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National Evaluation of Flying Start: Area case study synthesis report



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

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Approved by:	Marian Morris	Date: 25/11/13
	Director	

Executive summary

1. The Flying Start programme, launched by the Welsh Government in 2006/07 with the explicit aim of making ‘a decisive difference to the life chances of children aged under 4 in the areas in which it runs’, has been operational across all local authorities since 2007/08.¹
2. Flying Start delivers targeted investment for children from birth to under four years old in the most disadvantaged communities in Wales. The programme intends ‘to provide both early years care and education to develop a strong partnership with families and other services that cater for young children...’². It focuses on the identification of need (including the earlier identification of children and families with high need) and on early interventions to improve children’s language, cognitive and social and emotional development, as well as their physical health. The main elements of the provision are:
 - an enhanced health visiting service
 - free, high quality, part-time childcare
 - evidence-based parenting support programmes
 - support for early language development.
3. Alongside these elements is an intention to improve information sharing and referral between all practitioners within Flying Start.

Main findings

All areas were in agreement that Flying Start **health visitor** funding had led to:

- more comprehensive and faster assessment of need
- more effective referral to other support, both within Flying Start and to wider generic or health teams (including dieticians, speech and language therapists and behavioural support)
- more flexible and intensive support for families both before and after birth and on weaning.

This was true even though some health visiting services had found it difficult to meet the caseload ratio of one health visitor to 110 children. All had, however, established an inter-agency mix of health visitors, speech and language therapists, dieticians and midwives (or midwifery liaison staff).

The majority of Flying Start areas now suggest that they deliver the full **childcare** offer (2.5 hours a day, five days a week for 39 weeks a year) for all eligible children aged two to three, with appropriately qualified staff and ‘one-to-one’ provision for those with additional needs. In general, however, childcare settings were not operating either to full capacity or with consistently high attendance.

Many areas have now established a continuum of provision, from enhancing **parenting skills** and strategies amongst parents with low levels of need to providing intensive support for those facing particular challenges. Where areas had recorded and measured parental outcomes they reported at

¹ It should be noted that Flying Start is not a statutory or compulsory programme and that parents do not have to participate.

² Flying Start Guidance, 2009/10, Annex B, paragraph 6, Welsh Government
<http://wales.gov.uk/docs/dcells/publications/100225flyingstartannexben.pdf>

least some **measurable and positive changes in parental behaviour**, mainly in discipline and boundary setting, as a result of their programmes.

The extent of growth in **Language and Play** programmes was lower than for the other entitlements. That said, speech and language development was seen by many areas as a function of parental attachment, engagement and skills and so central to the parenting programme offer.

How was the research conducted?

4. This report, which provides a snapshot of Flying Start programmes in 2012/13, is part of a series produced by SQW and Ipsos MORI for the national evaluation of Flying Start. The principal sources of evidence for this report are 22 in-depth Flying Start case studies conducted by SQW in each local authority in Wales. The fieldwork for the case studies involved consultation with over 150 stakeholders and was conducted over the summer and autumn of 2012. The research for the study involved the following steps:
 - initial contact with the Flying Start team and a review of background material from previous rounds of case study visits (up to and including 2009) and information provided by the Welsh Government
 - meetings and in-depth interviews with the Flying Start Manager/lead and individual leads of the Flying Start core entitlements in each of the 22 local authorities
 - collation and analysis of additional documentation and data (at local and national level³)
 - the completion of written case-study reports for each of the 22 local authorities (these were agreed and signed off by the Flying Start leads before incorporation into the case-study report)
 - a synthesis of all case-study data, incorporating national statistics collated by the Welsh Government from the 22 local authorities.

5. It should be noted that, in common with the challenges faced in evaluating many social interventions, attributing impact to the Flying Start programme is not straightforward. While some outcomes can be assessed against basic metrics, other impacts (such as improved family relationships or better parental bonding) are more intangible. In many areas, Flying Start is one of a number of programmes aimed at addressing the challenges brought about by poverty and deprivation. While Flying Start has unique elements, positive outcomes for children and families may be the result of more than one intervention (and more than one programme) addressing complex needs, rendering the direct attribution to Flying Start problematic.

³ See data on statswales.wales.gov.uk

What did Flying Start set out to do?

6. The rationale for, and anticipated outcomes of, Flying Start are set out in Figure 1 below. The diagram, developed by SQW in the early stages of programme implementation to provide a framework for the evaluation (and now updated), highlights:
- high level **contextual data** (dark blue shaded boxes) relating to the conditions on which Flying Start is expected to have positive impacts over the longer term
 - programme level **aims and objectives** that are expected to be achieved in the form of medium term outcomes (the light blue shaded areas) and
 - shorter-term programme **activities** and **outputs** to pave the way for the short-, medium- and longer-term outcomes and impacts (the unshaded areas).

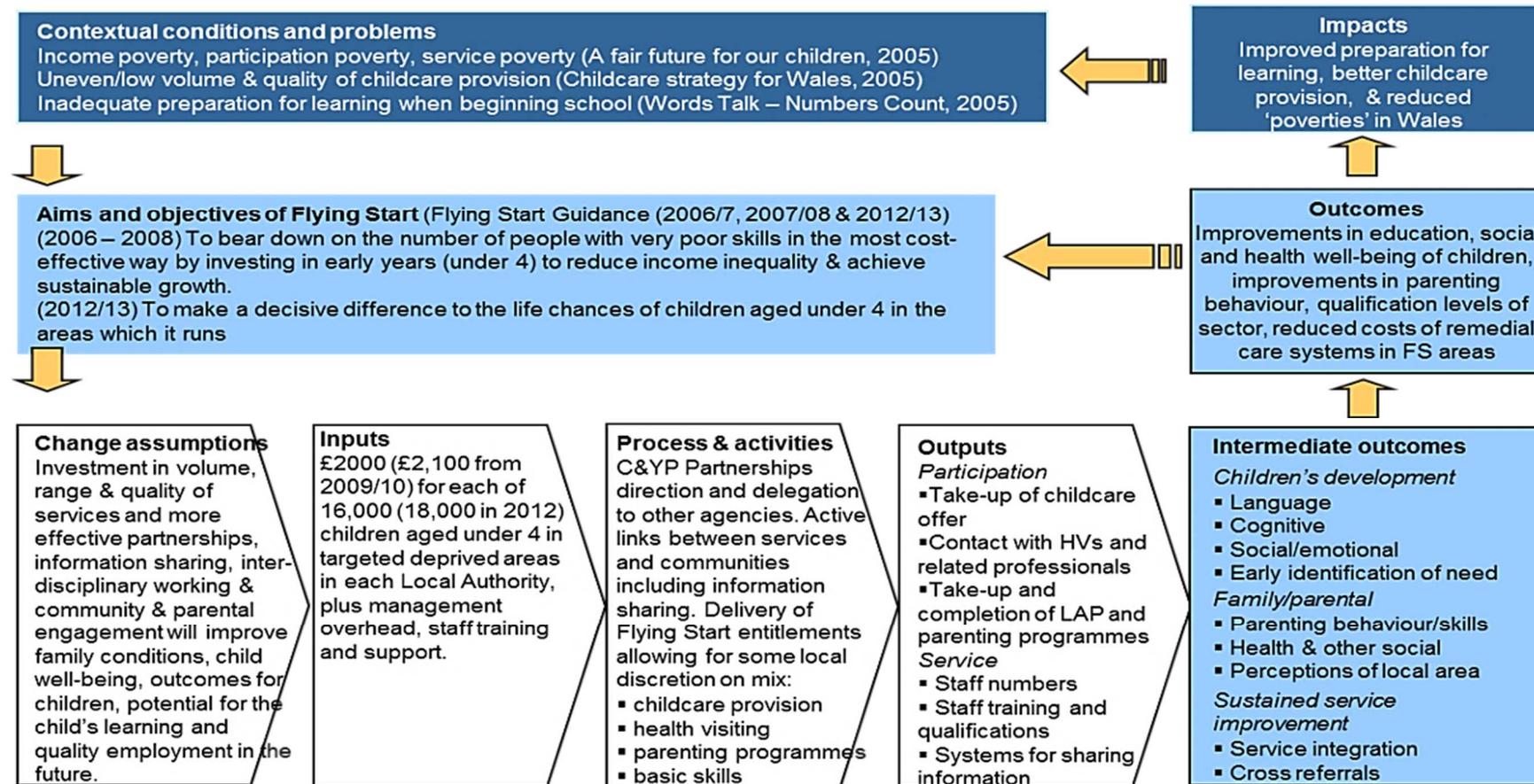
Flying Start – in detail

7. In 2012/13, 23,579 children benefited from Flying Start services. This reflects the total number of children who have had a contact with a Flying Start health visitor during the year. This is higher (by 4,493 children) than the notional cap of 19,086 and represents the level of activity in the Flying Start areas, as well as movements in and out of the areas, including net births and deaths in the 0-4 age range. Data collated by the Welsh Government for 2012/13 shows that overall **expenditure** across the Flying Start authorities reached **99% of the total £40,040,637 budget** in that year. However, given the large number of children benefiting from Flying Start, it is perhaps not surprising that data from local authorities indicated that the **average spend per child, per year, was £1,677.60**, 81% of the anticipated annual budget for each child of £2,073.

What did Flying Start achieve?

8. The longer-term outcomes and impact of Flying Start set out in Figure 1 will not be known for a number of years. The children born in the year when Flying Start was launched (2006/07), for example, are now only aged six to seven and so just nearing the end of the Foundation Phase in school. The longer-term impact on their educational, social and health outcomes cannot yet be established, therefore. Furthermore, few, if any, of these older children would have experienced the full Flying Start offer (as indicated in previous reports, which demonstrated that Flying Start was not fully operational in all areas and across all entitlements by 2009, for example). Those born in recent years are more likely to have done so. In order to provide an indication of movement towards achievement of longer-term outcomes and impacts, we focus on the reported **intermediate outcomes** for children and their families.

Figure 1: Flying Start rationale and anticipated outcomes



Source: SQW

Enhanced health visiting service

9. The enhanced entitlement seeks to reduce the caseloads of health visitors operating in Flying Start areas, in order to enable a more intensive, lengthy and supportive health visitor service. The target set by the Welsh Government is to ensure that caseloads do not exceed one health visitor to 110 children (a ratio of 1:110) in each Flying Start area.
10. By 2012, **the majority of areas reported that they offered the full entitlement** in terms of one-to-one family contact and regular follow-up visits with fully trained staff, who could call on a wide variety of additional services and support. Most Flying Start areas have **also established wider health care teams**, offering an inter-agency mix of health visitors, speech and language therapists, dieticians and midwives (or midwifery liaison), with a clear expectation of integrated working.
11. Thirteen of the 22 local authorities reported that they **had achieved and were maintaining** the Flying Start target of a 1:110 health visitor caseload. This ratio is similar to that noted in 2009, and some services indicated that they still faced problems with the recruitment and retention of health visitors, even though they were exploring different ways to overcome this.
12. Nonetheless, the caseload across all areas was still lower than in non-Flying Start areas (where it was reported to be between 1:300 – 1:400). The **lower Flying Start caseload** was said to have led to an **enhancement of health visitor provision**, not only in terms of increasing outputs through additional home visits (with children visited, on average, around seven times a year by a health visitor or wider Flying Start health team), but also in terms of facilitating access to a wider range of services (through cross-referral) and more focused and family-centred support. However many additional visits there were, all Flying Start areas suggested that the visits with families were longer and more intensive and that it was this, rather than (necessarily) an increased numbers of visits, that was key to better provision.
13. All areas were in agreement that Flying Start health visitor funding had led to:
 - more comprehensive and faster assessment of need
 - more effective referral to other support within Flying Start and to wider generic or health teams (including dieticians, speech and language therapists and behavioural support)
 - more flexible and intensive support for families pre-and post-birth and on weaning.

Free part-time, quality childcare for two to three year olds

14. The childcare entitlement is designed to offer free part-time, quality childcare for two to three year olds (and for the under twos, where a need exists). The Flying Start offer is for 2.5 hours a day, five days a week, for 39 weeks, with, in addition, at least 15 sessions for each family during the school holidays. Managers of Flying Start childcare settings have to be

qualified to at least Level 4 in childcare or equivalent,⁴ all practitioners have to be qualified to Level 3 and any support staff without qualifications are required to have made a commitment to train to Level 3.

15. Since the introduction of Flying Start, the provision of childcare facilities in local authorities in Wales has seen a notable change. **Most Flying Start areas now report that they deliver the full service offer** for all eligible children aged two to three, with appropriately qualified staff and one-to-one provision for those with additional needs. In general, however, **childcare settings were not operating to full capacity or with consistently high attendance**. Addressing poor attendance was seen as a priority in most Flying Start areas, with many now having protocols in place to proactively follow-up on absenteeism, including phoning parents and, if appropriate, carrying out home visits.
16. Information from annual progress reports, inspection reports and stakeholder interviews, taken alongside the number of families who are now accessing childcare, the improved qualification levels of staff and available trend data on SoGs (the Schedule of Growing Skills assessments) and teacher assessments, show that there are **firm indications that Flying Start has had a positive impact on childcare provision**. Settings used a range of tools to assess the quality of provision (such as the Infant Toddler Environment Rating Scale (ITERS⁵), the Early Childhood Environment Rating Scale (ECERS) or the Family Child Care Environmental Rating Scale (FCCERS)), but this information is not required to be reported centrally, so it is difficult to provide a clear assessment of the overall quality of Flying Start childcare provision.
17. Flying Start funds were being used in local authorities to raise the qualification levels of staff (with staff training from Level 2 to Level 5). They were also being used: to access additional training on legal and regulatory requirements; for Welsh language courses; to support continuing professional development; and to provide training in the ITERS.
18. By 2011/12, all childcare and managerial staff in **over half of the Flying Start authorities were reported to be qualified to at least the minimum Flying Start requirements**. Staff indicated that this training had resulted in a positive impact on their professional lives.

Evidence-based parenting support programmes

19. This entitlement requires provision of evidence-based parenting support programmes (where experience demonstrates they generate positive outcomes for children) to be offered to eligible Flying Start families. Across the Flying Start areas, parenting support programmes focused on interventions with parents:
 - at **different points** in their child's life (ante-natal, baby and toddler)
 - using **different formats** (formal or informal groups and one-to-one activities, including intensive support, based in homes or in neutral venues) and

⁴ Qualifications as set out in the Welsh Government's Qualifications Framework for Early Years Education, Childcare and Playwork.

⁵ See <http://www.ecersuk.org/4.html>.

- with **different means of referral** (through Flying Start health visitors, other health or social care staff, including midwives and both Flying Start and non-Flying Start personnel, or through self-referral, for instance).
20. In effect, many areas have now established a **continuum of provision** including:
- enhancing parenting skills and strategies amongst parents with low levels of need
 - providing intensive support for those facing particular challenges in their daily lives
 - providing any additional needs in managing their relationships and interactions with their children, including behaviour modification.
21. While some forms of parenting support programmes existed in a number of areas prior to the introduction of Flying Start (with some interviewees emphasising that it was part of a wider national agenda), all were now agreed that the level of support available in Flying Start areas was **markedly greater than that to which parents had access to outside Flying Start**.
22. From the data gathered from Flying Start areas, some of the **most robust evidence appears to have been gathered using TOPSE** (a Tool to measure Parenting Self Efficacy), which in some areas was also used as part of the initial referral process⁶. Areas using this tool have been able to measure parenting skills before and after a range of different interventions and all also reported at least some **measurable and positive changes in parental behaviour** as a result of their programmes.⁷ While families completing the tool often reported some changes across all eight of the TOPSE domains (emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressures of parenting; self-acceptance; and learning and knowledge), the greatest improvements were generally reported in **discipline and boundary setting**.

Access to Language and Play programmes

23. Research into educational and cognitive progress highlights the importance of early speech and language development. This entitlement requires the provision of Language and Play programmes at levels sufficient to meet local demand from Flying Start eligible children.
24. **The extent of growth in LAP activity is less marked than that for each of the other entitlements**. Indeed, in at least six of the 22 local authority areas, interviewees suggested that there was little difference in terms of provision or accessibility to LAP sessions between Flying Start and non-Flying Start communities.
25. This view was clearly not universal, however, and may be partly an artefact of the programme itself. **Speech and language development were seen by many areas as a function of parental attachment, engagement and skills and** (as highlighted by the number of parenting support programmes focused on this) were **seen as central to the parenting programme offer**. Equally, the increase in take-up of the free childcare offer at

⁶ See (<http://www.topse.org.uk/>)

⁷ Based on TOPSE data.

age two, as more (and more suitable) settings became available, meant that fewer families requested (or were thought to want) the additional intensive LAP programmes for their older toddlers.

What impact has Flying Start had on the wider sector?

The impact of inter-service and multi-agency working

26. Given the complex dynamic for many families, the integration of health and other services in a holistic support programme has the capacity to enable earlier and more effective intervention, drawing on a team of staff around the child and the family. Multi-agency working can occur in different ways, however, ranging from **multi-agency panels, multi-agency groups, multi-agency teams, or integrated services**.
27. Flying Start teams generally reported they were working towards a model of integrated services. However, the extent to which this full integration was evident on the ground was variable. That said, the **positive impact of full integration** was repeatedly emphasised in those areas where this had been achieved, with teams highlighting: more effective management and delivery flows; better information flows and more rapid referral to meet need; increased access and greater visibility of services; more focused training and skill development; and the development of a more evidence-based approach to target setting (especially in those areas using the Results Based Accountability⁸ approach).

The impact of Flying Start on data sharing practice

28. One of the biggest challenges identified for achieving a more effective integrated service is lack of access to data on families. Since 2009, significant progress has been made in Flying Start areas, both in terms of internal data sharing (between health and social care teams, for example) and in terms of data-sharing with other programmes (such as Families First, Communities First and, in the past, Genesis). The development of Information Sharing Protocols was welcomed and many areas were working towards (or had already put in place) such protocols. By 2012 (when the fieldwork took place) **over half the Flying Start areas had developed systems for information sharing within the programme and just under half had some data sharing agreements with external agencies**.

What will help Flying Start become sustainable?

29. Over the course of the Flying Start programme, and based upon the evidence that we have generated over the course of the evaluation, we have seen that areas have had to find a balance between delivering Flying Start in a prescriptive way (which would allow its benefits to be measured and understood), and delivering the programme in a way that both maximises partner engagement and contributes to the wider strategic priorities of the local authority. In summary, those areas that have embarked on a model based upon **embedding**

⁸ Results Based Accountability (also known as Outcomes Based Accountability) was developed by Mark Friedman and has been widely used in the US and UK. Using local data to determine priorities and measure performance, and involving relevant personnel in both agreeing those priorities and monitoring performance, it aims to strengthen accountability and achieve positive change.

the principles of the programme into wider mainstream provision, and started this process a number of years ago, are, we would argue, now in the **strongest position with regards to sustaining and enhancing activity**. Indeed, whilst this model is not without its risks, it is these areas that are exhibiting the strongest examples of good practice associated with sustainability.

30. In the coming years, a key challenge for Flying Start will be to use developments in monitoring and administrative data to track both Flying Start and non-Flying Start children as they enter school and provide a comparative assessment across a range of outcomes (educational attainment, health, social well-being etc.). Robustly **demonstrating the outcomes and impacts of the programme** could lead not only to improvements to design and delivery, but also provide the rationale for future political (and financial) support. As the expansion of the programme takes place, and Flying Start becomes an increasing part of the mainstream service offer, the need for this evidence has never been more important.

Acknowledgements

31. We would like to extend our particular thanks to the **Flying Start Partnerships in all 22 local authorities in Wales** who supported the evaluation and provided valuable insights into the delivery, achievements and challenges of the programme.

1. Introduction

- 1.1 The Flying Start programme, launched by the Welsh Government in 2006/07 with the explicit aim of making ‘*a decisive difference to the life chances of children aged under 4 in the areas in which it runs*’ has been operational since 2007/08.⁹ It was informed by:
- *Children and Young People: Rights to Action*. (2004) Welsh Assembly Government
 - *A fair future for our children: The Strategy of the Welsh Assembly Government for Tackling Child Poverty*. (2005) Welsh Assembly Government
 - *Childcare Strategy for Wales*. (2005) Welsh Assembly Government
- 1.2 Subsequently, Flying Start informed the Children and Families (Wales) Measure 2010,¹⁰ and was incorporated in the 2011 Child Poverty Strategy, contributing specifically to the strategic goal of ‘*reducing health, education and economic outcome inequalities for children living in poverty by improving the outcomes of the poorest*’. The Welsh Government broadened its approach to tackling poverty when the Tackling Poverty Action Plan was published in 2012. This plan maintained a focus on tackling child poverty, with a growing emphasis on support for the whole family. This has been strengthened further in *Building Resilient Communities: Taking Forward the Tackling Poverty Action Plan*, launched in July 2013.
- 1.3 Specifically, Flying Start delivers targeted investment for children from birth to under four years old in the most deprived communities in Wales. It is intended ‘*to provide both early years care and education to develop a strong partnership with families and other services that cater for young children...*’¹¹. It focuses on the identification of need (including the earlier identification of high needs) and early interventions to improve children’s language, cognitive and social and emotional development, as well as their physical health. The main elements of the provision are:
- an enhanced health visiting service, with a target health visitor caseload not exceeding one health visitor to 110 children (a ratio of 1:110) in each Flying Start area
 - free part-time, quality childcare for two to three year olds (and for the under twos where a need exists). The Flying Start offer is for 2.5 hours a day, five days a week, for 39 weeks, with, in addition, at least 15 sessions for the family during the school holidays. Managers of childcare settings have to be qualified to at least Level 4 in

⁹ It should be noted that Flying Start is not a statutory or compulsory programme and that parents do not have to participate.

¹⁰ See <http://www.legislation.gov.uk/mwa/2010/1/contents>. This measure which informed the 2011 Child Poverty Strategy, seeks to improve the lives of vulnerable children and their families and those living in poverty in Wales.

¹¹ Flying Start Guidance, 2009/10, Annex B, paragraph 6, Welsh Government
<http://wales.gov.uk/docs/dcells/publications/100225flyingstartannexben.pdf>

childcare or equivalent,¹² and any unqualified support staff have to have made a commitment to train to that level

- evidence-based parenting support programmes (where experience demonstrates they generate positive outcomes for children) to meet local demand
- support for early language development (primarily in the form of Language and Play (LAP) or Numbers and Play (NAP) programmes) which may also be known as Early Language Development (ELD).

1.4 Alongside these elements is an intention to improve information sharing and referral between all practitioners within Flying Start. The previous case-study report for this evaluation (2010) suggested that partnerships had made progress in delivering the childcare entitlement and the provision of Language and Play programmes, but that there was more marked variation between local authorities in the extent to which they had met health visiting and parenting programme entitlements. In 2010, therefore, the full service entitlement was not yet in place in all Flying Start areas, even though there was some (mainly qualitative and/or local) evidence of a 'positive trajectory' towards the achievement of intermediate outcomes for some elements.

1.5 There was also recognition that assessing progress at a national level was hampered by the lack of consistent high quality data as a result of poor monitoring systems and processes. While the need for better systems was accepted, and revised returns and procedures were launched in 2009/10, there were still marked differences at a local level in terms of what data was shared, with whom and how, and there was no consistent agreement, nationally, about the monitoring of child outcomes and family progress. Although a new Welsh Government monitoring process has been implemented, full returns on local data at a national level had not been achieved at the time of the final round of case study fieldwork in 2012. This is not entirely surprising. A recent evaluation of data sharing in Wales suggests that, while '[at] a local level, information sharing is regular, widespread and largely embedded as a core element of service delivery across sectors and service areas'¹³ there are still 'significant barriers' to ensuring that data sharing is complete and capable of national aggregation. These barriers included:

... fears over legal duties, the compatibility of information systems and processes, and inconsistency in sharing practice within and between sectors...[with] ... particular issues for specific sectors, notably health and the voluntary and community sector.¹⁴

Research methodology

1.6 This report, which provides a snapshot of Flying Start programmes in 2012/13, is part of a series produced by SQW and Ipsos MORI for the national evaluation of Flying Start. The principal sources of evidence for this report are 22 in-depth Flying Start case studies

¹² Qualifications as set out in the Welsh Government's Qualifications Framework for Early Years Education, Childcare and Playwork. See www.ccwales.org.uk/edrms/81227

¹³ See <http://wales.gov.uk/docs/caecd/research/130325-sharing-personal-information-programme-waspi-summary-en.pdf>

¹⁴ Ibid

conducted in each local authority in Wales. The fieldwork for the case studies involved consultation with over 150 stakeholders and was conducted over the summer and autumn of 2012. The research for the study involved the following steps:

- initial contact with the Flying Start team and a review of background material from previous rounds of case study visits (up to and including 2009) and information provided by the Welsh Government
- meetings with the Flying Start Manager/lead and leads of each of the Flying Start entitlements in each of the 22 local authorities
- collation and analysis of additional documentation and data
- submission of an area specific draft case-study report to each of the respective Flying Start Managers for comment
- submission of a final case study to each respective Flying Start Manager

1.7 As part of the case study process, we also undertook a short value-added review with entitlement leads/wider service area leads. This review has been used to contribute to understanding surrounding the extent to which Flying Start, in terms of both quantity and quality, has resulted in *additional* healthcare, childcare and family support provision in Wales.

1.8 The findings from the 22 case studies and the value-added review have been augmented with secondary data and 2012/13 Flying Start monitoring data provided by the Welsh Government.

1.9 It should be noted that, in common with the challenges faced in evaluating many social interventions, attributing impact to the Flying Start programme is not straightforward. While some outcomes can be assessed against basic metrics, other impacts (such as improved family relationships or better parental bonding) are more intangible. In many areas, Flying Start is one of a number of programmes aimed at addressing the challenges brought about by poverty and deprivation. While Flying Start has unique elements, positive outcomes for children and families may be the result of more than one intervention (and more than one programme) addressing complex needs, rendering the direct attribution to Flying Start problematic.

This report

1.10 This report synthesises the information from the final round of in-depth case studies, which took place in each of the 22 local authorities prior to the roll out of the expanded programme into further Lower Super Output Areas (LSOAs). It has three main purposes:

- to provide an overview of the Flying Start offer in 2012, as well as to ascertain how much that provision has changed since previous rounds of case-study visits (in 2008/09 and 2009/10) in order to provide the contextual qualitative evidence for the Wave 2 impact survey of Flying Start parents and children (Chapter 3)

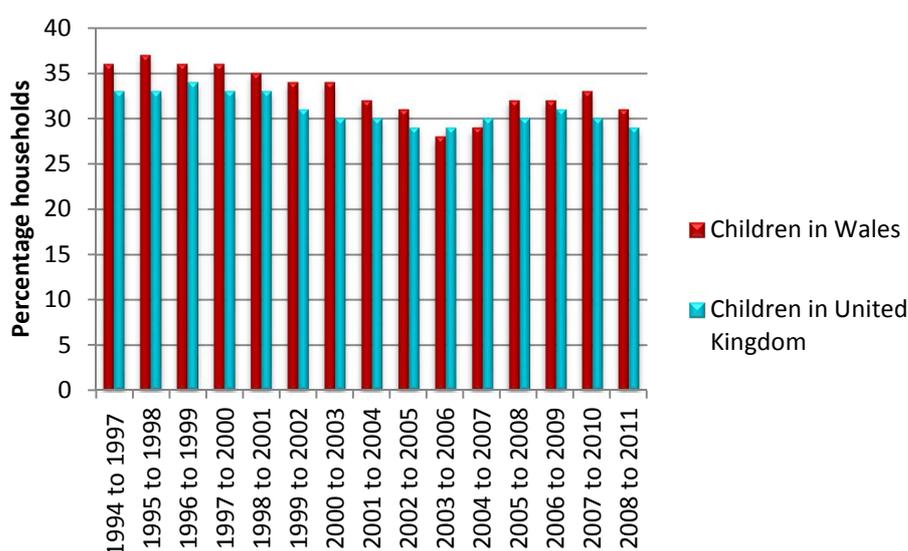
- to examine the evidence base for considering the value for money (its economy, efficiency, effectiveness, cost-effectiveness and sustainability) of the Flying Start programme, including, for example:
 - the **inputs** and **processes** and the extent to which Flying Start entitlements are now fully available across all 22 areas (Chapter 3 considers *economy – has the funding from the Welsh Government obtained the inputs of the right quality – and at the right price?*)
 - the **outputs** that have been delivered across those areas and against each of the elements (Chapter 3 also looks at *efficiency – how well are the inputs being converted into outputs?*)
 - the **outcomes** (particularly for children and families) that have been achieved and the wider impact of Flying Start (on children, families and services) (Chapter 4 examines *effectiveness – is the delivery of outputs achieving the intended outcomes?*) - the summary conclusions across Chapters 2 - 4 are the subject of Chapter 5
 - the longer-term **sustainability** of the programme (this is the focus of Chapter 6), reflecting on service integration, outcomes and potential impact.
- to inform the Welsh Government (through each of Chapters 2 to 6) as to:
 - innovation in service planning and/or delivery
 - the progress that has made in influencing and integrating with mainstream services
 - good practices and lessons arising from the programme that could be relevant for the future delivery of the programme

1.11 In the following chapter (Chapter 2), we look first at the rationale that underpins Flying Start and any changes that have taken place since its introduction.

2. Rationale for Flying Start

2.1 The need for some forms of targeted intervention to support children and child development in disadvantaged communities in Wales has underpinned much of the Welsh Government's social justice agenda and supporting strategies. Child poverty is associated with significantly poorer outcomes in attainment, health, aspirations and longer-term life-chances.¹⁵ While the proportion of children living in households of below average income declined (by nine percentage points) up to 2006, when the figures for Wales were marginally lower than for the UK as a whole (28% compared to 29% of children), the proportions have since increased. In the period between 2008 and 2011, the population of such children in Wales was higher than in the UK as a whole (31% against 29% - see Figure 2-1).

Figure 2-1: Children in households below average income (1995 to 2011)



Source: Stats Wales: Households Below Average Income-by-Year

2.2 Indeed, the proportion of children in poverty in Wales, once housing costs are taken into account, has been increasing since 2005/06 and, in 2012, stood at 33%, the highest for all the UK countries.¹⁶ Pockets of significant deprivation are evident both in and around cities and in rural and coastal areas. Based on the 2011 Welsh Index of Multiple Deprivation,¹⁷ for instance:

- The areas with the highest proportion of their LSOAs in the top 10% of LSOAs showing high levels of child deprivation were Cardiff (22% compared to 21% in

¹⁵ Welsh Government (2010) 'Child Poverty Strategy and Delivery Plan for Wales'

<http://wales.gov.uk/docs/dsulg/consultation/cpstrategy/100512pt1summaryen.pdf>

¹⁶ See <http://www.jrf.org.uk/sites/files/jrf/poverty-exclusion-wales-summary.pdf> and

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206778/full_hbai13.pdf

¹⁷ See <https://statswales.wales.gov.uk/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2011-Child-Index/WIMDChildIndex2011LocalAuthorityAnalysis>

2008), Newport (18% compared to 21% in 2008) and Merthyr Tydfil (17% compared to 22% in 2008). In these areas, the percentage of low birth weight babies was 1.8 percentage points (at 9%) higher than in Wales as a whole (7.2%), while educational outcomes for children were markedly lower; attainment levels from Key Stage 2 to Key Stage 4 were, on average, notably poorer than in Wales as a whole.

- The areas with the highest proportion of their LSOAs showing child deprivation were Merthyr Tydfil (78%), Blaenau Gwent (72%) and Rhondda Cynon Taf (68%). In these three areas, and compared to the national average, life expectancy is lower and incidences of low birth weight and substance misuse are higher than elsewhere.
- In contrast, the areas with the lowest proportion of their LSOAs in the top 10% of LSOAs showing high levels of child deprivation were Powys, Ceredigion and Monmouth; none of these included LSOAs in the top 10% of the most deprived areas in the country. In these areas, the challenge appears related less to deprivation and more to access to services, with Powys, Ceredigion and Monmouthshire ranked 22nd, 21st and 17th across the 22 authorities in Wales.¹⁸

2.3 Deprivation is not associated solely with worklessness, with in-work poverty in Wales almost as prevalent as workless poverty; some 13% of households in Wales (not all of which were lone parents) were identified as '*in-work households living in poverty*' in a study by the Wales Institute of Social & Economic Research, Data & Methods.¹⁹ Nonetheless, the distribution of workless households shows some stark polarisation. While the proportion of children in Wales living in such households rose overall between 2005 (when 17.5% of children lived in workless households) and 2012 (when 18.6% of children lived in workless households) the picture by region is markedly different.²⁰

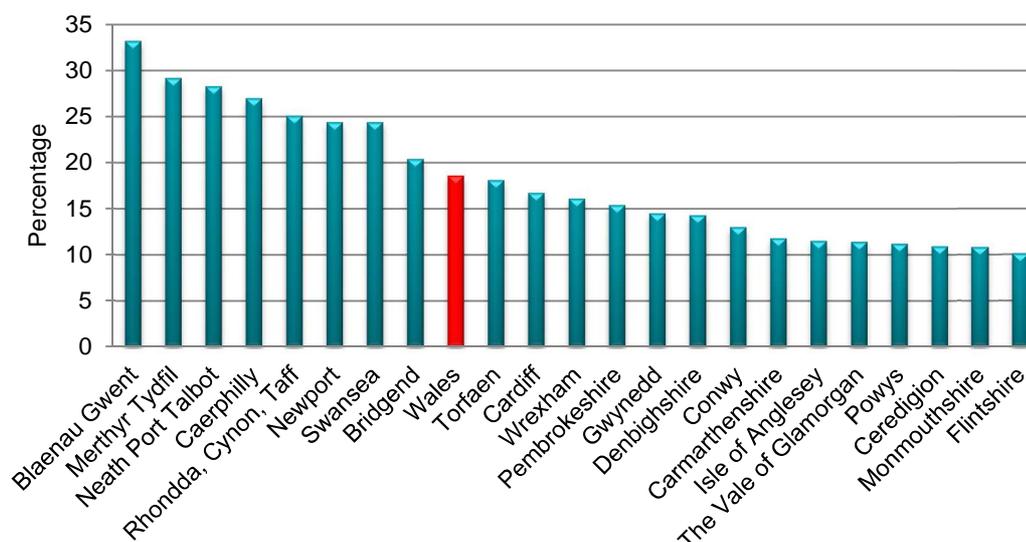
2.4 In Blaenau Gwent, for example, over one third of all children lived in workless households, compared to one in ten in Flintshire. In total, a markedly higher than average proportion of children (aged under 15) were living in workless households in eight of the 22 local authorities, as indicated in Figure 2-2. The likely financial situation in these households (and in households living in in-work poverty) suggests that measures to overcome the potential disadvantages accompanying child poverty remain necessary in Wales.

¹⁸ See <https://statswales.wales.gov.uk/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2011-Child-Index/WIMDChildIndex2011LocalAuthorityAnalysis>

¹⁹ Rhys Davies et al. (2011) An Anatomy of Economic Inequality in Wales: Wiserd Research Reports Series 002 [online] <http://www.wiserd.ac.uk/research/completed-projects/inequality-in-wales/>

²⁰ See <https://statswales.wales.gov.uk/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Workless-Households/ChildrenLivingInWorklessHouseholds-by-Area-Variable-HouseholdStatus>

Figure 2-2: Children living in workless households (2012)



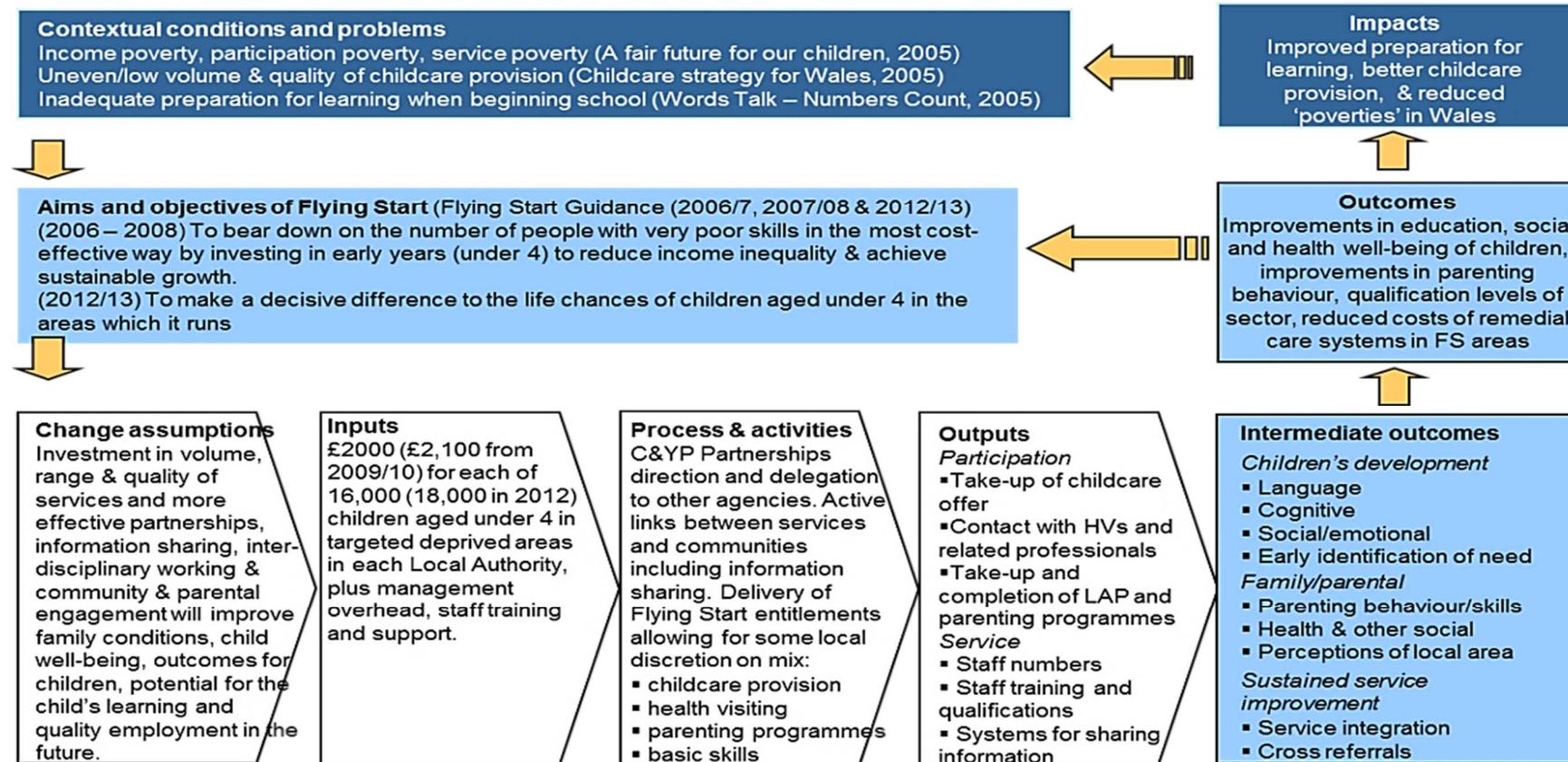
Source: statswales.wales.gov.uk

- 2.5 The extent to which Flying Start meets the various needs arising in households as a result of deprivation and child poverty is the subject of the longitudinal evaluation, of which this report forms a part.

The Flying Start model

- 2.6 Flying Start, by itself, cannot address (and is not designed to address) all of the elements of disadvantage related to child poverty. Instead it focuses on improving the support available for parents, through enhancing access to health visitors, childcare and parenting support programmes for example, that are associated with enabling improvements in children's development (whether in cognitive, social, behavioural or communication skills), facilitating the early identification of need and supporting the integration of services (through data sharing, for example). In turn, it is anticipated that these will lead to long-term improvements in the educational, social and health outcomes for children.
- 2.7 The rationale for, and anticipated outcomes of, Flying Start are set out in Figure 2-3 below. The diagram, developed by SQW in the early stages of programme implementation to provide a framework for the evaluation, highlights:
- high level **contextual data** (dark blue shaded boxes) relating to the conditions on which Flying Start is expected to have positive impacts over the longer term
 - programme level **aims and objectives** that are expected to be achieved in the form of medium term outcomes (the light blue shaded areas) and
 - shorter-term programme **activities** and **outputs** to pave the way for the short-, medium- and longer-term outcomes and impacts (the unshaded areas).

Figure 2-3: Flying Start rationale and anticipated outcomes



Source: SQW

Changes in context

- 2.8 Since the introduction of Flying Start, the main changes in the national policy context have been the move away from a specific focus on improving *access* to services to a more central focus on the family and on reducing the inequalities that arise as a result of child poverty. This subtle change in policy drivers has been echoed in many of the Flying Start areas, with the focus of local Flying Start programmes moving from an emphasis on children as the main beneficiaries (still dominant in at least ten areas) to an emphasis on families as beneficiaries (clearly evident in seven areas) or to a shared emphasis on both children and families (noted in three areas).²¹ The national policy drivers for the Flying Start approach varied by area, with some additionally concerned about early intervention (six areas) or long-term unemployment (five areas).
- 2.9 The local strategic plans of which Flying Start was an integral part were also split, with eight including Flying Start in what interviewees referred to as specific Children and Young People's Plans, and others adopting a broader local area strategy, with a clearer family focus (Single Integrated Plans).

Changes in assumptions

- 2.10 The economic context has changed profoundly during the lifetime of Flying Start. After experiencing a decade of year-on-year growth, Britain entered recession in 2008 and has since experienced the slowest economic recovery on record. Coinciding with the recession have been substantial cuts in public expenditure: in Wales alone, public sector expenditure will be cut by around £2billion by 2014/15.
- 2.11 Rather than weaken the traction of the model for Flying Start developed back in 2006/07, however, these substantial contextual developments have served to strengthen the importance of the programme and, more than this, provide a large part of the argument for its expansion. Indeed, the need to roll out good practice associated with delivering high quality, coordinated and cost-effective provision to children and families in, or at risk of, deprivation and poverty has never been more pertinent.

²¹ The exact focus was not as clear in the remaining two areas, with an emphasis on early intervention rather than a specific beneficiary group.

3. Economy and Efficiency – inputs, processes and outputs

- 3.1 For many of the local authority areas, the last few years have seen the growth in the strategic influence of Flying Start, with the programme fully integrated into local plans (15 of the 22 areas) and with senior representation on various strategic bodies (12 of those 15). In two areas, however, there was limited or no evidence of any such integration. In this chapter we explore the strategic role of Flying Start in the wider aspects of support for children and families in Wales, looking in particular at the operation of the various elements of the programme. We assess the extent to which Flying Start appears to be fully implemented across the 22 local authority areas and identify any issues in relation to the extent of the core offer that appears to have been delivered. This analysis is based on the data provided by individual local authorities to the research team; until 2012/13, comprehensive monitoring data on Flying Start was not collected and collated nationally (see Chapter 4).
- 3.2 First, however, we look at the revenue and capital budget for the service, drawing on the data provided by each of the local authorities (which reflects 2011/12) and by the Welsh Government (which covers 2012/13).

Programme expenditure

- 3.3 The detailed data collated by the Welsh Government for 2012/13 shows that overall expenditure across the Flying Start authorities reached 99% of the total £40,040,637 budget in that year. Compared to budget, expenditure was nearly one third higher for running costs, overheads and support services charged to Flying Start than had been anticipated, but costs for staffing the core teams and some services (such as health visiting and early language development) were lower.²² The discussion of expenditure data that follows (in this and the following sections) is based primarily on that collated by the local authorities for 2011/12, but reference is also made to the aggregated data for 2012/13, where appropriate.
- 3.4 Revenue and capital budgets across each of the 22 areas reflected both the size of the population of children in the Flying Start areas and the existing physical infrastructure. Where financial data was provided by the local Flying Start team, revenue budgets in 2011/12 ranged from £627,332 in Ceredigion²³ to £4,884,853 in Cardiff.²⁴ Most areas had spent their allocated revenue budget each year, with some minor variation in spend arising mainly as a result of lower than anticipated staffing costs, or (more frequently) parents not taking up all of the childcare places. In most cases, the revenue underspend was in the region of less than one per cent to five per cent of the revenue budget (three Flying Start areas), though was nearer nine per cent in one authority, where there have been on-going issues (now resolved) in establishing and registering childcare settings. In one area, however, money was returned to the Welsh Government, with large annual underspends since

²² There was no single reason for this, as indicated in the exploration of each of the service areas in this chapter.

²³ The central Welsh Government figures we have received for the budget for Ceredigion were marginally lower than quoted, at £613,900.

²⁴ 15 of the 22 authorities provided details of their revenue and capital budgets for 2011/12

2009/10 (revenue spend was only 71.8% of the available budget in 2011/12, for example). In this area, underspends were largely related to staffing costs, with savings made on fixed contracts for health visitors and no on-costs, though the underspend also included below target expenditure on parenting support programmes, for example.

- 3.5 Delegated capital budgets were lower than revenue budgets, and, in some instances, were markedly smaller in 2011/12 than they had been in previous years. This reduction in the most recent budgets reflects the extent of building and adaptation work that had already been undertaken to develop or upgrade facilities for childcare and play activities, for example, with many areas now at a point where they feel that they have appropriate physical facilities. While most spending was related to the modernisation of childcare settings, some areas (such as Denbighshire and Carmarthenshire) noted a need to invest in the co-location or upgrading of offices of delivery partners, where this had not already taken place. In 2011/12, capital budgets ranged from £7,300 in Merthyr (down from over £100,000 in each of the previous five years,²⁵) to £506,998 in Cardiff (a figure close to that made available in previous years and indicating the significant amount of work that the city still needed to do to increase the number of appropriate premises for childcare in the Flying Start areas – see paragraphs 3.16 to 3.28).²⁶
- 3.6 While nine of the 15 areas reporting their capital expenditure for 2011/12 indicated that they had spent their entire budget (and three others said that they had spent most of it), variations in capital expenditure were much greater than variations in revenue spend. They ranged from less than 30% of the total capital budget (in Swansea in 2011/12 and in Anglesey in 2010/11²⁷) to just over two thirds in Ceredigion (68%) and Torfaen (70%). Areas noted that their spend was often hampered by what they felt were late notification of budgets (meaning that the period for planning and contracting capital budgets was shortened) and, in some cases (including Rhondda Cynon Taf, Newport and the Vale of Glamorgan), the inability to carry capital forward into a subsequent year to enable such contracts to be completed.
- 3.7 Given these figures, what inputs have the revenue and capital budgets for Flying Start bought – and how are they directed? These questions are explored in the following sub-sections.

Enhanced health visiting service

- 3.8 In 2009, Flying Start services faced implementation challenges in the recruitment and retention of health visitors and in managing sickness and maternity leave, as well as strategic and operational issues in relation to changing cultures and sharing information. Some of these challenges remain, although many areas had found a range of ways to address acute staffing issues. Most have largely established their wider health care teams, offering an inter-agency mix of health visitors, speech and language therapists, dieticians and midwives

²⁵ Capital spend in 2011/12 in Merthyr was said to be needed only for health and safety measures and not for any building work. The official budget quoted by the Welsh Government for Merthyr was marginally higher, at £7 500.

²⁶ There are concerns in Cardiff that, with roll-out, there are deficits in the new LSOA roll-out area that will need additional capital funding – and that, should all parents take up the new places, there will also be revenue overspend.

²⁷ There was no capital budget in Anglesey in 2011/12.

(or a staff member to liaise with the midwifery service), with a clear expectation of integrated working. Issues with sharing information, which still exist in some areas, appear to be caused more by technological issues (shared or relational cross-service databases are still not fully set up in all areas) than by any lack of professional willingness to share information, although this had not always been the case in the past²⁸.

- 3.9 By 2012, the majority of areas said that they offered the full entitlement in terms of one-to-one family contact and regular follow-up visits with fully trained staff, who could call on a wide variety of additional services and support. Thirteen of the 22 local authorities reported that they had achieved and were maintaining the Flying Start target of a 1:110 health visitor caseload, however, a similar position to that noted in 2009. The remaining nine areas indicated that they struggled to achieve the numerical target.²⁹ This was sometimes because of on-going unfilled health visitor vacancies, with some areas (such as Ceredigion) indicating that initial recruitment to Flying Start teams was generally harder than recruitment to generic teams because performance targets and work pressure were seen as greater, or (as in Torfaen) there was local reluctance to appoint Flying Start staff on a permanent contract because the service was grant funded. In other areas, the ability to speak Welsh was seen as essential, and this was said to have caused delays in recruitment. This was particularly evident in Gwynedd, where the County Council requires all staff (including Flying Start staff) to speak Welsh (and so build links with the community), but the relevant Health Board (Betsi Cadwaladr) only identified it as desirable for frontline staff. Although the Flying Start health visitor team was reported to be at full strength, there had been delays in filling posts.
- 3.10 More often, the challenges to recruitment that were cited related to staff sickness, maternity leave or changes in the numbers of children aged from birth to three arising from a transient population or an unexpected increase in local birth-rates. For these areas, a health visitor staffing allocation that was sufficient to meet the requirements of the local cap on Flying Start families was often insufficient to meet the needs arising within the service or the community as a result of short-term or medium-term staffing crises or changing local population dynamics. This was a particular challenge in those areas where Flying Start health visitors had, in addition, a caseload of four year olds as well as their birth to three year old caseload.³⁰
- 3.11 While short-term crises were often manageable and were thought to have little impact on the overall delivery or the quality of the service, chronic under-staffing was more problematic. In Ceredigion, for example, where the caseload was at 1:135 in 2011/12, the team reported that they were struggling to meet their local targets for increasing breast feeding and immunisation,³¹ and reducing low birth weight. Since the last case-study evaluation report in 2010, ten areas had implemented (or planned to implement) a new

²⁸ White G and McCrindle L (2010) *Interim Evaluation of Flying Start*. Social research: Number03/2010. Cardiff: Welsh Government [online]
<http://new.wales.gov.uk/topics/educationandskills/publications/researchandevaluation/evaluation/intereimevaluation/?lang=en>

²⁹ This was nonetheless said to be 'comfortably' below the typical operating caseload of between 300 and 400 families for non-Flying Start health visitors.

³⁰ Health service practice varied, with some areas (such as Bridgend, Carmarthenshire, Neath Port Talbot and Newport) making a local decision not to pass children over to the generic health visiting service until they started school at age 5.

³¹ Published statistics for Ceredigion for 2011-12, however, suggest that immunisation rates for children up to 4 in Flying Start areas (86%) are greater than in non-Flying Start areas (84%). They are also higher than for the majority (18) of other Flying Start areas.

monitoring system to ensure that health visitor caseloads became and remained stable, with areas adopting different strategies, including:

- Changes to (or enhancements of) the Flying Start staff management system, appointing new area, service or team leads in order to ensure a health visitor deployment system that met the needs of the Flying Start area, families and staff. This was evident in Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Neath Port Talbot, Powys and the Vale of Glamorgan, with plans for similar changes in Rhondda Cynon Taf and Pembrokeshire. Elsewhere (as in Anglesey) the use of a tiered system of need (that is, assessed as having high, medium or low levels of need) is being used to ensure that staff are economically and efficiently deployed.
- The recruitment or deployment of non-caseload health visitors (as in Cardiff and Caerphilly) in order to offer flexibility in covering vacant posts, sick leave or other short-term staffing problems.

3.12 Areas also deployed tools such as the Family Assessment Tool (including Cardiff, which adopted it during 2011/12, Carmarthenshire, and Gwynedd), or other locally derived indicators³² to enable them to categorise families according to need and so better prioritise their case-loads.

3.13 That said, some challenges remained to the full implementation of the enhanced health visitor model in Flying Start areas. In addition to the problems faced in areas where there were longer-term staffing issues, some elements of the service were still not fully operational across all services. Cardiff, for example, said that it faced a particular difficulty in terms of its antenatal input; its monitoring and information system (PARIS) was not compatible with that used by the local midwifery service, so that Flying Start health visitors had not been alerted to family issues prior to birth. In recruiting a member of staff to a midwifery liaison role to address this need, Cardiff were adopting a similar model to that in Anglesey, Denbighshire and Wrexham, and one that was also under development in Gwynedd. Caerphilly also noted that referral from the midwifery service was slow (said to be a result of heavy midwife caseloads), and had therefore instituted direct links with the Births and Deaths Registry, who provided each family registering a birth in a Flying Start postcode area with a Flying Start information pack and registration form. Elsewhere, 11 services funded (or part-funded) midwives as members of the Flying Start team although, in one of these services (Monmouthshire), the post had been cut recently, when the team encountered difficulties in aligning mainstream health practice and Flying Start practice.

Economic provision of the health visiting entitlement

3.14 The case-study analysis for this study has focused *primarily* on the period from 2010 to 2012, reflecting the time period on which parents would be commenting in the parallel longitudinal study. By the end of 2012/13, however, national monitoring data had been collected by the Welsh Government.³³ During that year, areas spent a total of £11,648,305

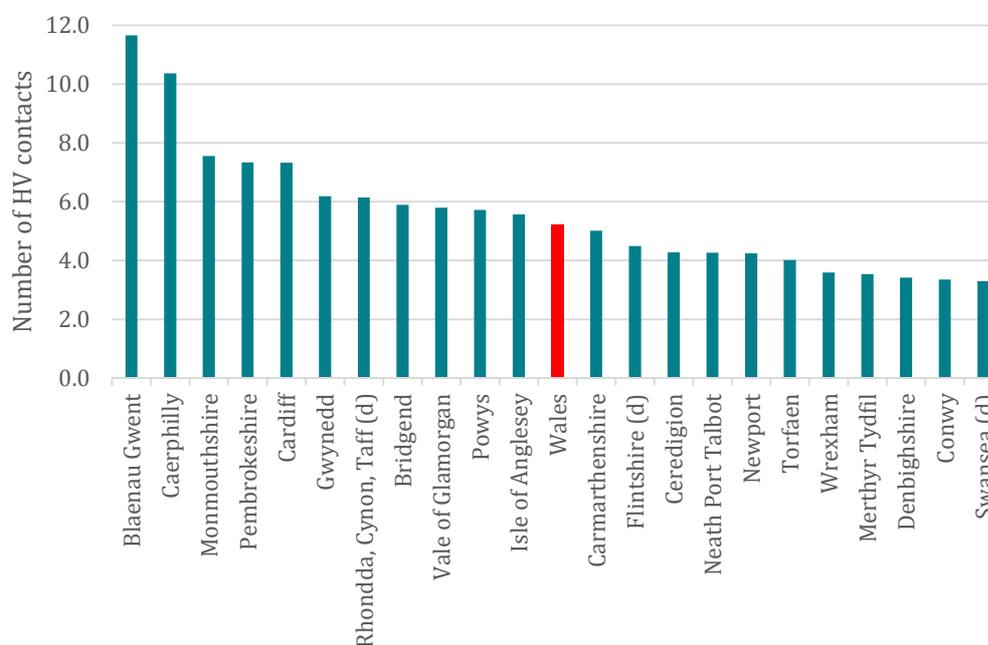
³² Anglesey, for example, uses the Tier Caseload Management Approach,

³³ Although fieldwork took place in 2012/13, interviewees were reflecting largely on the previous financial and academic year.

on the health visiting entitlement; 94% of the allocated budget of £12,332,474. That budget bought a total of 166,147 face-to-face family contacts (74% of which were carried out by health visitors, with the remaining visits carried out by members of the wider health team, including dieticians).

3.15 Based on the total number of children benefitting from health visitor contact in 2012/13 (23,579) this suggests that Flying Start children of all ages (up to age 4) were seen, on average, at least seven times a year by a member of the local health team (with around five of those visits conducted by the health visitor). As evident from Figure 3-1, there was a marked variation between Blaenau Gwent (with a mean of 11.7 health visitor contacts per child per year) and Swansea (with a mean of 3.3 health visitor contacts). These figures, however, do not show the visits by other health staff; in Swansea, for example, nearly one third of face-to-face contacts are carried out by a member of the wider health team (including community nurses). In areas that had noted particular staffing issues in 2011/12 (particularly Ceredigion) health visitor figures were still lower than the national average for Flying Start. However, in many of the areas that had (in 2011/12) implemented changes to (or enhancements of) the Flying Start staff management system to facilitate better staff deployment (Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Powys and the Vale of Glamorgan),³⁴ the number of face-to-face health visitor contacts now equalled or exceeded the national average of 5.7 visits. This suggests that the enhanced deployment systems had led to greater staff efficiencies, enabling teams to carry out more visits with Flying Start families.

Figure 3-1: Mean number of health visitor contacts: 2012/13



Rhondda Cynon Taff, Flintshire and Swansea did not provide contact data in the first term of collection therefore data from terms 2 and 3 has been grossed up to 12 months for comparison purposes
Source: based on data from Welsh Government (SDR 99/2013)

³⁴ The numbers in Neath Port Talbot remained lower.

Free part-time, quality childcare for two to three year olds

- 3.16 Since the introduction of Flying Start, the provision of childcare facilities in local authorities in Wales has seen a notable change. Even in the capital, Cardiff, there were only three childcare settings (with a total capacity of 70 places) in the areas to be covered by Flying Start in December 2007. There are now 20 such settings in Flying Start areas in the city, with a capacity of between 550 and 600 children, which is, in effect, a 750% increase in capacity over five years.³⁵ This picture is replicated in many other Flying Start areas, with Caerphilly now having established 10 centres in an area where no facilities existed previously. Most Flying Start areas now suggest that they deliver the full service offer (2.5 hours a day, five days a week for 39 weeks a year) for all eligible children aged two and upwards, with appropriately qualified staff and one-to-one provision for those with additional needs. Even so, that does not mean that all Flying Start children are in receipt of childcare services, or that they do so exclusively in Flying Start settings. Nor does it indicate that sufficient places³⁶ would be available if all eligible families took up the childcare offer (with 5,286 newly eligible in 2012/13), with many areas working on the assumption that up to 10% of families will have no interest in childcare provision.

Registration and attendance

- 3.17 Data on Flying Start childcare attendance was not collated nationally until 2012/13 (see Chapter 4) and the data reported in this section is based on figures obtained from local Flying Start teams. Across the 22 local authorities, rates of registration for childcare vary, from 98% in Carmarthenshire to figures nearer 50% in Rhondda Cynon Taf. Although some authorities in 2009 claimed that take up by eligible families was as high as 100%, no area in 2012 reported that this was the case, in part because some areas were not certain that they had a full database of all eligible children, whether because of mobile populations or because of a lack of a comprehensive dataset on children aged two to three.
- 3.18 Local attendance rates also varied, though the variation does not appear to be as great as recorded in 2009. At that time, nine areas reported non-attendance rates greater than 40% (that is, attendance rates of 60% or lower), with non-attendance higher than 60% in Blaenau Gwent, where, on average, children attended less than 40% of the funded sessions.³⁷ By 2012, most settings (including Blaenau Gwent) reported attendance somewhere between 70% and 75%, while settings in Wrexham reported an average attendance of over 80%.
- 3.19 While some areas found it difficult to provide precise data on attendance rates (partly because of the way data for sessional provision was recorded and partly because of staggered or seasonal entries) most had instituted some form of attendance monitoring for individuals, with follow-up in cases where attendance was sporadic or low. As interviewees reported to us, Flying Start places purchased from childcare providers had to be paid for,

³⁵ Three new places were made available since the last round of exploratory fieldwork in 2009, although one subsequently closed.

³⁶ Note that, because sessions are 2.5 hours long, settings can potentially offer more than one session a day. This means that, if the centre is open for a whole day and is able to run two childcare sessions, they can offer twice as many children a place.

³⁷ For clarity, a childcare session should not be confused with a childcare place, which refers to the registration of a child at a setting.

which meant that any non-attendance resulted in Flying Start funding more places than were taken up (at least on a regular basis) by families. Addressing poor attendance was seen as a priority in most Flying Start areas, although few adopted the approach used in Torfaen, where parents had to commit to taking up the full entitlement or were excluded from the childcare offer.³⁸ In general, childcare settings were not operating to full capacity or with consistently high attendance, although some individual settings (across the 22 authorities) could be described as operating at a steady state.

Parental awareness

- 3.20 From the case-study interviews it became clear that the variations in registration and attendance reflect complex interactions of local provision with parental awareness and personal choice. Most parents are apprised of childcare services through health visitors or other Flying Start professionals (including speech and language therapists, parental programme staff or Language and Play providers), as well as through childcare settings and the Flying Start childcare team. Although the childcare teams in Newport are updated by health visitors with child data collected at birth, teams elsewhere may only be made aware of Flying Start families when the family registers an interest; few childcare teams had access to a central database of all eligible families in their Flying Start area.
- 3.21 While areas such as Neath Port Talbot feel that there has been no need to promote childcare other than through the existing Flying Start cross-referral mechanism, other areas identified challenges in reaching or alerting eligible families. In Cardiff, for example, a lack of previous access to the health visitor database (PARIS) meant that the childcare team were not necessarily alerted to families who had simply failed to register an interest in the service. In Torfaen, such families were subsequently targeted jointly by the health visitor and by the childcare setting, but other areas have not always been able to institute such intensive follow-up actions, in part because of the lack of information on eligible families. In the case of Cardiff, more recent access to additional data about families who had not registered an interest led to further concerns that, despite apparent spare capacity (only 482 of the 504 Flying Start places offered to children in 2011/12 were taken up), there could be an estimated shortfall of somewhere between 101 (55 FTE) and 151 places for free part-time childcare if all eligible children in existing Flying Start areas were apprised of the offer.³⁹

Capacity

- 3.22 Such potential shortfalls – in Cardiff and elsewhere – are not the result of Flying Start inactivity. Rather, they reflect (in part) the deficiency of suitable physical settings or of premises that would be acceptable to the local community. As indicated above, this dearth can be the result of a lack of timely capital investment to enable premises to be converted. Equally, appropriate physical settings may be available, but their location (in schools or faith-based centres, for example) may not be acceptable to all local families. In some instances (as in Newport) potential childcare providers have been identified but

³⁸ Take-up against capacity in Torfaen was said to have increased from 81% in 2010/11 to 91% in 2011/12 following this strategy. Even so, although attendance rates in some settings had improved, overall attendance rates remained low at 62%.

³⁹ It is estimated that around 10% of those offered places would reject them, hence the range.

subsequently have proved unwilling (or unable) to meet the stricter requirements (whether of physical provision or staff training) identified by Flying Start in order to be eligible to 'sell' childcare places to Flying Start teams. As a result, even when the number of physical places available for children in the area might exceed the perceived numerical need, there may still be insufficient places to meet the needs of Flying Start.

Meeting the standards: settings used

- 3.23 Childcare in Flying Start areas was delivered variously in local authority, voluntary and community and private settings, ranging from Childcare Centres, to playgroups, private Nurseries, school sites and Community Centres and including Meithrin-run Welsh-medium settings.⁴⁰ Not all of the childcare settings used by Flying Start are exclusive; some settings that have benefited from Flying Start capital funding offer a mixed economy, with places available to children from non-Flying Start families (as in Powys, Flintshire, Ceredigion and Rhondda Cynon Taf).
- 3.24 In other instances (as in Bridgend, Cardiff, Caerphilly, Conwy, Denbighshire, Flintshire, Merthyr Tydfil and Neath Port Talbot), and often at the behest of parents, additional Flying Start places are purchased from Welsh-speaking settings,⁴¹ or, more rarely (as in Swansea), Welsh provision was made available in one of the dedicated Flying Start settings. While the team in the Vale of Glamorgan reported that the local demand for Welsh-medium childcare was growing (whether as bilingual or first language provision), the story was not the same in all areas. In Torfaen, for example, a reported lack of parental demand for such provision meant that they no longer funded any specific Welsh language-based places.
- 3.25 The quality of settings (see Chapter 4) was generally assessed in relation to the environments provided for the children and in terms of child development. Where Flying Start areas indicated that they conducted assessments of quality, they variously used the Infant Toddler Environment Rating Scale (ITERS),⁴² the Early Childhood Environment Rating Scale (ECERS) or the Family Child Care Environmental Rating Scale (FCCERS), as well as on-going monitoring children's progress using SoGS (the Schedule of Growing Skills assessments). It was not clear, however, as to whether these assessments of quality were used by Flying Start teams in all areas (and in all settings) and whether this had been conducted systematically since the establishment of the new (or enhanced) childcare settings under Flying Start.

Meeting the standards: staff training

- 3.26 In order to meet Flying Start requirements, workers in childcare settings are expected to be qualified to at least Level 3 in childcare or equivalent, and any unqualified support staff need to have made a commitment to train to that level. For managers, the requirement is a

⁴⁰ Mudiad Meithrin is a voluntary organisation specialising in Welsh-medium early years care and education. It includes nursery groups (Cylchoedd Meithrin), day nurseries, integrated centres and parent and toddler groups (Cylchoedd Ti a Fi).

⁴¹ It was noted that the Welsh-medium places in Flintshire were bought at below market rates, but that the provider valued the staff training opportunities that engagement with Flying Start brought.

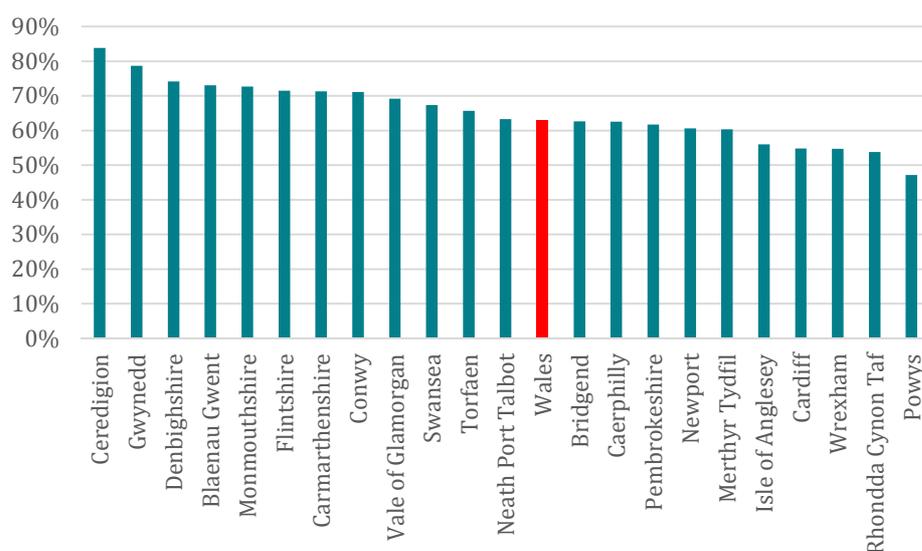
⁴² See <http://www.ecersuk.org/4.html>.

relevant qualification at Level 4 (or equivalent) or above. In some local authorities, these qualifications were now seen as crucial for staff in both Flying Start and generic childcare settings and so joint training, using both Flying Start revenue and other funding streams, has been commissioned. Training sessions in these areas are attended by staff from all settings. Details on the extent and outcomes of training are presented in Chapter 4. At this stage it is not possible to comment on the relationship of staffing levels and qualifications on session attendance.

Economic provision of childcare

- 3.27 By 2012/13, data collected by the Welsh Government from local authorities suggested that the number of children newly eligible for free childcare in Flying Start areas (that is aged between 2 and 3) was 5,274, with a total of 4,666 children (88%) taking up the full (or reduced) offer of childcare. In total, the expended budget of £14,977,100 funded 839,910 sessions, 63% (529,206) of which were attended (see Figure 3-2), giving an average cost per setting (of which there were 270) of £55,470 and an average cost per child per session of £28.30. Registration figures indicate that some 12% of places (103,086) were unfilled, suggesting an apparently higher level of registration (at 88%) than in 2011/12, when the mean level of registration (according to Flying Start services) was nearer 75%.

Figure 3-2: Proportion of childcare sessions attended 2012/13



Source: Welsh Government Flying Start Data Monitoring Return 2012-13

- 3.28 Nonetheless, for many of the sessions where children had been registered but which were not attended (100,924), settings had been given no reason by parents for lack of take-up, suggesting that registration alone was not a guarantee that places would be used.⁴³ While Carmarthenshire registered the highest rates of *registration* across all areas in 2011/12 (98%), *attendance* in 2012/13 appeared closer to 70%. If registration rates in 2012/13 mirrored those in 2011/12, this suggests that over one quarter of registrations might not lead to consistent take-up of places. Torfaen's programme of intensive family follow-up

⁴³ Parents/carers provided reasons for a lack of attendance for a further 106,694 sessions.

appears to have been successful in raising attendance in some settings above the national mean (to 66%), but other areas that had reported high levels of attendance in previous years (including Wrexham) appear to have lower levels of overall attendance, once the total number of *available* sessions are taken into consideration. It is not clear from the data whether, in the past, areas simply reported high attendance amongst registered parents in specific settings, but did not compare them with the total number of places available to Flying Start children.

Evidence-based parenting support programmes

- 3.29 Across the Flying Start areas, parenting support programmes focused on interventions with parents:
- at **different points** in their child's life (ante-natal, baby and toddler)
 - using **different formats** (formal or informal groups and one-to-one activities, including intensive support, based in homes or in neutral venues) and
 - with **different means of referral** (through Flying Start health visitors, other health or social care staff, including midwives and both Flying Start and non-Flying Start personnel, or through self-referral, for instance).
- 3.30 In effect, many areas have now established a continuum of provision. This extends from enhancing parenting skills and strategies amongst parents with low levels of need to providing intensive support for those facing particular challenges in their daily lives. These challenges include support for those who are homeless or facing domestic violence (as in Cardiff) and for those with additional needs in managing their relationships and interactions with their children, including behaviour modification.
- 3.31 While some form of parenting support programmes existed in a number of areas prior to the introduction of Flying Start (with some interviewees emphasising that it was part of a wider national agenda), all were now agreed that the level of support available in Flying Start areas was markedly greater than that to which parents had access outside Flying Start. This related in particular to intensive one-to-one support, but it was widely acknowledged that it also included those programmes to which parents were able to self-refer. Outside Flying Start areas, for example, access to most parent support programmes was still restricted to those families who had been referred by other agencies because of their level of need.
- 3.32 Since 2009, when the parenting support programmes were last evaluated in Flying Start areas, there appears to have been a greater emphasis on developing parenting skills and not simply on establishing activities in which parents could get involved with their children and/or other parents. The programmes now in place varied in their aims, ranging from promoting pre- and post-natal attachment, to encouraging informed parental involvement in play and child development, and to addressing behavioural or developmental difficulties.⁴⁴

⁴⁴ The recent rapid review undertaken by Kendall and Moller differentiated between universal and targeted programmes and between those aimed at perinatal support and support in the early years, early intervention approaches to supporting vulnerable parents and those focused on positive parenting. See Kendall S, and Moller J (2013) Review of

Links with Flying Start Language and Play (LAP) and/or Basic Skills provision have also facilitated the more informal activities that were said to promote parental confidence and subsequent willingness to engage with the wider parenting support programmes (see below and Chapter 4).

Programmes used

- 3.33 Not surprisingly, given the emphasis on programmes with a demonstrable impact on positive outcomes for children, 18 of the 22 services (as in 2009) included some form of the Webster Stratton Incredible Years programme in their Flying Start provision, making this the most widely used parenting support programme across all Flying Start localities.⁴⁵ Areas generally offered the universal Incredible Years Baby and Incredible Years Toddler programmes,⁴⁶ though some also offered the more targeted programme. There was a high degree of backing for this approach, with positive outcomes observed or anticipated for children in those families who had engaged with it and the support of facilitators (and the motivation they provided) being applauded by parents.
- 3.34 It was noted by a number of areas, however, that they had found that the perceived intensive and prescriptive nature of the programme was not suitable for *all* local families. Some reported that securing parental sign-up to the programme and/or its completion had proved an on-going challenge (and generally a greater challenge than for other parenting support programmes). In Rhondda Cynon Taf, retention to the Incredible Years Toddler programme was reported by the team to be around 75%, compared to 100% retention on its Parenting Puzzle Programme (the term used locally for one of the Family Links Nurturing Programmes).⁴⁷ In some cases, it was suggested that lack of parental interest or engagement in Incredible Years was a result of the low literacy levels of some Flying Start parents; the book-based format of the course was thought to have restricted its usefulness in Bridgend, for example, and some parents were said to be unable to read the information leaflets and instructions in Swansea. The use of American terminology was reported as particularly off-putting to parents in the Vale of Glamorgan. In these instances, Flying Start teams noted that they were investigating ways to improve accessibility and appeal, but emphasised that, for some families (and for whatever reason), it had not proved a successful starting point for support.
- 3.35 Elsewhere, areas felt that less formal (or less structured) programmes more closely met the needs of their families, either as preparation for their subsequent engagement in the Incredible Years programme (as in Monmouthshire), or to support those who had already dropped out of it (as in Merthyr Tydfil). The range of wider formal and informal provision available to parents is discussed in the following sub-sections.

parenting support for Flying Start. [online] Available: <http://wales.gov.uk/docs/caecd/research/130529-review-parenting-support-flying-start-en.pdf> (5th August 2013)

⁴⁵ Incredible Years was included in the original Flying Start Parenting Annex and the Welsh Government funded free training for Flying Start staff.

⁴⁶ See <http://incredibleyears.com/about/incredible-years-series/>

⁴⁷ Completion rates, however, are not necessarily a clear indicator of the quality of the outcomes from such programmes.

Formal support:

3.36 Twenty-one of the 22 areas provided information about the formal evidence-based parenting support programmes that they used in 2012, whether supplementing, or (as in Cardiff) instead of, the Webster Stratton Incredible Years Infant/Baby and Toddler programmes.⁴⁸ The range on offer is greater than in 2009, when the last round of qualitative fieldwork took place across the 22 local authorities. This reflects:

- the increased Welsh Government focus on parenting
- local audits that suggested the need to access specifically targeted (and often international) programmes focusing on the development of speech and communication skills
- the development of new parenting support programmes in the UK (including the group parenting element introduced under the Solihull approach), which some areas (such as Wrexham) offered to trial in Wales.

3.37 The programmes being used included:

- **The Family Links Parent Nurturing**⁴⁹ programme – used in Caerphilly, Cardiff, Newport⁵⁰, Rhondda Cynon Taf, Torfaen and the Vale of Glamorgan. Cardiff, Newport, Torfaen and Caerphilly took part in a randomised control trial (RCT) to measure its effectiveness. The results of the RCT were not conclusive, with ‘contamination of the control group due to the ready availability of [other] parenting support [in Flying Start areas]’ which, combined with low levels of attendance in some areas,⁵¹ was said to have reduced the study’s power. Nonetheless, ‘underlying improvement in parenting scores in the control arm of the trial provides some support for the belief that the Flying Start Programme (FSP) is improving parenting and family wellbeing amongst families living in deprived areas’.⁵²
- **The group parenting element of the Solihull Approach**⁵³ (implemented in both Gwynedd and Wrexham), which focuses on developing parental understanding of children’s behaviour, with an emphasis on containment and reciprocity.
- **Positive Parenting Programme (or Triple P)**: this is a course for parents of pre-school children covering responsibilities, discipline, learning and play and promoting positive behavioural strategies such as rewarding good behaviour (used in Ceredigion, Pembroke and Bridgend). **Stepping Stones** (an eight week positive parenting programme developed for children with disabilities and run in the home

⁴⁸ See <http://www.incredibleyears.com/>

⁴⁹ See <http://www.familylinks.org.uk/index.html>

⁵⁰ In Newport this included an antenatal programme run jointly by midwives and health visitors for expectant mothers at 22 weeks.

⁵¹ See <http://bmjopen.bmj.com/content/3/8/e002851.full.pdf>. The randomisation process was thought, locally, to have affected people’s engagement in the programme. In Cardiff, for instance, staff report that there has been more success in both recruiting and retaining parents since the completion of the trial and the parent support team think they have now been able to establish a more flexible offer.

⁵² Family Links Research Team (2011) Promoting health and wellbeing with the Family Links Nurturing Programme (FLNP) in South Wales: A Randomised Controlled Trial and economic evaluation. [online] Available: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/familylink/?lang=en> (5th August 2013)

⁵³ See <http://www.solihullapproachparenting.com/>

in Ceredigion) is one of the range of programmes offered under the Triple P brand, but was, as yet, less widely used⁵⁴.

- **Parenting Positively** (the De Montfort University Programme) has been used on a one-to-one basis with parents in Cardiff.
- **Parent Line Plus** (now known as Family Lives and used in Caerphilly, Swansea and Merthyr Tydfil) – a short accredited course focused on improving parents’ emotional literacy and their understanding of how emotions drive behaviour, in order to develop strategies for managing and improving the emotional wellbeing and behaviour of their children.
- **Parent ELKLAN** – a speech and language programme, courses for which include training for both speech therapy practitioners and parents of children under five and/or with special developmental or educational needs.⁵⁵
- The **Hanen Early Language Programme**, a language development programme used internationally in the field of early language intervention. It was adopted in the Vale of Glamorgan as part of the wider offer under parenting support rather than Language and Play programmes.
- **Handling Children’s Behaviour** (an intensive 12 week course providing support and advice to parents on behaviour issues and implemented in Carmarthenshire, Pembrokeshire and the Vale of Glamorgan).

3.38 These programmes (varying in intensity) sometimes took place in group settings or, as in the case of Parenting Positively (an intensive one-to-one course), took place in people’s homes with potential referral to group-based activities at the end of the intensive family-based programme. According to the monitoring and evaluation information provided by Flying Start professionals and views obtained in interviews, programmes that took place in people’s homes appear (not surprisingly) to have had a higher level of successful completion than those in other settings; Bridgend noted a difference of 64 percentage points in completion rates for the same parenting programme run in a health setting (36%) and in homes (100%).⁵⁶ On the whole, and where reported, programme completion was said to be somewhere in the region of 70% to 75% of the parents recruited across all areas and all programmes.⁵⁷

Informal support

3.39 As in 2009, the range of informal programmes (usually group-based, but occasionally home-based, as in Anglesey) that were available to families included support with:

- **health** issues (antenatal advice, breastfeeding, smoking cessation)

⁵⁴ See <http://www26.triplep.net/?pid=59>

⁵⁵ See <http://www.elkklan.co.uk/courses/for-parents-and-carers>

⁵⁶ The additional costs of home provision were noted, but home support was nonetheless seen as important (and essential in some cases) in ensuring both the completion of programmes and for the progression of both parents and children.

⁵⁷ Some areas reported lower or higher rates, with completion rates for different programmes varying markedly.

- **child safety** (including first aid) and **nutrition** (including cookery courses)
 - **bonding** (including baby massage – often under the auspices of the International Association of Infant Massage as in Neath Port Talbot, Carmarthenshire, Wrexham and Merthyr Tydfil)
 - **learning and development** (including the many stay and play schemes and programmes to enhance school readiness)
 - **parent support**, including one-to-one informal sessions for fathers (DadVenture, a support group in Pembrokeshire), personal finance (as in Swansea), life coaching (as in the Vale of Glamorgan) and informal speech and language support (that is, support in talking with their children that was not part of an official or accredited training programme).
- 3.40 These sessions were sometimes run on a drop-in basis, with parents often attending after an initial one-to-one assessment or following more formal one-to-one support. In some areas, the parenting support team (or the parenting support programmes themselves) were closely aligned to Flying Start Language and Play (LAP) programmes (including location in the same centres, facilitating easy cross-referral, or through joint training and/or shared staff) and/or with referral arrangements to the Welsh Government Families First programme (as in Gwynedd and Merthyr Tydfil) or Genesis⁵⁸ (as in Swansea).

Referral practices

- 3.41 While many of the informal sessions (and some formal sessions) were taken up by parents who self-referred (often having been told about the course by a health visitor), the decision to direct a family (or group of families) towards other and/or more intensive support was generally informed by focused diagnoses of needs. Flying Start areas reported using a number of different tools and approaches for such diagnoses, including:
- NBAS (the Neonatal Behavioural Assessment Scale, an assessment carried out by health visitors in the first eight weeks of a child's life and designed to show parents the skills of a new born and promote attachment. In some areas, this one-to-one intervention was being used specifically as a means of diagnosing need and supporting referral)
 - TOPSE (a tool designed to measure Parenting Self Efficacy, usually administered by parent programme workers, and used in some Flying Start parenting support teams both as a tool to evaluate the service and as a means of identifying parental support needs)⁵⁹

⁵⁸ Following a recommendation from a review of European Social Fund (ESF) projects in 2012, the Deputy Minister for Skills and Technology approved the phased early closure of the Genesis programme with effect from the end of June 2013. Alternative arrangements were put in place to transfer activity to other existing ESF-funded programmes, where local authorities intend to deliver the type of activity previously delivered through Genesis.

⁵⁹ See (<http://www.topse.org.uk/>)

- The Family Assessment Tool, reported in Gwynedd, Carmarthenshire and Wrexham (and benchmarked against the Leeds Critical Indicator tool), to help categorise families according to high, medium or low need or vulnerability and help manage caseloads

Engaging parents

3.42 Wrexham noted such high levels of demands for its Flying Start parenting support programmes (Incredible Years, the Solihull Approach and the Family Links Programme) that it needed to establish a formal Service Level Agreement with the local authority Parenting Team to allow co-delivery of a core group of programmes to all Flying Start areas. Not all Flying Start teams across the other 21 local authorities were in such a position, however, and many commented on the issues they faced in recruiting and retaining families on parenting support programmes. In order to address these, they had introduced a range of strategies to reduce waiting times (post-referral), which was said to have contributed or led to parental disinterest, and to promote higher levels of parental engagement and course completion. These included marketing, staffing and operational strategies and are summarised below.

Marketing strategies

- Using Outreach workers (as in Torfaen, Rhondda Cynon Taf) or specifically working with parents during the ante-natal stage (whether in the home or in group sessions) to prepare people for parenthood and to enhance the likelihood of post-natal participation (as in Newport and the Vale of Glamorgan)
- Widening the range of external agencies with whom Flying Start had contact (including links with the Citizens Advice Bureau, as in Flintshire), who could both inform families of the service or who could contribute to specific elements of the informal advice or drop-in sessions run by Flying Start
- Finding ways to reduce the perceived stigma associated with parenting classes, through enhanced and more widespread advertising (as in Ceredigion, where there is now a waiting list for some courses) and opening sessions to non-Flying Start parents (as in Pembrokeshire, where they referred to learning the lessons from Sure Start around the dangers of explicit targeting of groups of parents)

Staffing strategies

- Employing specialist staff (such as Parenting Support Officers and Family Support Workers) with specific expertise in dealing with both long-term problems and short-term crises (including housing issues and family debt) to engage parents in pre-course preparatory work (as in Carmarthenshire and Conwy), to help remove barriers to participation in parenting support classes or other Flying Start entitlements, such as free childcare (as in Anglesey and Blaenau Gwent), or to remove barriers to wider community services (noted in Denbighshire)
- Links with Social Care and other agencies to address identified needs that were outside the Flying Start remit (referred to by interviewees in Anglesey and Conwy)

Operational strategies

- Finding ways to reduce the waiting times for family assessments; in Cardiff, a recent focus on this meant that 24% of families in 2011/12 received an initial assessment within 5 weeks of referral – whether self-referral or referral by another agency - compared to 15% of families in 2010/11
- Flexibility, including tailoring the timing and location of support provision to families' preferences or needs, such as undertaking home visits on the same day and at the same time each week (specifically noted by interviewees and through parental feedback in Cardiff, Conwy and Neath Port Talbot)
- Co-location of services, with childcare and/or LAP and parenting support being available on the same premises (as in Neath Port Talbot)
- Talking to (or formally surveying) parents to identify what they find helpful or unhelpful and reviewing attendance and completion rates for different courses (practices evident in a number of areas including Bridgend, Cardiff, Ceredigion, Conwy, Denbighshire, Gwynedd, Merthyr Tydfil, Monmouthshire, Swansea and Wrexham). The results of these surveys were used to inform planning for Parenting Support, particularly where areas used the Results Based Accountability process (see paragraph 4.7)
- Establishing (and funding) crèches (as in Powys), so that parents did not need to worry about childcare when on training courses where children were not specifically included

Programme delivery

- 3.43 Most Flying Start interviewees emphasised that effective parenting offers often required a strong multi-agency approach, with the involvement of representatives from agencies covering health, social care and youth work, as well as Families First, Communities First and volunteer Home Start teams. At times, Team Around the Child (TAC) and Team Around the Family (TAF) meetings were used as a focus, although a number of areas also relied on more informal meetings at baby massage or baby clinics and parent and toddler groups.
- 3.44 While formal support was generally provided by a fully Flying Start-funded team (which might include development experts such as Educational Psychologists and speech therapists, as well as Home Liaison and Support staff), both formal and informal support was often provided by the voluntary and community sector, including Barnardo's (in Powys) and Action for Children Parenting Support Group (as in Bridgend – where they also run the formal childcare entitlement). In some areas, such as Denbighshire, links with the voluntary and community sector underpinned most of the informal parent offer; Denbighshire incorporated an Action for Children Parenting Support Group, volunteers from Home Start UK and the Rhyl Youth Action Group in its offer to parents.

Economic provision of parenting support programmes

- 3.45 In 2011/12, completion rates on parenting support programmes varied, with the few areas reporting such figures indicating values generally around 70% to 75% of those recruited to

the programmes. By 2012/13, total expenditure on parenting support was £4,450,495 (94% of the parenting strand budget for that year), but there is no collated data against which to comment on the cost per parent supported or on cost per programme run, hence it is not possible to make an evaluative assessment of the economy with which the programmes have been implemented.

Access to Language and Play programmes

- 3.46 An earlier evaluation report⁶⁰ suggested that establishing the Flying Start LAP entitlement had not been a priority for Flying Start teams at the outset but that, by 2009, areas had put in place more intensive programmes, which were more accessible (in terms of location and time frame) than had been the case when Flying Start was launched. Since that time, there appears to have been a general broadening of the offer to include number development (NAP is now on offer in at least eight areas) or (as in Cardiff) younger children (from birth to six months). Even so, the extent of growth in LAP activity is less marked than that for each of the other entitlements. Indeed, in at least six of the 22 local authority areas, interviewees suggested that there was little difference in terms of provision or accessibility to LAP sessions between Flying Start and non-Flying Start communities.
- 3.47 This view was not universal, however, and may be partly an artefact of the programme itself. Speech and language development were seen by many areas as a function of parental attachment, engagement and skills and (as highlighted by the number of parenting support programmes focused on this) were seen as central to the parenting programme offer. Equally, the increase in take-up of the free childcare offer at age two, as more (and more suitable) settings became available, meant that fewer families requested (or were thought to want) the additional intensive LAP programmes for their older toddlers. In some areas, the non-Flying Start offer was thought to have been influenced (positively) by the Flying Start service, so that the generic service (often managed by the same team) had been enhanced (as a result of shared training or resources). In Flintshire, changes to the education budget meant that the content of the Flying Start LAP programme was now extended to Communities First areas.
- 3.48 That said, parental demand for Flying Start LAP was said to be high in areas where the teams had focused on emerging needs and had made adjustments to the more traditional LAP programmes, either in terms of what they offered, or where they offered it. In the Vale of Glamorgan, for example, there was said to be a waiting list (an average of about 30 families) for its home-based one-to-one support by the Early Years team, with parents asking for referrals from their health visitors, rather than simply responding to being referred.
- 3.49 In these areas the additional funds available meant Flying Start teams were able to provide:

⁶⁰ White G and McCrindle L (2010) *Interim Evaluation of Flying Start*. Social research: Number03/2010. Cardiff: Welsh Government [online]
<http://new.wales.gov.uk/topics/educationandskills/publications/researchandevaluation/evaluation/intereimevaluation/?lang=en>

- rolling programmes, available for most of the year (though not always in school holidays), rather than the shorter six week sessions more generally provided during term-time in non-Flying Start areas
- a greater number of activities over a wider age-range than were on offer in non-Flying Start areas (with programmes on both language and number development, from birth to age three)
- more support for parents to help them progress from programme to programme (in Cardiff, for example parents attending sessions entitled 'Your Baby is Amazing' from birth to six months, were encouraged to progress to Baby LAP up to 14 months and then LAP up to three years)
- LAP sessions in a wider range of settings (including one-to-one in people's homes in Monmouthshire, Swansea and the Vale of Glamorgan).

Economic provision of Language and Play

- 3.50 Flying Start expenditure on language development in 2012/13 (when data was collated by the Welsh Government) was £1,425,183, 91% of the budget available for this element. There is no collated national data (such as the number of children who were involved in LAP sessions, number and duration of sessions per child) against which to assess the economic provision of the Language and Play strand of Flying Start.

Economic Provision of Flying Start

- 3.51 In 2012/13, data collated by the Welsh Government from local authorities indicated that the average spend per child, per year, was £1,677.60, which is only 81% of the anticipated annual budget for each child of £2,073. This does not necessarily reflect an underspend in Flying Start areas, however. The sum of £2,073 was based on a notional cap of 19,086 children in 2012/13. In reality, 23,579 benefited from Flying Start services in that year. While this appears to suggest that most areas worked over their cap, providing services for more children than had been included in their budget, the reality is that the higher figure includes the total number of children who had access to at least one service over the year. Given relatively high levels of mobility in some Flying Start areas, this will include a number who will have moved either into or out of the area and/or Flying Start over that time, as well as net births and deaths in the 0-4 age range. The following chapter explores the impact of the activities and support that were provided, in terms of the outcomes for both immediate beneficiaries (children and families) and for the services themselves.

4. Effectiveness – outcomes and impact

- 4.1 In assessing the effectiveness of Flying Start, we need to look specifically at the outcomes achieved for children and their families. Does an increase in health visitor contact, as a result of lower caseloads, lead to greater levels of immunisation, improved child health or earlier identification of need, for example? Does the acceptance of parenting support lead to improvements in parenting behaviour and more skilful parenting, and to better social and emotional development amongst children? Does the take-up of childcare places and participation in language and play activities lead to better language and cognitive development amongst children, or to greater interaction between parents, children and the early childhood care and education sector? In turn, do improvements in children's outcomes provide any indication of the likely longer-term impact of the Flying Start programme on children's learning and development, on the strength of the early year's sectors, and ultimately on alleviating the impact of poverty on families in disadvantaged areas in Wales?
- 4.2 In order to address these questions, the Flying Start evaluation has been able to draw on four main sources of data:
- the data gathered from the Ipsos-MORI longitudinal survey of families in Flying Start and non-Flying Start areas (reported separately)
 - the in-depth qualitative data gathered in 2012 from a sample of higher need families in selected Flying Start areas (reported separately)
 - a range of qualitative and quantitative evidence collected and collated from the local Flying Start area teams (and reported here)
 - statistical data published by the Welsh Government in 2013.
- 4.3 As indicated, this report focuses *primarily* on the data made available by the Flying Start teams, augmented by the data now collated nationally by the Welsh Government. As we noted in Chapter 1, attributing impact to the Flying Start programme is not straightforward. In this chapter, we have drawn on data on basic metrics from the local authority areas (such as those on immunisation or breastfeeding) where these were available, but the assessment of other outcomes or impacts was more difficult, with Flying Start teams finding it more complex to assess the extent of improvements in family relationships or better parental bonding, for instance. Where improvements (whether tangible or intangible) were noted, interviewees were also aware that (even accounting for Flying Start's unique elements) some positive outcomes for children and families might be the result of more than one intervention (and more than one programme) addressing complex needs, making the direct attribution to Flying Start a challenge.

Available data: a critique

- 4.4 Since the last review of the 22 local authorities undertaken in 2009, there have been some notable changes in the collection and use of data in Flying Start areas. Previously, all areas submitted monitoring data annually to the Welsh Government, but, as indicated in the SQW Flying Start monitoring report in 2009/10, the monitoring system and processes then

established (although improving) were not yet fit for purpose. They did not provide a 'comprehensive and consistent account of progress' while at the same time, by collecting data that was of interest to some areas only,⁶¹ they imposed 'additional administrative burdens on ...Partnerships'.⁶²

- 4.5 The Welsh Government, in 2011/12, began exploring a new **routine data collection system** to collate data from all 22 local authorities, with the first full dataset covering information from the financial year 2012/13. The published data enables some comparative analysis between Flying Start and non-Flying Start areas. The first statistical release was published in September 2013, reflecting data collected and collated for 2012/13. It should be noted that:
- the national datasets are still being refined; while some of the indicator data that now forms the Welsh Government's dataset was readily available in *some* local authorities in the past, in others, no such comparable data was collected, collated, analysed or reported
 - the data is not yet historic, and so comparative analyses for earlier years (including 2011/12, which is the focus of this report) are not readily available.
- 4.6 Second, and alongside the national monitoring system, many of the local authorities have now implemented **new data sharing protocols**, implementing shared datasets (using systems such as PARIS). This move is said to have had an impact internally (with faster and simpler referral and better data sharing between services) as well as enabling Flying Start teams to report both on service outputs and on outcomes for children and families. Even so, and across all areas, there are some services that are not yet linked to a common dataset, locally, with different services using different (and non-relational) software. This means that internal data sharing has been hampered in some cases, and that wider data collation and analysis is not straightforward.
- 4.7 Third, a number of areas have now adopted, or are adopting, the **Results Based Accountability** (RBA) approach,⁶³ whether mainly related to Flying Start provision, or (as in Cardiff and now Gwynedd) for all services to children and families across the authority. This means that teams now have a specific focus for data collection and analysis, enabling staff to identify and examine the data that tells them where the issues are that need addressing, what they are doing well (or not) and what else they may need to do to improve outcomes for the children or families under focus. Our discussions with local authority Flying Start teams suggest that this has led to more teams collecting and using data in an informed, systematic and focused way.
- 4.8 Nonetheless, the RBA approach is *primarily* about moving practice forward, rather than about establishing a long-term, authority-wide evaluation strategy. Where RBA data for Flying Start is being reported internally (to the Flying Start management team) or externally (whether to the local authority or to the Welsh Government) the emphasis has mainly been on what has been achieved over the past 12 months (or other timescale) and to indicate the

⁶¹ Some of the data collected at that time was said to be on activities that were not a priority in all areas.

⁶² White G and Prabhakar M (2010) Flying Start Monitoring Report, SQW

⁶³ Also known as the Outcomes Based Accountability approach (OBA). In Gwynedd the local Children and Young People Partnership (CYPP) is working with RBA and it is hoped that this will generate improved levels of data for consideration by the Flying Start team.

proposed direction of travel over the next reporting period. In practice, this means that progressive focusing down within a service, or even locally changing priorities, for example, has sometimes led to data that was collected for a period no longer being collected (*the goal has been achieved*), or collected, collated and reported in a different way (*the emphasis within the goal has shifted*). This means that assessing longitudinal change, using RBA data alone, can be a particular challenge.

- 4.9 Furthermore, while the RBA indicators for Flying Start in adopting areas are often linked to the Welsh Government's targets, they are not always comprehensive and do not necessarily focus on **all** potential outcome areas. While some areas may have very detailed data on breastfeeding or immunisation rates, the dates for comparison may not be the same as in other areas.⁶⁴ Equally, in the past, some areas focused on the numbers of children taking up a Flying Start childcare place, or on the numbers of sessions on offer in childcare settings, while others collected information on the percentage of eligible children registering and attending such sessions. All of these data are now required by the Welsh Government, which will make future monitoring more comprehensive and comparable.
- 4.10 This variability in data collection, collation, analysis and reporting (not uncommon in relation to complex social interventions) presents a specific challenge for the evaluation, with the range and quality of available data varying markedly from area to area.

Progress towards outcomes

- 4.11 The longer-term outcomes and impact of Flying Start will not be known for a number of years; the children born in the year when Flying Start was launched are now only aged six to seven and just nearing the end of the Foundation Phase, so the longer-term impact on their educational, social and health outcomes cannot yet be established. Few, if any, of these older children would have experienced the full Flying Start offer, as indicated in previous reports, although those born in recent years are more likely to have done so. In this chapter, and mindful of the data issues, we focus on the reported **intermediate outcomes**:
- for **children** (in terms of their social and emotional development, language and cognitive skills and early identification of need, for example)
 - for **families** (in terms of parenting behaviour and skills, health and social skills)
 - for **Flying Start services** as a whole, in terms of the extent to which there appears to have been sustained service improvement (including the qualification levels of staff).

Intermediate outcomes for children

- 4.12 The data collected by the Welsh Government through the Pupil Level Annual School Census (PLASC) in 2012 suggests one notable difference between Flying Start and non-Flying Start areas in the percentage of children, aged three, registered in a maintained school. While the proportion of such children in Powys, Ceredigion and Carmarthenshire was lower than the

⁶⁴ The introduction of the annual routine data collection by the Welsh Government may assist in ensuring greater comparability in the future.

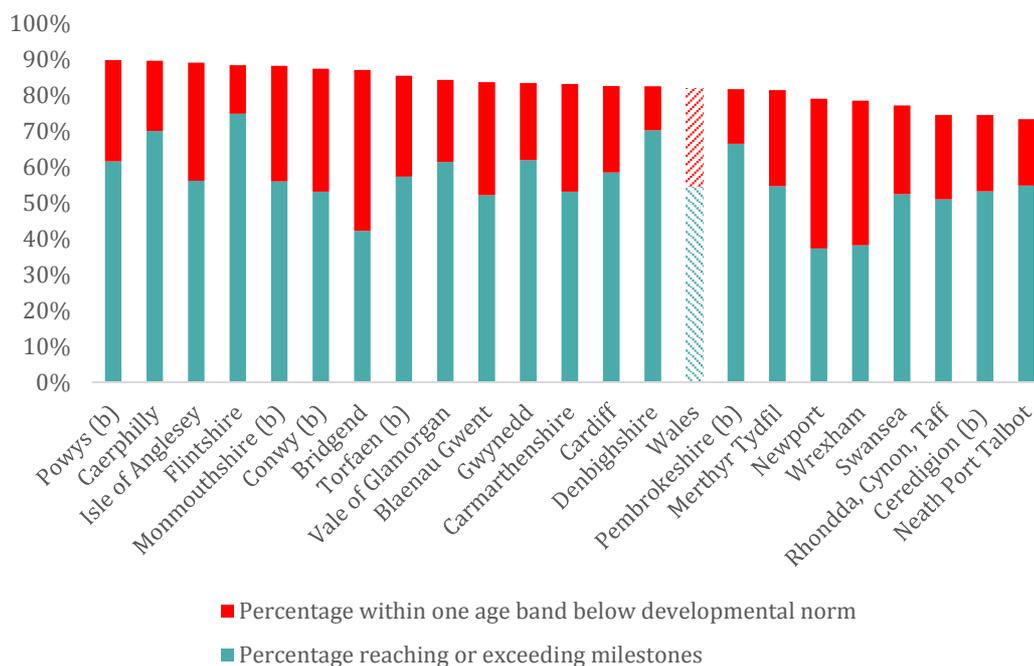
national average of 88% of the cohort (at 76%, 62% and 86% respectively), they nonetheless exceeded the non-Flying Start registrations in all three areas (73%, 57% and 76%).⁶⁵ In only four of the 22 authorities (Denbighshire, where all non-Flying Start children were registered for school, Swansea, Vale of Glamorgan and Blaenau Gwent) was the proportion of three year-olds registered for school in Flying Start areas lower than their non-Flying Start peers. The question remains, however, as to whether the children entering Foundation Phase Learning at age three are doing so at the expected developmental level for their age group. For that, it is necessary to look more closely at levels of child development.

- 4.13 The assessment tools used in Flying Start and non-Flying Start areas are not always directly comparable; while Flying Start areas make use of the SoGs assessments, their use and reporting is not yet standard across all health boards. In 2012/13, the Welsh Government presented data on child development (at ages 2 and 3) for all Flying Start areas, acknowledging, nonetheless, that a comparison with non-Flying Start areas was not possible.⁶⁶
- 4.14 As indicated in Figure 4-1, at age two, there was marked variation across the country in children reaching, exceeding or within one age band of their developmental norms, with 90% of the population of children aged between 23 and 25 months in Flying Start areas in Powys doing so (10% were more than one age interval *below* the development norms for the age cohort). In some areas (Flintshire, Denbighshire, Caerphilly) the proportion reaching or exceeding their milestones was 70% or higher (more than seven in 10 children), but in others (particularly Wrexham and Newport) fewer than 40% (less than two in five children) operated at this level. In all, seven areas (Pembrokeshire, Merthyr Tydfil, Newport, Wrexham, Swansea, Rhondda Cynon Taf, Ceredigion and Neath Port Talbot) indicated child development outcomes that were lower than the national mean, suggesting that each potentially faced more extreme challenges than other areas in improving child outcomes for this cohort in future years.

⁶⁵ Data included in <http://wales.gov.uk/topics/statistics/headlines/health2013/flying-start-summary-statistics-2012-13/?lang=en> obtained from the Pupil Level Annual School Census (PLASC) 2012, National Community Child Health Database (NCCHD) 2011-12 (denominator)

⁶⁶ See <http://wales.gov.uk/topics/statistics/headlines/health2013/flying-start-summary-statistics-2012-13/?lang=en>. SoGs data is not routinely collated and reported across health authorities as yet.

Figure 4-1: National data: percentage of children in Flying Start areas reaching or exceeding their developmental milestones at age 2 years: by local authority (2012/13)

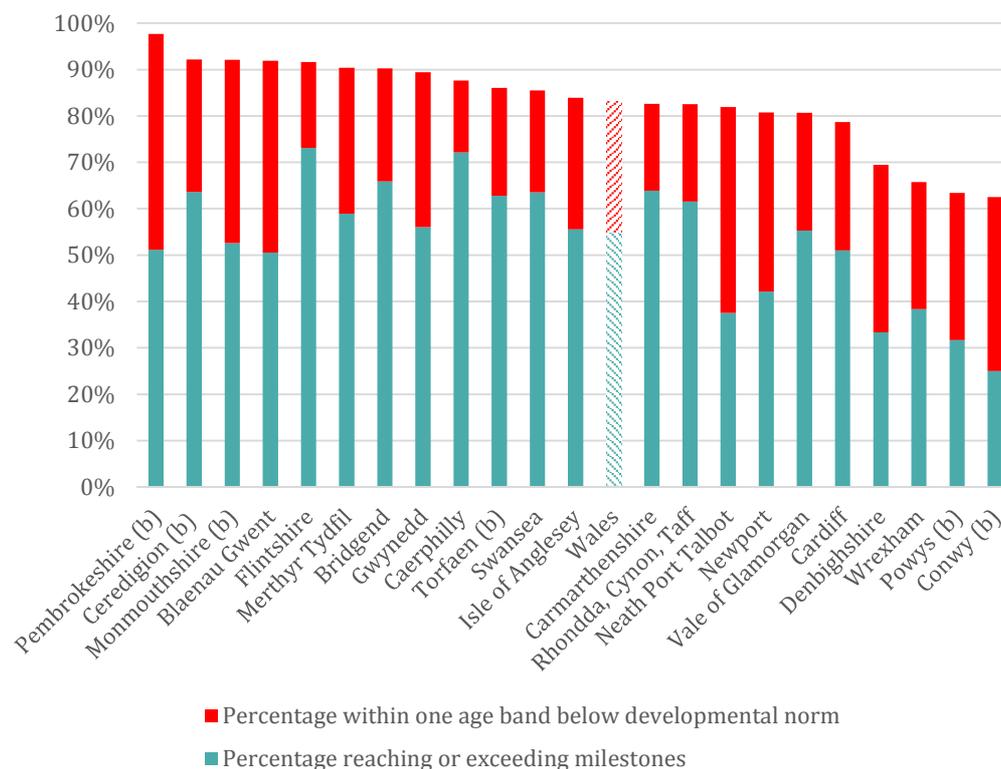


(b) = fewer than 50 children

Source: SDR 99/2013

4.15 The story for the three-year-old cohort in 2012/13 (see Figure 4-2) was a little different. In Powys, for example, markedly lower proportions of three-year olds reached, exceeded or were within one age band of their developmental norms (63% compared to 90% of two-year-olds) and more (37% compared to 10%) were at least one age band below their developmental norm. In 14 authorities, however, the outcomes for three-year olds were better (sometimes markedly so) than for two-year-olds, particularly in some of the areas with the poorest outcomes for the younger children. This was most evident in Ceredigion (only 7.8% of three-year-olds, compared to 25.5% of two-year-olds, were at least one age band below their developmental norm) and Pembrokeshire (just 2.3% of three year-olds against 18.3% of two year olds showed poor development). While these are two separate cohorts and the data is not (therefore) longitudinal, this *may* suggest that interventions such as free Flying Start childcare at age two to three may be having a positive impact on rates of child development. Even so, *all* areas may need to consider their capacity and priorities for providing support to children with additional needs, in order to ensure progression from age two to age three.

Figure 4-2: National data: percentage of children in Flying Start areas reaching or exceeding their developmental milestones at age 3 years: by local authority (2012/13)



(b) = fewer than 50 children

Source: SDR 99/2013

4.16 These figures are only a snapshot in time, however, and tell us little about the progress that has been made in areas (or nationally) since 2009. Assessing the extent of improvement in child outcomes across the local authority Flying Start areas is problematic. As indicated, few areas have been systematically collecting, collating, analysing and reporting SoGs data (or similar) from the outset, for example. This makes it difficult to assess, objectively, the difference they have made to child development outcomes. Some areas (such as Bridgend, Gwynedd, Merthyr Tydfil and Wrexham) have collected such child assessment data for random samples of Flying Start children or for a sample (or samples) of the children who have accessed Flying Start childcare provision. Others (including Caerphilly, Monmouthshire, Swansea and Torfaen) have begun to collate and analyse such data for all of their Flying Start children, but have a limited number of cohorts on which to base their analyses. Few have been analysing their data over the longer-term in order to establish trends (exceptions include Cardiff, Carmarthenshire, Ceredigion and Newport). Some areas have relied more on surveys of beneficiaries (as in Denbighshire and Flintshire) or teacher assessments at the start of the Foundation Phase (as in Neath Port Talbot) to provide an indication of improvements in child development.

- 4.17 That said, many areas were able to point to some positive outcomes for children, even with caveats around the quality and scope of the data.⁶⁷ Quantitative data was more readily accessible for some indicators than others, with more 'hard data' collated and made available for the proportion of children reaching appropriate development milestones, for immunisation rates and for breastfeeding rates. Much of this data was accessible as snapshots only, with comparative data collation being relatively recent, but where trend data was presented, progress was most evident for those aspects related to health visiting, with documented improvements in the Flying Start rates of:
- immunisation (in Cardiff, Merthyr Tydfil, Neath Port Talbot and the Vale of Glamorgan, for example)
 - breast-feeding initiation (including Bridgend, Ceredigion, Neath Port Talbot and Torfaen).
- 4.18 Other areas also identified similar improvements, but did not supply any trend data. The recently published Welsh Government data on immunisation for 2011/12 (drawing on data from PLASC and the National Community Child Health database [NCCHD])⁶⁸ shows that immunisation rates in Flying Start areas, by age four, generally lag behind those of non-Flying Start areas in most cases (varying from 12 percentage points in Cardiff to less than one percentage point in Powys).⁶⁹ Rates were two to three percentage points higher in four authorities in Flying Start areas than non-Flying Start areas (Gwynedd, Ceredigion, Merthyr Tydfil and Torfaen – all areas where overall immunisation rates are higher than the national average of 81%). In future years, it should be possible to monitor trends in immunisation in order to monitor any improvements in Flying Start areas.
- 4.19 It is not surprising that few areas were able to provide comparative data on other health-related indicators, such as attendance at accident and emergency departments, where systems of local comparative monitoring were largely unavailable and data was not accessible by Flying Start teams. Exceptions included Ceredigion, where there were reported reductions in incidences of falls on stairways and in the ingestion of damaging substances in the home, and Torfaen, which nonetheless could not make the claim that the reduction in accident and emergency incidence of attendance (from 345 in 2009/10 to 152 in 2011/12) were due solely to Flying Start interventions. This was also true for social-care indicators; while Bridgend identified both a fall in referrals (from 81 children in 2006/07 to 18 in 2010/11) and in new additions to the Child Protection Register (from 16 children to 8 over the same period), they were not able to state that this was due solely to Flying Start. In contrast, Cardiff had identified a proportional *increase* in referrals (from 20% of all birth to three year olds being referred in the city to 24%). Locally, it was not clear whether the increase was primarily because there was now earlier and clearer identification of children at risk (which some practitioners felt was the case), or whether Flying Start was not yet having the team's desired effect of preventing families reaching crisis point. Swansea, however, was clear in stating that, while numbers of children at risk over the previous three

⁶⁷ Areas rarely collected or compared Flying Start and non-Flying Start data. Where these are available, they have been included.

⁶⁸ See <http://wales.gov.uk/docs/statistics/2013/130618-flying-start-summary-statistics-2012-13-en.pdf>

⁶⁹ Full immunisation refers to inoculations for diphtheria, tetanus, pertussis, polio, haemophilus influenzae (Hib), measles, mumps and rubella,

years had remained constant (around 300+ children per year being referred), the process (and chance) of early identification was much better than it had been before Flying Start had been implemented.

- 4.20 The more detailed child outcomes from childcare, LAP and parenting support programmes are difficult to establish, though data was evidently collected. A number of areas reported that they systematically monitored child outcomes in childcare settings, providing figures on personal, social, emotional, physical, language and cognitive development and communication skills. Yet while these assessments clearly took place, in most areas the data was not yet collated, analysed and reported centrally (and so could not be reported at an area level), nor was it linked to data from other settings. Individual Flying Start services sometimes collected related data; Swansea LAP, for example, reported that 90% of the children referred by health visitors (because they used fewer than five to 10 words), had larger vocabularies post-intervention than pre-intervention. This related data was not always linked to or shared with other services, however.
- 4.21 Some of the areas adopting the RBA approach were more able to provide objective tracking data and demonstrate how this was being used in focusing staff training and targeting children. The team in Cardiff, for example, noted that while marked progress was being made across all catchment areas, this was mainly evident in terms of developing children's hearing and language (receptive language), visual and cognitive skills, and speech and language skills (expressive language). Flying Start children's loco-motor skills in all but two catchment areas and their manipulative skills in all but three catchment areas were still below that which might be expected for the age of the cohorts. The development of these skills was seen as a priority, with lessons being learned from the catchments where development was on target.
- 4.22 Other Flying Start areas reported their locally collated findings from:
- **beneficiary surveys**, some of which were collated and reported via the RBA (with parents reporting perceived improvements in children's skills, including sociability and cognitive development: *'I have two children – eight year age gap – I can see a massive difference in their development levels at the age starting school; Flying Start is definitely a factor in this'* - Caerphilly parent)
 - **case-study data**, which was generally used for internal purposes, with individual childcare settings or individual families being the focus of some more in-depth analysis. One such study revealed that a child who, at age two, had no mobility and was initially assessed as potentially having special educational needs, was in fact simply being over-protected by an anxious parent, whose concern over the child's health had held back her development
 - **teacher assessments**, which were primarily reported internally (with teachers in the Foundation Phase reporting better transitions to school or, as in Anglesey and Caerphilly, with reading ages in advance of what might be expected)
 - **area-wide data** on health or child development, for example, but which did not differentiate between Flying Start and non-Flying Start, so that no comparisons could be drawn.

- 4.23 On the whole, these data were not the outcomes of robust, systematic or externally validated research and provide indicative and illustrative findings only.

Intermediate outcomes for families

- 4.24 A consideration of research literature and the rationale for Flying Start suggests that, for families, the intermediate outcomes of Flying Start are most likely to be linked to the **improvement of parental behaviour and skills** (including bonding with their child), **improved social outcomes** as a result of parenting support programmes or meeting other parents (in baby clinics, baby massage or LAP sessions), **improved health outcomes** (for them and their child) as a result of better dietary understanding, and potential improvements in their **perception of the local area** as a location in which to raise their children, as a result of engagement in support programmes or childcare provision. In practice, where outcome data was collected, areas tended to focus on assessing parental skills, and placed less emphasis on health or other social outcomes. In part, this is because the formal parenting support programmes focused primarily on skills (such as language development and behaviour modification) and these were more central to monitoring activities. Although many areas also promoted health (through antenatal advice, help with breastfeeding, support for smoking cessation and so forth), better nutrition (including cookery courses) and improving social skills (including life coaching in the Vale of Glamorgan), the outcomes of these courses were rarely captured or reported in any systematic way.

Improvements in parental behaviour and skills

- 4.25 Areas varied in the extent to which they comprehensively monitored and recorded levels of completion of parenting courses, or participation in LAP, baby massage or cooking courses, for example, (as indicated in Chapter 3), although a few did so systematically, recording not just the output (the number of courses and the percentage of parents completing each course) but also the outcomes in terms of accreditation for parents, improvements in parental skills and confidence and independent assessments of those skills. Even in 2011/12, however, such systematic evaluation was not widespread and it remains difficult to draw robust conclusions in terms of family outcomes (or the persistence of these).
- 4.26 From the data gathered from Flying Start areas, some of the most robust evidence appears to have been gathered using TOPSE (which was sometimes used as part of the initial referral process).⁷⁰ Areas using this tool (which include Blaenau Gwent, Caerphilly, Ceredigion, Newport, Torfaen and the Vale of Glamorgan) have been able to measure parenting skills before and after a range of different interventions (mainly formal parenting support programmes, but also informal programmes or LAP) and all reported at least some measurable and positive changes in parental behaviour as a result of their programmes.⁷¹ In Caerphilly, it was noted that these changes were not just short-term, but had been sustained over periods of six and 12 months. While families completing the tool often reported some changes across all eight domains (emotion and affection; play and enjoyment; empathy and

⁷⁰ See (<http://www.topse.org.uk/>)

⁷¹ Based on TOPSE data.

understanding; control; discipline and boundary setting; pressures of parenting; self-acceptance; and learning and knowledge), the greatest improvements were generally reported in discipline and boundary setting. For other parents, however, the skills they had learned during sessions had enabled them not just to be more in control in the home, but also to think more creatively about child development: *'I have put a treasure box together with everyday things from the home – I would never have thought about the learning you can get from them to develop language skills'* (anonymised parent feedback to Flying Start: Flintshire).

- 4.27 Formal accreditation of parental learning was apparent in a few areas, including Bridgend, Cardiff and Torfaen, where a sample of parents had completed Open College Network qualifications (Level 1) in, for example, *'Sharing Language with Babies and Young Children'*. In Rhondda Cynon Taf and Neath Port Talbot, parents (in some cases) moved on to related courses in colleges of further education or had been referred on to Genesis, prior to its phased closure.

Improvements in social and health outcomes

- 4.28 To some extent, the success of programmes in retaining parental involvement after initial recruitment is also an indication of their success in improving the social interaction of both children and families. Beneficiary surveys, carried out at the completion of activities such as the range of parentcraft or LAP courses, were largely positive, suggesting that parents felt more confident about their parenting skills,⁷² more able to build positive relationships with their children and more prepared to take an active role in developing their children's language skills. This confidence also enabled them to extend their daily routine (*I have now joined a library since attending [LAP] and have a card for my child too*) and to develop wider social networks (*'...love the activities and familiar faces each week'*).⁷³
- 4.29 There was little hard evidence of the impact of Flying Start on the wider health benefits for parents, however, although some interviewees from Flying Start teams suggested that diets amongst those attending cookery or nutrition courses had improved. Parents tended not to mention health outcomes in beneficiary feedback surveys or (as in Cardiff) were less positive about the support from Flying Start in areas such as helping children's eating habits or potty training, than about the helpful support they had received in enabling their children to become more sociable, to learn and become confident or to help them develop better relationships with their children.

Improvements in the perception of local areas

- 4.30 No outcome data appears to have been collected at a local level in relation to this area; beneficiary surveys tended to focus on perceptions of services rather than on perceptions of the wider community and locality. The Flying Start qualitative research undertaken by Ipsos MORI collected data from a sample of high need, Flying Start families in five local authorities.

⁷² Few areas used specific tools for this, though Flintshire measured confidence levels using Outcomes Star, which supports and measures change across a range of dimensions, from emotional and mental health to managing money, from social networks to living skills. See (<http://www.outcomesstar.org.uk/>).

⁷³ Quotes from parental feedback to Flying Start teams.

The study found that a large number of these parents had improved views of their local area, with families noticing positive changes in the services and facilities made available to them.⁷⁴ These included better physical provision, such as playgrounds and family centres, and improved opportunities for social networking.

Intermediate (and longer-term) impact and outcomes for services

- 4.31 Since the implementation of Flying Start, there have been some marked changes for Flying Start local practice, foremost amongst which has been the development of stronger inter-service referral routes, the recruitment of a wider group of professional staff to meet local needs, an emphasis on staff training and the development of a multi-agency approach to service delivery. In 2009, the evaluation at that time concluded that such multi-agency working had helped bring together the *'necessary skills, knowledge and perspectives to enable the programme to identify and meet needs'*.⁷⁵
- 4.32 At that time, the wider child poverty policy focus (of which Flying Start was a part) was largely on improving the chances of disadvantaged children. Over time, the policy emphasis has become more focused on reducing inequalities for families, with teams around the family, not just teams around the child. Operationally, and as indicated in Chapter 3, this has sometimes led to changes in the structure and composition of teams, to advances in data sharing (and data-sharing protocols) and to changes in the ways in which teams work together. Flying Start teams are sometimes broader than they were in 2009 (in terms of the services they provide) and, through better access to family or child-level data, better able to institute preventative activities or interventions at an earlier stage in a child's life.
- 4.33 In looking at impact and the intermediate and longer-term outcomes for services in the Flying Start programme, therefore, we need to examine the extent to which there has been sustained service improvement. Are staff suitably trained and qualified for the work they undertake? Has the quality of provision (for example, in health visiting or in childcare centres) increased (and what is the evidence for this)? Are services able to share data effectively? Does integrated working appear to have become the norm, or have other Flying Start areas adopted different multi-agency approaches or ways of working together that are proving equally or more effective?

Impact on outcomes for the wider workforce

- 4.34 Workforce outcomes for Flying Start can be assessed in a number of ways, whether in terms of successful recruitment and retention of staff in Flying Start areas, more effective deployment of staff that enables teams to work together more effectively, or improvements in the qualification levels (and skills and knowledge) of the sector as a result of dedicated training.

⁷⁴ Ipsos MORI (2013) *Flying Start Qualitative Research with High Need Families*. [online] Available: <http://wales.gov.uk/statistics-and-research/national-evaluation-flying-start/?lang=en>

⁷⁵ White G and McCrindle L (2010) *Interim Evaluation of Flying Start*. Social research: Number03/2010. Cardiff: Welsh Government [online] <http://new.wales.gov.uk/topics/educationandskills/publications/researchandevaluation/evaluation/intereimevaluation/?lang=en>

- 4.35 As discussed in Chapter 3, around 40% of the areas indicated that they had faced challenges with the recruitment and retention of suitably qualified health visitors. Even so, the range of staff deployed in relation to the health visiting element of Flying Start remained wide (as in 2009). In 2011/12, most area teams engaged (whether on a part-time, full-time or ad hoc basis) and deployed the services of nursing staff (including those focused on safeguarding issues), family health workers (including support for domestic violence or substance misuse), speech and language therapists, midwives (or midwifery liaison staff) and staff supporting breastfeeding initiatives and dieticians and/or nutritionists. This ensured that there was expert support in the health visiting team, as well as **better cross-referral** between teams in the wider health services and beyond. By 2012/13, as highlighted by the national data published by the Welsh Government, over one quarter of all face-to-face Flying Start family contacts were undertaken by a member of this wider health team.
- 4.36 This broad spectrum of staff has helped Flying Start to address a wide range of locally identified needs, but has sometimes provided a challenge in management terms, in ensuring that staff are effectively and efficiently deployed. The appointment of additional team leaders (as outlined in Chapter 3) or specific health managers (sometimes supported by the local health board, as in Bridgend) is said to have enabled more effective planning and delivery of services and, as highlighted above, appears to be associated with higher numbers of face-to-face visits to families.
- 4.37 Data on the outcomes of staff training and the move towards a fully **qualified workforce** was most readily available in relation to the childcare element, where there was a specific obligation around staff qualifications. In 2009, none of the services reported that all of their leaders were qualified to NVQ Level 4 (and only two, Monmouthshire and Powys, were close to or exceeded 80% qualification).⁷⁶ By 2011/12, clear progress had been made, with **all childcare and managerial staff in over half** of the Flying Start authorities said to be qualified to at least the minimum requirements, and staff indicating that this training had resulted in a positive impact on their professional lives (as in Gwynedd, where 90% of childcare staff said it had improved their work with children).
- 4.38 In other areas, work towards achieving full compliance with Flying Start requirements was underway, with the remaining non-qualified staff in Flintshire⁷⁷, the Vale of Glamorgan and Neath Port Talbot, for instance, actively working towards these qualification levels. Swansea was piloting an NVQ3 equivalent Childcare Apprenticeship Programme, operated and accredited by the local authority's training body, in order to address difficulties in recruiting suitably qualified staff (and as part of the activity for scaling-up the service). Detailed qualification data was not available from a further six areas during the case study period;⁷⁸ while each of the six referred to on-going training programmes for childcare staff and managers, the profile of staff qualifications across settings was not clear.

⁷⁶ Six areas (Caerphilly, Gwynedd, Merthyr, Pembrokeshire, Powys and Swansea) were actively training all of their unqualified staff to this level.

⁷⁷ Staff in 27 of the 30 settings in Flintshire had already achieved Level 3, while staff in the remaining areas were working towards it.

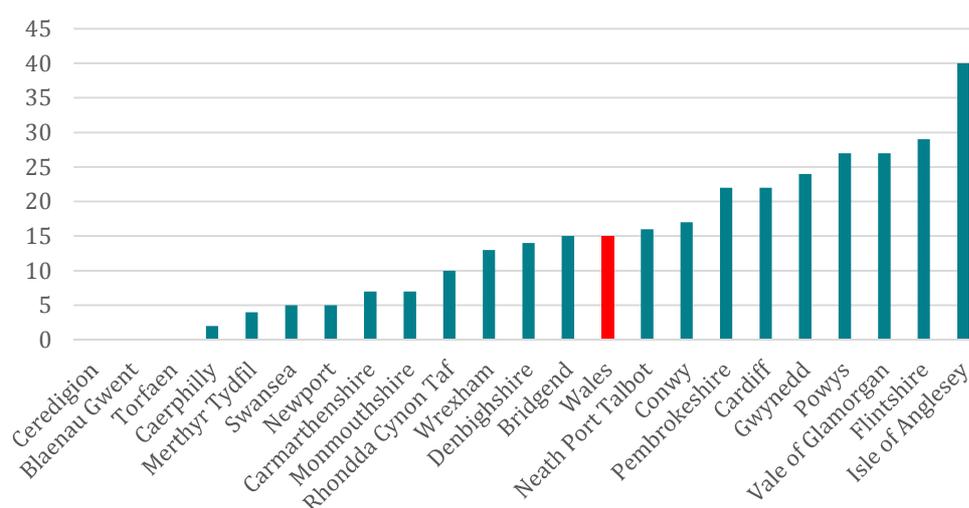
⁷⁸ Staff qualification levels were not clear in Rhondda Cynon Taf, Blaenau Gwent (where interviewees referred to Level 2 qualifications), Monmouthshire, Denbighshire, Ceredigion and Newport.

4.39 Even with this missing information, Flying Start appears to have moved a long way towards significantly raising the qualification levels in the sector. This is not just in terms of childcare. Alongside preparation for national qualifications (from Level 2 to Level 5), Flying Start funds were being used in local authorities:

- to access additional training on legal and regulatory requirements
- for Welsh language courses
- to support continuing professional development (such as baby massage, speech and language courses – including signing techniques such as Makaton,⁷⁹ and courses on play and outdoor learning)
- to provide training in the Infant Toddler Environment Rating Scale (ITERS)⁸⁰ for managers or Flying Start childcare leads, in order to promote quality in childcare environments

4.40 In many areas, this training was shared or conducted jointly with staff from non-Flying Start areas; leading (Flying Start teams hoped) to an overall improvement in standards in both the early childhood workforce and the various settings in which that work takes place. Indeed, by 2012/13, the majority of childcare staff (85%) appeared to have met the minimum requirements, reflecting the Flying Start spend on training. In some areas, however, the legacy of low levels of qualifications amongst setting staff was still in the process of being addressed (see Figure 4-3). This appears to be true even in areas that had previously reported all of their staff being trained to at least the minimum requirements. High staff turnover in some settings (with trained staff moving to other positions, which was reported by some Flying Start teams in 2011/12) may have contributed to this.

Figure 4-3: Proportion of childcare staff not yet trained to minimum requirements (Level 3): 2012/13



Source: Welsh Government Flying Start Data Monitoring Return 2012-13

⁷⁹ See <http://www.makaton.org/aboutMakaton/>

⁸⁰ See <http://www.ecersuk.org/4.html>.

Impact on provision (quality)

- 4.41 In examining the impact on service provision, we need to explore both the impact that Flying Start funding has had on the ability of services to provide appropriate interventions (*have the various services improved the range and extent of the support they provide?*) and the associated quality of that offer to families.
- 4.42 The lower Flying Start caseload was said to have led to an **enhancement of health visitor provision**, not only in terms of increasing outputs through additional home visits, but also in terms of facilitating access to a wider range of services (through cross-referral) and more focused and family-centred support. While some areas (such as Flintshire) argued that the quality of service was equally good in both Flying Start and non-Flying Start areas, most services thought that children and families in Flying Start areas benefited from a higher *level* of intervention and, in areas such as Merthyr, from a higher *quality* of intervention. Areas did not agree on the number of additional visits afforded by the Flying Start model; Swansea estimated a mean of one additional visit per family per year over the first four years of a child's life (18 visits compared to 14), while Powys suggested that the mean was nearer two additional visits per family per year.⁸¹ The Vale of Glamorgan indicated that the majority of children received monthly visits for the first twelve months of their life (but a mean of fifteen visits per child over the first three years, suggesting much less intensive visiting once the child reached their first birthday). Some (including Neath Port Talbot) referred instead to weekly contact (for up to six weeks) following birth, with further targeted visits around key milestones (such as weaning). However many additional visits there were, all Flying Start areas suggested that the visits with families were longer and more intensive and that it was this, rather than (necessarily) an increased numbers of visits, that was key to better provision.
- 4.43 All areas were in agreement that Flying Start health visitor funding had led to:
- better and faster assessment of need
 - more effective referral to other support (including dieticians, speech and language therapists and behavioural support)
 - more flexible and intensive support for families pre-and post-birth and on weaning.
- 4.44 Flying Start was credited with ensuring that all families (whatever their assessed level of need) received support.⁸² In particular, it was said to have enabled greater continuity of support, with health visitor caseloads moving away from a traditional generic task-based approach which focused on the assessments to be done for a child, for example, to a more family-based approach, which considers the wider needs of the family and of the child within the family.

⁸¹ Generic health visitors in Powys provided a routine level of service of four visits per year. Flying Start was said to have enabled them to increase this to six visits per year.

⁸² In at least one area (Swansea), the Flying Start team reported problems in ensuring that all eligible families took advantage of the enhanced health visitor offer, however, with a proportion preferring instead to use the generic service. The reasons for this are under investigation

- 4.45 In relation to **childcare**, case-study interviewees thought that staff training was having a positive impact on the quality of provision in childcare settings (both in Flying Start areas and in generic provision, as a result of knowledge transfer), thence on the outcomes for children. Clear metrics in relation to that impact are more difficult to identify:
- In 2011/12, for example, the Care and Social Services Inspectorate Wales (CSSIW) inspected 2,400 child day-care centres (103% of those due to be inspected).⁸³ While it produced individual reports, it did not publish aggregated data on the quality of provision, nor did it differentiate by Flying Start and non-Flying Start settings.
 - In the same year, Estyn⁸⁴ carried out 142 inspections of settings for children under the age of five. While data on the individual inspected settings is available, it does not cover all settings, nor, as for the CSSIW, does it differentiate (at an aggregate level) between Flying Start and non-Flying Start provision.⁸⁵ Overall, most settings were defined as good (86%), with 14% as adequate and none as unsatisfactory (though between 1% and 2% were deemed so against specific indicators).
- 4.46 As summarised in Chapter 3, in addition to inspection by Estyn or CSSIW (under their various remits, though not focused on Flying Start), assessment of the quality of childcare environments (where it took place) was generally carried out using ITERS, ECERS or FCCERS, with children's progress monitored using SoGS. While a number of areas indicated that such internal monitoring was becoming common practice, it was clear that this was still limited in extent, with some areas only starting to train staff in the use of the tools. Concerns were expressed in some areas (as in Merthyr) that the quality of provision in Welsh speaking settings, from which Flying Start generally *purchased* places, were not always as high as in English-medium settings. In Gwynedd, however, this was not felt to be the case, with three of the five Welsh-medium childcare settings achieving Cylch Rhagorol status (this certificate recognises excellence in the field of early years care and education through the medium of Welsh).
- 4.47 Establishing the overall quality of childcare provision (whether English-medium or Welsh-medium) is hampered, therefore, by the lack of collated and reported data at a local level. ITERS, ECERS or FCCERS data was rarely reported beyond the setting, or rarely collated across areas in such a way that it could be used to provide an assessment of quality across all Flying Start childcare settings.
- 4.48 Nonetheless, information from annual progress reports, inspection reports and stakeholder interviews, taken alongside the number of families who are now accessing childcare, the improved qualification levels of staff and available trend data on SoGs data and teacher assessments, suggests that there are firm indications that Flying Start has had a positive impact on childcare provision.
- 4.49 The majority of the **parenting support programmes** and the **language and play** elements were implemented precisely because they were known (in other areas, or other countries)

⁸³ CSSIW were due to inspect 2,322 settings and inspected 2,400. See <http://wales.gov.uk/docs/cssiw/report/130110annualen.pdf>.

⁸⁴ The education and training inspectorate for Wales.

⁸⁵ See <http://www.estyn.gov.uk/english/annual-report/inspection-outcomes-data/>

to be effective. While some areas were involved in an experimental research design to assess local impact (Cardiff, Newport, Caerphilly and Torfaen - see Chapter 3), most reviewed the impact of programmes in relation to:

- **metrics** assessing **retention** and/or onward **referral** figures. The mean for retention was somewhere between 70% and 75% across most programmes, although some areas, including Carmarthenshire, felt that the reporting threshold of 75% attendance was ambitious for the target groups and did not capture the true level of engagement of parents. Figures for onward referral to other parenting support programmes were far less frequently reported. This was partly because, while some areas (such as Swansea) operated a definite parenting pathway, with progression from one programme or service to another (whether from more intensive to less intensive programmes – or the reverse), in other areas referral from one parenting programme to another was not widely anticipated or expected
- ‘before and after’ metrics for parents (including TOPSE) or for children (including the ‘Eyberg Child Behavior Inventory’, an American tool used in association with Incredible Years)
- practitioner and beneficiary surveys (focusing on confidence levels or observed behaviours)
- reports from social services staff, Flying Start personnel such as Flying Start Teachers (where these were deployed) and family support workers.

4.50 The outcomes from less formal parenting support programmes were rarely captured in the 22 areas. The impact of such programmes was generally viewed in relation to parental demand (in the case of sessions for fathers only or for smoking cessation support, for example) or attendance; sessions that attracted too few parents, or where attendance dropped off rapidly, tended to be abandoned.

The impact of inter-service and multi-agency working

4.51 Given the complex dynamic for many families, the integration of health and other services in a holistic support programme has the capacity to enable earlier and more effective intervention, drawing on a team of staff around the child and the family. This ability was already noted in 2009, and the reported benefits (early identification of issues and intervention, easier or quicker access to services or expertise, improved outcomes for children, better support for parents and a reduced need for longer-term or more specialist services, for example) were regularly repeated during the consultations for this report.

4.52 Multi-agency working can occur in different ways, however, ranging from **multi-agency panels** (which meet to discuss children or families, but remain employed by their own agency), **multi-agency groups** (often formed as short-term TACs or TAFs, and so of a more temporary nature), **multi-agency teams** (where practitioners, whether from Flying Start services or generic services, are seconded or recruited into a specific area- or topic-based team) or **integrated services** (in which Flying Start hubs bring together a range of services on the same site and the practitioners work together in a multi-agency way to deliver integrated support to children and their families).

- 4.53 While Flying Start teams generally said they were working towards this last model (that of integrated services), the extent to which this full integration was evident on the ground was variable, with two areas yet to co-locate their various Flying Start teams (though plans were in place). In just under half of the areas (10 of the 22), integration was clear both in terms of physical location (with different agencies co-located on single or multiple sites, dependent on scale and geography) and joint working (often using the concept of a team around the family or team around the child). For others, however, co-location was partial, with local authority services sharing a site, but health services largely based elsewhere (seven of the 22); in these cases, multi-agency groups (and occasionally multi-agency teams) were the norm in practice. In three instances, physical co-location did not yet appear to have been followed up by joint working, with staff taking time to adapt to multi-agency approaches, finding it difficult to adopt different professional roles or to take on a gatekeeper (rather than sole agent) role, facilitating access to other agencies. In effect, these areas were operating more in terms of multi-agency panels than integrated services.
- 4.54 That said, the positive impact of full integration was repeatedly emphasised in those areas where this had been achieved, with teams highlighting: more effective management and delivery flows; better information flows and more rapid referral to meet need; increased access and greater visibility of services (as in Carmarthenshire, for example, where this has led to breast-feeding groups within the local community); more focused training and skill development; and the development of a more evidence-based approach to target setting (especially in those areas using the RBA approach).

The impact of Flying Start on data sharing practice

- 4.55 One of the biggest challenges to more effective multi-agency working is lack of access to data on families. Since 2009, significant progress has been made in Flying Start areas, both in terms of internal data sharing (between health and social care teams, for example) and in terms of data-sharing with other programmes (such as Families First, Communities First and, in the past, Genesis). The development of Information Sharing Protocols was welcomed and many areas were working towards (or had already put in place) such protocols. By 2012 (when the fieldwork took place) over half the Flying Start areas had developed systems for information sharing within the programme and just under half had some data sharing agreements with external agencies.
- 4.56 While many areas were working towards formal Information Sharing Protocols (some areas already had these in place), and all interviewees identified the value of data sharing, progress was still hampered by:
- lack of appropriate hardware or software, which meant not only that records were kept in different (incompatible) formats (and with some teams, as in Gwynedd, still using paper files), but that information flows were slow or limited, even within co-located teams
 - lack of access to existing data; while health visitors in Cardiff had been using the PARIS system for some time, the childcare team did not have access until recently, meaning that data on families offered but not taking up a place was not transferred. In order to overcome a similar issue, Flying Start staff in the Vale of Glamorgan

(which planned to move to the PARIS system) had all been given an honorarium contract⁸⁶ by the Health Board in order to enable them to access existing health data.

- on-going different professional protocols about data transfer; the Flying Start team in Gwynedd, for example, noted that the Health Board placed severe restrictions on the data that could be transferred by email. While the ethics of this was not questioned, it highlighted some of the challenges to data transfer and access facing teams where secure single databases were not yet in operation.

Flying Start impact on non-Flying Start-areas

4.57 The inputs and processes used in Flying Start areas were frequently said to be having an impact on the range of services available in non-Flying Start areas, although the picture was not universally the same. While some areas (including Conwy, Merthyr Tydfil, Newport and Swansea) reported that **health visiting** in non-Flying Start areas had not been affected by the changes that had taken place in Flying Start areas, others reported positive or mixed impacts across the generic service.

- Amongst the positive changes to provision in surrounding non-Flying Start area areas were:
 - an increase in multi-agency collaboration in Anglesey, Gwynedd and Pembrokeshire, where the Flying Start approach was credited with prompting generic services in non-Flying Start areas to develop better cross-service liaison, leading to better working relationships between health visitors and social workers for instance. These improvements were said to be constrained by resources at times (as in Gwynedd, where non-Flying Start teams could not fund the same level of contact as Flying Start teams), but were nonetheless viewed positively.
 - a reduction in workload in non-Flying Start areas in locations where Flying Start health workers were reported as having picked up some high need families from outside the Flying Start catchment area (as in the Vale of Glamorgan and Neath Port Talbot) or where the adoption of the process being used in the Flying Start service around the common assessment framework meant that the generic services now dealt only with less complex cases (as in Wrexham).
- Mixed non-Flying Start service impacts were noted in areas where Flying Start funding served to highlight the contrast between what could be achieved with the lower Flying Start caseloads and what could be achieved when caseloads (hence resource and time constraints) were markedly higher (and where the range of available cross-cutting and auxiliary services were also lower). This had led to occasional tensions and areas were exploring ways to improve working relationships. In Cardiff and Wrexham, for example, the Flying Start teams now offer

⁸⁶ This does not imply a full contract with the Health Board, but gave staff rights to access data.

training on their various Flying Start-funded courses to non-Flying Start health visitors.

- 4.58 The story in relation to **childcare** was a little different, in that some areas funded dedicated Flying Start settings, attended only by Flying Start children, while others operated a mixed model, with children from both non-Flying Start and Flying Start areas catered for in the same setting (even if parents of non-Flying Start children had to pay for sessions). The generic impact of Flying Start in these latter areas was often more obvious, in that settings benefitted from both the Flying Start capital expenditure (improving the physical settings) and from its revenue spend, with all staff in the setting expected to be qualified to at least Level 3. Best practice was, therefore, shared daily with colleagues from the generic service. This was said to be particularly evident in Anglesey (where childcare providers also benefitted from the experience of working with other Flying Start agencies) and Gwynedd.
- 4.59 For some areas (such as Ceredigion and Pembrokeshire) operating a mixed economy approach presented a challenge. Awareness of the quality of Flying Start provision raised the expectations of parents in non-Flying Start areas and led to pressure on the local authorities to extend such provision into other localities. Given the more limited revenue and capital funding available in non-Flying Start areas, as well as the lack of a matched entitlement to free places for two year olds,⁸⁷ these expectations could not generally be met. The wider impact of Flying Start also varied across the country; higher standards in mixed economy Flying Start settings in Merthyr Tydfil were said to have led to some non-Flying Start settings going out of business (though others focused on raising their standards to become Flying Start providers). In Wrexham, by contrast, the mixed economy approach facilitated by Flying Start was said to have led to some of the existing smaller play groups now becoming childcare settings and so more viable than in the past.
- 4.60 The impact of the Flying Start **parenting programme** strand in non-Flying Start areas appeared to be most evident where there was service integration with programmes such as Families First (as in Conwy and Merthyr Tydfil), with good practice exchanges taking place between Flying Start and other programmes. Some teams sought to leverage the best of Flying Start practice in order that surrounding areas might benefit. Drawing on Flying Start learning, for example, Families First funding in the Vale of Glamorgan has been used to support a Women's Aid group, facilitated by a Flying Start early years' practitioner with parenting training, to support vulnerable young mothers.
- 4.61 Elsewhere, while Flying Start teams made reference to good practice exchange with non-Flying Start staff, they also reported professional concern (and sometimes resentment) that the one-to-one support that could be made available in Flying Start areas was not available to the same degrees to families in need in non-Flying Start areas. Arguably, the wider impact of Flying Start was best seen where areas had recognised that, while it might not be possible to offer support (particularly one-to-one support) as intensively as in Flying Start areas, it was nonetheless possible for non-Flying Start services to work in a professional multi-agency way with families at an earlier stage - and to do so more effectively. In Ceredigion, the introduction of standardised parenting support programmes (as well as standardised

⁸⁷ Parents in non-Flying Start areas have access to free childcare from age three, but do not have an entitlement to free childcare at age two.

approaches to LAP and NAP) across both Flying Start and non-Flying Start areas,⁸⁸ alongside joint training, was said to have led to greater consistency in delivery, with Flying Start priorities clearly influencing what is on offer in non-Flying Start areas.

- 4.62 Flying Start's impact on LAP provision in non-Flying Start areas appeared to be largely neutral. LAP programmes were funded across all areas and, while extra funding in Flying Start areas meant that programmes could run for longer or additional sessions could be introduced (enabling more intensive involvement with parents), practice was said to vary little between Flying Start and non-Flying Start areas (training was often provided jointly).
- 4.63 More broadly, the impact of Flying Start on generic services was sometimes seen in the lower levels of presenting needs amongst some of the families moving out of Flying Start areas into non-Flying Start areas. The support they received in Flying Start was sometimes credited with having addressed issues and facilitated support at an early stage that reduced the level of support they subsequently required from practitioners in the generic service, though such claims were largely anecdotal; no areas provided hard evidence of reduced demand over time.

⁸⁸ This wider use of evidence-based programmes, sourced through Flying Start, was also being considered in Wrexham, although capacity to deliver such programmes was still seen as a major issue for the generic service.

5. Summary of conclusions from the case study synthesis

- 5.1 In this Chapter, we draw together the evidence presented in Chapters 2, 3 and 4 to provide a series of summary conclusions from our review of the 22 case studies and Flying Start monitoring data.

Re-visiting the rationale for Flying Start

- 5.2 The **need for targeted intervention** to support children and child development in disadvantaged communities in Wales has, based upon available statistics, increased since the introduction of Flying Start. Indeed, the proportion of children in poverty, once housing costs are taken into account, has been increasing since 2005/06 and, in 2012, stood at 33%, the highest for all the UK countries.
- 5.3 The **economic context has changed profoundly during the lifetime of Flying Start**. After experiencing a decade of year-on-year growth, Britain entered recession in 2008 and has since experienced the slowest economic recovery on record. The recession has resulted in substantial cuts in public expenditure: in Wales alone, public sector expenditure will be cut by around £2billion by 2014/15.
- 5.4 Rather than weaken the traction of the model for Flying Start developed back in 2006/07, however, **these substantial contextual developments have served to strengthen the importance of the programme and, more than this, provide a large part of the argument for its expansion**.
- 5.5 Since the introduction of Flying Start, **national policy has also moved** to a more central focus on the family and on reducing inequalities that arise as a result of child poverty. **This subtle change in policy drivers has been echoed in many of the Flying Start areas**.
- 5.6 Overall, therefore, and as depicted in the Flying model presented in Chapter 2, despite changes to national policy and the economic context, **the rationale and anticipated outcomes for Flying Start remain as valid today as they were at the programme's inception**.

What did Flying Start achieve?

- 5.7 The longer-term outcomes and impact of Flying Start will not be known for a number of years. The children born in the year when Flying Start was launched (2006/07), for example, are now only aged six to seven and so just nearing the end of the Foundation Phase in school. The longer-term impact on their educational, social and health outcomes cannot yet be established, therefore. Furthermore, few, if any, of these older children would have experienced the full Flying Start offer (as indicated in previous reports, which demonstrated that Flying Start was not fully operational in all areas and across all entitlements by 2009, for example). Those born in recent years are more likely to have done so. In order to provide an indication of movement towards achievement of longer-term outcomes and impacts, we focus on the reported **intermediate outcomes** for children and their families.

Enhanced health visiting service

- 5.8 The enhanced entitlement seeks to reduce the caseloads of health visitors operating in Flying Start areas, in order to enable a more intensive, lengthy and supportive health visitor service. The target set by the Welsh Government is to ensure that caseloads do not exceed one health visitor to 110 children (a ratio of 1:110) in each Flying Start area.
- 5.9 By 2012, **the majority of areas reported that they offered the full entitlement** in terms of one-to-one family contact and regular follow-up visits with fully trained staff, who could call on a wide variety of additional services and support. Most Flying Start areas have **also established wider health care teams**, offering an inter-agency mix of health visitors, speech and language therapists, dieticians and midwives (or midwifery liaison), with a clear expectation of integrated working.
- 5.10 Thirteen of the 22 local authorities reported that they **had achieved and were maintaining** the Flying Start target of a 1:110 health visitor caseload. This ratio is similar to that noted in 2009, and some services indicated that they still faced problems with the recruitment and retention of health visitors, even though they were exploring different ways to overcome this.
- 5.11 Nonetheless, the caseload across all areas was still lower than in non-Flying Start areas (where it was reported to be between 1:300 – 1:400). The **lower Flying Start caseload** was said to have led to an **enhancement of health visitor provision**, not only in terms of increasing outputs through additional home visits (with children visited, on average, around seven times a year by a health visitor or wider Flying Start health team), but also in terms of facilitating access to a wider range of services (through cross-referral) and more focused and family-centred support. All areas were in agreement that Flying Start health visitor funding had led to:
- more comprehensive and faster assessment of need
 - more effective referral to other support within Flying Start and to wider generic or health teams (including dieticians, speech and language therapists and behavioural support)
 - more flexible and intensive support for families pre-and post-birth and on weaning.
- 5.12 Regardless of the number of additional visits, all Flying Start areas suggested that the visits with families were longer and more intensive and that it was this, rather than (necessarily) an increased numbers of visits, that was key to better provision.

Free part-time, quality childcare for two to three year olds

- 5.13 The childcare entitlement is designed to offer free part-time, quality childcare for two to three year olds (and for the under twos, where a need exists). The Flying Start offer is for 2.5 hours a day, five days a week, for 39 weeks, with, in addition, at least 15 sessions during the school holidays. Managers of childcare settings have to be qualified to at least Level 4 in childcare or equivalent, and any support staff without qualifications are required to have made a commitment to train to that level.

- 5.14 Since the introduction of Flying Start, the provision of childcare facilities in local authorities in Wales has seen a notable change. **Most Flying Start areas reported that they now deliver the full service offer** for all eligible children aged two to three, with appropriately qualified staff and ‘one-to-one’ provision for those with additional needs. In general, however, **childcare settings were not operating to full capacity or with consistently high attendance**. Addressing poor attendance was seen as a priority in most Flying Start areas, with many now having protocols in place to proactively follow-up on absenteeism, including phoning parents and, if appropriate, carrying out home visits.
- 5.15 Information from annual progress reports, inspection reports and stakeholder interviews, taken alongside the number of families who are now accessing childcare, the improved qualification levels of staff and available trend data on SoGs (the Schedule of Growing Skills assessments) and teacher assessments, show that there are **firm indications that Flying Start has had a positive impact on childcare provision**. Settings used a range of tools to assess the quality of provision (such as ITERS, the ECERS or the FCCERS), but this information is not required to be reported centrally, so it is difficult to provide a clear assessment of the overall quality of Flying Start childcare provision.
- 5.16 Flying Start funds were being used in local authorities to raise the qualification levels of staff (with staff training from Level 2 to Level 5). They were also being used: to access additional training on legal and regulatory requirements; for Welsh language courses; to support continuing professional development; and to provide training in the ITERS.
- 5.17 By 2011/12, all childcare and managerial staff in **over half of the Flying Start authorities were reported to be qualified to at least the minimum requirements**. Staff indicated that this training had resulted in a positive impact on their professional lives.

Evidence-based parenting support programmes

- 5.18 This entitlement required provision of evidence-based parenting support programmes (where experience demonstrates they generate positive outcomes for children) to be offered to eligible Flying Start families. Across the Flying Start areas, parenting support programmes focused on interventions with parents:
- at **different points** in their child’s life (ante-natal, baby and toddler)
 - using **different formats** (formal or informal groups and one-to-one activities, including intensive support, based in homes or in neutral venues) and
 - with **different means of referral** (through Flying Start health visitors, other health or social care staff, including midwives and both Flying Start and non-Flying Start personnel, or through self-referral, for instance).
- 5.19 In effect, many areas have now established a **continuum of provision** including:
- enhancing parenting skills and strategies amongst parents with low levels of need
 - providing intensive support for those facing particular challenges in their daily lives
 - providing any additional needs in managing their relationships and interactions with their children, including behaviour modification.

- 5.20 While some forms of parenting support programmes existed in a number of areas prior to the introduction of Flying Start (with some interviewees emphasising that it was part of a wider national agenda), all were now agreed that the level of support available in Flying Start areas was **markedly greater than that to which parents had access to outside Flying Start**.
- 5.21 From the data gathered from Flying Start areas, some of the **most robust evidence appears to have been gathered using TOPSE**, which in some areas was also used as part of the initial referral process. Areas using this tool have been able to measure parenting skills before and after a range of different interventions and all also reported at least some **measurable and positive changes in parental behaviour** as a result of their programmes. While families completing the tool often reported some changes across all eight of the TOPSE domains, the greatest improvements were generally reported in **discipline and boundary setting**.

Access to Language and Play programmes

- 5.22 Research into educational and cognitive progress highlights the importance of early speech and language development. This entitlement requires the provision of Language and Play programmes at levels sufficient to meet local demand from Flying Start eligible children.
- 5.23 **The extent of growth in LAP activity is less marked than that for each of the other entitlements.** Indeed, in at least six of the 22 local authority areas, interviewees suggested that there was little difference in terms of provision or accessibility to LAP sessions between Flying Start and non-Flying Start communities.
- 5.24 This view was clearly not universal, however, and may be partly an artefact of the programme itself. **Speech and language development were seen by many areas as a function of parental attachment, engagement and skills and** (as highlighted by the number of parenting support programmes focused on this) **were seen as central to the parenting programme offer.** Equally, the increase in take-up of the free childcare offer at age two, as more (and more suitable) settings became available, meant that fewer families were thought to demand the additional intensive LAP programmes for their older toddlers.

What impact has Flying Start had on the wider sector?

The impact of inter-service and multi-agency working

- 5.25 Given the complex dynamic for many families, the integration of health and other services in a holistic support programme has the capacity to enable earlier and more effective intervention, drawing on a team of staff around the child and the family. Multi-agency working can occur in different ways, however, ranging from **multi-agency panels, multi-agency groups, multi-agency teams, or integrated services.**
- 5.26 Flying Start teams generally reported they were working towards a model of integrated services. However, the extent to which this full integration was evident on the ground was variable. That said, the **positive impact of full integration** was repeatedly emphasised in those areas where this had been achieved, with teams highlighting: more effective management and delivery flows; better information flows and more rapid referral to meet

need; increased access and greater visibility of services; more focused training and skill development; and the development of a more evidence-based approach to target setting (especially in those areas using the Results Based Accountability approach).

The impact of Flying Start on data sharing practice

- 5.27 One of the biggest challenges identified for achieving a more effective integrated service is lack of access to data on families. Since 2009, significant progress has been made in Flying Start areas, both in terms of internal data sharing (between health and social care teams, for example) and in terms of data-sharing with other programmes (such as Families First, Communities First and, in the past, Genesis). The development of Information Sharing Protocols was welcomed and many areas were working towards (or had already put in place) such protocols. By 2012 (when the fieldwork took place) **over half the Flying Start areas had developed systems for information sharing within the programme and just under half had some data sharing agreements with external agencies.**

What progress has been made toward intermediate outcomes for children and families?

Intermediate outcomes for children

- 5.28 As indicated by data from the Welsh Government, at age two, **there was marked variation across the country in children reaching, exceeding or within one age band of their developmental norms.** The story for the three-year-old cohort in 2012/13 was a little different. In **14 authorities the outcomes for three-year olds were better (sometimes markedly so) than for two-year-olds,** particularly in some of the areas with the poorest outcomes for the younger children.
- 5.29 While these are two separate cohorts and the data is not (therefore) longitudinal, this **may suggest that interventions such as free Flying Start childcare at age two to three may be having a positive impact on rates of child development.** Even so, all areas may need to consider their capacity and priorities for providing support to children with additional needs, in order to ensure progression from age two to age three.
- 5.30 These figures are only a snapshot in time, however, and tell us little about the progress that has been made in areas (or nationally) since 2009. Assessing the extent of improvement in child outcomes across the local authority Flying Start areas is problematic. Few areas have been systematically collecting, collating, analysing and reporting SoGs data (or similar) from the outset, for example. **This makes it difficult to assess, objectively, the difference they have made to child development outcomes.**
- 5.31 The recently published Welsh Government data on immunisation for 2011/12 (drawing on data from PLASC and the National Community Child Health database (NCCHD)) **shows that immunisation rates in Flying Start areas, by age four, generally lag behind those of non-Flying Start areas in most cases.** In future years, it should be possible to monitor trends in immunisation in order to monitor any improvements in Flying Start areas. Few areas were able to provide comparative data on other health-related indicators, such as

attendance at accident and emergency departments, where systems of local comparative monitoring were largely unavailable.

- 5.32 The more detailed child outcomes from childcare, LAP and parenting support programmes are difficult to establish, though data was evidently collected. A number of areas reported that they **systematically monitored child outcomes** in childcare settings, providing figures on personal, social, emotional, physical, language and cognitive development and communication skills. Yet while these assessments clearly took place, in **most areas the data was not yet collated, analysed and reported centrally** (and so could not be reported at an area level), nor was it linked to data from other settings.
- 5.33 Some of the areas **adopting the RBA approach** were more able to provide objective tracking data and demonstrate how this was being used in focusing staff training and targeting children. Other Flying Start areas reported their locally collated findings from a combination of **beneficiary surveys, case-study data, teacher assessments, and area-wide data**. On the whole, these data were not the outcomes of robust, systematic or externally validated research and provide indicative and illustrative findings only.
- 5.34 More generally, however, the data collected by the Welsh Government through the Pupil Level Annual School Census in 2012 suggests one interesting difference between Flying Start and non-Flying Start areas in the proportion of children, aged three, registered in a maintained school. **In only four of the 22 authorities was the proportion of three year-olds in school in Flying Start areas lower than their non-Flying Start peers.**

Intermediate outcomes for families

- 5.35 For families, the intermediate outcomes of Flying Start are most likely to be linked to the **improvement of parental behaviour and skills** (including bonding with their child), **improved social outcomes** as a result of parenting support programmes or meeting other parents (in baby clinics, baby massage or LAP sessions), **improved health outcomes** (for them and their child) as a result of better dietary understanding, and potential improvements in their **perception of the local area** as a location in which to raise their children, as a result of engagement in support programmes or childcare provision. In practice, where outcome data was collected, areas tended to focus on assessing parental skills, and placed less emphasis on health or other social outcomes. In part, this is because the formal parenting support programmes focused primarily on skills (such as language development and behaviour modification) and these were more central to monitoring activities. Although many areas also promoted health (through antenatal advice, help with breastfeeding, support for smoking cessation and so forth), better nutrition (including cookery courses) and improving social skills (including life coaching in the Vale of Glamorgan), the outcomes of these informal courses were rarely captured or reported in any formal way.

Flying Start impact on non-Flying Start-areas

- 5.36 The inputs and processes used in Flying Start areas were frequently said to be having an impact on the range of services available in non-Flying Start areas, although the picture was not universally the same. While some areas reported that **health visiting** in non-Flying Start

areas had not been affected by the changes that had taken place in Flying Start areas, others reported positive or mixed impacts across the generic service.

- 5.37 The story in relation to **childcare** was a little different, in that some areas funded dedicated Flying Start settings, attended only by Flying Start children, while others operated a mixed model, with children from both non-Flying Start and Flying Start areas catered for in the same setting (even if parents of non-Flying Start children had to pay for sessions). The generic impact of Flying Start in these latter areas was often more obvious, in that settings benefitted from both the Flying Start capital expenditure (improving the physical settings) and from its revenue spend, with all staff in the setting expected to be qualified to at least Level 3. Best practice was, therefore, shared daily with colleagues from the generic service.
- 5.38 The impact of the Flying Start **parenting programme** strand in non-Flying Start areas appeared to be most evident where there was service integration with programmes such as Families First, with good practice exchanges taking place between Flying Start and other programmes. Some teams sought to leverage the best of Flying Start practice in order that surrounding areas might benefit.
- 5.39 Flying Start's impact on **LAP provision** in non-Flying Start areas appeared to be largely neutral. LAP programmes were funded across all areas and, while extra funding in Flying Start areas meant that programmes could run for longer or additional sessions could be introduced (enabling more intensive involvement with parents), practice was said to vary little between Flying Start and non-Flying Start areas (training was often provided jointly).

6. Sustainability

Expansion of Flying Start

- 6.1 In November 2011, the then Deputy Minister for Children and Social Services announced the £55m expansion of the Flying Start programme and a commitment to double the number of children receiving Flying Start support (from 18,000 to 36,000) between 2012 and 2016. This was followed by further announcements, in October 2012 and October 2013, of an additional £30m of capital and revenue funds to support the expansion.⁸⁹
- 6.2 This Chapter considers the likelihood that the good practice, outputs and outcomes currently being achieved by Flying Start will be sustained, i.e. maintained, or indeed enhanced, in 2013/14 and beyond. This is not an attempt to rank the sustainability of Flying Start areas, nor is it an effort to assess the viability of local authorities' plans for expansion. Instead, it draws on the area case studies to explore programme and design characteristics that support sustainability.

Models of delivery and sustainability

- 6.3 Throughout this final round of case study fieldwork and analysis, we have attempted to observe any common patterns in the ways that areas have delivered Flying Start. This has been based upon an implicit assumption that 'models of delivery' influence the type and scale of outputs, outcomes and impacts. As has been illustrated in Chapters 3 and 4, a raft of different factors can influence these measures, with areas differing both demographically and in terms of their history of multi-agency working, access to other funding streams and pre-existing childcare setting infrastructure, for instance. Although there are some overarching differences between Flying Start areas, it is not possible to arrive at a set of simple delivery models that can accurately describe Flying Start in these terms.
- 6.4 Over the course of the Flying Start programme, and based upon the evidence that we have generated over the course of the evaluation, we have observed that areas have had to find a balance between delivering Flying Start in a prescriptive way (which would allow its benefits to be measured and understood), and delivering the programme in a way that both maximises partner engagement and contributes to the wider strategic priorities of the local authority. This balance is finely poised: too little mainstream integration can lead to issues associated with limited cross-agency working, poor data sharing and missed opportunities to leverage funds and staff; too much and there can be a risk that the programme will be diluted with respect to the intensity and quality of support. Nevertheless, those areas that have embarked on a model based upon embedding the principles of the programme into wider mainstream provision, and started this process a number of years ago, are, we would argue, now in the strongest position with regards to sustaining and enhancing activity. Indeed, whilst this model is not without its risks, it is these areas that are exhibiting the

⁸⁹ In preparation for the expansion, all 22 local authorities have been in dialogue with the Welsh Government over the past year. Each submitted Strategic Outline Programme (SOP) documents setting out their plans for expansion and, in particular, their bids for the required capital funds.

strongest examples of good practice associated with sustainability. These areas of supporting good practice, as well as any potential risks to sustainability, are discussed in turn below.

Level of strategic integration and influence

- 6.5 By 2012, Flying Start had become better established in the majority of local authorities, with the services in at least 15 of the 22 areas fully integrated with their Single Integrated Plan⁹⁰. This provides evidence that the activities associated with Flying Start are recognised as being part of the overall service offer, and that the programme contributes to the achievement of wider strategic priorities surrounding children and families. With this in mind, of particular note are those areas (such as Cardiff, Conwy, Denbighshire and Swansea) where, rather than Flying Start being cited as a standalone priority (e.g. to ‘give our children a Flying Start in life’), the programme is noted as contributing to a range of priorities.
- 6.6 Linked to this, all Flying Start teams are now engaged in other major programmes such as Families First, Communities First, the Integrated Family Support Service and, in the past, Genesis. That said, in only one area (Conwy) did the team report their active engagement with all four of these programmes, though five Flying Start teams (Bridgend, Caerphilly, Cardiff, Carmarthenshire and Swansea) reported such engagement in three.
- 6.7 Strategic integration alone is not enough; to sustain good practice, outputs and outcomes, Flying Start also needs to have established mechanisms for influencing the strategic direction of local plans and associated services. The case studies revealed that Flying Start leads were, in the main, represented at senior levels on local authority Children and Young People Partnerships (CYPP), or on a wider local authority strategy group and/or were responsible for taking the strategic lead on aspects such as early intervention or work with families. However, with many CYPPs ceasing operation due to wider restructuring within local authorities, and new arrangements being put into place in order to manage the expansion of Flying Start, the mechanisms for influencing strategy are becoming less tangible. The areas that continue to have strategic influence tend to be those where the Flying Start lead is a senior Children and Young People’s (CYP) officer who, as a result, feeds into a wide range of strategic groups.
- 6.8 Nonetheless, this may mean that Flying Start sometimes has to compete for the input of their senior lead, precisely because they are integrated with these wider groups. If these other programmes and services make more demands on their time, paradoxically, the programme could prove less influential than if the leadership was dedicated to Flying Start alone. However, as evidenced below, this risk can be mitigated through good practice such as securing partner commitment, embedding the principles of Flying Start and effective monitoring and evaluation.

⁹⁰ Whilst all areas referenced Flying Start in their respective SIPs, not all integrated the programme across priorities and/or referenced it as being central to overall delivery.

Flexible and effective methods of engagement and developing pathways of support

- 6.9 Over the course of the Flying Start programme, all areas have developed methods for engaging parents, and, in 2012, all areas offered some combination of home visits and individual support in addition to parental contact through the health visiting entitlement. This offer of tailored support has evolved through an increasing recognition that many parents face a range of complex and often interdependent barriers that prevent engagement in provision. Whilst undoubtedly beneficial, this type of intensive (often home-based) support is acknowledged as being costly and, when operated in isolation, is generally not a service that can be scaled up cost-effectively.
- 6.10 However, as reported in Chapter 4, some areas (such as Cardiff and Swansea) have been developing this support as part of a much broader gateway for parents into a pathway of support. Almost all areas use the tailored support as a means of enabling parents to engage in the core Flying Start offer, but fewer use this support as the gateway to a much wider range of health, education and employment services. For these areas the pilot nature of Flying Start has been used to trial the use of tailored support which, when linked with a much wider range of services, offers a strong rationale (in cost-effectiveness terms) for maintaining or scaling up tailored engagement activity.

Hard and soft infrastructure

- 6.11 Following several years of capital investment, in 2012, all 22 areas had an established network of childcare settings, although some of the larger local authorities were still in the process of establishing further settings as part of a phased infrastructure development strategy. This infrastructure provides the most tangible legacy for all Flying Start areas and provides the physical platform from which to sustain activity. However, both the nature of settings and the extent of their role as hubs of activity for Flying Start and related services will influence the likelihood that sustainability will be achieved.

Ownership

- 6.12 The predominant pattern across areas has been to adopt a mixed ownership/management approach where a range of schools, community centres and private nurseries/play groups have provided the childcare setting provision. With respect to sustainability, there are pros and cons associated with each of these approaches. For example, privately operated nurseries offer a financially sustainable 'evergreen' model for the continuation of high quality childcare provision, but on the other hand are relatively more vulnerable to changes in the market (i.e. shifts in supply and demand of local childcare). Conversely, those areas that use local primary school premises (such as Caerphilly, Merthyr Tydfil, Denbighshire, Swansea and Pembrokeshire) offer a more market-proof model. Indeed, as long as the school continues to operate there will always be a flow of demand for the settings due to their often convenient location and general links to the school (if, for example, older siblings already attend the school). However, this model also runs the risk of not being able to engage key parents' groups such as those who do not feel comfortable engaging in support delivered on the sites of formal educational institutions or, in the case of faith-based schools, do not want their child to be associated with particular religions.

Personnel

- 6.13 Perhaps more important than the location and operating model of childcare settings are the personnel involved in managing and delivering the childcare. As noted in Chapter 4, all childcare and managerial staff in over half of the Flying Start authorities were known to be qualified to at least the minimum requirements (see paragraph 3.26). With the capital investment in the settings now largely in place, the main determinant of sustainability of quality childcare comes down to the extent to which settings retain and continue to invest in the continuing professional development (CPD) of new and existing staff. Within this, it is the areas that recognised the need to raise the skills base of the sector as a whole that are best placed to ensure that this investment actually takes place and, unsurprisingly, these areas tended to be those where Flying Start was integrated and embedded within wider local authority services. An example of this is Swansea, who as noted in Chapter 4, was piloting an NVQ3 equivalent Childcare Apprenticeship Programme, operated and accredited by the local authority's training body, in order to address difficulties in recruiting suitably qualified staff across the sector.

Community hub

- 6.14 In addition to the delivery of childcare, in a number of cases the settings provided a community hub for delivering a range of other Flying Start support. In 2012, several areas offered some combination of LAP and/or parenting support from the childcare settings, whilst those operating area-based Health Visitor models deployed Health Visitors to work from the settings within their catchment area. In the future, it may be the settings that have successfully moved towards offering this 'community hub' function which will be in the strongest position to draw down both existing and new funding streams to enable activity to be sustained and enhanced.

Embedding the principles of Flying Start and securing partner commitment

- 6.15 Whilst Flying Start staff work closely with their generic counterparts, in a number of areas the resources attached to Flying Start provision make it difficult for generic provision to emulate good practice to the same extent. For example, the view of Anglesey stakeholders was that the level of resource available and the skill-mix on the team make it very much the 'gold standard' service in the area, and whilst generic colleagues would like to embrace the lessons learned through the programme, it is not possible to do this without additional resources. For areas that have adopted a more prescriptive Flying Start model (discussed in paragraph 6.4), this view is a common and understandable one.
- 6.16 In areas that have adopted a more integrated approach, however, Flying Start has been able to embed the principles of the programme (if not the 'gold standard' practice) more broadly in order to extend and sustain good practice. These principles are wide ranging and include, but are not limited to:
- the process of developing health visitor ratio caseloads on the basis of assessed catchment area need
 - developing and successfully implementing data sharing agreements
 - effective, consistent and seamless cross-referral

- understanding what quality childcare involves, including how to embed language development in all childcare activity
- the role and importance of flexible, tailored engagement methods that provide a gateway for wider support
- the value of early identification of need and intervention – that is to reduce the escalation of need (for example, of child protection referrals) and the requirement for more costly and complex intervention in the medium term.

Data sharing

- 6.17 The importance of data sharing and the issues that can hinder it have been discussed in Chapter 4 and so are not repeated here in any detail. These issues, which surround lack of appropriate hardware or software, lack of access to existing data, and on-going different professional protocols about data transfer, all need to be overcome for Flying Start to offer a genuinely joined-up, integrated service. Furthermore, whilst goodwill between professionals and good verbal communication can, in the short term, partly compensate for deficiencies in more formalised data sharing practices, this is not a sustainable model for current or new expanded Flying Start activity.
- 6.18 Flying Start has offered a useful platform for piloting new types of data sharing between partners. However, unless the strategic integration and influence described above has been secured, it will always be difficult for areas to argue for the resources required to invest in, and secure commitment to, the measures required to overcome issues associated with data sharing.

Monitoring and evaluation

- 6.19 Effective monitoring and evaluation remains an important outstanding issue for the Flying Start programme. As discussed in detail in Chapter 4, due to insufficient and inconsistent collection of historical data on Flying Start families and comparison areas by both local areas and at a national level, assessing the collective and additional outcomes and impacts resulting from the programme remains a considerable challenge.
- 6.20 On a more positive note, the adoption by the Welsh Government of a new Flying Start monitoring framework is encouraging, whilst the increased adoption of RBA by a number of areas marks a significant step forward. Indeed Flying Start has proven itself to serve as a useful test bed for developing and evidencing the value of the approach. However, as was noted in Chapter 4, RBA is not without its issues, most notably that it is used by local authorities primarily as a tool for monitoring and planning operational change to meet local needs, rather than for establishing a long-term, authority-wide evaluation strategy. At a local authority level what is clear is that the areas that are best placed to argue for the resource and able, successfully, to implement RBA or other similar monitoring and evaluation tools, are those that do so on a service-wide basis rather than those that focus on Flying Start in isolation. Not surprisingly, these areas tend to be those that have integrated Flying Start models in place. The challenge for these areas is to develop a mechanism that is able to isolate those receiving Flying Start support, or where services are simply too integrated to allow this, a means of monitoring progress based upon the level of intervention received.

In conclusion

- 6.21 Looking back at the anticipated outcomes and impact of Flying Start (set out in Figure 2-3 in Chapter 2), a key challenge for Flying Start will be to track both Flying Start and non-Flying Start children as they enter school and provide assessment across a range of outcomes (educational attainment, health, social well-being etc.). Robustly demonstrating the outcomes and impacts of the programme could lead not only to improvements to design and delivery, but also provide the rationale for future political (and financial) support. This is a challenge faced by many local authorities and is one which the Welsh Government may want to consider as part of the expansion of the programme. As the expansion takes place, and Flying Start becomes an increasing part of the local service offer, the need for this evidence has never been more important.