Early years service redesign survey report

Final report

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Paula Kemp-Jones (Business Improvement and Transformation)
Sakunthala Chandrasekara (Strategic Intelligence and Research)

Herefordshire Council

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1   Foreword

1.1 As part of the Early Years integration of services project, a focussed review of public and professional perspectives on early years services for children and families in the county was undertaken between November 2016 and January 2017. This was intended to help determine public and professional views on current services and determine specific areas/themes for development.

1.2 In carrying out the review, the project team undertook face to face interviews with both parents/carers and professionals throughout the county. Additionally, an on-line survey [questionnaire] was conducted, aimed, primarily, at parents, carers and families with children. The planned foci for the this engagement included:

- What parents/carers might do to support themselves
- What family and friends might do to support children and their parents/carers
- What local communities might provide in support of children and their families
- What professionals might do and how these services can be best accessed

1.3 It is hoped that this engagement research will provide essential information to help inform the redesign and development of the Early Years/Early Help services.

2   Introduction

2.1 The Herefordshire Council's early years services aim to significantly improve the lives of children and families at the earliest opportunity, ensuring that every child has the best start in life. In order to support this, Herefordshire Council would like to understand how it can support parents, their children, families and carers to access information, local support, including community and voluntary groups, health and education services.

2.2 The early years service re-design engagement activity seeks to gather views from parents, carers, families and professionals about what parents and carers can do for themselves what support families, friends, community and voluntary groups can provide and how professional services might be able to help, if and when needed.

2.3 The engagement activities have provided a significant amount of information and feedback about early years services from parents/carers, families and professional and this report will provide a summary of the key areas of development identified from this engagement.

3   Engagement Activities

3.1 The summary of findings within this report have been arranged in sections so as to make clear the research activity undertaken and the source group providing comment. Sections 4, 5 and 6 outline the main findings from each of the research activities undertaken:

Section 4: Public on-line questionnaire [quantitative data]

Section 5: Professional discussions [qualitative data]

Section 6: Parental/carer discussions [qualitative data]

4 Public on-line questionnaire [results]

4.1 Methodology

4.1.1 An online questionnaire was published on the Herefordshire Council website and people were invited to complete it between 21 November 2016 and 13 January 2017. A printable version was also made available for people to download. The questionnaire was primarily aimed at parents, families and carers. Drop in sessions were held at Hereford, Ledbury, Leominster and Peterchurch during the consultation period to enable professionals to share their views and assist people to complete the questionnaire.

4.1.2 This section presents the results of the responses to the questionnaire only. Unless stated otherwise, percentages are calculated using the number of respondents to each question as a base. Note that percentages are rounded to the nearest whole number in the tables; but charts are based on unrounded percentages. Respondents could select more than one answer to a particular question, therefore percentages may add up to more than 100 per cent.
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4.2 Questionnaire Results

4.2.1 The following analysis represents 236 responses received to the consultation questionnaire.

Q1. As a parent or carer, you may sometimes need help from different professionals. If you wanted advice and guidance, would you ask / visit the following?
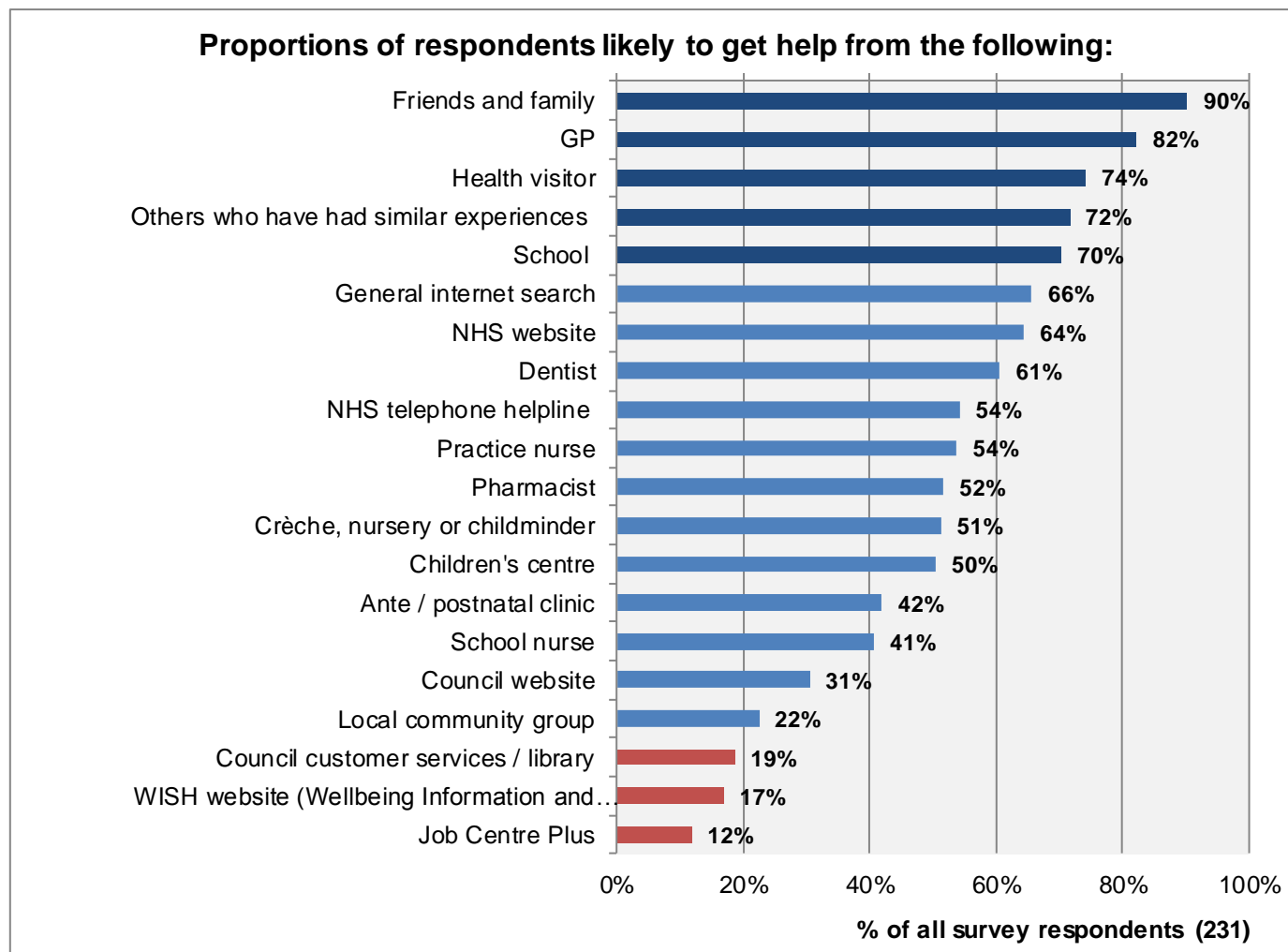
Over seventy per cent of respondents stated that they would seek advice and guidance from 'friends and family' (90 per cent), from a 'GP' (82 per cent), from a 'Health visitor' (74 per cent), 'others who have had similar experience' (72 per cent) or from 'school' (70 per cent) when they need help. Among the other sources of advice and guidance, 'school', 'general internet search', 'NHS website' and 'Dentist' were popular.

The sources that respondents are less likely to seek advice and guidance from include 'Job centre plus', 'WISH website', 'Council customer services / library' and 'Local community group'.

Table 1: Responses to Q1

	Likely	Unsure	Unlikely	Total respondents	Not answered	Base* (total survey respondents)
Friends and family	**90%**	3%	3%	96%	4%	236
Others who have had similar experiences	**72%**	14%	7%	93%	7%	236
Ante / postnatal clinic	42%	21%	27%	90%	10%	236
Health visitor	**74%**	9%	13%	96%	4%	236
GP	**82%**	6%	8%	97%	3%	236
Dentist	**61%**	15%	17%	93%	7%	236
Practice nurse	54%	18%	20%	92%	8%	236
School nurse	41%	21%	27%	88%	12%	236
Pharmacist	52%	19%	19%	90%	10%	236
Council website	31%	25%	34%	90%	10%	236
General internet search	**66%**	12%	13%	90%	10%	236
WISH website (Wellbeing Information and Signposting for Herefordshire)	17%	30%	**42%**	89%	11%	236
Council customer services / library	19%	21%	**47%**	87%	13%	236
Crèche, nursery or childminder	51%	17%	22%	91%	9%	236
School	**70%**	13%	11%	94%	6%	236
Children's centre	50%	22%	19%	92%	8%	236
NHS telephone helpline	54%	22%	15%	92%	8%	236
NHS website	**64%**	15%	13%	92%	8%	236
Job Centre Plus	12%	15%	**61%**	88%	12%	236
Local community group	22%	26%	**41%**	89%	11%	236

Chart 1: Proportion of respondents likely to get help from different sources

Proportions of respondents likely to get help from the following:

Source	%
Friends and family	90%
GP	82%
Health visitor	74%
Others who have had similar experiences	72%
School	70%
General internet search	66%
NHS website	64%
Dentist	61%
NHS telephone helpline	54%
Practice nurse	54%
Pharmacist	52%
Crèche, nursery or childminder	51%
Children's centre	50%
Ante / postnatal clinic	42%
School nurse	41%
Council website	31%
Local community group	22%
Council customer services / library	19%
WISH website (Wellbeing Information and…)	17%
Job Centre Plus	12%

% of all survey respondents (231)

4.2 Questionnaire Results (continued)

Q2. To what extent do you agree or disagree that the council's health and education services should provide support to:

Please note that the term "**Agreement**" is calculated as the sum of those answering "**Strongly Agree**" and "**Agree**". Similarly "**Disagreement**" is the sum of those answering "**Strongly Disagree**" and "**Disagree**".

According to table 2, there is a very high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of all these services, 'Improve children's learning, thinking and problem solving skills' (91 per cent), 'Improve children's social and emotional development' (90 per cent), 'Improve children's mental health and wellbeing' (90 per cent) and ' Improve children's speech and language' (90 per cent) were selected by the highest proportion of respondents.

Around 25 per cent of respondents disagree that the council's health and education services should provide support to 'Increase breastfeeding rates ', 'Manage budgets and finances' and 'Help residents to stop smoking'.

Table 2: Proportions of respondents to Q2

Number of responses	Agreement	Neither agree or disagree	Disagreement	Not answered	Total respondents	Base*
Improve children's learning, thinking and problem solving skills	**91%**	0%	8%	1%	99%	100%
Improve children's social and emotional development	**90%**	1%	8%	1%	99%	100%
Improve children's speech and language	**90%**	0%	8%	1%	99%	100%
Improve children's mental health and wellbeing	**90%**	0%	8%	2%	98%	100%
Improve children's physical development and ensure they're a healthy weight	87%	0%	11%	1%	99%	100%
Reduce child tooth decay	85%	3%	12%	1%	99%	100%
Improve parents / carers mental health and wellbeing	84%	3%	12%	2%	98%	100%
Provide employment skills to help parents / carers to get into work	80%	5%	14%	1%	99%	100%
Improve parenting skills	79%	2%	17%	2%	98%	100%
Improve parents / carers reading and writing skills	78%	3%	17%	2%	98%	100%
Help residents to stop drug / alcohol / substance misuse	77%	6%	16%	2%	98%	100%
Find housing information	72%	7%	19%	2%	98%	100%
Manage budgets and finances	67%	5%	**25%**	3%	97%	100%
Help residents to stop smoking	65%	8%	**25%**	2%	98%	100%
Increase breastfeeding rates	64%	6%	**28%**	3%	97%	100%

*Base=all survey respondents (236).

Chart 2: Proportion of respondents who agreed on the services that the council's health and education services should provide support to

% of all survey respondents (236)
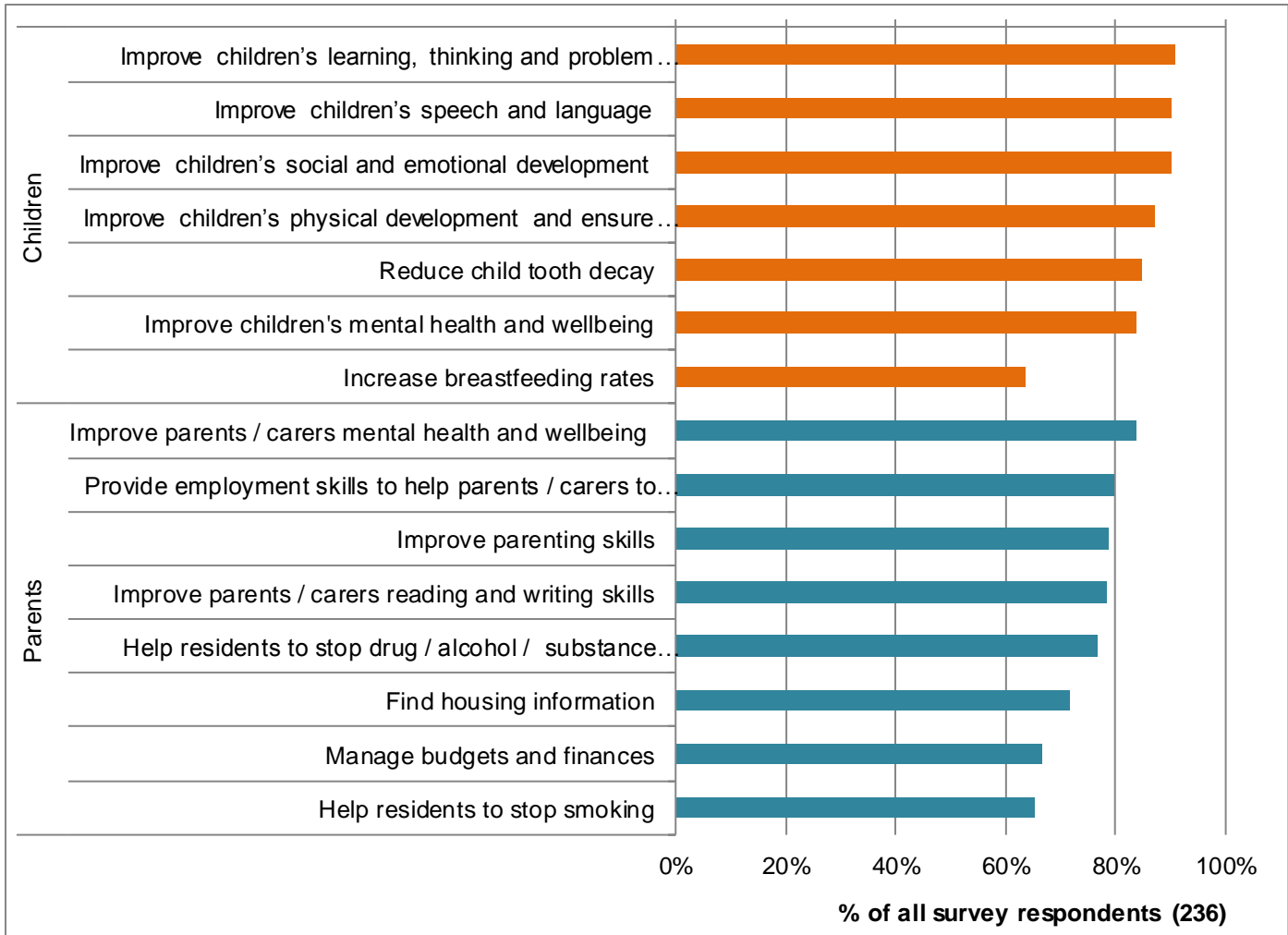
4.2   Questionnaire Results (continued)

Q3. We want to make services as easy as possible to access. Which of these locations would you use to access the listed information / support / services? (Please tick all that apply)

Eighty six (86) per cent of respondents to the survey answered at least one statement of this question.

General internet search was the most common place to access information, support or services; especially for 'help to finding work' (indicated by 56 per cent of respondents), 'help with money and budgeting' (53 per cent), 'information about stating school' (53 per cent) and for finding 'family activities' (51 per cent)- see table 3.

Over half of respondents stated that they would use children's centre to access 'up to date parenting information, advice and guidance' (51 per cent) and 'leisure and children's play facilities' (53 per cent). The majority of respondents would use GP and dental surgery/health clinic for 'pregnancy support and care' (79 per cent) and 'health support including health checks, immunisations, breastfeeding and nutrition advice' (69 per cent).

The most common location for accessing information about 'help with housing' (44 per cent) and 'information about starting school' (36 per cent) was the council customer service centre/library.

The school and nursery were the most common locations that respondents would use to access 'Information about starting school' (57 per cent) and 'Nursery or crèche care' (52 per cent). Around a quarter of respondents stated that they would use village hall or community buildings for 'family activities' (28 per cent) or 'Access to leisure and children's play facilities' (24 per cent). Fifty seven (57) per cent of respondents indicated that they would use Job centre to access information/support/services to 'Help with finding work' and a further 20 per cent would use it to access 'Help with money and budgeting'.

The general consensus was that respondents used their own home to access information, support or services listed in the question.

Table 3: Proportions of respondents to Q3

Number of responses	Your own home	Children's centre	GP and dental surgery / health clinic	Council customer service centre/ library	School / nursery	Places to meet e.g. cafes	Village hall or community buildings	Job centre	General internet search	Base*
Up to date parenting information, advice and guidance	49%	**51%**	36%	14%	42%	11%	15%	4%	**52%**	100%
Health support including health checks, immunisations, breastfeeding and nutrition advice	33%	48%	**69%**	9%	22%	8%	11%	3%	36%	100%
Pregnancy care and support	33%	40%	**79%**	11%	11%	9%	14%	5%	40%	100%
Nursery or crèche care	23%	40%	14%	19%	**52%**	11%	12%	4%	41%	100%
Family activities	35%	48%	9%	22%	29%	22%	28%	5%	**51%**	100%
Advice on improving reading and writing skills	25%	30%	10%	28%	42%	6%	12%	11%	46%	100%
Help with parenting and managing behaviour	32%	48%	35%	16%	39%	7%	12%	5%	41%	100%
Help with money and budgeting	39%	16%	6%	23%	7%	6%	9%	20%	**53%**	100%
Help with housing	22%	12%	6%	44%	5%	6%	9%	14%	48%	100%
Help with finding work	20%	11%	4%	22%	4%	6%	9%	**57%**	**56%**	100%
Access to leisure and children's play facilities	27%	**53%**	10%	27%	32%	18%	24%	6%	50%	100%
Information about starting school	22%	33%	9%	36%	**57%**	5%	9%	5%	**53%**	100%
Early help when things go wrong	31%	45%	45%	19%	29%	8%	10%	8%	44%	100%

Base*= all survey respondents (236)

Note: respondents could select more than one answer; therefore the percentages will add up to more than 100%

4.2   Questionnaire Results (continued)

Q4. Some parents / carers may need additional parenting support from time to time. Please list any ways you believe the following groups could help, such as parent and child support groups or children's activities.

   a) Parents / carers, family members, local community and voluntary groups and organisations
   b) Council health and education services.

Comments and suggestions received from questionnaires have been collated and categorised along with the comments and information captured during the organised discussions with parents. Please refer to Section 6 for details of comments and suggestions contributed by parents.

4.3   Questionnaire Respondents

4.3.1 Eighty eight (88) per cent of respondents completed the survey in the capacity of a parent, including 8 per cent who were single parents and 7 per cent who were grandparent/extended family members.

4.3.2 Eighty eight (88) per cent of respondents have a child or children aged 0-5 years, 29 per cent have child/children aged 6-10 years, 17 per cent have 11-18 year old child/children. Four per cent of respondents have child/children with special educational needs (SEN) or a disability.

4.3.3 Six per cent of respondents were males and 94 per cent were females.

4.3.4 Forty six per cent were aged 25-34, 33 per cent were aged 35-44 years, 13 per cent were aged 14-64 years and 6 per cent were 16-24 years old.

4.3.5 Of the respondents who answered the question about their ethnicity, 85 per cent identified themselves as 'English/Welsh/Scottish/Northern Irish/British', four per cent as 'Other white background, two percent as 'Asian/Asian British', two per cent as 'Black/African/Caribbean/Black British' and one per cent as 'other ethnic group'.

4.4   Key points

4.4.1 The responses received to the consultation questionnaire show:

- The most common sources of advice and guidance received are from 'friends and family', 'GP', 'Health visitor', 'others who have had similar experience' or from 'school' when respondents needed help.

- There is a high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of these services, 'Improve children's learning, thinking and problem solving skills', 'Improve children's social and emotional development', 'Improve children's mental health and wellbeing' and 'Improve children's speech and language' were selected by more than 90 per cent of respondents.

5   Professional discussions

5.1   During the engagement period, 19 discussion meetings were held so as to gather views from a range of professional teams. Professional teams included:

- Health visitors
- Midwives
- Council staff including family support, portage, social worker and education teams
- Public health
- Early years nurseries and providers
- Early Years Strategy group
- Hope Centre, Bromyard
- Withington Primary School
- Marlbrook Primary School
- Childminders
- Third sector, i.e., Homestart, Jumpstartkidz
- Voluntary sector

5.2   The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements

- **Service Approach Suggestions** – suggestions for specific approaches to service design

- **Delivery Suggestions** – suggestions for specific forms of delivered service

5.3   From discussions with professionals the following key development themes were identified

- Advice , guidance and information for parents/carers

- Specialist support

- Community development

- Access and accommodation

- Shared information and partnership working

- Service and systems transformation

5.4   The percentage of the total comments captured that refer directly to each theme is shown in the table below:

Chart 3:   **% Reference to Key Themes - Professionals**
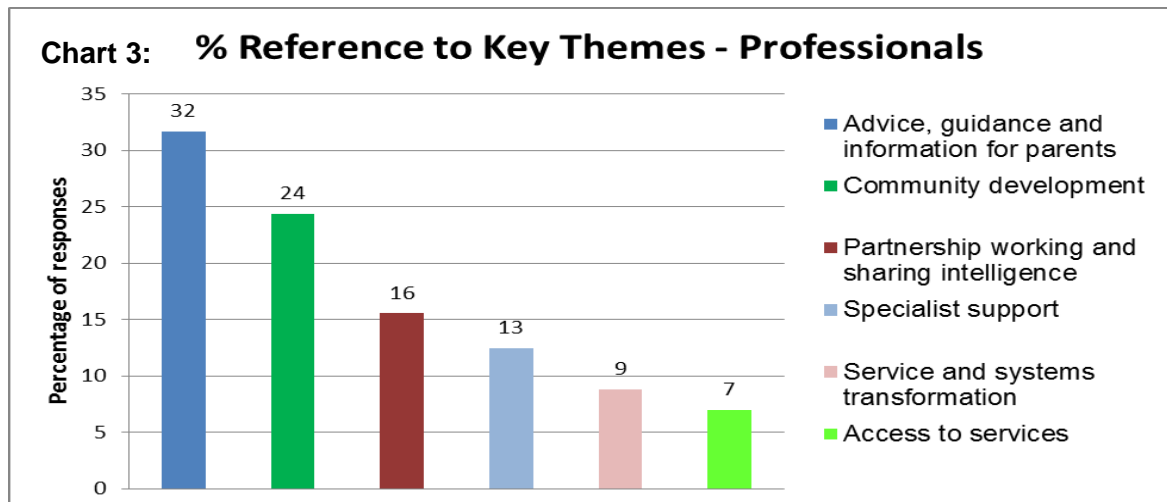
5.5 Tables summarising professional commentary for each key theme are set out below:

Table 4 : Advice, guidance and information for parents/carers		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• It is important that parents/carers can access the information that they need to support their children. Getting the right information is key. • Parents/carers want the listening ear to have empathy • Within some families there is an acceptance of development issues of children - not challenged or sought advice or support for • Parents/carers may need guidance and help finding right support - signposting to support organisations • Parents/carers need support for clear understanding of the integrated assessment • Careful balance and timing required when giving out information • Parents/carers will seek support from the range of settings and also ask to be sign-posted. • Parents/carers look on-line and social media [e.g., Face Book] for some information. • Parents/Carers may bring issues to the group activities to share • Through discussion within groups, parents/carers can be supported in their decision making. • Not all parents/carers read the information that is sent home: often verbal delivery to a gathered group has more impact. • Volunteers' supporting role for parents/carers can be very empowering. • Support from charities can enrich the experiences of family learning/sharing • Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support • WISH, as a key source of information and available services, needs to be more widely promoted and utilised • The difficulty with on-line support, that do not get that good modelling of practice and exchange of knowledge. • Consider how can break cases of perpetuating cycle of negative, incorrect advice and guidance from peers and family	• Personnel to signpost parents/carers to appropriate support • Make available a self-help referral process • Be prepared to offer advice when personal: provide emotional, informal support • Provide physical and practical help • Promotion of well-being and health advice is offered through community activities and venues • Make professional contact available through social media • Develop on-line/digital resources/blogs • Develop local social media and networks e.g. Facebook, Twitter • Text messages and phone calls to support families in between meeting with professionals can be very supportive. • Develop/support for generations working together • Promote and support all family members to engage with their family, community and available activities • Support parents to be honest and open, share problems and be confident in speaking out and acknowledge/accept help when needed	• An early help telephone line • A WISH telephone line • Parent drop-in service [face-to-face] • Develop self-help quiz to enable parents to find out what support they actually need and show what's available • Develop self-help books • Develop on-line tools e.g., CAB, housing • Develop and promote resource for parents being aware of what's available • Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood • WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date • Make available use of computers if not available to parents • Develop overview of what support available – WISH? • Provide on-line training for parents using Facebook and support groups • Make links to existing on-line communities and support groups • Create Herefordshire on-line help forum for advice • Develop Facebook and social media groups [securely administered] to offer self-help and support network • Use FaceTime and Skype to support families in rural isolation

• Give consideration to introducing rewards/motivations for parents attending groups, and supporting children to achieve milestones, e.g., toilet trained • Acknowledgment that families can feel undermined and that their voices are not heard. They have no or very little medical knowledge but they know their child well. • Grandparents play a big part in the role as carer, supporting parents back to work with no child care costs involved. Grandparents need to be well informed with up to date relevant child development information. • Some parents struggle with literacy, reading is difficult and then hard to support their children's development. • Currently, the information hub [WISH] is not fully developed and/or applied: access to information is limited • Parents/carers are often looking to attend an activity or venue on a daily basis but the range and frequency of activities is variable in different areas • Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement • On-line support can produce negative and positive results, depending how it is used. • Use of IT digital-ware may be having impact on face-to-face services - needs to be balanced • Facebook can present negative information and effect but it can be great at connecting people • Parents access the Internet for information; they also ask their Health Visitor and visit their Doctor's Surgery. • Parents refer to information/notice boards which can include details for MASH, SaLT and how to self-refer. • Have to be mindful that not all parents have positive support or role-models. • Positive support is provided when family and friends listen and have their own personal knowledge to support. • Family and friends can also give misleading information which may cause worry • Family and friends can be very judgemental and outspoken whereas professionals may be more sensitive. • Professionals can promote parents accessing on-line information. Levels of education or not being able to speak English does not seem to be a problem • Promotion of EYFS at an early stage informs parents/carers and may help them to consider the learning that can take place at home too.	•Support parents to be open to suggestions, make use of advice given, visit local children centre and attend appointments • Need to foster a change in social influence for some families - signpost to parenting tool for advice • Develop and promote use of technology such as the use of phone apps to support parents' choices, e.g., shopping for family/children with app check of sugar content in foods • Use step by step approach to empower the families to take back control of their lives following interventions. • Develop peer support groups to create opportunities for a parent/carers, e.g., to attend appointments, ongoing support discussions • Assign dedicated staff to actively update social media and on-line information and support resources • EAL – Care and consideration that information is presented appropriately to families and assumptions not made on their reading skills •Settings use Internet to access information to support families. •Partnerships between settings, health visitors and Children Centres would support effective, valuable sign-posting and guidance.	• Develop information and support app for smart devices • Call family regularly to offer information, advice and a friendly voice • Offer parenting classes before birth of children • Support for making parents aware of issues that impact on children • Support for grandparents and families to be up-to-date about information and the support recommended professionally • Regular repeated information groups giving advice on finance, housing, feeding, dental health • Support for help with identifying when support is needed, e.g., self-help tool on-line [WISH?] • Establish regular repeat of baseline information for parents • Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club' • Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools • Support for making parents aware of issues that impact on children • Develop phone support service to offer regular support and 'friendly voice' • Settings to provide story sacks for families. • Professionals support/advice, e.g., behaviour management, offered through a guide with strategies • Parents and Carers use the settings' Facebook pages and chat to each other or ask for information. • Before Children Centres there was the Learning Alliance Provision which disappeared. It would be good if something similar could be introduced.

Table 5 : Community development		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Community groups can play key role in supporting families in rural locations • Community development will provide opportunities for parents/carers to talk to other parents/carers including families who have a child with a disability or special needs • Parents/carers may seek support from family and friends who could possibly help with identifying issues early • Not all families have their immediate family around them • Parents/carers may need support and encouragement to attend groups available • Look at transport issues and rural isolation • Professionals to build links with communities and understand the links • Some 'non-professionalism' concerns with community groups. E.g., confidential practice, appropriate advice • CC targets not applicable and/or not working in some rural areas • Support pathways may be variable dependant on setting or location • Some nurseries resistant to integration with other services • Demographic features within all areas need to be understood • Styles of communities are very different and need to be taken account of, e.g., town/city living compared to rural • Community roles/coordinators need to have appropriate training for the supporting role they take on • Access to computers and on-line features is variable across the county • Wider communities need to know of families who live in their locality and who may feel isolated or have specialist support, e.g., they have a child with special needs • Some families and children may be unable to access or use/travel on public transport • Available resources are an issue, e.g., families do not have access to books and/or do not share books with their children for pleasure.	• Create meeting place or arena for families to link together • Develop locality groups • Improve communication networks within community • Advertise and promote community events/activities, e.g., through WISH • Advertise local events and community activities in regularly attended places, e.g., EY settings and GP surgeries • Promotion of well-being and health advice is offered through community activities and venues • Be able to make use of school premises, nurseries and housing association community venues • Support 'piggy-backing' of existing services, e.g., playgroups in rural locations • Use principles of existing models of good practise [e.g., Peterchurch] in development of other community networks • Professionals to ask what the families want in their communities. Where do they want it and who with? • Signpost communities to support the development of groups/activities and access available funding • Make links with existing networks and support organisations , e.g., JumpStartKidz • Settings can enable other groups to use spaces available and share expertise to support families with information and help. • Settings can be involved with local Community	• Develop parental peer support opportunities • Buddy system using family and friends to support working parents • Establish good park and recreational facilities • Develop community transport schemes, e.g., car sharing • Family/friends to offer 'babysitting' and respite, so parents/carers can rest and/or attend course and training • Develop more accessible groups, e.g., mother and toddler, and more available in the evening for working parents • Develop parent and family support through church groups and children's groups [Brownies, Cubs, mother & toddler groups, sports groups, etc.] • Create small hubs in local venues to provide children centre outreach • Develop a 'community coordinator' to support development of connections and networks in rural communities • Train and develop ambassadors within communities • Introduce concept of 'community mothers' · community role models who can be a point of contact for parents and carers • Develop free drop-in help groups • Develop local community notice boards. • Develop holiday clubs • Develop a hub or meeting space where families can meet up and exchange

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• Specific areas/sites have their own issues, e.g., the Grafton GRT site users find it really difficult to get into town because of the lack of access • Family and friends may provide childcare and respite. • Family and friends may provide financial support. • Family and friends may provide transport. • Further afield we know that parents, that are able, will drive to other early years activities based in rural areas. • Recognise that referrals can include other services, e.g., Education, Sport, Children Centres, Mental Health, GRT, Woman's Aid and Foodbanks. • Older children may take on caring roles, e.g., collect children from Nursery, especially if the parents are single • Some city settings do not have the interaction with parents/carers that other setting enjoy, e.g., does not have families engaging and staying for activities. • In some settings situations in which individual adults with children attending cannot have contact with other adult[s], which can make event organising and family group working difficult. • Some groups rely on Children Centres for support and there is recognition that to support families attending, access to Professional support and sign posting is key.	Centres, engaging and delivering events for all ages. • Activities such as Stay & Play may offer opportunities to promote health and well-being through invitation to other agencies to attend such as dental practises and music groups. • More activities outside of Children Centres - HUBS would support areas in need. Children Centres can, for some, seem too 'clicky' and away from their area.	information and make friendships • "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys. • Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding. • Aspect of supporting the Community could perhaps be providing/supporting communities with grants that should be spent in support of evidencing the LA Priorities - supporting the CYP PLAN

Table 6: Partnership working and intelligence sharing		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Importance in sharing information between professionals especially for safeguarding within families • Acute services, such as MASH, need to have correct, up-to-date information available: Data not always available to all professionals who work closely with the family • Issues and concerns such as confidentiality and data protection exist when considering sharing of information between professionals and with community groups • Some forms and/or features of 'smart' information not always applicable • Thoughtful selection of language for parents and carers is required when information is shared with and about them • Families have to repeat information or their story to a range of professionals as there are limitations on what information can be shared. • HV are well placed to identify 'bottom line' needs of families • It is important that the family's voice is heard. • There are a high proportion of eastern Europeans in the county some of which feel very isolated and don't know where to go for information and activities. • Support agencies such as nurseries can be so busy that they can only signpost to an Information Board • Information and data sharing regarding children is difficult and inconsistent: The data systems do not share across the entire data-base or are not mutually compatible • Information sharing and development of digital records requires careful management to ensure family histories not shared inappropriately with a) professionals who may have/need access to records or b) the child as they become adults and access their own records. • All professionals to work together, to share information and maintain awareness of other services - not to be concerned just with their own profession, criteria, roles and waiting lists • Professional partners require clearer understanding of individual professional roles	• Better data sharing between professionals which ensures needs met quickly and not weeks later when needs may have changed • Develop 'smart' information that helps to inform and determine support for children and families - needs to be shared between agencies • Relevant historical information is made available from on-set of ante-natal care • All health professionals to be aware of a baseline [tier 1] to apply including, e.g., mental health • Support and information needs to be available in accessible language[s] • Develop processes for sharing of information to support transition, e.g., starting and changing school • Being mindful of historical information within families. • Professionals need to be aware of the whole picture and have an understanding of all the issues that can impact on members of the whole family • Information about available funding for specific support needs to be readily available to families and professionals, e.g., funding for 2yr old nursery placements • Develop inter-agency working building on professional relationships • Create joined up services so that everyone knows what is available, e.g., through a hub or website • Commitment to co-production and equality of access	• Information Board, leaflets and who to contact for professional support. • Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves • Establish common, shared outcomes for children and families • Establish common, shared language and use of terminology • Develop shared assessment tools • Health professionals could signpost to other services on offer • Regular professional support with the same person, giving time to get to build trust with the families and their children, e.g., portage worker or health visitor

• Training needed to update/widen knowledge of all professionals • Time needs to be given to nurturing relationships between professionals and families • Health partnerships have responsibility to ensure that health outcomes are met. • New young parents need to feel supported through secure reliable relationships • Build confidence in partnerships - families knowing and trusting professionals: professional individuals knowing and trusting their professional partners • Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination. • Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not have a positive support network or may not believe their child has additional needs. • There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, nursery, EHCP • Parents may feel undermined by professional guidance and intervention • Ensure that professional direction is fulfilling the needs of the family, e.g., parents with CWD offered nursery placements as "respite" when this is not the respite required • Families need flexibility • It is vital that parents are continually communicated with and reassured, - needs to be recognised that timescales can feel very different for parents compared to professionals. • Having continuity of staff ensures relationships are formed with families: Staff are then able to signpost with confidence and parents have confidence to accept guidance • Establishing positive relationships with families supports thinking ahead in order to pre-empt issues that may arise, which, in turn, supports early intervention and tackling difficulties before escalation	• Establish/assign accountability to roles • Information needs to be shared across the range of professionals • Professionals need to keep parents up to date with the current situation, e.g., place on CDC groups, social care parent/ carer assessments, OT waiting lists, EHCP process • It should be a holistic approach where the whole family's needs are recognised within the whole environment • Offers of support for families could include involvement of extended family and friends, and may also include support for social and respite activities as well as support for other children, e.g., older siblings • Develop shared use of facilities • Professionals to make links with settings to ensure that families understand what is expected of them. • Sharing information with settings, e.g., about children on CAF, may support a more holistic approach to supporting the family.	

Table 7 : Specialist support		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Homelessness is a big issue but there is currently no independent advice available • How do we measure that % of people not currently captured within held data? • Speech and language development in young children is of particular concern • Consider how will address specific issues and barriers for deprived/vulnerable families • How can children and families with EAL be supported with speech and language assessment • Need to identify families that most vulnerable and support required • There are financial implications for nurseries taking on NEF funded 2 yr olds: some nurseries won't allow NEF funded on waiting lists; also, taking on high numbers impacts nursery financially • Families may be so fearful of the future which, in turn, makes it difficult to focus on the here and now. They may, then, need support to help them with dealing with present concerns and planning for the future. • Transport issues/difficulties, due to additional safety requirements, are of major concern and impact significantly on accessing support • Families with specific difficulties require independent advice on housing and finance, and will require signposting to direct support services, e.g., food banks • It is difficult to communicate with some families as they may not be receptive to external advice and support • It is important that positive relationships built on trust are established • Some settings may struggle to support children and families with additional or special needs due to financial and/or staffing restraints • Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not believe their child has additional needs. • There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, EHCP	• Ensure have understanding of all barriers to accessing range of support • As part of universal services, how will we signpost those with particular need? • Many issues relate to attachment - ante-natal support provides opportunity to provide early help with emerging attachment issues • Speech and language referrals are taking >12 months - what can be done in the interim? • Numbers and ratios of specific target children/families need to be considered and used to assign support EY providers, i.e., higher numbers of 2yr old placements require additional support/finance • Need to identify what support network will work best for vulnerable parents/carers • Apply funding for 2yr nursery placements more creatively, e.g., provide funding for CWD to get developmental support via childminder when rurally isolated • Support parents to feel confident about making contact with health visitor or others, e.g., Hereford Carers • Develop services that are flexible enough to meet family needs • Professionals who support children with additional needs rely on the communities to support and promote inclusion. Partnerships between communities, charities and businesses can considerably help support children with disabilities.	• Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND • Development of EH team and EH coordinator [based on Kent model] • Review [survey] of access to information for EAL families • Use CC's to provide required 'face-to-face' support • Possible roll-out of 'Bookstart' universally • Local news letters • Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships

• Ensure that advice is fulfilling the needs of the family, e.g., parents with CWD offered appropriate "respite" • Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination. • Some families they have to wait a long time for support, e.g., SaLT • Housing may be an issue for a family and it is known for a family to live with older generation until housing becomes available. • Support for speech and language delay is frequently requested. • Information on dummy use and how interferes with speech and language is needed as, currently, there is not a universal message outlining links between tooth decay and speech and language.		

Table 8: Service and systems transformation		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Current services are focused on having a label • Ongoing budget restrictions and limitations create difficulties for support provision • Impact of austerity and continued demand for change - negatively impacting EY providers and services • Consideration to be given to children post 2yr assessment, who are not NEF funded - what support can be put in place to support their readiness for school? • Extension of 15hrs placement to 30hrs has been problematic in processing/applying • Currently, there are limitations on availability of digitally based information • Digital systems and data-bases are not compatible for linking up so that information can be easily shared • Professionals need to recognise that our processes/ assessments/ criteria's/ waiting lists/ meetings etc., can be overwhelming and, for parents/carers, is hard to understand or decipher difference • There is often too much of a delay for funding coming through to support universal plus children - bespoke support is being applied when staff/finances are stretched.	• Children centres to support all not just 'critical' • Apply whole family approach to support • Develop procedures for teams to support picking up on early identification of emerging issues or low level support • Establish clear strategic direction on what can be and what can't be transformed within support/services • Time given to build on relationships between families and, e.g., CC personnel and HV's and personnel continuity to be maintained • Prioritise families with NEF funded 2yr olds for additional support • Consideration to be given to cost effectiveness of services and the impact they have on children's outcomes • Ensuring deadline for assessments i.e., 2 year checks carried out at age 2 • Ensure that families are required to seek minimum number of professionals to contact • Establish good communications based on individuals' requirements and interactions rather than service • Too many referrals to different contacts – being 'passed pillar to post' - a link-person role is key for families • Improve response times • Professionals need to be creative in how and when they work with families, e.g., home visits, visits to settings and groups • Process for service referrals needs improvement • Reduce paperwork to help speed up process for referral • HV move on-line – no more paperwork getting lost • Develop simple IT solutions for flagging of alerts	• Implementation of partnerships, organisations, and service arrangements needs adequate time to embed in practise • Professional drop-in sessions – cut down paperwork and paper chasing

Table 9 : Access to services		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support, e.g., mums that are without transport during the day because partners are out working or seeking work • Access to an available nursery for NEF funded children living in isolated rural areas is an issue • Other childcare commitments prevent parents/carers from accessing groups, e.g., medical appointments, • Difficult for parents to find group/ activities which are affordable and safe in some areas • Families move around and can be very hard especially for travelling families; outreach has to play a part in provision. • Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement • For most families, transport is a huge issue when support is being put in place. Whilst it is the parents' responsibility to attend appointments we need to acknowledge the barriers that families face in accessing services. In that initial phase when appointments are made we need to be clever in the way that we organise this. Volunteers may be able to support the parents to get to the appointments and have the skills and empathy to ensure emotional wellbeing. • Similarly, children (16+) and adults have no access to work opportunities because of these reasons – an example of Early Intervention being essential to supporting best Outcomes for Children and families • Within rurally isolated groups many parents/carers do not have family nearby to ask about issues, use as support/child care or have an opportunity to have time to themselves without the children. • Consider how the accommodation and environment impacts on parents, carers and families – what messages about public health issues are being presented?	• Improve and make access easier for the more isolated groups [requires provider request forms currently] • Provide outreach approach for some services • Develop one-stop shop – all services in the area together • Access 'captive audiences' such as ante-natal clinics to offer other advice, information and support services • Improved application and sharing of accommodation to help break barriers • Involve use of libraries to support S&L development in children • Develop shared use of facilities and venues	• Children centres on the move to reach rural areas, like 'library on the move'

6 Parent/carer discussions

6.1 During the engagement period, 6 organised discussion meetings were held so as to gather views from parents/carers across a range of localities:

- Widemarsh Children Centre
- Ledbury Children Centre
- Greencroft Children Centre
- Peterchurch Community Centre
- Hinton Community Centre
- Belmont Community Centre

6.2 The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements
- **Service Approach Suggestions** – suggestions for specific approaches to service design
- **Delivery Suggestions** – suggestions for specific forms of delivered service

6.3 From discussions with parents/carers and from the comments contributed via the on-line survey, the following key development themes were identified

- Advice , guidance and information for parents/carers
- Specialist support
- Community development
- Access and accommodation

6.4 The percentage of the total comments captured that refer directly to each theme is shown in the table below:

Chart 4: % Reference to Key Themes - Parents
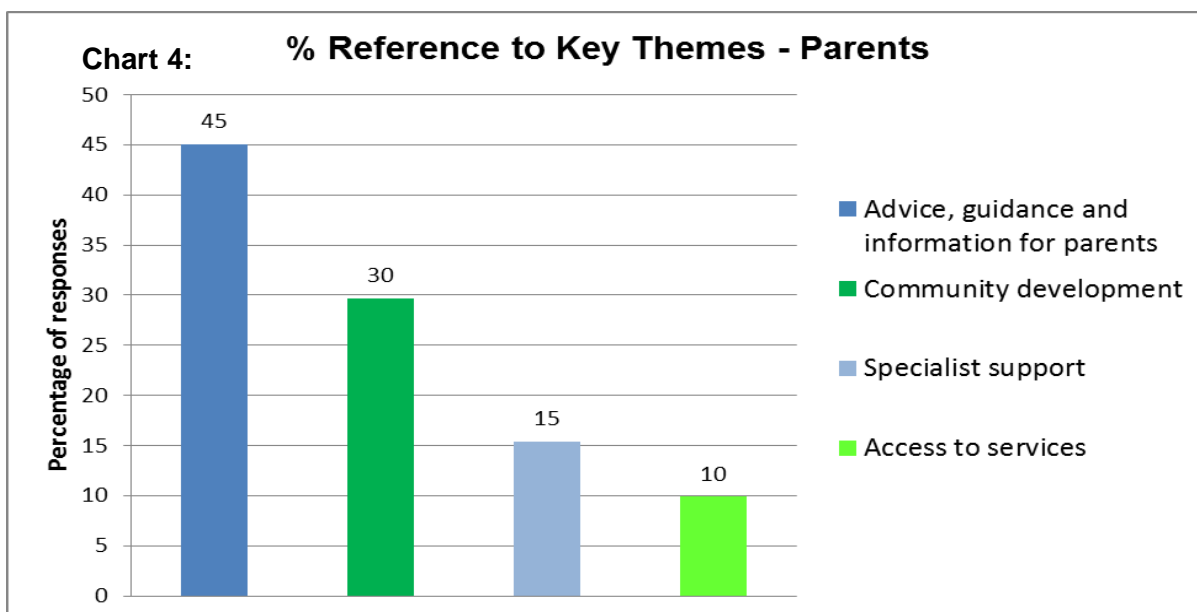
6.5   Tables summarising parent/carers' commentaries for each key theme are set out below:

Table 10: Advice, guidance and Information		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Being able to talk to others is important including both family/friends and professionals • Listening and sharing experiences provides valuable support • Parents use a mix of information sources which includes self-researched information and direct professional advice • Support from family for help with childcare is often limited because of family members' work and commitments • Parent would need to feel confident about who and where they get information from in order to be able to support children. • Parents use a mix of information sources which includes self-researched information and direct professional advice, including researching problems before seeing GP • Support from extended family is varied and often dependent on when needed - week or weekend • Ultimately, it is the Parents decisions about choices to be made. As a Parent they would do all that they could to give their child the very best start possible. • General internet searches can be very inconsistent and varied in reliability of information sources - may lead to more anxiety and worry in parents. Known, reliable sites such as NHS offer parental/carer confidence • Some parents/carers are suspicious or lack confidence in internet sourced information - prefer face-to-face • Networking of parents/carers/peers can be helpful • Family/friend networks can play valuable role in supporting parents/carers' confidence in finding more information for themselves • Specific site offering information about what is happening in Herefordshire would be useful • Recognise that information between generations can be different - need to ensure parents/carers are receiving most up to date information • Parent'/carers recognise that professional perspective is important	• Parent accesses a variety of sites for information including Google and specific sites that can offer advice based on facts, such as NHS. • Parents can get information and activity ideas from the groups attended, e.g., reading, writing and numeracy activities • Partnership between parents/carers and professionals is key in ensuring best outcomes • Ensuring the support is offered meets all the family's needs and is followed up. May leave parents/carers feeling vulnerable and worried if not followed up adequately. • Would expect the council to be able to signpost those in need to the relevant organisations verbally as well as on the website as not everyone has access to a computer. • Better explanation on how + when health visitors can be accessed for advice.	• Support with budgeting, claiming benefits and deciding childcare option would be helpful • Focused parents groups, supporting particular groups of parents/carers, e.g., young parents • Maintain a good array of play groups at children's centres. • CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning • Support and guidance on feeding would be helpful

• Some parents/carers are willing to engage in training and accreditation to support specialised services, e.g., breastfeeding • EAL families may rely solely on professional services such as HV clinics. May not be able to fully access other information sources or services, and not necessarily aware of what's available • Some parents rely intensively on extended family support for childcare and advice • Some parents prefer not to engage in formally organised learning programmes • Recognise that parents/carers emotional wellbeing needs to be supported and that parenting styles differ • Parents should be informed of what is expected in term of their children's development require good level of development guidance to support parenting skills and knowledge. • Setting off on the right foot is essential for Parents to feel comfortable in supporting their children, especially with behaviour issues. Ensuring that Parents/Carers are supported with all developmental issues that may arise. • Professionals that know the parent/carer/family more likely to get the best outcome. • Parents may want help with selecting the right school for their child • It is especially important and reassuring to be able to contact people about health concerns and gain advice about education. • Parents are not always confident that support agencies such as volunteers have sufficient knowledge to help with concerns and enquiries		

Table 11: Community Development		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Some parents do not want to be actively involved in in community groups or activities as they do not want to be tied to anything specific • Some parents will access groups not in their immediate area or community • Professionally run activities/groups aimed at families with babies and very young children have positive impact on children's outcomes, e.g., Library Bounce and Rhyme • Some parents prefer to access activities and events on a daily basis • Accessing group activities is good way for both parents and children to socialise • Parents/carers having positive support experiences recognise the value of these experiences and can contribute to further support others • Play Areas are used less and felt this should be explored. It was a missed opportunity for children and families to enjoy being outdoors. • Doing things like organising or getting involved in activities may help parents/carers to make friends. • Ensuring that all communities recognise the value of early years groups, especially to support families who cannot access more expensive activities. • Links to local support groups, be more proactive in support rather than leaving it to parent motivation, vulnerable parents such as those new to an area can be intimidated going to established groups etc. Support groups could be developed in schools / nurseries where families are seen regularly and get to see regular familiar faces • CC's are good source of knowledge for parents and promote friendships and networking • Some parents/carers are not confident in current education and care support systems - can new service structure reflect more cooperative approach, giving consideration to parents' style and preferences • Access to more workshops and classes to support parents/carers would be useful	• More outdoor led opportunities to engage in for pre-school children, such as Forest School would be valuable. Would also like to see more Jungle/Soft Play places. • Volunteers or peers with EAL involved in activity/community groups positively supports integration of other EAL families into the community • Group/community activities are a good way for parents/carers to learn from each other • More Information Boards around the area with relevant info' about what is happening • Making outdoor spaces welcoming and accessible. As a Parent being outdoors in places such as Queenswood is important. • Find ways to sustain groups so that they continue • Having had good practice modelled helps parents/carers and volunteers to maintain a professional, inclusive approach to all who would like to access and support group. • More volunteers would ensure a better coverage of community support. • Provide help and advice on setting up volunteer support groups if setting up a group that does not already exist. • Promote inclusion by having more groups/activities/CC led activities in rural locations and for difficult to reach families • Recognised that the council should target support for more disadvantaged children and families • Organise more groups and activities for localities, supporting parents, carers and families to get together	• Comprehensive directory of family assistance available, for tailored support. • Access to nurseries and/or crèches in CC's would be helpful • Further education/hobbies such as swimming lessons, music lessons, drama. Useful sports that can include parents encourage them time with their child or relation.

Table 12: Specialist Support		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Parent/carers need to feel confident that communications with professionals is two-way, and time and focus provided by professionals to ensure good communication • Parents within Hereford city area generally find easier to access services and information • Good dialogue between families, schools and a range of professionals help ensures confidence of parents/carers and their children • LA has a role/responsibility to inform families about services available and on offer • Communications and information provided by different professionals can be inconsistent • Some specialist support is very effective in support and information offered, e.g., hearing • Families recognise and value professional support such as CC's and HV • Parents/carers who are also professionals can have positive role in supporting peers and their communities • Parents need ongoing support for children's welfare throughout - includes education and training or parents, child milestones and what to expect, help with physical and mental health problems, teenage health and safeguarding. • Parents value having right information, advice and guidance from start - ensuring babies are developing correctly and getting the right health support and advice	• Ongoing dialogue between professionals needs to ensure that relevant information about available services is shared and up to date • Explanation from Professionals of what parents can do for themselves when addressing issues is important, right from the beginning. • Being fully informed by professionals is supported with relevant literature/ modelling/discussion. • Professional support for parent run groups will ensure policies, statutory regulations and safeguarding requirements are met • Groups need to know that there is professional support with issues that may arise. • Parents would value having clearly structured outline of support available and a well indicated 'gateway' for specialised services	• Drop-in crèche to support parents with little or no family/friend networks would offer valued respite and help, e.g., for attending GP appointments • Parents/carers would value have easy access to advice and guidance on adult issues such as housing, money and jobs

Table 13: Access to services		
Key Considerations	**Service Approach**	**Delivery Suggestions**
• Parents/carers living in Hereford can access further afield activities more easily - this does not necessarily support local community development and parents appreciate having activities closer to home • being able to talk to others is important including both family/friends and professionals • Families from the Deer Park area of Ledbury have difficulty accessing the Children Centre and a more centrally based Community space would enable those families. • Working parents have limited opportunities to access groups/activities as often scheduled during week days • Parent/carers are not always confident to go somewhere new or different, including attending new groups/activities • Families living outside of Hereford may have difficulty in attending city based services, e.g., hospital appointments • Access to professionals can be difficult, e.g., GP appointments at time of need • Consideration is given to timings of appointments made and access to them may need additional, adequate support. • Being in the City has advantages; there is more choice if you can get to the Groups.	• Limited opportunities for children to learn and play together in a structured way outside of term periods. What is available can be expensive [NEF funding not available for nurseries in holiday periods]	• EAL families can support peers through language specific chat communities • Develop more play and stay type activities around Ledbury area

7 Research objectives – summary of delivery suggestions

7.1 Addressing the original foci underpinning this research, the following table categorises the potential delivery solutions offered by respondents:

Table 14: Potential Solutions			
What parents/carers might to support themselves	**What local communities might provide in support children and their families**	**What family and friends might do to support children and their parents/carers**	**What professionals might do and how these services can be best accessed**
• EAL families can support peers through language specific chat communities • Develop self-help quiz to enable parents to find out what support they actually need and show what's available • Develop self-help books • Develop on-line tools e.g., CAB, housing • Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood • WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date • Make available use of community computers to parents/carers • Develop overview of what support available – website, hard copies • Develop information and support app for smart devices • Offer parenting classes before birth of children • Support developing parents/carers' knowledge of issues that impact on children • Regular repeated information groups giving advice on parenting, child development, finance, housing, feeding, dental health • Support for help with identifying when/if support is needed, e.g., self-help tool on-line	• Develop more play and stay type activities • Make links to existing on-line communities and support groups • Create Herefordshire on-line help forum • Develop social media groups [securely administered] to offer self-help and support • Develop phone support service to offer regular support and 'friendly voice' • Parents and Carers use the settings' Facebook pages and chat to each other or ask for information.. • Learning Alliance Provision - would be good if something similar could be introduced. • Focused parents groups, supporting particular groups of parents, e.g., young parents • Maintain a good array of play groups at children's centres. • CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning • Establish good park and recreational facilities • Develop community transport schemes, e.g., car sharing • Develop more accessible groups, e.g., more available at weekends for working parents • Develop parent and family support through church groups, Brownies, Cubs, mother &	• Use FaceTime and Skype supporting technology to support families in rural isolation • Support for grandparents and families to be up-to-date about information and the support/care approaches recommended professionally • Buddy system using family and friends to support working parents • Family/friends to offer 'babysitting' and respite, so parents/carers can rest, attend courses/ training, get to appointment and interviews • Develop a hub or meeting space where families can meet up and exchange information and make friendships • Call networks within friends/ family - call regularly to offer information, advice and a friendly voice	• Children centres on the move to reach rural areas, like 'library on the move' • An early help telephone line • A WISH telephone line • Parent drop-in service [face-to-face] • Provide on-line training for parents using social network and on-line communities • Settings to provide story sacks for families. • Professionals support and advice on behaviour management could be offered through a guide with strategies and tactics • Support with budgeting, claiming benefits and deciding on childcare • Support and guidance on feeding • Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding. • Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves • Establish common, shared outcomes for children and families • Establish common, shared language and use of terminology • Develop shared assessment tools • Health professionals could signpost to other services on offer • Regular professional support with the same person, giving time to get to build trust with

• Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club' • Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools • Develop parental peer support opportunities	toddler groups, sports groups, etc. • Create small hubs in local venues to provide children centre outreach • Develop a 'community coordinator' to support development of connections and networks in rural communities • Train and develop ambassadors within communities • Introduce concept of 'community mothers' - community role models who can be a point of contact for parents and carers • Develop free drop-in help groups • Develop local community notice boards. • Develop holiday clubs • "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys. • Provide communities with grants that should be spent in outcomes [CYPP] • Access to more nurseries and/or crèches in CC's • Further education /hobbies such as swimming lesson, music lessons, drama, sports - activities that can include parents. • Information Board, leaflets and who to contact for professional support. • Local news letters • Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships • Drop-in crèche to support parents with little or no family/friend networks, e.g., for attending GP appointments • Easy access to advice and guidance on adult issues such as housing, money and jobs		the families • Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND • Development of EH team and EH coordinator [based on Kent model] • Review access to information for EAL families • Use CC's to provide required 'face-to-face' support • Possible roll-out of 'Bookstart' universally

7.2   The research undertaken has presented substantial data and information to support the scheduled redesign of early years services. Specifically, respondents' contributions have provided some valid considerations and service approaches that should aid development of key principles for shaping service organisation, and respondents have also offered valuable suggestions for actual service delivery. However, it is recognised that suggestions and comments collated and summarised within this report are not exclusive or exhaustive, and continued co-productive activity will provide further contribution.