Early Years Policies in Wales and a Post-Pandemic Future: Mixed Methods Research Study

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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
ACEs	Adverse Childhood Experiences
ALN	Additional learning needs
Attention Autism	A four-stage training programme for parents and professionals designed to help develop attention skills in autistic children.
ASD	Autism spectrum disorders
CCG	Children and Communities Grant
CDF	Child Development Fund
CfW	Curriculum for Wales
CIW	Care Inspectorate Wales
ECEC	Early Childhood Education and Care
ECPLC	Early Childhood Play, Learning and Care
EYITP	Early Years Integration Transformation Programme
FRAIT	Family Resilience Assessment Instrument and Tool, which supports health visitors assess family resilience and identify the support they need.
HCWP	Healthy Child Wales Programme
Makaton	A series of symbols and signs are used either as a main method of communication or a way to support speech development.
PGit	Parenting. Give it time
Results Based Accountability	An approach to measurement that puts the focus on the ends and works backward to the means.
SALT	Speech and Language Therapy
SLC	Speech, Language, and Communication
SLCN	Speech, Language and Communication Needs
SLT	Speech and Language Therapist
TWM	Talk With Me- Welsh Government's Speech Language and Communication (SLC) delivery plan
WellComm	A speech and language screening toolkit for early years practitioners working with children aged six months to six years.

WCCIS	Welsh Community Care Information System

1.   Introduction

Early Years in Wales

1.1   Children's early experiences have lifelong effects on many aspects of health and well-being. These can range from obesity, heart disease and mental health to education attainment and economic success. The 'early years' is one of Welsh Government's five cross-cutting priorities (Welsh Government, 2017b) and is defined as the period of life from pre-birth to age 7.

1.2   The policy landscape related to early years cuts across a variety of sectors, including childcare, play, education, health and social services, as well as the third sector.

1.3   Welsh Government has invested in programmes such as Families First, Flying Start, the Healthy Child Wales Programme, Childcare Offer and The First 1000 Days Programme and collaborated with local authorities, health boards, and the third sector, clearly demonstrating their recognition of the importance of the Early Years. Prosperity for all (Welsh Government, 2017b) states that "*Investing in early years is an investment in the economy and workforce of the future*". The current Programme for Government[1] outlines the commitment to protect, re-build and develop our services for our vulnerable people as well as to create better outcomes for people in Wales now and in the future.

Research Rationale

1.4   The COVID-19 pandemic, which began in March 2020, meant that significant public health restrictions were taken to contain the virus and protect lives. This included social distancing measures and nation-wide lockdowns. These inevitably disrupted services and support for children and parents. Since then, extensive research has been undertaken on the effects of the pandemic on communities, families and children. Some of this research is summarised in Section 3 of this report. Evidence emerging from this research describes the ways in which the pandemic worsened structural and social inequalities, increasing the frequency of Adverse Childhood Experiences (ACEs) and had a detrimental impact on speech and language development, mental health and social and emotional development for many children in Wales.

1.5   In recognition of this significant change in context and the emergence of additional populations requiring support, the Welsh Government acted on need to explore the extent to which current early years programmes and policies in Wales meet the

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[1] Welsh Government Programme for government: update [HTML] | GOV.WALES

needs of children and families in Wales, post-pandemic. Knowledge and Analytical Services officials from the Social Justice Research branch (on behalf of the Early Years, Childcare and Play Division within the Welsh Government) commissioned Miller Research in June 2022 to conduct research into this changing landscape. The research involved drawing on the expertise of academics, researchers and early years practitioners to further understand how the Welsh Government can counteract any disadvantage or delay that has developed as a result of children and their families losing access to the usual support systems and interventions during the pandemic. An additional purpose of the research was to consider whether existing early years policies and programmes need refining or developing to meet the needs of children and families in a 'post-pandemic future'.

Report Structure

1.6   This final report summarises the findings from the research, which involved fieldwork with a range of academics/researchers and practitioners working in early years. The report covers the general effects of the COVID-19 pandemic on children and families (as reported by academics and practitioners) in the following thematic areas:

- Child and holistic development
- Child mental health and wellbeing
- Parenting, parent mental health and home learning
- Speech, language and communication
- Multi agency working and intervention.

1.7   The report subsequently summarises feedback (predominantly from practitioners) on the following programmes and policies, which support the early years[2]:

- Flying Start
- Families First
- Early Years Integration Transformation Programme
- Healthy Child Wales Programme
- Parenting. Give it time (PGit)
- Talk with Me (TWM): Speech, Language and Communication (SLC) Delivery Plan
- Policy aimed at mitigating the adversity arising from Adverse Childhood Experiences (ACEs)
- ALN system

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[2] The study does not include the Childcare Offer for Wales, because the programme is subject to evaluation and Welsh Government (2021a) published a Delphi Study (see references) to options to help identify, address, or mitigate the impact of COVID-19 on children under the age of five, which focused heavily on the Childcare Offer for Wales.

- Curriculum for Wales.

1.8   The report concludes with some overarching policy considerations for Welsh Government Early Years, Childcare and Play policy.

1.9   Quotes are used throughout the report to illustrate feedback from academics and practitioners. Where quotes are from practitioners who responded to the online survey, which required them to specify their professional role or job title, their profession is stated. Where quotes have come from practitioners who participated in focus groups, these are referenced as "focus group participant".

2. Method

Overview of the method

2.1   The research was originally designed as a two-staged mixed-methods study involving online focus groups with academics/researchers (Stage 1) followed by an online survey of practitioners and then a series of focus groups with practitioners (Stage 2). The intention was to adopt an exploratory sequential design[3], whereby the first stage would capture initial qualitative findings and the second stage would then test these findings with a larger population. This would provide quantitative evidence which could subsequently be explored in more detail through a final stage of qualitative research.

2.2   Several changes to the original method were made during the course of the research, primarily around the sequencing of the different elements of the study. The final approach that was adopted (and the rationale for changes to the original method) is described below.

Approach to Stage 1

2.3   The research for Stage 1 was initially going to be undertaken via mini-focus groups, (i.e. each with three to five academics) to allow for collective discussion and sharing of evidence and conclusions. Identifying dates and times when academics from different institutions were collectively available for a group session proved to be a significant logistical challenge. Therefore, it was decided to interview participants one-to-one interviews instead. Whilst it meant that the opportunity for group dialogue and cross-fertilisation of ideas was lost, it was a necessary means to an end in terms of engaging busy academics.

2.4   Interviews were held with 17 academics affiliated with a range of research institutions and universities across England and Wales, including University of Bangor, University of Swansea, Cardiff University and Royal Holloway, University of London. The list of academics included a combination of relevant contacts objectively identified by Welsh Government through a desk-based review of those engaged in policy development, alongside additional individuals identified by Miller Research, also via a desk-based review. Of the 17 academics interviewed, 12 were proposed by Welsh Government and further five were identified by Miller Research.

Table 2.1: Number of Academics engaged in Stage 1

Geographic placement of Academics	Total number engaged
English Universities / Academic Institutions	11

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[3] Learn to Use an Exploratory Sequential Mixed Method Design for Instrument Development (parsmodir.com)

Welsh Universities / Academic Institutions	6
Total	17

Source: Miller Research

2.5   These academics had expertise in a range of specialist areas falling mostly into three categories: Child Development, Child Mental Health and Speech, Language and Communication (SLC).

2.6   Interviews lasted between 45 minutes to an hour and covered the key themes of:

- Child and holistic development
- Speech, language and communication
- Child mental health and wellbeing, and
- Parent mental health and wellbeing.

2.7   Notes taken during the interviews were subsequently added to Miro, an online mind-mapping platform, where interview findings were grouped according to theme and the areas covered in the topic guide.

Approach to Stage 2

2.8   Following the engagement with academics during Stage 1, the approach for Stage 2 entailed quantitative and qualitative research with early years practitioners from across Wales. The original intention had been to start with an online survey of practitioners (testing the findings from Stage 1 and capturing quantitative data that more accurately represents practitioner views in general) followed by a series of focus groups to contextualise and explore the nuance in the survey findings.

2.9   In practice however, this approach was not feasible. The main problem was that although academics provided some useful feedback on the impacts of the pandemic on children and families – in particular within the four thematic areas listed above – they were in general unfamiliar with the detail of early years policies and programmes in Wales and were therefore unable to comment in sufficient detail on their suitability post pandemic.

2.10   This meant that there were very few definitive proposals for early years programmes that could be shared with practitioners through the online survey, to capture the degree of support for changes proposed by academics. The feedback that academics were able to provide on the effects of the pandemic was highly informative but too extensive to consolidate into a reasonable number of questions. Furthermore, the evidence was primarily retrospective, based on what happened as a result of the pandemic, rather than recommendations for policy and programme design, i.e. hypotheses that could then be tested at scale.

2.11   As a result, it was agreed, in collaboration with Welsh Government, that it would be more valuable to conduct a series of virtual focus groups with early years practitioners first (who would be much more familiar with early years programmes in Wales than academics), followed by an online practitioner survey to capture the degree of agreement with some of the sentiments expressed in the focus groups. This enabled us to focus survey questions on each of the key early years programmes in Wales, as well as ask survey respondents to rate their agreement with a series of statements relating to changes to specific programmes, as proposed by practitioners in focus groups. We were also able to ask about more general/thematic priorities raised by both academics and practitioners in their respective focus groups. As such, we were able to quantify the extent to which the wider sector agreed with the findings that emerged from the early phases of Stage 2 and - to a lesser extent - Stage 1.

2.12   In comparison to Stage 1 where there was a predominant focus on the overall impact of the COVID-19 pandemic on children and families, there was a shift in emphasis in Stage 2 towards specific policies and programmes delivered in the early years sector in Wales and their respective suitability post pandemic. Survey responses were in general extremely comprehensive, including detailed comments on individual programmes to explain quantified ratings. This added invaluable extra detail to the existing evidence on what practitioners considered to be the strengths and weaknesses of early years policies and programmes in Wales as captured through the practitioner focus groups.

2.13   Between the 31st of May 2023 and the 21st of June 2023 eight virtual focus groups each lasting approximately one hour were held, with a total of 76 practitioners. Participants were recruited through the distribution of bilingual information packs and privacy notices, outlining the focus of the research as well as contact details for recipients to express interest in engaging the research. The professional backgrounds of the focus group participants varied, from speech and language therapists (SLTs) to health visitors (HV) and parent support workers. It is important to note that SLTs were the most common early years profession participating in these focus groups, due to particularly high engagement from SLT practitioners and leads during the recruitment phase.

2.14   After an interim period where the findings of the Stage 2 focus groups were analysed via Miro, the online practitioner survey went live on the 22nd of August 2023 and closed on the 25th of September 2023. In total, there were 178 completed responses from practitioners across the early years sector, with 171 filling out the survey in English and seven in Welsh. Once again, a summary of qualitative responses was broken down thematically and analysed using Miro. Conversely quantitative data was analysed using Microsoft Excel.

Table 2.2: Number of Early Years Practitioners engaged in Stage 2

Form of engagement	Total number engaged
Focus Groups	76
Online Survey	178

Source: Miller Research

2.15   The breakdown of survey respondents by early years profession is outlined in Figure 2.1. As can be seen in the figure below, the most common profession of respondents was childcare practitioners and family support workers. The most common professions amongst those who selected 'other' were advisory teacher, early language development officer, ALN officers, 'social care', nursery director and childcare officer.

Figure 2.1: Survey responses to the question 'What is your primary job role?'
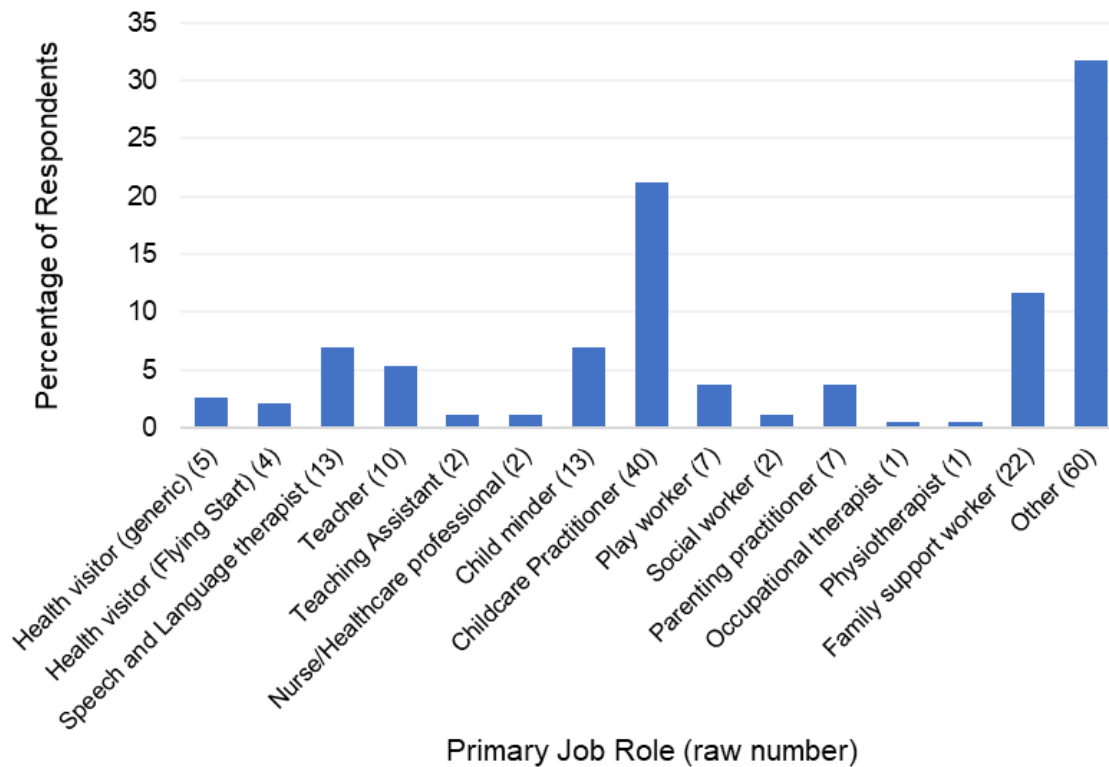
Source: Miller Research Early Years Post Pandemic Survey 2023

Base size = 189

2.16   The final element of Stage 2 was a desk-based review of relevant research studies surrounding the impact of the pandemic on children and families, to place this particular piece of research into context. The findings from this review are summarised in section 3.

Methodological considerations

2.17   Upon review of the Stage 2 survey findings, it became evident that there were a small but notable number of misunderstandings around specific programmes in responses to the qualitative questions, primarily relating to the their suitability post pandemic. We have accounted for this in our analysis. For the sake of transparency and pragmatism we outline these areas of confusion below, but exclude reference to them elsewhere in the report. The main areas of confusion included:

- Confusing the Healthy Child Wales Programme with Healthy Start[4] (e.g. making references to milk and food vouchers, when describing the former programme).

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[4][Get help to buy food and milk (Healthy Start)](#)

- Misunderstanding the purpose of the Healthy Child Wales Programme (e.g. referring to 'settings' needing more support and time to 'deliver the programme' or comments like 'Parents only engage if a setting is implementing the programme').
- Misconceptions over the details of the Flying Start rollout.
- Confusion over the Early Years Integration Transformation Programme and the perception that it is an alternative to Flying Start.

2.18 It is important to note that in order to be able to make these points in the first place, respondents would have needed to have stated they were either very or somewhat familiar with the policy/programme[5].

2.19 In the report we have also explicitly acknowledged any qualitative survey responses that are unclear in terms of their meaning or argument. We have done this to avoid the risk of misinterpreting this evidence (where clearly there was no opportunity to ask a follow-up question to sense-check what the respondents had provided as an answer) and therefore skewing the findings and undermining the validity of the research.

2.20 Finally, it is worth noting that given the significant number of SLTs within practitioner focus groups (over 20 per cent) and the number of childcare practitioners amongst survey respondents (23 per cent), that comments and recommendations, whilst generally balanced, are partially weighted in favour of the particular perceptions from those particular professions.

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[5] I.e. respondents were routed in the survey so that anyone who stated that they were not familiar with or had never heard of a specific programme were *not* asked follow-up questions on the extent to which the respective programme in its current form meets the needs of children and families post pandemic and what, if anything, they would change about the programme going forward.

3.   Background and Context

3.1   A range of research studies have been conducted on the impact of COVID on children and families in Wales and the UK. This section briefly reviews the main studies of relevance, highlighting this research's distinct contribution to the existing literature.

3.2   Welsh Government's Delphi Study on the impact of COVID-19 on children under the age of five (Welsh Government, 2021a) aimed to understand the impact of COVID on young children in Wales. It also explored how this impact differs across socio-demographic groups, and key strategies to address any adverse impacts or leverage and extend any positive impacts stemming from the pandemic. Multiple rounds of surveys were distributed between May and October 2021 to consolidate views from academics, experts and practitioners. The Delphi study was widely known and referenced by the academics in Stage 1 of this research and as such will not be summarised in detail here, though it was an important piece of the context in which this research was conducted.

3.3   Researchers from the University of York and National Institute for Social and Economic Research conducted a rapid evidence review (Fox et al., 2021) on mitigating the impacts from Covid-19 in the early years, funded by the Department for Education. The review covered existing literature from a range of disciplines and databases to determine: "*whether the measures taken to control the spread of the virus have had an impact on outcomes for children in the early years*"; "*which, if any, steps can be taken to mitigate any adverse effects as a result of COVID-19 for children in the early years defined as children 0-5 years*"; and "*which steps would be most useful in the event of a possible future large-scale crisis?*" In terms of pandemic impacts, they highlight socioemotional development, language and communication, physical development, and educational outcomes as the primary areas of concern. The research identified 34 programmes expected to mitigate the impacts of the pandemic, either during or after the pandemic itself. The authors argue that keeping early years settings open to all children is important in any future crises, and that 'substantial investment' in the sector is needed to ensure settings and staff are ready and able to keep settings open when possible, and that children across the zero-to-seven range all receive targeted support. Investment is also needed to support home learning and to support parents in helping their children. More evidence is needed around IT-based remote assistance and physical development.

3.4   A two-stage review of Welsh Government's Adverse Childhood Experiences (ACEs) policy (Welsh Government, 2021b) was conducted and comprised a desk review of literature and evidence, as well as stakeholder engagement about the ACEs policy.

The literature review found that ACEs are widespread and disproportionately common in vulnerable populations. It also found that ACEs pose a barrier for children but argued that their impact on outcomes is still unclear. The evidence base around which interventions are most effective in addressing ACEs is also insufficient when measuring impacts across life stages, though an understanding of how to develop ACE-aware and trauma-informed services has been influential in Wales. The research also highlighted concerns with the ACEs framework, for example that it "*pathologises societal problems and seeks to apply clinical solutions to them*", blames parental behaviour, oversimplifies complex experiences of adversity, and does not adequately address the nuanced differences between types of ACEs.

3.5   The stakeholder engagement undertaken for the review found support for the ACEs framework, but also found similar concerns around its failure to recognise the complexity of traumatic experiences, including: its causes; the potentially negative and stigmatising impacts of the language used around ACEs; and evidence of 'siloed' working in relation to ACEs in Wales.

3.6   Nonetheless, the review also found that stakeholders felt the ACEs framework had supported the development of a common language and understanding of the association between experience and outcomes, which in turn had helped to enable different sectors and services to work together to tackle ACEs. In March 2021, the Deputy Minister for Social Services issued a written statement which included a series of working principles, in response to the findings of the review (Welsh Government 2021a).

3.7   In 2021 Public Health Wales commissioned a rapid evidence review on the impact of the pandemic on children's mental wellbeing (Public Health Wales, 2021). Public Health Wales intended to use the report findings to develop a Mental Well-being Impact Assessment of the impact of COVID-19 on children and young people aged 10 to 24 in Wales. While parts of the study focused on children and young people above seven and are thus not specifically related to early years research, the authors note a research gap related to mental wellbeing and development of babies and infants, with only one study on the topic. Overall, the consequences of the pandemic in general and parent stress and feelings of isolation specifically were found to negatively impact child mental wellbeing. School closures and educational disruption were also found to negatively impact child mental wellbeing, with detrimental effects exacerbated for families from lower socioeconomic backgrounds.

3.8   In terms of research into parents and specific programmes, the NSPCC conducted a process evaluation of Pregnancy in Mind (NSPCC, 2021), a programme designed to provide perinatal support for parents with - or at risk of - anxiety and depression. While it was designed as a face-to-face programme, the COVID pandemic meant

that it was delivered virtually during the evaluation period of March to September 2020. Virtual delivery was found to have some benefits. These included the facts that: the programme was able to reach more parents; one-to-one check-ins for wellbeing were made possible; and the programme could be delivered at the pace individual parents needed. The evaluation found that the ability of the programme to adapt was based on the existence of well-established local networks and referral pathways. That said, relationship-building was perceived to be more difficult online, as was engagement with fathers, specifically.

Contribution to the literature

3.9   As all of the above studies were published in 2021, this report provides updated evidence on the medium-term impacts of the pandemic. Fieldwork took place between January and September 2023, so insights from academics and practitioners reflect the more recent impacts of COVID-19 on young children and families in Wales.

3.10   However, the main difference between this study and previous research is that this focuses on each of the main early years programmes in Wales, individually. Whilst the study did involve discussion with academics and practitioners about the effects of the pandemic on children and families, and on what early years practitioners did to try to try to counteract any disadvantage and delay caused by the pandemic, this was to provide essential context to consideration of what (if anything) needs changing within early years policies and programmes going forward.

4.   Effects of the pandemic on ways of working

Impact of COVID-19 on children and families

4.1   The findings from Stage 1 of this research highlight numerous impacts on children and families resulting from the COVID-19 pandemic. While there was not as large a focus on this during Stage 2, practitioners still provided some insight on the pandemic's effects from their perspective of delivering early years services 'on the ground'.

Wellbeing and mental health

4.2   The detrimental impact of COVID-19 on the wellbeing and mental health of children was widely highlighted by academics, with a consensus that the gap was widening between children from higher and lower socio-economic backgrounds. Another reported factor determining the severity of impact of COVID-19 was the extent to which children had any experience of school pre-pandemic. Claims were made by academics that those who had already started school were likely to miss regular interaction with their peers, but that children who had never experienced school before were typically even more affected and demonstrated higher levels of anxiety.

4.3   Practitioners in Stage 2 reinforced the notion that the pandemic had a significantly negative impact on children's mental health, with observations that this 'COVID cohort' were a very different profile in terms of their levels of anxiety. Some children had been observed to have been scared to go outside or mix with other children once restrictions were lifted and groups were accessible.

4.4   Practitioners also highlighted the damaging effect the pandemic had on parental mental health. Instances were cited where parents had lost their confidence and experienced social anxiety when contemplating their attendance at face-to-face sessions. Practitioners also observed parents developing attachment issues with their children as a result of COVID-19, suffering separation anxiety when leaving their children at early years settings. This was a phenomenon that practitioners claimed they had not observed pre-pandemic.

4.5   Throughout the Stage 2 focus groups, early years practitioners and staff emphasised the strain that COVID-19 had put them under. The pandemic placed pressure on an already stretched workforce, which was only intensified when colleagues went on sick leave for anxiety or illness. Low morale was – and remains – an issue, with staff feeling they were neither adequately compensated in pay, nor have the status recognition that should come with 'being on the front lines' during the pandemic.

Social and Speech, Language and Communication (SLC) skills

4.6   The pace of SLC development was seen to have slowed – or even regressed – for many children as a result of the pandemic and associated periods of national lockdown (March – June 2020 and December 2020 – February 2021, with local-level periods of lockdown in between). Both academics and practitioners partly attributed this to the limited interactions that took place between parents and children from different households that would typically occur during group activities. It was felt that this situation resulted in children not needing to extend language and communication skills or have SLC mistakes corrected. Children were only exposed to the vocabulary used by their parents. Also, parents typically understood their children even when they used incorrect or incoherent terminology. This was exacerbated by the absence of nursery education, which in normal circumstances provides a forum to enhance SLC development when SLC support at home is limited.

4.7   The ubiquitous wearing of face masks by parents and other adults interacting with children during the height of the pandemic was also deemed to have affected SLC development amongst young children, as they were unable to a see people's expressions or benefit from other visual cues to help them understand the verbal messages being conveyed during speech.

4.8   Socially, children were deemed to have suffered in terms of their ability to interact with their peers, as well as with adults. This included difficulties learning how to share and communicate properly, combined with poor concentration levels, hyperactivity and difficulties with fitting into routines.

Physical development

4.9   During Stage 1 of the research, academics referenced the inhibited physical development of children as a concerning consequence of the pandemic. With early years settings closed for periods of time and children not leaving their homes, the opportunities for children to further their physical development through play was severely reduced. This limited physical development took many forms ranging from a lack of toilet training to underdeveloped fine motor skills, such as holding a pen or pinning clothes on a washing line. Some academics inferred that an increase in screen time and digital device interaction lead to physical inactivity, which they believed contributed to higher levels of obesity amongst children. This is reflected in recent Child Measurement Programme data in some parts of Wales (Public Health Wales, 2022).

4.10   Academics also repeatedly emphasised that COVID-19 reduced outdoor play due to restrictions in schools and early years settings.

4.11   Again, children from less affluent backgrounds were reported to have been disproportionately affected by this, particularly those living in highly urbanised areas and in tower blocks where they therefore had less access to outdoor spaces. Practitioners referenced the loss of support groups for parents during this period as contributing to a lack of routine that resulted in excessive screen time and later bedtimes for children.

Pandemic impact in Wales

4.12   When asked whether there were any impacts stemming from COVID-19 that were unique to Wales, the general consensus amongst academics was that observed effects were similar across the UK. There were, however, a few elements identified that were either unique to - or particularly acute for - children and families in Wales.

4.13   For instance, the pandemic had the effect of slowing Welsh language development for children who attended Welsh medium schools and childcare settings but came from English-speaking homes. This was attributed to the inability of parents to engage with their child in the Welsh language and the absence of Welsh speaking peers and teaching practitioners for their child to interact with. Some academics suspected that the issue would have largely been mitigated once children returned to school and childcare settings. However, they were unable to provide any empirical data to support this hypothesis.

4.14   Although not unique to Wales, academics felt the higher levels of deprivation and child poverty in Wales (in comparison to other regions in the UK) has meant that there has been limited time and resources amongst parents to support their children. This is applicable at an individual family level, where the opinion was that some parents in Wales were not reading to – or engaging with - children as much as parents in more affluent areas. Data from the Millenium Cohort Survey (MCS) demonstrates that there has been a difference between the cognitive and socio-emotional development of children from richer and poorer backgrounds pre-pandemic and thus we must be careful when attributing the scale of impact from COVID-19 (Kelly et al., 2010). Nevertheless, initial findings from the Institute of Education at University College London state that during lockdown, parents with higher levels of education were more likely to do more homeschooling with their children (Villadsen et al., 2020), suggesting that there is a correlation between socio-economic status and the level of education children received throughout the pandemic.

Impact of disrupted services/dependence on childcare settings

4.15   On the whole, academics believed that the lack of access to Early Childhood Play, Learning and Care (ECPLC) - formerly known in Wales as Early Childhood

Education and Care (ECEC) - during this period largely resulted in the exacerbation of pre-existing issues, as opposed to the creation of any distinctly new problems. This included areas such as SLC skills and physical development, which several academics identified as an issue pre-pandemic, particularly for children from lower socio-economic households, something that is evidenced in research from other parts of the UK (Welsh Parliament, 2021; Save the Children, 2016).

4.16   A major issue caused by the absence of ECPLC was the inability to identify developmental challenges amongst children. These challenges include behaviour problems, speech, language and communication needs (SLCN) and additional learning needs (ALN). Academics felt that this was especially pertinent as "*the earlier you pick up the problem, the easier it is to address*". This point was also made by focus group practitioners during Stage 2.

4.17   This lack of contact also meant that early years practitioners were unable to observe children's development and so parents were relied on to recognise any symptoms. This inevitably resulted in many challenges being 'missed'. Academics noted the difficulties faced by parents in this area, as they had reduced exposure to other children as a 'benchmark' of child development. As such, parents were more likely to make inaccurate judgments about their own child.

4.18   Academics also considered the temporary closure of ECPLC to have a disproportionately negative affect on service users from disadvantaged backgrounds. It was claimed that children who continued to attend ECPLC between lockdowns were in a much better position than those who stopped attending altogether, with the most vulnerable families the least likely to ask for help or access services of their own accord. It is important to note that through the Coronavirus Response and Childcare Assistance Scheme, some settings remained open throughout the pandemic to support key workers who had children aged 0-5. However, this would not have covered all vulnerable families.

Examples of good practice during the pandemic

Child focused support

4.19   Throughout the Stage 2 focus groups, practitioners highlighted various examples of best practice that early years settings had integrated into their service during the pandemic. Some of these have remained in place since restrictions lifted. These interventions ranged from providing targeted and innovative language interventions to creative and accessible forms of parental and family support, as well as supporting practitioners themselves.

4.20   In terms of best practice focused on meeting the needs of the child, a practitioner based in North Wales referenced the outdoor, open access, play-based sessions

that they have been holding for children under five since the start of COVID-19, to try to counteract developmental disadvantages. These sessions have continued throughout the pandemic, funded through the Child Development Fund and the Children and Communities Grant. The sessions have focused on observing the communication and language development of attendee children. It was felt that this service has been crucial, - particularly for children of key workers - with the practitioner claiming that there was a notable difference in the speech and language capabilities of children who attended the sessions in comparison to those who did not.

4.21   Another example of best practice identified during the focus groups was an inclusion project, facilitated by an adventure playground and Integrated Children's Centre. Its focus was on supporting children with ALN during the pandemic. Essentially the project enabled third sector organisations supporting children with disabilities and neurodevelopmental conditions to use an empty adventure playground. This addressed the concern that these children were losing their fine motor and social interaction skills, exacerbated by the inappropriateness of conventional play settings (such as soft play centres) given that they needed a less crowded and less stimulating space in which to play. By utilising the empty space, this enabled the children to develop their skills, whilst also interacting with other children with ALN.

4.22   The SLC and play work sessions delivered at a Wellbeing Hub was highlighted as a useful resource that had been underutilised prior to the pandemic. Nonetheless, practitioners commented that accessibility was limited to families in Flying Start areas, and suggested the sessions could be extended to all parents.

Parent / family based support

4.23   Whilst there has been a clear preference amongst early years practitioners to return to face-to-face delivery post pandemic, several focus group participants acknowledged that the shift to online support precipitated by COVID-19 had resulted in several instances of innovative and effective interventions that frequently broke down barriers and engaged families who were previously 'hard to reach'.

4.24   The creation of online parent groups as a result of the pandemic was viewed positively by practitioners, with virtual 'song and rhyme'[6] groups and the adoption of basic Makaton deemed effective in providing the necessary support to parents and families. The increased use of social media was also seen as a positive engagement method for parents throughout the pandemic, with some early years

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[6] Song and rhyme groups entail repetition of rhymes and singing with parents and children to support language and literacy development.

settings adopting daily Facebook posts with different themes for each day, highlighting useful developmental activities parents could adopt with their children.

4.25   The creation of a consultation helpline was cited by a practitioner as a useful support tool, enabling parents to ask questions and concerns they may have had about their children. This has remained post COVID-19 and has been integrated into their core service. Another practitioner referenced creating an advice line that has been hugely successful in giving parents information, advice and assurance on SLC. They stated "*we had wanted to do that for a long time – COVID enabled us to break down those barriers to work differently. We were given time to really beef up our online resources*". (Focus group participant)

4.26   Similarly, early years practitioners in another part of Wales cited an online platform 'Ask the Professional' where specialists in SLC, early years practitioners and parents shared information on key development areas ranging from SLC to breastfeeding and sleep.

4.27   In the context of home visits, some practitioners noted that parents videoing their child within their home throughout the pandemic had some benefits, allowing more authentic observations because of the child being in their natural environment.

4.28   In some cases, doorstop visits were introduced to drop off emergency food parcels, toys and relevant IT equipment for vulnerable families, who did not have Wi-Fi or technology.

4.29   To address parental mental health and anxiety coming out the pandemic, one area introduced 'welly walks' to familiarise parents with early years practitioners and the support on offer.

Practitioner focused examples of good practice

4.30   There is some evidence of the early years sector increasing coordination and collaboration to address the issues triggered by the pandemic. One practitioner felt that SLTs and HVs were now working together more closely, directly resulting in more – and more appropriate – referrals into speech and language support. Another example cited was the sharing of training and resourcing with early years settings on how to manage the cohort of children most affected by the pandemic, with a particular emphasis placed on foundational skills. One practitioner also cited a cross-sector working group that had established sessions called 'Working Together Wednesday'. This took the form of an online interactive podcast where various stakeholders - including early years practitioners and parents - shared their experiences, providing psychological input to help with the challenges associated with COVID-19. These challenges included issues around child play, learning and parent/carer wellbeing.

5. Priorities for the future Early Years policy in Wales

5.1   The below section outlines the impact of COVID-19 within the thematic areas outlined at Stage 1 (see Method section), alongside barriers associated with the respective themes and potential solutions or recommendations for improving delivery. It is predominantly based on the findings from engagement with academics, and to a lesser extent from the practitioner focus groups (given that the survey of practitioners was more focused on specific early years programmes and policies[7]). However, relevant feedback from the online survey is included where appropriate.

Speech, Language and Communication

5.2   SLC (and social communication in particular) was identified as an area of significant need since the beginning of the pandemic. Practitioners (in Stage 2) and academics (in Stage 1) agreed on this point, emphasising its importance. The perception of continued and heightened SLC need was expressed repeatedly, even though (according to practitioners) this increased need is not necessarily reflected in research data. For example, in general there has not been the expected increase in referrals to specialist NHS SLT services. However, it was suggested that this may be because of online SLC service provision mentioned by several Early Years SLTs with experience working in Flying Start SLT teams. This online provision included online advice lines and videos that SLTs were supported in making for children and families.

5.3   Anecdotally, practitioners also reflected on the changing profile of children referred to SLC services, with more of these children observed as having socioemotional issues. Practitioners also observed more instances or signs of neurodivergence. One practitioner highlighted that specialist provision for young children with social communication and social interaction difficulties was full in their area. This need was so great in school nursery classes that enhanced support was added to mainstream reception provision.

5.4   These concerns are consistent with the views that academics expressed in Stage 1. Academics stated that SLC development was seen to have slowed and that developmental language disorders were not being diagnosed early enough during and since the pandemic. They also explained that children spending more time with only close family during lockdown periods may have prevented children from 'stretching' their language abilities. This links to practitioner concerns about vocabulary development. Finally, academics confirmed that SLC needs can underpin emotional and behavioural challenges later on, a phenomenon which

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[7] Given that this was where the main gaps in the data existing on completion of the qualitative research.

practitioners were already citing, with many joint references to SLC and emerging ALN needs.

5.5   While SLC is an area of widespread need, COVID-19's impacts on SLC have varied. Practitioners indicated that SLC suffered when children received less attention from their parents and carers during lockdown periods. However, practitioners highlighted that for some children, being at home with their families during lockdown periods was beneficial to SLC development. This was especially relevant when parents were furloughed or otherwise not working and were therefore able to spend more time talking with their children.

5.6   In terms of Wales' SLC policy, practitioners feel that there is room for improvement. Only 26 per cent of practitioners who responded to the survey agreed or strongly agreed that current WG SLC policy meets the needs of children and families in Wales. This reflects the sentiment expressed in practitioner focus groups. Practitioners saw SLC policies as too rigid and not adapted or fully adaptable to the ways that need has changed over the last several years. For example, the outreach elements of Flying Start's SLC offer were highlighted as insufficient. More broadly, Flying Start was seen by some practitioners as being less effective now than before the pandemic, given the widespread trauma and challenges that COVID-19 posed for children (including to their SLC development).

5.7   Another point of commonality amongst practitioners and academics was the need for a greater volume and improved standard of SLC training for the early years workforce. As illustrated in Figure 5.1, 85 per cent of survey respondents either agreed or strongly agreed that early years practitioners require specific training to address the SLC issues that have emerged post pandemic. Practitioners cited the need to provide more SLC training to health visitors and in initial teacher training. This is in addition to more training on ALN, given the established overlap between SLC and ALN.

Figure 5.1: The extent to which survey respondents agree that Early Years practitioners require specific training in meeting the issues of SLC that have emerged as a result of the pandemic.
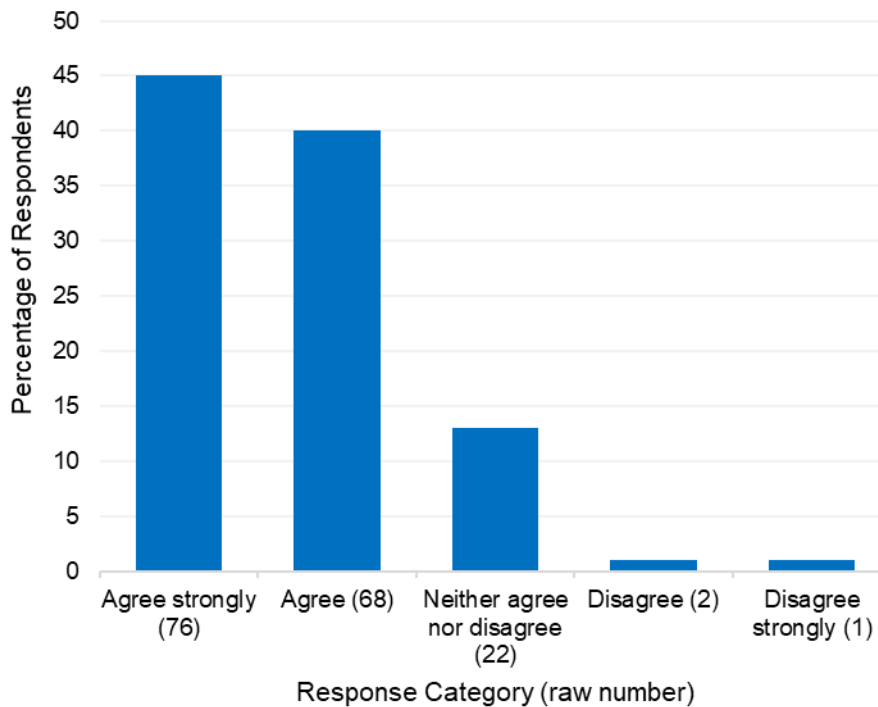
Source: Miller Research Early Years Post Pandemic Survey 2023

Base size = 169

5.8   Practitioners also underscored the need for more robust SLC checks by health visitors. They explained that additional work is stemming from COVID-19. According to one practitioner, staff are now investigating SLCN in younger children. Previously, this may not have been seriously considered until the child reached the age of five or six.

5.9   In a survey response, one practitioner also stressed the benefit that has come from having SLTs working in Welsh Government. They argued that this has been key to raising the profile of SLC. The respondent felt that these SLTs should be given permanent contracts within Welsh Government.

5.10   An important part of effective provision is the need for a better or universal SLC assessment tool, with one practitioner referring in the survey to an (unnamed) tool believed to be under development in Welsh Government. This tool is being

developed by the Prosiect Pengwin research group[89]. Practitioners felt that no one tool met all needs.

5.11   A number of barriers to effective provision of SLC support were cited by practitioners. Funding was a common one, with demand to make Flying Start's SLC offer universal across Wales. Staffing was also often cited, with a need for more SLTs as well as higher salaries and more time/capacity for the early years workforce in general. Staff turnover poses additional challenges, as it can inhibit the ability of settings and services to 'change the environment around the child' in a positive way, leading more to efforts to 'change the child'. As previously mentioned, the insufficient SLC training across the workforce is also a challenge. Practitioners argued that the simple offer of training is not enough. Training offers must release staff for that training and be accompanied by incentives to participate, especially for childcare settings.

Child Development and Holistic Development

5.12   Much of the conversation around child and holistic development centred on children with ALN and ACEs, especially when it was felt that COVID-19 exacerbated these challenges or prevented effective support provision.

5.13   The key message from practitioners was that moving forward there is a need to emphasise a person-centred, holistic understanding of child development. This includes listening to the needs of children with ALN in service provision, centring for these needs and ensuring all staff are appropriately trained in autism spectrum disorders (ASD). One practitioner highlighted the need for a universal approach to incorporating ASD training and several positive experiences with such training were cited. One practitioner specifically named the Attention Autism training, explaining that they had used it as a universal approach with all children and that it seems to have helped with behaviour.

5.14   Notably, some practitioners believe that understanding how to support children experiencing ALN is worse now than it was before COVID-19. While some children with ALN benefitted from home learning through the pandemic, practitioners were concerned that some schools have reverted to 'old practices' such as exclusions, which were not helpful to the children concerned.

5.15   Since the beginning of the pandemic, practitioners have noticed more referrals coming through for children with signs of ALN, or SLC needs that parents and carers believe may be related to ALN. This echoes consistent messages from academics in

[8] Prosiect Pengwin - Early Years Co-design Panel | Early Years Wales
[9] WellComm Support - GL Assessment (gl-assessment.co.uk)

Stage 1 that there is a need for more support for parents in communicating with their children and managing their behaviour in a child-centred manner. Practitioners noticed signs of greater interest and engagement from parents since the start of the pandemic, with one practitioner citing a tripling in the number of parents attending parenting groups. Practitioners argue that parents should be signposted to accessible, appropriate resources and supported with using these.

5.16 The pandemic was the cause of trauma and adverse experiences for many children, not just those with ACEs as specifically listed in ACEs policy. Practitioners underscored that children from a range of backgrounds now need extra support. Some critiqued the relevance of the ACEs approach, with several calling it a 'deficit approach' and expressing concerns around a focus on counting ACEs rather than recognising the unique impact of each ACE. They see the terminology surrounding ACEs and attaching ACEs 'labels' to a child as harmful. Instead, play was emphasised as an important strategy for helping children to understand and move through trauma.

5.17 The importance of play was also stressed by academics engaged in Stage 1 of this research. They highlighted the benefits of play particularly in Years 1 and 2 of school, where practitioners are more likely to focus on preparing learners for literacy and numeracy tests at the expense of play-supported skills like communication, sharing, teamwork, and creative development. Academics were not as worried that play was at risk of being overlooked at the nursery level. Practitioners highlighted the need for support of trauma-experienced children and families. The also called for fuller support and availability for parents, especially those who are 'harder to reach'.

Child Mental Health, wellbeing and resilience

5.18 The Stage 1 findings include observations of how the pandemic had a negative effect on many children's mental health and wellbeing. There was a reported increase in both social and separation anxiety in children who spent an increased amount of time at home without the stimulation of meeting other children or adults outside their immediate family. Conversely, it was also highlighted how some children adapted well to changes during the pandemic. In some circumstances, children thrived at home with more family time and increased attention from their parents. Children who received extra support and attention at home reportedly saw improvements in their SLC skills, perhaps because they were receiving more attention that they would have done ordinarily. These findings also demonstrate the role of socio-economic background in shaping children's experiences during Covid-19. The parents who were able to work from home often had more resources and equipment to support their children during the pandemic. However, experiences were different for parents who faced unemployment or furlough during Covid-19.

These families subsequently experienced an increase in anxiety and financial stress in the home.

5.19   Academics from Stage 1 emphasised the importance of outdoor learning as a means to improve children's mental health and wellbeing. Outdoor spaces were thought to be particularly valuable during the pandemic (when anxiety levels were high amongst children), given that it allowed children to learn in a new environment, be physically active and grow in confidence. Despite the clear benefits of outdoor learning and initiatives such as Forest Schools, there was concern that these facilities were not widely available. In many instances children attending Early Childhood Play, Learning and Care (ECPLC) settings only have access to a small yard to play in. Practitioners highlighted that park closure during Covid-19 had an impact on outdoor play. As restrictions eased, outdoor play was reintroduced in some areas in the form of initiatives such as 'Welly Walks'. The Curriculum for Wales (CfW) was praised by some academics for its emphasis on outdoor learning. However, there was also a concern that many practitioners lack the confidence to lead outdoor play sessions.

5.20   In keeping with the findings from Stage 1, practitioners noted that many children had experienced an increase in anxiety during and after periods of national lockdown. Practitioners were keen to highlight how a child's wellbeing and resilience differs greatly, depending on the needs of the child. One such example of this was the need to support babies and new parents in the first few months' post-partum, to ensure that parents receive correct levels of appropriate support. There was concern raised that babies born during the pandemic are often characterised as 'Covid Babies', which fails to acknowledge other needs such as ALN. Practitioners emphasised the importance of providing support for all children who are presenting with different needs to assess what may be due to the effects of the pandemic and what may be a greater need such as ALN.

5.21   Practitioners also emphasised a need to 'focus on the basics', in terms of supporting children's mental health and wellbeing. These basics were specified as 'child safety, security and happiness', which if better addressed, would increase a child's wellbeing. On a similar theme, other practitioners pushed for the importance of community, safety and belonging, which were also seen to greatly improve children's wellbeing.

5.22   In summary, practitioners and academics agreed that the pandemic had presented large challenges to children's mental health and wellbeing, perhaps having an even greater effect on those who already faced additional challenges. However, it is necessary to emphasise that where children are suffering with increased anxiety or mental health challenges, this should not automatically be purely attributed to the

pandemic. Instead, cases should be fully considered and investigated, to provide appropriate support to the child.

Parenting, Parent mental health and home learning

5.23　Parenting, parent mental health and home learning was identified as a key area when assessing the effects of the pandemic on early years. Both academics in Stage 1 and practitioners in Stage 2 shared the view that the pandemic had a negative effect on parents' mental health and their parenting abilities in general.

5.24　Academics observed how home learning during the pandemic caused a range of effects on children and parents. These include an increase in social anxiety and a general hesitancy amongst parents to enter new relationship dynamics (such as taking on the role as educator) with their child. Parental responses to the pandemic varied significantly. Some parents who were considered competent and low risk struggled more during the pandemic, as they had previously relied on external support from family members or paid childcare. Conversely, some other parents who perhaps had to deal with high level of stress prior to the pandemic were more resilient and adapted well to the challenges faced.

5.25　Practitioners noted that since the pandemic, there had been an increase in anxiety and a general loss of confidence amongst parents. As previously highlighted in the section on child development and holistic development, parents were said to be particularly concerned about their children's emotional development and behaviour post pandemic. Practitioners also noted an increase in separation anxiety for both parents and children post pandemic. Parents were noted to have become excessively anxious about their children's behaviour and development, with some parents assuming that their child had ADHD or ASD, if they expressed what they viewed to be atypical behaviours. Practitioners spoke of having to reassure parents that in many instances their child's behaviour is '*normal*' and does not necessarily mean that a child has an ALN. This trend was also identified by academics, who observed parents who were prone to 'diagnose' their child with an ALN rather than understanding that their child's behaviour was 'normal'. However, both academics and practitioners highlighted that there had been an increase in children with ALN during and post pandemic. It is therefore necessary to ensure that the diagnosis of ALN within children is dealt with cautiously and with great sensitivity.

Multi-agency working and early intervention

5.26　In terms of the opportunities and challenges associated with multi-agency working and early intervention in the early years sector, the findings from Stage 2 are coherent with what was outlined in Stage 1. Furthermore, the themes that emerged

overlap with many of the findings from the national evaluation (Welsh Government, 2022) of the Early Years Integration Transformation Programme[10].

5.27   The limited availability of staff was repeatedly emphasised throughout the research as a major barrier to multi-agency working and early intervention. Difficulties associated with both recruitment and retention of staff into early years (partly attributed to negative perceptions of work in the sector) has resulted in a shrinking workforce, especially in key professions such as SLTs, HVs and childcare setting workers. This in turn, has the knock-on effect of making it more difficult for early years settings to release their staff on training that would help stimulate collaborative and preventative working.

5.28   Practitioners from both the focus groups and the survey identified the current funding model for the sector as a barrier. Specifically, annual grant funding, combined with the ability to only offer short term contracts for key positions (typified in the Pathfinder Pilots)[11] was seen as preventing continuity and consistency. Furthermore, practitioners expressed concern that any progress made in multi-agency working could relapse once staff move on to other job opportunities.

5.29   In addition to workforce issues, some practitioners expressed frustration at the various workforce information systems in the sector, with difficulties experienced in accessing data. This had led to several instances of data duplication. Furthermore, some practitioners viewed current GDPR regulations as a barrier that prevents the sharing of information about families between early years agencies. To enable full integration and coordination of services, there were calls for a shared information system, with one portal. Some practitioners suggested that this system could also be accessible to parents.

5.30   Despite the barriers outlined above, many practitioners engaged during Stage 2 felt that COVID-19 had increased the likelihood of closer collaboration within the sector. Practitioners claimed that the pandemic had heightened their awareness of the need to reduce 'silos'. Additionally, the shift towards the utilisation of more online tools was seen to be enabling greater cross organisational working. For example, practitioners referenced the new practice of getting specialists from various early years professions together in the same virtual room, to discuss how best to support children on an individual basis. However, practitioners also recognised that online

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[10] A co-construction pilot programme working with Public Service Boards who have joined the programme as pathfinders. 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.
[11] Pathfinder pilots are the Public Service Boards that are participating in the Early Years Integration Transformation Programme.

tools alone were not sufficient in building robust new relationships with early years agencies and that they are not suitable for engaging all families.

5.31 Practitioners highlighted the importance that multi-agency working plays in ensuring families have a consistent point of contact, establishing trust and keeping them engaged with support services. Additionally, it was recognised that through greater collaboration between services, there will be a heightened awareness amongst practitioners of the number of different services that families are having to engage with. As such, there should be increased efforts to reduce the complexity of the landscape for service users.

6.   Priorities for programmes and policies

6.1   Stage 1 demonstrated that academics, especially those based in universities and institutions in England, had limited knowledge of specific early years policies and programmes in Wales (with the exception of Flying Start). Therefore, a key aim of Stage 2 was to obtain practitioners' views on the suitability of the various policies and programmes delivered in Wales post pandemic. In the focus groups, participants were shown the list of relevant policies and programmes as a prompt and asked to comment on each programme in turn. Conversely, in the survey, respondents were firstly asked to rate their familiarity of the programme or policy in question. Having self-reported that they had at least a basic knowledge of a given programme (i.e.: being somewhat or very familiar), they were then asked to provide a rating on its respective suitability post pandemic. There was subsequently an open-ended question on whether anything needs to change about the policy or programme in question moving forwards.

Figure 6.1: Familiarity of practitioners with Welsh early years policies and programme
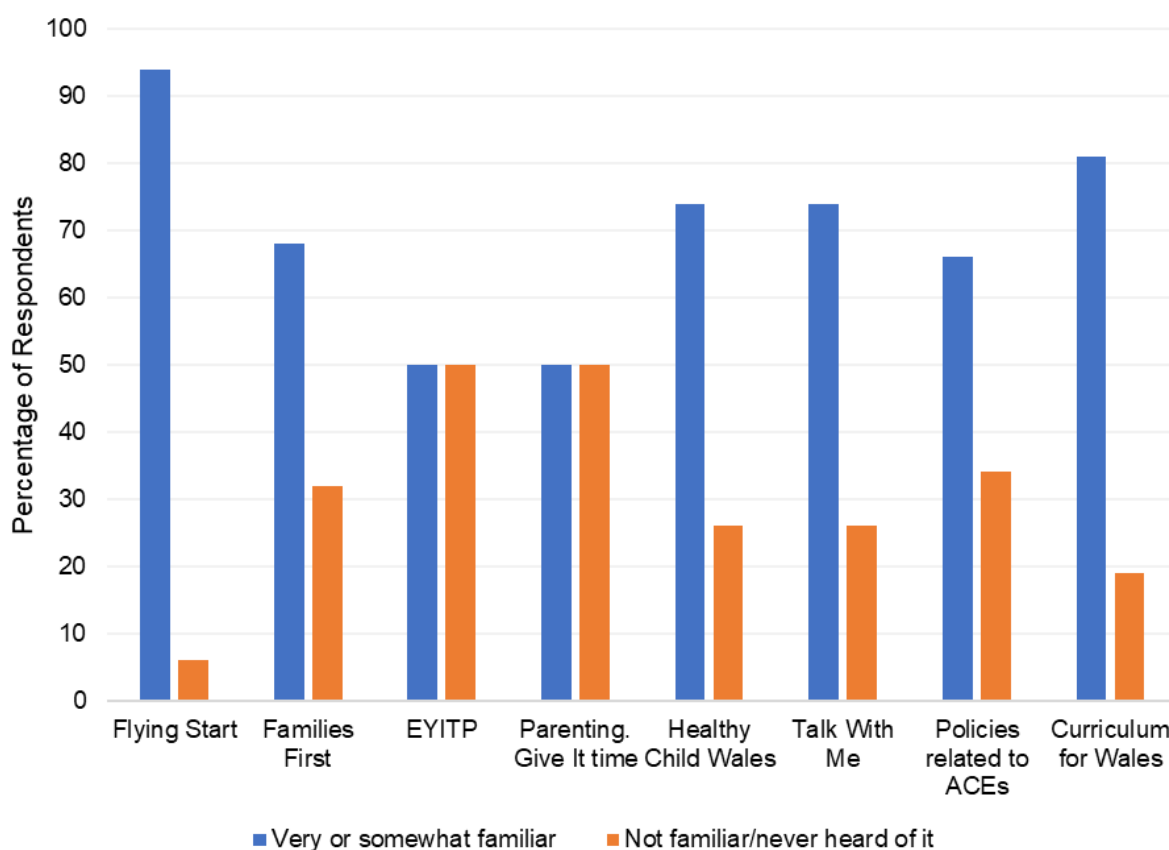
Source: Miller Research Early Years Post Pandemic Survey 2023

Base size: 173

Raw numbers by Programme (very or somewhat familiar; not familiar/never heard of it): Flying Start (163;11), Families First (117;56), EYITP (86;87), Parenting. Give it

Time (86;87), Healthy Child Wales (128;45), Talk With Me (117;43), Policies related to ACEs (115;58), Curriculum for Wales (141;32).

6.2   As can be seen in the figure 6.1, over two-thirds of survey respondents were either very or somewhat familiar with Flying Start (almost 94 per cent), Curriculum for Wales (almost 81 per cent) the Talk with Me Programme (74 per cent), the Healthy Child Wales Programme (74 per cent), Families First (68 per cent) and policies relating to ACEs (66 per cent). The programmes where familiarity amongst respondents was the lowest were Early Years Integration Transformation Programme and Parenting. Give it time (in the case of both programmes, almost 50 per cent of respondents were either familiar or very familiar).

Flying Start

6.3   Data from the online survey demonstrates that Flying Start was the early years programme with the highest levels of practitioner awareness. In total, 71 per cent of respondents claimed they were very familiar with the Flying Start Programme, with an additional 23 per cent stating they are somewhat familiar. Only six per cent of respondents were either unfamiliar or had never heard of Flying Start.

6.4   This familiarity largely translated into confidence amongst practitioners that the programme was able to meet the needs of children and families post pandemic, with 34 per cent of survey respondents feeling that Flying Start fully meets their needs and 55 per cent believing it partially meets the needs of children and families post pandemic. In comparison with other policies and programmes referenced in the survey, respondents considered Flying Start the most suitable post pandemic. This supports the findings of Stage 1, where academics – who were mostly uninformed on the details of the policy and programme landscape of early years in Wales – offered positive feedback about the Flying Start Programme. Academics suggested that the area-based approach to Flying Start helped to boost engagement on the grounds that when parents see neighbours benefiting from its provision, they realise the value in engaging themselves. This approach also helps to avoid parents feeling they are being 'targeted' on the grounds that everyone in the community is eligible.

6.5   This sentiment was reflected by practitioners in the focus groups, with Flying Start viewed as a flagship programme that was indispensable in offering support to children and families. In terms of qualitative responses from the survey, many practitioners felt no further changes were needed to the Programme, claiming it has been a lifeline for families.

6.6   The phased expansion of the Programme was also well received by practitioners, who considered it crucial in engaging and supporting vulnerable families across

Wales. This was supported by the few academics who were aware of the rollout as they felt it corresponded with the original policy intention to widen coverage until it eventually becomes a universal programme. This is supported by survey data, with nearly two thirds of respondents agreeing strongly with the concept of universal roll out. Some practitioners went further stating that the key priority for Welsh early years policy moving forward is the prompt expansion of Flying Start. It was suggested that shifting away from a postcode approach to one that is entirely needs-based would minimise differences between Flying Start areas and areas that had previously not been eligible for support, as well as improving early identification and intervention. Nonetheless, both academics and practitioners observed that without additional funding, geographic expansion could risk a dilution of services offered by Flying Start.

6.7   The programme itself was seen by practitioners as particularly important in tackling one of the biggest challenges emerging from the pandemic; the SLC needs of children. However, the capacity of the programme to address needs was recognised as being constrained by the limited staff available, at least in some areas.

6.8   In terms of Flying Start eligibility, there was a notable contingent of survey responses who felt that Phase 2 provision should be extended to include not only the childcare element but also the other three elements of enhanced health visiting support, parenting support and SLC support. To achieve this, it was suggested that the sector learns from the findings of some of the pathfinder pilots implementing the Early Years Integration Transformation Programme (EYITP). Despite the expansion covering funded quality childcare for more two-year-olds, a smaller proportion of practitioners also felt the eligibility of children should be lowered below the age of two and that there should be an extension in terms of the number of funded childcare hours available to families. Finally, there were calls to address the gap between children finishing Flying Start and starting at nursey, with suggestions that there is currently a risk of the child regressing during this interim period if their parents are unable to pay for formal childcare themselves. It is important to note that with the existence of the Childcare Offer, there should, in theory, be no gap between the transition between Flying Start childcare and part-time nursery school education. However, in practice, some families do not take up the funded support on offer (see Hughes and Jones, 2021 for an exploration of the reasons behind this effect) or school nurseries do not have capacity for them to attend during the period between, turning three and the following September (which can be two school terms for some children).

6.9   To ensure Flying Start can maximise its effectiveness in relation to the support it offers, practitioners highlighted the need for increased collaboration and

communication between Flying Start teams and outside practitioners and organisations.

6.10   An improved joint working approach between midwifes, health visitors and local authority staff was mentioned, as was a more consistent approach to delivery across the local authorities in Wales. Furthermore, at a practitioner level, both focus group participants and survey respondents made the case for improved guidance for Flying Start practitioners dealing with children and families with complex needs, particularly around dealing with trauma and ACEs.

6.11   Overall, as is the case with the wider early years sector, increasing the resources available for the programme was deemed a key priority. Specifically, practitioners requested further funding and an increase in recruitment, particularly amongst health visitors.

Families First[12]

6.12   The majority of survey respondents (almost 68 per cent) were very familiar (25 per cent) or somewhat familiar (43 per cent) with the Families First Programme (Welsh Government 2017a). Of them, a quarter felt that the programme fully meets the needs of children and families, approximately 65 per cent felt that it partially meets the needs of children and families, eight per cent (nine respondents) felt it meets the needs of children and families a little and one respondent felt that Families First does not meet the needs of children and families at all.

6.13   Despite this largely positive feedback on the programme, respondents cited a range of different ways in which they would change the programme going forward. As was the case for multiple programmes included in this research, there was considerable call for additional funding and investment in more staff. As noted in earlier sections of this report, funding and staffing are separate, albeit linked issues. Local authorities need to have the amount they receive increased to meet additional demands on services; one survey respondent commented that the "*funding allocation has been stagnant over the last number of years*" (Flying Start and Families First Manager) and another reported that Families First feels *"a little like the 'poor relative' of Flying Start"* (former Speech and Language Therapist). Not enough money to make a significant impact." Practitioners also suggested that commitment of Families First funding beyond 12 months would enable longer term planning and would allow for improved retention of good quality staff.

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[12] During focus groups with practitioners, Families First was rarely discussed, despite being listed as one of the key programmes of interest. Therefore, this section of the report has almost entirely been informed by feedback from the online survey of practitioners.

6.14   Additional funds would also enable local authorities to employ more staff and increase the capacity of the Families First Programme, as well as pay staff more in recognition of the challenging roles they fulfil: "*The wellbeing of staff is also a huge priority … Staff wages also need to increase to encourage greater uptake of roles.*"(Assistant Educational Psychologist) Practitioners suggested that increased capacity could lead to delivering more face-to-face support to parents (as opposed to online support), providing more one-to-one sessions (rather than group sessions) and supporting families for a longer period of time.

6.15   The current time-limited window of support available through Families First (i.e. 12 weeks) was cited by a number of practitioners as being too short to really make a difference to families. One survey respondent suggested that for families in crisis, it can take 12 weeks just to engage them in the programme. Others commented that it results in re-referrals into the programme and lost momentum in provision of support. It was also suggested that this 'ongoing revolving door scenario' distorts the monitoring data and suggests that 'massive numbers' are being supported, when in reality "*its* [sic] *the same family who didn't have their needs met to create resilience previously*" (Early Years Manager). Yet another respondent criticised the "*time limited support that is not in depth, bums on seats in and out.*"(Social worker)

6.16   Whilst some respondents called for increased flexibility in the programme to match local needs and contexts, a speech and language therapist suggested that:

> *"Families First lacks the clarity of focus which Flying Start has [sic]. This results in there being a range of projects but without a clear direction, like Flying Start has. It can feel like Families First projects work in isolation rather than the collaborative way in which the component teams of Flying Start work."* (Speech and Language therapist)

6.17   Another respondent made a more explicit reference to the need for more up-to-date guidance for those delivering the programme[13].

6.18   Several respondents felt that the programme should be merged with other early years programmes, in particular Flying Start, to allow for centralisation of all funding and application of progressive universalism[14] that is based on need rather than postcode. One respondent felt that there is a risk of duplication between the two programmes and another suggested that merging the two programmes could prevent parents having to repeat their story to different agencies. It was also suggested that Families First (along with Flying Start) could be more closely linked

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[13] The most recent guidance was published in 2017 and therefore prior to the pandemic: Families First: guidance for local authorities (gov.wales)
[14] The concept of 'progressive universalism' stems from the idea that social justice can be achieved through equality of access to opportunities and high quality services.

to funding streams outside of early years, such as the Housing Support Grant[15] to "*maximise their* [the three individual programmes] *reach to all vulnerable families*" (Early Years Manager)

6.19   There is evidence to suggest that more could be done to increase awareness of the Families First Programme and what it offers, both amongst families and across other organisations working with families. One practitioner reported a lack of understanding amongst Flying Start teams of what Families First does; another suggested more clarity is needed on what Families First delivers, particularly in the context of the Flying Start expansion.

6.20   Other ways in which practitioners suggested the programme could be improved included:

- More robust commissioning and monitoring processes: *"Families First is not robustly commissioned or monitored and I don't believe the funding is utilised to best benefit."* (Childcare and Parenting Manager)
- Extending the remit of programme to include families of older people, given the aging population and the number of families caring for older relatives.
- More targeted support for mental health.
- Greater collaboration with the third sector to engage with harder to reach families.

6.21   Three survey respondents stated that there is nothing they would change about Families First going forward. Others emphasised the value of the staff delivering the programme: *"I feel family first [sic] staff work above and beyond…"* (Family support worker)

Early Years Integration Transformation Programme[16]

6.22   Results from the survey demonstrate that the majority (67 per cent of the relevant subset of respondents) indicated that the programme 'partially' meets the needs of children and families, with an additional 23 per cent stating it fully meets their needs. This is outlined in Figure 6.2 below.

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[15] Housing Support Grant | GOV.WALES
[16] See Annex A

Figure 6.2 To what extent does the Early Years Integration Transformation Programme in its current form meet the needs of children and families post pandemic?
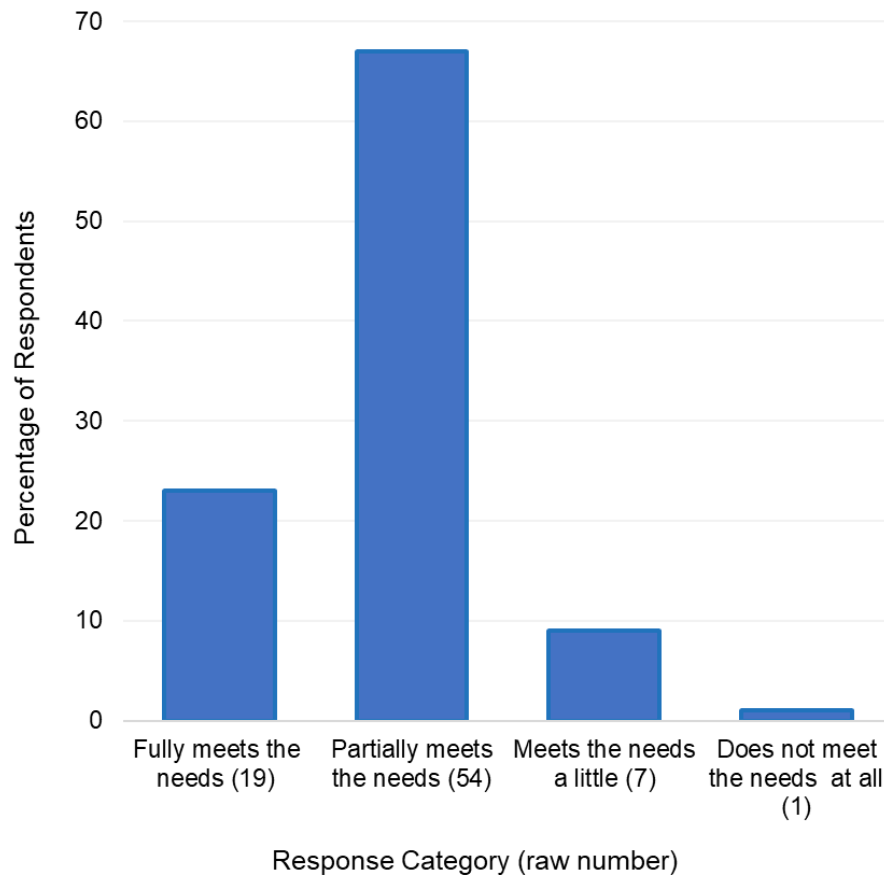
Source: Miller Research Early Years Post Pandemic Survey 2023

Base Size: 81

6.23   A common view was that EYITP requires longer term investment, with 43 per cent of survey respondents strongly agreeing with this statement[17] and less than 2.5 per cent either disagreeing or strongly disagreeing. Eleven respondents specifically called for clarity that the EYITP is a long-term priority without being prompted (i.e. in response to an open question on what they would change about the programme going forward). One explained they feel they are *"now in a period where we don't know what is going to happen from April 2024. This lack of information does not encourage continuity."* (Former Speech and Language Therapist). On a related point, practitioners emphasised the need for Welsh Government to recognise the time required to establish and embed the programme fully. One respondent stated that the programme "*Needs support to get up and running. It is still in its infancy compared to other more established programs* [sic]*".* (Dad's Support Worker)

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[17] Specifically: "The Early Years Integration Transformation Programme requires longer-term investment to sustain and mainstream the services and support it has facilitated."

6.24   Given the widespread – and growing – need that has come out of the pandemic, practitioners called for expanding the EYITP's reach across Wales. Some argued it should have been a unified 'once for Wales's approach, rather than giving Pathfinders the freedom to choose their own piloted approach. Conversely, others commended the flexibility within the programme and one respondent suggested that Pathfinders should have greater freedom to modify their approach, where it has not worked.

6.25   Some practitioners suggested that formally aligning the programme with Flying Start would allow for universal reach and enable more geographic areas to benefit from the programme. One practitioner highlighted that *"some transformational work has seen great progress moving toward proportionate universalism, but at present the funding and service delivery arrangements for Flying Start do not align with the approach of systems change work identified under the pathfinder programme* [sic].*"* (Local authority manager)

6.26   Some practitioners suggested that whilst the EYITP had done a lot to improve integration of early years support, more could be done to remove duplicative or diverging funding and reporting systems for separate early years programmes. One respondent felt that *"the current reality makes is very difficult to bring funding streams together and with current financial climate, there is the risk that people 'retreat to silo working.'"* (Early Years Manager)

6.27   In addition to having freedom from funders (essentially Welsh Government) to align programmes at a strategic level, increased integration (via the EYITP) was thought to be dependent on better communication between the various stakeholders interacting with families (in particular health and education) and greater awareness of and practitioner buy-in to the EYITP.

6.28   The importance of learning from the Pathfinder approach was underscored, with some survey respondents outlining the value of enabling newer Pathfinders to learn from those Pathfinders who have been involved in the programme for longer: *"Extend it to more areas but encourage new areas to look at the work done by existing ones when planning their own service."* (Flying Start speech and language therapy assistant).

6.29   More broadly, practitioners commented on the nuances of measuring the impact of a programme like the EYITP. There was a feeling that the programme currently focuses on what is possible to measure but that there is a need to introduce more meaningful measures of successful outcomes.

6.30   Finally, several practitioners highlighted the need to increase investment in staff, echoing feedback made on other programmes and the early years agenda in

general. One speech and language therapist responding to the survey commented that "*the theoretical end plan sounds fantastic but the workforce demand to deliver it is a huge concern. There needs to be investment in the early years for more staff and more opportunities for progression so staff are retained."*

Healthy Child Wales Programme

6.31   The majority of comments about the Healthy Child Wales Programme (HCWP) came from survey respondents, although the programme was also discussed in the practitioner focus groups. Amongst those very familiar or somewhat familiar with the HCWP (74 per cent collectively), 83 per cent felt that currently the programme fully (23 per cent) or partially (60 per cent) meets the needs of children and families post pandemic.

6.32   Similar to feedback on many of the early years programmes included in this research, many of the suggested improvements to the HCWP related to workforce. Several practitioners cited the need to improve consistency of access to health visitors and ensure all families receive the minimum number of visits set out in the HCWP contact schedule: *"… many families do not receive the checks that they should from the health visitors because of vacant caseloads ... "* (Assistant Educational Psychologist). One survey respondent commented that a lack of equitable contacts with health visitors has a knock-on effect on referrals to specialist support: *"Access to HV [sic] is sporadic. Some children have limited contact from birth up to 3 which is delaying the ability to access early intervention support services."* (Teacher)

6.33   Another issue resulting from vacant caseloads and workforce pressures is that parents are seeing different healthcare practitioners at different visits. Practitioners therefore identified a need to ensure increased continuity of healthcare practitioners, in particular of health visitors: "*The health team … continues to be very inconsistent - changes of health visitors constantly don't stay in post long/illness etc* [sic].*"* (Childcare Practitioner) Another survey respondent reported that parents "*do not know who their health visitor is or how to contact them"* (Parenting practitioner) because they have not built up that familiarity that would come with regular contact with the same health visitor.

6.34   Several survey respondents commenting from a range of professional perspectives (including childcare, parenting and speech and language therapy) suggested that the HCWP was not being delivered in full due to recruitment and retention issues of health visitors, a challenge that has only become more complex since the pandemic. Large numbers go on long-term sick or leave the profession, which only puts more pressure on those still in post. Health visitors are having to take on significant levels of safeguarding responsibilities and survey respondents suggested it is vital to

improve working conditions and morale to prevent the workforce crisis from escalating even further.

6.35   Respondents widely stated that the capacity issue is largely a result of diminishing numbers of early years healthcare practitioners available to fill posts rather than a lack of budget to pay wages. Nonetheless, some practitioners felt that there should be increased investment in the programme to increase staffing, ensure minimum contacts are met meet additional needs, in particular for families outside of Flying Start areas and allow for a truly preventative rather than reactive model of delivery: *"Need more investment to deliver more contacts, that is necessary as a result of dramatically increased needs of families following the pandemic / ALN Act and associated requirements."* (Senior Nurse for health Visiting)

6.36   A number of survey respondents suggested changes to the contact schedule set out in the HCWP. This included introducing universal ante natal visits, increasing the current 10 required/minimum contacts, allowing health visitors to use their professional judgement over which contacts are needed (i.e. more or potentially fewer than the minimum 10) and aligning contacts with the Flying Start Programme, at least for some families outside of Flying Start areas: *"The HCWP needs to have the same visiting pathway as Flying Start Health Visitors. The gap between 15 months and 27 months is too wide and too many issues are being missed."* (Survey respondent, primary job role not specified)

6.37   Examples of where practitioners suggested changes to the specific timings of contacts[18] included coinciding the three-and-a-half-year contact with the immunisations that children receive at three years and four months, an additional contact between six months and 15 months and an additional contact between 27 months and three and half years. In addition to increasing the number of contacts, it was suggested that this engagement needs to be fully captured in the monitoring data, which is not happening in all cases:

> *"10 'required' contacts over the period of 5 years is not sufficient to meet the needs of children and families. The majority of health visitors are supporting families far more that the 10 required contacts but this is not being captured by any data collection process."* (Senior Nurse for Health Visiting)

6.38   Conversely, the conclusions in one of the focus groups was that completing the minimum number of contacts was a challenge and the current schedule is perhaps unrealistic going forward.

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[18] I.e. the age of the child when they should have contact with the health visitor, as specified by the HCWP.

6.39   The FRAIT[19] was identified as a shortcoming of the HCWP amongst survey respondents and focus group participants. One health visitor commented that: *"... it is intrusive and undermines a professional's* [sic] *judgment."* (Generic health visitor) It was also noted that completing the tool is impossible during a virtual visit with parents.

6.40   Despite investment in the Welsh Community Care Information System (WCCIS) Programme[20] and attempts to increase collaborative working through programmes like the EYITP, practitioners suggested there is still a need to improve collaboration and data sharing amongst those working within early years (for example between health and children's services) to allow for a more fluid transition between services: *"…Everything is quite fragmented and difficult to access."* (Childcare Officer, Flying Start)

6.41   Practitioners recommended changing the way the programme is monitored and evaluated, e.g. moving away from Results Based Accountability, which it was suggested does not measure outcomes that matter to families: "*arguably they do not measure changes in population health well. Less focus should be given on how many contacts are achieved and actually what difference we have made to families."* (Flying Start health visitor)

6.42   Several practitioners felt there is a need to increase awareness amongst parents about the programme and what it does – and critically does not – offer.

6.43   Other suggested changes or areas for improvement or adjustment that were cited by small numbers of respondents included:

- Moving away from deficit focus: *"Healthy Child Wales has an unhelpful focus on what a child is not doing and this immediately puts it at odds with the interventions* [sic] *which focus on empowering, resilience and acceptance of difference."* (Speech and Language therapist)
- Ensuring contacts do not become 'tick box exercises': *"HCWP is good in its essence and the minimum contacts it provides. However, I feel that practitioners have become more reliant on a checklist of what must be covered in a contact …this may mean that some practitioners do not always have the conversation regarding the holistic family needs … especially true of younger, more inexperienced practitioners."* (Early Years Manager)

6.44   Notably, four survey respondents reported they would change nothing about the HCWP going forward: *"It doesn't fully meet the needs, but that isn't what it is*

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[19] Family Resilience Assessment Instrument and Tool.
[20] [Digital Community Care Record - Digital Health and Care Wales (nhs.wales)](#)

designed for. It's there to monitor growth and development and then used as a framework for Health Visiting to make necessary referrals to the services that CAN meet that child's needs." (Speech and Language therapist)

6.45   Furthermore, academics who contributed to Stage 1 of this study widely advocated the need for holistic support for all families and young children, based around progressive universalism to ensure that support is proportionate to the level of need, which is the underpinning principle of the HCWP. It was suggested that the pandemic has amplified existing inequalities, making this principle all the more important.

6.46   Overall, there seems to be general support for continuation of the HCWP, albeit with some minor adjustments and with the major caveat that delivery of the programme is reliant on addressing the current workforce crisis.

Parenting. Give it time (PGit)

6.47   The practitioners who were aware of PGit saw it as a trusted source of valuable advice for parents in the early years[21]. The practitioner survey indicates that almost half of respondents were very or somewhat familiar with PGit. However, the qualitative research suggests that parents and carers may have much less awareness of the programme and indicates that further Wales-wide promotion and marketing would be beneficial. While some practitioners called for promoting PGit to the entire sector (in addition to families), non-maintained childcare settings were highlighted as particularly important targets for awareness-raising activities. They also recognised the crucial role that practitioners play in highlighting PGit to families, as otherwise it is seen as a 'nice online resource that parents will never read'.

6.48   In terms of the content of PGit, more than nine in ten practitioners (91 per cent) who responded to the survey felt PGit in its current form fully (29 per cent) or partially (62 per cent) meets the needs of children and families post pandemic. These results are illustrated in Figure 6.3 below.

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[21] The age range of Parenting. Give it time is 0-18 years.

Figure 6.3: To what extent does Parenting, Give it time in its current form meet the needs of children and families post pandemic?
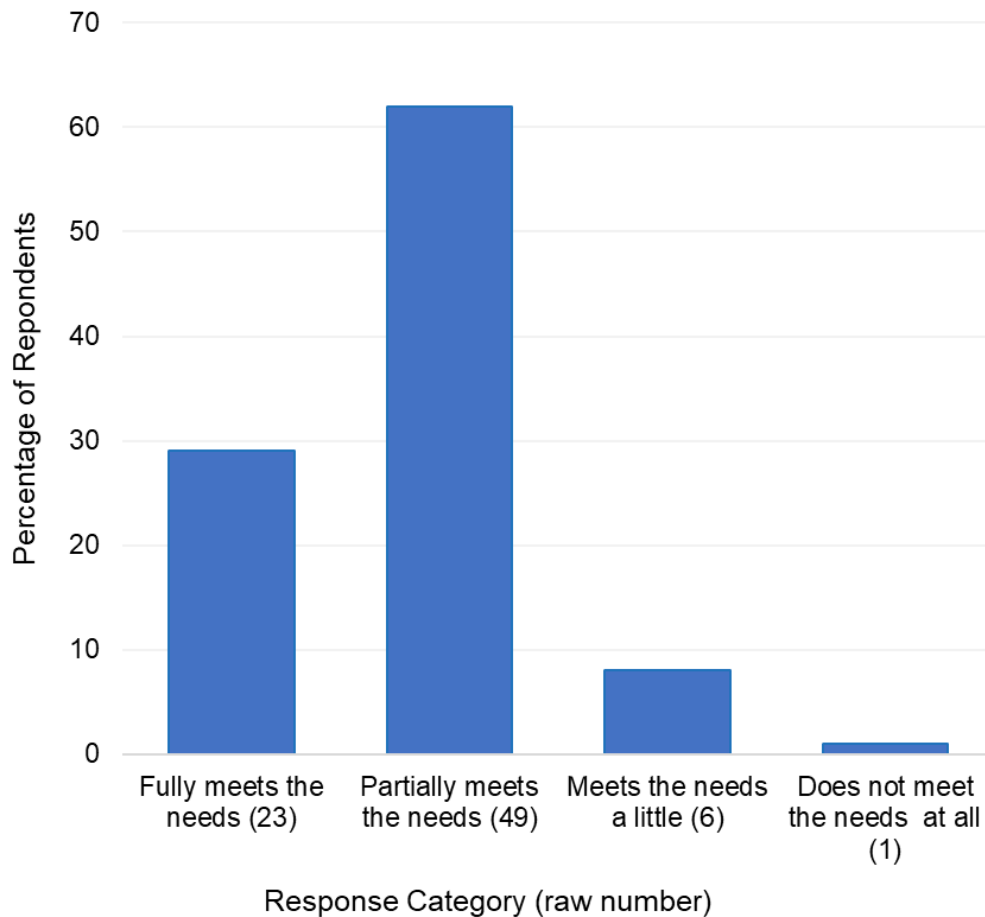
Source: Miller Research Early Years Post Pandemic Survey 2023

Base Size: 76

6.49   Insights from the qualitative engagement emphasises the value of the resource for those aware of it, with comments centring on the need for more updated content, as well as for a wider variety of formats. One practitioner requested integrating guidance and best practice on post-pandemic issues as the research evidence develops, and there was significant discussion around the need to cater the resources to a wider range of learning styles. The literature provided through PGit was deemed useful, but it was noted that those with literacy challenges may not be able to access it and that leaflets sometimes do not reach parents/carers as 'they just stay in the child's bag'. Some practitioners requested in-person delivery and emphasised the need to focus the resource on *"real people, real scenarios!..[as it] sometimes feels 'detached' especially when digitally delivered."* (Nurse / Healthcare professional) Practitioners called for more audio-video content, including via social media, and recognised that practitioners may need to assist families in accessing the resources online.

6.50   Some practitioners suggested that PGit is best used to help practitioners engage with parents and vulnerable families, rather than for parents to use PGit themselves. In one focus group, practitioners suggested that the PGit resources could be used by play workers interactively with parents in a similar way to SLC sessions that families in Flying Start areas receive. In support of this, most survey respondents agreed (34 per cent) or strongly agreed (25 per cent) with the statement that "*the effectiveness of PGit and wider online resources is dependent on the availability of personnel to support users through it*." Only one per cent of respondents strongly disagreed with the rest neutral on the statement.

6.51   Finally, respondents wished for early years services to embed and integrate PGit into their services more consistently.

Talk With Me (TWM): Speech, Language and Communication (SLC) delivery plan

6.52   TWM and the associated training provided to early years practitioners were generally positively received. As demonstrated by the survey results below (Figure 6) and reflected in qualitative engagement, the TWM plan was seen as largely meeting SLC support needs for children with 'transient' SLC issues. There was recognition from some practitioners that the plan is not designed to solve all SLC issues or address those needing specialist support. The very few academics who were aware of TWM in Stage 1 also had positive impressions of the programme but were not aware of evidence to demonstrate its impact.

6.53   The consensus in two practitioner focus groups was that the public health messaging of TWM is a valuable part of the preventative agenda and should be continued. One practitioner particularly appreciated its contribution of a framework for the SLC workforce, outlining needs, objectives, and training pathways and suggested this facilitated consistent delivery of SLC. Others were less positive and expressed concerns that there is potential inconsistency in the way local authorities implement the TWM plan.

Figure 6.4: To what extent does the Talk With Me: Speech, Language and Communication (SLC) delivery plan meet the needs of children and families post pandemic?
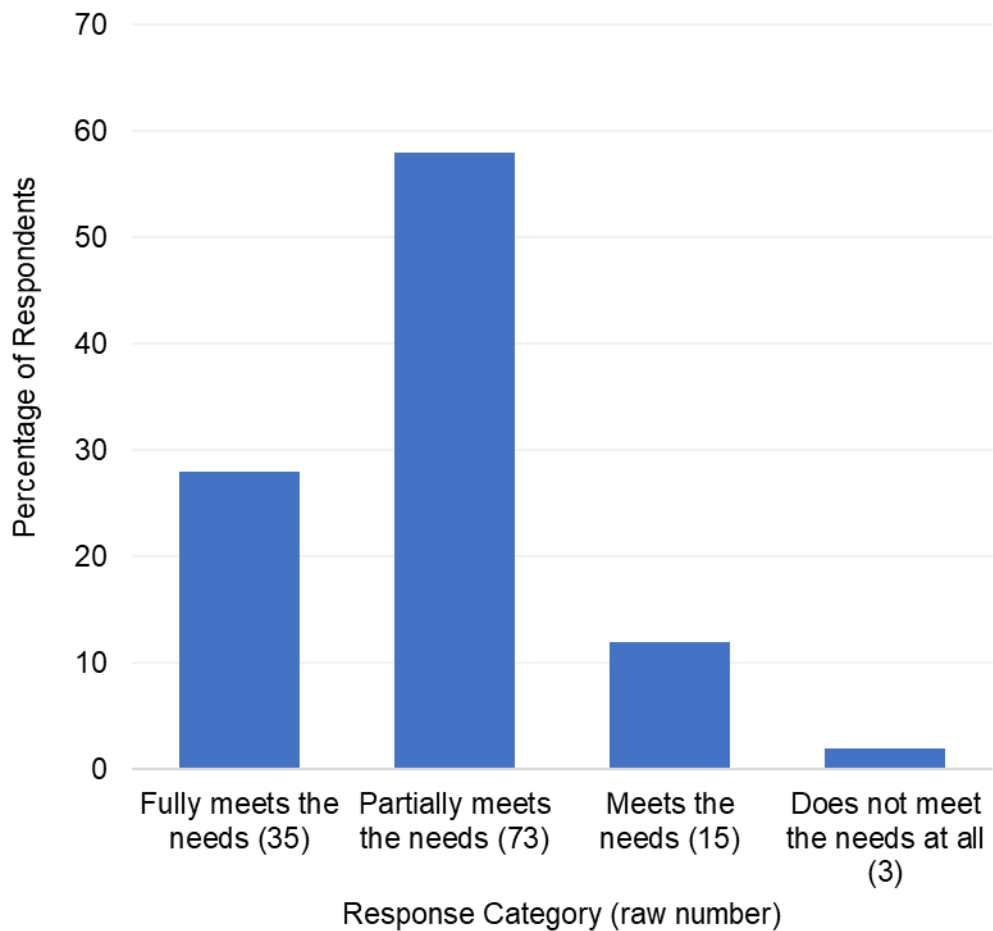
Source: Miller Research Early Years Post Pandemic Survey 2023

Base Size: 126

6.54   Some practitioners expressed the need for a robust SLC focus within the public health ecosystem. Many called for TWM to be better embedded and integrated into early years services, with a need to ensure synergy in TWM guidance and other programmes such as Flying Start. Given that the programme could involve a variety of early years staff roles and local authorities potentially vary in TWM implementation, adapted guidance for each type of role was considered an important addition.

6.55   Some practitioners also called for better promotion of TWM for practitioners and families through Facebook, GP surgeries, childcare settings, and health board websites. However, it is important to note that 74 per cent of practitioners responding to the survey indicated they were very (41 per cent) or somewhat

familiar (33 per cent) with the policy, second only to Flying Start in terms of practitioner familiarity with the main programmes included in this research[22].

6.56 In terms of how TWM is delivered, comments centred on accessibility and resourcing for parents and carers, with calls for more parent-facing guidance. To improve parent and carer access to specialist NHS SLT services or any SLC support in childcare settings, it was suggested that provision outside work hours would be useful. Some also called for additional in-person delivery across Wales, for example in the form of road shows or in local libraries. It was recognised that additional funding would be required to do this. Delivering SLC guidance in more languages and making the TWM resources available in an app format were suggested as options to improve accessibility. Additionally, one practitioner underscored the need to support childminders to provide low level SLC support using the TWM resources in cases where they highlight SLC issues to families, but "find [the] route blocked to health professionals." (Child minder)

6.57 While TWM is considered helpful by many practitioners, some also asked for the resource's content to be more individualised and requested more content related to complex SLC needs. One practitioner suggested providing strategies for parents to engage with children not yet able to produce speech, as well as for children on the older end of the early years age range who may face similar SLC challenges as toddlers.

6.58 As with other policies and programmes, staffing was highlighted as an important issue for the delivery of TWM. In relation to its delivery plan in particular, there were calls to provide more training on SLC across the sector and make long-term funding available to reduce turnover and allow for continuity of support: 'one-offs won't work here'. A particular need was cited by both academics and practitioners for more SLTs, as there is currently a shortage. Practitioners felt this must be accompanied by funding to reduce waiting times for SLT support and comprehensively provide a graduated response where that is promised. Additionally, any SLC training provided across the sector should be accompanied by assistance in organising this training, as this can be challenging for staff in the context of high turnover, according to practitioners and academics in both research stages.

6.59 Finally, practitioners highlighted the need for better means of documenting findings and assessing SLC need. As discussed in the thematic section on SLC above, WellComm is a commonly used resource, but practitioners and academics were interested in the development and promotion of other tools to be used for screening

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[22] This is likely to reflect the high proportion of SLC professionals who completed the survey (11 per cent of all survey respondents).

and identification of the most effective tools. This suggests more could be done to raise awareness amongst practitioners of the review of existing early language screening tools (Welsh Government, 2022) which was intended to provide evidence to inform the development of a screening approach suitable for the population of Wales. 'Prosiect Pengwin' is now underway to develop a bespoke bilingual SLC surveillance approach for Wales.

Welsh Government policies aimed at mitigating the adversity arising from ACEs

6.60   Survey responses from practitioners revealed that 19 per cent of respondents agreed that Welsh Government's current policy aimed at mitigating the adversity from ACEs fully meets the needs of children and families (Figure 6.5). 62 per cent of respondents agreed that the needs of children and families are partially met.

Figure 6.5 To what extent do the Welsh Government policy approaches aimed at mitigating the adversity arising from childhood trauma meet the needs of children and families post pandemic?
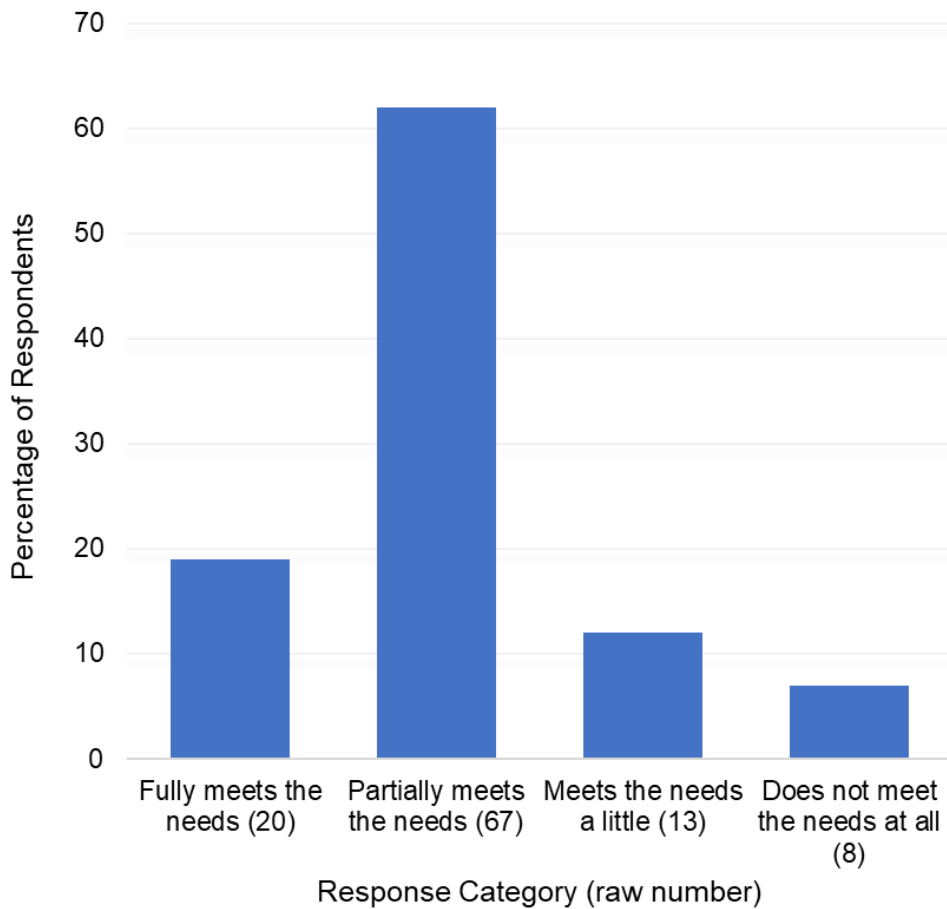
Source: Miller Research Early Years Post Pandemic Survey 2023

Base Size: 108

6.61   In comparison to some of the other programme areas, practitioners had little to say about policies aimed at mitigating ACEs, perhaps because they were seen more as a cross-cutting theme that practitioners need to be aware of in the delivery of any programme or intervention. For example, practitioners talked about the value of Curriculum for Wales in legitimising a play-based approach to learning that can also be effective in mitigating the trauma associated with ACEs. Play-based learning was highly praised for helping to improve resilience for children, and in particular encouraging children to play out scenarios to better understand their own experiences and traumas. Staff who have received training for supporting children with ACEs suggested that it had been both useful for their professional development and impactful for children they support. Several survey respondents recommended that there is an increased focus on practitioner training on ACEs.

6.62   During discussions in practitioner focus groups it was suggested that the pandemic had changed the context for the ACEs agenda. Not only is there suspected to have been an increase in the overall number of children experiencing ACEs, but also the profile of those children may have changed. For example, practitioners expressed that children from relatively stable, affluent backgrounds were likely to have greater exposure to ACEs than they would have done otherwise and experienced speech, language and communication needs (SCLN). They said it is therefore important to look beyond the original ACEs that were defined prior to the pandemic and recognise that they can be more nuanced. However, it is worth noting that by their very nature, ACEs will take many years to manifest, as their presence (or not) is often looked at retrospectively.

6.63   More generally, some practitioners had concerns about the terminology associated with ACEs and the fact that as a concept it is deficit orientated and at odds with other aspects of early years policy in Wales, which focuses on assets (for example the Healthy Child Wales Programme). Due to the extreme challenges faced during the pandemic and the increase in children's behavioural challenges, some practitioners were concerned that policy is currently too simplistic and therefore open to misinterpretation and confusion. In one focus group, practitioners were critical that even when ACEs are accurately identified, there is not always the resource to provide appropriate support to the child.

ALN System

6.64   Amongst survey respondents 56 per cent were very familiar with the Additional Learning Needs (ALN) system, and 35 per cent were somewhat familiar.

6.65   When asked for their opinion on how well the ALN system meets the needs of children with additional needs post pandemic, responses were very mixed. Ten respondents (out of the 90 who answered this question) responded 'very well' or

words to that effect, whilst others provided more negative feedback. Some practitioners commended the 'person centred approach' and suggested the ALN system was *"[a] vast improvement on the old SEN system"* (EY Additional Learning Needs Lead Officer) Others acknowledged that the system is still relatively new but that it is "*beginning to take shape and practitioners are understanding the roles and responsibilities under the act* [sic]". (Local Authority Manager)

6.66   Practitioners noted that post pandemic, there had been a large increase in children presenting with ALN leading to the ALN system being over-stretched and children waiting longer to receive support. Several practitioners made the point that this is a reflection on demand rather than on the new system per se. As with so many of the early years programmes included in the scope of this research, limited funding and a lack of staff was thought to be undermining the effectiveness of the ALN system.

6.67   Another reported challenge for the ALN system is that it "*very much puts the emphasis back onto the schools/education providers to make reasonable adjustments for the children in their care*" (Assistant Educational Psychologist). The same respondent suggested that "*education staff do not necessarily have the specialist knowledge or the resources to be able to do this effectively, and especially within the context of having to deliver the curriculum to rest of the learners in their care*". As a result, schools are reliant on specialist support from, for example, occupational therapists, SLTs, educational psychologists and counselling services, but there is insufficient capacity to meet demand. This means that schools are turning learners away because of the severity of their ALN, as well as concerns that the school would be unable to meet their obligations under the ALN Act. One survey respondent commented:

> *"…schools are now expected to maintain support for children, but lack the funding to do so, which creates a cycle of animosity between the schools, the parents and the County council."* (Childcare Partnership Support Officer, Flying Start)

6.68   Another practitioner suggested that there needs to be better links between schools and early years teams, to ensure continuity in information and support:

> *"There doesn't seem to be a continuous flow of support for a child that has been receiving support in a setting. These children are left to attend school without support and referrals then have to start from scratch again, which I feel is putting extra work on the teachers and losing all the work we have done with these children in the setting."* (Childcare Practitioner)

6.69   Some respondents suggested that from the perspective of parents, the system can be inconsistent in terms of support offered between different school settings and prohibitively confusing: "[I*] think that too much jargon is used around them and*

parents feel 'out of depth' in these meetings". Another practitioner suggested: "*Its* [sic] *still an intimidating process for families*" (Local Authority Manager).

6.70   It was suggested that parents are struggling to understand the rights that their child has under the ALN Act and need more support to navigate the system, given its complexity. Respondents suggested that parents are often marginalised or disregarded in the process of identifying appropriate support for their child and that some parents are 'put off applying for IDP [independent development plan]' because they do not understand their rights. This is particularly true for parents with mental health issues, poor literacy or language skills or low levels of confidence.

6.71   Another respondent suggested that whilst early years services are generally good at identifying and supporting emerging ALN and facilitate good transition into school, "[this] t*hen seems to unravel when those children start school. Parents feel supported with us and feel everything is a 'fight' in school. We often have parents contacting us distressed with the school situation*" (Childcare Practitioner).

6.72   Conversely, it was suggested that some parents have an over-inflated idea of what they and their child is entitled to under the ALN system: "*There is a need for better clarity that parents do not just get an automatic right to funded childcare throughout their child's entire journey and that the code is relevant to their Education and not all aspects of their life including free specialist holiday provision for all children with ALN throughout every school holiday*" (Early Years Manager). Another respondent suggested there is a tendency for parents to 'identify' apparent 'symptoms of ASD and ADHD' and then think this 'automatically [means] they have ALN'. Yet another felt that the definition of ALN is not understood well enough by parents, citing the example that "*a child with health needs does not necessarily also have additional learning needs*" (former Speech Therapist).

6.73   In order to address some of these issues in relation to parents of children with ALN, practitioners recommended that parents are given more support through the process of any diagnosis, more information and advice on, for example, 'sleep patterns [and] techniques such as intensive interaction[23]' whilst they wait for a diagnosis and also support for parents of children who are NOT neurodiverse but displaying challenging behaviour, in order to ensure the ALN system can focus on children that need specialist support.

6.74   It was suggested that mainstream school staff need upskilling in strategies to support learners with ALN (particularly given the issue cited above in paragraph 6.66 about impracticable reliance on external specialist support). It was also commented

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[23] Intensive Interaction Institute

that "*the use of agency staff to support the most vulnerable children is not acceptable*" (Childcare Practitioner).

6.75 Concern was also raised regarding ALN support for Welsh speaking children, given the limited availability of specialist services in the medium of Welsh. This often leads to children from Welsh speaking homes often having to receive ALN support in the medium of English.

6.76 Overall, it seems that practitioners perceive the still relatively new ALN system as an improvement on what preceded it but feel that there are some aspects of what local authorities are required to do (under the Act) that are unrealistic and/or overly rigid.

Curriculum for Wales

6.77 Between 2010 and 2022 three- to -seven-year-olds in Wales have been taught through the Foundation Phase statutory, play-based curriculum (Welsh Government, 2015). Prior to starting statutory school, three- and four-year-old children are entitled to a part-time nursery education place, with a guaranteed provision of at least ten hours per week after their third birthday. The introduction of the new Curriculum for Wales in September 2022 replaced the Foundation Phase but carries forward and builds on many of the key concepts from the earlier programme, including the emphasis on experiential learning.

6.78 Survey data from Stage 2 indicates a strong awareness of Curriculum for Wales in the early years sector, with over 80 per cent of respondents stating they are either very (42 per cent) or somewhat (almost 39 per cent) familiar with it. This awareness is reflected in the large volume of qualitative feedback on the strengths and weaknesses of the new curriculum, within an early years context. Discussions in practitioner focus groups also included some feedback on Curriculum for Wales, although in less depth than was the case for some of the other programmes. Academics also had a limited number of comments to make on the new curriculum.

6.79 Of those practitioner survey respondents who were very or somewhat aware of Curriculum for Wales, many were positive about how well it meets the needs of early years learners post pandemic, with ten respondents stating there is nothing they would change about the new curriculum going forward. This was largely attributed to the flexibility the new curriculum affords, enabling practitioners to adopt a child-centred approach based on individual progress and focusing on the particular interests of the child: "*It*[']*s more about children's interest and their wellbeing*" (Childcare Practitioner). It was suggested that this makes it easier to engage children and involve them more in their learning. Survey respondents described Curriculum for Wales as 'natural', less prescriptive', refreshing' and 'transparent'. Furthermore, the emphasis the new curriculum places on learning through play for

younger learners was deemed particularly suitable by both academics and practitioners, allowing practitioners to observe children and understand their individual interests and needs as they engage in 'natural, authentic experiences'. One survey respondent commented:

> *"It is great that the new curriculum allows children the freedom to explore their interests which has been important in children settling and building confidence in settings and bonding with peers with similar interests."* (Nursery Manager)

6.80   In this way, practitioners and academics emphasised that having this curriculum for funded non-maintained nursery settings was 'a great step forward' for Wales. One survey respondent commented that:

> *"[the] NMS [non-maintained sector] curriculum properly reflects up-to-date ideas for teaching children in the early years and has a caring, thoughtful ethos. Settings have reported being very pleased with it."* (Early Years, Childcare and Play Manager, Local Authority)

6.81   Despite this positive feedback from practitioners and academics, there was criticism amongst academics that there is 'not a lot of follow-up', with non-maintained settings not having the support to embrace the vision of Curriculum for Wales in the same way that schools have been supported. One academic was under the impression[24] that in comparison to England and Scotland, there was insufficient coverage for children aged zero-to-three in the new curriculum for non-maintained settings in Wales.

6.82   Numerous practitioners expressed concern that for children at the upper end of the early years, Curriculum for Wales was frequently being misinterpreted by some schools where there has been insufficient focus on the intended play-based approach as a way of 'working through trauma and ACEs' and supporting the early stages of a child's development. This was echoed by academics in Stage 1 who expressed concern that by Year 1 and 2, the ethos of the play-based approach to learning was being eroded, with schools focusing on getting learners ready for literacy and numeracy assessment, instead of emphasising holistic development and the six Areas of Learning Experience. It is worth noting that the tapering off of the Foundation Phase approach as children progress through the early years was also a finding of the Foundation Phase Evaluation report (Welsh Government, 2015a).

6.83   Several practitioners were also critical about the assessment arrangements, which were felt to be too reliant on individual teacher knowledge and experience of a

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[24] This is despite the curriculum for funded non-maintained nursery settings being designed for 3-4 year olds and the extension of development pathways to cover 0-3 that sits alongside the ECPLC Quality Framework.

child's development. It was suggested that this could result in some children being 'missed'. One respondent felt that "there is a still very much an emphasis on 'attainment' and an expectation of children being at a 'normal' stage of development." Another was critical that they are "*still waiting for the assessment tools for the non-maintained up to age 3 sector [sic] a year after the curriculum launch*" (Child minder) and suggested that the new curriculum should have been launched at the same time as the assessment tools.

6.84   Furthermore, whilst there was widespread accolade for the flexibility of Curriculum for Wales amongst some practitioners, others felt that this freedom to implement the new curriculum as settings wish could lead to inconsistencies, an issue that was "*highlighted previously in the FP [Foundation Phase] stock take (Welsh Government, 2014) and Donaldson (Welsh Government, 2015b) reports*" (Early Years Manager). It was also suggested that whilst in theory, this flexibility allows learners with different needs to all benefit: "*In busier settings it may be difficult to ensure all children's needs are met within the planning*" (Childcare Practitioner). Practitioners were concerned that the new curriculum is still geared towards 'a stereotypical child' and does not sufficiently take into account those who may have ALN, high levels of anxiety or chaotic family circumstances.

6.85   In addition to these fairly polarised viewpoints, other practitioners felt that given Curriculum for Wales has been launched fairly recently, combined with the fact that the full effects of the pandemic are arguably still not realised, more time was needed for the new curriculum to become embedded before determining how well it meets the needs of early years learners post pandemic.

6.86   When asked about any changes they would make to Curriculum for Wales going forward, approximately ten per cent of practitioners who answered this question commented on the need for more guidance and clarity on expectations around assessment, a shortcoming that academics had also identified. A childminder, for example asked for "*formal … guidance on what should be assessed and how."* Another respondent commented that they need a *'format' to demonstrate progress, given that we no longer have a set assessment*" (Childcare Practitioner). However, these requests appear in contradiction with the principles of the new Curriculum for Wales that seeks to move away from formalised methods and targets towards a more observational approach.

6.87   Yet another respondent captured the challenge around implementing a learner-focused curriculum whilst providing the necessary benchmarking of progress, asking for:

> *"More help with assessment. I know the curriculum has to be bespoke but everyone is scrabbling around to make sense of assessment which is not detailed and vey [sic] vague yet very much expected."* (Teacher)

6.88   In addition to support with assessment specifically, practitioners pointed to a need for more guidance in general, including guidance on planning processes and communicating the principles of Curriculum for Wales to parents as well as examples of good practice in delivery. Linked to the point above about the comparatively lower levels of implementation support given to the non-maintained sector, a few survey respondents suggested there was a need to monitor delivery in the non-maintained sector to avoid 'confusion and inconsistency'.

6.89   There was some call for more training on curriculum content and delivery to minimise different interpretations and develop understanding of its key principles and pedagogical approach. Despite the availability of training modules on Curriculum for Wales for funded non-maintained nursery settings since November 2021[25] (and updated in August 2022[26]), practitioners appeared largely unaware of these materials and were under the impression that most of the training was targeted at schools. This suggests there is a need for greater promotion and awareness raising of the availability of these modules for non-maintained settings.

6.90   Some practitioners provided suggested changes to the content of Curriculum for Wales, specifically in relation to early years, including:

- Greater emphasis on vocational subjects / non-classroom-based learning
- Inclusion of 'basic skills', 'life skills' or 'living skills' like cooking, sewing, managing a home, budgeting and gaining employment.
- Integration of softer skills like relationship building, self-care and resilience.
- Increased emphasis on 'learning basic English [sic] and Maths'
- Greater focus on creativity: "*I do not think that art, music etc, (and particularly that of Wales), is encouraged.*" (Early Years Advisory Teacher).

6.91   Finally, a few practitioners requested clarity on how Curriculum for Wales is aligned with other relevant policy, for example, the ALN Act and principles of person-centred practice (PCP) as well as Estyn and Care Inspectorate Wales (CIW) inspection frameworks.

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[25] Repository - Hwb (gov.wales)
[26] Repository - Hwb (gov.wales)

7. Conclusions and policy considerations

7.1 As discussed in the method section, despite some contradiction in the views expressed by academics and practitioners, there was also some consensus on key issues in relation to policy priorities for the early years in Wales moving forward into a post pandemic future.

7.2 This includes broad principles and recommendations for the sector as a whole, as well as specific policies and programmes.

General Recommendations

7.3 Throughout the research, an issue that was repeatedly emphasised through all stages of stakeholder engagement was the need to increase wages for staff working in the early years (78 per cent of survey respondents rated it as essential, with 60 per cent selecting it as a top three priority for early years policy in Wales). This was deemed especially important for the childcare sector, where practitioners expressed frustration at the perceived low value (at least in monetary recompense) placed on those with such influence on a child's development and success in later life. It was felt that they should be better paid, or at the very least, on par with the average income for those working in the retail sector (a commonly cited comparator), considering the higher levels of stress and responsibility.

7.4 The lack of priority placed on increasing staff wages was seen as particularly concerning, given the value that is placed on the early years by Welsh Government and the wider public sector, both in terms of rhetoric and policy focus. There is clearly no easy solution to this, with factors such as the cost of childcare and minimum staffing ratios[27] to be taken into consideration.

7.5 Addressing workforce issues extends beyond wage levels to include job security and the effect this can have on staff attrition. There is strong call for longer term contracts as a means of improving staff retention. This was particularly apparent in the case of the Early Years Integration Transformation Programme (EYITP) Pathfinder posts and Flying Start positions. This is reliant on longer-term rounds of funding for these programmes, which will also allow for extended periods of delivery, something that many practitioners felt undermined the potential of EYITP Pathfinders in particular.

7.6 An increased focus on the volume and quality of training was highlighted as a priority, demonstrated by the fact that 71 per cent of survey respondents deemed greater investment in early years staff training as 'essential'. Similarly, 43 per cent considered it a top three priority. Developing an improved training offer, particularly

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[27] National Minimum Standards for regulated childcare GOV.WALES

in terms of enabling practitioners to be more 'trauma informed', as well as training to support children's SLC development, ALN and ASD is clearly considered a policy priority.

7.7   A clear finding from the research is the need to prioritise SLC development within early years policy post pandemic. However, this finding is likely to reflect – at least in part – the high proportion of SLC professionals who completed the survey. 85 per cent of respondents agreed (40 per cent) or agreed strongly (45 per cent) that Early Years practitioners require specific training in addressing the SLC issues that have emerged as a result of the pandemic. The findings from the study suggest that this will require some adjustment to existing SLC policy and practice in Wales, given that only about a quarter of respondents agreed (20 per cent) or agreed strongly (six per cent) that Welsh Government SLC policy is sufficient to meet the SLC needs of children and families post pandemic. Actions to be taken could include, for example:

- Developing and deploying of a more sophisticated SLC assessment tool (i.e. beyond the existing Wellcomm tool)
- Resourcing the existing Flying Start SLC offer to be universal across Wales
- Providing a greater volume and higher standard of SLC training for the early years workforce (particularly those working in non-maintained childcare settings) with incentives to encourage take-up
- Better promotion of Talk With Me to practitioners and families through Facebook, GP surgeries, childcare settings and health board websites
- Ensuring continued SLC provision beyond the age of eight into teenage years

7.8   Another common theme within feedback from practitioners and academics was the importance of play, outdoor learning and sensory support for all children, but particularly those with ALN or children judged to have been most affected by the pandemic and associated adverse experiences. Play-based learning can be an effective way to for children to play out scenarios to better understand their own experiences, potentially mitigating the trauma associated with ACEs and improving resilience to future adversity.

7.9   There is considerable call for Welsh Government to move away from a 'deficit approach' associated with some early years policies and programmes, post pandemic. This point is particularly directed at ACEs policy, which is deemed to be too simplistic, and the focus within the Healthy Child Wales Programme on what the child is not doing or cannot do, rather than focusing on assets and strengths. Participants expressed that it is essential for policy makers to look beyond the original ACEs that were defined prior to the pandemic and recognise that adverse experiences can be more nuanced. There is recognition of this position and the

importance of a strengths-based approach by the Welsh Government (see Welsh Government 2021b and ACE Hub Wales & Traumatic Stress Wales 2022) forming part of the Welsh Government's ACEs policy approach. However, this was not talked about by academics or practitioners, highlighting the need to increase awareness of post-pandemic ACEs policy development in Wales.

7.10   In general, those engaged across the research study supported the transition back to face-to-face engagement with children and families where possible, particularly in the context of health visiting. This was particularly apparent within the survey findings, where a return to face-to-face delivery was the third most popular choice when it came to selecting the top three priorities for early years policy post pandemic.

7.11   It is clear that there is still progress to be made on fostering closer collaboration between early years agencies and services, given that 31 per cent of respondents considered greater sharing of knowledge, information and best practice in the delivery of early years policies and programmes in Wales was in the top three priorities for early years in Wales. Furthermore, over a quarter (26 per cent) of respondents considered continuing to improve coordination between health and education services in the delivery of early years policies and programmes as a priority. More specifically, there is a need for increased data sharing between health, education and children's services – a challenge in the context of GDPR – as well as increased engagement with third sector. Limited reference was made in the research to the WCCIS, and stakeholders called for the need for shared data systems, enabling collective access to data across agencies.

Programme-specific recommendations

7.12   There are some positive messages from this study around the perceived adequacy of early years policies and programmes in Wales. More than four-fifths of practitioner survey respondents felt that all key early years programmes in Wales either fully or partially meet the needs of children and families. In the case of the Early Years Integration Transformation Programme, Flying Start and Families First, the proportions were 90 per cent, 89 per cent and 89 per cent, respectively. Furthermore, with the exception of Welsh Government policies around ACEs, in the case of all of these programmes, at least 23 per cent of respondents felt the programme fully meets the needs of children and families. Considering this feedback is from an early years workforce that by its own admission (and as reported by academics involved in this research and in other secondary research) is overstretched and under-resourced, this is an encouraging outcome.

7.13   In addition to the broader areas for policy development outlined in the general recommendations above, the findings from this study indicate the need for the following programme-specific recommendations:

- Continue with the expansion of the Flying Start roll-out, but extend this to include enhanced health visiting, Speech, Language and Communication support and parenting support. This should be based on need.
- Allocate proportionate funding for the Flying Start expansion, to ensure the service is not diluted and remains effective.
- Introduce greater flexibility into the current time-limited window of support eligible under the Families First Programme. This is to recognise that families' needs are more complex and require more time to address.
- Increase awareness of the Welsh Government's commitment to move policy away from the narrow focus on the original ACEs, to one which recognises the existence and impact of a much broader range of potential sources of childhood adversity and trauma
- Promote and encourage the rollout of the EYITP to all areas of Wales, continuing the prioritisation of closer collaboration between early years services. Reintroduce regular sharing of best practice between Pathfinder areas[28].
- Revisit the contact schedule for the HCWP in recognition of (limited) health visitor capacity and the value of allowing health visitors to use their professional judgement over which contacts are needed (i.e. more or potentially fewer than the minimum 10)
- Exploring more meaningful process and outcome measures for the main early years programmes in Wales (specifically Flying Start, Families First, and HCWP)

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[28] Following the publication of the Welsh Government's final budget, funding for the Early Years Integration and Transformation Programme will cease in March 2024. Pathfinders will continue to be supported through non-financial support during 2024-25 to help them to implement their exit strategies and, where possible, mainstream piloting activity into business-as-usual practices.

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9.   Annexes

Annex A – Key Early Years policies / programmes in Wales included in this study[29]

Flying Start

Flying Start is a targeted programme available to children under the age of four living in some of the most disadvantaged areas in Wales, with the aim of improving their life chances. It is made up of four core elements, including: fully-funded part-time childcare for 2-3 year olds; enhanced health visiting (where the health visitor caseload is capped at 110 children); parenting support; and speech, language and communication support.

Flying Start was first piloted in 2006/07; in 2007/08 the programme became fully operational across all local authorities and a series of evaluation activity has since been commissioned by the then Welsh Assembly Government. In 2009, Welsh Government published its first publication called Qualitative Evaluation of Flying Start (2009)[30] and reports that 'childcare is the most widely used entitlement'. Since then, seventeen further publications have been published which are mainly process and impact evaluations. The most recent publication in February 2021[31] analyses Flying Start outcomes using linked data: childcare and Foundation Phase baseline assessments in Swansea. The analysis shows that 'when comparing on-entry assessment results for children who received Flying Start childcare, those with higher Flying Start attendance tended to meet their expected outcomes in all areas of learning more often than those with lower Flying Start attendance. This difference in outcomes between those with high and low attendance was even greater for children with higher take-up'.

Families First

'Families First aims to improve the design and delivery of local authorities' family support services and reaches beyond the early years. It aims to improve services through 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. The intention is to provide early support for families – particularly families living in poverty – with the aim of preventing problems escalating'[32].

'Families First comprises five main elements, including a Joint Assessment Family Framework (JAFF) to provide a comprehensive evaluation of families' needs, a Team Around the Family (TAF) approach to working with families, a strategic approach to commissioning

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[29] The following descriptions of the key Early Years policies / programmes in Wales that have been included in this study are based on their position during fieldwork and may not reflect subsequent policy landscape.
[30] Welsh Assembly Government (2009) *Qualitative Evaluation of Flying Start*.
[31] Administrative Data Research Wales (2021) Analysis of Flying Start outcomes using linked data: childcare and Foundation Phase baseline assessments. Welsh Government.
[32] Welsh Government (2015) Evaluation of Families First: Year 3 Report

family support services, and specific provision for families affected by disability. The programme also contains an action learning element, to ensure that local level learning is shared at local, regional, and national levels. A key principle of the programme is that local services should be commissioned and designed based on an assessment of local needs'. The Year 3 evaluation commissioned by Welsh Government reports that Families First has been effective in prompting system redesign and National stakeholders highlighted the establishment of effective multi-agency teams as one of the great successes of the programme[33].

Early Years Integration Transformation Programme

The Early Years Integration Transformation Programme is a time-limited, piloting programme, focussed on developing a more joined-up, responsive early years system that puts the unique needs of each child at its heart, which covers the period of life from pre-birth to seven.

Welsh Government has been working with partners to look at ways of simplifying the current landscape, and deliver a truly integrated early years system in Wales. This includes a locally agreed strategic approach that integrates services and provides a seamless package of support that benefits children and supports parents and families when they need it.

The programme has been working co-constructively with Public Services Boards (PSBs), who have joined the Early Years Integration Transformation Programme as pathfinders, exploring how to deliver the key components for early years in a more systematic way, applying the learning from the multi-agency approaches delivered under existing programmes such as Flying Start and Families First. The programme supports PSBs to bring the right people together to facilitate the work locally and regionally and to test and pilot different approaches for developing a more integrated and joined up early years system in their areas.

Through the pandemic the services which were being piloted were disrupted, however in response to this PSBs adapted piloting activity and found innovative ways of delivering services. These included the adaption of service delivery from face-to-face to virtual where appropriate ensuring the needs of the population continued to be met. Notably, discussion between partners were able to continue and in some cases become more frequent during the pandemic through the use of platforms such as Microsoft teams and Skype.

Foundation Phase

The introduction of the Foundation Phase curriculum for 3- to 7-year-olds in Wales from 2008 signalled a departure from more formalised approaches to education than had previously

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[33] Welsh Government (2015) Evaluation of Families First: Year 3 Report, Executive Summary

been the case for younger children providing a developmentally appropriate and play based curriculum. The statutory starting age for school is five years old. However, three- and four-year-olds are entitled to a minimum of 10 hours per week of funded, parttime, Foundation Phase Nursery (FPN)[34].

Between 2011-2014 Wales Institute of Social and Economic Research, Data and Methods (WISERD) at Cardiff University conducted a three-year evaluation of the Foundation Phase commissioned by the Welsh Government. The final report highlights that schools with greater use of Foundation Phase pedagogies have greater levels of observed pupil involvement and pupil wellbeing during learning, and attending schools with greater use of Foundation Phase pedagogies is associated with a greater likelihood of achieving the Foundation Phase Indicator (FPI)[35]. An independent stocktake of the Foundation Phase, conducted by Professor Iram Siraj, also took place between September 2013 and March 2014.

Many aspects of the Foundation Phase approach have been adopted as part of the new Curriculum for Wales to be implemented from September 2022, including the approach to active and experiential learning.[36] While the Foundation Phase as a period of learning will no longer exist in the new Curriculum for Wales, the principles and pedagogical approaches of the Foundation Phase have been reflected through the new 3-16 curriculum where it is appropriate to do so and the Welsh Government, using the Curriculum for Wales framework, have published a curriculum for non-maintained childcare settings which deliver early education for implementation from September 2022[37].

The Welsh Government published its **Renew and Reform** Plan in June 2021 which recognised that children in the early years will need specific and appropriate support as we begin to emerge from the impact of the pandemic because of the impact on their learning and development. The plan sets out the key priorities for early years learning and development. Part of the plan is to support learners through the **Recruit, Recover and Raise Standards (RRRS) programme** and will be evaluated. In addition to the RRRS programme, an additional £13m was identified in 2020-21 targeted discretely at early years provision. £10m of this funding will strengthen practitioner-to-learner ratios in schools and educational support provided by local authorities to non-maintained settings funded to deliver early education. £3m has been allocated to support non-maintained childcare settings not funded to deliver early education, but which have learning and development responsibilities in the care of their children under the **National Minimum Standards**. This additional funding has been administered through the Education Improvement Grant.

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[34] Foundation Phase Nursery: A Guide for Parents and Carers (gov.wales)
[35] Taylor et al., (2015) Evaluating the Foundation Phase: Final Report
[36] Welsh Government (2015) Foundation Phase framework
[37] Curriculum for funded non-maintained nursery settings - Hwb (gov.wales)

Parenting. Give it time (PGit)

Welsh Government invests in support for parents in Wales, both through direct support for parenting support workers (investment in the parenting aspects of Families First and Flying Start, working with parenting support co-ordinators and issuing pan Wales guidance for parenting practitioners), and through its Parenting. Give it time campaign.

In July 2015 a publicity campaign named Parenting. Give It time (PGit) was announced to support the Programme for Government commitment to "Work to make physical punishment of children and young people unacceptable through the promotion of positive alternatives". The aim of the campaign was to help bring about an attitudinal change in the general public on the way children and young people are brought up and disciplined, by making physical punishment unacceptable and promoting positive alternatives.

Since this time, and in subsequent Programme for Government documents, there has been a continuing aim to enhance and increase the public's awareness of positive parenting. Currently, the campaign is aimed at parents of 0- to 7-year-olds, but working alongside a task and finish group to support with the impending Children (Abolition of Defence of Reasonable Punishment) (Wales) Act legislation implementation in 2022, an expansion is planned to ensure there is sufficient support to parents/care givers of children of all ages from 0 to18.

The PGit campaign has continued with several specific campaigns, the most recent in November 2020 called Parenting Moments which focused on three main parenting themes; Children's Behaviour, Give them Time, and Supporting You. At this current time there are regular social media updates promoting all three themes, with specific focus on Managing Children's Behaviour, to complement the campaign to promote public awareness of the legislation to prohibit physical punishment of children.

During the pandemic, work was undertaken with parenting support workers in local authorities to co-ordinate information and advice available across Wales, including through the PGit campaign. Over the last two years, there has also been investment in support for parents' relationships, and reducing inter-parental conflict, with anticipated increased level of family conflict due to pressures created by the pandemic.

Healthy Child Wales Programme (HCWP)

The HCWP is a universal health programme for all families with children aged 0 to 7; it was introduced on 1 October 2016 and rolled out across all health boards in Wales. The expectation was that all health boards would be delivering the new, universal schedule of monitoring and child development contacts in full within two years. The HCWP includes a consistent range of evidence-based preventative and early intervention measures, and advice and guidance to support parenting and healthy lifestyle choices. The interim evaluation of the Programme focusing on early implementation of the programme across Wales was published in 2018. The purpose of this formative study was to examine issues

around implementation and adjustment to new ways of working required by the Programme. Main findings include - the consistency of approach as a result of the Healthy Child Wales Programme has been welcomed by practitioners across Wales; the various tools and checklists in place are mostly well-received and used to support consistent practice, although there is scope for improvement[38].

Child Development Fund

The Child Development Fund (£3.5m in 2020/21) was introduced in October 2020 to support children under 5 whose development may have been adversely impacted due to the COVID-19 public health restrictions. A further £3.5 million was awarded for 6 months to October 2021 and an additional 4.5 million to April 2022. This will provide funding to all local authorities in Wales to enable them to address concerns around developmental delay due to public health restrictions as a result of the COVID-19 pandemic including speech, language and communication delay; fine and gross motor skills delay; and personal and social development. The focus will be on boosting early intervention to address needs as early as possible rather than allowing problems to escalate to a point of crisis or the point of no return. This approach will go some way in supporting the youngest children to build resilience as well as attain the critical life skills they will need to get the best start in life to enable them to fulfil their potential[39].

Talk With Me: Speech, Language and Communication (SLC) delivery plan (2020-2021)

It is widely recognised that a child's development in the early years is vital. This includes children's acquisition of SLC skills and oracy which underpins a child's ability to read and write and to problem solve. Any child, irrespective of where they live or their family circumstances, might require additional support to address delays or difficulties with SLC. Welsh Government aim is to ensure that children throughout Wales have access to high quality universal, population, targeted and specialised support in the early years, if required, to develop their SLC skills. Embracing Wales as a bilingual country is important and Welsh Government are committed to providing the best possible start for all children to develop Welsh as well as English SLC skills in line with the vision set out in Cymraeg 2050. The delivery plan seeks to drive improvement in the way in which children in Wales are supported to develop their SLC skills[40].

Adverse Childhood Experiences (ACEs)

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[38] Welsh Government (2018) Evaluation of the Healthy Child Wales Programme: interim report | GOV.WALES
[39] Written Statement: Extension of the Child Development Fund (24 March 2021) | GOV.WALES
[40] Talk With Me: Speech, Language and Communication (SLC) Delivery Plan | GOV.WALES

Welsh Government have made tackling ACEs a priority. The ongoing development of the ACEs policy has been informed by a second Public Health Wales study of ACEs in Wales (2017) and a range of other reports looking at specific aspects of ACEs. In March 2021, a review of ACEs was published which explored how the ACE policy has performed and how it can be developed in the future. There were two phases to the review, phase 1 involved a desk-based literature review and phase 2 involved external stakeholder discussions. Some of the main findings from phase 1 report - action to prevent ACEs and mitigate their impact can have significant benefits for individuals, their families, communities and society in general. In addition, action can help reduce current and future demand on public services. However, it is not yet clear what impact the ACEs policy has had on improving outcomes and which actions and support can make a positive difference. Findings from stage 2 report that overall, there was a great deal of support for the adoption of the ACEs framework/direction in Wales. Stakeholders also report that having a strong evidence base was seen as essential, as was the need to continue to gather evidence. While it was acknowledged large scale research is expensive, the current lack of good quality, robust evaluations/monitoring data of the programmes, projects or pilots taking place across Wales, was highlighted[41].

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (The Act)

The Act makes provision for a new statutory framework for supporting children and young people with additional learning needs (ALN). It replaces existing legislation surrounding special educational needs (SEN) and continues the existence of the Special Educational Needs Tribunal for Wales. Using ALN as a single term which encompasses children and young people aged 0-to-25 reflects the move to a more equitable system for supporting learners with ALN across early years, schools and FE settings. There will be a single legislative system relating to the support given to children and young people aged 0 to 25 who have ALN. The Act will ensure greater consistency and continuity and, unlike the current system, ensure that provision and rights are protected regardless of the severity or complexity of needs. The Act requires that the views of children, their parents and young people should always be considered as part of the planning process, along with those of their parents. It is imperative that children and young people see the planning process as something which is done 'with them' rather than 'to them'. The new system will support a strong focus on collaboration. All services involved in working with children, young people and their families, including education, health and social services, will have a crucial role to play in working together to deliver efficient, effective, child-centred support for learners with ALN[42].

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[41] Review of Adverse Childhood Experiences (ACE) policy: report [HTML] | GOV.WALES
[42] Additional Learning Needs and Education Tribunal (Wales) Act: explanatory memorandum | GOV.WALES

Curriculum for Wales

The Curriculum for Wales framework guidance[43] was first published in January 2020. It aims to help each school in Wales to develop its own curriculum, enabling their learners to develop towards the four purposes of the curriculum – the starting point and aspiration for every child and young person in Wales. It is also relevant for funded non-maintained nursery settings, pupil referral units (PRUs) and those responsible for the provision of education other than at school (EOTAS) in other settings, enabling them to develop an understanding of the Curriculum for Wales Framework.

The Curriculum for Wales Framework is statutory guidance published under section 71 of the Curriculum and Assessment (Wales) Act 2021 (the Act) and as such the target audience is:

- the headteacher of a maintained school or a maintained nursery school

- the governing body of a maintained school or a maintained nursery school

- providers of funded non-maintained nurseries (settings)

- the teacher in charge of a PRU

- the management committee for a PRU

- a person who provides learning and teaching for a learner otherwise than at a maintained school, maintained nursery school or PRU, by virtue of arrangements made under section 19A of the Education Act 1996 (c 56)

- a local authority in Wales.

As the Framework is statutory guidance its target audience must have regard to it when exercising functions under the Act.

The guidance helps schools design their own curriculum. It contains information on legal requirements, guidance on how to develop a school curriculum, and an explanation of the purposes and principles of assessment.

The purpose of every school and setting's curriculum is to support children and young people to be:

- ambitious, capable learners, ready to learn throughout their lives

- enterprising, creative contributors, ready to play a full part in life and work

- ethical, informed citizens of Wales and the world

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[43] [Introduction to Curriculum for Wales guidance - Hwb (gov.wales)](#)

- healthy, confident individuals, ready to lead fulfilling lives as valued members of society.

Annex B – Stage 1 topic guide with academics

1	Introduction	Notes
1a	Can you tell us a bit about yourself and your area(s) of expertise/research (geographic and sectoral)?	
2	**Pandemic Impacts**	
2a	Briefly, what do you see as the **pandemic's primary impacts** on young children (up to age 7) and their families? ~~a)~~ Development and skills: emotional, physical, language, and learning b) Context, poverty, disadvantage, rurality c) Age (cohorts of children)	
2b	How will the landscape/ challenges/ **priorities look different** for families with young children after the Covid pandemic?	
2c	A common finding is that the pandemic exacerbated existing patterns of need. Have any **new needs** arisen for young children and their families in Wales due to the pandemic? What evidence is there of this?	
2d	Do the **impacts in Wales** differ from elsewhere? • I.e., what should policymakers keep in mind about the Welsh context that would need to be considered when taking policy learnings from other countries?	
2e	To what extent were negative impacts associated with the pandemic **attributable to the disruption in access to and availability of normal services** for children and families? • Do you think these impacts would have been avoidable if the usual support and interventions had been available during the pandemic? *[I.e. probe how far negative impacts were directly the result of the pandemic – e.g. parental illness/financial stress/domestic abuse etc – or the consequence of a reduction in services (indirectly caused by the pandemic)]*	

		• PHW found that school closures and educational disruption were responsible for much of children's anxiety during the pandemic. **How dependant is Welsh EY policy on children's ability to attend school/childcare settings?** Is there a need to either enhance school/setting-based support or to move away from this "centralisation"?	
	2f	Are there any **barriers** faced by children and families (either old or which have arisen because of the pandemic) **which go unaddressed** by existing Welsh policy?	
3	**Policy Relevance & Suitability (re: FG Topic)**		
		The following are general questions about EY policy relevance. Add in some questions related to the FG topic (in tables below) or introduce some key policies to which academics may choose to refer when responding.	
	3a	Looking forward to a post-pandemic future, to what extent are the current delivery mechanisms for EY support and intervention in Wales still appropriate? • Is the **social/cultural context fundamentally different** now? • To what extent does this vary by geography, age of the child, socio-economic groups?	
	3b	What has **worked well** (policies, programmes, approaches) in Wales since the pandemic started in March 2020 in terms of support for children and their families? • [If applicable] Where have these benefits/strengths been observed? • To what extent have they been universal to children in Wales? *Probe for reasons for any differences.* • **Which policies and programmes are most relevant** looking forward to a post pandemic future?	

	3c	Have any EY **policies or programmes** (or parts of those policies/programmes) **become irrelevant/obsolete/unsuitable** for a post-pandemic future?	
	3d	To what extent do existing Welsh EY policies and interventions address each of the five **developmental pathways** (belonging, communication, exploration, physical development, well-being)?	
	3e	Are there any **gaps** in WG policy support/guidance/provision for EY that arose as a result of the pandemic?	
4	**Recommendations**		
	4a	What should Welsh Government **prioritise** in early years policy moving forward? • Which types of programs are most useful? • **Who** should deliver interventions (WG, LAs, EY settings, health boards, etc and home delivery or school/childcare setting, etc)?	
	4b	In light of pandemic impacts, how should WG consider the **targeting** of programmes and policies? How should policymakers consider the balance between efficiency/resource constraints and the risk of excluding families in need? • *Probe based on expansion of certain programmes (e.g. Flying Start) and progressive universalist approaches with core universal support and different levels of intensive provision (e.g. Healthy Child Wales)*	
	4c	What should WG prioritise in terms of "**pandemic babies**'" (I.e., the youngest children) transition moving forward? 1. Should this cohort of children be provided additional support? 2. How, if at all, will the sector be affected long-term should permanent changes be put in place?	
	4d	What are the **primary challenges** in adapting EY policy in Wales to better suit the post-pandemic future?	

5	**Closing**	
	5a	Is there anything else you would like to mention regarding the Welsh early years policy and its suitability for a post-pandemic future?	

Speech, Language, & Communication Focus Group
Key SLC policies will be presented briefly to participants prior to asking questions. This will include the Talk With Me: SLC Delivery Plan and any other policies deemed relevant by policy leads.
For interviewer's info (not necessarily to read): *"'Talk with Me' is the Welsh Government's 2 year cross-policy delivery plan (2020- March 2022) to improve SLC support for children between 0 and 5. It aims to increase awareness that SLC is 'everybody's business'"....and has 5 objectives:*   *Raise public awareness through national campaign*   *Improve ID of SLCN in children up to age 5, including the assessment process.*   *Evidence based interventions. E.g. at home resources on website for parents to support their children.*   *Upskill workforce (childcare, health, social care) to address SLC needs.*   *Embed SLC in other policies (e.g. alignment with Welsh language strategy Cymraeg 2050).*   - Cymraeg 2050 - Around a quarter of children in Wales are currently in Welsh-medium-education and the aim is to increase that number over the coming years. WG also wants at least 70% of learners to report by 2050 that they can speak Welsh by the time they leave school. Supporting SLC development must therefore be fully aligned with these aims.   *https://gov.wales/talk-with-me*

Welsh Language	How have emerging SLC needs differed between Welsh and English speaking children?

	What does the research suggest about bilingual education and incidental Welsh for children with SLC needs? How and to what extent should this be reflected in EY policy and guidance?	
Lasting Impact of SLC Needs	Is there any research to indicate whether these needs are likely to persist as EY pandemic cohort moves through school or whether future EY cohorts will have greater SLC needs? • I.e. are the emerging SLC needs (currently and expected to be) largely transient (late talkers) or persistent?	
Enablers & Barriers	What are the main barriers to providing effective SLC support for children in Wales? The main enablers?	
Resources & Interventions	What resources and training are most important for EY practitioners and families of young children with SLC needs to adopt? What makes these so effective/important? *What does the evidence say about the most effective SLC interventions?* For/through whom should WG prioritise support (I.e., for SLC support in schools/settings, through social care services and health visits, for families directly)	
General Policy Relevance	To what extent are the current policies and programmes in place to address SLC needs sufficient to meet the needs of those children who experienced the lockdowns and disruption associated with the pandemic?	
Talk With Me	Is there evidence (anecdotal or otherwise) to indicate which types of families access the at-home resources for SLC such as those provided by Talk With Me? *What more can be done in Wales to address the SLC needs of children from disadvantaged or lower-income backgrounds, especially considering the impact of Covid lockdowns?* What is missing from the Talk With Me delivery plan as it relates to these populations and their SLC needs?	

Workforce	Given the emerging increase in SLC needs in the EY sector, are there enough SLC practitioners/specialists in Wales? Should SLC specialists be considered a priority with regard to future workforce/labour market planning?

Child Development & Holistic Development Focus Group	
Child Dev. Fund	To what extent did measures WG put in place during Covid (e.g. the GBP 18.5m Child Development Fund introduced in October 2020) help reduce developmental delays in children? What lessons can be learnt from this experience? Were there any areas of best practice identified? Should measures like the Child Development Fund be continued?
Catching Up	What does the research recommend in terms of designing and targeting programmes for development, especially in terms of "catchup" initiatives? Is "catchup" possible in the short-term, or should the initiatives be long-term? Should they be age-based or look at developmental stages?
School Readiness	To what extent are Welsh EY policies capable of addressing the delays in school readiness we have seen due to the pandemic? How can/should they adapt to address delays in school readiness?
Foundation Learning	Have preparations for the Curriculum for Wales (including the curriculum for funded non-maintained nursery settings) gone well? How has the rollout of the initial phase of CfW progressed? In what ways, if at all, does the new curriculum address needs that have arisen from the pandemic, including developmental delays? If it does not, then what schemes/approaches do help address the needs?

		Are there any wider education strategies which have already helped or which should be used to help address the needs of young children that have arisen since the pandemic? E.g., different approaches to professional learning, additional one-to-one support staff, etc. What has worked well or less well? Why?
	Health	To what extent are current systems for vaccination, child health capable of responding to emergency need (e.g. future pandemic)?
	ACEs	Evidence that Adverse Childhood Experiences (ACE) Framework fails to recognize or address the complex origins of trauma, including social/econ/structural factors (e.g. inequality, poor housing). What should be done to address ACEs in a post pandemic Wales? How could ACEs policy be amended to better address the complex origins of trauma (including social, economic, and structural factors)?
	ALN	How well did Welsh EY programmes support families/children with ALN prior to the pandemic? How, if at all, has this changed since the pandemic? What needs to be done to ensure that programmes like Families First suit the needs of families with ALN? (Found to only meet need of 45% of families affected by disability. Generally, has appropriate design but consider whether optimal for families with complex needs + those who need activities commissioned across LAs + challenges engaging partners in over-stretched sectors and when core provision is being cut)

Child Mental Health, Wellbeing, & Resilience Focus Group

Wellbeing in EY	What can be done to mitigate the impact of the pandemic on the mental health of young children (given that much of the research addresses older children and adolescents)? Is it necessary? T4CYP2 and NEST Framework emphasise early intervention and support for wellbeing in EY.
Mental Health Service In-Reach Pilot Programme	Can any lessons be learned from the Child and Adolescent Mental Health Service in-Reach Pilot Programme?
UNCRC & Whole School Approach	How can young children be best engaged in the "post-pandemic" policy decisions that will impact them? • (As is their right according to Article 12 of the UNCRC + Whole School Approach to Emotional and Mental Wellbeing)
Outdoors	Spending time outdoors was found to be a mitigating factor for the negative wellbeing effects of pandemic (PHW) and WG provided some resources to schools and EY settings for outdoor equipment and renovations. Amid competing priorities and a lower level of Covid spread, to what extent should future EY policy reforms prioritise outdoors and ventilation? Is it a good use of funds?

Parenting, Parent Mental Health, Home Learning Focus Group	
Parent Mental Health	Evidence shows that parental stress is affected by financial stress, and this in turn impacts the mental health of young children (Adegboye et al, 2021), and that children's mental health does better when parents feel a sense of control (PHW). Given this, how should we think about provision of parental support as a support for children in their early years? In what ways is this different since the pandemic began? What can be done to ensure that mental health support is available and accessible for parents? What can we learn about best practice in providing mental health support for other groups with limited time and/or who may not know where to find support? There is evidence that the pandemic led to increased mental health issues (especially anxiety) for 4-8 year old children at-risk of these (mental health) issues, partially predicted by financial strain increasing parental stress (Adegboye et al, 2021). T4CYP2 and NEST Framework both emphasise early intervention and support for wellbeing in early years.

	What are the best policy levers (or specific programmes) to protect young children's mental health and wellbeing in this context? What can be done to mitigate the impact of parent mental health issues - on the parents themselves and on their children? What could be put in place to address impacts on very young children to prevent those impacts from worsening over time?
Potential Advantages	How has virtual or hybrid delivery of parenting support/programmes impacted (positively or negatively) families, including their interest in and ability to engage with such support? Do these impacts differ depending on whether families' internal bonds were strengthened during the Covid lockdowns?
Childcare Offer & Flying Start	Is the Childcare Offer still fit for purpose? How could best practice in supporting parents of young children be applied to programmes like Flying Start and the parenting support it offers?
Parenting Arrangements	Is it harder to reach fathers with parenting support? Is this a problem? If so, how could it be addressed? PHW classifies separated parents as an ACE. What would help to improve outcomes for children whose parents are separated? If the parents have a positive relationship and good mental health does that eliminate any possible adverse impacts?
Children In Care & Vulnerable Children	Are there other things WG should keep in mind with regard to supporting the home environment of young children not living with parents (e.g. those in care) and other vulnerable children (for example those with parents in prison or affected by substance misuse)?
Potential Programmes	Should there be a comprehensive universal parenting support/ parenting programme offer for all parents? What is the impact of virtual, as opposed to in-person, delivery of support programmes? Would it only address the needs of certain groups of parents?

Multi Agency Working & Early Intervention Focus Group

Navigating EY System	Are families finding it harder to navigate the EY system/existing interventions since the height of the pandemic?
Workforce	TWE is staffing a challenge to implementing and improving EY interventions in Wales? In which parts of the EY sector is this a problem (maintained vs non-maintained EY settings, health and social care, etc)? What can be done to address this?
Families First	How did Families First fare throughout the pandemic? What were the main barriers to families accessing support from Families First during the pandemic? Have you changed aspects of your service delivery as a result of learning from the pandemic? Did the pandemic provide any opportunities for service improvements which have had a positive impact on families? If yes, please describe. Is there anything in particular that Welsh Government can support you with as part of post pandemic recovery?
Early Years Integration Transformation Programme	WG has made efforts to create an EY system that is more joined-up, responsive to need, and easier for families to navigate (e.g., through the EYITP). How did the pandemic affect this? - I.e., did it exacerbate siloed working and/or accelerate linked-up system? - In what ways has the pandemic presented new challenges and opportunities for creating and implementing a joined-up and responsive EY system? Can any lessons be learned from the delivery models/ approaches piloted by PSBs during the pandemic and how are they being mainstreamed as part of future service delivery?
ACEs	A review of ACEs in Wales highlighted the extensive efforts in bringing awareness and understanding of ACEs and their impact on children and adults' lives. The review showed that stakeholders felt it was time to

	progress from having an awareness and understanding of ACEs to operating in trauma informed and responsive ways.
	What does it mean to take an ACEs lens to EY work in an effective way?
	What is your service doing to help prevent ACEs or mitigate the impact of ACEs?
	One of the ways in which some services are responding to those who have experienced childhood adversity is to deliver their support services in trauma-informed ways. Does your service operate in a Trauma-Informed way? If so, how?
	Can you describe the impact of working in trauma-informed ways on not only the service users but also those delivering the service?

**Annex C – List of organisations represented in the academics' / researchers'
interviews at Stage 1[44]**

Organisation
Bangor University
Birbeck University of London
Bristol University, SLT Unit
Cardiff Metropolitan University
Cardiff University
Glyndwr University
LuCiD Child Study Centre, University of Manchester
Oxford Brookes
Reading University
Royal Holloway University of London
Swansea University
University of South Wales
University of Wales Trinity Saint David

Annex D – Practitioner focus group topic guide

1		Introduction (10 mins)	Notes
	1a	Can you tell us a bit about yourself, your area(s) of work and the kind of families and children you support? *Probe for age of children, socio-economic profile of families, specific needs within families (e.g. ALN, ACEs etc)*	
2		Pandemic Impacts (10 mins)	
	2c	What did you and/or other Early Years practitioners – e.g. midwives, HV's, childcare practitioners – in Wales do to try to <u>counteract any disadvantage and delay</u>	

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[44] Academics and researchers interviewed at Stage 1 of the research had a primacy academic background in one of the following areas: SLC, Child Development and Child Mental Health.

		that occurred as a result of babies/children and their families being unable to access the usual support and intervention since the start of the pandemic? *Probe for effectiveness of what they did and whether it is continuing post-pandemic. Probe for any differences in activity according to age/stage of the children.*	
3	**General policy relevance & suitability (10 mins)**		
	3a	*Share list of key policies / programmes on-screen.* To what extent are the key Early Years policies and programmes in Wales suitably designed to meet the overall needs of babies and young children and their families, post pandemic? *Probe for whether they meet the needs of some families more than others and any reasons for this.* In particular, how far are they responding to needs that have arisen *specifically* as a result of the pandemic?	
	3b	Where are the current gaps in Early Years policies and programmes in Wales? How, if at all, do these policies and programmes need refining, enhancing or extending to address any disadvantage or delay experienced by babies and young children and their families as a result of the pandemic? What aspects of Early Years policy in Wales do you feel *should* continue unchanged as we emerge from the pandemic? Why do you say that?	

		Have any Early Years policies and programmes (or parts of those policies/programmes) become irrelevant/obsolete/unsuitable for a post-pandemic future? Why do you say that?	
4	Thematic areas (25 mins)		
	4a	Speech, Language and Communication	
		(i) What SLC needs have arisen amongst babies and young children as a result of the pandemic?	
		(ii) How have emerging SLC needs differed between Welsh- and English-speaking children?	
		(iii) To what extent are the current policies and programmes in place to address SLC needs sufficient to meet these needs? *Probe for any areas needing adjustment.*	
		(iv) What are the main barriers to providing effective SLC support for children in Wales, as we emerge from the pandemic? What are the main enablers?	
	4b	Child Development and Holistic Development	
		(i) To what extent are Early Years policies and programmes in Wales capable of addressing the delays in Child Development and Holistic Development we have seen reported due to the pandemic?	

		(ii)	To what extent does Curriculum for Wales, including a curriculum for funded non-maintained nursery settings address needs that have arisen from the pandemic, including developmental delays?	
		(iii)	What should be done to address Adverse Childhood Experiences (ACEs) in a post pandemic Wales? To what extent did the pandemic reveal strengths/ weaknesses in the way the Welsh EY system handles ACEs? Who should be called upon to take action moving forward?	
		(iv)	What lessons can be drawn from support (or lack of support) given to children with disabilities and children with ALN during the pandemic period, especially in terms of unavoidable disruption of routine?	
		(v)	<u>What lessons can be drawn from support (or lack of support) given to parents during the pandemic?</u>	
		(vi)	To what extent do you think Early Years policy should focus on targeting programmes for development, especially in terms of supporting wellbeing and progression ? Is it possible	

		to support wellbeing and progression in the short-term, or should the initiatives be long-term?	
	4c	<u>Child Mental Health, Wellbeing and Resilience</u> (i) What can be done to mitigate the reported impact of the pandemic on the mental health of babies and young children? *Probe whose responsibility this falls to, should actions be implemented reactively or proactively?* (ii) How does this differ depending on the age of the child? *Probe which categories of children it is most applicable to* (iii) What are the benefits and challenges associated with outdoor learning in early years? To what extent should it be prioritised in future?	
	4d	<u>Parenting, Parent Mental Health and Home Learning</u> (i) How has the pandemic affected parents and their ability to care for their children? (note parenting support goes up to the age of 18) *Probe for deteriorating mental health, stress and anxiety, particular impact on fathers, working parents, separated parents and/or those living in poverty.*	

		(ii) What do you think should be prioritised in terms of parenting / family support programmes, as we emerge from the pandemic? (iii) How can services remove barriers for parents so they can participate?	
	4e	Multi Agency Working and Early Intervention (i) To what extent is staffing a challenge for delivering Early Years programmes and services in Wales? *Probe for which parts of the Early Years sector is this particularly a problem (e.g. maintained vs non-maintained EY settings, health and social care, etc)?* (ii) What can be done to address [challenges cited]? (iii) The Welsh Government is building a Early Years system that is more joined-up, responsive to need, and easier for families to navigate (e.g., through the EYITP). How did the pandemic affect this? *Probe, for example, whether it exacerbated siloed working and/or accelerated linked-up system. Probe for whether practitioners are involved in an EYITP Pathfinder (and note differences in response).*	

		(iv) In what ways has the pandemic presented new challenges and opportunities for creating and implementing a joined-up and responsive Early Years system?	
5	Recommendations (10 mins)		
	5a	What do you think the Welsh Government prioritise in Early Years policy moving forward? *Probe for who should deliver programmes, what cohorts of children should be prioritised etc.*	
	5c	What do you think are the primary challenges in adapting Early Year policy to better suit the challenges babies/children and families are facing as we emerge from the pandemic?	
	5c	Is there anything else you would like to mention regarding the Early Years policy in Wales and its suitability for a post-pandemic future?	

Annex E – Practitioner survey questions

Early Years Post Pandemic

1. Background to the research / Cefndir i'r ymchwil

Miller Research has been commissioned by the Welsh Government to identify what has worked well in terms of supporting babies, children and young people between the ages of 0 and 7, as well as their families, throughout the pandemic, aiming to understand how early years policies and programmes in Wales continue or adapt to meet the needs of children and their families when looking forward to a post-pandemic future.

In this stage of the research, we are seeking to gather the views of practitioners with "on the ground" experience of the Welsh early years system via an online survey. This survey builds on recent focus groups we have carried out with early years practitioners as part of the same research project. As part of the survey, we are looking to test some of the ideas suggested by practitioners in the focus groups. Please note, that the statements posed in some of the questions in the survey are based on qualitative feedback from a small sample (<100) of early years practitioners and reflect neither the views or policy intentions of Welsh Government nor the views of Miller Research.

Given your experience, we would like to ask about specific impacts of the pandemic on young children and their families and your views on the effectiveness of Welsh policies, programmes, and interventions in mitigating these impacts and the relevance of these policies and programmes going forward.

Your contribution will be anonymised through the analysis process, and you can find out more about how your data will be processed here.

Thank you for participating in this research.

Mae Miller Research wedi cael eu comisiynu gan Lywodraeth Cymru i ganfod beth sydd wedi gweithio'n dda o safbwynt cefnogi babanod, plant a phobl ifanc rhwng 0 a 7 oed, yn ogystal â'u teuluoedd, drwy gydol y pandemig, gyda'r nod o ddeall sut mae polisïau a rhaglenni blynyddoedd cynnar yng Nghymru yn parhau neu'n addasu i ddiwallu anghenion plant a'u teuluoedd wrth edrych ymlaen at ddyfodol ôl-bandemig.

Ar y cam hwn o'r ymchwil, rydym yn ceisio casglu safbwyntiau gweithwyr proffesiynol sydd â phrofiad 'ar lawr gwlad' o system blynyddoedd cynnar Cymru trwy arolwg ar-lein. Mae'r arolwg hwn yn adeiladu ar grwpiau ffocws rydym wedi eu cynnal yn ddiweddar gyda gweithwyr proffesiynol y blynyddoedd cynnar fel rhan o'r un prosiect ymchwil. Fel rhan o'r

arolwg, bwriadwn brofi rhai o'r syniadau a awgrymwyd gan ymarferwyr yn y grwpiau ffocws. Noder bod y datganiadau a gyflwynir yn rhai o'r cwestiynau yn yr arolwg yn seiliedig ar adborth ansoddol gan sampl bach (<100) o ymarferwyr blynyddoedd cynnar ac nad ydynt yn adlewyrchu barn na bwriadau polisi Llywodraeth Cymru na barn Miller Research.

Oherwydd eich profiad, hoffem ofyn ichi ynghylch effeithiau penodol y pandemig ar blant bach a'u teuluoedd a'ch barn ar effeithiolrwydd polisïau, rhaglennu ac ymyraethau Cymru wrth liniaru'r effeithiau hyn a pherthnasedd y polisïau a'r rhaglenni hyn wrth edrych ymlaen.

Bydd eich cyfraniad yn cael ei anonymeiddio trwy'r broses ddadansoddi, a gallwch wybod mwy am sut bydd eich data yn cael ei brosesu yma.

Diolch am gymryd rhan yn yr ymchwil hwn.

1. Please select the language in which you wish to complete the survey.

☐ Cymraeg

☐ English

2. Impact of Covid-19 pandemic

2. To what extent do you think the Covid-19 pandemic has affected how you work with or support young children and families? Please explain your answer.

☐ Significantly

☐ Moderately

☐ Slightly

☐ Not at all

Comments:

[ ]

3. Flying Start

3. Please rate your familiarity with the Flying Start Programme

[ ] Very familiar

[ ] Somewhat familiar

[ ] Not familiar

[ ] Never heard of it

4. To what extent does Flying Start in its current form meet the needs of children and families post pandemic?

[ ] Fully meets the needs of children and families

[ ] Partially meets the needs of children and families

[ ] Meets the needs of children and families a little

[ ] Does not meet the needs of children and families at all

5. What, if anything, would you change about Flying Start going forward?

[ ]

5. Families First

6. Please rate your familiarity with the Families First Programme

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

7. To what extent does Families First in its current form meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families a little

☐ Does not meet the needs of children and families at all

8. What if anything would you change about Families First going forward?

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7. Early Years Integration Transformation Programme

9. Please rate your familiarity with the Early Years Integration Transformation Programme

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

10. To what extent does the Early Years Integration Transformation Programme in its current form meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families a little

☐ Does not meet the needs of children and families at all

11. What if anything would you change about the Early Years Integration Transformation Programme going forward?

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[                                                                      ]
[                                                                      ]
[                                                                      ]
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9. Parenting. Give it time (PGit)

12. Please rate your familiarity with Parenting. Give it time

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

13. To what extent does Parenting. Give it time in its current form meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families a little

☐ Does not meet the needs of children and families at all

14. What if anything would you change about Parenting. Give it time going forward?

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11. Healthy Child Wales Programme

15. Please rate your familiarity with the Healthy Child Wales Programme

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

16. To what extent does the Healthy Child Wales Programme in its current form meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families

☐ Does not meet the needs of children and families at all

17. What if anything would you change about the Healthy Child Wales Programme going forward?

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[                                                                    ]
[                                                                    ]
[                                                                    ]
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13. Talk With Me: Speech, Language and Commmuniciation (SLC) delivery plan (2020-2021)

18. Please rate your familiarity with the Talk With Me: Speech, Language and Communication (SLC) delivery plan

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

19. To what extent does the Talk With Me: Speech, Language and Communication (SLC) delivery plan meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families

☐ Does not meet the needs of children and families at all

20. What, if anything, would you change about the Talk With Me: Speech, Language and Communication (SLC) delivery plan going forward?

15. Policies aimed at mitigating the adversity arising from Adverse Childhood Experiences (ACEs)

21. Please rate your familiarity with the Welsh Government policies aimed at mitigating the adversity arising from ACEs

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

22. To what extent do the Welsh Government policy approaches aimed at mitigating the adversity arising from childhood trauma meet the needs of children and families post pandemic?

☐ Fully meets the needs of children and families

☐ Partially meets the needs of children and families

☐ Meets the needs of children and families

☐ Does not meet the needs of children and families at all

17. The Additional Learning Needs system

23. Please rate your familiarity with the Additional Learning Needs system

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

24. What, if anything, would you change about the Additional Learning Needs system going forward?

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25. In your opinion, how well does Additional Learning Needs system meet the needs of learners with additional needs post pandemic?

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19. Curriculum for Wales

26. Please rate your familiarity with the Curriculum for Wales

☐ Very familiar

☐ Somewhat familiar

☐ Not familiar

☐ Never heard of it

27. What, if anything, would you change about the Curriculum for Wales going forward?

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28. In your opinion, how well does Curriculum for Wales meet the needs of early years learners post pandemic?

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21. Policy/programme-specific statements

Please note, that the following statements posed are based on qualitative feedback from a small sample (<100) of early years practitioners and reflect neither the views or policy intentions of Welsh Government nor the views of Miller Research.

29. To what extent do you agree or disagree with the following statements made by practitioners / policy makers with a professional background in early childhood and/or Early Years in Wales?

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
Flying Start should be rolled out as a universal programme to maximise eligibility	☐	☐	☐	☐	☐
There is a reduced need for an area based approach due	☐	☐	☐	☐	☐

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
to the collective trauma experienced by babies, children and young people during the pandemic.					
The Early Years Integration Transformation Programme requires longer-term investment to sustain and mainstream the services and support it has facilitated.	☐	☐	☐	☐	☐
There is a greater variety of families being referred into services as a result of the Early Years Information Transformation Programme.	☐	☐	☐	☐	☐
The effectiveness of Parenting. Give it time and wider online resources is dependent on the availability of personnel to support users through it.	☐	☐	☐	☐	☐
The number of contacts in the Healthy Child Wales Programme is not sustainable or	☐	☐	☐	☐	☐

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
realistic going forward.					
Completing the Family Resilience Assessment Instrument and Tool (FRAIT) [as part of the Healthy Child Wales Programme] is not feasible through virtual contacts.	☐	☐	☐	☐	☐
Adverse Childhood Experiences are irrelevant post pandemic, with even children from stable, affluent backgrounds negatively impacted and experiencing developmental delays.	☐	☐	☐	☐	☐
Pandemic-related Adverse Childhood Experiences have exceeded the capacity of Government policies and programmes to mitigate the effects of trauma in children.	☐	☐	☐	☐	☐
The pandemic has increased awareness /understanding of Additional Learning Needs issues and	☐	☐	☐	☐	☐

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
how best to address them.					
The ALN Act itself has heightened awareness amongst professionals of Additional Learning Needs issues and how best to address them.	☐	☐	☐	☐	☐
Some children with Additional Learning Needs benefited from the time out of school and reduced pressure and stress associated with the pandemic.	☐	☐	☐	☐	☐
Welsh Government SLC policy is sufficient to meet the SLC needs of children and families post pandemic.	☐	☐	☐	☐	☐
Early Years practitioners require specific training in meeting the issues of SLC that have emerged as a result of the pandemic.	☐	☐	☐	☐	☐

22. Recommendations

30. To what extent do you consider the following to be the main priorities for Early Years policy in Wales post pandemic?

	Essential	Important	Low importance	Not important
Reducing the complexity of the landscape of Early Years services available for families i.e. reducing the number of programmes offered in Wales.	☐	☐	☐	☐
Greater sharing of knowledge, information and best practice in the delivery of Early Years policies and programmes in Wales.	☐	☐	☐	☐
A return to face-to-face delivery of Early Years support to bolster relationships and trust between service users and practitioners.	☐	☐	☐	☐
An increased policy focus on the curriculum for children aged 0-3 in non-maintained settings in Wales.	☐	☐	☐	☐
Increased co-production with beneficiaries (e.g. parents and carers) in the design and	☐	☐	☐	☐

	Essential	Important	Low importance	Not important
development of early years services.				
Greater investment in Early Years staff training to professionalise the sector, raise the quality of services provided and improve retention.	☐	☐	☐	☐
Increase staff salaries to enable greater recruitment into EY professions including childcare and health visiting.	☐	☐	☐	☐
Addressing the issue of staff ratios in the childcare sector through increased recruitment of staff.	☐	☐	☐	☐
More guidance and training on adopting Curriculum for Wales within early years settings.	☐	☐	☐	☐
Continuing to improve coordination between health and education services in the delivery of Early Years policies and programmes.	☐	☐	☐	☐
Prioritise providing long-term, strategic support to the sector,	☐	☐	☐	☐

	Essential	Important	Low importance	Not important

as opposed to
immediate, temporary
initiatives.

31. What do you consider to be the priorities for Welsh Government Early Years policy moving forward. Please select up to three.

☐ Reducing the complexity of the landscape of EY services available for families i.e. reducing the number of programmes offered in Wales.

☐ Greater sharing of knowledge, information and best practice in the delivery of Early Years policies and programmes in Wales.

☐ A return to face-to-face delivery of Early Years support to bolster relationships and trust between service users and practitioners.

☐ An increased policy focus on the curriculum for children aged 0-3 in non-maintained settings in Wales.

☐ Increased co-production with beneficiaries (e.g. parents and carers) in the design and development of early years services.

☐ Greater investment in Early years staff training to professionalise the sector, raise the quality of services provided and improve retention.

☐ Increase staff salaries to enable greater recruitment into EY professions including childcare and health visiting.

☐ Addressing the issue of staff ratios in the childcare sector through increased recruitment of staff.

☐ More guidance and training on adopting Curriculum for Wales within early years settings.

☐ Continuing to improve coordination between health and education services in the delivery of Early Years policies and programmes.

☐ Prioritise providing long-term, strategic support to the sector, as opposed to immediate, temporary initiatives.

Please explain your answer:

23. Respondent information

32. What is your primary job role? Please select the relevant options:

☐ Health visitor (generic)

☐ Health visitor (Flying Start)

☐ Midwife

☐ Speech and Language therapist

☐ Teacher

☐ Teaching Assistant

☐ Nurse / Healthcare professional

☐ Child minder

☐ Childcare Practitioner

☐ Play worker

☐ Social worker

☐ Parenting practitioner

☐ Occupational therapist

☐ Physiotherapist

☐ Paediatrician

☐ Family support worker

☐ Other (please specify):

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