



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Public Services Board

**At:** Committee Room 5, Guildhall, Swansea

**On:** Wednesday, 5 February 2020

**Time:** 10.00 am

**Convenor:** Councillor Mary Jones

#### **Membership:**

Councillors: P M Black, T J Hennegan, C A Holley, P R Hood-Williams, P K Jones, L R Jones and J W Jones

Co-opted Members: C Anderson, Cherrie Bija and Martyn Waygood

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<b>Agenda</b>		<b>Page No.</b>
<b>1</b>	<b>Apologies for Absence.</b>	
<b>2</b>	<b>Disclosure of Personal and Prejudicial Interests.</b> <a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>	
<b>3</b>	<b>Prohibition of Whipped Votes and Declaration of Party Whips.</b>	
<b>4</b>	<b>Minutes.</b> To receive the minutes of the previous meeting(s) and agree as an accurate record.	<b>1 - 3</b>
<b>5</b>	<b>Public Questions</b> Questions must relate to matters on the open part of the Agenda of the meeting and will be dealt with in a 10 minute period.	
<b>6</b>	<b>PSB Well-being Objective Progress Update: Early Years.</b> a) Report from Swansea Bay University Health Board (PSB Lead Partner)	<b>4 - 64</b>
<b>7</b>	<b>PSB Well-being Objective Progress Update: Live Well, Age Well.</b> a) Report from Swansea Council (PSB Lead Partner)	<b>65 - 71</b>
<b>8</b>	<b>Letters.</b> Panel Meeting 4 July 2019: a) Letter to/from Chair of Public Services Board.	<b>72 - 74</b>

**Next Meeting:** Wednesday, 22 April 2020 at 10.00 am



**Huw Evans**  
**Head of Democratic Services**  
**Thursday, 30 January 2020**

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**Contact: Brij Madahar, Scrutiny Officer - Tel (01792) 637257**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Public Services Board**

Committee Room 5 - Guildhall, Swansea

Thursday, 4 July 2019 at 10.00 am

**Present:** Councillor M H Jones (Chair) Presided

**Councillor(s)**

P M Black  
P K Jones

**Councillor(s)**

T J Hennegan  
J W Jones

**Councillor(s)**

P R Hood-Williams

**Co-opted Member(s)**

Martyn Waygood

**Co-opted Member(s)**

**Co-opted Member(s)**

**Other Attendees**

Clive Lloyd

Cabinet Member - Business Transformation & Performance (Deputy Leader)

**Officer(s)**

Bethan Hopkins  
Suzy Richards

Scrutiny Officer  
Sustainable Policy Officer

**Apologies for Absence**

Councillor(s): C A Holley, L R Jones and R C Stewart

Co-opted Member(s): Cherrie Bija and John Warman

Other Attendees: R C Stewart

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## 1 Disclosure of Personal and Prejudicial Interests.

- Cllr Mary Jones – Daughter Mid-wife with SBUHB
- Cllr Jeff Jones – Daughter Mid-wife with SBUHB
- Cllr Paxton Hood-Williams – Member of Three Crosses and Upper Killay Community Councils
- Cllr Peter Jones – Member of 'Working with Nature' Task Group
- Martyn Waygood – Judge in Social Entitlement Chamber and Daughter in Law Employee of Coastal Housing
- Cllr Terry Hennegan – Member of Management Committee of Mid and West Wales Fire Service

## 2 Prohibition of Whipped Votes and Declaration of Party Whips

## 3 Public Questions

- None

#### **4 Minutes**

- Approved

#### **5 Review of New Governance Structure**

- The review has concluded and the structure will be more focused going forward
- A smaller number of people will be attending the partnership meetings
- Professor Andrew Davies has stepped down as Chair due to retirement
- Swansea Council Chair and MWWFS Vice-Chair
- Focus on working groups in the annual report and using the new governance structure to ensure the working groups deliver
- No mention of Elected Members in the 'Other Partners' section
- Chair will appoint an independent mediator if disputes arise
- Legislation seeks to involve Community Councils in PSBs
- Liaise with 'One Voice Wales' with regard to Community Councils
- New governance structure allows for more focused collaboration – focus groups have specific outcomes so it is more effective
- New structure is driven by action from each of the objective areas with clear lead and accountability as the statutory members are responsible for outcomes
- The actions are in the work plans under the steps – each group is working on their action plans
- Action plans will be coming to the next meetings
- Communications process is in place to advertise meetings
- Each partner should distribute information via their own communications strategy and channels
- Opportunities to broaden engagement based in all communities especially voluntary groups
- Want to see the principles under the Well-being of Future Generations Act (WBFGA) integrated into everything
- PSB should ensure the WBFGA aims are underpinning everything they do
- Work is based on goodwill and adding value
- Want more information relating to progress being feedback to the Panel
- Awaiting for lead of SBUHB to be in place
- Purpose seems to relate to service delivery, but it also involves 'how' work is delivered and the long term progress
- The five ways of working are not explicitly detailed in relation to the PSB's purpose in the Terms of Reference (mirroring legislation). However the Terms of Reference could be improved by explicitly detailing the five ways of working including collaboration.

#### **6 Public Services Board Annual Report 2018/19 - Power Point**

- Governance structure should be a catalyst for delivering under working groups
- Focus on leads who should provide cross cutting actions and information
- Some indicators such as child obesity homelessness, air quality etc
- Looked at where feedback overlapped to demonstrate well-being and outcomes – researcher will develop more in depth outcomes on the indicators
- Early Years – SBUHB. Jig So and SKIP have been a success within first 1000 days
- Live Well Age Well – Swansea Council. Falls prevention, Age Friendly City, Intergenerational Conversation taken place
- Working with Nature – NRW. Urban tree planting, green space factor tool kit, developing green infrastructure strategy
- Strong Communities – MWWFS. Coastal offered community hub in Mount Pleasant, Clase 4 All, improving facilities in Clase
- Swansea working toward being the first City in Wales to sign a declaration for Human Rights
- Everyone involved to deliver outcomes – new structure should strengthen objectives
- Want to meet performance and outcomes
- Austerity is not helping the progress and research of developing the actions
- Biophillic Wales project by SBUHB – focus to improve areas around health board buildings. Innovative and exciting feedback

## **7 End of Year Review 2018/19**

- More focus on direction of travel from each of the objective areas needed
- Meeting with Future Generations Commissioner went very well
- Interaction with Future Generations Commissioner going well
- Want to see Action Plans and how the steps will be delivered
- Want to see more focus on the outcomes of the projects as this has been difficult to establish this year in some areas

## **8 Work Plan 2019/20**

- 2 meetings left for the year
- Want to see Action Plans associated to each working group
- Live Well, Age Well and Working with Nature in one meeting
- Early Years and Stronger Communities in one meeting
- Potential extra meeting if required

The meeting ended at 11.40 am

**Chair**

# Agenda Item 6

## Report of the Executive Director of Public Health, Swansea Bay University Health Board

### Public Services Board Scrutiny Performance Panel - 5 February 2020

## PSB Early Years Objective - Every Child has the Best Start

<b>Purpose:</b>	To update the Public Services Board Scrutiny Performance Panel on the Early Years Wellbeing Objective.
<b>Content:</b>	An update on the action plan delivery and progress.
<b>Councillors are being asked to:</b>	Consider the information provided and to give views.
<b>Lead Councillor(s):</b>	Councillor Elliott King and Councillor Sam Pritchard. Cabinet Members for Children Services. Councillor Jennifer Raynor. Cabinet Member for Education Improvement, Learning and Skills.
<b>Lead Officer &amp; Report Authors:</b>	Dr Keith Reid - Director of Public Health, Swansea Bay UHB Dr Nina Williams - Consultant in Public Health Medicine Claire Fauvel - Public Health Practitioner and Pathfinder Co-ordinator, Swansea Bay Local Public Health Team Gary Mahoney - Early Years Progression Officer, Swansea Council

### 1. Context

- 1.1 Since the April 2019 scrutiny panel regarding early years, there have been staffing changes which had led to the role of the Objective Lead, and the role of the Chair, becoming vacant. This issue has now been resolved recently, with the newly appointed Director of Public Health, Dr Keith Reid taking up the role of both Chair and Objective Lead.
- 1.2 As an interim measure, operational officers of the sub-group have maintained the activity agreed under the 18/19 action plan. And in anticipation of a new Objective Lead, the officers have also undertaken a review of activity to date in order to enable a take stock appraisal with a view of refreshing the work plan for 20/21.
- 1.3 In addition to this, since April 2019, Swansea PSB are now collaborating with Neath Port Talbot PSB as part of the Early Years Pathfinder Programme. This is a Welsh Government sponsored transformation programme that seeks to create a streamlined local early years' system, from conception to age 7 and enables every child in Swansea and Neath Port Talbot to have the same outcomes and the same opportunities. It is the vision that local services are seamless and sufficiently agile in responding to the impact of social adversity and escalating need.

1.4 This report aims to summarise progress since April 2019, and report on the outputs of the Early Years Wellbeing Group including the Pathfinder Programme.

## 2. Background

2.1 In 2018, Swansea published its Wellbeing Plan with the overarching vision to work together to make Swansea a place which is prosperous, where our natural environment is appreciated and maintained, and where every person can have the best start in life and have every opportunity to be healthy, happy, safe and be the best that they can be.

2.2 Through using the information from the local wellbeing assessment and by listening to people, four Wellbeing objectives were identified. This report gives an update on the progress of the action plan for the Wellbeing Objective: *Early Years; Giving Every Child the Best Start in Life*.

## 3. Wellbeing Objective: Early Years; Every Child has the Best Start in Life.

3.1 The 2018/19 action plan for the Early Years Wellbeing Objective was developed based on the findings of the Wellbeing Assessment, through harnessing evidence from the National Cymru Well Wales First 1,000 days Collaborative and the earlier work with the Marmot Team under Healthy Cities “Give Every Child the Best Start in Life: Swansea Early Years Strategy” in 2014. The following ‘steps’ were developed after group members considered the evidence and undertook a logic model around the needs of early years’ children in Swansea.

- **To promote Swansea’s First 1,000 Days Programme.** Secure membership and contribute to the National Cymru Well Wales, First 1,000 days Collaborative and incorporate local, and national learning, into the Early Years Wellbeing Action Plan for Swansea.
- **To make sure parents are supported for birth and during early childhood.** Through ensuring our PSB workforce makes every contact count through the promotion of key messages and supporting families.
- **To work towards effectively integrating local early years services.** To develop, and test, a service model in Swansea by piloting an integrated multi-agency service aimed at the most vulnerable young families in Swansea.
- **To make sure the right interventions are made earlier in life.** To deliver preventative services at an earlier stage to stop issues becoming worse and to mitigate harm arising from social adversity.

## 4. Progress to Date

4.1 Significant progress has been made in all the above mentioned areas. The action plan is currently being refreshed in order to build upon the progress that has taken place to date and to secure partnership endorsement to pursue this plan during 19/20.

4.2 The table outlined in section 4.3 highlights the activity against each of the 'steps' and progress to date. It also highlights what actions will continue into 20/21.

4.3. Table of progress to date against each 'step' is outlined below:



Step	Action (Based on short term)	Update (January 2020)
<b>To promote Swansea's 1<sup>st</sup> 1,000 Days Programme</b>	<p><b>To support and join the Cymru Well Wales First 1,000 Days Collaborative.</b></p> <p><b>Presentation to PSB Core Group for formal sign-up.</b></p> <p><b>Encourage key partners to attend local First 1,000 Days event.</b></p> <p><b>Develop and implement a communications strategy around promoting First 1,000 Days work in Swansea to key stakeholders.</b></p>	<p>This action is completed. Actions from the local First 1,000 days' event have been incorporated into EY PSB development plan. The plan emphasises the importance of focussing on the 9 months between conception to birth. The importance of front line staff developing a good relationship with the mother, and their family, and addressing their needs holistically as opposed to focussing purely upon the physical health of mother and baby.</p> <p>Swansea PSB is a member of the Cymru Well Wales First 1,000 Days Collaborative.</p> <p>PSB members, stakeholders and communities in Swansea have been subject to a number of promotional events designed to promote the value of the work undertaken in the early years. The work undertaken in this Objective area was recently presented at the PSB Partnership Forum. The early years' work will continue to be a PSB Wellbeing Objective and a priority area of work. This is in part due to the success of the work plan, the communication strategy and the sustained promotional work in this area.</p>
<b>To make sure parents are supported for birth and during early childhood</b>	<p><b>Promotion of 'Best Start' key messages through social media and local marketing events.</b></p> <p><b>Focus on 1 area to promote widely across the membership of the PSB and beyond e.g. Physical activity linked to University research.</b></p>	<p>The promotion of the 'Best Start' campaign continues, and is sustained, as part of the Healthy Cities work. All early years' activity undertaken in Swansea is undertaken under the 'Best Start' branding. Activity over social media platform has reached in excess of 130,000 since April 2019 and we have had a 288% increase in the number of mentions and a 250% increase in profile visits. There has been a continued among partners to support public facing events, such as the annual Teddy Bears Picnic, National Play day and the Local Authority's celebration of their commitment to the UNCRC, with over 5,000 people attending these family days. The second Buggy push day took place in October with a focus on balance bikes.</p> <p>A work programme that is grant funded by Sports Development Wales, continues to be implemented across registered pre-school settings in Swansea. The scheme ensures that managers and staff, in these settings, have access to the SKIP Meithrin programme which is a physical activity programme designed to nurture the physical literacy and development of very young children. This work will continue</p>

Step	Action (Based on short term)	Update (January 2020)
	<p data-bbox="369 387 808 491"><b>Involvement of parents and families to help promote key messages</b></p> <p data-bbox="369 683 768 858"><b>Up-skilling of Early Years Workforce in relation to exhausting alternatives to formal interventions /medication.</b></p> <p data-bbox="369 1090 831 1153"><b>To roll out ACE aware training and data collection.</b></p>	<p data-bbox="862 240 2042 344">to be included in 20/21 Early Years plan which will include an exploratory evaluation of the impact this strategy is having on the physical development of very young children.</p> <p data-bbox="862 387 2042 643">Three books have been developed in partnership with the 3<sup>rd</sup> sector and local authors based on the 'Best Start' messages which were coproduced with parents, children and children in the looked after system. The books explore the importance and value of play, active travel, healthy eating and growing your own vegetables. The third book explores listening skills and the importance of listening to each other. Involvement and coproduction of parents, families and children is, and will, remain a <b>core principle</b> of the work undertaken by the Early Years PSB group.</p> <p data-bbox="862 686 2042 1010">A primary care early years' worker service was piloted in the Penderi GP Cluster area. The evaluation demonstrated that the service was particularly cost-effective when compared to usual primary care patient pathways. Please see <b>Appendix 1</b>. A funding proposal to scale up the Primary Care Child and Family Service across all GP cluster areas in NPT and Swansea has been endorsed by the Children and Young Peoples Transformation Board (a sub-group of the Regional Partnership Board (RPB)). We are actively working to secure funding to support the continuation and roll out of the programme. Unless funding is secured this service will wind down from April 2020.</p> <p data-bbox="862 1053 2042 1378">The ACEs hub delivered training to over 80 professionals across Family Partnership, Team Around the Family, Flying Start, Family Information Service and Family Wellbeing team. The mix of staff have used the learning to raise awareness of the impact of ACEs with professionals that work routinely with children and families. The training, delivered by the TAF team, has supported over 56 professionals across schools, and the 3<sup>rd</sup> Sector, to undertake ACE informed assessments where appropriate. The ACE informed assessment enables front line staff to explore behaviours, tailor support for individuals and evaluate the appropriateness of services that are being delivered to vulnerable families.</p>

Step	Action (Based on short term)	Update (January 2020)
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 9</p> <p><b>To more effectively integrate Early Years Services</b></p>	<p><b>To explore opportunities to integrate EY Services.</b></p> <p><b>To learn from existing good practice in Swansea and beyond.</b></p> <p><b>To develop and test a Swansea model through a pilot.</b></p>	<p>An evaluation of Jig-So service was undertaken by Swansea University. Please see <b>Appendix 2</b>. The evaluation demonstrated significant cost avoidance and improved outcomes for children and vulnerable families. It is intended that the Pathfinder Transformation Programme will harness this learning and enable the scale up of this service ensuring that all families receive a service that is proportionate to need and mitigates the impact of social adversity. Following the successful evaluation of the JIGSO pilot the service will continue to work with the most vulnerable families in Swansea.</p>
	<p><b>To draw conclusions and any recommendations for partnership discussion /decision following:</b></p> <ul style="list-style-type: none"> <li>• <b>Exploring models of good practice elsewhere in relation to integration.</b></li> <li>• <b>Identifying options to build on existing good practice.</b></li> <li>• <b>Identifying collaborative/integrated development opportunities in relation to the Health Visiting Service /Model in Swansea through the Health Visiting Governance Review</b></li> </ul>	<p>In November 2018, Welsh Government invited Swansea and NPT to become an Early Years Transformation Pathfinder area. This programme became operational in June 2019. This programme is currently scoping and mapping the early years' system from conception to age 7. Following the conclusion of this piece of work, it is intended that the local 'system' will be tested as to how well it is integrated and service users consulted. This work is to identify appropriate areas to undergo a process of 'integration', which will take place during 20/21. The scope of this work will be included in 20/21 PSB Early Years Plan.</p> <p>A scoping exercise has recently been initiated with a view of developing, and testing, an integrated early years' nutrition and exercise programme in a community cluster area. We will review the published evidence and then seek to co-create, with families, a holistic family approach that addresses the health, exercise and nutritional needs of very young children. The evidence, approach and success of the "Health, Exercise and Nutrition in the Really Young" (HENRY) programme in Leeds in significantly reducing childhood obesity at population level, will also be used to inform this work and will be delivered under our local "Best Start" banner.</p>

<p><b>To make sure interventions are made earlier in life and in the right ways at later stages</b></p>	<ul style="list-style-type: none"> <li>• <b>Identifying opportunities for development of collaborative services for pregnant women and their families through the Review of Community Midwifery Services.</b></li> <li>• <b>Implementation will be subject to any approved recommendations.</b></li> </ul> <p><b>To deliver preventative services at an earlier stage to stop issues becoming worse.</b></p> <p><b>To explore options for the promotion of approaches to healthy pre-conception.</b></p> <p><b>To explore options for a more collaborative approach to the delivery of an ante-natal parenting/parentcraft offer.</b></p>	<p>Following the Governance Review, a Standard Operating Protocol was developed to improve communication across the JIGSO and Health Visiting services. This has proven to work effectively with enhanced communication across both services. However, it is an aspiration to have a Health Visitor based within the team in the future as it is envisaged that this integrated model would further enhance collaboration and interventions within the first 1000 days. Further exploratory work around this aspiration will be progressed in 20/21.</p> <p>A further aspiration arising from the review is to develop a programme that enables Health Visiting students to have short placements with the JIGSO team so they are able to gain an insight into the integrated service. Reciprocal placements for student midwives and the JIGSO team with the Health Visiting service will enable a greater insight into the work that Health Visitors undertake with families and the wider community. This action relates to the outcomes of the review and will be included in 20/21 Early Years action plan.</p> <p>Following a review of the work plan in the meeting in 2018, members agreed that this action should be discontinued in favour of prioritising the other actions outlined in the plan. It is envisaged that links to work in enhancing sexual health services and supporting a reduction in unintended pregnancies will be included in the next work plan for Early Years.</p> <p>An All Wales survey was undertaken with women and explored women's experience of pregnancy and birth in Wales. The '<i>Your Birth – We Care</i>' report (Welsh Government, 2017) contained suggested actions based on the survey findings relating to antenatal education. It is planned that Community Midwives will complete a programme of antenatal education provided by Swansea University commencing February 2020. Community midwives who complete this training will deliver the new</p>
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	<p><b>To map current perinatal mental health services and approaches in Swansea and identify areas for development.</b></p> <p><b>To evaluate the JIGSO model and learn from any recommendations/ conclusions.</b></p>	<p>antenatal education programme, with a plan that this is fully implemented across the Health Board by March 2021.</p> <p>Mapping work completed and first draft report developed. Midwifery and Health Visiting Service are currently being consulted regarding the content of the report because a number of local service developments have taken place since the first draft report was written.</p> <p>The evaluation of the JIGSO service model was undertaken by Swansea University and published in April 2019. It identified the following: That the JIGSO model addressed some of the impact social adversity has on the wellbeing of vulnerable families. That the inclusion of fathers in the programme had a beneficial impact on the outcomes for families. That the JIGSO model created significant cost avoidance savings. And that the learning from the JIGSO model should be disseminated across other local authority areas. These findings have supported the continuation of the JIGSO service for Swansea and will also inform the Pathfinder Transformation Programme.</p>
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**4. Legal implications**

4.1 There are no legal implications associated with this report

**5. Finance (if required)**

5.1 There are no financial implications associated with this report

**Background papers:** None

**Appendices:**

Appendix 1 – Evaluation of a Primary Care Early Years Pilot in Penderi Cluster

Appendix 2 – Jio-so Project Journey Evaluation Report (April 2019)

# Evaluation of a Primary Care Early Years pilot in Penderi Cluster

Gemma Northey (Public Health Wales) & Ioan Humphreys (Swansea University)

Contributors: Joanne Edwards, Tony Kluge, Debra Morgan, Nina Williams, Mark Gosney, Dominic Lewis, Mike Davies, Diane Drew, Susan Peraj, Simon Tanner and Daniel Sartori.

\*\*\*Winner of the NHS Wales awards 2019\*\*\*



## The problem

In 2012/3, 18% of children in Swansea did not attain the desired minimum level of school readiness at entry into school.

## Example in local primary school:

- 40%+ reception children limited means of speech
- 20% dependent on dummies
- 25-30% not toilet trained
- 48% present with challenging behaviour

## Evaluation of pilot

Swansea University and Public Health Wales undertook a two-stage evaluation comprising of a cost savings study using a novel cost savings toolkit developed by Wavehill Ltd., and cost analysis of the routine data.

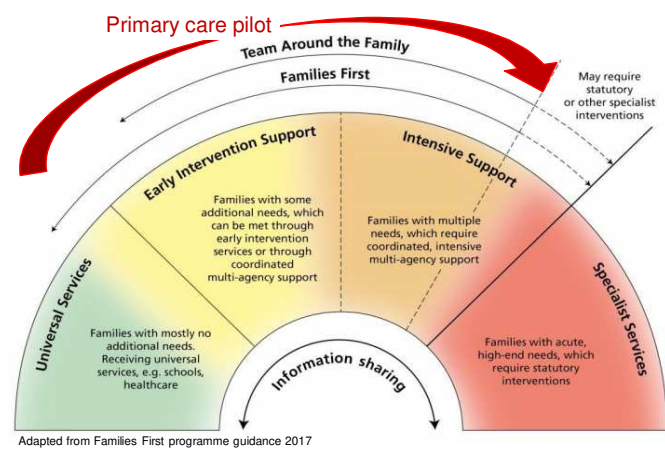
The pilot population was children (and their families) living in non-Flying Start areas of the Penderi Cluster, referred by GPs or Health Visitors between November 2016 and March 2018.

A random selection of cases were analysed using the toolkit. Wellbeing indicators measured at the start and end were analysed for parents/carers and children. The cost analysis incorporated data on potential service referrals from GPs, health service unit costs and routine data collection on GP visits.

## A solution: Primary care child and family wellbeing service

- Addresses Adverse Childhood Experience prevention and the UCL Institute of Equity recommendations (children's health and development, parenting and parents lives)
- Designed to complement existing services and address gaps in service provision
- Provided early intervention support, targeted at non-Flying Start areas
- Early Years Primary Care worker engaged in up to 12 sessions of support *with the whole family in the home setting*

**AIM:** 'To improve children's development outcomes by reducing the gap in readiness for school'



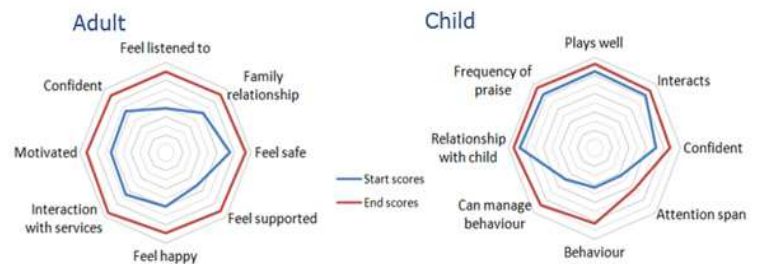
## Evaluation results

Of 156 referrals to the scheme, 105 were appropriate and suitable for follow up. Of the 11 cases selected for analysis;

- All wellbeing indicators improved for adults and children (adults z score = 8.775, p-value < 0.001 and children z score = 5.806, p-value < 0.001).
- Parents/carers all reported an increase in happiness and an improvement in the family relationships, and felt better supported at the end of the intervention. They reported a significant improvement in their child's behaviour including an improvement in their child's attention span.

## Wellbeing wheel scores at start and end of intervention.

(Highest scores are at the outside of the wheels)



## Potential cost savings

- Savings identified by the toolkit ranged from £0 to £49,423 per case (average per case £8,375).
- Savings from service referrals such as Child and Adolescent Mental Health Services (CAMHS) and unnecessary GP visits was estimated at £332 per case.
- Overall potential cost savings of both service referrals and upstream health and social care costs was £914,193. Subtracting the cost of the pilot (£51,038) gives;

**overall estimated potential cost saving of £863,155**

## Conclusion

- Findings suggest the pilot was highly cost-effective compared to usual primary care patient pathways and suggests there are significant health benefits.
- This novel method of evaluation may prove useful for evaluation of other similar early intervention/prevention schemes.
- It shows it is possible to address the gap in early years service provision and demonstrates the potential to be introduced more widely throughout Wales to bring about a healthier future for children and their families.

## Important next steps

- Rollout to other cluster networks, evaluating service provision as scheme is extended.
- Aim to demonstrate further improvements in child and family health and wellbeing and school readiness linked to adverse childhood experiences in these areas.



# JIG-SO PROJECT JOURNEY



Dr Michael R.M Ward, Professor Susanne Darra, Catherine Jones and Sara W. Jones

SWANSEA UNIVERSITY

[Type here]



Swansea University



GIG CYMRU

Bwrdd Iechyd Prifysgol Bae Abertawe





## **Exploring practices and experiences within a Welsh multi-agency young families project.**

### **Final Report**

This report was written and prepared by Dr Michael R.M. Ward, Professor Susanne Darra, Catherine Jones and Sara W. Jones from Swansea University and with cooperation from Wendy Sunderland-Evans, Mike Davis and Anna-Marie Sales from Abertawe Bro-Morgannwg University Health Board/Swansea council JIG-SO<sup>1</sup>.

Ward, M.R.M., Darra, S., Jones, C., and Jones, S.W. (2019) *Exploring practices and experiences within a Welsh multi-agency young families project. Final Report*. Swansea: Swansea University.

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<sup>1</sup> Research was undertaken from April 2018- March 2019, the final research report was published in April 2019.

**Acknowledgements**

We would like to thank the Wales School for Social Care Research for providing the funding for the study through their Social Care Research Capacity Building Grant. We would not have been able to have conducted the study without it. As the research progressed, a close working-relationship was built with the young families project team at JIG-SO. We would like to thank the numerous midwives, nursery nurses, family facilitators and early language development workers that we interviewed and observed. We are grateful to them for providing the support and advice needed to conduct the study and their help organising the focus groups and research interviews with service users and giving up their own time to also take part in interviews and letting us observe their work environment. Finally, we would like to express our gratitude to the young people who agreed to be participants in the project and gave their time to share their insights and experiences with JIG-SO and what the service meant to them. We hope this report goes some way to representing those views accurately.

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## Executive Summary

JIG-SO is an early intervention, multi-agency project, consisting of a dedicated team of Midwives, Family Facilitators, Nursery Nurses, Early Language Development Workers and Managers. The team works across Swansea, to support the well-being of vulnerable and expectant young parents [aged 16-24] from 17 weeks of pregnancy and throughout the child's infant years. It is part of the Welsh Government's *Flying Start* and *Families First* programmes. This report draws on a yearlong qualitative and quantitative research study to explore the practices and experiences of staff and service users.

### Key Findings

- Our research found that a close, collaborative working relationships and joined-up practice between the multi-agency partners, enabled a high level of communication to meet service users' often complex needs. These joined-up working practices within JIG-SO, or what we term the 'JIG-SO model' created a team or 'family' unit around a young parent.
- These collaborative ways of working, link into the Welsh Government's 'Sustainable Development Principle' as laid out in the *Well-being of Future Generations (Wales) Act 2015*.
- This family unit or 'JIG-SO model' approach led to better outcomes for the young parents and a large proportion who were referred to the project by the local authority, were closed to social services involvement or removed from the social service's 'at risk' register. After engaging with the team these young parents were also more likely to remain with their children.
- Statistical analysis revealed that JIG-SO clients showed improvements in measurable health outcomes. High levels of smoking cessation, alcohol abstention, longer breastfeeding duration and dietary improvements were reported. Clients also reported feeling more confident as a parent and rated themselves higher in self-assessed scores on child-care activities and parent-child relationship building behaviours, than they did before their engagement with the service.
- The young parents we interviewed reported that positive relationships formed with

members of staff due to the personal attributes of the practitioners (defined as being supportive, friendly, empathetic, reliable and non-judgmental). This allowed them to feel like they were cared for and could connect on a personal level and that they were not being stigmatized, thereby feeling that they could trust them.

- We found that different programmes of support were available pre and post birth to provide an invaluable level of healthcare information and support for young parents and their children.
- This support was fostered by the multi-agency workers through one-on-one work, but also through the facilitation of family support group classes and forums. Young parents reported that they also benefited from additional hours with practitioners because they took the time to explain procedures relating to labour, birth and parenthood. They also told us that staff took them to food banks, provided advice on employment, education, housing or universal credit issues and as a result, they felt more supported and prepared to be a parent.
- These programmes of support allowed many young parents to share their experiences and learn from others accessing JIG-SO services and to build friendships and parental networks.
- This package of support also went beyond parenting and child healthcare information classes. One particular course was a six-week relationships programme aimed at both expectant and new parents.
- This programme provided advice on what a healthy relationship between parents might look like and through the group's facilitators, provided a safe space to discuss often challenging topics. These included what abusive partner behaviour looked like, strategies for challenging stressful situations, coping with arguments and dealing with disagreements.
- It was in this safe space that young fathers were encouraged to talk about their ideas of what defines masculinity and being a man. Through exercises which challenged gender stereotypes and discussions around what traditional masculine practices looked like, young men were able to question the consequences of destructive or negative behaviours on themselves, their partners and children. It was here that 'caring masculinities' were fostered.

## Implications

- At a time when funding and the futures of support services are under threat, this report demonstrates the vital role that agencies such as JIG-SO play in enabling young families to construct better futures for themselves. By learning from this example of good practice, and drawing on the expertise from this collaborative approach, other local authorities could greatly benefit from what we term the ‘JIG-SO model’.
- This study adds to the existing body of knowledge of how parenting programmes can provide support for wider social determinants of health including issues surrounding housing, employment and furthering education which can contribute to the health of individuals and should be seen as an example of good practice.
- Additionally, it also adds to a small body of knowledge which explores how the inclusion of fathers in these programmes can benefit the whole family and help prepare them for the journey ahead.
- Finally, this report highlights how JIG-SO is operating within a troubling policy backdrop which includes *The 1001 Critical Days Strategy* and *Adverse Childhood Experiences* [ACEs] agenda. We argue that these are individualized solutions that ignore poverty and social inequality and are only part of what is needed to combat the disadvantaged socio-economic circumstances which shape many young parents’ lives.

## **Section 1. Background to the Research**

### **Introduction**

This report provides an overview of a research study into the practices and experiences within a Welsh multi-agency young families project, its key findings and conclusions. The objectives of the study were to discover ways to potentially improve the project, to publicise findings from the research, to build research capacity within health and social care providers and feed evidence into important UK and wider policy agendas surrounding young families.

### **Background**

It is well recognised that families, especially young families, need a wide range of support (Robb et al., 2013). In order to tackle and reduce health and social inequalities this support must start before birth and be followed throughout the life of a child (Nolan et al., 2012). Only then can the close links between early disadvantage and poor future life changes be broken (Marmot et al., 2010). It has been further suggested that teenage pregnancy is strongly related to social and health inequalities, which can further present themselves at birth and throughout the life course (Hutchinson, 2007). For the mother, associated risks include, high blood pressure, complications during pregnancy, depression and social isolation (Smyth and Anderson, 2014). Associated risks for babies included a 20% higher risk of premature birth, 15% risk of a lower birth rate, 45% higher risk of infant death and a 30% higher chance of the baby being still born (Public Health England & Department of Health, 2009; Public Health England and Local Government Association, 2015). There is also a 63% higher risk of living in poverty for children born to young mothers (Public Health England and Local Government Association, 2015). Furthermore, a growing body of research highlights the challenges and risks men face as young fathers. Tarrant and Neale (2018, 4-5) suggest that ‘by healthcare services engaging more with men the positive changes this engenders can have positive outcomes for women as well as men, because men are more likely to engage in healthier relationships with their partners. Improvements in fathers’ skills, capacities and confidence have a cyclical affect, influencing the health and behaviours of children as well’. It has been further found that amongst all young parents there is a low uptake of antenatal and postnatal services (Arthur, Unwin and Mitchell, 2007) and that they are less likely to access and

maintain contact with these services due to fear of stigmatisation and being judged (Rudoe and Thomson, 2009).

Given these challenges, there are currently national early intervention strategies in place which aim to support young parents and improve long-term health and social outcomes (Department of Health 2010; Welsh Government 2011, 2013). These national strategies feed into wider global debates around child and adolescent health (World Health Organisation [WHO], 2018). However, in recent years alongside these strategies, a somewhat competing parenting deficit model has developed by policy makers in England and Wales (see Macvarish et al., 2015). These include the *1001 Critical Days Manifesto* (Loughton, 2015) and the *Adverse Childhoods Experiences (ACEs) Wales Survey* (Public Health Wales, 2015). Whilst we do not deny the importance of health harming behaviours on children and young people's future life chances, we do find these individualistic approaches to parenting problematic and the lack of discussion around the impact of poverty, and social marginalisation is often unclear and under reported (see Kelly-Irving and Delpierre, 2019; White et al., 2019).

One key factor which has been identified in reducing health and social inequalities are prudent healthcare strategies which suggest that through coproduction, public and professionals can be equal partners. The *Well-being of Future Generations (Wales) Act 2015* (Welsh Government, 2015) argues that this is key to improving the social, economic, environmental and cultural well-being of Wales. To create a more sustainable and equal Wales, public bodies in Wales are required to undertake the "Five Ways of Working" approach. (Welsh Government, 2015: 7).

These ways of working consist of:

- Prevention
- Integration
- Involvement
- Collaboration
- Long Term



## **The JIG-SO Project**

JIG-SO is one example of this co-production healthcare strategy approach being fostered in Wales. Funded through the Welsh Government's *Flying Start Programme*, and *Families First Agenda*, the multi-agency early intervention community project was set up in May 2016. The multi-agency project consisting of a dedicated team comprises of four Family Facilitators, two Early Language Development Workers; four Nursery Nurses; Six Midwives and one Administrator. The Midwives and Nursery Nurses are led by a Lead Midwife and all others are led by a Manager. The team works across Swansea to support the well-being of vulnerable and expectant young parents [aged 16-24] during their pregnancy and throughout the child's infant years.

The team offers a service from 17 weeks of pregnancy, as parents are more receptive to information when they are expecting a child (WHO, 2018). This multi-agency, early intervention and long-term engagement approach was adopted to provide holistic support for young parents and help them to meet their child's health and emotional wellbeing needs in order to thrive as a family. This research project kept in mind how the JIG-SO team met the "5 Ways of Working" as laid out by the *Well-being of Future Generations (Wales) Act 2015* and the impact this has on young families.

## **Research Questions**

The study sought to address the following research objectives:

- To explore in what ways the JIG-SO project is 'working', from the perspectives of service users and service providers.
- To discover how the project might be improved.
- To consider how the project might be replicated in other areas of Wales (and the UK)

## **Section 2. Methodology**

### **Introduction**

This study was conducted using a mixed methods approach, combining both quantitative and qualitative social science data collection and analysis (Denscombe, 2008). In this section of the report we outline the phases of the research process, how we recruited participants and our collaborative approach which engaged service users. We also outline how we analysed the data and addressed ethical considerations.

### **Research Phases**

The study was split into three phases. Phase one consisted of a desk-based review of the literature relating to similar multi-agency services and the policy context. This was accompanied by a quantitative descriptive data analysis of routinely collected anonymised outcomes and evaluation data from JIG-SO. This consisted of a systematic analysis of ‘hard outcomes’ (clearly defined and measurable health and social outcomes) pertinent to the JIG-SO project population, such as breastfeeding rates, smoking cessation and social services involvement. In addition, ‘soft outcomes’ were also assessed using programme assessment tools and surveys with service users.

The second phase of the project involved participant observations by members of the research team of different JIG-SO programmes of support for young families and focus group interviews with the service users. These programmes included a women’s antenatal group, a peer-support mother and baby group, parenting classes and a six-week healthy relationships course for young men and women. This third programme helped explore the experiences of young men, who were fathers or expectant fathers and might not have accessed the other groups.

The third phase concentrated on the JIG-SO project office and members of staff working within the service. Non-participant observational research was conducted by a member of the research team over a three-day period. This was followed by two focus group interviews with staff members who consented to further exploration of their experiences of working within the project.

## **Recruitment and collaborative research**

Alongside the research team, service users were also involved in the study. A group of young mothers proposed the different arms of the study and offered to help us to devise questions for interviews and focus groups at a meeting held in early 2018 when we began the research. Some of the women who attended on that day offered to join us in a research development and delivery group. Other women and young men from the service also joined in the research development and delivery group, which met regularly throughout the year. One of the young women had previously attended short courses on interviewing people for social research, she expressed great interest in helping us with the study and was involved in some of the focus groups with young people. Social Media [Facebook] also proved an invaluable site for communicating with service users and although this was not used as a data source, it enabled young people to keep in touch with research developments and to recruit participants to the focus group interviews. Other young people were recruited via staff and through research engagement in different settings for considerable periods of time. For example, one of the research team spent six weeks attending a healthy relationships course. In order to achieve a truly co-produced study, and to ensure that service users felt that their voice was heard, they were also involved in some of the initial data analysis.

## **Data analysis**

The quantitative data from phase one of the project was analysed using descriptive statistics [see Part One of the findings section]. Data from phases two and three [see Part Two, Three and Four of the findings section] consisted of focus group interviews and fieldnotes taken from observing different programmes of support within the JIG-SO project. A flexible semi-structured interview schedule was used, in which participants were encouraged to talk about their experiences and current lives. A particular focus with the service users was on their identities as young parents, their experience of support services and their relationships with the multi-agency staff members. For staff members, questions were asked about their experiences of working within JIG-SO and their views on collaborative working and inter-team dynamics.

All interviews were digitally recorded, anonymised, transcribed and then analysed (together with fieldwork notes kept by the researchers) by the research team using thematic analysis to identify key themes (Braun and Clarke, 2012). The team used a primarily inductive approach to thematic

analysis, where codes and themes were developed from the data content. In practice, this meant thoroughly reading and re-reading transcripts, coding the data in relation to the research questions with the aid of a Computer Assisted Qualitative Data Software [CAQDAS] package and developing themes as individuals, and then a review of these themes in discussion with the wider team to finalise them. The focus group data that was collected with service users was also shared and discussed within the research development and delivery group meetings. Here researchers and service-users within the group compared and discussed the analysis together.

### **Ethical considerations**

The study followed ethical protocols used by Swansea University, Abertawe Bro-Morgannwg University [ABMU] Health board and ethical approval was gained from the College of Human and Health Sciences Research Ethics Committee of the home institution. Research participants, whether young people or staff, were provided with information sheets explaining the research process and issues such as confidentiality and they were invited to sign consent forms. All names throughout this report have been changed.

### **Section 3. Findings**

This section of the report outlines the key findings from both the quantitative and qualitative phases. Several different themes and outcomes were identified across the data. The first part of this section provides an overview and analysis of the quantitative data held by JIG-SO in 2017/18. Parts Two, Three and Four of this section draw on the qualitative data collection conducted by members of the research team, across JIS-SO's different programmes of support. These provide insights into service user's experiences of the agency, their relationships with project staff, and the perspectives of the practitioners who worked within the service.

#### **Part One Quantitative data findings**

Evaluation data shows some preliminary successes of the early social intervention by the JIG-SO multi-agency approach, which meets the Welsh Governments "5 Ways of Working" strategy (Welsh Government, 2015). Evaluation data includes Welsh Government Key Performance Indicators (KPIs) for maternity services and outcome measures relating to parenting intervention by the JIG-SO Family Facilitators and Early Language Development workers.

#### **Measures used**

Data were collected on key 'hard outcomes' (clearly defined and measurable health and social outcomes) pertinent to the JIG-SO project population, such as breastfeeding rates, smoking cessation and social services involvement. In addition, so-called, 'soft outcomes' were also assessed. Soft outcomes often represent an intermediary stage to achieving a hard outcome, such as gains in knowledge, changes in attitudes or improvements in interpersonal skills (Welsh European Funding Office [WEFO], 2003). 'Distance travelled' is an established way of measuring these soft outcomes, useful both for research and in practical terms so that clients and practitioners can track progress (Dewson, Eccles, Tackey and Jackson, 2000; WEFO, 2003). In the JIG-SO project, young parents were asked to self-complete surveys or 'wheels'; a Likert-scale with 10 intervals representing a scale of feeling or agreement with a statement. A baseline score was completed at the start of involvement with JIG-SO and then repeated some months later (on average after four-six months).

## Analysis

Descriptive statistics provide a summary of the measurement outcomes and where available these have been compared to the local health board and Welsh national averages. IBM Statistical Package for Social Sciences (SPSS) was also used for inferential statistical analysis in order to provide some further insights where appropriate.

## Results

In 2017/18 combined there were 192 completed Midwifery evaluations, which contained data on health outcomes such as breastfeeding and smoking. The distance travelled ‘wheels’ as outlined above, were also completed by all JIG-SO workers. Table 1 below outlines the number of completed wheels for each staff group. Midwives data were separated into two years as different questions were asked in 2017 and 2018 so they could not be combined.

	Number of complete wheels
Midwives (2017)	160
Midwives (2018)	44
Nursery nurses (2017/18)	109
Early Language Development Workers (2017/18)	47
Family facilitators (2017/18)	67

**Table 1**

### JIG-SO Involvement

Engagement with JIG-SO by service users was generally very high, with 87% of service users engaging well with the service and 68.2% completing the core JIG-SO midwifery programme. Many JIG-SO service users were also registered with other services working in low-income communities in Swansea; for example, 42.2% were also registered with *Families First*, and 55.7% were in *Flying Start* areas. However, this indicates that, if not for JIG-SO, a significant proportion of these families may not have been involved with any services additional to the standard health board midwifery and health visiting programmes. Only 3.1% of JIG-SO clients attended the local

hospital parent-craft sessions, implying that the vast majority received all their information on pregnancy, birth, infant feeding and preparation for parenthood, either from their own midwife or their JIG-SO Midwife.

### *Midwifery*

Data were collected on the midwifery visits. Across 2017 and 2018, JIG-SO midwives visited women during the antenatal period a median average of 6 times. The maximum number of antenatal visits received was 31 and the minimum was one. The median number of postnatal visits was 3, though one person saw their JIG-SO midwife 12 times and the person receiving the fewest number of postnatal visits saw their JIG-SO midwife once.

The primary method of involvement with the JIG-SO was via home visits, with 59.9% of clients only seeing their JIG-SO midwife at one-to-one visits. However, 39.6% also attended JIG-SO midwifery groups.

### *Parenting*

In 2017, family facilitators were involved with 138 families, and in 2018, 135 families. Across 2017/18, 151 of the families working with JIG-SO were also involved with social services. Of these 151 families, family facilitators undertook a median average of 6 one-to-one visits. One family received as many as 47 visits, however 27 families had no one-to-one visits, due to poor engagement with the service. 41.7 % of the 151 families also attended JIG-SO parenting groups. Of those who attended the groups, the median number of group visits was 6.

## **Health in Pregnancy**

### *Smoking*

In 2017/18, 52.6% of JIG-SO clients smoked prior to becoming pregnant. Of these, 25.5% stopped smoking during pregnancy. This is a far greater rate of smoking cessation than the local health board average, which shows that around 6% of women registered with ABMU health board in 2017-18 stopped smoking during pregnancy, despite younger and socially disadvantaged women being much more likely to continue smoking throughout pregnancy (ASH Scotland, 2012; Bottorff., et al, 2014). Carbon monoxide monitoring was offered, but these tests were either declined or were not recorded by midwives, so data were insufficient to analyse.

### *Alcohol*

Only 2 of JIG-SO 192 female clients in 2017/18 reported continuing to drink alcohol during their pregnancy. However, drinking alcohol in pregnancy is likely to be underreported; the Institute of Alcohol Studies reported in 2017 that the UK has one of the highest rates of foetal alcohol syndrome in the world, with around 40% of British women admitting to drinking during pregnancy (Institute of Alcohol Studies, 2017). Alcohol consumption during pregnancy is also more likely amongst younger mothers than any other group (Bottorff et al, 2014).

### *Diet*

70.8% of the JIG-SO clients in 2017/18 reported that they had improved their diet since becoming pregnant, with many reporting eating more fruit and vegetables, and reducing intake of processed ‘junk’ food and sugar. Many stated that they had started to eat meals more regularly, more home cooked meals and fewer takeaways.

### *Breastfeeding*

In 2017, breastfeeding data were available for 101 women involved with JIG-SO. In 2018, complete data were available for 91 women. Table 2 below shows the percentage of women breastfeeding, compared with the ABMU health board data and Wales as a whole.

	JIG-SO	ABMU	Wales
	2017		
At Birth	69.3%	64.6%	56.7%
At 10 days	48.5%	28.9%	42.6%
At discharge from JIG-SO (around 28 days) or at 6 weeks (ABMU/Wales)	39.6%	33.0%	34.2%
	2018		
At Birth	58.2%	54.2% (Jan – Sept)	57.8% (Jan – Sept)
At 10 days	26.4%	34.1% (Jan – Sept)	44.5% (Jan – Sept)
At discharge from JIG-SO (around 28 days) or at 6 weeks (ABMU/Wales)	22.0%	33.0 % (Jan – Sept)	34.16% (Jan – Sept)

**Table 2 (ABMU and Welsh data derived from StatsWales, 2019)**

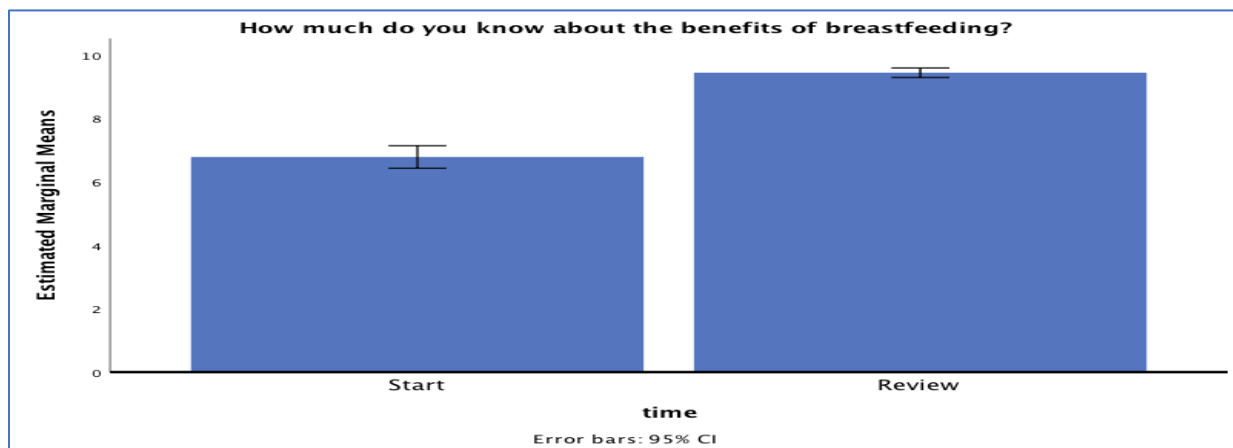


A high proportion of women in the JIG-SO population were breastfeeding at birth, and in 2017, this figure was higher than that of the local health board. It was a little lower in 2018, however, 58.2% is likely to be a much higher proportion of women breastfeeding than would be expected to be seen in a population of low-income, younger mothers. A large review of breastfeeding in 151 primary care trusts in England showed that women in the most deprived areas showed a 21-31 % reduced odds of breastfeeding when compared with the least deprived areas (Oakley, Renfrew, Kurinczuk and Quigley, 2013). Furthermore, the same study and several others have shown that older maternal age is strongly associated with breastfeeding with teenage mothers often considered to be the least likely population group to initiate and continue breastfeeding (Oakley et al., 2013 McAndrew et al., 2012).

While the reasons for low breastfeeding rates in low-income younger mothers are multifactorial, studies have shown that teenage mothers have poorer knowledge about breastfeeding when compared with mothers over 20 years old (Dewan et al., 2002). Improving knowledge about breastfeeding for younger mothers was therefore a key outcome for the JIG-SO project.

The wheels indicated an increase in knowledge about benefits of breastfeeding during involvement with JIG-SO. When asked ‘How much do you know about the benefits of breastfeeding?’ JIG-SO clients showed an increase in self-reported scores from a mean at the start of their involvement with the JIG-SO midwives of 6.79/10 (SD: 2.57), to a final mean score of 9.45/10 (SD: 1.09). A repeated measures ANOVA found this effect to be statistically significant [F (1, 203) 207.9,  $p < 0.000$ ]. See Chart 1 below, which shows the mean scores with a 95% confidence interval.

**Chart 1: Self-reported distance travelled.**



Practical support from a knowledgeable peer or professional is often cited as important for breastfeeding (MacGregor and Hughes, 2010; Shortt, McGorrian, and Kelleher, 2013). While all women who engaged with the project were either offered or received (in some cases extensive) support for breastfeeding, the degree of support did not seem to affect hard outcomes. The number of antenatal visits by a JIG-SO midwife did not statistically correlate with whether the woman breastfed at birth. Nor did the number of post-natal visits by a JIG-SO midwife have any statistical association with breastfeeding at 10 days or at discharge. However, according to women's feedback, 82% reported that their JIG-SO midwife had influenced their decision to breastfeed.

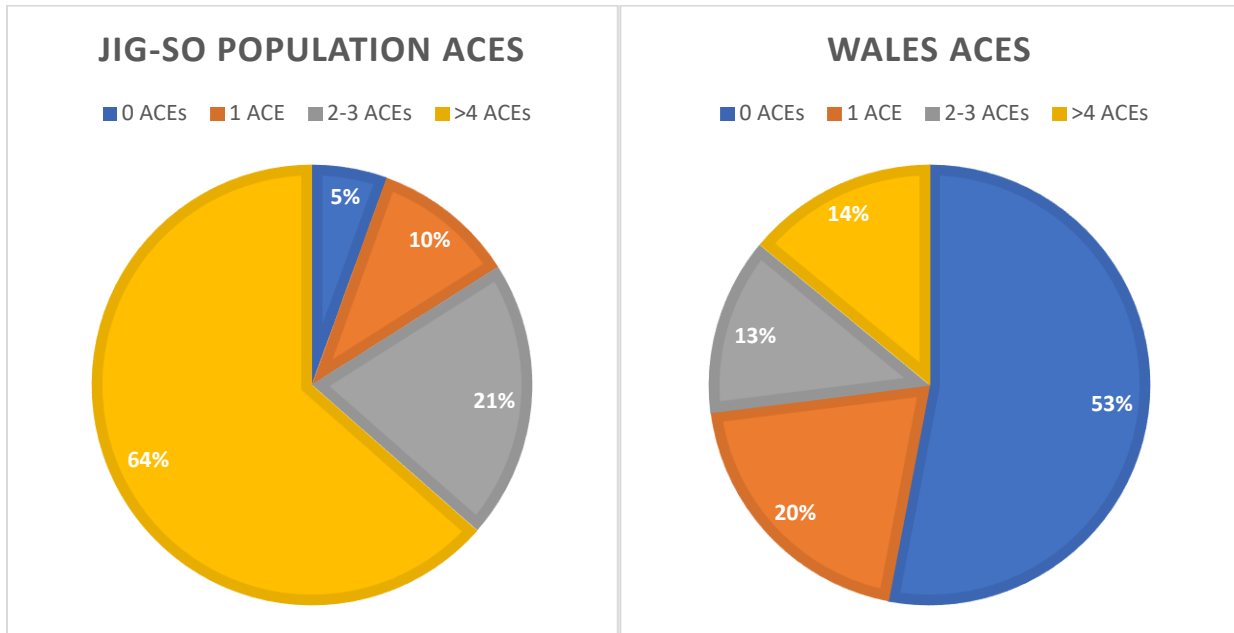
### **Transition to parenthood**

Becoming a parent is a time of major personal development and adjustment, especially for young people and those who may have had difficult upbringings themselves. Parents who were exposed to Adverse Childhood Experiences (ACEs) in their own childhood, may be predisposed to stress, anxiety and depressive symptoms in parenthood and problematic intimate relationships (Hughes et al., 2017; Young-Wolff et al., 2018).

Pregnancy and early infancy are also critically important periods in a child's life, which lay the foundation for later learning and development. In particular, the quality of the bond between parent and child has a significant influence on the child's social, emotional, physical and interpersonal wellbeing (Kennel and McGrath, 2007). Developing positive relationships between parents and the new baby, within the parental partnership and the wider family are therefore important both for the young people transitioning to parenthood and for children (Kennell and McGrath, 2007; Deave, Johnson and Ingram, 2008).

A high proportion of parents in the JIG-SO population had experienced ACEs when compared to the Wales average (see Charts 2 and 3 below), therefore improving parenting skills, confidence and family relationships were key outcomes for JIG-SO.

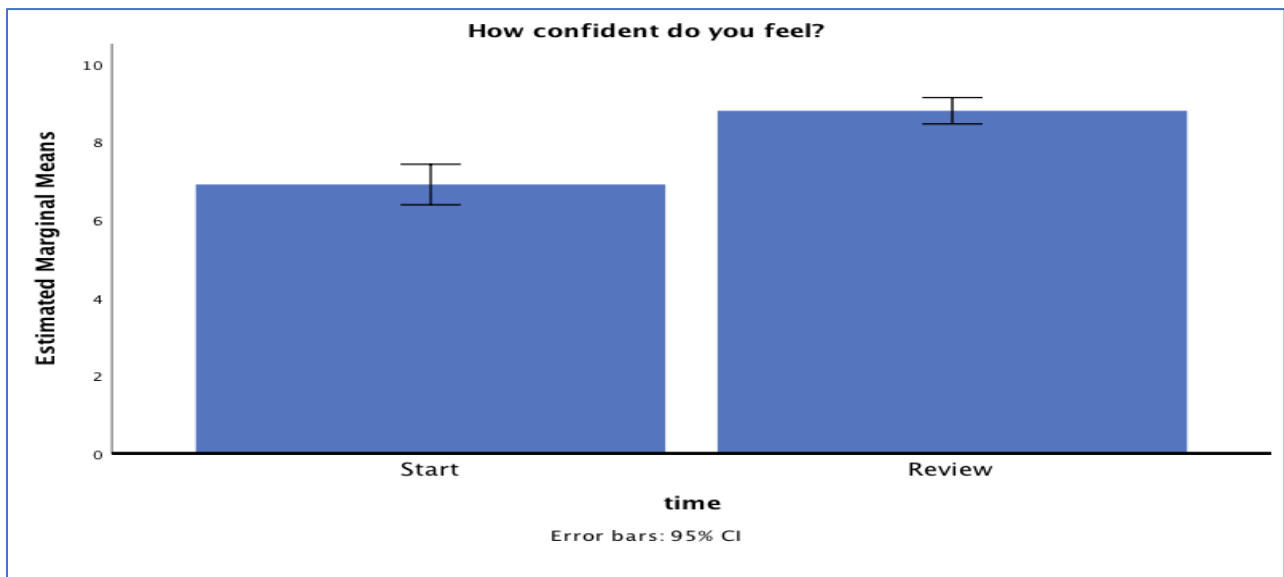
**Charts 2 and 3: Proportion of parents exposed to Adverse Childhood Experiences (ACEs)**



**Confidence as a parent and practical skills**

Parents who were asked (N=70) reported increases in self-reported confidence from the start of their involvement with the JIG-SO family facilitators. See Chart 4 below, which shows the mean scores with a 95% confidence interval.

**Chart 4: Self-reported distance travelled.**



Nursery nurses worked closely with JIG-SO parents to increase knowledge and confidence in practical baby-care. Table 3 below shows the outcomes of the distance travelled wheels.

**Table 3: Practical baby-care skills and infant safety**

Question/statement	N	Mean score at start (SD)	Mean score at review (SD)	Repeated measures ANOVA for the within subjects difference
How confident do you feel about handling and the early days with your new-born?	107	7.01 (2.11)	9.43 (1.13)	$F(1, 106) 188.8, p < 0.000$
How confident are you in feeding your baby and knowing how many feeds needed in a day?	107	6.21 (2.31)	9.68 (0.58)	$F(1, 106) 286.4, p < 0.000$
Do you know about advice on safer sleeping?	107	5.92 (2.35)	9.76 (0.49)	$F(1, 106) 297.6, p < 0.000$
How confident are you about sterilization of equipment for your baby?	107	5.93 (2.70)	9.63 (0.86)	$F(1, 106) 297.6, p < 0.000$

Self-reported increases in knowledge on safer sleeping and sterilization were especially large; both questions showed an improvement of around 38 percentage points, indicating the low baseline level of knowledge in these areas, which are critical to infant safety, and the success of JIG-SO engagement. In addition to the wheel questions, women also unanimously reported to midwives that they understood information on reducing the risk of Sudden Infant Death Syndrome (SIDS), safe handling of the new-born and reduction of home accidents.

#### *The parent child relationship and child development*

JIG-SO workers also encouraged activities, which facilitate bonding with baby, both during the ante-natal period through tapping, talking and singing to the bump, and also in infancy and early childhood. JIG-SO clients demonstrated statistically significant increases in self-reported wheel

scores to the following questions/statements (Table 4) indicating improvements in relationship and bonding with the children and attention to their child's developmental needs:

**Table 4: Relationship with child and attention to developmental needs.**

Question/statement	N	Mean score at start (SD)	Mean score at Review (SD)	Repeated measures ANOVA for the within subjects difference
Do you know how to communicate with your baby in the womb?	204	5.44 (2.57)	9.50 (0.80)	$F(1, 203) 543.5, p < 0.000$
I have a good relationship with my child	47	7.79 (2.23)	8.62 (2.05)	$F(1, 46) 7.57, p = 0.008$
I read and share books/stories with my child	47	6.70 (2.35)	8.60 (1.69)	$F(1, 46) 25.1, p < 0.000$
I spend time playing with my child	47	6.96 (2.39)	8.38 (2.28)	$F(1, 46) 12.5, p = 0.001$

### Family Relationships

Social relationships play a central role in the wellbeing of both parents and children and the stability of the family. Absence of supportive relationships or chaotic family environments may adversely affect health and social outcomes for both parents and children (Coldwell, Pike and Dunn, 2006; Jaffee, et al., 2012). JIG-SO clients reported statistically significant improvements in family relationships [ $F(1, 66) 23.7, p < 0.000$ ] and reported feeling more supported [ $F(1, 66) 31.4, p < 0.000$ ] during involvement with the service.

#### *Social Services Involvement*

Across 2017/18 JIG-SO worked with 151 families who were also involved with local authority social services as shown in Table 5 below.

**Table 5: Cases involved with JIG-SO, social services and outcomes, 2017/18.**

	N		N	%
Engaged with JIG-SO	132	Closed with a positive outcome	78	59
		Ongoing work	31	23.5
		Children removed from parent's care	15	11.4
		Children undergoing Public Law Outline (PLO) proceedings / foster placement with ongoing work	3	2.3
		Closed to JIGSO but still open to Social services	3	2.3
		Moved out of county	2	1.5
<hr/>				
Did not engage with JIG-SO	19	Ongoing work with Social Services	4	21
		Child removed from parents' care	15	79
Total	151			

The majority of families working with JIG-SO closed to the service with a positive outcome. Of the 151 families open to both social services and JIG-SO, 132 families engaged well with JIG-SO, and of these, 15 children (11.4 %) were removed from their parents' care, leaving 87.1 % of those who engaged with the service having either a positive outcome, or work ongoing. In contrast, 19 families did not engage with JIG-SO and 15 (79%) of these families had the child removed from their care, giving a positive outcome (or work ongoing) rate of only 21%.

The number of one-to-one visits by family facilitators was significantly associated with outcomes; A Mann Whitney U test found that families whose child's name was removed from the child protection register had received more one-to-one visits from JIG-SO family facilitators (Mdn=11) than those whose child's name remained on the register (Mdn=5) [U =722.5, p=0.001]. Statistically significant results were also found for group attendances; families who had their

child's name removed from the child protection register had attended JIG-SO groups more often (Mdn=34) than those whose child's name remained on the register (Mdn=14) [ $U = 149$ ,  $p = 0.04$ ].

We now move on to concentrate on the qualitative data we collected through observations and of the different programmes and support groups organised and run by the JIG-SO team. These observations are supported by data extracts from the focus groups we conducted with JIG-SO and importantly, the young people themselves who were the service users of the project.

## **Part Two: The Service Users**

### **Women's antenatal group, a peer-support mother and baby group and parenting classes**

#### **Introduction**

This section will report the key qualitative findings from four focus groups (n-18) and one observation of an antenatal and peer support group session. The participants also discussed at length the support they received from JIG-SO midwives. The key findings identify two main themes, having support and gaining information and knowledge. As this report made clear in the above section, providing support is something which is integrated to all aspects of JIG-SO and young parents reported that the personalities of the practitioners played an important role in the support they received.

#### **Support**

Many of the young parents reported that they received “support left, right and centre” [Olivia, Focus Group (FG) 1] during their time with JIG-SO. This support ranged from antenatal to postnatal sessions, attending group sessions, but also support with aspects including securing housing, applying for grants and accessing furniture and baby items. The formation of relationships with practitioners influenced experiences of support. Positive relationships formed due to the personal attributes of the practitioners including being friendly, open, empathetic, and non-judgemental which allowed them to feel like they could connect on a personal level. Young parents reported that they benefited from additional hours with practitioners because they took the time to explain procedures relating to labour, birth and parenthood and as a result, they felt more supported and prepared.

“They also get down to a person level with you, they can relate and just talk to you like you're human” [Alison, FG 2]

“I think they're great I do, they're helpful in every way. They're helpful in everything they do” [Molly, FG 4]

“I had a nursery nurse come out to bath and stuff, safe sleeping and labour” [Emily, FG 4]

“It's nice that they're around for longer as well, midwives they just discharge you and that's it and then you have to like, do it on your own” [Alexa, FG 3]



As Amanda and Bonnie indicate below, they really valued this support:

“They’re just really supportive, like when you’re pregnant you’re so emotional, I think I cried, I probably cried to [staff] so many times, but she was just there” [Amanda, FG 3]

“They’re so helpful as well. You know if you tell them something, they always have something to try and help you” [Bonnie, FG 3]

### **Knowledge and Information – Before and After Birth**

The services that JIG-SO provide aim to not only support young parents, but also provide them with knowledge and information so they can make informed decisions on the way they wish to parent their children. Overall young parents reported that the service educated them about everything they need to know for pregnancy, childbirth and parenthood.

“She’ll be brought up differently to how she would have been brought up if I didn’t have JIG-SO because the things they’ve taught me” [Hannah, FG 4].

### **Antenatal**

An observation of the antenatal group session showed that practitioners went through every aspect of childbirth through a role play scenario, with the integration of props giving the parents a sense of a real-life situation. The young mothers felt comfortable to ask questions and advice about queries they had. It was reported that they got more than their standard midwifery sessions and felt the information focused on what they needed to know at that specific time, and they were not overloaded with pregnancy information. They were provided with valuable detailed information relating to safe sleeping, baby massage and feeding methods (both breastfeeding and bottle feeding) and safe sterilisation which the young mothers felt made them more confident to look after their babies.

“I would not have been able to go through labour if [staff member] had not talked me through it” [Emily, FG 4]

“Just to widen our knowledge about the way in which the baby develops, things that we can do to keep the baby healthy whilst I was carrying him” [Anabelle, FG 2]

“I’ve had baby massage come out to my house, I had one on one help with that” [Elise, FG 2]

“When [name] was first born I had like a nursery nurse coming out to do bathing with me first, then feeding, then everything like that. Yes it is really good, really helpful...not every baby comes with a manual” [Molly, FG 4].

### **Post-natal**

After childbirth JIG-SO offer services, which provide the young parents with information relating to parenting styles, confidence building, the growth and development of the child and relationships. The service users we spoke to reported finding this information beneficial and allowed them to develop their parenting skills without being judged over decisions they made and in turn, they felt they were being the best possible parent.

“It’s the knowledge that stays with you and it doesn’t go anywhere” [Anabelle, FG 2]

“They educate you...because when you do become a new parent....there’s no book for it...They touch upon this stuff in groups, but they don’t overload you with information...simplify it down and let you understand” [Ben, FG 1]

They also reported being provided knowledge they were unaware of, including how growth and development is affected by connections with work focused around *The 1001 Critical Days* (Loughton 2015).

“It was just a bit of everything really, they do parenting, they do skills, they do building, they do like connections with each other, pretty much everything you want to know about” [Sandra, FG 4].

“In here we learn about different connections a child makes in their head and about how they learn and how they think and they have different emotions to us...you need to understand that so you can sort it out without getting frustrated” [Elise, FG 2].

“We have literally just widened our knowledge on everything really and just how to be good parents to a child” [Anabelle, FG 2],

### **Social services**

Building on the quantitative findings presented above, the young parents we interviewed reported how JIG-SO had been helpful and supportive during the period they were open to social services.

This support included practitioners attending meetings and informing them on procedures and information in place, as prior to this they felt uninformed. Of the young parents who spoke about social services they all said that it was because of the support, guidance and knowledge they received from JIG-SO that they still had their children.

“It really helped me, I don’t think I’d have my baby if it weren’t for them” [Emily, FG 4].

“I didn’t think I’d be here with my two kids, but they made me know where I stand, they made me know what was coming next, I knew what was going to happen” [Molly, FG 4].

“They attended every single meeting as much as they could. They attended my school meetings, they attended child in need meetings...every 4 weeks I had a conference, they attended everything for me and it really helped me” [Emily, FG 4]

“They helped get social services off my back, they helped me loads with that ... and came to meetings and stuff” [Bonnie, FG 3].

In the next section of the report we move on to explore another service run by the JIG-SO family facilitators, the six-week healthy relationships education programme that young parents and expectant parents could attend. It was here that young men and women could come together to discuss different aspects of their relationships or relationships with family members or friends if they were not in a ‘intimate’ relationship at that time.

### **Part Three: Relationships Programme and Young Fathers**

The Relationships Programme was aimed at exploring different aspects of a ‘dating’ or intimate relationship through a non-formal six-week educational course. A member of the research team joined at the start of a programme with a new intake of service users and engaged with them over the length of the course<sup>2</sup>. Service users attended voluntarily and could join the programme at any time [see appendix 2]. They were referred from members of the JIG-SO team if there was some concern surrounding the young parent’s relationship, the behaviour of them or their partners and the impact of this on their child or expectant child. Some of the attendees had previously had children removed by social services, and others were on a current ‘at risk’ social services register. The classes were run by two family facilitators [Mark, and Georgia] but also helped by other members from the JIG-SO team when circumstances meant they could not facilitate the group. [see Part Four of our findings for a discussion about this collaborative working]. Young mothers, fathers and other members of the service users’ families or friends, also came together to discuss what a healthy relationship looked like and how this could impact on their child. Two main themes appeared from the relationships programme: the creation of a safe friendly space by staff to discuss challenging/uncomfortable issues, and the challenging of gender norms and promoting ‘caring’ masculinities amongst the young fathers.

#### **The creation of a safe space by staff**

Each weekly session took place in a community hall, near the centre of Swansea, for two hours and ran on consecutive Thursdays. This meant easy access for service users who attended by public transport. The hall was bright, warm and clean with a small kitchen where hot drinks could be made. Each session occurred around a large table in the centre of the hall. Here staff members and the attendees would sit, and work through a programme of interactive activities using games, quizzes, worksheets, flipcharts, film clips, and pair/group exercises that were dedicated to discussing various issues surrounding being in a relationship.

Some of these exercises included evaluating a relationship and what people looked for in a relationship [week 1]; ideal partners and balancing relationship time, the A,B,Cs of dating [week

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<sup>2</sup> Due to the flexibility of the programme and the JIG-SO team, the full programme lasted eight weeks to cover the material and to discuss complex issues that arose.

2]; parenting styles and childhood experiences [week 3] ; dealing with conflict, anger and stress in a relationship [week 4]; anger escalators [week 5]; communicating with a partner and children [week 6/7], and discussing feelings and moving forward [week 7].

In order to do this work, an open, honest and guiding approach was adopted by the family facilitators to create a safe, inclusive space, both physically and emotionally:

Around half a dozen tables had been pushed together and set up in the middle of the room, with chairs around them and a range of biscuits, cakes, and fruit laid out on the surface. As each attendee entered the room, they were met with a friendly greeting and asked if they wanted a hot drink. [Fieldnotes]

At the beginning of the programme the facilitators asked the attendees for their own ground rules and to define what was acceptable behaviour in the group, this gave the young people a degree of control in the process. These rules were returned to at the start of each week and it was stressed that what was said in the room should stay in the room and to not use social media. The family facilitators already knew many of the attendees, so a certain level of rapport existed and they could engage the young people in the exercises and discussions about often difficult topics [anger, violence, partner control] through different strategies. One of these included using the names of the service users' own children, or their own experiences as staff to give some context. The ability to manage the environment and to know what the young people were feeling in this space, was also crucial:

At the end of the session today, Mark told me that Adrian had control issues and he could tell that during part of the afternoon, Adrian had gone very quiet, slouched down in his chair and had been staring hard at other people in the group that were interacting with Cassie [his partner]. Mark had noticed this and gone out to him at the break and at the end to have a quick word with him about this. [Fieldnotes].

I chatted with the group as we moved around getting fresh cups of tea and coffee and eating the food provided. We also talked a little about arguing in a relationship and how to have a 'safe argument'. Mark by this point had moved from his position at the front of the room, and was now sitting as part of the group, alongside me and Gwyn.

Mark leaned back in his chair as he talked, he appeared very casual and non-judgemental. [Fieldnotes]

This non-judgemental approach had the double benefits in terms of getting some of the young mothers to think about their parenting skills, which came out organically in the following conversation where Mark got Cassie to question her need to bring her own baby to the sessions:

Mark [who told me he had been running this class for about four years] has a very open, friendly manner, using a lot of humour, much of it self-deprecating, which seemed to cause a lot of laughter in the group. His approach was very non-judgemental, but I also noticed how he would often get the attendees to think twice about something that was being said, never telling them that ‘they should do this’ or ‘they should do that’ but getting them to ask questions of themselves. For example, at one stage during the ideal man vs woman exercise, Cassie asked if she could bring her baby to the next session. Mark was very quick to say that it was an inclusive space and that all babies were welcome. But he also asked Cassie some questions about how long she was away from her baby per week, and who was looking after the baby this afternoon. Was the baby safe? Was the baby learning anything about being apart from her? And was she learning anything about being away from her baby? Throughout these really open, carefully worded questions, Cassie then talked about her own separation anxieties and looked to have a lightbulb moment and her face changed and eyes lit up. She seemed to piece together what Mark was saying. Of course she could bring her baby into the space, but she and the baby were learning important things whilst being apart e.g for her overcoming separation anxiety, for the baby learning to be away from it’s mother and that it’s mother will return. Mark then linked this back into the lists that were pinned on the board, and said that the baby would learn that it’s mother was being reliable and would return in time. [Fieldnotes]

This non-judgemental and friendly approach was appreciated by the young people who attended and they told me why they liked coming:

‘Good to get out, I like coming, I have friends’ [Matt]

‘Good to talk about this stuff, gets you thinking you know’ [Adrian]

‘I enjoy being around other people and it’s not like school at all’ [Sarah]

Sarah’s comment, that ‘it’s not like school’ is telling, as the non-formal programme was delivered in a very interactive, service user led approach at times, which would have been different to many of these young people’s formal educational experiences.

### **Challenging gender norms and creating ‘caring’ masculinities**

Each session was dedicated to discussing various issues surrounding what constituted a relationship and how this impacted on being a parent. This was done in a very realistic way by the facilitators, who noted on numerous occasions that this didn’t mean that both parents must be together or that as young parents they would likely stay together for the rest of their lives. These conversations and exercises were often springboards into other more serious topics, many of which centred on gender roles and enabling the young fathers present to think about their own identities as young men and what it meant to be a man.

Mark outlined why some of the men were here, and why learning to be a good father involved ‘growing up fast’, and to try and lose those ‘macho’ behaviours. [Fieldnotes]

In discussions in the early sessions, the young men were asked to define ‘macho’ behaviour and what being a man meant to them [and their partners] and the impact this had on being a father. The facilitators helped start these discussions:

Gwyn drew on his own experiences of being a mechanic for 20 years and learning how to be a man in that environment. Mark also talked about his background and how he had a very abusive violent father [an ex-soldier] growing up and that he himself had gone into the army, which was a very tough place. Both facilitators stressed that these behaviours were damaging to men. Also, there were some discussions here about the breadwinner role expected of men. Mark also commented on his and Gwyn’s physicality [both are tall white men] with bald heads, these traits he suggested are often associated with aggressive guys. [Fieldnotes]

It was through these discussions that the young fathers talked about their own experiences and Mark could highlight how some practices were more likely to be engaged in by men more than women e.g. playing video games, and sports, and that men were more likely to

engage in risky behaviours such as drinking excessively, driving cars very fast and being violent and aggressive.

The conversation then turned to cars. Laura stated [in relation to her partner Jacob] ‘he cares more about his car than me!’. Mark used his past interests here again to connect with these boys, [bikes, cars etc] and he pointed out that a fast, noisy car is not perhaps the ideal vehicle for a baby. He then mentioned how the boys in the group might need to be more practical. [Fieldnotes].

Again here Mark drew on his previous experience to connect with the service users, but also to offer alternatives. By discussing how the excesses of men’s behaviour can have negative consequences, Mark was able to suggest an alternative more ‘caring’ masculinity (Elliot, 2016) that was needed when becoming a father. Advice was given that when a baby comes along, to be a good dad, young men’s values might need to change e.g. give up the lad lifestyles, or to at least restrict these excesses to certain occasions. The family facilitators also encouraged the young men to discuss one’s feelings and to learn how to manage one’s stress and anger by learning from the tools taught on the project.

Some of the young men talked very positively about what they learned from these exchanges. In a conversation with one young man I asked him what he got out of the group and I was told ‘(it) teaches me not to beat up my missus’ [Adrian]. Other young men were also modelling examples of caring masculinity in the sessions by engaging and being responsible for their babies by holding and soothing them, changing nappies, feeding them and playing with them. This does not necessarily suggest that these young men are committing some sort of heroic act for doing the work that is ‘expected’ of young mothers. Instead what this seems to highlight is how engaging young fathers in the process is possible (see Tarrant and Neale 2018) and how discussions around acceptable practices for men, have benefits for them, their children and importantly, their partners.

However, this was not to say that these discussions had an immediate impact and some of the young men caused concern for the family facilitators. After one session, Georgia was at pains to tell me that she had been working one-to-one with one of the young mothers who attended the group with her boyfriend. They had recently had their baby removed by social services and Georgia was concerned about bruises that appeared on the young mother’s face and how reliant and passive she appeared to be in front of her boyfriend.



In conclusion, this programme provided advice on what a healthy relationship between parents might look like and through the groups' facilitators, it provided a safe space to discuss often challenging topics. These included what abusive partner behaviour looked like, strategies for challenging stressful situations, coping with arguments and dealing with disagreements. It was in this safe space that young fathers were encouraged to talk about their ideas of what defines masculinity and being a man. Through exercises which challenged gender stereotypes and discussions around what traditional masculine practices looked like, young men were able to question the consequences of destructive or negative behaviours on themselves, their partners and children. It was here that a 'caring masculinity' was fostered.

## **Part Four: JIG-SO team members**

This section reports the findings from non-participant observations and two focus group interviews with the multi-agency JIG-SO team (see Appendix 3). The whole team has its base in a high-rise building in the centre of Swansea. As we have outlined in this report, this mode of collaborative working is innovative and throughout Wales (and the UK) it is unusual to have Midwives and Local Government-employed workers co-located in this manner. The findings from this part of the study illustrate the likely impact that this co-location has on the service and its outcomes and staff members' thoughts about this collaborative way of working.

### **Office environment**

During the three non-participant observations of the team (n-17) working together in the JIG-SO office it was clear that the team members were very relaxed with each other. The administrator and the managers sat in the same space as the rest of the team. When the researcher attended, a radio was always playing music in the background, and the team members talked briefly about their own personal lives using humour that appeared to contribute to building and supporting their personal and working relationships. They commonly referred to the service users, asking each other for advice and ideas:

Georgia (talking about a new client who she said appears rather 'flaky' lately):

'I did not sleep last night.'

Gwyn (overhearing what Georgia has been talking about):

'You worry too much, you do.'

However, Gwyn quickly moved on to ask more about the situation and a long and detailed discussion in the open office followed about how best to match members of the team to the young person – they debated the benefits of offering the service user a more 'motherly' or more of a 'friend-type' supporter. Everyone else present joined in and a decision was made about who would join Georgia for the next visit later that day.

*[Observation Extract 1]*

This sort of open (but discreet) discussion was observed in all three observation periods. Some of these discussions were about clients with very distressing histories including human trafficking, sexual abuse and childhood drug use.

Midwives and Local Authority staff sat around a single desk area and communicated in an open, accepting and mutually supportive manner, often sharing food, snacks and treats while making arrangements for group activities and 1:1 meetings with clients and families. People come and go and Gwyn occasionally sits at a desk nearby, getting up at times to make tea and coffee for the staff and he provides encouragement, offering advice and input into their plans.

[*Observation Extract 2*]

The team members appeared to know the clients very well; one example (of very many) relates to a client who had been doing well, getting out and about with her baby and breastfeeding well but who had recently suffered a rare health problem, which resulted in her not being allowed to drive and her needing to stop breastfeeding. All those present were visibly upset about her situation:

Rachel: 'I'm gutted for her....I'll drop her a text and see if she wants a chat.'

[*Observation Extract 3*]

On one occasion Gwyn took a call from a young person who reported that she was 'having a breakdown'. The team went into a semi-emergency response mode and they decided who would be best to go and help her. Within 10 minutes two Family Facilitators left to visit the client.

[*Observation Extract 4*]

There were also a number of occasions when the location in the office was potentially very beneficial to the project and the clients; these include interactions across the office with *Flying Start* and managers of other local authority services including the '*Team Around the Family*', the '*Parenting Team*', '*Family Wellbeing*', the '*Early Language Development Team*'.

## Focus Group Interviews

Two focus groups were planned to include mixed members of the team. However, due to work pressures, while the first included Midwife Team Members and Local Authority Team Members [Family Facilitators, Early Language Development Workers, Nursery Nurses] the second focus group had no midwives involved. Two key themes emerged from the focus group data alongside the observations; these were ‘Flexibility’ and ‘Commitment’.

### Flexibility

The way in which the team members discussed cases, gave and accepted support and advice and made plans for their work was evident during the observations and in the focus groups. For Paula team culture was very important and she talked passionately about how the team tried to support the young families they worked with in any way they could:

‘Yes, that’s not us as individuals because I think as individuals, we will do anything and everything that we can in any way to support our families that we work with. You know, above and beyond really. I know we’ve got a worker where a Mum was in labour over the weekend and she had nobody around her, no family, totally excluded from everything. She came from England down here, and I know this particular worker was visiting, just popping in on the weekend just to check in that everything was ok you know...because this person had nobody.’ [*Paula FG 2*]

Mark talked further about this team culture and how he felt that there was a real collective approach to support:

‘We are very happy to say to our colleagues ‘can you help me out with this one?’. We are all busy but I think we’ll all say ‘I’ll try and do this for you, I’ll try and do that.’ It’s not your group, it’s not my group, it’s ours.’ [*Mark, FG 2*]

As Jade explained further, part of this collective approach was enhanced by a degree of trust and flexibility in their roles:

‘It’s never been ‘this is your role, this is your role’, and we’ve all been given freedom to kind of do what we feel is the right thing to do with that family. So we’ve never, I have never felt that I have to go in and I have to do certain things and under pressure to kind of achieve x y and z/’ [*Jade FG 2*]

Team members talked about how they always did what was needed in the moment, doing things that were usually well outside of their previous job role(s). However, this was usually done as a common approach, which Cath outlined in FG 1.

‘I think that’s the common ethos of the team, that we all care because you know, it doesn’t say anywhere in my job description that I go and get people food parcels, but that’s part of my care and compassion for that person. If I go in there and she’s 7 months pregnant and got no food, I see it as my duty of care to help her, so I will physically get a food parcel and take it and make sure that they’re looked after. And those are the things that make a difference, those little things, for that person and its massive isn’t it, that somebody cares enough to think well you haven’t got any food’. [Cath, FG 1]

This practical approach to situations e.g providing emergency food parcels, was expressed further by other members of the team:

‘ if you’ve got no food in the cupboard (Tracy) it invariably affects the baby doesn’t it you are not going to want to talk about GroBrain or breastfeeding or write your birth plan because your mind is much more preoccupied on the fact that your starving and you’ve got no food ’ [Tracy and Mark, FG2]

Regardless of policy initiatives which promote early intervention parental strategies based on pseudoscientific biological initiatives such as *The 1001 Critical Days* and *GrowBrain* initiative (Loughton, 2015) the difficult socio-economic circumstances and levels of poverty, did not escape team members.

‘You might go there to do for instance breastfeeding which is planned for an hour, and you get there and she’s in floods of tears because she’s losing her home, she’s got no food in the cupboard. So then that session becomes much more of you know, the social aspect really and you know, getting hold of tenancy support workers or social services or, you know so your planned visit might not materialise, it’s just how it is because of the nature of the clients referred to us you know.’ [Penny, FG 1]

Throughout the interviews, there were a number of references to how their work allowed them the time to get to know families. They were not expected to get results in a very short time period and

they valued the teamwork and the freedom to work together and decide between themselves on the best approach for that client at that time:

‘I just think we’re very lucky that we’ve got flexibility to do our jobs basically and it’s not 4 weeks, 5 weeks whatever because that relationship building is probably one of the most important things for this role.’ [*Carys, FG 1*]

‘In the office when I see people talking together about issues that they may have or some things that they need to talk about with other members of the team, everyone is always really happy and willing to jump on and help and support and I think everybody, doesn’t matter whether its council or health whatever, manager, everybody helps out and gives support to everybody. That’s the best part, very good support from the team.’ [*Jade, FG 2*]

### **Commitment**

Throughout this part of the study the commitment of the multi-agency team members was ubiquitous. It was evident in the observations of the office that they demonstrated their commitment to each other and to working together to ensure the best possible outcomes for the young people they worked with:

Another client – fostered girl – boyfriend living with Nanna (discussed need for father’s support). There had been a history of criminal activity and serious Adverse Childhood Events. Midwife and Family Facilitator met the client before in Child-in-Need [CiN] meeting. In the CiN meeting more revelations about the family history came out (they have had 2 younger children removed). Midwives and others in lots of discussion about the case. Gwyn listened and reassured. Also discussed the father of the baby and his immaturity. Needs a Dad’s worker. Discussed ACEs and who needs what. [*Observation Extract 5*]

The discussion was wholly non-judgemental, responsive and very open, with all participants listening to each other’s suggestions in order to plan interventions and support in this very difficult case. Despite these very difficult conversations taking place, some members of the team were able to continue working on their computers and other devices while also stopping periodically to contribute to the discussion:

Tracy came in – phoned a client to arrange a group. People from other areas using the photocopier & making / taking calls. Interaction between Gwyn and other managers – clarifying the content of a policy document. No one seems to mind being disturbed from what they are currently doing. Very responsive and open attitudes from everyone.

[*Observation Extract 6*]

Team Members were also very accepting of each other's capabilities and respectful of their input. However, they were also keenly aware that this was because of who they are and how they came to be together. How the group grew was evident in the Focus Group, and this involved a lot of hard work as Mark explained:

'I also think the project has grown, it's grown it hasn't happened overnight. So, initially it was just one midwife, then the midwifery team got together with the nursery nurse, then Tracy and I came across and then we did that for like a year and a half. When I did it, it was part of the *Teen Start* and it was from that success the team grew. So, it's had stages of development, so where there may have been, I think potentially me and Tracy have always had a good working relationship and its worked very well with the midwives, the smaller team back then. And that, it was a good foundation, there's a lot of work that went in, there's a lot of that building a relationship between our role and midwifery and a lot of understanding. We used to do a lot of joint visits back then, everything was in tandem with midwifery. It wasn't something that was done half-heartedly there was a lot of energy went into that. We had a lot of meetings, in those early days, what are our roles, how would this be, what would be the benefits.' [Mark, FG 2]

The focus group respondents valued each other as people very highly and they pointed out that the leadership within the JIG-SO project was a key aspect of their commitment:

Tracy (talking about Gwyn) 'I think he is very passionate, we have been fortunate in terms of managers - that the people who have managed us right from the beginning have been so passionate about what we do. And it definitely, kind of motivates you and kind of trickles down through anybody who comes into the team. Gwyn especially I think, and what has always been nice about Gwyn is he never expects you to do anything he doesn't do himself. He's part of, even though he, whether he should be or shouldn't be or there's time to do it, he is always, everybody knows, all our families know him, he knows all our families. And he gets involved in everything....' [Tracy, FG 2]

Jade added to this by emphasising that there was not a gendered dynamic to this help either, and Gwyn would help out in more traditionally female dominated spaces – ‘Even if we’re short staffed in child care, you’ll find him in childcare you know.’ [*Jade, FG 2*]

In conclusion, it was evident from the observations in the JIG-SO office and the focus groups that the team comprises a particularly committed group of people drawn from across several disciplines who have, over time, merged together into a responsive and flexible team. Their working environment, their inventive ‘can-do’ attitude and their ability to work under pressure to provide non-judgemental care and support to very vulnerable young people, while maintaining and developing their own professional skills is impressive.



## Section 4/ Conclusion and implications

This report set out to address three research objectives

- To explore in what ways the JIG-SO project is ‘working’, from the perspectives of service users and service providers.
- To discover how the project might be improved.
- To consider how the project might be replicated in other areas of Wales (and the UK).

As the previous section outlined, our research has found that within JIG-SO there are close, collaborative working relationships and joined up practices between the multi-agency partners, enabling a high level of communication to meet service users’ often complex needs. These practices within JIG-SO created a team or ‘family’ unit around a young parent and link into the Welsh Governments ‘5 ways of working’ initiative (Welsh Government, 2015). The key messages which emerged from this research can be summarised as follows:

### **‘Support’ was multi-layered:**

Different programmes of support were available pre and post birth to provide an invaluable level of health and social care for young parents and their children. This support was fostered by the multi-agency workers through 1:1 work, but also through the facilitation of family support group classes and forums.

The range of support, including a six week relationships programme, aimed at both expectant and new parents allowed them to share their experiences and learn from others accessing JIG-SO services and to build friendships and parental networks with each other.

The young parents reported positive relationships formed with members of staff due to the personal attributes of the practitioners. They defined these as being supportive, friendly, empathetic, reliable and non-judgmental, which allowed them to feel like they were cared for and could connect on a personal level. They also stated that they benefited from additional hours with practitioners because they took the time to explain procedures relating to labour, birth and parenthood and that they also took them to food banks, provided advice on employment, education, housing or universal credit issues and as a result, they felt more supported and prepared to be a parent.

### **A collaborative approach led to better outcomes for the young parents in several ways:**

A large proportion of young people who were referred to the project by the local authority, were closed or removed from the social services' 'at risk' register. After engaging with the team children were more likely to remain in their families. There were also improvements in health outcomes including smoking cessation, alcohol use, healthy eating and breastfeeding.

### **Implications**

- At a time when funding and the futures of support services are under threat, this report demonstrates the vital role that agencies such as JIG-SO play in supporting young families to live healthier lives, both physically and socially. By learning from this example of good practice, and drawing on the expertise from this collaborative approach, other local authorities could greatly benefit from what we term the 'JIG-SO model'.
- This study adds to the existing body of knowledge of how parenting programmes can provide support for wider social determinants of health including housing, employment and furthering education which can contribute to the health of individuals and should be seen as an example of good practice. Some improvements could be made in terms of closer links with educational institutions within the area, and bringing in adult educators to the JIG-SO team could provide tailored packages of support.
- Additionally, this research also adds to a small body of knowledge which explores how the inclusion of fathers in these programmes can benefit the whole family and help prepare them for the journey ahead. There was an awareness within the JIG-SO team of how traditional expectations of masculinity impacts on young men and their behaviours as young fathers and partners. This is another example of good practice and integral to the 'JIG-SO model' that other local authorities could benefit from.
- Finally, this report highlights how JIG-SO operates within a troubling policy backdrop which includes *The 1001 Critical Days Strategy* and *Adverse Childhood Experiences [ACEs]* agenda. We argue that these are individualized solutions that often ignore poverty and inequality and are only part of what is needed to combat the disadvantages socio-economic circumstances which shape young parents' lives.

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**Appendix 1 – Participants in the antenatal and peer support group sessions**

	Male	Female	Total
Focus Group 1	1	4	5
Focus Group 2	1	3	4
Focus Group 3	0	5	5
Focus Group 4	0	4	4



**Appendix 2 -Participants in the relationships education programme**

<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Week 6</b>	<b>Week7</b>
MW (R)	MW [R]	MW [R]	MW [R]	MW [R]	MW [R]	MW [R]
Gwyn (S)	Mark [S]	Mark [S]	Mark [S]	Gwyn [S]	Gwyn [S]	Mark [S]
Mark (S)	Georgia [S]	Georgia [S]	Georgia [S]		Georgia [S]	
Adrian and Cassie [SU]	Adrian and Cassie [SU] and baby	Adrian and Cassie [SU] and baby				
Sarah and John [SU]		Sarah and John [SU]			Sarah and John [SU] and baby	
Jacob and Laura [SU]	Jacob and Laura [SU]		Jacob and Laura [SU]			
	Simon and Kim [SU]				Simon and Kim [SU]	Simon and Kim [SU]
	Bella and Craig [SU]		Bella and Craig [SU]	Bella and Craig [SU]		Bella and Craig [SU] and Carly [F]
	Jim and Michelle [SU]	Jim and Michelle [SU]		Jim and Michelle [SU]		
		Jennifer and Matt [SU] and baby	Jennifer and Matt [SU] and baby	Jennifer and Matt [SU] and baby		Jennifer and Matt [SU] and baby
		Kim [SU]and Tina [F]	Kim [SU]and Tina [F]			
			Gemma [SU]			
9	14	15	13	9	8	10

**Key**

R – Researcher

S- Staff

SU -Service User

F- Family member of friend of Service User [SU]

**Appendix 3 JIG-SO staff – Observations and Focus Group Interview Participants**

Manager	Gwyn
Family Facilitator	Georgia
Family Facilitator	Chloe
Family Facilitator	Tracy
Family Facilitator	Mark
Early Language Development Worker	Paula
Early Language Development Worker	Jade
Nursery Nurse	Alice
Nursery Nurse	Lowri
Nursery Nurse	Marie
Nursery Nurse	Sian
Midwife	Tina
Midwife	Cath
Midwife	Rachel
Midwife	Charlie
Midwife	Penny
Midwife	Carys

# Agenda Item 7



## Report of the Cabinet Member for Resilience & Strategic Collaboration

### Public Services Board Scrutiny Performance Panel - 5 February 2020

## PSB Live Well, Age Well Objective

<b>Purpose:</b>	To update the Public Services Board Scrutiny Performance Panel on the Live Well, Age Well objective.
<b>Content:</b>	An update on progress to date and the developing future priorities.
<b>Councillors are being asked to:</b>	Consider the information provided and to give views.
<b>Lead Councillor:</b>	Councillor Clive Lloyd.
<b>Lead Officer:</b>	Adam Hill, Deputy Chief Executive / Director of Resources
<b>Report Authors:</b>	Jane Whitmore /Julie Gosney E-mail: <a href="mailto:jane.whitmore@swansea.gov.uk">jane.whitmore@swansea.gov.uk</a>

### 1. Context

- 1.1 During 19/20 the main focus of the work under the Live Well, Age Well that has taken place was to revisit existing steps in the Wellbeing Plan under this objective to establish what is business as usual and what actions would benefit from a collective partnership approach, however progress has been made against the steps outlined in the Wellbeing Plan.
- 1.2 A mapping exercise of existing work on Ageing Well was carried out and relevant areas fed into the Live Well Age Well objective to ensure nothing is lost and a series of partnership workshop held to reflect the journey and identify key areas of work going forward.
- 1.3 The Live Well Age Well Objective Group has used the information gathered to identify three key priorities and establish SMART targets and actions for each of these priorities. Three separate working groups have been established to drive forward the priorities and partnership leads identified to take actions forward between January – March 2020, to inform delivery for 20/21

1.4 This report summarises progress to date in relation to the Live Well, Age Well Objective and plans and priorities moving forward.

## 2. Background

2.1 In 2018 Swansea published its Wellbeing Plan with the overarching vision to work together to make Swansea a place which is prosperous, where our natural environment is appreciated and maintained and where every person can have the best start in life, get a good job, live well, age well and have every opportunity to be healthy, happy, safe and the best they can be.

2.2 Using information from the Assessment of Local Wellbeing and by listening to people, four objectives and a cross-cutting action was identified where working together will make the biggest difference to improve Swansea's well-being.

2.3 This report gives an update on the priority development and progress for the Live Well, Age Well Objective

## 3. Live Well, Age Well Objective - *To make Swansea a great place to live and age well*

3.1 The Live Well, Age Well Objective identified the following 'steps' in the Wellbeing Plan;

- **Culture change** – *To start a debate across generations about what it means to live and age well and develop a campaign based on the feedback.*
- **Innovative approaches to health and social care** – *Supporting dementia Friendly Communities*
- **Innovative approaches to health and social care** – *Maximising existing approaches and exploring evidence-based approaches to end of life care*
- **Community based approaches** – *Exploring a range of initiatives to tackle social isolation and build personal resilience across PSB and voluntary sector*
- **Innovative housing and technology** – *To explore options for people with additional care needs that help them remain independent at home.*
- **Making every contact count** – *The development and sharing of joint messages and resources that support people remain safe and independent in their homes.*

3.2 Progress has been made against many of the 'steps' outlined in the Well-being Plan as demonstrated below, however we have taken a more thematic approach around three key priorities which encompass all elements of the steps outlined above to move forward.

#### **4. Progress to date 19/20**

- 4.1 **Culture change** – *To start a debate across generations about what it means to live and age well and develop a campaign based on the feedback.*
- 4.2 To drive forward this step, citizen engagement and participation has been a key feature through mechanisms such as the Big Conversation, Live Well, Age Well Forum and other Intergenerational Opportunities.
- 4.3 In total, 695 people engaged in Big Conversation mechanisms during past 12 months. 419 people engaged in Big Conversation forums, 3 of which were for children of primary school age, three for young people of secondary school age, and two intergenerational Big Conversations. Big Conversations in the academic year 2018/19 focused on each of the objectives contained within the wellbeing plan. Reports for each were circulated to the PSB. Big Conversations running during the academic year 2019/20 focused on the four guiding principles of the UNCRC and so, children, young people and adults have worked together to explore participation and best interests.
- 4.4 November 2019 also saw a celebration of the 5<sup>th</sup> anniversary of Swansea's Children's Rights Scheme which saw an additional 204 children, young people and service providers participate in, and 72 children, young people and service providers facilitate, an event at the National Waterfront museum.
- 4.5 Engagement in events during this period has taken place with children aged 7-11 from 32 primary schools, young people aged 11-18 from 13 secondary schools, and with 12 adults from a range of day services, adult forums and residential care settings. An additional 20 adults took part in the Children's rights event. 14 Councillors and Senior Officers also attended to participate in question and answer sessions and enquiries: This does include services/staff/members who have facilitated workshops at Big Conversations.
- 4.6 Swansea Council's co-ordinated "Live Well, Age Well forum for citizens 50+ has been attracting greater numbers of participants over the last year with each forum/event attracting between 60 and 80 participants. 2019/20 has so far seen the following topics chosen by participants and co-ordinated in a variety of ways to offer presentation, discussion and debate along with workshops and market place information and advice stalls. The following themes were covered in 2019/20: Digital Inclusion, Communication and Information, Health and Well-being, Transport & Getting about & Staying Safe.

#### **5. Innovative approaches to health and social care – Supporting dementia Friendly Communities**

- 5.1 Dementia Friendly Generations: A digital storytelling project to bring together the young and older people of Swansea. To create an understanding of Dementia and to explore issues around being young and old, to learn from each other and to celebrate those moments through finding and telling our stories. The project was funded by the Integrated Care Fund (ICF) with the vision to develop a "Dementia Friendly Generation" and raise awareness

of dementia across Swansea. Council teams working in partnership with the Alzheimer's Society to develop this project.

- 5.2 The Dementia Friendly Generations project aims to support people with dementia to improve their sense of wellbeing, and to have a stronger sense of control and a voice in sharing their life experiences with the younger generation while more fully engaging and participating as members of their community.
- 5.3 Central to the project were intergenerational music and storytelling sessions, designed to bring together the younger and older people of Swansea. This is facilitated by a community arts organisation called People Speak Up has been commissioned to facilitate a number of storytelling sessions, bringing young and older people together through stories, song and conversation.
- 5.4 The project started as a pilot project between 'The Hollies' dementia care home and Pontarddulais Comprehensive School Over the last year the Dementia Friendly Generations project has worked with 4 primary schools (Gendros, Bishopston, Sketty, St Joseph's), 2 secondary schools (Pontarddulais & Pentrehafod) 110 pupils and 30 residents/service users from "The Hollies Residential Home" and "St John's Day Service" have been engaged. Five Dementia Champions have been trained and have provided Dementia Information Sessions to teaching staff, pupils, care home/service staff and residents/service users.
- 5.5 These sessions have been incredibly successful and have enriched the lives of both the adults and the children alike. The project was visited last year by the Older People's Commissioner for Wales, and the Welsh Assembly Deputy Minister for Health and Social Services.

**6. *Innovative approaches to health and social care – Maximising existing approaches and exploring evidence-based approaches to end of life care***

- 6.1 End of life and advance care planning - Adult Social Services and Care Home Managers have been working in partnership with the Macmillan end of life care coordinator Primary care in Swansea Bay University Health Board to review and enhance end of life practices within Local Authority homes.
- 6.2 This has included using the Western Bay Regional Quality Framework to guide developments, introducing 'End of Life' champions across care homes, developing a robust reference file around end of life practice and innovation and developing a pack which includes information for carers.
- 6.3 Champions have been identified across services, staff members have been identified to be the service leads in specific areas. The teams have additional training, and mentoring and 6 weekly support group meetings to enhance practice and keep up with the latest developments and best practice. This has enabled exploration of advance care planning and the challenges to having what can be quite difficult conversations for some.

- 6.4 Information packs have been developed which begins with the important issue of finding out who the person is and what matters to them in life and then what matter to them to experience a good death.
7. ***Community based approaches – Exploring a range of initiatives to tackle social isolation and build personal resilience across PSB and voluntary sector***
- 7.1 The Local Area Co-ordinators approach continues to work in our communities to help anyone build relationships within their community and supports older people, disabled people, people with mental health problems, and their families.
- 7.2 Local Area Coordination in Swansea will be expanding in 2020 with Five new colleagues joining the team. The interview process involved community collaboration across five areas of Swansea, with input from people from all walks of life, (including men's sheds, friends of parks groups, walking groups, mental health support groups, craft groups, bereavement support groups, churches, and partner organisations: Coastal, Pobl, Citizens Advice Bureau and SCVS (Swansea Council for Voluntary Service))
- 7.3 The community involvement in the process is vital and allows there to be community ownership of the role from the start. The relationship building and learning that happens during the community discussion sessions is carried over when the new local area coordinator is getting to know their area and the community are getting to know them.
- 7.4 The areas that will now be covered include the communities of Morriston, Clase, Llangyfelach, Clydach, Birchgrove, Hafod, Plasmarl, Landore, Treboeth, Gowerton, Penclawdd and Loughor. This brings the total number of local area coordinators to 16. For the past 4 and a half years, people and communities throughout Swansea have benefited from having a coordinator walking alongside them as they identify and work towards their version of a good life.
- 7.5 Anyone can be introduced to a coordinator if they live in an area that is covered. Local Area Coordinators work in a strength-based way and take time to get to know people, their families and communities.
- 7.6 Another example is St. John's Day Service who have been working together co-productively to develop community services, and placing the service at the heart of the local community, building lasting relationships with people, challenging stereotypes and breaking down barriers so that people feel able to ask for help and support. These initiatives have a preventative impact and help to reduce the need for formal support in the local area.
- 7.7 Three initiatives have been particularly highlighted:
- Further developing the Community Garden - St John's has recently set up a men's shed "Action Shack" to support men experiencing issues around loneliness or mental health. Part of the garden is now home to a new memorial space, and St John's is custodian of two memorial plaques listing the names of local brave heroes who lost their lives during the First World War

- Cae Rowland Community Transport Scheme -St John's has developed a community transport scheme which is supported by volunteers and is very busy. Vulnerable people need to access the community, whether this is attending an appointment, visiting friends or family, shopping or going out for coffee. St John's has a link with Neath and Port Talbot hospital's rapid response unit to enable people who have no other support to get to their appointments on time
  - Volunteering at St. John's - St. John's values volunteers and has many people who come to the service from all walks of life, including adults with a learning disability, retired people, young people looking for work experience, people who have been out of work for many years etc. They have been integral to the work within the day service and the wider community.
- 7.8 St John's projects were visited before Christmas by the Older People's Commissioner for Wales, Helena Herklots and also the Welsh Assembly Deputy Minister for Health and Social Services, Julie Morgan. Both were pleased to learn more about the projects.
- 8. *Innovative housing and technology – To explore options for people with additional care needs that help them remain independent at home***
- 8.1 A review around this area will be undertaken in 20/21
- 9. *Making every contact count – The development and sharing of joint messages and resources that support people remain safe and independent in their homes.***
- 9.1 The concept of making every contact count will be explored in 20/21 through the Health Literacy working group
- 10. Future Activity 20/21**
- 10.1 Significant progress has been made developing future activity to ensure partnership buy in around the Live Well, Age Well Objective and progress has been made to expand the knowledge base through existing involvement to wider partners with invitations extended to a variety of colleagues across the age range and relevant services/organisations.
- 10.2 The agreed three priorities to focus on for 20/21 are as follows, A City for All, Active Travel and Health Literacy/Healthy Ageing
- 10.3 Each priority has a specific working group with a nominated lead and a draft action plan with expected outcomes and timelines.
- 10.4 The working groups will be focussing on the following activity in the next quarter and further developing these areas in 20/21
- **A City for All**
    - Map existing City status and their associated commitments; identify opportunities, overlaps and commonalities with a strengths based focus and understand what a City for All means for citizens of Swansea



- **Active Travel**
  - Carry out an audit to determine obstacles, barriers and problems, utilising the Older People’s External Residential Assessment Tool (OPERAT) Model and pilot
- **Health Literacy/Healthy Ageing** – Colleagues from health, council and third sector are exploring two priorities:
  - A shared health literacy checklist (Top 5- Dementia, Smoking, Sugar free, Green space, best start) and agree top 5 themes and establish if there is a quality mark/standard to roll out across the PSB
  - To support the new report on “Healthy Ageing” and the “Dementia Risk Reduction Campaign” which was launched at the end of January 2020. The campaign aims to encourage people to live healthier lifestyles. The campaign follows research by Prof Peter Elwood at Cardiff University, who found a healthier life can reduce a person's risk of getting early onset dementia. His study - over 35 years looking at people in Caerphilly - found a "huge benefit".

## **11 Legal & Financial Implications**

11.1 There are no legal or financial implications associated with this report

**Background papers & Appendices: None**

# Agenda Item 8



**To/**

**Councillor Clive Lloyd  
Chair of Swansea Public Services  
Board**

*Please ask for:  
Gofynnwch am:*

*Direct Line:  
Llinell Uniongyrochol:*

*e-Mail  
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Overview & Scrutiny

01792 636292

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16<sup>th</sup> July 2019

**BY EMAIL**

Summary: This letter is from the Public Services Board Performance Panel. It follows the meeting on 4<sup>th</sup> July 2019 which looked at the new Governance Structure and the PSB Annual Report 2018/19.

Dear Councillor Lloyd,

On 4<sup>th</sup> July 2019 the Panel met with yourself, Suzy Richards (Sustainable Policy Officer) and Leanne Ahern (PSB Support Officer) to discuss the Governance Structure and the Annual Report 2018/19.

We want to thank all the Officers for attending and answering questions. We do have some observations which we would like to share with you.

## **Review of New Governance Structure**

You told us how Professor Andrew Davies has stepped down as Chair due to retirement and that Swansea Council will now take over the Chair of the PSB with Mid and West Wales Fire Service as Vice-Chair.

We heard how the Governance Review has now concluded and the structure will be more focused going forward with a smaller number of people attending the partnership meeting. You said this meant an emphasis on the Working Groups ensuring they deliver on their specific outcomes which is more effective going forward.

You said the new structure is driven by action from each of the objective areas with clear leads and accountability, as the statutory members are responsible for the outcomes in their allocated area of work. We were told that these action plans are

based on the Well-being Plan 'steps' and that they will be coming to scrutiny for perusal over the coming year.

We asked about what would happen if there was a dispute within the PSB and we were told that the Chair would appoint an independent mediator if required, we hope that if this happens all people involved work together to resolve any issues.

We noticed that within the 'Partners' sections, Elected Members are not mentioned. We feel that we have substantial knowledge of our local areas and the people we represent. We would like to see Elected Members involved and recognised more within the work of the PSB. We heard how legislation seeks to involve Community Councils and you liaise with 'One Voice Wales' to do this. We hope that this involvement continues.

You discussed how there were opportunities to broaden engagement with all communities and specifically with voluntary groups. The Panel agree with this as there are a multitude of volunteers in our communities who could contribute a wealth of information and experience. We asked how the public were made aware of the work which is being done by the PSB. You told us that a communication process is in place to advertise meetings and each partner should distribute information via their own communication and strategy channels.

We heard how much of the work under the PSB is based on goodwill and adding value to existing work but the principles under the Well-being of Future Generations Act should be completely integrated and underpin everything we do. Although the purpose seems to relate to service delivery it also involves 'how' work is delivered and the long term progress. We hope to hear more about this in future meetings.

We mentioned that the Terms of Reference for the PSB could be improved by explicitly detailing the five ways of working including collaboration as this would create a positive emphasis on what should be happening.

You told us that the new Governance Structure will be a positive change in the work of the PSB and help achieve outcomes. We hope going forward that more information relating to progress is brought back to the Panel and we will be requesting to see the individual Action Plans and their representatives in upcoming meetings.

### **Public Services Board Annual Report 2018/19**

We heard how the Annual Report highlights the work which has been done to date and the work which aims to be done in the future. You explained how the new governance structure should be a catalyst for delivering under the working groups and would focus on the leads who will provide cross cutting actions and information.

We heard about a range of indicators including child obesity, homelessness and air quality and how these were used to inform an initial view of well-being in Swansea. You told us how feedback was analysed to see where it overlapped to demonstrate well-being and outcomes and that the research team will develop more in depth outcomes based on the indicators. We look forward to seeing these once they are

developed.

You discussed some of the successes under the Well-being Objectives and we are pleased that there is activity and progress under each one. We will look to see how this activity translates into measurable outcomes over the coming year. It was interesting to hear that Swansea is working toward being the first City in Wales to sign a declaration for Human Rights and Swansea Bay University Health Board is involved in the Biophilic Wales Project. We were told how this project has a focus to improve areas around health board buildings, linking in with the health benefits of green areas and nature. We look forward to an update on this in future meetings as an innovative and exciting piece of work.

With every statutory member now involved to deliver outcomes under the new structure we anticipate that the objectives and action under them will be strengthened going forward.

We will be inviting each of the statutory members to future meetings to present their action plans and discuss what will be achieved by them.

There is no requirement for you to respond to this letter but your thoughts and feedback are most welcome.

Yours sincerely,



**Councillor Mary Jones**

Convener, Public Services Board Scrutiny Performance Panel

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# Agenda Item 9

## Public Services Board Scrutiny Performance Panel

### Work Plan – 2019/20

<b>Panel Meetings</b>	<b>Main Agenda Item(s)</b>
Meeting 1 <b>4 July 2019</b>	<ul style="list-style-type: none"><li>• New PSB Governance Structure</li><li>• PSB Annual Report 2018/19</li><li>• Draft Work Plan 2019/20</li></ul>
Meeting 2 <b>5 February 2020</b>	<ul style="list-style-type: none"><li>• PSB Well-being Objective Action Plan / Progress Update: EARLY YEARS (Lead partner: Swansea Bay University Health Board)</li><li>• PSB Well-being Objective Action Plan / Progress Update: LIVE WELL, AGE WELL (Lead partner: Swansea Council)</li></ul>
Meeting 3 <b>22 April 2020</b>	<ul style="list-style-type: none"><li>• PSB Well-being Objective Action Plan / Progress Update: STRONGER COMMUNITIES (Lead partner: Mid &amp; West Wales Fire &amp; Rescue Service)</li><li>• PSB Well-being Objective Action Plan / Progress Update: WORKING WITH NATURE (Lead partner: Natural Resources Wales)</li><li>• Work Plan Review</li></ul>