard to other Early Years activities.</i></p> <p><i>Post Covid, Laura accessed the Early Years service upon the recommendation of friends made during baby massage sessions. They attended on a weekly basis until James was two and a half.</i></p> <p><i>During this time, they undertook a range of activities and day trips including the Easter Walk and days out at Folly Farm and Dinosaur Park. Laura had learnt about these activities directly and via promotion on the Early Years Facebook page.</i></p>

Benefits and outcomes

Prior to attending the Early Years service, being new to the area and due to Covid, Laura felt completely isolated and alone. She had limited if no contact with other mums and James had little or no socialisation.

The group activities in particular enabled Laura to develop lasting friendships with other mums, which she maintains today. Furthermore, James's confidence and social skills improved significantly as he learnt how to play and share with other children.

pilot staff suggested that James might benefit from additional support for his speech and language.

This led to one to one by-weekly sessions at home for a period of three months.

Speech and language sessions were held at home where James felt comfortable. The therapist worked with Laura to develop tasks and tools specific to their home environment.

The support has had a significant impact on James' communication and social skills and has completely removed his social anxieties. James is now meeting or surpassing his development milestones.

In Laura's words...

'The programmes have been fantastic, not only for my son to improve his communication and interaction with other children, but for me as a first-time mum, meeting other mums in the local area. I learnt ways to calm my child through baby massage and how to improve his speech and language... the one-to-one sessions helped him loads'.

<p>Becky, Asher & Elijah</p> <p>Background <i>Becky lives with her husband and two boys Asher aged four and Elijah, aged two in Pont-Henri. Becky and her husband have chosen to raise their children bilingually as Becky speaks Welsh, Dad intends to learn with the children. They are relatively new to the area. They have experienced significant challenges with their two sons.</i></p> <p><i>Elijah was born with a congenital condition – Hamilton Tumor Syndrome. Symptoms include a bulging head and delay in cognitive and motor development, hypermobility, and increased risk of cancer.</i></p> <p><i>Asher was born during covid and therefore had limited social interaction which resulted in social anxiety. Becky felt totally isolated postnatally and wished she had been informed of the Early Years teams work during her ante natal care.</i></p>
<p>Experience of Early Years service <i>Becky’s parents attended a Summer of fun event with Asher where the Early years team recommended, they should encourage Becky to attend their local group.</i></p> <p><i>Post Covid, Becky and Asher attended the Time to Shine group which encouraged children to talk and play. It helped them to integrate with the community having been so isolated during Covid. It allowed them both to develop confidence and build friendships.</i></p> <p><i>The Time to Shine group was a catalyst for other groups and activities and Becky has since attended a myriad of groups, activities, days out and events with her two boys within Cwm Gwendraeth. and play sessions that the boys felt relaxed and comfortable in</i></p> <p><i>During this time, they undertook a range of activities and day trips including Fairy Tots Woodland, Walk and Talk, Story Time, Song and chat/sign, Messy Play, trips to Mynydd Mawr Railway, Fire Station. Becky learnt about these activities directly via the Early Years Team and via promotion on the Early Years Facebook page.</i></p> <p><i>Becky was also referred for Baby Massage group with her youngest son Asher. Becky learnt techniques which helped her to alleviate Asher’s symptoms. She used the techniques to apply his prescribed emollient treatment as well as to control wind and colic which made Asher feel more comfortable.</i></p>
<p>Benefits and outcomes <i>Prior to attending the Early Years service, being relatively new to the area, and due to Covid, Becky felt completely isolated and alone. She had limited if no contact with other mums and Elijah had little or no socialisation.</i></p> <p><i>Following Covid, Elijah found it very difficult in new places, situations, people. The Time to Shine sessions allowed him to develop confidence and open up through taking part in activities, craft, play and singing. The sessions were local so at times Becky’s husband, as he works from home, could also join in.</i></p> <p><i>Due to the Early Years Service, Becky enjoyed a completely different maternity experience with her second son, Asher. She felt totally supported and took full advantage of all the services that were available. She felt that expectant Mums would benefit significantly from the introduction of antenatal group or activities where parents could foster relationships with others and with professionals, prior to the birth of their babies.</i></p> <p><i>The Early Years activities enabled Becky to develop lasting friendships with other mums, which she maintains today. Furthermore, Elijah confidence and social skills improved significantly as he learnt how to</i></p>

play and share with other children. She now proactively recommends The Early Years Service website to her friends and expectant mums in the community.

The Early Years Team signposted Becky to Eric toilet training for additional needs held via Zoom. This additional support boosted Becky's confidence and allowed her to do things she felt almost impossible.

Becky and Elijah benefited greatly from the one-to-one additional support received by the Early ears Team. The sessions, held at home, were extremely beneficial for providing ideas for Becky to best support the boy's language development. The team suggested an easy and fun sentence maker game to encourage Elijah's language development which proved to be effective and enjoyable. Becky and the boys were subsequently referred for additional speech and language therapy.

In Becky's words...

'The Early Years Services are so approachable and understanding. They have provided us with an array of supportive information through groups, play, one to one session, meeting us where we are.'

'My youngest son is benefiting so much from all the local groups currently. Seeing the same familiar faces has helped and you don't worry about going to the group as you know you'll be greeted by the smiley friendly team. They always make time to chat and check in with how you're doing. The activities are brilliant. They are so encouraging and supportive.'

'The group sessions are fantastic. Depending on the group there is a mixture of sensory play, singing (using sign in one group), reading, craft. There is always a warm welcome and friendly atmosphere. It has helped my confidence greatly. As before Covid I don't remember there being any support locally. We used to go to Burry Port or Llanelli which was great, but it felt like you didn't get to know the mums and families locally.'

'Having the groups locally has been brilliant, I have started to get to know and talk to mums and their children in the local area. I think it would be super beneficial if there were support networks similar to this throughout Wales. I think if it wasn't for the Early Years Services, I would have been less confident of my own ability as a mum and would have maybe requested more guidance and support and advice to the Health Visitor and other services. This service helps to relieve the pressure of the NHS - Health Visitors and maybe if a system for pregnant mums was more established maybe pressure of Midwives as well. Also, I don't know if there is a need but maybe a group or support system for men may benefit too.'

Issues/ areas to be considered for further development.

- **Strategic support** - **There is a need to generate senior level buy-in and support for innovative ways is critical.** Decision-makers need to drive sustainable change in services in Carmarthenshire and the wider region, drawing on evidence from effective pilots.
- **Some institutional and cultural issues** remain a barrier to the effective integration of health and care services, including in this preventative space. High levels of pressure on services can make these more difficult to resolve.
- Whilst positive steps have been taken in building a fully integrated team to provide a seamless service to children and families, there is more to do, **particularly in relation to the Midwifery team.**
- **Access to antenatal services** is limited. Only a very few mothers had been able to access such groups, in some cases due to lack of access to public transport and mothers not having use of a car during the working day. Some mothers described themselves as afraid and unprepared for birth as a result.
- The **loss of the speech and language therapist** from the pilot team is seen as a gap and there are issues around **access to other specialist services for families**, exacerbated by high demand and recruitment challenges.
- The team needs to **work more effectively with fathers**. Ways to achieve this are being actively explored, with the possibility of a partnership with Men's Sheds being considered.
- There are some challenges associated with **accommodation**. The team is not yet fully co-located, and the family support team's office is small and not easy to work in.
- **Transport** needs require further consideration. Staff currently transport equipment for groups sessions in community locations in their own vehicles. Families that lack access to private transport sometimes have issues accessing activities.
- **Location** of pilot activities generally can be challenging for some users for the same reasons.
- **Information sharing** needs to be improved. NHS and local authority IT systems cannot communicate with each other. As teams are currently located in different offices this makes informal information sharing more difficult. Whilst strategic remedies may be difficult to achieve, work to find interim solutions should continue.
- The knowledge that **the pilot is time limited** risks affects the stability and security of the team and the willingness of potential partners to engage long term.
- Some parents feel that it would be helpful for **events to be scheduled further ahead** in time to assist parents in planning attendance and the timetables shared so that parents can plan.
- **Promotion of services** could be improved. Some of these we spoke with suggested using social media and poster campaigns.

Conclusions

The work being delivered by the pilot to families is hugely valued and of high quality. It is clear that the aspiration to build a community around young families is being delivered, and based on anecdotal evidence, so is the aspiration to prevent the need for access to statutory services. The approach being taken is empowering parents and supporting them to support each other. Parents new to the area described the groups as having been vital in enabling them to develop relationships with other parents and to settle in the area. It is clear that families using these services feel respected and listened to, and that effective attention to service user voice is inherent in the approach taken by the pilot.

The decentralised model of service delivery, with the team taking groups and activities out into community settings rather than expecting families to come to a central point, works well in serving these communities, with their small, scattered populations and pockets of need. This could serve as a model of service for similar communities elsewhere in the county and beyond.

The team's ability to respond flexibly to local needs, and to develop partnerships with community groups and institutions, is a key factor in the success of the Pilot. The development of links with schools is an example of this.

There has been real progress towards delivering integrated services across health and care, but there is more work to be done, particularly in terms of fully integrating the Midwifery team. Where integration is effective it is hugely valued by families using the services. If the integrated model, which is so valued by parents, is to be effective in the long term, the institutional cultural issues that are proving a barrier to full integration, will need to be overcome. It is crucial if the long term aims of the pilot are to be fully realized that the Midwifery team need to fully engage. Clear, consistent leadership at a strategic level will be crucial if this is to be achieved.

There is a gap in access to antenatal services that needs to be addressed by the expansion of community provision that is accessible to mothers in these communities who are unable to access private transport, and at times when they are able to attend.

There are challenges regarding accessing specialist services when needs are identified through the generalist work of the pilot. This, however, reflects pressures on the health and care services nationally and is not a reflection of the work of the Pilot in any way.

Recommendations

These recommendations should be read in conjunction with the broader recommendations at the end of the full report.

Short-Term

1. Partners should seek to continue this working model of family support services to these communities beyond the lifetime of the pilot.
2. The transport issues facing the family support workers should be addressed, possibly in partnership with another organisation.
3. All team members from across the Authority and NHS, team, including the community Midwifery should be brought in to a single, unified management structure as soon as possible, with appropriate accountability structures back into the Health Board and the Authority.

4. Consideration should be given to extending the timing of activities to broaden accessibility and ensure that fathers who work are enabled to participate in some of them.
5. The work of the Pilot and emerging evidence should be showcased to senior decision makers in the Authority and the Health Board, and this should include an opportunity for parents to communicate their experiences directly to decision makers.

Medium-Term

6. The team should be fully co-located as soon as possible. The new location should have adequate space for the range of services, including clinic space, space allowing for private conversations, and storage space.
7. Community ante-natal groups should be provided in locations accessible to mothers in these communities without access to private transport and at times suitable to them.
8. Consideration should be given to further research, perhaps in partnership with a university, to demonstrate the outcomes of the pilot, including cost savings to mainstream health and care services.

And finally, some last key messages from parents:

"Keep it free. I couldn't come if we had to pay, and it must be saving money from other services".

"I feel lucky. My friend lives in LL (in the west of the County) and there isn't anything like this. Could it be done in other places too?"

"This is such a lifeline for me. I hate the thought of it not being there for other mums in future."

6. Evaluation of Family Centres and ICCs

Engagement

Plant Dewi Family Centres

We visited Family Centres and Families Together Groups (FTGs), supported by Plant Dewi, at the following locations:

• Betws, Ammanford
• St Pauls, Llanelli
• Felinfoel, Llanelli
• Burry Port
• Ty Hapus, Carmarthen
• Garnant
• Llanybydder
• Pencader
• FTG in Neuadd Y Tymbl, Tumble
• FTG Holy Trinity Church, Newcastle Emlyn
• FTG Llandeilo County Primary School, Llandeilo

We undertook the following in-person activities:

- Focus groups with a total of 81 parents.
- Informal engagement with frontline staff
- Informal discussions with trustees and members of local management committees
- Practice observation – play work, speech and language work, toddlers, and babies.
- Attendance at Plant Dewi Coordinated Team Meeting

We also attended a virtual meeting with the Plant Dewi Management Team.

Integrated Children Centres

We visited Trimsaran Family Centre where we undertook:

- Observation of practice
- Informal discussions with the Centre Manager, staff, and parents

Llwynhendy Integrated Children’s Centre and undertook:

- Observation of practice
- Focus group with parents.
- Focus group with frontline staff.
- Interview with Centre Manager
- Interview with community representative (Chair of School Governors)

We also held:

- A virtual meeting with Health Visitor managers
- A meeting with the Flying Start Multi Agency Manager
- Strategic meetings with Health Visitor and Speech and language teams
- A focus group session with the county-wide Team Around the Family (TAF) Team

Findings

Plant Dewi Family Centres

Overall, it is clear that the vast majority of Family Centre staff are very committed to their work, embedded in their communities and skilled in engaging families and working with children.

Feedback from parents using the Family Centres is overwhelmingly positive, many reporting the atmosphere as open, non-judgmental, and welcoming.

'The staff are on our wavelength.'

Parents told us they enjoy the open access elements of Centre services, although there is an understanding, particularly in those Family Centres where the accommodation is physically small, that age groups need to be separated and that it is neither sensible nor practical to have baby groups and toddler groups in the same space at the same time. Easy access, and 'not having to fill in loads of forms', encourages parents to receive support.

Families mentioned that peer support available at the Family Centres is very helpful. They feel that accessing Family Centre activities is really important in countering the isolation that new parents often feel and talked about the services available helping them to make connections. Parents who had recently moved into the areas served by one of the Family Centre spoke of finding a community and of being made to feel at home. Some families remain in contact with their Family Centre for generations. We met grandmothers who had brought their own children to their local Family Centre and were now bringing their grandchildren.

In terms of services available, parents highlighted informal support, signposting to more specialist support, parenting support, and activities to develop speech and language as positives. Where health services can be accessed at Family Centres this is strongly welcomed by families. In addition, the courses available in some Family Centres are very much welcomed. They reported learning new skills and also having time to themselves. However, the fact that childcare is available for some courses, but not for others, is an issue across Family Centres.

Overall, families are very positive about the staff working in Family Centres. They refer to staff always being there for them, being able to find answers for them and helping them build confidence. They feel that they can ask staff questions without being made to feel stupid or as if they ought to know. They talk about staff having helped them through tough times, and always having an open door. The fact that there is no pressure to attend, but that they are always welcome matters.

'You can just walk in when you want. Nobody judges you.'

The fact that services are free of charge is hugely important. Parents say that they would simply not be able to afford to attend groups if they had to pay.

For parents living in rural areas, isolation, and lack of access to other services can make them value Family Centres even more.

'if it wasn't for this there would be literally nothing. I don't know where we'd be without them
(Centre staff)'

'Just because we're rural doesn't mean that we don't need services, or that we're well off.'

In Family Centres where the Welsh language is effectively supported and promoted, this is valued by parents. Support for language transmission within families by encouraging those with some knowledge of Welsh to actively communicate with their children, is welcomed. Non-Welsh speaking parents are encouraged to learn and to support their child's language acquisition. In some settings, we witnessed parents encouraging each other's Welsh language use.

Other facets of the support provided at Family Centres which are very much welcomed by parents include:

- Holiday activities with access for older children
- Clothing banks and food packages available at some locations
- Health services such as Health Visitor drop-ins, Midwifery services and perinatal Mental Health services (available at one Family Centre), addressing issues before they escalate.

Parental testimonies

- I think the Centre could benefit from more funding to ensure job security for the wonderful staff, to ensure it can afford any future premises costs and for the running of the groups.

- The centre is such an integral offering/service to this community - we need to ensure that it continues to run and so it should be offered as much help as possible by the relevant authorities

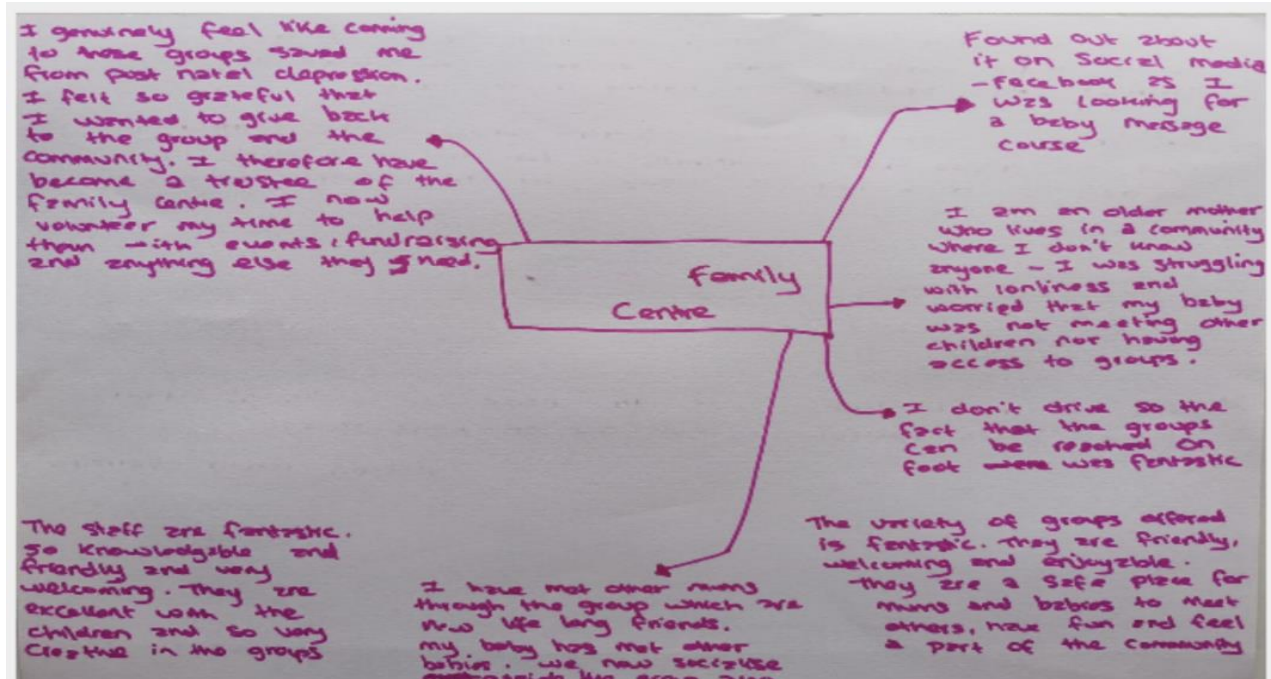
Moved from Kent 3 years ago.
Total relocation leaving behind friends.
Felt isolated.
Made worse by Covid/lockdowns.
Found Family Centre and started attending 1 group a week
Over time we've started coming to groups on each day the
centre is open.
I've made friends.
My baby has made friends.
I no longer feel isolated.
I feel part of a community.

I feel extremely supported by the family Centre. The Centre is a safe space for me and my family. The staff work hard to ensure we all feel united, content and happy during sessions. We are encouraged to come together as a group like our own little family in the setting. There is a wonderful level of professional love shown from the staff, who interact and show love + care towards parents + children. It is evident from an outsider that the staff truly love what they do and do it to a high standard.

Without this Centre I would have struggled through my maternity. Now summer holidays are coming the Centre has adapted sessions that now suit my older boy who will be off school. This now allows me to continue to make memories and have services available that I know will support me through school holidays too. I cannot thank them enough for being there for us.

Staff will always greet with a friendly smile and a coffee for the hard days.

~~Without~~ The family centre has been a life saver for me + my family. I moved to Tumble knowing nobody. Through the centre I have managed to make lots of friends + feel part of the community. The staff work hard to put on a variety of sessions I can attend with both my baby + 3 year old. As I don't have a car I would be lost without it. My ~~you~~ older boy is autistic + has learning difficulties - I often find it hard to find places to go with him + my baby at the same time. The staff help me + understand + make sure its a safe environment where I don't feel judged or stressed. They have also helped me find him the right support + referred me to services. The fact that it is a free service means we can attend + my children don't miss out interacting + socialising with other children. It also means I get out the house which helps my mental health.



Issues/ areas to be considered - Family Centres

- **Accommodation** varies hugely between Family Centres. Some are based in very new buildings which tend to permit a wider if not inexhaustible range of activities, including outdoor activities. Some are based in repurposed public buildings, and while these have some issues, for example access to appropriate outdoor space, staff are making the best of what is available. There is sufficient space for a range of activities and for the children to have space to run and play. Others are based in former local authority houses, and there are real issues with these in terms of the numbers of parents and children who can participate in activities, and the quality of activities that staff can provide.
- **Referral and access to support** also vary. Effective referral is dependent on the strength of relationships between Family Centre staff and health professionals. Where these are well-developed, there can be a degree of confidence that the majority of parents with eligible children will be aware of services and activities available and how to access them. Where this is not the case, there is less certainty that potential beneficiaries will know about them and how to make use of them. Some Family Centres are more proactive than others in reaching out to their communities. Those working in areas where the support is less well-promoted recognise the need to put resources into this but can find this challenging in terms of time and capacity.
- **Sustainability of services** can be compromised by the third sector partnership model. Whilst it means that additional funding only available to the third sector can be accessed (for example the National Lottery and BBC Children in Need), this nevertheless requires time and resource to develop and submit funding bids and the need in some cases for services to be remodeled to meet funding criteria. This can mean they don't reflect the specific needs of local communities. Lack of long-term funding can also lead to instability of staff teams and high levels of turnover which can impede the development of long-term relationships with partner agencies and communities.
- Whilst there is a single contract between the Authority and Plant Dewi clearly stipulating service requirements, **support still varies from Family Centre to Family Centre**. This may reflect different needs across communities; however, there is a risk of inequitable provision. This needs to be addressed moving forward.
- **The effectiveness of interagency working**, specifically with health services, also varies with some Family Centres having well-established relationships with health professionals and others with limited or no contact. This appears largely to depend on working relationships with individual members of staff, in the absence of a systematic county wide approach agreed between the Authority, Plant Dewi and health services. Once again, this can have an impact on the quality and breadth of support provided. This needs to be addressed if families are to receive a more equitable service across the County.
- We observed wide variations between Family Centres with regard to the promotion of the **Welsh language** among children and families. Of particular concern is that some Family Centres serving communities where Welsh is the main community language have few Welsh language resources available to families. Some Centers do not appear to use the Welsh language in their practice with children and families at all whilst others, often in more English-speaking areas, offer a fully bilingual service and actively promote the use of Welsh. More consistency would be recommended in relation to this.
- **Some Family Centres are underused**, particularly during evenings and weekends, and parents indicated they would like to see extended opening hours. This would facilitate greater involvement

of fathers and working parents. Challenges of staffing capacity are clear here, although it is possible that developing partnerships with others, including health services, third sector and community organisations could enhance flexibility and support extended opening hours.

- Many Centres have strong active local management committees and Trustee Boards. These can provide huge support to the Centre; they help promote the services that are provided by the Centres to the community and build valuable links between the Centres and other community organisations. However, there is a risk that local management committees may not always have a full understanding of the needs of young families in the current climate. There is also a risk that local management committees may not always fully reflect the views of families currently using services. It is important that a balance between local interests and priorities and equitable services for children and families is struck.

Integrated Children Centres

We spoke with parents that had accessed a range of services at the ICCs, including nursery places funded through Flying Start, speech and language groups, parenting groups, open access activities and one to one support for children with ALN. One of the parents was attending an ICC for the first time, whilst another had been accessing services for over ten years.

Some parents had been referred by their Health Visitor, whilst others had heard about services through word of mouth or via social media. Centre staff spoke of being proactive in reaching out into communities to raise awareness of what services are available.

Feedback was overwhelmingly positive. As with the Family Centres, generally families found ICC staff welcoming, non-judgmental, caring, and supportive. We heard of staff proactively contacting them if they hadn't been seen at the ICC for a while and supporting them through difficult times.

'I know I was a nightmare sometimes when I was younger. I was a very young mum with no family support, and I just didn't know what to do. She (a Centre team member) never gave up on me. I know I would have lost (had taken into care) my eldest if she hadn't hung on to me and got me back on track.'

Parents told us that staff are always there if families need them, and that they find it really helpful to have access to help and support all in one place. They value the informal help and advice provided by staff, supplemented, when necessary, by referrals to specialist services.

'The IC has pointed me in all the right directions and even provided advice where appropriate themselves. I've never felt like there is a silly question...if they don't have the answer, they help me find someone who will.'

'Each member of staff makes the ICC an amazing place and nothing is ever too much. I cannot emphasize enough how great staff members are and we honestly could be lost without them. They offer so much support and are always at hand when needed.'

Once again, informal peer support from other parents is very much valued. Parents told us how they feel that they can speak honestly in groups about the challenges they face and feel reassured that other parents face similar challenges. They learn that 'not being perfect' is normal.

'It's a huge help to know that you're not on your own and that everyone finds it tough sometimes.'

In our observations, we witnessed parents supporting each other. A father reported feeling very included by other parents at the ICC, and contrasted this with previous experiences in other settings, where he had felt out of place.

We also heard from parents about the positive impact on their own mental health by having accessed support. One parent had accessed perinatal Mental Health services at her ICC, and she described how important it was to be able to access that service in a neutral environment and without stigma. Others see the ICC as '*more than just a nursery*' and told us that being able to discuss worries with staff, and access services like the Health Visitors on site was really valued. Some families told us that they would have needed access to mainstream Mental Health provision and, potentially, statutory children's services if they had not received the services provided at the ICCs.

'The ICC stopped me getting severe depression...I was able to talk about any issues I was having either personally or with my baby///I learned I was not alone...other parents were experiencing the same. At the Centre everyone understands and sympathizes with me instead of making me feel crazy'

'My partner struggles massively to connect with our baby in the early months. The ICC welcomed him with open arms and recommended some more specific groups for him to attend...attending the ICC around work really supported him to make the steps he needed to bond with our daughter and meet other people who could help him.'

Some parents spoke about the isolation they had felt as parents with young children during the Covid-19 lockdowns and resulting loss of confidence and anxiety. The support they receive is helping to rebuild this and helps them re-engage more generally with their local communities. Many said they feel safe in the ICCs, and benefit from knowing the same to be true for their children.

Families whose children access nursery provision were very positive about their experience. One parent compared her child's experience at the Flying Start nursery very favorably with the service that her family had previously received from an expensive private pre-school establishment.

Parents value courses they have attended. They spoke of developing confidence and of enjoying learning after what had been sometimes difficult experiences at school. They told us that the courses provided an opportunity to do something for themselves. Some told us that taking some of the accredited courses was preparing them to return to employment. We did hear that availability of childcare for those attending courses was important but is not universally available.

Joining in the cooking course reminded me that I'm more than just a mum. I can do other things and learn other things.

Other attributes highlighted by families included:

- Food share schemes
- Holiday activities
- Services being provided free of charge, which helps in the current cost of living crisis.

'If I had to pay, I'd just be stuck at home with him (her one year old son). I just couldn't afford a baby group, when the older kids need new shoes to go back to school, and new uniforms.'

When asked if there were things about the services at the ICCs that they would like to change, parents mentioned:

- More support for older children
- Wrap around services before and after school and extended opening hours for ICCs, enabling more fathers, and working parents to be involved.
- Family support workers from the ICC being able to work with families in their homes.
- Wider availability of support currently only available in Flying Start areas.
- ICCs to be open for more hours during the week, including outside working hours, to make it easier for more fathers to be involved.
- Assured future funding for the ICCs and their staff

'I want the staff to feel safe in their jobs'.

'We would be lost without them. The community needs this place. If they took it away there would be a riot!!'

Overall, the ICCs are seen as an effective model by the families that use them and the staff that work in them.

They are an effective model for providing preventative services in communities with high density populations and high levels of need.

Parental testimonies

I first starting going to Baby Play back in 2017 having not long moved to the Llwynhendy area and being a first time mum with a then 6 month old. This then progressed into LAP and along came baby No.2 who went to his first LAP session at 5 days old.

The team have always been so welcoming and making you feel at home always. Baby No.2 went on to complete Baby Massage through the centre and I made some good friendships, which I still talk to some to this day now.

Fast forward to 2022 and my eldest started Play Club 4-6 which she loved going too and surprise Baby No.3 came along in the July.

Over the last year the service has been invaluable to me. Baby No.2 who is now 5 starting displaying some challenges which later I surmised to be ADHD following 2 courses completed through the ICC referral program. I completed both Managing Challenging Behaviour and the ADHD Programme. Without these I would never have known what my 2nd child was fully going through and over the last year have learnt and understood and been able to help him through being given the chance to learn.

All through this time, Baby No.3 also got to enjoy Baby Massage and Baby Play whilst mixing and socialising with others.

I think the work that the ICC does is fantastic and it is a great asset to the community.

We first started attending the language and play groups as soon as restrictions started to lift from COVID. The staff were all so happy, friendly and welcoming. Both my children loved attending the groups and would look forward to going back weekly. We still attend the groups now whenever we possibly can. The importance of this group is that they encourage my children to socialise, play, share and learn. They also encourage them to develop their already known skills.

Élan started Ser Ni nursery where he absolutely loved going daily. He used to run in every morning. His smile and happiness used to say it all considering he was never separated for me much at all before attending. Élans speech, development and social skills grew so much during his time here but it was then time for Élan to move on to part time school.

The nursery introduced my children to such an important routine, something that is so important to them. They would have never socialised as much as they do here and I truly believe they have been given experiences that they will always remember.

Isla has additional needs and probable autism. Isla has started SerNi and since day 1 they have supported and helped Isla in such a way I will be forever grateful for. All the staff in the children's centre know Isla as well as I know her and are always keen to take interest in how to best support her and help her progress. This is so important to me and to Isla as I feel at peace leaving her for 2.5 hours daily and she feels so comfortable and happy to attend.

Élan now attends the after-school play club which he asks daily to go to. This clearly is important to him and he enjoys attending.

The experiences I have been offered, such as training and courses have been very important to me as they have all been relevant to my circumstances and have helped me grow as a person. They have taught me things I may have never known without them and I have met amazing people through them that I continue to keep in contact and have relationships with.

I personally have been offered support by a staff member at the children's centre that I am unbelievably grateful for and without her support and guidance I would have struggled massively.

Each member of staff makes the children's centre an amazing place and nothing is ever too much. I cannot speak highly enough of everything about the centre. I cannot emphasise enough how great every staff member are and we honestly would be lost without them. They offer us so much support and are always at hand when needed.

Secondly I have been supported by the group in learning welsh, nursery rhymes, healthy snacks, and developmentally appropriate play activities. My daughter has a few delays and also has CMPA in the early months she even had some growth issues as she was struggling to keep her feeds down. Let's just say I've had a lot of stress as a result about trying to ensure I'm doing all the right things. Getting the correct support in place hasn't been easy. However the centre has pointed me in all the right directions and even provided advice where appropriate themselves. I've never felt like there is a silly question to ask as even if they don't have the answer they help me find someone who will.

Thirdly, my partner struggled massively to connect with our baby in the early months. The centre welcomed him with open arms and recommended some more specific groups for him to attend for the challenges he was having. He went on to see a councillor and we discovered the routes of the issue to be in that as a care leaver he had a lot of distrust in himself as a result of what he went through as a child and a lack of good role models. However attending the centre when he could around work really supported him to make the steps he needed to to bond with our daughter and meet other people who could help him

The events and trips that the centre holds have always been greatly appreciated by myself. As a one car household when my partner is in work I don't often have access to the car (though there are occasions he might car share with a colleague so then I do) I find it difficult for the most part to really take my little one any where further than a 10 minute radius of our home and so the events and trips have been amazing to provide her with experiences and create memories I'll never forget.

The centre is invaluable too myself and my family and I could not thank each member of staff enough for their support and patience. If moving up the road to be within a postcode that was flying start was a possibility (as unfortunately despite being in a council home our postcode is not flying start) then I absolutely would as the trust I have that my little would be well cared for and have a lot of fun is huge unfortunately though this is not something we are able to access but know from friends who's littles who do attend that this service is also one that's greatly loved in the area. I just only wish we had access too 😊

Issues/ areas to be considered for further development (ICCs)

- Professionals and some families raised the issue of the **inequity of provision caused by the additional support available to families in Flying Start areas**. Families perceive unfairness in some being able to access a higher level of service than others, despite living in what feels to them like the same community with the same level of need. Professionals are frustrated by the limits that eligibility places on their practice. That said, they are doing what they can to ensure a measure of flexibility, for example, by trying to ensure that families already receiving services don't lose those services if they move out of an eligible area. There is a sense that the criteria used do not always show an understanding of specific issues and challenges in local areas such as rural poverty and isolation. Health visitors in generic teams reported identifying families where the need for support is high, and where there are very few or no services to which families can be referred.
- While the ICCs at Felinfoel and Llwynhendy are reasonably new, there are limitations to the range of activities that can be offered due to **accommodation restrictions**. For example, the kitchen at Felinfoel is too small for the easy provision of cooking classes.

The Flying Start teams in Carmarthen and Ammanford are no longer co-located, and this poses difficulties in maintaining close working relationships across disciplines, though the teams are making great efforts to do this. IT issues, including the need for Health Visitors to access NHS IT, is a challenge, both to information sharing and to finding appropriate venues for co-location of teams.

- Different **staffing issues** present real challenges. Clearly, family support staff are very dedicated, skilled, and passionate about their work. However, staff at all levels report increasing workloads,

increasing complexity of families' support needs and some frustration when they can't identify services to meet those needs. Many staff continue to work on temporary or short-term contracts, with some on zero-hours contracts. Salaries are relatively low. There is evidence that this can lead to instability in teams, as staff have no option other than to look for other alternative roles. Some families are aware of this and speak of the need for staff to be properly supported. Some staff also report feeling that their role is not well understood or necessarily valued by other professionals. They believe that they are sometimes perceived as 'a nice optional extra' rather than an essential part of the Early Years system. Some of the services provided are seen as 'soft' or 'nice to have'. Staff feel that some decision makers perceive some services the ICCs provide, such as access to play and holiday trips and activities as "soft". Staff feel there is a lack of appreciation that family support services often enable families to walk through the door before they're ready to accept that they need help and support.

7. Conclusions

Parents who access Early Years services across the range of different models delivered in Carmarthenshire greatly value those services and are able to describe the benefits that those services have brought to them and their families. Families using these services feel respected and listened to, and that their voice matters. The vast majority of the staff we met across the range of models were dedicated and caring. They are able to create positive environments for children and parents, support families effectively and signpost appropriately.

In the Flying Start areas, cross-disciplinary integration and co working is effective and the families benefit from access to coordinated services. Elsewhere, levels of integration vary. Cooperation between health professionals and the Family Centres supported by Plant Dewi varies from Centre to Centre and is not consistent. Where, for example, Health Visitors and Midwives offered drop-in services in Centres this is hugely appreciated by parents. The relationships between these Centres and health professionals appear to depend to a substantial degree on individual personal relationships.

The Cwm Gwendraeth Pathfinder Integration pilot has achieved good integration between Health Visitors and the family support team, but there is more to do to fully integrate and incorporate the Midwifery team.

There is a need to develop more consistent integration between services across the range of settings.

Early Years services in the County operate in a complex and changing policy environment. Services need to flex to respond to this, for example the expansion of the childcare offer. The clinical and staffing pressures within the National Health Service are presented by some as a barrier to integration, and there is work to be done to make the case that effective integration of services and the support of family support workers actually reduces the pressure on other services, including health visiting, Midwifery, and mental health services. There is also a need for the capacity for integrated services to support the NHS in delivering on key priorities as set out in A Healthier Wales to be clearly articulated, both at a strategic and at a service delivery level.

Carmarthenshire is a large county, made up of a wide range of communities, from the post-industrial towns of Llanelli and Ammanford to very small rural communities. Whilst the challenges facing families, particularly those living in poverty, in some of the post-industrial communities are obvious, there is a risk that issues of rural poverty, isolation and of extreme difficulty in accessing services can be hidden.

Given the range of communities that Early Years provision needs to serve, it would not be possible or appropriate to adopt a single model of service for the whole County. It is also, of course, the case that the extra resources available from Welsh Government for provision of services in Flying Start areas inevitably

skews provision. It is possible to debate whether or not this particular place based approach is entirely appropriate. Professionals certainly identify anomalies in the current system of prioritisation. Be that as it may, it does provide the context in which Early Years services in the County have to operate.

The Family Centres supported by Plant Dewi are highly valued by the families that use them, and staffed by caring professionals who know their communities. However, the services provided vary greatly from Centre to Centre. It can be argued that this is appropriate if the variation is driven by what local families need. That said, there is a need to work towards greater consistency in the offer to families, addressing the issues of facilities and buildings, of the offer and delivery of particular services, and with regard to the promotion of the Welsh language and culture. There is also a need to establish clear, consistent expectations with regard to referral from health professionals - Health Visitors and Midwives - and about outreach to raise awareness of services in communities. Whilst we know how valued these services are by the families that access them, there is currently no easy way to establish how many more families could benefit if referral and outreach was more consistent and therefore how many families are not being offered services currently.

Professionals have expressed concern about parts of the County where there is little or no services to which families needing support can be referred. There is a need for the County, with partners in health, other public services and the third sector, to work in the medium term towards greater equity of Early Years provision across the County.

The Cwm Gwendraeth Pathfinder pilot provides a potential model for the provision of services in more rural areas. There is also potential for the Family Centres supported by Plant Dewi to play a key role in such a model of provision, with some having the capacity to provide a part time base for additional services. Consideration could also be given to establishing smaller, possibly part time, versions of the ICCs serving Carmarthen and Ammanford Flying Start areas.

There is a valid concern from some professionals, especially those working in family support services, that the role of family support is not always well understood and therefore is not always valued. There will be a need to develop a better understanding of the value that preventative services deliver to families and communities, and their capacity to reduce the need for higher level, costly interventions, amongst decision makers and professionals, particularly in health. The Welsh Government Transformation Delivery Group has just established a subgroup to work on improving the visibility and understanding of preventative children's services. This will provide a national context for the work that needs to be done locally in this regard.

This is without doubt a very challenging time for all services working with families and children. Public sector budgets in Wales face unprecedented challenge, with the real risk that all but statutory services will be cut. Family support professionals already report working with families with very high levels of need, many of which in the past would have been referred to statutory services. This places huge pressures on frontline staff and managers. The cost of living crisis is placing unbearable pressure on families already struggling and is tipping families who were previously just getting by into poverty.

Some may say this challenging context means that this is not the time to address the need for service change. We suggest that, on the contrary, challenging times can create opportunities to develop an understanding of the need for change, for more flexible use of resource across institutional boundaries, and for focusing on what makes a difference. Throughout this piece of work, families have made clear to us that the services that they receive are making a huge difference to them.

8. Recommendations

Short-Term

1. The Authority and partners should continue to provide services that are currently free of charge to families without cost to families.
2. The Authority should review its agreement with Plant Dewi, with a view to including in new agreement expectations with regard to community outreach, consistency and quality of provision, and the use and promotion of the Welsh Language. The new agreement should continue to support the medium term sustainability of services, and consideration should be given to the current level of resourcing.
3. The Authority, with partners, should require or request all existing provisions to report on the current timings of groups and services and outline whether there is any flexibility within existing budgets and teams to provide groups and services outside traditional working hours to enable more fathers to actively participate.
4. The Authority, with partners, should develop a communications plan for Early Years Services. This should include plans for raising the profile of preventive services with decision makers and to ensure families are aware of services that are available to them.
5. The Authority, with partners, particularly in health, should establish and implement a plan to address the barriers to effective integration of services. This might include challenging institutional cultures, improving information about the benefits of preventive work, and training for staff. It should highlight the benefits of service integration in enabling health services to deliver Welsh Government expectations. This could be developed across the whole Health Board region, but local action should not be delayed by waiting for regional developments.

Medium-Term

6. The Authority, with partners, should consider commissioning research to establish the value for money benefits of preventative services, to demonstrate the financial savings that they make to the public purse overall.
7. The Authority, with partners, should develop a map of existing Early Years provision across sector, identifying those communities where there are very few or no services.
8. The Authority should work with partners to develop a long term plan for Early Years services across the County, with a view to addressing gaps, and to ensure stability and great equity of access to services. This should include developing a Whole Authority Approach to supporting families in the Early Years within the Authority itself and across departments, including housing, leisure, and transport. It should build on existing models, and consideration should be given to using the Cwm Gwendraeth Pathfinder pilot as a model for delivering services in similar communities across the County. The Authority should ensure that the voice of service users is central to the development of this plan.

9. The Authority should work with partners to develop a long-term plan to address the issues with premises for preventive Early Years work, focusing on co-location and service integration, accessibility for families, and flexibility. This should identify a list of priorities.
10. The Authority should review staffing patterns in family support services to establish whether or not there are issues with recruitment and retention. If possible, this review should include third sector provision.
11. The Authority should continue to work with partners to address the issues with regard to information sharing, ensuring the consistent adoption of any locally developed work arounds, to the IT compatibility issues.
12. The Authority should continue to work with Welsh Government to raise concerns about any anomalies with the evolving geographic footprint of the Flying Start programme.

Long term

13. The Authority should work with partners to deliver the long-term plan for Early Years Services as recommended in 3 above. The Authority should continue to ensure that the voice of service users is at the heart of monitoring the delivery of this plan.
14. The Authority, with partners, should deliver the Early Years Premises Action Plan as recommended in 4 above.
15. The Authority, with partners and possibly with other Authorities, should develop a long term plan to improve the terms and conditions of family support staff, with a view to establishing a fair and consistent approach and improving staff recruitment and retention, as necessary, and raising the status of this work as a respected profession.
16. The Authority, with partners, should consider working with an academic institution to develop a longitudinal study of families who have received support from preventative services, as a contribution to establishing the long term effectiveness of such interventions.