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Evaluation of the Early Years Integration Transformation Programme

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Evaluation of the Early Years Integration Transformation Programme

Final Report

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Glossary

Acronym/Key word	Definition
Child Development Fund	A Welsh Government grant to provide additional support to children under 5 to address concerns around developmental delay as a result of the Coronavirus (COVID-19) pandemic restrictions.
Children and Communities Grant (CCG)	A flexible funding grant that brings together seven existing Welsh Government programmes and provides funding to local authorities to deliver the 7 early intervention and prevention programmes within the grant. The flexible funding approach encourages local authorities to strategically align their services at a local level to meet local needs.
Early Intervention Foundation Early Years Maturity Matrix	A self-assessment tool to support a system-wide approach to improving outcomes for children in the early years that has been developed by the Early Intervention Foundation.
Early Years Integration Transformation Programme	A co-construction programme involving nine pathfinder Public Service Boards. The programme aims to test a more coherent, integrated and focused approach to the early years, to ensure that children from all backgrounds have the best start in life
Families First Programme	A targeted programme for families with children age 0-25 that aims to improve the design and delivery of local authorities' family support services, by offering support that caters for whole families, rather than individuals within families and by co-ordinating the organisations working with families so that families receive joined-up support.
Family Resilience Assessment Instrument and Tool (FRAIT)	A resource introduced as part of the Healthy Child Wales Programme that supports health visitors to make robust, consistent and reliable assessments of family resilience to inform their subsequent support needs.
Flexible Funding	Developed by the Welsh Government enabling seven pathfinder local authorities to adopt a more strategic way of delivering early intervention,

	prevention, and support, by having full flexibility across ten existing Welsh Government programmes, which were combined under one grant in a pilot approach.
Flying Start Programme	A targeted early years programme for families with children under the age of four years who live in some of the most disadvantaged areas of Wales.
Foundation Phase	The Foundation Phase is a developmental curriculum for three- to seven-year-olds in Wales. It encourages children to be creative, imaginative and to have fun while making learning more effective..
Healthy Child Wales Programme (HCWP)	A universal health programme for all children up to the age of 7 years that sets out the planned contacts children and families should receive from health visitors and other health professionals, from the time of maternity service handover up to the first years of schooling.
Outreach	A key element of the Flying Start programme which allows local authorities to apply a degree of flexibility within the programme. Flying Start services can be delivered through the Outreach element of the programme to high need children and families living outside of recognised Flying Start areas.
Pathfinders	The term used to describe the PSBs that are participating in the Early Years Integration Transformation Programme
Public Services Board (PSB)	PSBs were established under the Well-Being of Future Generations (Wales) Act 2015 and are intended to improve joint working across all public services in each local authority area in Wales.
Realist Evaluation	A theoretical approach to evaluation that offers ways to address how, when, why and where a programme or intervention works or not through the generation of an explanatory programme theory.
Schedule of Growing Skills (SoGS) assessment	An approach to measuring child development through the assessment of nine key areas: Passive Posture, Active Posture, Locomotor,

	Manipulative, Visual, Hearing and Language, Speech and Language, Interactive Social and Self-Care Social.
Silo working	Teams or departments working towards the same objectives, often in close vicinity, but not sharing information.
The Vanguard Method	The Vanguard Method is a facilitated programme that provides the means to study service organisations as systems. The knowledge that going through the Vanguard process generates leads to informed choices for redesigning organisations as systems.
WellComm speech and language assessments	A toolkit designed to help early years settings identify children from six months to six years old with Speech, Language and Communication Needs (SLCN).
Welsh Community Care Information System (WCCIS)	A single system and shared electronic record intended to enable health and social care staff to deliver more efficient and effective services.

Executive Summary

- Welsh Government has a long history of working in collaboration with Local Authorities, NHS health boards, and the third sector to deliver a range of early years programmes in order to improve provision of services to families.
- The Early Years Integrated Transformation Programme¹ is designed to maximise the benefits of these programmes by coordinating a more joined up approach to delivery. In acknowledgment of the variations in local contexts, nine Public Service Boards (PSBs) have signed up to be pathfinders to develop and pilot integrated ways of working.
- There is a vision for integration present in all the pathfinders. At the highest level the different visions share common elements, including the necessity for need to be the key driver of early years services. Full awareness of these visions, and that of the overall programme by operational staff is generally limited with knowledge only of their own delivery inside specific pilots.
- Efforts that have been made early on to create a vision for a pathfinder have been successful. This has led to positive outcomes, preventing later barriers to delivery experienced by other pathfinders, and providing a greater depth and ownership of a vision than elsewhere. The process of vision creation is dependent on the experience and organisational experience of the integration coordinator.
- Vision creation and ownership can be hindered by differing priorities amongst programme partners and concern around the short-term nature of the programme. Set against this, where past programmes have left a legacy of integrated thinking, visions for integration have been aided. Vision and strategy at a regional level is better where multiple pathfinders are present within a health board area.
- There is a good understanding of the aims and objectives of the programme across the pathfinders. The programme is widely seen as a

¹ Referred to as the 'integration programme' or simply 'the programme' throughout.

mechanism to rationalise existing funding in the early years sector and address perceived weaknesses in existing programmes, whilst also building on their commended strengths to deliver early intervention and prevention. The pathfinders fully understand that they are piloting new approaches to early years systems, testing efforts of co-construction based on localised contexts.

- The pathfinders themselves recognise that they are at best in the early stages of integration using the descriptors of the Early Intervention Foundation Maturity Matrix, with participation in the integration programme highlighting this. In some areas gaps remain, with pathfinders considering ways to engage key stakeholders, such as midwifery and schools, in the vision and process of integration.
- Despite initial sessions by Welsh Government at the outset of the Programme setting out the purpose of the programme and providing support, a clear programme theory did not emerge through interviews with the Pathfinders. The direction and scope of activity has been evidence led. This evidence has come from initial scoping and mapping undertaken early in the process. Formal activities such as the Vanguard process have successfully identified ‘unknown unknowns’ and have helped to overcome previously held assumptions about how services are planned and delivered. Assumptions challenged by the programme include increased costs, fears of families losing out from changes to existing delivery, and that silo working by services is too entrenched to be overcome. Assumptions that have proven correct include the presence of need outside of existing early years delivery and that ‘whole system change’ will require long-term commitment from stakeholders.
- Progress has been made towards the aims and objectives with practical steps taken by pathfinders to join up services. Key elements around which approaches have been formed are Flying Start, Families First, and the Healthy Child Wales Programme, whose terminology pervades the early years sector.

- As the individual early years programmes remain distinct it is burdensome to report the same information multiple times or to assign the activity of the integration programme to another delivery programme. Pilots vary in size, but all seek to extend services to meet identified needs.
- Co-location is seen as a way of working to be used by some pathfinders and this has been prevented by the Coronavirus (COVID-19) pandemic. Rural pathfinders with a lower population density do not plan to co-locate. In these cases, remote or physical communication is designed to draw together services.
- The widest divide in the early years sector is between services delivered by local authorities and services delivered by NHS health boards. Where multiple pathfinders are in the same health board region there is a greater level of co-construction involving health and local authority stakeholders across all the regional pathfinders. The pilot models have greater similarity in these pathfinders than in other cases. Where a single local authority is driving integration, senior NHS cooperation is more limited. Local authorities who are not currently part of the journey to integration are concerned that greater NHS buy in to an integrated approach will result in a model being imposed upon them without consideration for their own contexts. Different approaches to, or levels of, integration on a local authority level pose problems for NHS health boards as they generally prefer to operate on a regional basis.
- The level of health involvement is critical. It has influenced the adoption of specific I.T. systems for information sharing. As a result of HCWP and Flying Start schedule of visits, health visitors offer the most accessible point to referral services, and this has been utilised by several pilot approaches. Some pathfinders have used the programme as an opportunity to integrate the Flying Start and generic health visitor teams. Others have used the grant funding to provide additional staff in pilot areas to increase capacity. Where no reallocation of health visitor caseloads has taken place generic health visitors have become stretched as they attempt to deliver more enhanced services to pilot

areas in addition to unchanged services outside the pilot area. The temporary nature of funding has been the main factor for some to not reallocate caseloads.

- The finite time of the funding periods has affected other staff in the pathfinders as posts cannot be advertised as permanent. Temporary positions are not attracting experienced staff and in many pilots have only been filled by secondment with inherent issues of retaining individuals.
- The actions of the pathfinders align with the Welsh Government priorities and programmes that they have a statutory responsibility to deliver. These include:
 - Healthy Child Wales Programme
 - Families First
 - Flying Start
 - A Healthier Wales
 - Wellbeing of Future Generations (Wales) Act
 - Social Services and Wellbeing (Wales) Act
- Pathfinders feel there is a lack of guidance for how existing programmes best fit together. This has led to confusion where there is a crossover between programmes.
- In some cases, effective multi-agency approaches have been created thanks to concerted efforts to ensure communication and senior level buy-in. The most well-developed approaches involve health (including mental health), social services, housing, education, childcare, and the voluntary sector. Working together has increased understanding of each agencies terminologies and priorities. This is not yet systematic, relying on individual relationships that have been greatly expanded thanks to the integration programme. This leaves a level of risk to cooperation due to staff turnover.
- Organisational change at the PSB level is still in the early stages of development, which means there has been little impact recorded so far

in coordination, planning, and commissioning across a whole PSB. Governance structures are not yet seen to be effective, in some cases operational stakeholders are not yet aware of the structures in their pathfinder area. Shared learning between pathfinders so far is limited due to the variable contexts they are working within which makes it difficult, at this early stage, to establish how much the pathfinders can be an example to each other.

- Despite being a vital component, the project coordinators funded by the programme do not sit in a senior enough position in any pathfinder. The key position for advancing integration has so far rested with more senior stakeholders. In some instances, their individual drive is responsible for most of the progress, not organisational change. It is hoped that this is due to the programme being in the early stages and integration progress will be less reliant on them moving forward.
- There are varied emerging indicators for the success of the programme:
 - Progress has been made consolidating some services.
 - Efficiencies are beginning to be seen with reduced levels of duplication across services. Greater efficiencies are expected in the future.
 - There have been service changes that have a positive impact on families.
 - Service gaps have been identified and reduced.
 - Referral pathways have been streamlined for some pathfinders with a greater awareness of services for both staff and families leading to efficiencies.
 - There is an increased understanding in pilot areas of the needs and demands of families.
 - Efforts have been made by some pathfinders for permanent change to scope, formulate and implement at a strategic level.
 - The sustainability of the changes and successes so far is uncertain. There is confidence amongst stakeholders that professional relationships enabled by pilot activity will continue, however positions

that rely on funding will end after the programme. Making improvements sustainable is a focus for the pathfinders, but there is a view from some stakeholders that this will take significant investment from local authorities and health boards to achieve.

- **Conclusions**

- All pathfinders, even the most advanced, are at an early stage of integration.
- Vision creation is best done as early as possible and needs to take a critical view of current delivery and involve a wide range of senior stakeholders.
- Stakeholder buy-in competes with other targets and priorities within pathfinders.
- The pathfinder coordinator plays an important role in overcoming barriers
- Previous positive experience of similar programmes simplifies the task of overcoming barriers.
- Freedom to develop their own approaches is seen as a strength though there is some appetite for clearer guidance from Welsh Government.
- The more formal processes for developing an evidence base have resulted in greater steps towards integration.
- The integration programme has shown a higher level of need amongst families that was not being addressed by existing early years programmes.
- Assumptions that integration would cause the loss of services to some families through streamlining, and would lack positive outcomes, have been successfully challenged.
- The programme has shown it is possible to overcome silo working.
- Effective pilots are dependent on a commitment from senior managers and operational staff.

- Implementation is hampered by the parallel operation of multiple early years programmes and the temporary nature of the integration programme.
- Knowledge of how best to tackle the needs of families in an integrated way is likely to outlast the pilot activity in some instances.
- The Coronavirus (COVID-19) pandemic has delayed implementation of the programme and restricted the delivery of early years services.
- The adoption of remote working and communications has facilitated greater involvement from senior stakeholders, enabled more training opportunities, and increased engagement with some parents.

- **Recommendations**

1. Service availability and the profile of the community in a pathfinder should be mapped at the planning stage.
2. Pathfinders should develop a thorough understanding of the end goals early on.
3. Achieve buy-in across organisations early and demonstrate that new ways of working will better meet the needs of both service providers and service users.
4. Utilise existing groups for governance where possible with the appointment of an ultimate decision maker to avoid duplication and confusion over jurisdiction.
5. Challenge assumptions about the rationale for current ways of working. Formal processes such as Vanguard are effective methods of doing this successfully.
6. Provide greater consistency and strategic direction on how early years programmes align at a national level.
7. Enable long term planning with reduced risk with clearer guidance on the grant funding from Welsh Government.

8. Achieve uniformity in the understanding of the vision and purpose of integration to ensure that as pathfinders diverge, based on local contexts, they remain relevant to the programme.

1. Introduction and background

- 1.1 In recent years Welsh Government has worked with local authorities, health boards and the third sector to instigate a range of early years programmes. These programmes have aimed to provide children and their families with the support and guidance to have the best start in life and the opportunity to reach their full potential. This includes targeted programmes such as Flying Start and universal programmes which include Families First, the Healthy Child Wales Programme and the Foundation Phase.
- 1.2 As a result of these programmes, there has been an increase in improvements in the provision of services and take up of support by families.² However, as identified in the programme specification, there has been some concerns raised that the approach to early years lacks sufficient coordination, minimising the potential to provide responsive, effective and efficient support for children, their families and the wider community.
- 1.3 In response to this, in December 2017, Cwm Taf PSB formally agreed to be Welsh Government's early years integration co-construction partner with the aim of developing an early years integration model that could subsequently be rolled out more widely. The Early Years Integration Transformation Programme (hereafter referred to as the 'integration programme') was designed to bring a more coherent and joined up approach to the delivery of support for young children and families, building on what works within the existing programmes specifically Flying Start, Healthy Child Wales and Families First.
- 1.4 During the development of the new way of working, interest from other PSBs made it clear it would be difficult to develop a single model that could be rolled out to all due to differences between local authorities. In November 2018 eight PSBs signed-up to become

² Specification for the Evaluation of the Early Years Integrated System (EYIS) Programme, pp.35-37.

'pathfinders' in the integration programme in addition to Cwm Taf. All pathfinders were given Welsh Government support³ to enable them to identify problems, achieve local buy-in, and develop and own the solutions. Pathfinder PSBs were tasked with testing the core components of an integrated early years system with a focus on the coordination of services locally.

- 1.5 In autumn 2019, a Regional Piloting Grant was made available to pathfinders to pilot specific approaches to early years support in the 2020-21 financial year. Originally, £500,000 was given to be split between pathfinder PSBs in all participating health board regions⁴, but as a result of the Coronavirus (COVID-19) pandemic and the need to repurpose funds this figure changed to £250,000.
- 1.6 Funding for both the Local Coordination and Regional Piloting Grants has been continued into the 2021-22 financial year and at the time of reporting, pathfinders are finalising the application forms and business plans required as part of their application.

Policy drivers

- 1.7 A key driver behind the vision and need for the integration programme has been Welsh Government policy. *Prosperity for All: The National Strategy (2017)* set out a vision that children from all backgrounds have the best start in life. Within one of the five cross cutting commitments in the strategy, the Welsh Government stated they would build on their current early years programmes and create a more joined-up, responsive system that puts the unique needs of each child at its heart.
- 1.8 This vision is also a key principle within the *Well-being of Future Generations (Wales) Act 2015*, which sets out the aim to further

³ Specifically, an annual Local Coordination Grant of £50,000 to fund a coordinator post in each PSB alongside facilitated peer support, through workshops arranged approximately every two months by Welsh Government for pathfinder representatives to meet each other and share learning and best practice.

⁴ Pathfinders have been required to submit business plans for the Regional Piloting Grant at a regional level, although much of the pilot activity that has been supported has been delivered at local authority or locality level.

improve integration and collaboration between services as this was recognised as one of the key drivers to realise the full potential of individuals' wellbeing. Together, the seven well-being goals and five ways of working provided by the Act are designed to support and deliver a public service that meets the needs of the present without compromising the ability of future generations to meet their own needs.

- 1.9 The *Social Services and Wellbeing (Wales) Act 2014* sets out four key principles of people, collaboration, well-being and early intervention for local authorities and health boards.

Evaluation rationale

- 1.10 The aim of this evaluation was to provide insight into the implementation of the programme with the intention to maximise learning in terms of the tools and approaches applied, the challenges and barriers identified and the priorities being tested further.
- 1.11 The evaluation outcomes will inform current and future provision based on the experiences of both managers in terms of planning approaches, and practitioners who deliver these programmes with the subsequent outcomes of improved and coordinated services for children and families. They will also inform policy development and provide evidence that will inform any future expansion or evolution of the programme.

Report structure

- 1.12 This report is the main output of the evaluation of the integration programme. The report is centred around the evaluation questions outlined by Welsh Government in the tender specification and is structured as follows:
 - Section 1 provides an introduction and background to the integration programme and an overview of the evaluation's rationale and objectives.

- Section 2 outlines the methodological approach undertaken throughout the course of the evaluation.
- Section 3 explores whether there is a clear vision of Early Years integration within the pathfinder PSB areas and how this vision has been developed.
- Section 4 establishes whether there is a clear programme theory, both at a national and local level.
- Section 5 assesses how effective implementation has been to date across the pathfinder PSB areas.
- Section 6 describes early indicators of ‘success’ over the course of pathfinders integration journey.
- Section 7 outlines the recommendations for any future national roll-out of the programme.
- Section 8 draws conclusions from the evaluation work undertaken so far.

2. Methodology

- 2.1 To fulfil the aims of the evaluation to provide an insight into the integration programme's implementation and to inform future roll-out to further PSBs, Welsh Government set six key research questions:
- Is there a clear vision of Early Years integration within the pathfinder PSB areas?
 - Do the different organisations within the pathfinder PSB areas subscribe to and 'own' the integration vision?
 - Is there a clear programme theory (both at national and local level)?
 - How effective has the implementation to date been?
 - Are there any early indicators of 'success'?
 - What are the recommendations for any future national roll-out of the programme?
- 2.2 To address these questions the evaluation methodology was designed to aid in the identification of best practice across all participating PSBs. The intention was to maximise learning from the tools and approaches applied by the pathfinders, as well as from the challenges they have experienced. It also sought to identify shared priority areas and pathfinders' proposed approaches to meeting these priorities that would be useful to other areas.

Realist Evaluation

- 2.3 In recognition of the effects of local contexts the approach is based on principles aligned with realist evaluation theory.⁵ Realist evaluation asks "what works, for whom, in what respects, to what extent, in what contexts, and how?". As these multiple factors are captured in a realist evaluation it is an ideal way of appraising multiple pathfinders and investigating the variations in emerging best practice. Its key strength is in providing evidence-based guidance for future

⁵ Originally developed by Pawson and Tilley (1997) to go beyond asking merely 'does it work?' https://www.betterevaluation.org/en/approach/realist_evaluation

pathfinders as it seeks to identify the generative mechanism, the underlying social or psychological drivers that cause an effect in response to an intervention. Where other evaluation approaches can leave these as an unknown ‘black box’, realist evaluation investigates in detail the assumptions about change.

- 2.4 As a core principle of realist evaluation is the iteration of understanding, a phased approach was taken in refining the findings. This allowed the evaluation to look at change through time as the pathfinders progressed with the programme. Each phase of fieldwork was based on the findings of the previous phases which allowed the conclusions to evolve and areas of arising interest to be investigated in more depth.

Evaluation phases

Phase 1

- 2.5 Phase 1 consisted of the inception stage of the evaluation. The evaluation began with a meeting between Welsh Government and Miller Research in September 2019 to discuss the aims, outputs, and agreed methodology along with timescales for the evaluation. The output of this phase was the first version of the project manual, a living document that guided the evaluation and recorded any risks and changes.

Phase 2

- 2.6 The second phase saw the undertaking of scoping exercises to develop an initial understanding of the programme theory. A desk review of relevant literature was carried out alongside interviews with strategic stakeholders in the pathfinder PSBs between October 2019 and January 2020. Workshop sessions with representatives from the pathfinders and Welsh Government were held in Newport on two occasions⁶. Alongside overall programme theory, the evaluation gained an understanding of the local contexts for each pathfinder,

⁶ These took place as part of existing pathfinder meetings arranged by Welsh Government, in November 2019 and February 2020.

building up a profile of factors that were expected to impact the individual experiences of implementing the integration programme.

Phase 3

- 2.7 Phase 3 was the first large-scale fieldwork phase in each pathfinder. It commenced with a virtual workshop between Welsh Government and Miller Research after a hiatus caused by the Coronavirus (COVID-19) pandemic. Interviews were held via MS Teams or telephone with strategic and operational stakeholders in the nine pathfinder PSBs between August and November 2020. The topic guide was based on the key evaluation questions and the experience of the programme so far. Also discussed were the impacts of Coronavirus (COVID-19) on the delivery of the programme. Initial findings were compiled into a slide deck and shared with Welsh Government at the close of this phase in December 2020.

Phase 4

- 2.8 Follow up fieldwork was carried out during phase 4, which took place between January and March 2021. Interviews with stakeholders⁷ focused on discussing the initial findings from phase 3 and the further experiences of the programme. Virtual workshops were held with six pathfinders where the stakeholders could collectively comment on their experiences and discuss implications for the programme as a whole.

Phase 5

- 2.9 The final phase of the evaluation was the analysis of the findings from all previous phases and the preparation of this report. Qualitative information was analysed iteratively using mind mapping software that collated data by theme and context. This analysis was added to with findings from each phase of the evaluation.

⁷ These interviews included some of the strategic stakeholders interviewed in previous phases of the evaluation as well as more operational stakeholders working directly with families.

Effects of Coronavirus (COVID-19)

- 2.10 The public health restrictions imposed as a result of the Coronavirus (COVID-19) pandemic have been a factor in the evaluation through its impact on the pathfinders, discussed in the sections below, and in undertaking the methodology. The early phases of the evaluation were able to take an action research approach, and this was the original design. The first lockdown which started in March 2020 delayed the phase 3 fieldwork from spring 2020 until autumn 2020 and phase 4 from the end of 2020 until the first months of 2021. As well as delays, phase 3's sampling was altered to opportunity sampling to accommodate the availability of stakeholders who were at the time still adapting to the impacts of the pandemic on service delivery in the pathfinder areas.

3. Early Years integration vision

Creation of a shared vision for Early Years integration

- 3.1 The first activity of the Pathfinder project plan is the development of a shared vision and values. This is supported by Welsh Government who identified visioning as one of the core components necessary for the creation of a single early years integrated system. Initially it was intended to come at the stage that PSBs sign up to the integration programme.
- 3.2 Most pathfinder stakeholders have a clear and generally consistent understanding of their ‘vision’ for early years integration. Nonetheless, in all pathfinder areas there is, to varying degrees, the belief that this vision remains at quite a high level – even two years into the programme – relating to integration of services and becoming more needs led, but without any detail of what this means for early years services: “*Still don’t think we’ve pinned down what we want [the vision] to look like.*” (Strategic stakeholder, 2021)
- 3.3 Operational staff – in particular those involved in the delivery of pilot projects – tend to be more convinced of a vision for what they are doing, although this relates more to the specific pilot activity rather than the overall pathfinder programme: “*Generally, yes [there is a clear vision] – we’re all aware of where we’re going and aims of project in terms of integration.*” (Operational stakeholder, 2021)
- 3.4 Amongst some pathfinders, the Vanguard process was thought to have been very effective in providing a platform for the development of a regional vision, with flexibility at a local authority / PSB level: “*we did the work with Vanguard, which was brilliant in crystallising how we want to progress, what our purposes are.*” (Strategic stakeholder, 2019)
- 3.5 In other areas, visioning activity that was done at start of pathfinder process was with quite a limited stakeholder group, which has created challenges for subsequent buy-in from wider partners, for example the voluntary sector.

- 3.6 In health board areas with more than one pathfinder local authority, the design and delivery of a local pilot is thought to have enabled the development of a clear vision and strategy for early years integration at a regional level. Specifically, the pilots have illustrated early years integration in practice at a locality level, which has helped to articulate and subsequently secure buy-in to a wider vision for integration at a strategic level.
- 3.7 Conversely, some – primarily strategic – stakeholders are concerned about the lack of a shared vision amongst programme partners, who have differing priorities, at a local authority or PSB level. The most recent fieldwork has revealed differences of opinion in some areas in terms of future policy direction and resistance to a one-size-fits-all approach.
- 3.8 Cynicism about the short-term nature of the funding for the integration programme is also thought to undermine subscription to a vision and common understanding of how to achieve early years integration.
- 3.9 A minority of stakeholders feel that Welsh Government should have given more direction on developing a vision: “*there needed to have been more guidance from Welsh Government on what they were expecting from early years integration ... I understand that they want us to trial things locally, but it's been very open.*” (Strategic stakeholder, 2021)

Understanding of the aims and objectives of the integration programme

Integration Programme aims

- 3.10 The aims of the integration programme are:
- Improving access and availability of services
 - Reducing service gaps
 - Streamlining referral pathways
 - Increasing understanding of need/demand
 - Scoping, formulating and implementing broader strategy

- Improving educational attainment
 - Preventing family breakdown
 - Reducing the incidence of children becoming looked after
- 3.11 The focus of the first two years of the programme – and this, formative evaluation – is on the first five, largely process-orientated aims and most stakeholders have a good level of awareness of these aims.
- 3.12 Improving access to services and reducing service gaps are intrinsic to all pathfinders' activity. Addressing the perceived inequality in the distinction between Flying Start and generic services is a key aspect of this aim and for many areas, the pilot work – where they are investing capacity in non-Flying Start areas – is seen as the main conduit for meeting these two aims. Many stakeholders have suggested that the need to avoid dilution of existing services and programmes such as Flying Start is the rationale for requiring additional funding and resource.
- 3.13 It has also been noted that improving access to services is not just about the capacity or quantity of the available support, but also about the range of services available to families – such as parenting, childcare, financial literacy, housing support and police, for example – to ensure that they can access the support they need, rather than what is available in the current system.
- 3.14 In many areas, there is recognition that inadequate, unclear or disjointed referral pathways are a key factor undermining the value of the early years provision and that rationalising these pathways is an important aspect of improving provision. In areas where pathfinders have set out to replicate a Flying Start model in a non-Flying Start area, there is recognition that part of this is shortening and simplifying referral pathways, for example by dedicating time to building (often semi-formal) relationships with other agencies and services to which they can then signpost or refer families.

- 3.15 Improving the accuracy of referrals, to reduce incomplete or inappropriate referral to services like speech and language has also been part of the approach to meeting this aim in some areas.
- 3.16 All pathfinders recognise that an important part of the programme is understanding the needs of their families and all areas have prioritised some form of needs assessment or mapping exercise in the early stages of the programme: *“it was essential to capture the details of demand, the issues in families and the wider community – poor housing, access to services, job loss and financial challenges in order to build a picture of the resilience in families and to predict those families likely to go into crisis.”* (Strategic stakeholder, 2021)
- 3.17 Whilst the most recent stage of the research has showed that many of the areas are working towards the development of a medium-long-term strategy for early years integration, this was not widely cited as an aim in earlier stages of the evaluation. Stakeholders have acknowledged that instead the focus has been on identifying barriers and piloting new ways of addressing them in a defined area – rather than designing and implementing strategy at a PSB or health board level at the outset.
- 3.18 Two years into the programme however, and in many cases using evidence from the pilot work, pathfinders are working towards developing a strategic approach to early years provision and see this as an important outcome of the integration programme.
- 3.19 Beyond the first five aims of the integration programme at a national level, stakeholders have identified other aims for their local activity, including:
- Mapping early years provision (delivered by local authority, health board and third sector) to allow for coordination and referrals between services and to avoid duplication.
 - Creating a ‘single front door’ for families to access services, via streamlining referral processes and sharing of information between services.

- Removing barriers to accessing services – e.g.: handholding parents to attend groups and meet other parents.
- Focusing on preparation for learning and capturing baseline data on school readiness⁸ of all children. Several stakeholders have cited the need for the pathfinder programme to support implementation of the new Additional Learning Needs (ALN) pathway and the role of the early years workforce in preventing the development of ALN and supporting young children with ALN.

Integration Programme Objectives

3.20 The objectives of the programme are:

- To take the most effective elements from all Welsh Government's current early years programmes (including Flying Start, Families First and Healthy Child Wales) and create a more joined-up, responsive system that puts the unique needs of each child at its heart
- To deliver extended, coherent support for families, drawing together family support programmes, focused on positive parenting and early intervention
- To pilot a co-construction approach to an early years system in nine areas, with local authorities and health boards.

3.21 The integration programme is widely seen as a mechanism to rationalise existing funding for early years in order to achieve many if not all of the above aims discussed in paragraphs 3.10 to 3.19 above. In most areas, the Healthy Child Wales Programme (HCWP) provides a framework on which to base pathfinder activity and many stakeholders have emphasised the importance of adhering to the HCWP schedule of contacts, the principle of progressive universalism⁹ and the delivery of universal, enhanced or intensive levels of support, appropriate to the needs of family.

⁸ such as speech and language, physical activity, personal and social development etc

⁹ Progressive universalism defines universal services that are systematically planned and delivered to provide a continuum of support to children and families according to need.

- 3.22 The Flying Start programme¹⁰ has been widely commended through this evaluation for the support that it provides to families living in Flying Start areas. However, even with the Outreach element and flexibilities provided by the Children and Communities Grant, some disadvantaged families are currently unable to access these services. Stakeholders felt this was insufficient to address all families in need particularly in pathfinders where Flying Start either covered a small area, or where boundaries did not reflect community boundaries, or where indicators of deprivation fluctuated significantly in short spaces of time. As noted above, pilots that have been funded through the integration programme have sought to emulate the Flying Start approach, in recognition of the strength of the concept and need to extend it to more communities to ensure support is targeted at children and families who are vulnerable and in need of support.
- 3.23 Some stakeholders have been more directly critical of the Flying Start programme for its comprehensive provision of enhanced services in the areas it covers, regardless of whether families need this support. One area has used the pathfinder funding to remove the distinction between Flying Start and or generic¹¹ support to provide a universal, needs-based health visiting service to all families across an entire local authority¹².
- 3.24 Stakeholders in other areas have been critical of the Flying Start programme for failing to be sufficiently prescriptive in how it is implemented, which is perceived to have led to variation in the implementation of the programme – an issue that can cause challenges for health boards that include many different local authorities in their footprint¹³.

¹⁰ Flying Start is a targeted early years programme for families with children under the age of four years who live in some of the most disadvantaged areas of Wales. The programme includes funded part-time childcare for children aged two-to-three years, an intensive health visiting service, access to parenting support and support for speech, language and communication development.

¹¹ Health visiting services provided in non-Flying Start areas

¹² Excluding the childcare aspect of the Flying Start programme, which is still limited to families living in Flying Start areas.

¹³ The Flying Start programme is delivered on a local authority footprint.

- 3.25 The second objective is very much linked to the first and is the rationale for many of the pathfinders' pilot activity. The Children and Communities Grant (CCG) programmes, which includes several early intervention and prevention programmes is intended to provide local authorities with greater flexibility in how they implement the seven programmes included in the grant. Many pathfinder stakeholders suggested that the CCG has not (yet) delivered greater coherence and that the different programmes were largely being delivered separately and without the strategic, cross-programme planning and commissioning that was intended: "*Pathfinder [sic] is there to address what the CCG has failed to do.*" (Strategic stakeholder, 2021)
- 3.26 Pathfinders have focused on getting services to work collaboratively and to share information about families through, for example, 'What Matters' meetings¹⁴ ensuring awareness of each other's roles and working collectively rather than individually, in order to meet this objective of greater coherency.
- 3.27 Whilst the grant funding¹⁵ first given to pathfinders for the 2020-21 financial year has enabled the piloting of a new early years system, this funding was not something that pathfinders were aware of at the outset of the programme (April 2019). By the time the evaluation began (September 2019) and initial scoping interviews were undertaken (December 2019) applications for the additional grant had been submitted and this third objective was very much central to stakeholder understanding of the rationale for the pathfinder programme, i.e.: "*to develop a pilot programme to test out the different theories, for example, co-located team, increasing capacity in existing teams, developing IT systems ... each local authority will have their own theory.*" (Strategic stakeholder, 2019)

¹⁴ As part of What Matters meetings community midwives or family support workers will visit a family to ask questions about what matters to them before presenting this feedback to the rest of team, who will listen to the interpretation of 'what matters', ask questions for further clarification and then develop an appropriate plan of action for the family.

¹⁵ This was originally £500K to be split between pathfinder PSBs in a health board footprint, due to the Coronavirus (COVID-19) pandemic and the need to repurpose funds this was changed to £250K.

3.28 More recently and reflecting back on the purpose of this additional funding, which is almost universally seen as synonymous with the overall pathfinder programme, stakeholders hold a similar view, albeit with seemingly greater recognition of the short-term availability of the funding and the need to consider exit strategies and opportunities for mainstreaming pilot activity.

Stage of integration amongst pathfinders

- 3.29 All pathfinders have conducted a self-assessment of their level of integration using the Early Intervention Foundation Early Years Maturity Matrix¹⁶ at least once during the course of the programme to date. Additional funding from Welsh Government for pathfinders to go through the self-assessment process matrix using a new model developed in¹⁷ and for Wales was made available at the end of the 2020-21 financial year and most pathfinders applied for the money and are part way through the process¹⁸.
- 3.30 Many stakeholders felt that going through the process had highlighted how much room for improvement there was in terms of early years integration in their area. In more than one pathfinder area, the absence of co-located early years teams was seen to be a significant factor undermining their level of integration. Other areas felt that it was too early to say precisely, as they have yet to complete the self-assessment process.
- 3.31 Despite the Coronavirus (COVID-19) pandemic and the effect this has had on pathfinder progress, there is however perception of improvement in the level of integration since the start of programme in some pathfinders, particularly in pilot areas.

¹⁶ The original matrix used by pathfinders in the early stages of the programme is no longer available online. The updated version used by some but not all pathfinders in early 2021 is available here: [EIF maturity matrix summary \(Early Intervention Foundation\)](#).

¹⁷ Some pathfinder stakeholders were involved in the development of the version of the matrix for Wales.

¹⁸ Pathfinders have completed the self-assessment aspect of the EIF Maturity Matrix process and are awaiting external validation by the Early Intervention Foundation

3.32 In the final phase of the evaluation, pathfinder stakeholders have almost unanimously rated their early years systems at a basic or early progress level using the descriptors of the matrix, particularly as they move towards strategic planning at a regional level. Awareness of the integration progress has risen considerably and the pathfinders do not consider such low current levels on the matrix as a problem.

Factors influencing subscription to an integrated vision and common understanding

- 3.33 There are number of dynamics that have contributed to the level of buy-in to a shared vision for early years integration. As referenced briefly in section 3, the availability of the funding to pilot a new approach to early years services in a defined area has played an important role in galvanising commitment to the pathfinder work and the vision that strategic stakeholders have developed in pathfinder areas. The grant and the opportunity to devise and trial a new way of working was described as the ‘carrot’ to bring wider stakeholders ‘to the table’; with the pilots now underway, they have helped to maintain commitment to the programme and investment of time in the development of a wider strategy.
- 3.34 The pathfinder coordinator also plays an important role, in terms of the background knowledge and contacts that they bring as well as where they sit within the pathfinder organisations, both of which can help to engage partners and secure buy-in to the vision. Across all pathfinders, the optimum model seems to be a coordinator who has experience of working in both a local authority and health board context.
- 3.35 Legacy within the local area is also a factor and where there has been a history of efforts to improve integration – for example involvement as a pathfinder local authority in the Flexible Funding Programme - this has had a positive effect on buy-in to the vision of early years integration. Similarly, at an organisational level, internal management structures and whether there is alignment of strategic responsibility for

the various early years programmes and other services interacting with families have also been influencing factors.

- 3.36 Conversely, buy-in to the programme and the vision on which pathfinders have based their activity has been compromised by conflicting priorities and targets within and between pathfinder partners. This has in some cases diminished commitment to, and progress towards, integration.
- 3.37 As mentioned in Section 3 above, the level of involvement in the early stages of the integration programme (for example in the initial scoping and mapping work) and knowledge of the pilot activity has also influenced how much people sign up the vision. Schools and midwifery have both been identified in the final stage of the evaluation as key stakeholder groups where more work is needed to bring them on board, with a further need to ‘sell’ the vision and the approach as relevant and worthwhile to them.
- 3.38 Some stakeholders have described feelings of ‘professional protectionism’ or fear of ‘stepping on toes’ amongst some early years practitioners, which has impacted negatively on their willingness to sign up to a common approach to supporting families and young children: “*some people have been precious about caseloads or budgets and not wanted to give up or share responsibility [for families].*” (Operational stakeholder, 2021)

4. Programme theory

Existence of a clear programme theory

- 4.1 At the outset of the programme Welsh Government provided support on programme theory to the pathfinders. Theory of Change was an area that pathfinders were asked to consider, and a narrative was presented from the beginning of what Welsh Government thought an early years system should look like with core components included.
- 4.2 Throughout the course of the evaluation, none of the pathfinders have articulated a clear theory – at a national level – for the integration programme. At a very high level it has been suggested that the most effective way to achieve coherent and effective early years systems is to coordinate activity at a PSB level – working towards each of the core components required for the creation of a single early years integrated system – to achieve better, more targeted delivery of early years services, but with no detail of how and why this should be the approach. Furthermore, this has not been followed through in the pilot work that has been undertaken, given that in all cases the pilots have delivered on a footprint smaller than the relevant PSB¹⁹. Nevertheless, at this relatively early stage on the integration journey piloting on this scale has enabled pathfinders to consider the findings and its applicability to other areas.
- 4.3 Strategic stakeholders in a minority of areas have been critical of Welsh Government of failing to provide clarity around the core principles on which the programme is based: *“I remember asking Welsh Government at start of pathfinder programme what a coordinated early years system looks like and never really got a clear answer ... are we even clear in what we mean ‘coordination’.”*
(Strategic stakeholder, 2021)
- 4.4 Many others however felt that Welsh Government – at least before the start of the Coronavirus (COVID-19) pandemic – had struck a

¹⁹ Please see section 5 for further details on implementation of the pilots.

good balance between providing an overall framework for what pathfinders should be doing through the programme whilst allowing them the freedom to develop an approach that is contextually relevant to their local area: “*the [pathfinder] workshops were really good – well designed, each event focused on something different, Welsh Government said to us each time ‘this is what you need to do by next time and this is how you need to evidence it.*” (Strategic stakeholder, 2021)

- 4.5 Nonetheless, a project plan does not equate to a programme theory at a national or local level and pathfinders have generally designed their approach based around local level evidence of need, as described immediately below.

Adoption of an evidence-based approach to early years integration

- 4.6 All pathfinders have to varying degrees used an evidence-based approach to inform the direction and scope of their activity. In most cases, this evidence has come from the initial scoping or visioning work undertaken early on in the process. For example, the Vanguard work was about going through a formal process to identify ‘unknown unknowns’ and to overcome assumptions about how services are planned and delivered, with a view to developing a more informed approach. The process also included ‘Fishbowl’ meetings, bringing together different professionals engaging with the same family to ask ‘what matters’ questions around what happened to the family, what support they received and – critically – the ‘so what’ question, in terms of what difference it has made to their health and wellbeing. The information captured via the Vanguard exercises has been used to inform what has been done in the pilot activity.
- 4.7 In other areas, the visioning work has also identified a range of issues, blockages and challenges²⁰ for the respective early years

²⁰ For example, multiple needs assessments, inadequate sharing of information and data, inconsistent approaches to workforce development and skills acquisition and transitions (i.e.: pre-natal to early years, early years to education), amongst others.

system, which have, at least to some extent, been factored into the subsequent pathfinder activity.

- 4.8 Other examples of an evidence-based approach cited by pathfinders include:
- The evidence from Child Practice Reviews: “*which always identifies lack of communication as an issue.*” (Strategic stakeholder, 2020)
 - Service mapping – looking at who is accessing what services, who is delivering these services (i.e.: public, private or third sector) and where these services are being delivered, to create a live directory of services and to identify duplication and gaps, which in turn informs planning and commissioning.
 - Research with families to evaluate existing service provision and gaps in support (e.g.: breastfeeding support).
 - Developing community profiles, using Stats Wales and other sources of local data to identify trends (for example in community safety or policing).
 - The framework of the HCWP and the use of FRAIT outcomes to inform activity (at an individual family level).
 - School readiness data (speech and language, physical activity).

- 4.9 In a minority of cases, stakeholders have suggested the process has been more ‘organic’ – “*finding out things as we are going along.*” (Strategic stakeholder, 2020) or going on ‘gut instinct’ about what families and communities need.

Assumptions about the pathfinder process

- 4.10 Stakeholders have identified a number of assumptions that have been made about how the pathfinder programme would work and the effect it would have on families.
- 4.11 The assumptions that have been proven correct generally relate to perceptions of or concerns about the systems and processes in place before the programme came in. As pathfinders have been through the process of scoping out their existing early years services, the shortcomings and the need for change has become more apparent.

- 4.12 One of the most commonly cited issues that practitioners were aware of in general was that many families needing support ‘slip through the net’ of existing programmes and that there is a need for better identification of need and targeting of services. Conversely, one stakeholder identified the issue of families accessing services perhaps unnecessarily, as evidenced for example in the universal WellComm speech and language assessments that are done on all children in Flying Start areas regardless of other indicators of need, with significant numbers coming out ‘Green’²¹: “*we knew that services must change because they are not fit for purpose ... the pilot has only proved this more strongly.*” (Strategic stakeholder, 2020)
- 4.13 Another assumption that has been made in a number of areas is that to achieve a ‘whole system change’, it requires stakeholders to commit long-term and to recognise the need for fundamental transformation: “*we’re in it for the long haul ... not short lived ... recognise that the outcomes will take time to materialize, for example reducing children taken into care.*” (Strategic stakeholder, 2020)
- 4.14 Another area where assumptions have been made over the course of the programme is in the rationale for some of the pilot activity. Section 6 of this report discusses the likely sustainability of the programme investment and many pathfinder stakeholders have highlighted the need to develop pilot projects with sustainable outcomes, for example investing in staff development and training and building links between different professions. Whilst it is generally too soon to know whether these activities will result in lasting change, there are some isolated indications that this is the case. For example, in one area, a speech and language therapist has been funded as part of the programme pilot to upskill various early years professionals on referrals to speech and language therapy. Whilst the speech and language therapist’s role in the pilot is not going to continue into the 2021-22 financial year, the speech and language therapy team has recognised the value of

²¹ The Wellcomm assessment generates a traffic light report, where “green” means “no intervention needed”.

the investment, in terms of more accurate referrals from early years professionals and is going to roll-out the activity across the local authority.

- 4.15 In earlier sections of this report, we have discussed some of the challenges that pathfinders have had in engaging partners. Much of this has been down to cynicism of some stakeholders – or negative assumptions about how the programme would or would not work – many of which have been challenged by their experiences as pathfinders. These have included:
- An assumption of increased costs in delivering services associated with new processes/models brought in by the programme – in reality, this has not been the case and health boards and local authorities have not needed to spend more to deliver the pilots (although there have been extra costs that have been met by the programme funding, such as staff time).
 - Concerns that some families will lose out through changes to the system and dilution of services – most of the pilot activity has focused on additionality and adding capacity to existing services in areas that have formerly seen underinvestment. In the area which has introduced an entirely new early years system across the whole local authority, it has involved rationalising and coordinating programmes and services to enable support to be better targeted to those who need it, regardless of where they live²².
 - Expectations of limited positive effects and possibility of negative outcomes (for example, increased pressure on staff) – some pilots have already generated beneficial outcomes for practitioners (including, greater team working and associated increase in morale, reduced workload/pressure on mainstream practitioners as a result of pilot investment, greater sharing of information about families) and those accessing services (reduced isolation brought about by more engagement with early years staff, reduction in

²² Please see section 5 for more details.

unnecessary assessments e.g.: speech and language screening) alike, although there is recognition that other effects will take longer to become evident, particularly in relation to families.

- The belief that siloed working is too entrenched to enable change to a more collaborative model – whilst issues still remain around full integration, the pathfinders have largely shown that there is willingness across the early years sector (and beyond²³) to begin to break down silos and work more collaboratively.

²³ For example, education.

5. Implementation to date

Implementation compared to original aims and objectives

- 5.1 All pathfinders have made progress in addressing the aims and objectives described in section 3. Although not as developed as hoped for by this point, primarily due to Coronavirus (COVID-19), pilots starting in autumn 2020 have quickly started to show signs of success against the original aims and objectives.
- 5.2 Practical steps have been taken by the pathfinders to join up services that have become, in the view of stakeholders, disjointed through the presence of multiple programmes operating within the early years sector. Key elements that have formed the basis for these are the statutory contacts by health visitors under the HCWP and the extensive services available for enhanced and intensive support in Flying Start.
- 5.3 In most cases the delivery of existing early years programmes is unaffected by the integration programme with operational staff reporting little or no difference in their day-to-day role. This is especially true for instances where the programmes are the source of the most effective elements of existing early years provision. Flying Start is a notable example with standard delivery for this programme being seen as a good blueprint for integration of services more widely. Where there has been change it is seen by operational staff as enhancing the support they can offer to families.
- 5.4 In one area, the distinction between Flying Start wards and non-Flying Start wards is minimal²⁴ with all families in an entire local authority footprint receiving the same access to health visitors and speech and language care (specifically, the core HCWP contacts, plus an additional antenatal visit, as well as a visit at 20 months for a

²⁴ Excluding the childcare element of Flying Start, which is still only available in Flying Start areas.

Schedule of Growing Skills assessment²⁵). Referral to any further assessment (e.g.: a WellComm speech and language screening) or support²⁶ is made via a single referral channel. A resilience-based family assessment is then undertaken by a dedicated team of assessment and review brokerage workers who subsequently develop a single, family plan, which may involve multi-agency delivery.

- 5.5 There is a need for reporting against all current early years programmes with overlapping boundaries with the integration programme that has caused a burden on staff to report multiple times, once for the integration programme pilots and again for the other programmes. Where programmes have been more fully combined – as in the case described in the paragraph above – issues remain in assigning activity to specific programmes. Administratively this is preventing the full integration of services. Several pathfinders stated a desire for this to be simplified, by recognising that integrated delivery of these programmes was inherent in the integration programme and so there should be no need to have separate reporting for the others as well.
- 5.6 Implementation has concentrated on delivering early years programmes in a way that extends the delivery to meet the needs of families. All pathfinders are trialling the delivery of coherent support for families within a larger area than before the integration programme. These areas range in size within different pathfinders, from an entire local authority to single communities for more localised pilots. Delivery of specific services to families is based on the identified needs and referrals. One pathfinder has a single route for all

²⁵ Also known as a SoGS assessment, the Schedule of Growing Skills provides a measure of child development through the assessment of nine key areas: Passive Posture, Active Posture, Locomotor, Manipulative, Visual, Hearing and Language, Speech and Language, Interactive Social and Self-Care Social.

²⁶ Ranging from parenting support, early language and communication and behaviour to housing and financial support.

- referrals and assessments whilst others have concentrated on providing training on how to effectively refer cases between services.
- 5.7 Co-location is seen by some pathfinders as a way of working to best deliver an integrated approach even whilst programmes must remain separate. A shared environment for a multi-disciplinary team is hoped to build inter-agency relationships and facilitate communication. External factors have prevented this from taking place so far, with problems with buildings planned for co-location as well as the Coronavirus (COVID-19) pandemic and the need for many practitioners to work from home as far as possible.
- 5.8 Physical co-location is not an aspiration for all pathfinders. One factor that has affected this decision is low population density, typical for pathfinders in more rural areas, making co-location less desirable. In these cases, I.T. systems are a higher priority. For others, regular meetings of multiple agencies are designed to draw together family support programmes and increase the responsiveness to need.
- 5.9 The widest divide existing in the early years sector is between services delivered by local authorities and services delivered by NHS health boards. All pathfinders saw this as being the result of being two separate organisations, each with their own specialisms, priorities and administrative systems and was recognised by stakeholders in health boards and local authorities. According to stakeholder interviews there is a conflict between health board footprints covering multiple PSBs with the need to have a consistent approach across all, and the pathfinders wanting to deviate in established approaches.
- 5.10 The extent to which the co-construction between local authorities has been the approach taken by the pathfinder varies. The most important factors are the number of pathfinders within a health board area, and the buy-in to the integration programme at a senior level of the NHS. Where a majority of PSBs are pathfinders within a health board, senior level support from the NHS is also in evidence and greatly valued by local authority stakeholders. This has resulted in those

pathfinders adopting similar approaches. Stakeholders in these cases are satisfied that there is still variance in detail for each local authority that best suits the more local contexts.

- 5.11 In another case the pathfinder approach has been designed primarily by the local authority. The integration programme has brought health staff into a way of working that was already beginning to use an integrated model for local authority services. There remains a lack of buy-in at senior NHS health board level which is reflected in hesitancy towards the approach by the neighbouring local authorities who are also within the health board area. The pathfinder case is seen as unique and the possibility of being forced to adopt the same model is a cause of concern for neighbouring areas that are not yet pathfinders.

Rationale for changes

- 5.12 Although there are programmes such as Flying Start that are delivered equally across Wales, all nine pathfinders have made varying changes to their approach based upon their individual contexts. This fits the pattern of the early years sector as each local authority in Wales has its own approach resulting in up to 22 different arrangements.

I.T. systems

- 5.13 To facilitate communication between services and ensure necessary information is available quickly and easily new I.T. systems have been adopted or trialled. This is to streamline assessment and referral processes making them more efficient for the early years sector and avoid delays in delivery for families in need as there has previously been a need to repeat assessment visits with multiple agencies before receiving support. The goal is to develop a one file system that can be accessed by all integrated agencies. The Capita One software system is being used by one pathfinder already where integration is driven at the local authority level. In other pathfinder areas where

health involvement is more prominent, they are hoping to trial WCCIS for the same purpose.

Increased access to services for referral by health visitors

- 5.14 Through statutory visits, health visitors have straightforward contact with all young children in Wales. Flying Start already offers wider services for referral from health visitors which creates, in the words of one stakeholder, “*a segregated service*” (Operational stakeholder, 2021). Creating the opportunity for all health visitors to access the same enhanced and intensive services brings together the two branches of health visiting in a major step of integration.

Combined caseloads of health visitors

- 5.15 Usually, Flying Start health visitors have a smaller number of families on their caseloads in recognition of the increased proportion of them receiving enhanced and intensive support. With the changes made to the access of enhanced and intensive services in some pilots there is an increase in the proportion of families outside of Flying Start areas receiving them. To make the resulting caseloads more equitable on individual staff different measures have been taken. Where pilot activity has sought to eliminate the difference in job role between a Flying Start and a generic health visitor, caseloads have been reallocated to mirror GP practice footprints²⁷. In other areas the processes have been conducted through mainly a geographical model with areas within pilots allocated to health visitors regardless of whether they were previously Flying Start. A further alternative approach by a pathfinder has been to allocate additional health visitors to a pilot area using pilot funding, providing additional capacity to the existing (core) health visitors. In some cases, taking on parts of a case load and in other cases providing additional support to families needing support (e.g.: in toileting or weaning), which is beyond the capacity of existing health visitors to provide.

²⁷ This has resulted in some (formerly ‘Flying Start’ health visitors) taking on a larger case load and some (formerly ‘generic’ health visitors) having a reduced case load.

5.16 One pathfinder has not reallocated caseloads despite the expansion of access to enhanced and intensive services. The reason for this is concern from senior management within the local authority that the integration programme is temporary, a view strengthened by short term funding arrangements. It was considered that changing the points of contact with families at an early stage, just to change them back a year later would defeat the purpose and not lead to a coherent or consistent approach to early years. This has resulted in a limited impact on staff within the pilot community who deliver Flying Start but has meant generic health visitors feeling stretched as they deliver enhanced services within the pilot and unchanged services outside of the pilot community. As of early 2021 there is increased buy-in at senior local authority levels but no plans to combine caseloads as the pilot expands into new communities that have no Flying Start presence.

Redeployment of staff via secondment

5.17 Several areas have been able to put in place specialist staff to support pilot activities via secondment. Temporary funding, with amounts changing due to the impact of Coronavirus (COVID-19), has made this necessary. Additionally, staffing shortages have meant that these are often not full-time positions which limit the role that these specialists can play. One pathfinder has overcome this in the case of speech and language with training being provided by a speech and language therapist²⁸ to other staff on accurate referrals to speech and language services and the provision of low-level speech and language support, rather than relying on limited resources to deal with all cases directly in the pilot area. This is having the effect of building the expertise of the wider workforce whilst avoiding (temporarily) boosting formal speech and language therapy in the pilot area, only for it to be withdrawn at the end of the programme funding.

²⁸ Employed part time through the pilot.

- 5.18 In other pathfinders there is concern that the temporary nature of the secondment will lead to experienced staff either leaving before pilot activity is complete, or not being attracted to posts, due to external pressures that staff must consider in career moves.

Alignment with Welsh Government priorities

- 5.19 Pathfinder activities strongly align with Welsh Government priorities and it is seen by stakeholders that the programme must align with existing early years programmes as there is a statutory responsibility to deliver them. The same ultimate outcomes are shared by all early years programmes and the integration programme, for children to be given the best start in life and ready for school and the future stages of life.

Healthy Child Wales

- 5.20 The progressive universalism of the HCWP is in evidence for all pathfinders. The philosophy clearly expresses the motives and goals of pilot activity, that all families should have access to the same services which are delivered based on need. For most children, the universal services that are available fulfil their needs, but for some enhanced or intensive support is required. Through the integration programme, pathfinders are seeking to ensure that these services are coordinated, to make them easily accessible when needed, and available to all who do need to access them.

Families First

- 5.21 The Families First programme supports families in need and is administered by local authorities, allowing the approach to be tailored to local areas across Wales. It intersects with the early years sector directly in supporting children, and indirectly by supporting other family members which in turn has a positive impact on children. Pathfinders have identified that their early years integration can be greatly benefit from coordinating with these wider family services. An example of this is where one pathfinder has put in place a Dad's worker who has helped address issues of poor mental health and

alcoholism within a pilot area. Another pathfinder pilot has taken this even further, creating an integrated pilot involving all services up to age of 25.

Flying Start

- 5.22 In the words of one stakeholder “*For years we’ve seen the benefits of the Flying Start programme, we know it works. Unfortunately, Flying Start isn’t available for everyone*” (strategic stakeholder, 2020). Several pathfinders are piloting the delivery of the majority of Flying Starts services on a universal basis, beginning the rollout by extending boundaries into a defined geographic area. The reason for doing so is the same for all, to address need that meets all assessment criteria but exists outside of Flying Start areas. For some, staff with experience of Flying Start have been proactively sought out to participate in the pilots in recognition of the strength of the model. One pillar of Flying Start that is not being delivered by pilot activity in the integration programme is funded childcare which was specifically excluded by Welsh Government guidance. This has been the source of some complaints by families as it is often the service most desired by them. In response, one pathfinder has funded childcare placements in Flying Start quality settings separately to ensure access for all, and another pathfinder is looking into doing the same. There have been no identified impacts within Flying Start delivery because of integration pilots and the status quo remains in place for families who only have access to services under Flying Start. This appears to include the pathfinder that has entirely removed the Flying Start / non-Flying Start distinction, given that support is based upon identified need for all families.²⁹

A Healthier Wales

- 5.23 The pathfinders are working with the whole systems values as set out in A Healthier Wales, building and promoting a culture of working together to proactively support people. The changes made through

²⁹ Based on current information. The evaluation of the local pilot is yet to be concluded.

the programme are aimed at coordinating health and social care services around the need and preferences of individuals. The approaches taken are person centred involving NHS and local government working together to build relationships to contribute to the Vision.

Well-being of Future Generations (Wales) Act

- 5.24 The changes made by the pathfinders are fully aligned with the well-being goals contained in the Well-being of Future Generations Act. Clear examples of this can be seen where pilot activities have made communities more cohesive by removing differences in available services within them. Being able to reach more families in need is aimed at building a more equal Wales, a healthier Wales, and through not creating dependency, a more resilient Wales. The pathfinders hope that from this will stem a more prosperous Wales with a vibrant culture of support.

Social Services and Well-being (Wales) Act

- 5.25 The four principles of the Social Services and Well-being (Wales) Act are well-being, people, partnership and integration, and prevention. The integration programme's alignment with well-being has been discussed above and a key outcome for the early years sector as a whole. The programme is consistent with the people principle as all pathfinders are assessing individual needs as the main driver for delivering services. Integration of services is a key part of fulfilling the act and the main purpose of the programme. Interventions delivered successfully in early years are vital for the principle of prevention as it stops the spiralling of issues that result in the need for formal support through, for example, schools, policing, and other services later. The pilot activity in some areas is linking with voluntary groups which helps fulfil the requirement to promote social enterprises and co-operatives who involve people that need care and support.

Co-ordination of programmes within pathfinders

- 5.26 Several pathfinders expressed a desire for better co-ordination and guidance from Welsh Government on how different programmes best fit together. Often there is little reference in existing guidance to other programmes, for example speech and language is not mentioned in Families First so there is no indication of what the impact of the Speech, Language and Communication Delivery Plan will be on this programme. Because of this early years programmes have operated in isolation from one another before, and in some pathfinders continue to do so in parallel to the integration programme. In some cases, the integration programme is filling gaps in programmes, for example introducing a new contact point for health visitors in addition to those prescribed in HCWP that comes at an important stage for speech and language development and identification of any issues.
- 5.27 The pathfinders identified the main barrier to fully integrating their early years programmes being the inability to report in an integrated way. The need to report metrics for the individual programmes separately in addition to the pilot activity duplicated work for staff. Keeping monitoring systems separate has largely meant keeping activities separate, with any crossover of service delivery producing uncertainty over which funding stream it should be attributed to when reporting back to Welsh Government. One pathfinder has addressed this by dedicating administration to reporting that is separate from designed delivery that operational staff record. This has only been possible due to a, local authority wide, restructuring at some expense, separate to the programme.

Effective multi-agency approaches

- 5.28 Where effective multi-agency approaches are seen, concerted effort has been made to ensure communication and senior level buy-in to the integration programme is a priority. The most well-developed multi-agency approaches have successfully incorporated health (including mental health), social services, housing, education, and childcare. This has led to clearer routes for referral, with effective action occurring sooner than was the case before the programme.

Pilots that have dedicated time to multi-agency meetings to discuss cases, with representatives from services that may not be needed in each individual case discussed, have built up shared inter-agency understanding and on occasion produced previously hidden insights and offers of support. For other pathfinders, mapping work has raised awareness of other service areas, encouraging team working and building relationships between staff.

- 5.29 Barriers exist where social services have access to their own, separate, parenting team, which serves to exclude access to services provided by the pathfinder pilots for families who receive support from social services, preventing an integrated approach. There is similar lack of engagement with senior management in midwifery for multiple pathfinders, leading to poor communication and the practical exclusion of midwives from pilot activity. So far, those pathfinders have not been successful in overcoming these barriers.
- 5.30 In some cases schools seem to have been reluctant to engage with pathfinder activity, despite standing to benefit from it. Where schools have engaged it has been thanks to exposure to the programme from participation in the EIF evaluation process. This has raised awareness and introduced key individuals to each other.
- 5.31 The voluntary sector has been successfully engaged by pathfinders that have actively sought to do so. This has led to the realisation that there are services without access to families, just as there are families without access to services from local authority or the NHS. This in turn has resulted in early years practitioners in the pilot area signposting families to services that are delivered through the voluntary sector³⁰.
- 5.32 There is fragility in these multi-agency approaches as they are reliant in key personnel and the relationships they have built across agencies. This is similar to before the programme, and puts multi-agency approaches at risk through staff turnover. The approach is not

³⁰ For example, Action for Children.

yet systematic and relies on individual knowledge to a great extent. The activities of the pathfinders have greatly expanded the available relationships, which would not have happened without the integration programme. The personal nature of multi-agency working does, however, mean that it would be difficult to roll back the programme's effects and they are considered by some stakeholders to be sustainable in the long term albeit reliant on the continued involvement of key staff.

Organisation of services

- 5.33 Improvement in the organisation of services has been sought through training and information sharing. Training has been given to staff involved in pilot activities in the availability of services and how best to communicate across different agencies. Information sharing takes place either through formal systems and meetings, or through creating individual relationships. There are limits to the extent of organisational change, with little impact being seen across the wider PSBs for coordination, planning, and commissioning, as all pilots are taking place in selected communities, and not across the whole PSB area.

Governance and collaboration

- 5.34 In many instances there is greater cooperation within local authorities, and between local authorities and NHS health boards. There are limited examples of increased communication, joint planning and working. Health visiting is more closely linked with local authority services than before, and there is greater coordination between Flying Start and generic health teams than before the programme. From the outset some pathfinders have benefitted from buy-in at senior levels bringing about a collaborative approach from the start. Previous professional relationships have helped in this.
- 5.35 Where this buy-in did not occur from the start there has been greater difficulty in bringing about a collaborative approach later, with ownership residing in specific areas, rather than universally. Multiple

layers of management still exist in areas of better collaboration and variances between them have acted as barriers, hindering co-operation.

- 5.36 Governance arrangements are not seen currently to be as effective as they could be by many, with some operational stakeholders oblivious to the governance structures that existed in their pathfinder area. This has been exacerbated by Coronavirus (COVID-19) which has prevented steering groups from meeting as frequently as planned in some cases. In other areas attendance by the required senior level managers has not been at the level desired.

Shared learning between pathfinders

- 5.37 Whilst one pathfinder was initially more advanced in the programme and early on some lessons were taken by others, quite quickly the individual circumstances of the pathfinders played a larger role in developing approaches based on different priorities of the PSBs. The legacies of previous programmes and pilots serve to make the context of each incredibly specific.
- 5.38 Meetings of pathfinders held in person before Coronavirus (COVID-19) were considered useful for sharing experiences. Virtual communication has continued but on an ad hoc basis. Knowledge of the lessons learnt by other pathfinders is restricted to high level strategic stakeholders. In one case the multiple use of Vanguard to build shared understanding by some pathfinders has been noted as a process that another pathfinder wishes to undergo. In other examples stakeholders commented on the variable contexts of the pathfinders as hindering learning about many tools and approaches that could be adopted. There is no feeling across the pathfinders that others are making mistakes with the approaches, just uncertainty about the wider applicability of them. Strategic stakeholders are concerned that there is a limit to what others can learn from their experiences and that imposing a model from one onto others would not produce the same outcomes. This comes from an understanding that even if

different areas were to go through the same early processes, different approaches would have to be adopted to meet local needs.

Programme facilitating change

- 5.39 For some pathfinders there was a desire and ability for a more integrated approach before the programme. This process has been sped up considerably by becoming a pathfinder. There is a strong relationship between the level of movement towards integration before the programme and the level of change enacted under it. The exception to this being the pathfinder whose approach was the most integrated before the programme. Here the programme has served to get health integrated. Despite this, the ways of working within the pilot area have changed little from how they were planned before the programme. It has also produced no change outside of the pilot area.

Sharing best practice

- 5.40 A more effective way for sharing best practice has emerged in the pathfinders. This has happened both informally, with operational stakeholders developing relationships through working closely together across early years programmes, and more formally with strategic stakeholders creating systems through which official communication can be done. These systems have frequently acted to officialise informal relationships that existed before.
- 5.41 They have been aided by collaborative communication training and other self-driven efforts to build on the initial development of shared understanding and vision. Stakeholders highlighted the value in learning the terminology used by other services as a way to facilitate communication. For instance, in one pathfinder area health visitors and social workers expressed the benefit of participating in a training course together, as it enabled them to understand the approach concerns and terminology of the other in a more comprehensive way.

Monitoring systems

- 5.42 The monitoring systems for pilot activity are in development reflecting the early stages the pathfinders themselves are in. The monitoring that is in place is based on assessment of what is considered vital information for each PSB. Most are aiming to develop a one file system, where multiple agencies can all contribute and access a single information source for a family. The requirements to report against multiple programmes simultaneously does create difficulties in this as it duplicates monitoring requirements in different forms. This has led in some cases to information gathering remaining disjointed between services.

Role of the project lead

- 5.43 The role of the project lead in each pathfinder PSB is seen as a vital component of the programme. This is both because it is directly funded by the programme and provides a person to focus working together. In all cases the project lead has been appointed to a less senior position than initially expected by the evaluation. The key position for driving integration has then rested with a more senior strategic stakeholder in the pathfinder and in some instances their individual drive being responsible for most of the progress.
- 5.44 Where integrated approaches were more advanced before the programme the project lead has had the least influence. Where the project lead has been seconded from health there has been better cooperation between local authority and health services but at the cost of appearing as a regional, rather than a PSB level, approach. Within local authority organisations, the department in which the project lead sits also affects the perceptions of the programme. In one pathfinder the programme was initially seen as only relevant to Flying Start as the project lead is situated within that department. This led to initial resistance to integration efforts until more senior managers across the local authority were convinced of the need for integration

through training and intervention from colleagues from the health board and other local authorities.

- 5.45 Some pathfinders have appointed experienced staff within the local early years sector as project leads. The benefit of this has been that many of the relationships between agencies that existed informally before the programme have aided integration and become more efficient by being made more formal. Project leads with prior experience already know key figures to bring together for integration and are familiar with the barriers and different ways working. So far this has been effective with little evidence of prior knowledge impacting negatively on the programme.
- 5.46 Other pathfinders have recruited staff who are new to the early years sector, and in one case new to the PSSB area as well. It was felt by the project lead and their line manager that this did result in a period of learning where the project lead had to quickly get to grips with the systems and ways of working already in place within the pathfinder. The strength of this approach has been the ability of the project lead to question established practices and act as a new, outside voice for the sector.
- 5.47 There is concern from project leads and other stakeholders in the pathfinders about retaining staff in project lead positions. Considerable experience has been built up by project leads so far in the programme and there is a risk that this will be lost. Annual funding arrangements are not secure, and confirmation of funding for the 2021-22 financial year has come late. Two pathfinders have changed their project lead so far in the programme and this has understandably impacted on progress. One project lead is still in post only through delaying accepting another role until confirmation of funding came through. Temporary positions, alongside part time hours for some, has led to difficulty in attracting staff as project leads.

6. Early indicators of success

- 6.1 When determining the relative success of the pathfinders in their implementation of the integration programme, it is important to consider implementation is still in the very early stages and thus many of the anticipated benefits are yet to be realised. Nonetheless, across the pathfinders in Wales there are several emerging indicators of success, albeit varied.

Consolidation of support services

- 6.2 Pathfinders have made progress in consolidating support services, although the journey towards a fully integrated, seamless provision of early years services remains a work in progress. Across pathfinders there has been a considerable willingness of agencies to collaborate to deliver better outcomes for the child and the family. In some areas, the collaboration between agencies has extended to meeting on projects outside of the integration programme, such as the Child Development Fund, demonstrating the move towards seamless provision. Nevertheless, stakeholders at both an operational and strategic level also expressed the need for core services, such as health visiting and midwifery, to become more fully integrated into pathfinder activity.

Streamlined provision of services

- 6.3 There is a consensus amongst stakeholders that pathfinders are yet to fully streamline their provision of services. Operational staff determined that although there is more collaborative working at the 'grass-roots' level, any pathfinder-related activity is very much in addition to their existing roles, instead of being fully integrated into a new way of working. This is reflected at a national level, where there is a lack of consistency on how programmes fit together. In some cases, there is no reference to relevant services in the guidance of the various programmes, making alignment a challenge.

Realisation of efficiencies

- 6.4 It is too early in the implementation process to have a widespread realisation of efficiencies stemming from the work carried out across the nine participating pathfinders in Wales. Stakeholders have expressed their desire that through the changes implemented from the early years work, local authority services will be able to work closely and reduce pressures on services such as health visiting, ultimately providing better resources for the family. Indeed, cooperation between local authorities and the health board has certainly improved in many areas and has resulted in greater buy-in to the pilot from generic health visiting teams.
- 6.5 Multi-agency meetings have been held across pathfinder areas and have served as a tool to increase the range of support available to families, determining who is best placed to work with the family on particular aspects of need. This, in turn, has reduced the level of duplication across different services.

Service changes directly impacting families

- 6.6 In the pilot areas of the pathfinders, families have experienced significant changes to the services provided. This has particularly been evident in speech and language and parenting services. Funding from the integration programme has been utilised to create additional roles and appoint professional staff who can deliver services and deal with complex cases of children and families.
- 6.7 Furthermore, amongst staff there is a better understanding of referral routes and an awareness of third sector services to signpost families to the most relevant support. Alongside the expansion of the Flying Start-based approach in pilot areas, there has been a joining up of related services, such as housing, to increase the impact of the pilot into areas largely untouched by additional early years support previously.
- 6.8 As well as increasing the outreach of support provided, the pilot has prevented staff burnout and enabled early years staff to work more

intensively, as there has been a sharing of caseloads in areas such as health visiting. The presence of additional staff in pathfinder pilot areas has freed up time for core health visitors to focus on the extreme issues of safeguarding and drug and alcohol addiction, for example.

Reduced service gaps

- 6.9 A guiding principle of the integration programme is the extension of services, where gaps currently exist, for example extending Flying Start services to non-Flying Start areas. In some pathfinder areas there has been an effort to integrate the third sector into support provision as a means of reducing these gaps. This includes organisations such as Action for Children, Homestart and the Parent Network.
- 6.10 Stakeholders involved in the mapping exercises of the local areas during the planning stage cited its effectiveness in identifying services gaps and areas of overlaps. The subsequent liaising of staff with families and having the ‘what matter’s’ conversations in some areas has also been a key component in identifying gaps in services. The recruitment of staff to fill these gaps has been a key mechanism employed by pathfinders.

Streamline referral pathways

- 6.11 As outlined in Section 3, improving the accuracy of referrals as well as reducing incomplete or inappropriate referrals to services has been viewed as a key aim of the integration programme. Stakeholders have widely recognised the unnecessary bureaucracy that families experience when entered into the referral system. Therefore, pathfinders have been reviewing the various models of referral to determine the most effective and efficient ways to avoid duplication between services and ensure families “don’t get left behind” in the system. In the field of speech and language, one pathfinder area has deployed funding to train staff in childcare settings how to identify

speech and language issues, refer appropriately and deliver low-level support.

Increase understanding of need/demand

- 6.12 Across the pathfinder areas the development of an understanding of the need and demand for an integrated approach to the application of early years services has been relatively successful. The relationship between health and local authorities has been a central pivot in ensuring there is an awareness of where the needs currently lie in the respective pathfinders, with regular communication between the two institutions essential in identifying service gaps and subsequently addressing those gaps. At an operational level, staff working in health have expressed the hope that through the injection of additional resource and an increased understanding of need brought about by the integration programme, there will be a permanent increase in the numbers of staff delivering services.

Scope, formulate and implement a broader strategy

- 6.13 Despite uncertainties over the continuation of pilot activity, there has definitely been a concerted effort to drive change across the pathfinders, particularly at a strategic level. Adopting a regional approach to learning has been a key tool of several pathfinders as a means of scoping, formulating and implementing a broader strategy. This has particularly been evident in the fields of health visiting, speech and language and physical literacy, where neighbouring pathfinders are sharing their findings and determining next steps through the platform of regular governance meetings.
- 6.14 The approach adopted by some pathfinders has been the implementation of a restorative, solution-based way of working. This has entailed building the capacity of parents to upskill and interact with their children, thus preventing the need for future support in areas such as speech and language.
- 6.15 For the pathfinders who have participated in the EIF maturity matrix workshops, the process has served as an effective tool enabling

clarity on the early years journey pathfinders wish to take and the means to achieving that. Stakeholders have stated the importance the maturity matrix has played in the formulation of pathfinder strategies going forwards.

Additional successes

- 6.16 The increased awareness amongst both families and staff of the relevant services available in the pathfinder areas has been a clear early indicator of success stemming from the integration programme. This has helped avoid duplication and allowed for effective referrals between services ensuring families have access to the best and most relevant support available. Furthermore, the integration of these newfound services into the early years setup has increased access and coverage and reduced service gaps.
- 6.17 Alongside the strategy of building up the capacity of parents, some pathfinders have sought to build the capacity of the service itself as part of their strategy of implementation. The inclusion of community connectors and social prescribers, for instance, have served as a conduit between core services and families, with them uncovering issues the families have been experiencing that would never have been revealed to midwives and health visitors.

Sustainability

- 6.18 The issue of whether these early indicators of success will have time to fully develop and emerge for the purpose of the evaluation was a concern of pathfinder stakeholders at the operational and strategic level. Overall, stakeholders are confident that the contacts, relationships, and networks developed since the beginning of the programme are established enough to remain, despite any loss in pilot funding. However, there is an element of time limitation linked to the programme, with the belief that the new posts created from the pilot activity are unlikely to be sustained when Welsh Government funding ends. There is a clear trepidation amongst stakeholders

surrounding the notion of withdrawing any support to families due to the pulling of funding.

- 6.19 Pathfinders across Wales are in varying degrees of reliance on Welsh Government funding, with some pathfinders on the one hand confident they can roll out pilot activity across the borough, regardless of whether funding continues or not, and on the other, claiming they would be unable to roll out the pilot service to the wider borough even if funding were to continue.

In order to enable sustainability of the programme, pathfinders are focusing on a range of different approaches such as empowering the community to be self-sustaining through existing services instead of adopting new ones. Extending workforce development and training is also seen as vital to ensuring a wide range of staff can deliver basic levels of support across numerous settings. This increases the sustainability prospects of the programme by lowering the levels of reliance on staff directly involved in the pilot. Some pathfinders are also considering involvement in Vanguard training as a means of ensuring strategic buy-in and preventing “relapse into the old ways of working.”

- 6.20 Certainly, there is recognition from some stakeholders that there is a current reliance on grant funding from pathfinders, preventing any permanent change in the way of working. They state that without significant investment from local authorities or health boards themselves, it will be unlikely that services will be mainstreamed.

Permanent changes in the way of working

- 6.21 Despite the fragility expressed surrounding pathfinders' reliance on Welsh Government funding, there has also been a recognition that staff and families have reached a 'critical mass' from the pilot that will safeguard certain new ways of working. As aforementioned, stakeholders are confident that the increased awareness of the support available and the development of close relationships between services should prevent a return to the previous 'silo working' of

various organisations. This, combined with the upskilling of staff, will increase the frequency and accuracy of referrals, as well as prevent unnecessary referrals across the pathfinder boroughs.

7. Conclusions

- 7.1 The conclusions of this report are based on the iteration of findings over the different phases of the evaluation. Some of the findings have been reinforced over stages of re-engagement with stakeholders, whilst others have evolved as pathfinders gain more experience. All of the pathfinders, even those most advanced in the programme, remain in early stages of integration, self-rating themselves using the EIF matrix as at the stages of basic level or early progress.
- 7.2 Creating a vision for the integration of early years services is best done as early as possible. To be effective it needs to take a critical view of current delivery and involve a wide range of senior stakeholders. The pathfinders that have done this have avoided defensive postures by specific agencies, created shared understanding of the needs of young children and families, and have greater cooperation between local authority and health services.
- 7.3 The aims and objectives of the programme are understood by the pathfinders because they align with the needs of service providers and users. This is aided by the shared outcomes of all early years programmes which makes the rationalisation of existing services desirable. Buy-in is negatively affected by competing priorities and targets within pathfinders. The pathfinder coordinator plays an important role in overcoming these barriers, a task that is made simpler if the pathfinder has had previous positive experience of similar programmes.
- 7.4 Beyond a very high-level description, there is no articulated programme theory and there is appetite from some for clearer guidance from Welsh Government. Others have seen the freedom to develop their own approaches as a strength. An evidence-based approach has been developed through different processes including Vanguard, ‘Fishbowl’ meetings, visioning work and service mapping. The more formal processes have resulted in greater steps towards integration compared to pathfinders that have not undertaken them.

- 7.5 The assumption that there is a higher level of need amongst families not engaged with existing programmes have been shown to be correct. The programme has successfully challenged assumptions around integration increasing costs, loss of services to families through streamlining, lack of positive outcomes, and the belief that silo working is too heavily entrenched within the early years sector.
- 7.6 Effective implementation of the programme in pilot activities is dependent on commitment from senior managers and operational staff. Pathfinders that have secured this have had little difficulty in reorganising services to assess needs universally within localities and arrange systems for sharing solutions between agencies. Implementation is hampered by the presence of multiple early years programmes operating in parallel to each other and the current temporary nature of the integration programme.
- 7.7 Coronavirus (COVID-19) has significantly hindered progress so pilot activity is still in the early stages, having been operating for just a few months. All are now in the implementation phase of the project plan and learning through the pilot activities. Although too early to see the full realisation of an integrated approach there are signs of the realisation of efficiencies, streamlined services, and referrals. Within pathfinders there is an increased awareness of the needs of families and, mainly within pilot areas, knowledge of how best to tackle them in a more integrated way. This knowledge has become embedded for some and likely to outlast the pilot activity.

8. Recommendations

- 8.1 The experience of the nine pathfinder PSB's in their early years integration journey has provided several recommendations regarding the future roll out of the programme that are applicable to both new, incoming pathfinders, and existing pathfinders extending their pilot to the wider borough or region.
- 8.2 Whilst in recognition of the principles of a realist evaluation (see methodology) some recommendations are 'context-specific' and applicable to certain pathfinder areas, there are also several recommendations that can be applied nationally. To fully understand the rationale behind the recommendations made by pathfinder stakeholders, it is necessary to highlight and explore the barriers and challenges, as well as the unintended consequences encountered by pathfinders.

Programme wide context

Challenges and barriers

- 8.3 There have been several associated barriers for pathfinders on their integration journey. The breaking down of established ways of working and persuading mainstream professionals to work differently within early years services has proved particularly difficult. In the case of health visitors and midwives across the pathfinders, there has been a reluctance to share their caseloads and submit referrals to pathfinder-funded support. Indeed, the fact that midwifery works on a largely medical model is challenging, as their focus is primarily on the health of the mother. They do not have the capacity to shift attention to the wider wellbeing of the mother, embryonic baby and wider family through early identification and intervention. As a result, they are more difficult to engage and integrate into part of a larger team. Differences in data collection processes and a lack of comprehensive sharing of information between midwifery and health visiting services has exacerbated this issue.

- 8.4 In some pathfinder areas there has been difficulty engaging with organisations outside the pilot area, hindered partly by the inability to meet face-to-face with these organisations to ensure they understand the work being undertaken and subsequently promote the service on offer.
- 8.5 The capacity of early years staff has also proved challenging. Meeting the increased demands of this new way of working, on top of the existing workloads in the same amount of time has proved difficult for staff delivering on the ground. Often the consequence has been that staff have a constrained amount of time to dedicate to pilot integration, whilst also delivering to the families in that area.
- 8.6 The concept of using a shared I.T. system with one file per family across the multiple services is an exciting prospect for pathfinders and has the potential to be a huge enabler in future delivery. However, the current use of different I.T. systems across different organisations is a barrier. There have been difficulties encountered with sharing information through the health I.T. system and even cases of staff employed by the health board but seconded to a local authority using the respective local authority I.T. system. Some pathfinders have attempted to overcome these difficulties by having an information sharing protocol, with parents' approval, as well as seeking to developing an I.T. system that interfaces with other systems, but there has been delays in the use of the latter. A resulting recommendation for incoming pathfinders has thus been to ensure compatible I.T. systems are in place, so all early years have access from the start.

Unintended consequences

- 8.7 The effects of the Coronavirus (COVID-19) pandemic have had a wide impact on the pathfinder's integration journey and the implementation of early years services. Having spoken to numerous stakeholders at an operational and strategic level, the unintended consequences from the fallout have been both positive and negative.

- 8.8 The virtual way of working that has stemmed from Coronavirus (COVID-19) has increased accessibility and engagement in many cases for pathfinders. It has enabled staff to attend and engage with events ranging from strategy workshops to speech and language training for childcare staff and nurseries³¹, without travelling. It has removed the geographical boundaries across the pathfinder areas leading to a greater understanding of the roles and responsibilities of other services.
- 8.9 Another positive consequence has been the flexibility of staff in the face of the pandemic. Over the past twelve months, there has been widespread thinking from early years organisations on how to engage with parents and families. This has included developing an online presence through virtual video chats, where staff can observe how children play and interact with parents in the home setting. For some parents, virtual engagement has been preferable to accessing support face-to-face, given that it removes the need for childcare and can be less daunting than going along to a group setting.
- 8.10 Despite this, operational staff almost universally expressed face-to-face contact with families as the desirable form of engagement in most cases. Additionally, while Coronavirus (COVID-19) has reduced the geographical barriers for staff attending training, it has prevented speech and language and physical literacy trainers from observing staff implementation of the training in real-world settings.
- 8.11 Coronavirus (COVID-19) has undoubtedly impacted on staff capacity and resources across the pathfinder areas. Over the past year, services have experienced fluctuating levels of staff shortages, either through illness and/or shielding. This has resulted in remaining staff having to cover areas and caseloads they are unfamiliar with. Coupled with the inability to engage face-to-face with families, this has had a demoralising effect on many staff.

³¹ Whilst recognising that the quality of the training can be compromised by being undertaken virtually, it has allowed for greater involvement from practitioners given that they do not need to travel to attend training.

- 8.12 The importance of the national pathfinder workshops with Welsh Government was highlighted by strategic stakeholders as a useful process during the integration journey. The value of the workshops situated in the fact that they provided a forum for communication between the different pathfinders, sense checking their alignment, as well as providing an opportunity to discuss the common themes and barriers arising in the respective areas. In their absence (due to Coronavirus (COVID-19), pathfinders have missed the shared learnings with other participating PSBs.

Recommendations for specific pathfinder PSBs

Mapping the local area at the planning stage

- 8.13 During the early stages of the early years programme, stakeholders stated the need for integration to be planned at the level on which it is delivered, building from the ground-up on existing foundations. This entails scoping what services already exist in the local area and determining what agencies and partners can work with the pathfinder.
- 8.14 Mapping the profile of the local community was stated as an important process when considering the pace of change that the community will be able to handle. Additionally, there should be a recognition not just of what is currently available, but also a thorough understanding of what the end point will look like, working appropriately to that aspirational goal.

Achieving buy-in across organisations

- 8.15 In terms of achieving buy-in, it is key to demonstrate early on that this new way of working will better meet the needs of the early years services and the families they support. Stakeholders emphasised the importance of enthusiasm of those engaged in the pathfinder work in ensuring success and recommended having meetings with the key partners at this early stage to have an appreciation of each organisation's roles going forward. This should include a mix of people and management across and within all services under the health board, the local authority and the third sector. Furthermore, in

relation to the governance of the programme, it was suggested that existing groups be utilised and that an ultimate decision maker be appointed to avoid duplication and confusion over jurisdiction.

- 8.16 As well as achieving buy-in at the operational and strategic levels, several pathfinders emphasised the importance of challenging assumptions about the rationale for the current ways of working and what families need and want from early years support. Vanguard training was cited as an effective method to challenge staff to truly understand the experiences of families.

Welsh Government guidance

- 8.17 Some pathfinders expressed a desire for clearer guidance from Welsh Government in terms of the grant funding available to reduce the internal risk of implementing significant change and to allow for longer-term planning. There have also been calls for long-term investment through sustainable funding to overcome the aforementioned barriers. The previous inconsistency and delay of funding year-on-year has frustrated pathfinders as they feel this ‘moving of the goalposts’ has reduced their capacity to test the model, whilst being expected to deliver the same outcomes and results. Alongside this, there has been frustration over the short timescales for the evaluation, with pathfinders feeling rushed into implementing changes and trying to evidence outcomes too quickly. There has also been calls for more consistency and strategic direction on how programmes related to early years provision align at a national level.

Clarifying the scope of change

- 8.18 Some pathfinders have called for greater clarity from Welsh Government surrounding the vision and purpose of the integration programme, with calls for a greater emphasis on implementing preventative measures, rather than adding capacity to existing services.
- 8.19 Certainly, there is a level of disagreement amongst what pathfinders recommend regarding what should constitute the core aims and

objectives of the programme. Some pathfinders advocate a wholesale, ambitious rehaul of existing services provision, “*to think big – don’t just tweak...*” (Strategic Stakeholder, 2021), whilst others recommend setting smaller-scale, more achievable objectives, narrowing down the focus of early years to provide clarity and direction.

- 8.20 Whilst it is important to recognise that ‘context matters’, and as a result, pathfinders will diverge in how they implement the changes, it is essential that there is uniformity in the understanding of the aims and objectives.