

Working in partnership: The Best Start in life for children in Jersey

21 November 2018 St Paul's Centre

Event report:

- The policy context and background
- The Best Start Partnership – Prospectus, principles and priorities
- Best Start: Building strong foundations for children's futures by supporting all children in Jersey to flourish
- Best Start Plus: Achieving equity of outcomes for all children
- Best Start Together: Recognising the strength of children, families and services working in partnership to achieve the best possible outcomes for all children

Appendix 1: Best Start – Services, information and facilities

Appendix 2: Best Start parents' journeys

Appendix 3: Best Start Plus – Services, information and facilities

Appendix 4: Best Start Plus parents' journeys

Event Report

The event was opened by Senator Tracey Vallois, Education Minister, in the afternoon and Seán O'Regan, Group Director – Education, in the evening.

The policy context was set by Andrew Heaven, Head of Children's Policy, with

- an illustration from the Children's plan engagement event,



b) the Children and Young People’s Plan 2019 – 2023,

Our Priorities:

Grow up safely

1. Establish outstanding children’s social work practice
2. Deliver an Island wide response to tackle domestic abuse
3. Ensure a consistent focus to strengthen families and communities

Learn and achieve

1. Provide the best start during early years
2. Improve Standards in nurseries and schools
3. Building better transitions to employment

Live healthy lives

1. Invest in children’s health
2. Protect and promote children’s mental health
3. Focus on disability health inclusion
4. A renewed focus on housing and outdoor spaces

Valued and involved

1. Create a sense of belonging
2. Ensure fairness of opportunity
3. Respect, protect and promote children’s rights

Children and Young People’s Plan 2019 – 2023

Putting Children First: The plan for Jersey’s children, young people and their families

All children will be safe, able to flourish and fulfil their potential

Safe, achieving, healthy, valued and involved -

Our outcomes for all children and young people:

Making a difference:

Grow up safely

- Safely reduce the number of looked after children
- Reduce the number of children involved in domestic abuse cases
- Reduce the number of children being bullied
- Reduce the number of children who are victims of crime

Learn and achieve

- Increase the number of children achieving the expected level in the Early Learning Goals
- Increase the number of pupils achieving 5+ good GCSEs
- Reduce the number of young people who become NEET
- Reduce the number of pupils who are persistently absent from school

Live healthy

- Increase children’s Quality of Life
- Increase the number of children who are a healthy weight
- Increase the number of two year olds reaching all developmental milestones
- Reduce dental extractions

Valued and involved

- Reduce children’s experience of poverty and the impact of living in a low income family
- Increase the number of children who are aware of their rights under the UNCRC
- Increase the number of children who feel their school and community would act on their ideas

Our passions:

*Reducing inequalities
Protecting children’s rights
Promote wellbeing*

We will always:

*Listen and involve
Think family and community
Work creatively and innovatively in close partnership
Celebrate diversity
Prevent problems beginning or escalating*

c) the Proposed Common Strategic Policy 2018 - 22

Proposed Common Strategic Policy 2018-22

d) the Children's Pledge.

Putting Children First

Members of the States Assembly, the Council of Ministers and the Executive Leadership of the public service pledge that we will work together and support and challenge one another to ensure that:

- 1** **We will listen** directly to children and young people and involve them in how we design, deliver and review our services
- 2** **We will provide** integrated support for families that need extra help caring for their children
- 3** **We will provide** all children in our care with access to a safe, loving, secure home environment
- 4** **We will expand**, join up and target our early help offer to ensure that children and young people get the support they need when they need it, to prevent risk and issues from escalating
- 5** **We will work together** to recruit and retain a child-centred, stable, highly professional workforce
- 6** **We will make** it easier for data and insight across organisations to be shared so that, when assessing how best to meet their needs, we look at children's and young people's lives as a whole
- 7** **We will ensure** that sufficient funding is available to be effective and that any regulatory and legislative changes needed will be progressed swiftly
- 8** **We will work together** to ensure that we set and publish clear standards and be held publicly to account for achieving them

Dr Cathy Hamer, Independent Chair, then provided the background to the event, referring to the Festival of Words in 2016 and the Magical event: Turning ideas into opportunities in 2017 delivered by the Early Years Childhood Partnership.

Going forwards, from 2018 the partnership will be known as the Best Start Partnership with a refreshed logo and a new website.



The Best Start prospectus is available at <https://beststart.ie/>.

It states that 'By getting it right from the start, Jersey will become an island that works for all children'.



The principles of the Best Start partnership:

- The child is at the centre of all our work
- All children have the right to grow up safely, live healthy lives, learn & achieve & be seen & heard
- The uniqueness of children and families is valued and provided for
- Service delivery is holistic, coordinated and seamless, making every contact with parents and parents count from day one and getting it right first time
- Listening and involving children and families in shaping and evaluating services delivers what's needed and makes effective use of available resources
- Quality is at the heart of service delivery for children and families
- Children and families who need support will be identified and have access to the right help at the right time from the right service

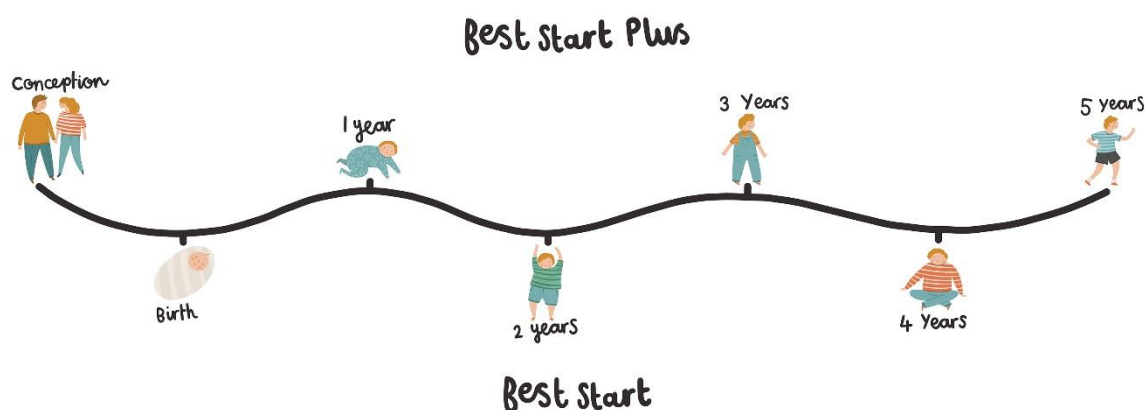
Best Start priorities:

1. **Best Start for all:** Building strong foundations for children's futures by supporting all children in Jersey to flourish
2. **Best Start Plus:** Achieving equity of outcomes for all children
3. **Best Start Together:** Recognising the strength of children, families and services working in partnership to achieve the best possible outcomes for all children

1. Best Start

Building strong foundations for children's futures by supporting all children in Jersey to flourish

Having updated a map of services, participants then used a journey map to identify what children & families need at what points on their journey by way of **Services, Information** and **Facilities**



The findings are available in Appendix 1.

Two parents shared their journeys of Best Start with drawings by their children. These are available in Appendix 2.

Taking into account all the journey information, participants considered 'What's working well' and how it would be 'Even better if' in relation to Best Start. The findings are below:

	WHATS WORKING WELL	EVEN BETTER IF....
INFORMATION	<ul style="list-style-type: none"> • Breastfeeding • JCCT • Social Media • Gov.je • Health visitor list of groups • Ante-natal care • Clinics and information evenings/events • Information in all different places 	<ul style="list-style-type: none"> • Discuss alternatives e.g. I struggled with tongue tie and feeding guilt etc. not diagnosed • New islanders and new pregnancy midwife to share more info on universal services • Easier to navigate – link with social media/signpost social media link with gov.je • Movement of parish means a change in health visitor sometimes this results in parents losing touch with health visitor • Link between health visitor and GP repeating story/info • Children's centres, personal touch, not making assumptions that everything is OK • Care for any pregnancies should be the same, after care to be more consistent • More guidance, support groups, parent welcome evenings, further information especially at scans

	<ul style="list-style-type: none"> • Where issues/challenges arise, the support/info is good 	<ul style="list-style-type: none"> • One stop shop for information on all aspects of parenting/family life and available in more languages • Better signposting from universal practitioners. Making more of key touchpoints at birth, weaning clinics, • Info is of good quality and consistency i.e. enquiry to Income Support gave 3 different responses to 3 of the same questions
SERVICES	<ul style="list-style-type: none"> • Help funding people without family • Great health visitor service when you have them • Maternity/antenatal clinics • Nursery/school sign up/follow-up • Parent/toddler/baby groups • Midwife service • Health visitor • SCBU – fantastic service • 20 free hours at nursery • Free doctors 0-5 years at some practices • Family support working • Speech and language • Varied and good quality services • Excellent relationship with midwife at the Bridge • Living out of town accessing a local school is good for work/life balance • Maternity leave (there is some) • Family friendly employer – some available 	<ul style="list-style-type: none"> • Childminder 20 hours available. Choice for parents • If own your own house, still get help. • Less pressure around potty training for Nursery • More consistent information, more in-depth info • More scans to be given (2 not enough) • Bedside manner – more compassionate • Fostering, adoption, same sex marriage/families, empower diversity • Better transport links • Better/lower adult/child ratios in education/childcare • Better pay for educarers - more valued and respected • Better times to suit working parents i.e. afternoons and weekends • Follow through service from community midwife to post birth service • More advice and service information offered to parents (parent not needing to ask)/follow-up if 2 year check is missed • Maternity ward needs to be more welcoming and accommodating to dads • 30 hours! • Health check offered at a provision to give parents/family more choice • More funding • Information more clearly available • Joined up service to go through from birth – different person choice removed to remain with community midwife • Bus routes to access play activities + move around town not great and not flexible enough • SOJ not as flexible as could be • ...Where do we find info about services i.e. GP, income support, housing, education?

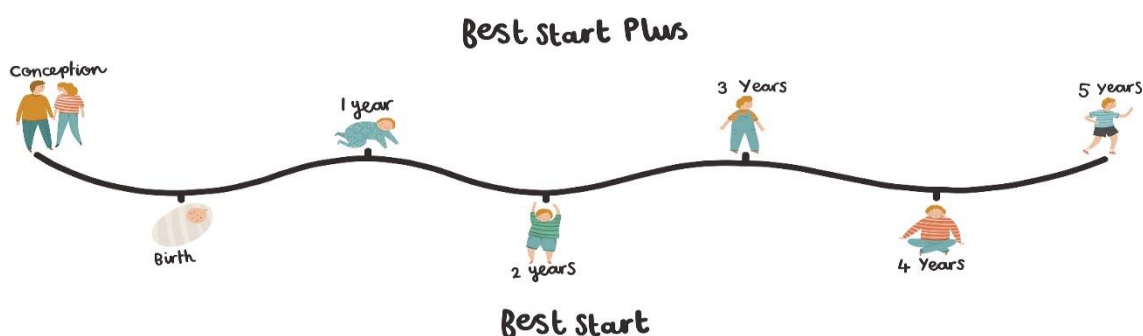
FACILITIES	<ul style="list-style-type: none"> • Hospital • Beaches/parks • Baby friendly places • Bus service • Clinics • Income support • Good facilities available 	<ul style="list-style-type: none"> • Co sleeping beds in hospital • Longer option to stay in maternity unit • Buses cost and buses for children • More parking spaces • More inside play/bad weather options • Easy access to children's centres • Well-resourced children centres • Breastfeeding areas, feeding areas in town, mother and toddler parking • More useful times/routes • More accessible clinics • More information easy to access re income support • Making more green spaces, especially with the urban spaces. Age appropriate access to all. • Making more of school spaces/public building i.e. library, etc. • More info on where to find them • Our parish halls need to be fit for purpose – parking – clean – facilities – baby changing – breast feeding facilities – children's toilets
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2. Best Start Plus

Achieving equity of outcomes for all children.

The activities were repeated for **Best Start Plus**

- Having updated a map of services, participants then used a journey map to identify what children & families need at what points on their journey by way of **Services**, **Information** and **Facilities**.



The findings are available in Appendix 3.

Three parents shared their experiences of Best Start Plus. These are available in Appendix Y4.

Again, taking into account all the journey information, participants considered 'What's working well' and how it would be 'Even better if' this time in relation to Best Start Plus. The findings are below:

	WHAT'S WORKING WELL	EVEN BETTER IF....
INFORMATION	<ul style="list-style-type: none"> • Good information and support for families requiring IVF • Tax and income support - help is there but delivered badly • Pre-natal information • Support (family nursing) • Basic information about certain services 	<ul style="list-style-type: none"> • More information around maternity pay and time taken from maternity allowance • Proactive and consistent advice. EMPATHY • Information on forms/funding, etc. • Voice • Consistency • A designated person at Income Support • Service map • More accessible, 24 hours service • Income support, tax office, attitude of compassion from staff • ATE need to give advice over phone • Easier access to awareness, services and info • Customer and local services agents to have appropriate training in customer care and supporting families • Scenarios/case study focused • Centralised/easily accessible information about everything/services you may need to access from birth to – (25 years) i.e. tax, health, income support

SERVICES	<ul style="list-style-type: none"> • Support worker – Inclusion project • Support groups • Lots of services of a high quality • Income Support • Parent partnership worker • Speech + language key workers • EAL team • Family support for travel, services on mainland • FNHC • Support from the hospital • Samaritans • JCCT • Hospital/maternity • Family nursery • Private day care • Early intervention • Parent partnership worker working well with families 	<ul style="list-style-type: none"> • If people own their own house, they should still get help • Open access to Robin Ward in certain situations • Designated person/team at income support to work with families with children with SEND/Medical conditions • One person to deal with families to avoid passing info • Voice • Financial support • Signposting • Coordination • Service map available • Income support – consistency/fairness in entitlement/seeing same people consistently/staff with knowledge of systems and how it relates to additional needs (i.e. calculations) • Join up thinking about policy + services to families with additional needs (housing, allowances, health services, education services) • Simplify referral system – clear procedures to be known in advance • Support children in their play - SALT's and EAL team to be trained in how to play + NOT pulled out of class for formal interventions! • More signposting + parent awareness • Possibly more info when things 'go wrong' • Access to the hospital for families of children with SEND at all times • Income support sharing information - really upsetting to hear the story being made to bring in your sick child, to prove that you require support • For babies + children under 5 - 24 hours service (money, transport, advice) • Maternity more flexible and understanding – employee friendly, parents' nights, more understanding (not forcing) • New hospital to consider being able to accommodate premature babies instead of sending to the UK • Putting families together that need similar support such as a support group • Extend the role to other services i.e. Customer and Local Services
FACILITIES	<ul style="list-style-type: none"> • SCBLL – really positive/supportive/helpful • Hospital/maternity/SCBU / Robin Ward 	<ul style="list-style-type: none"> • More joined up thinking • More accessible play activities/sensory areas in public places and transport

3. Best Start Together

Recognising the strength of children, families and services working in partnership to achieve the best possible outcomes for all children



Leeward Childcare outlined their research showing how they value and involve children in their setting through having a listening culture.

In each of the 3 areas in the nursery they looked at their current practice and the way they communicate and listen to children and then at new ways they could encourage the children to communicate so they could identify and capture their preferences.

Baby room research: Eight children, aged 7 – 22 months were presented with wooden blocks and shapes, a selection of materials, sensory lights and torches. The children were observed for around 10 minutes to see which activities they would engage with. The results show which activities the children went to first:



Wooden blocks and shapes 1/8
Selection of materials 0/8
Sensory lights and torches 7/8

After 5 minutes 2 of the 8 children moved from the sensory lights activity to the wooden blocks and shapes activity. Practitioners were encouraged by the findings and have used the torches again. They are also looking beyond their own resources at resources available in other areas of the nursery to introduce to the babies.

Toddler research: Practitioners presented 27 children with a range of food at the snack table. – pitta bread, raisins and cucumber observed which item of food the children chose first when at the snack table. Out of the 27, they observed that 12 children's first choice was raisins, 8 children's first choice was pitta bread and 7 children chose cucumber first. All children then went on to choose the other items on offer during the snack time. Practitioners then engaged with the children to discuss their food choices further.



Pre-school children research: Children were asked what they liked to do with each member of staff. Their responses were as follows:

"Playing puzzles"	"Playing in the home corner"	"Play toys"	
"Kick balls"	"Cuddles"	"Drawing"	"Going on the bus with me"
"Making funny faces"	"Hopping in the tyres"	"Painting"	
"Playing with trains"	"Building"	"Playing with magnets"	"Playing outside"
"Playing with Lego"	"Singing"	"Drawing bunnies"	"Running around"
"Playing computers"	"Making pictures"	"Helping me"	"Having snack with me"
"Saying bye bye to mummy"	"Making Playdough"	"Drawing Dinosaurs"	

They were also asked what they like to do in each area of the nursery. The largest number of responses were activities at the Mark Making Table ("Drawing flowers", "Writing my name", "Drawing my mummy and daddy", "Drawing tree tops" and "Drawing monsters") and the Craft area where children liked to "Paint flowers", "Paint pumpkins", "Make treasure maps", "Make elephants". Least preferred was the Small World Area where children liked "Playing families", "Doll's House" and "Cars". Practitioners now propose to further engage children in the development of this area to enhance their learning.



Jersey Child Care Trust reported on their accessible and inclusive practice.

Nanny accreditation: Part of the application process involves a visit to a nanny at employer's home with children present. During this visit the child's voice is captured and recorded on the case file.



Nanny Accreditation



Special Needs Inclusion Programme



Best Start Plus Nursery Funding

Special Needs Inclusion programme: In the termly reports from support workers there is a section to record the child's experience/voice. This include:

When they appear most comfortable and happy at nursery? Why?
 When they make choices at nursery
 Joining their play during these moments

Best Start Plus nursery funding: In the process of developing the evaluation process for the first cohort of families the child's voice has been captured using Signing Sam. Data will be triangulated from the child, parent and practitioner twice during the academic year.

Actions for the Best Start partnership

The event was brought together by asking participants to consider 3 key questions to help the partnership to improve outcomes for young children and their families. Responses were as follows:

1) How might the partnership use the learning from this event, in particular, these stories/ journeys to deliver change?

- Look at and collate information collected today
- Look at improvement needed in services and start communicating with them
- Make sure the information is accessible so that parents can be sign posted to them
- Speak to one.gov
- Coordination of services
- Share the stories with Ian Burns and team
- Consolidate and share an up-to-date version of the Pathway
- Consider developing a service directory to facilitate flow of information to prospective and existing parents
- Share to a wider audience (including service providers)
- The partnership to take on active role in getting beyond the page and prioritise action
- Get the parents views in a large-scale survey?
- To listen to all stakeholders
- Work together – discussion/collaboration
- Use real life experiences to spot the gaps
- Invite a rep from Income Support to the next meeting to unpick some of the concerns highlighted today.
- More political involvement
- More information sharing

2) What 3 things are you going to do to make this happen?

- Create a poster with information about the services available
- Make information available online so we can share this
- Offer advices to parents/listen to parents' needs
- Continue to train staff/make all staff knowledgeable
- Share information with staff/parents
- Refer/support
- Arrange meeting/share the stories and learning
- Review/dialogue at partnership meeting
- Provide detailed information and help identify gaps
- Continue momentum – get involved
- Sharing information
- Allowing people/families you work with to have quality conversations
- Take time to listen
- Training in how listen/talk to families
- Stronger relationships
- Sharing information and gathering information

3) How will we know if we've been successful?

- Parents' feedback
- Increased parents' happiness/confidence/less stressed
- Staff feel more knowledgeable/empowered
- We won't hear the same story
- Research
- Change of practice/clearer criteria for assessment /better assessment/improve checking

- Identified gaps and priorities for development with action
- Services improve
- Parents are more informed
- Children's and parents' voices are positive
- Review and reflect on how we listen, evaluate, implement change
- Positive feedback
- Engagement
- Happy families
- Keeping conversations going
- Best start for all

Next steps:

The partnership's next steps will be considered using the Listening Cycle developed by the Young Children's Voices Network.



Customer and Local Services appreciate the opportunity to input into this report and pioneering initiative. We strive to deliver outstanding customer service at all times to all customers and we are constantly seeking ways to improve the delivery of our services. We have recently launched 'One Front Door', bringing together a wide range of front-line government services to make it easier for customers.

Income Support are continually developing our relationships with colleagues across One Government; Health and Social Workers, Occupational Health and Education as well as partners from a range of charities supporting parents at difficult times.

Our priority is to ensure ease of access to the benefit and we prioritise families, particularly where children are involved. Some recent changes include:

- The introduction of an appointment system for partner organisations to provide a collaborative support package
- Appointments at customers' homes, charities or other locations where requested and appropriate
- Private meeting rooms where customers can discuss their claims in a more comfortable environment

We measure customer satisfaction and seek feedback every day in order to understand and respond to the changing needs of our customers and stakeholders. If you would like further information you are welcome to email Helena Mangan, Head of Income Support at h.mangan@gov.je.

Appendix 1: Best Start – Services, information and facilities

Best Start			
	SERVICES	INFORMATION	FACILITIES
Conception to Birth	<ul style="list-style-type: none"> * Health visitor * Birth partner buddies * Midwife/community midwife * Antenatal preparation classes * NCT * Hypnobirthing * Baby steps * Support with healthy eating and/or meals if struggling * Paediatrician * Nurse/community nurse * Family support worker * Social worker * Bereavement and post-traumatic birth experiences or birth perceived as difficult or miscarriages for women and MEN * Doctors * Health advice around conception eg folic acid, smoking * The importance of having the same person during antenatal care * Library 	<ul style="list-style-type: none"> * What do you do if it doesn't work? * Financial advice (benefit, grant, tax relief) * Information about childcare choices, paying for care and access to information/support to find care * What birth options are available * Pregnancy preparation * Childcare and early education policy and universal provision, when and where entitlement at birth * Unhealthy pregnancy * Clear and simple signposting * Prenatal information e.g. books, online resources, people to talk to, apps, finances * Child care availability * Nutrition, movement advice and info and substance use * When to apply for nursery places * Info on development and care routines, feeding, mental health, childcare, financial * Breastfeeding and newborn care * Father ability to access pre-natal care alongside mother 	<ul style="list-style-type: none"> * Surgery (GP) * Hospital * Pharmacy * Breastfeeding room * Town Hall * Antenatal care * One place to find out info about becoming a parent-financial, taxes, benefits, childcare, maternity and paternity leave * Maternity – support for dads and other children * Birthing support * Toilets * Transport * Parent groups * Parking spaces for families * Pavements

		<ul style="list-style-type: none"> * Information and understanding of income support gov.je * Antenatal care, community visits, health visitors and baby steps * More child info fairs e.g. show case, childminders, nannies, nurseries, etc. * Relationship advice, support all the way * Preparing your body for conceiving, growing and having a baby * Nursery spaces, applying for child care from start * Info on where to go, who to see, first aid for babies and adults 	
Birth to 1 year	<ul style="list-style-type: none"> * Breastfeeding * 1 year development check * Groups that have appropriate staff * Need support to access groups - maybe just first time * Night time support * Weaning programmes * Home visits * GP * Swimming pools * Fort Regent not great for families * Cost of childcare * Bus costs!! From 1 year old + children are charged, should be free * Health visitors and clinics * Family nursing * Breast/infant feeding support * Post natal depression * Parent and baby/toddler groups * Registrar * Speech and language 	<ul style="list-style-type: none"> * Breastfeeding * Birthing options and alternatives care options eg reusable nappies/slings/formula * Childcare options * Key words how to navigate websites * Growth and development * Introduction to parenting * Injections * Health visitors to do drop ins to toddler groups etc. * What happens if things go wrong? * When do things happen? E.g. midwife/health visits/vaccinations, 1 yr check, 2 yr check – timeline * Return to work * Parental health advice e.g. Physical and mental health, preventive * Options for school nursery placement * Parent separation support 	<ul style="list-style-type: none"> * Breastfeeding * List of babysitters * Feeding and changing areas * Parent and child parking spaces * Town hall facility * Community shared spaces/centres to base services in so access is easier and local * Work place creche * Quality housing * Access to open natural spaces * Weighing clinics * Access to transport facilities * Clinics, surgeries, hospital, pharmacy, The Bridge

	<ul style="list-style-type: none"> * Healthy child programme (from 0 to 5) 	<ul style="list-style-type: none"> * Development, behaviour, sleep routines, feeding, health * Weaning info 	
1 to 2 years	<ul style="list-style-type: none"> * Varied times for health clinics * Marriage counseling * Triple P * 24hr helpline * Meeting for all agencies' professionals * Open day for new parents * Parenting groups * More outside affordable playgroups * Nurseries (private or States) * Parenting class * Help classes * Health visitors * Children's centres – more facilities, a joined up approach * GP * Healthy parent programme * Childcare provider * Dentist 	<ul style="list-style-type: none"> * Health visitors * Knowledge around schools and signing-up for places * Pre-school * Info re which services are available all along * Parenthood info for first time parent * Info about good health * Where, when, what baby classes/clubs are available (private and funded) * Immunisations * Developing early language/signing * Weaning 	<ul style="list-style-type: none"> * Playgroups * Nurseries * Transport – bus/pushchair space * Nappy change and breastfeeding areas, especially shops. * Children's parks – outdoor space in highly populated areas/living space * Breastfeeding friendly places * Parent and child spaces * Indoor play spaces - soft play * Green spaces and blue spaces * Weaning clinics * Spaces for informal gatherings/meetings * Hot food in nurseries (healthy) * Parks and clubs * Parent groups and toddler play groups
2 to 3 years	<ul style="list-style-type: none"> * Family zoo day * Family friendly cafes * Swimming * GP * Dentist * Active kids' options * Accessible, plus effective, public transport * 2 year check 	<ul style="list-style-type: none"> * Housing and jobs entitlement and restrictions * Toilet training * Babysitting and childminding info – safeguards and recommendations * Choice of schooling options and feedback 	<ul style="list-style-type: none"> * Funded places in child care from early then age 3 * Low level urinals * Parent and child toilets * Use existing (universal) cafés social settings to offer services from Beresford kitchen, Costa, etc. * Toilets for children * Clubs for children * Out of season access to Heritage sites etc. e.g. Once a month at

			<p>Hamptonne</p> <ul style="list-style-type: none"> * Access to nursery facilities * Broader offer of childcare and education of funded provision for all to access * Toilet facilities around town
3 to 4 years	<ul style="list-style-type: none"> * 20 hours free but parents to decide where to use e.g. nursery/childminder * Parish play spaces for children * 3 year check? * The Bridge * Parents needing to return to work early due to cost of living – paid childcare, lack of support, extended family and issues re child not sleeping etc. compounding stress * Library * Wellcomm * Family support worker * NEF States and Day nurseries 	<ul style="list-style-type: none"> * Schools and nurseries * Information about services available * More formal routes to find info about immunization and child health * Info about services available * Info/systems which are easily accessible to register interest in 20hrs classes nursery places * Potty training 	<ul style="list-style-type: none"> * Schools (private and States) * Parent and child toilets * Musical activities * Early reading support * Early number support * Hospital * Churches * Parks and play facilities walking distance * Access to open play spaces * Access for ALL to nursery care and education * Dad groups/mother and toddler groups (town halls and churches) * Sports * Park and beaches * Library
4 to 5 years	<ul style="list-style-type: none"> * GP – Free * Schools to do more to form parents friendship evenings at Reception * Youth clubs great! * Hot school lunches * After school clubs * Holiday schemes * Education/child psychologist * Speech and Language services * Health check - eyes * Out of school care/clubs * Wrap around care 	<ul style="list-style-type: none"> * After school care/clubs * School options – What? Where? and Why? * Parent friendly school registration * Preparing for school * Uniform costs/ second hand/exchanges -* What support is available pre-school/reception/primary school for range of special needs? 	<ul style="list-style-type: none"> * Low level urinals * Access to wrap around care (after school hours) * Child minders * Nursery * Play groups * Schools * Emergency services * Parks/outdoor play/swimming * Access to books/library

Appendix 2: Best Start parents' journeys

Anna's Journey

Before birth

I received all my antenatal care at the hospital which I was happy with. My relationship with Leah's father at the time was not particularly stable so I attended most of the appointments by myself.

Birth to first birthday

Leah's birth wasn't easy but it was fairly straight forward. I managed to do it without any drugs, just a LOT of gas and air! I actually found her far easier as a baby compared to now. Leah's father wasn't around for the first year or so but I knew where I stood and I really enjoyed her as a baby. I went back to work full time when she was around 8 months. I was working for a finance company. Leah went to nursery and seemed to really enjoy it.

To be honest during this time I didn't really seek support from anyone. I couldn't tell you the name of our health visitor. I attended a couple of weighing clinics but she put on weight well so I didn't bother too much. I think I also went to a weaning clinic.

First birthday to three

Around her first birthday Leah's father had a reality check and wanted to build a relationship with her. We took it slow but the more time he spent with her the closer we became and around her 2nd birthday we decided to give it another go. Unfortunately, things didn't work out but Leah's father has remained a constant in her life and they spend a lot of time together. She adores him.

Three to five years

As she got nearer to school age I wondered how I was going to manage childcare. I also wanted to be around to pick her up from school once the time came. My parents live in Ireland and so apart from friends I am very self-reliant. I also wanted to move out of town for Leah and got offered a property in a parish out west. I decided to leave working at the finance company and take on work which I could do from home.

Leah went to the local parish school and settled very quickly. What I have accessed recently and find very useful is the Family support worker at school. Leah's Dad is planning on moving to the UK with his new partner and I am very worried about how this will affect her. The family support worker has been very supportive.

I do not drive and find living out of town can be tricky. I would like Leah to access more groups like her friends but it is very hard where we live because of the bus routes. I have thought about moving back to town but I would then have to change schools which given the upcoming changes maybe too unsettling.



Alice's journey

Pre birth

A non eventful pregnancy like my first. Accessed ante natal care at the bridge and built a lovely connection with community midwife. Such a shame there is no cross over with hospital care and after birth care. Breeched baby so C section but planned and enjoyed experience. I had a C section with my first and our baby Thomas was diagnosed with Down Syndrome on delivery. I wondered whether the lack of pain and discomfort from the C section first time was due to the shock and emotions around the diagnosis but I had the same experience 2nd time around. Was up and out of bed during first 24hrs. I felt very strongly that I wanted to get up and fetch my baby during the first night if he needed feeding and the nurses helped me achieve this.

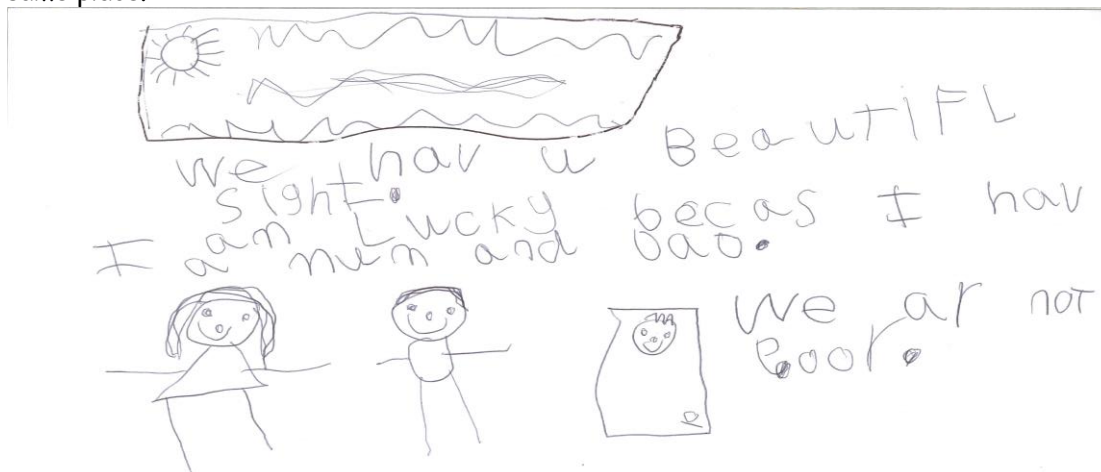
First year

Very full on! Elliot was a very unsettled baby and cried a lot! This was very different to my first and I felt totally disempowered. I had so much support with my first due to his needs but was left to get on with my second. I was probably not great at asking for help but often felt like 'I had so much support with Thomas but what on earth do I do with this one'. I went to weigh in clinics and spoke to health visitors about how unsettled he was. I tried cutting dairy out of my diet but nothing seemed to work. Once weaned he became more comfortable and started to sleep better. I had moments where I felt quite suffocated with my second. He wouldn't take a bottle and spent huge amounts of time in a sling as this kept him calm.

First year - three years

I went back to work part time when Elliot was 9 months. Initially just for 6 hours a week and my mother was able to care for Elliot. When he was 14 months I upped my hours to 25 a week. This was only financially viable as my mother helped with the childcare. If she hadn't been able to help then it would not have made sense financially for me to go back to work. Work is extremely important to me (I find it interesting, it keeps me sane and I feel a better parent because of it) and I wanted to be able to get a balance. I have been extremely lucky to have a very family friendly employer and mother to enable this.

At two and a half Elliot moved from care with a childminder to a local pre-school. This was a wonderful experience. The pre-school was very nurturing and stimulating and he thrived there. Elliot moved to a school nursery for his NEF year and we paid for the extra 10 hours. Elliot made this transition well and as a parent life became a lot easier having the two children in the same place.



Appendix 3: Best Start Plus – Services, information and facilities

Best Start Plus			
	SERVICES	INFORMATION	FACILITIES
Conception to Birth	<ul style="list-style-type: none"> * Parenting education with confidence and relationship building * MECSH – Maternal Early Childhood Sustained Home Visiting * Meal service for families experiencing crisis * Support groups * IVF, assisted reproductive service * Screening 	<ul style="list-style-type: none"> * Benefits and maternity/paternity legislation information * IVF and assisted conception info. * Family planning advice and support * More information for families regarding struggling to conceive * Guideline/info on effect of smoking/alcohol/allergies * Bilingual health visitors * Dual language Jersey Online Directory 	<ul style="list-style-type: none"> * Specialist services directory * Child development centre
Birth to 1 year	<ul style="list-style-type: none"> * Parent partnership worker * Importance of connecting to other families * Family nursing groups eg sensory groups/swimming * Free buses for young children * HENRY course available to ALL * Health visitor * Parenting classes * Midwives * NCT antenatal * Bumps and babies * Pathway coordinator * Housing assessment 	<ul style="list-style-type: none"> * Co-sleeping beds in hospitals especially for C-Sections * Display information in doctors/maternity about what support is available * Pre-natal/postnatal mental health info needs to be easy access * Ensuring support for families with EAL * Open access to Robin Ward for children who have long term conditions, especially at weekends * More advertising and promoting awareness * Early bird programme 	<ul style="list-style-type: none"> * Specialist equipment/how to access it * The Bridge * Hospital * GP * Health visitor * School Nurse * Special Care Baby Unit

		<ul style="list-style-type: none"> * Info to know what is available to help meet their needs/available through the universal offer to help pick up need *Awareness of, and access to, benefits 	
1 to 2 years	<ul style="list-style-type: none"> * Specific charities e.g. Autism jersey/Earsay * Milli's * Mediation services/marriage counselling/Peer/social groups/financial services and help * Behaviour help/understanding children/more States funding/SEN support for parents unable to get a referral * Payments * Courses information available to practioners/parents all in one place * Best Start Plus nursery funding * Social communication pathway * Doctors and dieticians * Speech and language * Early years inclusion team * Physiotherapy * Occupational therapy * Preventive/early identification * Paediatrician * Specialists * Consultants * Families that have accessed SCBU * GP 	<ul style="list-style-type: none"> * Information surrounding families of EAL and groups they can attend * Social security need a team who just deal with children with SEND/sick * Improved social security benefits for families requiring services off island *GP education on dietary intolerances and parents to be provided this info. * Providing info in multiple languages * Stigma on breastfeeding to change/too much pressure * Info on preparing for school/what to expect developmentally * Which services are available and how to access them * Info / guidance re specialist services * GP * Pre-school forum * Opportunities for children with needs to access services with others who do and where, when and how to access 	<ul style="list-style-type: none"> * More venues that are child friendly for Best Start Plus families with increased resources * Clean, dry accessible changing facilities * Stores with mum and baby parking (more spaces) * Young children with SEND access to swimming, shop, cinema * Medical equipment * Adaptations for homes
2 to 3 years	<ul style="list-style-type: none"> * Special needs inclusion programme * Support groups * Speech and language 	<ul style="list-style-type: none"> * Missing out on 'standard' advice e.g. safety 	<ul style="list-style-type: none"> * Accessible play/equipment in public places * Support groups/family events

	<ul style="list-style-type: none"> * Support workers * Nursery funding up to 10 hrs for children with developmental needs or living with ACES mainly 2-3 years old * Family support worker * REAL, Wellcomm * Support for children of SEND in private day nurseries and pre-schools * Corrective, restorative procedures. 	<ul style="list-style-type: none"> * Information regarding education (NEF, Schools, placements) * Changing from one service to another/progressing as they grow * Parent partnership workers * Guidance re benefit entitlements for child 	<ul style="list-style-type: none"> -nurseries/pre-schools/schools/more outside areas/more outdoor activities
3 to 4 years	<ul style="list-style-type: none"> * Introduction to healthy economical food-recipes * School/Family Support workers * Play spaces in all Parishes that offer the same opportunities * Service for all – 20 hours free up to parent to use nursery / childminder * Off Island Services/Specialists * Health Visitors * Physio, Occupational, Speech and Language Therapy, GYIT * ASC IT * Early Years Inclusion Team * Outreach provision service * Parent carer forum 	<ul style="list-style-type: none"> * Independent income support officer if having/need extra support * Schools and specific needs ARC (additional resourced centre) * Autism Jersey 	<ul style="list-style-type: none"> * Access to buses for children with SEND * Cycle Tracks for children and families * Short breaks holiday care for children with SEND * Sensory/calm zones e.g. quiet hour in shops * Charities support groups AJAYS
4 to 5 years	<ul style="list-style-type: none"> * Specialist Services by HV * Voluntary Sector Services (eg Autism) * Facebook/Social Media * Educational Psychologist * EAL Team * School Nurse * Community Short Breaks/Respite * Mont a L'abbe * Specialist provision in some schools * Support worker Inclusion process (0-5 years) 		<ul style="list-style-type: none"> * Specialist Provision + Services within some school e.g. St Clements – hearing -Mont a l'Abbe

Appendix 4: Best Start Plus parents' journeys

Sarah's Journey

We've been on the receiving end of a lot of hospital treatment, therapists and services. I've tried to pick out the things I've found have made the biggest impact on our journey.

Before birth

I had a lot of pregnancy scans including one in Southampton, as there were warning signs of a genetic disorder in the baby. I am pleased with the ante-natal care I received.

Birth to first birthday

3 weeks in SCBU - Megan came home with a feeding tube. There's a family room in the maternity unit where we stayed with Megan for a few days before being discharged. We practiced caring for Megan by ourselves with the security of still being in the hospital. This really helped build our confidence with transferring from SCBU to home with a newborn with medical needs. Community nurses assisted us at home. Health visitor visited regularly. Parent Partnership Worker assigned to us.

We were introduced to Baby Sensory and Swimming groups at Mont a L'Abbe run by Family Nursing for babies with medical conditions. We started going when Megan was 6 weeks old and still go now. These groups connected me to other parents in a similar situation and have been a vital source of support for me.

What mattered the most to me during this year was integrating Megan into society. It's difficult going out with a baby that looks different (skull & facial deformities, feeding tube, hearing aids) and a baby that isn't meeting their milestones. The Sensory and Swimming groups were comfort zones but I also wanted to go to 'normal' baby groups. Samares Pathways were extremely welcoming and I attended a baby group there as well.

First birthday to three

What matters now is doing everything to encourage Megan's development, which is very delayed. She's under all necessary therapists but I felt a nursery placement could help. I was also feeling the pressure of trying to do all Megan's early intervention and therapy tasks by myself. My Parent Partnership Worker was amazing and organised a nursery placement with the support of Jersey Child Care Trust (JCCT). This alleviates the pressure on me as I know her portage targets etc. are being supported at nursery through her one-to-one JCCT support worker, Jayne.

Rebecca's journey

Birth to first birthday

Liam was born prematurely at 28 weeks. He was delivered by C Section at Jersey Hospital. I was warned that I would not be able to see/hold baby straight away and that he would be taken to SCBU. He was born at 2pm and I saw him in SCBU just before 7pm. I was able to hold Liam's hand (which was soooo tiny and almost translucent) and in that moment I felt this amazing power of love and protection that was overwhelming. Liam was flown to the UK after a third hospital was found when the first two approached were full. The paediatrician flew with him as did a nurse called Lisa. I will remember Lisa always as she reassured me that he was going to a great hospital where she had once worked. She knew the ward well and that he would be in excellent hands. I felt so reassured by this.

I wasn't able to fly because of my health needs and Martin had to make the really difficult decision whether to stay with me or go with Liam. With the Paediatrician and Lisa the nurse with him Martin felt he should stay with me. We flew to Brighton two days later and stayed for 6 months.

This was such a scary time but we were reassured by the medical staff and Liam developed well. The noises of the ward are still so vivid in my mind and if I hear a bleeping sound it brings it all back. Liam is the same. He does not like hospitals, bleeping or people in uniforms. When he see/hears this he clings to me for reassurance.

During our time in the UK Martin was unable to work. This put huge financial strain on the family. If it wasn't for our landlord saying we didn't have to start paying rent until we came back I don't know how we would have coped.

The hardest part of our journey has been the financial pressures. Once back on the Island we went to Social Security (*now Customer and Local Services*) and explained our situation. We were entitled to income support of £17 a week initially. This was then reassessed (by someone else) and we were told we should be receiving £350 Income support a week plus around £100 Personal Care component for Liam as he has been assessed at Level 2. In January 2017 we received a letter to say we had been overpaid and needed to pay back £3000. This caused us huge anxiety, stress and we felt incredibly angry. This was not our mistake. We had provided all the necessary documentation and they had miscalculated our entitlement. During one visit to Social the person seeing us (again someone different) said we had to bring Liam in. I had avoided public places with Liam due to the fear of infection but they insisted they see him. When I brought him in the person liaising with us said 'Oh he is only on oxygen that's not a disability'. I was so angry I had to leave the room!

We were told we could be entitled to Housing benefit but would have to move to access it. We live in a house with my sister (she has top floor, we have ground). This has huge benefit for our family especially during the first two years of Liam's life when I was very much housebound due to fear of infection from public places. Liam has a fantastic relationship with his cousin and I have so much support from my sister. Moving would change that and in my mind be detrimental to our wellbeing.

First birthday to three

We received a diagnosis of Liam's life long health condition around his first birthday. The medical, health, and educational support we have received has been extremely good. The parent partnership worker has been invaluable and a real source of support. Liam has just started nursery and receives one to one support from the Jersey Child Care Trust.

My only real criticism is with the Income Support System. Having to see someone different each time is problematic. If we had someone who was designated to work with families with children with health conditions and/or Special needs that would really help. Seeing the same person would make such a difference. They would also build up an awareness of our situations and maybe have access to specific training. We are currently on a payment plan to pay back the £3000 and have made the decision that we do not want to be reliant on Income Support. I have a strong work ethic. I have worked hard since I was a teenager and contributed to the States since arriving in Jersey in 2005 but during the time of Liam's severe ill health we just needed some support. I am now working three nights a week so we do not have to be reliant on Income Support. The pressure and stress is just too great.

The only other thing that would make life easier for us would be direct access to Robin Ward at the hospital. When we are concerned about specific aspects of Liam's health (which can change very quickly) we are advised to attend A&E. Both times this has happened they have had to contact the staff at Robin Ward to get advice and support. Direct access to Robin Ward would shorten this process and enable others to access A&E staff during this time.

Jersey has fantastic services and support for families like ours. Being a small place we can access it really very easily and quickly. It does mean however we are heavily reliant on individuals though. We are very grateful that the ward can access advice from a Paediatrician in Southampton in times of need.

Claire's journey

I have always wanted a baby. It's what I structured everything in my life around. There is plenty of coverage in the media about the age of conception and the difficulties people can have so I knew when we got to that point in our life, we needed to be healthy and prepared. And we were. Active, eating healthily, taking folic acid. All the right things.

After a year of trying with no luck, I knew at the age of 34 that we didn't have time on our side. So, I visited my GP all prepared for a fight as to why I should be referred. However, no fight was needed! My GP was very understanding, immediately did the initial blood tests etc and referred me to the Assisted Reproduction Unit at the hospital (ARU). My husband's GP did the same for him.

I can't remember how long it took for an available appointment. All I know is when you are at this stage, even a week seems like an eternity, another month is another failure, another lost chance. We didn't really know what to expect at the first appointment and didn't really know who to ask. This isn't generally something you chat to your friends about down the pub. Some research on the good old internet told us to prepare for some intrusive questions and to feel a little overwhelmed. They were right!

We came away from the appointment with a lot of questions and armed with an envelope full of leaflets and information. I sat down and read every bit of it and cried.

The cost of IVF treatment was prohibitive and not something we could afford on our own. We decided to take a step back and try Intra Uterine Insemination (IUI) first. Two cycles failed. I spent all my spare time researching on the internet and pouring over forums as we still didn't really know who, if anyone, we could talk to.

IVF was now our only option. We bit the bullet and talked to our parents about our situation and they very kindly offered to help. We started our first cycle. I flew through it with no ill effects, other than feeling like a bruised pin cushion. Even the large amount of hormones I was pumping into myself didn't seem to affect me (at least not that my husband has ever admitted to me!). I had flexi time at work so could fit in the myriad of appointments for blood tests and scans and monitoring without any problem. Then we were handed over to the London clinic with our sheet of contact details and our London adventure began.

Once the treatment in London was complete, we were handed back to the Jersey team and the wait to test began. It was positive! This is easy I thought.... (I would later smile as I looked back at the naivety of those words!). Then came another wait until at 6.5 weeks we had our first scan. We gasped and grinned as we saw a heartbeat. Sadly, that heartbeat was too slow. After what I can only describe as an agonising two week wait (although that word doesn't seem enough to describe it) our worst fears were confirmed. I had miscarried.

The options were explained to me immediately. We were given a room to wait in to try and pull ourselves together. I opted for surgery and thankfully they managed to find a bed for me that same day.

We went on to have another 8 cycles of IVF and have experienced many of the trial and tribulations of fertility treatment. I have had a cycle abandoned due to miscommunication on

the part of the London team. I have had a range of supporting treatments, some controversial, including acupuncture, counselling, endometrial scratch, intralipids and genetic testing.

In total I have had 8 positive pregnancy tests. 4 were very early losses - within a few days. 3 were miscarriages at scan / heartbeat stage. And 1 resulted in my amazing little boy who is now a year old.

On that 9th and final cycle, everything seemed to go wrong. We had almost entirely given up and were going through the motions with our last shred of hope. We couldn't financially, physically or emotionally go through any more. We can't really make anyone who hasn't been through it understand just how much of a miracle it is that he is here.

After everything was given the green light at our 8.5 week scan we were passed over to the Maternity Unit to start a 'normal' pregnancy journey. This felt very strange. We had come from a place where we had a team of people that know the trauma we had been through to suddenly being just like everyone else. But we weren't just like everyone else. We were terrified. The number of pages added to my notes shows just how terrified! They reflect the number of times the midwives and the Emergency Department very patiently and kindly dealt with each panic and issue I had - the spotting, the fall at 14 weeks, the low measurements, the possible slowed movements, the excruciating kidney pain, the urge to run and hide before each scan.

There was one particularly scary moment at one of my antenatal appointments when my bump measurement showed that the growth was weeks behind. Thinking back to the miscarriages we had had where growth rates were behind, you can imagine how absolutely terrifying this was for us. The Doctor at our appointment seemed to understand how scared we were and managed to arrange for us to have a measurement scan later the same day. The wait was beyond awful. I didn't bother going back to work as I would have been useless anyway. Thankfully the scan showed that the baby was in fact measuring 2 or 3 weeks ahead. It was just my bump that was small. A very scary few hours all due to a tape measure. We couldn't help but think what if the baby *had* been small but my build or muscle tone had been different and my bump was bigger - no-one would have realised there was an issue. It made us very grateful for the number of scans we had.

We were so focused on the fact that during our conception journey that everything had seemed to be a challenge and went wrong, it wasn't until after our son was born that we looked back and realised that actually, everything with the pregnancy had gone really well!

Our midwife, was lovely. Very reassuring and helpful and we saw her at all of our midwife appointments. I was under consultant led care so I also had a number of ante-natal appointments at the hospital so got to know the staff there as well who were also very kind and understanding (and patient!). We were given information about the various ante-natal courses available and opted for the private options of NCT and hypnobirthing.

If I'm honest, we didn't really get on with the NCT course. The information seemed biased and conflicting. The hypnobirthing course on the other hand was great. I didn't go into it with the view of having a pain free birth, for me it was all about having a toolkit so I could help myself cope on the big day and in the end the hypnobirthing techniques came in very handy in a slightly unexpected way.

My baby measured big at every scan. Towards the end of the pregnancy I had a conversation with my consultant about, in his words "how we are going to get him out because he is big and you aren't!" After being given all the information and options and talking through the risks, we decided on a planned C-section.

I felt much more relaxed and less anxious once it was all planned in. In fact, I felt a bit like I had been given a get out of jail free card. I kept going over my decision to make sure I was making it for the right reason and not because it seemed like the easy option. I felt guilty that I wouldn't have to go through the same dramas as other people. Little did I know....

I had a pre-op assessment at one of my antenatal appointments and everything was explained to me. On the day, the C-section went fine. It all seemed to be over very quickly and before we knew it I was back on the ward feeding my very own baby! Suddenly I felt a bit dizzy and then all hell broke loose. I'd had a massive haemorrhage and suddenly lost nearly $\frac{3}{4}$ of my blood. There were Doctors, midwives and nurses running around, a SCBU nurse offered to take care of the baby and I was rushed back into theatre. This is where my hypnobirthing breathing and relaxation techniques unexpectedly came in very handy. It was a bit scary! Eventually everything was sorted and I spent 2 days in intensive care. My midwife arranged for me to be in the isolation room so I could still see and feed my baby. Unfortunately, he was taken into Special Care Baby Unit during the first night as he had some breathing issues. The SCBU nurses were fantastic. They helped my husband who had never cared for a baby and they kept me updated, sent me pictures and came to visit me to let me know what was going on and to ask me things so I still felt involved.

Although the birth was dramatic, I don't consider it traumatic and I still see it as a positive birth experience. I believe that is down to the staff and their care, thoughtfulness and communication. The only thing I wish I could change is to have had some more information before hand about what will happen if something does go wrong. I know it's different in each situation but I never even considered about what would happen if something were to go wrong and I was separated from my baby. I still find it hard that other people got to hold my baby and dress him and feed him before I did and that I didn't get to introduce him to his grandparents and see the looks of amazement on their faces.

Because our baby was in SCBU we were offered the enhanced health visitor programme - MESCH, which after some initial hesitation over why we were being offered it - do you think I can't cope - we gratefully accepted. We are so pleased we did. Our health visitor has been amazing and the programme offers so much reassurance. It has given us a level of confidence that, particularly in the early days, I could see was sometimes missing from other people I knew with new babies. We always knew what stage he was at, what we needed to be encouraging and supporting him to do next and what issues we should keep an eye out for. We were also informed of the latest research about best practice so we could make educated, informed decisions and not have to rely on the "but in my day we did it like this" pressure and advice that is so readily offered, or trawl through the reams of conflicting advice on the internet. We have also had regular development checks all in the comfort of our own home. On top of all that, our health visitor is only a phone call or email away. I've only used that option on a couple of occasions but knowing it is there or that her next visit is not so far away has been invaluable.

For me, the only information that has been missing is things to do with tax, social security and that kind of thing. After I returned to work I was ill and was signed off and my states sick pay was paid at a reduced rate as I had not been paying social security contributions because I took

unpaid leave over the 18 weeks the states offer maternity pay. In total I took 6 months off work, unpaid as I hadn't been with my employer long enough to qualify for maternity benefit. I took the 6 months so I could breast feed for at least the minimum that is recommended. I didn't realise I would be penalised for doing so. I was later told that there was a kind of insurance I could have applied for to cover this. All I had to do was fill in a form. I asked why new mums weren't supplied with this in some kind of pack at the hospital and was told that it is on the website. But I didn't know the form existed, so how would I know to look for it?

Our son is now nearly 14 months old. He passed his one-year check with flying colours. He has a great time at Cheeky Monkeys nursery where I think we were amazingly lucky to get a place (no-one tells you that you need to register them for a nursery place practically before they have been conceived!) and I am slowly getting used to working full time hours whilst bringing up a child and the logistical challenges that brings.

I believe in any process there are always areas for improvement simply because things change and evolve, and there were a few minor hiccups along our journey, but as far as we are concerned, the help and support we have received so far has been excellent.