

Gwent Midwifery and Early Years Strategy

Executive Summary

The Early Years Integration Transformation Programme aims to develop a seamless cohesive system for children and families antenatal to 7years. The model was developed on a regional Gwent footprint through a partnership approach in a regional steering group.

The pathfinder pilot considered all of the current complexity and used Vanguard Systems Thinking methodology to understand where the system could be simplified for families and professionals.

The midwifery and early years model was shaped using families' views of what they valued in the system and how they felt teams should work with families, as well as listening to professionals about the work they felt was valued and where they felt there was waste. The early years core programme was developed using expertise and research from professionals in the system.

The strategy identifies key stakeholders and the specific benefits of changing to a What Matters approach as well as the communication plan and workforce development plan. The strategy also identifies key priorities and actions needed to realise the new way of working and a simplified, more cohesive, family focussed and borough wide early years system in the future.

Introduction – Why are we developing an integrated midwifery and early years' system?

There are many funding streams throughout midwifery and early years with many criteria and requirements for access to support. This has made the landscape of provision complex and challenging with multiple access / referral points and many organisations involved with limited coordination between the different funding bodies / projects.

The Early Years Integration Transformation Programme aims to develop a seamless cohesive system for children and families antenatal to 7years. The model was developed on a regional Gwent footprint through a partnership approach in a regional steering group: Aneurin Bevan University Health Board, Gwent Public Health Wales, Blaenau Gwent, Caerphilly and Newport Local Authorities and co-opted membership from Monmouthshire and Torfaen Local Authorities.

The model was developed using Vanguard System Thinking methodology and included a wide range of stakeholders from frontline to senior management.

The pathfinder pilot considered all of the current complexity and used Vanguard Systems Thinking methodology to understand where the system could be simplified for families and professionals. However, any changes had to still enable the reporting against the different funding criteria to meet current grant / programme

restrictions. The initial work was to map current provision and stakeholders in the system in each local authority area.

The strategy looks at the whole system (which is huge) and not focus on tweaking one small aspect which may have indirect impacts on other areas in the system. The strategy includes everyone to inform the learning and what needed changing / improving to benefit families in the early years' system.

Governance

The Public Service Boards approve the funding and bid submission for EYITP.

The Regional Steering group has membership from ABUHB, Public Health Wales and the five local authorities to ensure all are influential in the direction of travel and have governance on the model proposed, evaluation and reporting required internally and externally. The Regional Steering group links to the newly created Gwent Public Service Board.

Each Local Authority area has an operational management group of stakeholders who can oversee local operational delivery, bring wider partners to the pilot, collectively bring skills to enhance and remove blockages as well as a collaboratively evolve the implementation of each pilot and feedback to regional steering group.

Key stakeholders may include:

- Aneurin Bevan University Health Board
- Gwent Public Health Wales
- Blaenau Gwent Borough Council
- Caerphilly County Borough Council (host LA)
- Newport City Council
- Torfaen County Borough Council
- Monmouthshire County Borough Council
- Local schools to each pilot
- Local childcare to each pilot
- Flying Start
- Families First
- Supporting People
- Childcare
- Housing
- GAVO
- Various local stakeholders relevant to each community pilot

Vision, values, and principles

Purpose

- To work alongside all families to ensure their child has the best start in life, taking into account what matters to them, accessing support if and when needed

- To create a sustainable integrated model to meet families' needs at the right time in the right place by the right person

Principles and values for working with families:

- The family is the expert in their own life – build on their strengths and networks to build resilience
- The family has ownership about their life
- Maintain continuation of relationship and pull-in rather than refer on – working as a whole multi agency and multi professional team
- Each family is treated as an individual – help them with what matters not just what's on offer
- Equity in access – universal access
- Design for what matters rather than silos
- Build on the strengths of communities
- Build on the strengths of staff
- Help families make informed choices, framed by appropriate challenge as needed
- Keeping families safe and healthy
- Only record what we need and make it accessible
- No duplication (assessment, support, information etc.)
- Listen and understand what matters
- Enable people to contact us when and how they want to and get the information in the format they want

Gwent Early Years Team working principles

1. What Matters to each family member is central; don't just give what we've got
2. Build on strengths of the family members, friends, and community, before putting a service in
3. All families should be able to access the support they need when they need it regardless of where they live
4. Ensure someone in the team has a consistent trusted relationship with the family
5. Build relationships in your team, so you support and work with each other
6. Continue to develop and use your own skills as well as joint work alongside others where needed to meet the family needs – don't just refer on
7. Proactively share information across the team to support the family
8. Be confident to ask broader questions to understand root causes of family needs at every contact
9. Families are able to contact their team when and how they need to
10. Question work you are asked to do that doesn't add value for families

The working principles do not override the law or our professional duties

Principles underpinning the integrated midwifery and early years' system

Our early years' core offer is a Gwent wide integrated model that includes all partners in the midwifery and early years' system and is wider than one agency's statutory requirement. The core programme is intended to cover the requirements of the health contacts of the Flying Start programme but worked from a more

multiagency responsive needs led perspective to widen support to those families outside of Flying Start areas.

We aspire to co-locate multiagency teams where possible and will work together towards co-locating over a period of time as opportunities arise. We will work strategically to plan maximum use of resources available taking into account the size and demographics of the communities served. This may include submission of capital bids to extend buildings or create spaces for co-delivery which may include co-location and enable all staff accessibility to the right resources to do their role. We will ensure that our teams remain accessible to their communities, and in so doing we will meet the requirements of the socio-economic duty and the future generations and wellbeing act.

Relationships and communication between and within frontline teams is essential to coordinating support for families and preventing duplication. We will support strengthening of relationships through the most practical solution for the context, for example, considering how we co-locate or geographically link teams together. Every family will know their health visitor and their local integrated team.

We will aim to bring early years funding streams together to deliver the early years system 0-7years, wherever possible to maximise the reach and support available for families as well as getting better value for public funding. We will work together to overcome challenges around procurement processes to support improved outcomes for the child and family.

Workforce development is critical in creating early years integrated teams. We will develop an integrated workforce development plan for all teams that all managers will commit to release staff to attend the training. We will build sustainability and succession planning for the longer term into workforce development to ensure that mentors are able to support implementation of the midwifery and early years model and our workforce continues to grow. The mentor workforce development programme will include how we use our regional posts to share their knowledge and expertise to upskill wider midwifery and early years teams and bring capacity to the system.

The workforce is crucial to delivery and so we will work together to maintain consistency in the teams wherever possible, enabling them to form consistent relationships with each other and their families and communities.

We recognise the importance of sharing information on individual families and developing shared records across local authority and health board. Initially this may mean shared paper-based files, access to shared birth book/HV Cat for 100% of the families 0-7, all pilots testing WCCIS to see if this could be the shared record moving forward to avoid duplication of reporting/recording. We will refresh the Information Sharing Protocols to update for the current shared record system in each local authority area and try to future proof the system. We will work together to identify the information needed by each stakeholder in the system and for what purpose.

We are committed to the steering group taking all decisions on the programme and implementation to ensure all decisions move toward a regional approach. If any pilot or local authority wishes to test something outside of the model, they need to bring it to steering group prior to implementation for discussion by all areas/teams. The leads will work together to remove barriers to integration. We recognise there is a

need for capacity in all areas including in leadership and management and we commit to give the time needed to take forward this integrated midwifery and early years model.

Midwifery is fundamental to establishing early intervention for families, so support starts antenatally and representation from midwifery is essential to the steering group and local operational groups as well as community midwifery links to the pilot areas. We are committed to engaging midwifery to re-establish their inclusion in developments including robust system development for contacts and notifications.

We recognise the importance of engagement of all stakeholders in any change management process. We will plan changes together to develop joint messages for the workforce supporting us to consult, engage and communicate clearly with all staff in local authority and health board.

We recognise the hierarchy of support as being fundamental to sustainability of the model and will work with our communities to support the bringing back of community led / run provision.

Early Years Core Programme

Midwives and health visitors are fundamental to the universal offer to all families and carry the clinical governance for their care hence being registered nurses. The contacts in the early years core offer would need consideration and decision on where, how and who to do the contact. Families who have not been seen at home for a long period of time, not been seen by their health visitor for a long time, and where there are concerns about engagement in other services should be prioritised for home visit contact by the health visitor. Equally families who have always been seen at home and struggle to leave their home should be supported to access space in the community for contacts / sessions. Contact decisions should be led by the family's needs and the hierarchy of support / graduated response.

For all families the first consideration should be to understand if they are able to access the right information, they need to support their child. The information could be leaflets, website, social media, online parenting programmes or courses, as well as telephone / virtual support. If there is provision within their community or within the wider community that a family is able to access independently then this should be the priority as this is more sustainable and empowering, for example, parent and toddler groups, community forum, peer support groups, community café, library, activity groups, etc.

Where families need more support than they can access through website, online or community basis, consideration should be given as to who is best placed to offer that support from the local core team, family worker, health visitor, community midwife, school, childcare setting, and the package of care they are able to put in place.

Some families need more intensive support from staff with specialisms pulled in to work with the core team and the family towards specific outcomes. This may be mental health and wellbeing, early language, developmental delay, advisory teacher, antenatal, housing, social communication needs, etc. Staff would work with the

family and link regularly with the core team to update on progress or non-engagement and review packages of care.

There is also a wider team around the community for differing or more specific support, for example, domestic abuse, homelessness, debt advice, mental health, parent infant mental health, substance misuse, gambling advice, complex health needs/diagnosis, etc.

Strengths, Weaknesses, Opportunities and Threats Analysis

Strengths:

- Bringing funding streams and teams together will widen service reach and enable families who need support to access it appropriately and prevent vulnerable families falling through gaps in the system.
- A whole system approach will ensure families have the right information on the support available and how to access it, when they need it.
- Good antenatal support will enable families' access to the right information for their children to be happy healthy and thriving. Early identification of need and timely support will allow families to support their child throughout their early formative years and create positive relationships, behaviours, and secure attachments.
- The regional approach allows shared learning and consistency for families who may move between boroughs.
- A graduated response to family's needs allows for better use of resources.

Weaknesses:

- Multiple partner organisations and diverse organisational priorities / cultures create challenges to integrating frontline teams.
- Commissioning cycles may be set and unable to change until specific date to bring funding streams together or change requirements of the contract.
- Governance structures within organisations not understanding the Vanguard Systems Thinking and therefore being resistant to change in the early years system to be more universally accessible, based on the needs of families.
- Integrated teams need to develop a shared language to ensure they have a shared understanding of their meaning/intent. There are many instances where words in one organisational culture can mean something different in another organisational culture and so care needs to be taken that integrated teams are talking the same language or there will be misunderstandings based on incorrect assumptions.

Opportunities:

- There will be an opportunity in future to review current contracts under different funding streams to consider joint funded contracts, integrated goals, or outcomes, needs of communities.
- There are opportunities for staff to share skills, knowledge and expertise within a team and increase understanding of each other's roles, teams and importance for supporting families.
- There are opportunities to increase partnership working and connection between a wide range of partners working in early years to improve support / community connections for families.

- Creating clear accessible information for families and professionals in the midwifery and early years system about support available and the way of working for resilient communities.
- An integrated Workforce Development Plan will enable clear training / standards in order to deliver a task / assessment / intervention and give assurance around professional competency regardless of role. The workforce development plan will include all staff within the early years workforce and identify key task areas and the training required to deliver it.
- There is an opportunity to use digital resources / technology to improve access for families. Barriers need to be considered including connectivity, data needed / costs, equipment needed, and ability to use technology. However, use of technology for families who have resource and ability can allow access to information / support for those who are in more isolated communities, those who are working and need access outside of the working day, those who are more vulnerable and not able to leave home, those who don't have the ability to travel long distances to access support/specialist interventions / assessment. Use of technology can also be advantageous to staff to maximise use of their time for families who are able to use this.

Threats:

- Professionals not sharing information or working in an integrated multiagency way could result in increased silo working.
- Professionals may not have What Matters conversations or be able to attend What Matters meetings to coordinate support plan for more complex families, and instead revert back to a scatter gun of referrals for a menu offer of support creating duplication and waste in the early years system.
- Families may not understand why they are offered support when they want childcare to be funded.
- Electronic shared database may have unforeseen issues with bringing multiagency teams into using it, which will limit information sharing to support families holistically.
- Professionals resistant to changing practice to a more integrated way of working may create blockages which will need resolving.
- Recruitment and retention of staff across the whole workforce is a challenge. There is the need to work across agencies and Welsh Government to address shortages of qualified workforce in health visiting, midwifery, childcare, family support, etc. Retention of staff is also a significant issue, and each employing organisation needs to consider why staff leave and how they can reduce this.

What long-term impact do we hope to achieve as a result of our changes?

- One team who makes joint decisions and shares workload and decision making updating a single child and family record
- One early years' service with shared data/information working as one team with professionals happy to share knowledge, pool resources and willing to work together to meet the family needs
- Family is in control and taking responsibility for their decisions

- What Matters conversations identify needs early which are addressed to avoid escalation by late identification
- Positive transition to school including information sharing and support for developmental milestones

Families:

- All children given a better start in life
- Families feel listened to and are supported earlier and have better support packages available to them when they need them
- Families know who to go to access support and know what's available
- More families engage with community & universal provision
- Families feel listened to and in control

Staff:

- Staff are motivated and feel a sense of achievement
- Empowers and motivates staff as they can offer more, not just a menu
- What Matters to families becomes the normal way of working

Across the system:

- One Service for Early Years
- Narrowing of health inequalities
- Transition to school improved
- A reduction in children/young people requiring mental health support
- Reduced demand for intensive specialist services
- Reduced demand on statutory services
- Reduction in NEETs and unemployment

Key performance indicators

- Number of children who are categorised under the health family needs assessment as universal, enhanced, or intensive
- Number of children open to safeguarding process CASSP
- Number of children where there are concerns CASP
- Number of children looked after (CLA)
- Number of children with emerging developmental delays
- Number of children with complex medical needs
- Number of children receiving early intervention support who transitioned to universal community provision
- Number of children escalated into statutory services
- Number of children starting school / nursery with no support needed or the correct support in place.
- Number of children requiring specialist placement accessing the correct provision.

Stakeholders – What does everyone want and need the system to do?

Early Years staff teams

- There is improved communication and information sharing between team members to be able to support the families better and know what is happening.
- Staff are not duplicating records and only writing reports once, being able to share them between different team members and limit writing duplicate referrals to get different types of support.
- Staff know what support is available for families and how to access it as simply as possible without needing to know criteria or check postcodes or funding streams.
- Staff don't feel so overwhelmed with the family's needs and don't feel totally alone in carrying the responsibility.
- Staff feel that families can get the right support by the right person in the right place and at the right time without needs escalating and reaching crisis.
- Staff feel more resilient in their roles.

Families

- Families know who to turn to for support when they need it and don't feel overwhelmed by appointments or too many workers.
- Families only have to tell their story once as they know the team share relevant information, so they add to the story and not repeat it from the beginning.
- Families feel more in control of the solutions they need and feel able to prioritise what they need to happen to support their family.
- Families are better linked to their communities.
- Families feel more resilient and confident.
- Families feel they can trust the worker/s because they know them and have had time to build relationships.
- Families have friends and support networks in the community.

Childcare and School settings

- Setting staff feel they know the children and the family needs before they start.
- Setting staff feel they are able to meet the needs of the children and families coming to them.
- Setting staff know the wider team who can also support the family if they need some support.
- Children and families feel supported in transition, so they settle quicker into the new setting.

Governance – political / board members and senior managers across organisations

- Use all funding effectively to meet the needs of the population.
- Deploy staff teams effectively to meet the needs of the population.
- Demonstrate outcomes from the funding and promote organisational reputation in meeting the needs of the population served.

- Demonstrate partnership working and compliance with cross cutting regulatory / legislation e.g., Wellbeing of Future Generations Act

What is the current position?

During 2020-2022 early years' staff teams have been responding to the pandemic and the rising needs of families impacted by coronavirus. There are escalating needs across all families and geographical areas including in families previously thought to be low need and fairly resilient, capable, and coping. The impact of the pandemic has to be understood at an individual family level as every family's experience is unique and their needs differ.

However generally there is increasing demand for support to meet

- speech and language delays,
- child development delays,
- child behaviour,
- parental anxiety,
- child anxiety,
- relationship breakdown,
- financial impact and poverty,
- social isolation,
- communication and social interactions,
- community resilience and connections.

However, during this time period, the Early Years Integration Transformation Programme also conducted the phase 1 pilot, exploring new ways of working, developing the early years model and how we can remove some of the complexity in the system for everyone in it.

Each local authority area in the Gwent footprint has a different local context and is at a different point in the journey to deliver on the principles and values for families shaping their delivery to meet the regional principles. However, all are looking at the support offered to families being universally accessible relevant to the family needs. All local authorities are considering how they can bring funding streams together to create borough wide provision, shared database for early years teams, reduced referral paperwork and greater integration of the early years team with the family at the centre with What Matters conversations embedded in everything that is done.

Communication plan

The communication plan has been developed to ensure everyone in early years has the right information at the right time.

The plan includes how we will share information with families through websites, social media, direct emails or texts, early years team members and Parent

Champions talking with families, as well as connections with local community members and community buildings.

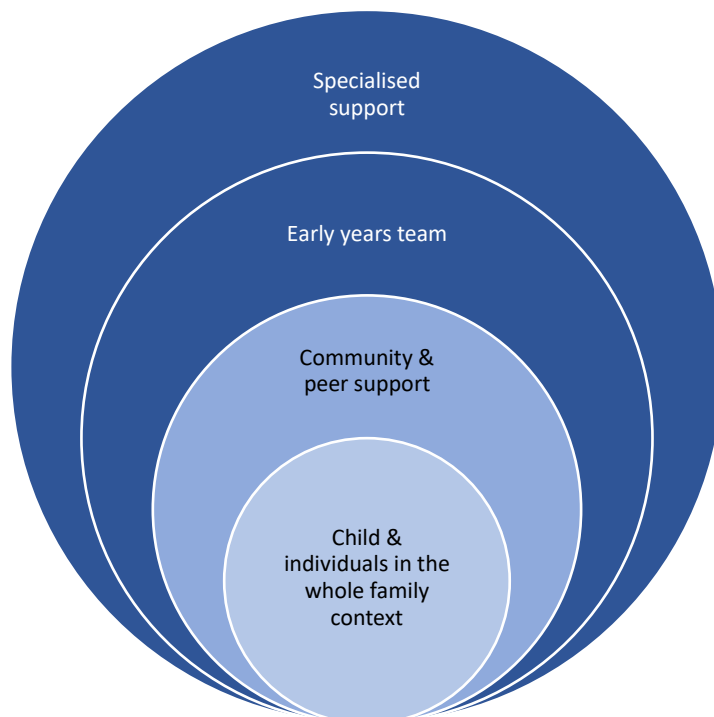
Managers of early years teams and their frontline team members need to have the right information to connect with each other and to support families effectively. The plan will identify how we update all teams, how often, responsibilities of leads to disseminate information, and what media format will be used.

The communication plan will also identify briefing papers needed for wider partners in and beyond the early years system. The plan will identify how we will distribute briefings to all professionals connected to the early years system enabling access to the right information relevant to their needs.

What is the hierarchy of support?

The hierarchy of support is a strengths-based model recognising the child and family at the centre. We need to begin by identifying the individual and family strengths before we look at what the family priorities are and how they can access sufficient support to meet their outcomes without creating service dependency.

The support fits around the family to build that core strength and community connections promoting the wellbeing and resilience of the whole family.



The community support may be peer support groups, parent and toddler groups, local community based and run provision, voluntary run support, buddy support systems, childcare, school, friendship groups, etc. The community is not necessarily defined geographically but may be peer groups where the community members have something in common that draws them together e.g., kinship carers support group

may have members across many geographical areas but have a common shared interest or experience.

The early years team would include anyone working to support families in early intervention for emerging needs. The team may include midwives, health visitors, family workers, language and child development practitioners, teachers, housing support workers, as a core team of frontline professionals working together to support families in their communities.

The specialist support would be needed on an individual targeted basis and may include social workers, substance misuse professionals, domestic abuse practitioners, parent infant mental health service, community psychology, paediatricians, speech and language therapist, specialist midwife or health visitor or teacher, portage, physiotherapist, CAMHS, debt advice services, supported accommodation team, refuge, Education Psychologist.

Workforce Development Plan

For the whole midwifery and early years workforce to move to an integrated What Matters team approach, there will be a need for a Gwent wide workforce development plan. The plan will need to identify key task areas and the specific training required to do the interventions or support to the required standard. There will need to be a core training for all practitioners including Vanguard system thinking to establish the need for the change in culture needed, What Matters communication training, as well as integrated working including the values, skills and behaviours to support integration of teams.

Funding model

There are many funding streams in the early years system including grants and core funding for services through the community and core team layers as well as more complex funding in the specialist services.

- Aneurin Bevan University Health Board – health visiting and midwifery core funding
- Local Authority core funded services
- Children and Communities grant – Flying Start
- Children and Communities grant – Families First
- Children and Communities grant – Childcare and Play
- Children and Communities grant – Legacy
- Housing Support grant – Supporting People
- Child Development Fund
- Childcare Offer infrastructure grant
- Childcare Offer grant for placement payments and additional support
- Healthy and Sustainable Preschool Scheme & Obesity grant
- Additional Learning Needs Transformation – Early Years grant

- Early Years Education Pupil Development Grant & Education Improvement Grant
- School Holiday Enrichment Programme (SHEP)
- Early Years Integration Transformation Programme – strategic development & operational delivery
- Playworks Holiday project grant
- RRRS grant for non-maintained childcare settings
- Integrated Care Fund (ICF)

Operational plan – what are the key priorities to deliver the programme plan

1. Development of a shared outcomes framework and key data for reporting
2. Development of a shared family record on an electronic database, e.g., WCCIS
3. Implementation of an Early Years Workforce Development Plan for the Gwent region
4. Support the development of community-based provision, building on existing social community capital
5. Implement the Early Years Core Programme across the boroughs embedding the model and approach in all early years' teams
6. Evaluate the impact of the early years model and develop an ongoing evaluation framework
7. Develop joint commissioning processes to align funding streams across grant funding and core funding to maximise reach of support to vulnerable families across the borough