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Interim Evaluation of Flying Start

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Executive Summary

The aims and objectives of Flying Start

1. The Flying Start programme was launched by the Welsh Assembly Government in 2006/07 as a pilot with the aim
    '*to make a decisive difference to the life chances of children aged under 4 in the areas which it runs'*.
    The programme became operational in 2007/08 with an allocation of £44 million over the first two years of the initial four year commitment. It is administered as a grant to Local Authorities and targeted on their most deprived areas.

2. The programme intended to invest more than £2,000 per child per annum in those areas in the delivery of the following entitlements – health visiting, childcare, parenting support and Language and Play (LAP) programmes. It is prescriptive in terms of the scale and quality of some of the entitlements. However, it allows for local flexibility and expects local accountability through the overarching Children and Young People's Framework Partnership in each Local Authority.

3. Flying Start seeks to avoid the need for later remedial action and ultimately to reduce the number of people with very poor skills by securing improved outcomes for children in Flying Start areas with regard to:
    *   Language development
    *   Cognitive development
    *   Social and emotional development
    *   Physical health
    *   Early identification of high needs

The evaluation

4. The evaluation of Flying Start was commissioned by the Welsh Assembly Government in 2007/08 to assess:

- the effectiveness of the programme in establishing the conditions necessary for later improvements in life chances, with regard to:
  - ➤ the structural and process factors critical in ensuring effective delivery of support for disadvantaged children and young people
  - ➤ the changes in attitude and behaviour of children and their families that are consistent with later improvements in their prospects for social and educational development
- whether it did so in ways that offered good value for money.

5. This report presents the findings of the interim evaluation based on the following strands of research: Data and policy review; programme census of Flying Start Partnerships; annual area case studies and thematic case studies. This report will be supplemented by a report on the first wave of a longitudinal survey of families with 0-3 year olds located in Flying Start and control areas which is currently in the field and will be completed in 2011.

6. The Flying Start programme has only been in operation for three years and, in line with the experience of Sure Start, is just reaching fully operational status. Consequently, the evaluation is interim in nature and focuses on the progress made in establishing partnerships and processes and in delivering the Flying Start entitlements. It considers the extent to which positive outcomes have been achieved for children and families in Flying Start areas in qualitative terms. It will be supplemented by a more quantitative assessment once the results of the first wave of the longitudinal survey become available early in 2011.

Programme rationale

7. The justification for early years' interventions in the Welsh context was threefold:
- as an additional means to address some of the problems for children in seriously disadvantaged areas of Wales at an early

stage in their development to increase their prospects now and in their later life and to reduce the costs of future remedial and crisis action (e.g. through social services and the criminal justice system)

- as a response to (and a test of) the growing evidence (largely US in origin) that consistently shows positive outcomes and benefit-cost ratios from early years' interventions for disadvantaged children and from the provision of integrated services

- as a source of funding to tackle the lack of incentive for mainstream service providers to invest in early years' interventions whose benefits are longer term and uncertain but whose costs are short term and tangible and fall on those providers (like the health service) that do not necessarily benefit in terms of achieving target outputs.

8.   For the above reasons, Flying Start funded special support services for disadvantaged young children and required that they should be provided by partnerships between the relevant service providers and by integration of services and, where possible, settings. It provided a 'universal' set of entitlements which all children and their families within designated deprived areas could access without associated means testing or stigma.   It was designed as a pilot in recognition of the need for more evidence on what worked by way of early years' interventions in order to inform policy consideration of the case for the extension or evolution of such support or, indeed, its withdrawal.

9.   The rationale for the programme in the above terms was justified by the existing evidence and remains robust. However, the pilot nature of the programme means that its effectiveness and cost effectiveness had to be evaluated with respect to those children and their parents who were eligible for the Flying Start entitlements and took them up – rather than in terms of its impact on improving the life chances of children in need as a whole. It also cannot be evaluated as if it was a quick fix. All the evidence indicates that early years' interventions need to become

embedded operationally, culturally and consistently before they can have an effect that is discernible.

Implementing the programme – resource allocation

10. The design of the Flying Start programme was robustly based on the Welsh Assembly Government's intention to focus on targeted deprived areas – in terms of both the designation of Flying Start areas and the budget allocations (per head of eligible population) between them. There have been no developments in the evidence base or changes in contextual conditions that have made the rationale for the programme less robust with respect to its objectives, its targeting on deprived areas or the way this was done. The only caveat that needs to be noted to this conclusion is that the population of children under four years' old in the Flying Start areas is now larger than it was estimated to be at the time the programme was introduced. This, therefore, has had an effect on the budget allocation per head of the eligible population or on the size of that population.

11. Budget allocations to Flying Start Partnerships have risen broadly in line with those set out in the original guidance. However, most Partnerships failed to spend their full allocation at some point over the lifetime of the programme and some areas have experienced consistent difficulties in this regard. This has resulted in an overall under-spend across the programme (2006/07 – 2009/10) of £11 million or 10%. This may be partly attributable to the inevitable lags and teething problems in setting up the programme and delivering its capital spend on premises and their refurbishment. Given that the programme is now close to steady state operation, the Welsh Assembly Government needs to keep a close eye on any under-spend and the reasons for it.

Partnership management structures and processes

12.   Over the course of the three years since it was launched, an identifiable Flying Start programme has developed which builds on local capacity and expertise to address local issues within a national framework of delivery.

13.   The Flying Start programme is locally defined in terms of the structures and approaches to the delivery of the entitlements. Despite this local variation and flexibility across 22 areas, it is recognisable as a 'programme'.   The increased and consistent integration of the programme with the Children and Young People's Partnerships (CYPPs) and its clear identified role within the Single Plans (required by The Children's Act, 2004) are all positive signs of the respect and regard with which the programme is held. In general the Flying Start Partnership is accountable to one of the sub-groups of the CYPP although in some areas accountability is directly to the CYPP board. There is therefore a direct route by which learning from Flying Start can be fed back to mainstream service providers. It is important that the lessons from the programme are constantly explored and the opportunities seized for any improvements to mainstream services it might suggest.

Service design and delivery

14.   The Partnerships have made impressive progress in delivering the childcare entitlement and in providing a varied mix of LAP provision across the Partnerships. There is more variation in the provision of the health visiting and parenting entitlements. But, overall, over half of the Partnerships are close to having established a full service programme over the four main entitlements in the space of just 2-3 years.

15.   This is a significant achievement given the challenges that have had to be addressed and when account is taken of experience elsewhere. The National Evaluation of the Sure Start programme in England concluded

that it took at least three years before the local Sure Start programmes were in operational 'steady state' and they did not have to meet the challenges set for the Flying Start Partnerships (e.g. with regard to health visiting caseloads).

16.   There are some remaining issues with regard to the variation across Partnerships in the delivery of the Flying Start entitlements and the tension between the nationally prescribed entitlements and their appropriateness at local level. The following issues should be kept under review by the Welsh Assembly Government and efforts made to resolve them where necessary:

Childcare: Should the apparent 'surplus' in the provision of childcare sessions be reviewed and, if necessary, addressed by, offering flexibility to Partnerships to adjust the nature of the prescribed entitlement (i.e. 2.5 hours, 5 days per week)?

Heath visiting: Is it necessary and possible for the currently prescribed entitlement - couched in terms of health visitor caseloads in Flying Start areas – to be amended to reflect a wider health support offer including other skills such as family support workers and speech and language therapists?

Parenting: Should the variation observed in the scale of the parenting entitlement across Partnerships be reduced by specifying minimum levels of provision?

LAP: Does the LAP entitlement – which is popular and viewed by practitioners as a good introduction to language development – need to be reviewed in terms of its potential to achieve the anticipated Flying Start language outcomes?

Effectiveness

17.   The Flying Start programme has been operationally effective. It has:
- significantly increased the accessibility of services which in turn has lead to increased and higher levels of take up as well as increased engagement in wider services

- effectively built relationships and engaged with those families that are traditionally harder to reach, or whose engagement with mainstream services is minimal
- engaged parents in the lives of their children
- worked with those families with the highest level of need
- identified needs earlier as well as wider issues or problems
- created effective referral routes either to other Flying Start entitlements or to wider generic services
- developed effective working relationships with local schools which greatly aided the transition from Flying Start, to nursery, to school
- established an effective multi-agency approach to delivery
- recruited a wider group of professional staff to better meet local needs
- invested in staff development and training
- achieved generally high levels of satisfaction and a strong demand for the services.

18. Flying Start is currently perceived by Flying Start Partnership Teams as having: struck the right balance between providing prescriptive guidance and allowing local flexibility and prompted multi-agency approaches to delivery. The latter has aided the effectiveness of the programme in combining its entitlements with other interventions in a tailored 'package' that addresses the specific needs of individual families. However, some of the issues referred to in paragraph 16 might need to be reviewed and addressed to make this packaging work more effectively.

Outcomes

19. Expectations about the extent to which Flying Start outcomes for young children should have been achieved by now need to be tempered by acknowledging that operational steady state in the delivery of the entitlements has only recently been achieved by the Partnerships. This was found to be an important consideration in evaluating the outcomes

of the Sure Start local programmes in England and should also be taken into account with regard to Flying Start.

20.   The Partnerships are gearing up to evaluate Flying Start at local levels to understand the difference it has made to services and families. This is reflected in the time and effort that they have devoted to developing performance and logic frameworks to guide and direct the evaluative activity and developing and implementing a range of evaluation methods and tools. Most progress has been made with qualitative assessments and entry and exit surveys and this means that the evidence currently available is not robustly quantitative in nature.

21.   Nevertheless, local evaluation approaches demonstrate that the services provided by Flying Start have had a positive impact on both children – primarily through, but not limited to, improvements in emotional and social development – and their parents – through increased confidence and self-esteem. The story that is being told strongly and consistently suggests that the programme is on the right positive trajectory to achieve its intermediate outcomes around child development and family/parental development, as well as contributing more widely to service improvement.

22.   Flying Start has begun to influence mainstream services. There is particular interest in learning from, and building on, the multi-agency approach and integrated service provision. However, wider roll-out of Flying Start practices is limited by budgetary restrictions on mainstream service providers and a lack of robust, quantifiable evidence of the difference being made by Flying Start and its costs and benefits.

23.   The latter can be addressed by more systematic monitoring and evaluation of Flying Start outputs and outcomes. This needs to be put in hand more consistently across the Partnerships – with the help of the Partnership support unit - in order to inform the local and national debate about the future shape and funding of early years' interventions

and wider family support.

Conclusions

24. When assessed against the critical success factors identified by a range of studies to underpin the delivery of effective early years' support, the Flying Start programme has established and continues to develop an offer which is on the right trajectory to deliver positive outcomes for children and families in the Flying Start areas. The extent to which such changes can be evidenced at this stage is largely limited to qualitative reports from the local Partnership areas as findings from the survey of families of 0-3 year olds will not be available until early 2011.

25. Despite its qualitative nature, the various research strands have revealed a substantive body of evidence from across the 22 Partnerships which points consistently in the same direction suggesting that improvements have been secured in:

   • the emotional and social development of Flying Start children

   • their language and cognitive development (to a lesser degree)

   • parental confidence and engagement

26. An overall assessment of the value for money of the Flying Start programmes cannot be offered at this stage because it is too early in the programmes' development. However, as a young programme it has demonstrated a lot of promise in terms of its economy and effectiveness. Further assessment of the efficiency element of value for money will be possible in light of the evidence from the survey of families in early 2011.

27. The Flying Start programme is now in a 'steady state' delivery stage. Yet, it still faces challenges in terms of: ensuring a consistency of the offer across all 22 Partnerships which reflects local services and issues

at the same time as delivering national aspirations for improving the life chances of children in deprived areas:

- managing and continuing to develop staff (especially supporting integration of health visitors)

- addressing the challenges of multi-agency and joint working

- establishing local monitoring and evaluation frameworks which capture evidence of the outcomes generated by the Flying Start programmes.

28. These challenges are not insurmountable and can be addressed through a combination of revisions to the Flying Start guidance, continued engagement between the relevant service providers, advice and guidance from the Welsh Assembly Government and the Partnership support unit, and continued sharing of good practice across the Partnerships.

Recommendations

29. The following recommendations are offered to inform policy considerations of the future for early years' interventions and Flying Start in particular:

- The pilot nature of Flying Start should be constantly kept in mind. It should be assessed in terms of its impact on improving the life chances of those children and their parents who are eligible for its entitlements – not against wider ambitions for disadvantaged children in Wales as a whole. It should also not be regarded as a quick fix but given time to become embedded operationally, culturally and consistently as part of the infrastructure of early years' support in the areas in which it operates.

- The Flying Start budget allocation needs to be kept under review from at least two perspectives. First, the population of children under four years of age in Flying Start areas is now larger than it was when the budget was first allocated and this is putting a strain on the delivery of the Flying Start entitlements. Second, the

programme is now close to steady state delivery and, therefore, any under-spend against the budget allocation – and the reasons for this - should be reviewed very closely.

- The lessons from Flying Start should be constantly explored by the CYPP as part of the Single Plan and the opportunities seized for any improvements to mainstream services it might suggest with regard to the development of disadvantaged young children.

- The following issues need to be kept under review by the Welsh Assembly Government and efforts made to resolve them where necessary:

Childcare: Should the apparent 'surplus' in the provision of childcare sessions be reviewed and, if necessary, addressed by offering flexibility to Partnerships to adjust the nature of the prescribed entitlement (i.e. 2.5 hours, 5 days per week)?

Heath visiting: Is it necessary and possible for the currently prescribed entitlement - couched in terms of health visitor caseloads in Flying Start areas – to be amended to reflect a wider health support offer including other skills such as family support workers and speech and language therapists?

Parenting: Should the variation observed in the scale of the parenting entitlement across Partnerships be reduced by specifying minimum levels of provision?

LAP: Does the LAP entitlement – which is popular and viewed by practitioners as a good introduction to language development – need to be reviewed in terms of its potential to achieve the anticipated Flying Start language outcomes?

- Systematic monitoring and evaluation of Flying Start outputs and outcomes needs to be put in hand more consistently across the

Partnerships in order to inform the local and national debate about the future shape and funding of early years' interventions and wider family support.

1: The aims and objectives of Flying Start

1.1. The Flying Start programme was launched by the Welsh Assembly Government in 2006/07 with the aim
'*to make a decisive difference to the life chances of children aged under 4 in the areas which it runs'*.

1.2. It is administered as a grant to local authorities to provide intensive assistance to children under the age of four who need it most and their families – spatially targeted on the catchment areas of schools in deprived areas or in other ways where school catchment areas were an imperfect fit with local geographies of deprivation.

1.3. The programme is expected to invest more than £2,000[1] per child per annum in the delivery of the following entitlements:
Health visiting: provision of an enhanced health visiting service with specific guidance on caseloads - one health visitor full time equivalent per 110 children aged 0-3 in the target areas
Childcare: an offer of 2.5 hours, 5 days per week of quality part-time provision for 2 years olds (or younger where required)
Parenting programmes: provision of parenting programmes which have been judged to generate positive outcomes for children
Basic skills: with every family having access to Language and Play (LAP) programmes
Information sharing and referral: between all practitioners within Flying Start.

1.4 The Flying Start programme is relatively narrow in its focus, both in its provision of service entitlements and its target beneficiaries, and it is particularly prescriptive in terms of the scale and quality of some of its service entitlements (most notably the health visiting entitlement with its

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[1] Increased to £2,100 from 2009/10

target caseload). However, the guidance does allow for local flexibility and expects local accountability through the overarching Children and Young People's Framework Partnership[2] in each local authority area.

1.5   The primary aims and objectives of the Flying Start Partnerships are prescribed by guidance from the Welsh Assembly Government: to be focused on early intervention and identification of need, in order to avoid the need for later remedial action and ultimately to reduce the number of people with very poor skills by securing improved outcomes for children in Flying Start areas with regard to:

- Language development
- Cognitive development
- Social and emotional development
- Physical health
- Early identification of high needs

1.6   The programme was introduced in 2006/07 and became operational in 2007/08[3] with an allocation of £44 million over the first two years of the initial four year commitment.   The funding was distributed across Local Authorities using the existing Cymorth formula[4] based on research into patterns of demand for children's social services undertaken jointly with the Welsh Local Government Association (WLGA).

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[2] The Partnerships were introduced in 2002 as Children and Young People's Framework Partnerships as part of the Children and Young Peoples Framework Planning Guidance, WAG, 2002 and were revised in 2007/08 in response to 'Stronger Partnerships for Better Outcomes', WAG, 2004, which was the WAG guidance on local cooperation under the Children Act 2004. The Children and Young People's Partnerships are referred to in the rest of this report as the CYPPs.
[3] 2006/07 was recognised as being focused on workforce planning and programme development with delivery beginning in earnest in 2007/08
[4] The allocation of budgets across Local Authorities was carried out by the Assembly Government on the basis of the Children's Personal Social Services Standard Spending Assessment Formula. The methodology behind the formula was recommended by York University for use in resource allocation in social services. It drew on four indicators relating to children in out of work families, children in electoral divisions where densities were above average, children in social rented housing and children in overcrowded housing.

1.7   The guidance set out the expectation of the Welsh Assembly Government that the programme

> '*should build on the foundations of the Cymorth investment where these are consistent with Flying Start or can be altered to be so*'.

1.8   The guidance assumed that half this Cymorth existing investment (in children in the 0-3 age range) could fit in this way.

1.9   The Children and Young People's Partnerships (CYPPs) – as they became - were allocated a 'cap' or maximum number of eligible children and asked to select areas for delivery of Flying Start based on school catchments.   CYPPs were instructed to select the most deprived community school catchments within the Local Authority area.

Figure 1-1: Flying Start Programme Summary

Established in: 2006/07

Delivery period: 2007/08 – 2010/11 (committed funding)

Total revenue allocation 2006/07-2010/11: £127 million

Total capital allocation 2006/07 – 2010/11: £21 million

Target group: Families with children aged 0-3 (under 4) in targeted deprived areas in each Local Authority

Target number of beneficiaries: 16,000 per year

Source: Data provided by the Welsh Assembly Government

2: The Evaluation

Evaluation issues and approach

2.1   A single evaluation was commissioned by the Welsh Assembly Government of both the Flying Start and Cymorth programmes. This approach was considered appropriate because of their overlapping policy objectives, common governance and management arrangements and the potential for mutual learning about what works well (and less well). Emphasis was given by the Welsh Assembly to the learning possibilities afforded by the evaluation.

2.2   For that reason, the evaluation was planned over a number of years and delivered in ways that facilitated:

Evidence to be generated on 'what works, for whom, in what circumstances, and why'

Learning and knowledge transfer between delivery partners on how to make service delivery more effective in securing the desired outputs and outcomes

Action to enhance the capacity and performance of partners in the design and delivery of their interventions – not only generating evidence on 'what works' but also ensuring that it is put to use.

2.3   A set of key evaluation issues was agreed with the study Steering Group at the scoping phase of the work. These were developed from the study objectives described in the Welsh Assembly's terms of reference for the evaluation. They were formulated as a series of evaluation questions and the work strands of the evaluation were designed to ensure that all questions were addressed. Table 2-1 maps the research activities against the questions.

2.4   The evaluation was designed to address these questions. However, it was agreed with the Advisory Group and the Assembly Government that the

wide range of questions for the evaluation should be rationalised into three broad issues as follows:

- How effective has the programme been in establishing the structural and process conditions necessary to ensure effective delivery of support for disadvantaged children

- How effective is it in bringing about the changes in attitude and behaviour of children and their parents that are consistent with later improvements in their prospects for social and educational development

- Has this been accomplished in ways that provide good value for money?

Evaluation Methods

2.5   The evaluation methods used to gather evidence relating to the research questions involved the following research strands:

2.6   **Data and Policy Review**: This strand involved four tasks: Establishing the best-fit geographical definitions of the Flying Start delivery areas in all 22 areas; reviewing and analysing the monitoring data specified and collected by the Welsh Assembly Government from the 22 Flying Start Partnerships; developing, populating and updating a baseline of secondary indicators relating to the programme; and reviewing policy developments and evidence from international experience.

2.7   **Programme Census of Flying Start Partnerships**: An electronic survey of all Partnerships was conducted in the first two years of the evaluation and gathered information about the programme which was additional to that available from the programme plans and associated documentation. Completed by the Flying Start Coordinator in each area on behalf of the Partnership, the census gathered contextual information about the structure and activities and progress of the programme.

2.8 **Annual Area Case Studies**: Each Flying Start Partnership was visited twice to undertake in-depth case studies which identified and explored the context, delivery activities, outcomes and impacts of Flying Start[5] within an individual locality. The case studies incorporated: a review of local background information; consultations with key stakeholders including the chair of the CYPP, co-ordinator of the CYPP, representatives from the Health Trust and Board (Health Visiting, Early Years, Family Support), representatives from the local authority (play, early years, childcare, social services); consultations with Flying Start co-ordinators and delivery teams; consultations with Cymorth co-ordinators and delivery teams; and consultations/ small focus groups with beneficiaries of both programmes. In the first year of the evaluation the area case studies were undertaken in 10 localities, in year 2 the remaining 12 localities were visited and in year three all 22 localities were revisited.[6]

2.9 **Thematic Case Studies**: The thematic case studies allowed the evaluation team to explore specific issues or areas of activity which emerged from the evaluation activities and were identified as worthy of particular attention. They included reviews of issues relating to:

- the individual entitlements (delivering the health visiting and parenting offers, developing quality childcare provision and the development of the language development support offered)

- user experience with regard to the childcare, parenting and Language and Play provision (carried out by Ipsos MORI)[7]

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[5] In years 1 and 2 the area case studies covered the development and activities of the CYPP, the Cymorth programme and the Flying Start programme. In year 3 it was decided that the focus of the area case studies would be upon the Flying Start programme only.
[6] Year 1 case study areas: Anglesey, Bridgend, Carmarthenshire, Ceredigion, Flintshire, Newport, Pembrokeshire, Rhondda Cynon Taff, Torfaen and Vale of Glamorgan.
Year 2 case study areas: Blaenau Gwent, Caerphilly, Cardiff, Conwy, Denbighshire, Gwynedd, Merthyr Tydfil, Monmouthshire, Neath Port Talbot, Powys, Swansea and Wrexham.
[7] Due to resource constraints the health visiting entitlement and wider activities of the Flying Start were not included in the study.

- the development of the wider programme (integrated working and working with schools)

- meeting the wider expectations of the programmes (performance measurement and meeting the mainstreaming challenge).

2.10 **Longitudinal Survey of Families with 0-3 year olds**: In order to capture the effects of the Flying Start programme on families and children over time, the evaluation was to incorporate a programme-wide survey of families with 0-3 year olds in both the Flying Start delivery areas and in control areas selected for their similarities in terms of deprivation characteristics to the Flying Start delivery areas. However, the survey has been subject to considerable delay as a result of issues accessing the sample frame of Child Benefit Records data from the HMRC which were beyond the control of the evaluation team and the Welsh Assembly Government. The first wave of the survey is currently in the field and findings will be reported in early 2011. As a result the findings of the survey are not incorporated within this report.

Summary and concluding observations

2.11 Any evaluation of the contribution of an early years' intervention to improving the life chances of children can only be properly testable at the transition points in their progression from childhood to adulthood. Although improvements in cognitive and language development arising from the intervention can be assessed, these effects might decay in later years without reinforcing support.

2.12 However, it still is possible to assess how effective the programmes have been in establishing the conditions that theory and limited empirical evidence suggest are necessary for later improvements in life chances. These conditions relate to:
- the structural and process factors that are critical in ensuring effective delivery of support for disadvantaged children and young people (e.g. integrated service delivery)

- the changes in the attitudes and behaviour of children, young people and their families that are consistent with later improvements in their prospects for social and educational development.

2.13   The evaluation was focused on addressing these issues and the evidence on which it drew was largely qualitative. The household survey will, at a later date, enable more quantitative conclusions to be drawn on the outcomes of the programme in terms of improved language development, cognitive development, social and emotional development and physical health amongst   the children participating in the programme.

Table 2-1: Evaluation research activities

Evaluation questions	Evaluation research activities							
	Flying Start (FS) area definitions	Policy and evidence review	Secondary data review	Monitoring data review	Census of Partnerships	Area case studies	Thematic case studies[8]	Surveys of families in Flying Start & control areas*
	Collating and cleaning of data relating to FS postcodes and LSOAs for all 22 Partnerships	Reviewing relevant policy and evidence relating to FS	Auditing available secondary data, creating baseline and setting up FS control areas	Facilitating collection of monitoring data, cleaning and analysing the data from 22 Partnerships	Undertaking and analysis of web based survey of all FS and CYPP Coordinators in Years 1 & 2	Carrying out case studies in 22 areas and each visited twice over three years	Carrying out nine thematic case studies selected by evaluation team, Welsh Assembly Government and Partnerships	Designing and delivering 2 wave longitudinal household survey in FS and control areas
Q1: Has the programme effectively met the identified needs through the provision of services?	✔	✔	✔		✔	✔	✔	
Q2: What combination of delivery works in terms of achieving impact?		✔				✔	✔	✔

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[8] Including the Ipsos MORI survey of users' experience of three of the Flying Start entitlements

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	Evaluation research activities							
	Flying Start (FS) area definitions	Policy and evidence review	Secondary data review	Monitoring data review	Census of Partnerships	Area case studies	Thematic case studies[8]	Surveys of families in Flying Start & control areas*
Q3: Have the services provided had an impact on service users?			✔			✔		✔
Q4: How has the programme been adapted to meet local need? Has flexibility worked?		✔				✔	✔	
Q5: How effective have local partnerships been in assessing and analysing local need and auditing provision?					✔	✔	✔	

	Evaluation research activities							
	Flying Start (FS) area definitions	Policy and evidence review	Secondary data review	Monitoring data review	Census of Partnerships	Area case studies	Thematic case studies[8]	Surveys of families in Flying Start & control areas*
Q6: How effective have local partnerships been in developing programmes, commissioning, allocating funding and monitoring and evaluating progress?		✔		✔	✔	✔	✔	
Q7: How successful have partnerships been in matching need to local projects?		✔			✔	✔	✔	
Q8: How effective has the programme been in achieving its overall aims?		✔		✔	✔	✔	✔	✔
Q9: Has the programme made a positive difference to the lives of individuals?						✔		✔

	Evaluation research activities							
	Flying Start (FS) area definitions	Policy and evidence review	Secondary data review	Monitoring data review	Census of Partnerships	Area case studies	Thematic case studies[8]	Surveys of families in Flying Start & control areas*
Q10: What impacts has the programme had individually and when combined with other interventions?		✓				✓	✓	✓
Q11: What lessons are evident from the programme and what are the future issues?		✓	✓	✓	✓	✓	✓	✓
Q12: What future interventions are needed to support early years development?		✓	✓			✓	✓	✓

3: Programme rationale

Introduction

3.1   The rationale for Flying Start was to provide entitlements for parents in disadvantaged areas in support of their young children that would foster their development, help to reduce the need for later crisis or remedial action, increase their educational attainment and ultimately reduce the proportion of people with very low skills. The programme was designed as a pilot in recognition of the need for more evidence on what worked by way of early years' interventions in the Welsh context. The effectiveness and cost-effectiveness of the programme was, therefore, to be assessed with respect to those parents and children who were eligible for the entitlements (and took them up) rather than the population of children in need as a whole.

3.2   This chapter of the report briefly reviews the reason why the Welsh Assembly Government considered it necessary to establish the programme, the available evidence on the effectiveness of early years' interventions, the characteristics that are suggested to be associated with effective interventions and their overall costs and benefits. Finally we present the overarching rationale and logic model for the Flying Start programme.

The need for intervention

3.3   The justification for intervention to support child development in disadvantaged areas was founded on concerns about the prospects for children and young people in Wales (and especially in its more disadvantaged areas) as revealed by the available data. For example:

- Still birth rates in Wales were much the same as in England over 2000-2004 but varied significantly across authorities – they were 6.0% or more (compared with the average of 5.1%) in the Isle of Anglesey, Denbighshire, Powys, Merthyr Tydfil, Blaenau Gwent and Newport.

- Similarly, whilst the proportion of babies with low birth weight was slightly lower in Wales than in England, the variation across Wales was considerable – 7% or higher in Newport, Merthyr Tydfil and Blaenau Gwent compared with the Welsh average of 5.9% over 2002-2004,for singleton live born low birth weight babies (<2500g).

- Teenage conception rates (females under 16 years age) were 8.0 in Wales (per 1000 women aged 13-15) in 2002-04 compared with 7.8 in England but with the rate being over 10.0 in Torfaen, Blaenau Gwent, Rhondda Cynon Taff and Wrexham.

- In the mid to late 1990s 37% of children in Wales lived in households in relative income poverty[9] compared with 34% in England and 33% in Scotland. The proportion of children (0-15 years) living in families claiming out of work benefits averaged 25% in Wales in 2005 but the proportion being higher than 30% in Neath Port Talbot, Rhondda Cynon Taff, Merthyr Tydfil, Caerphilly and Blaenau Gwent.

- The proportion of dependent children living in lone parent families was 25% in Wales in 2001 compared with 23% in England and 25% in Scotland but with that figure reaching about 30% in Newport, Merthyr Tydfil and Blaenau Gwent.

- In 2001 Wales had a higher proportion of young people with no qualifications (20%) than in England (17%) and Scotland (12%) and in some parts of Wales the proportion was close to 30% (Merthyr Tydfil and Blaenau Gwent).

- Comparisons made by the National Public Health Service for Wales[10] indicated that in 2001/02 Wales had a higher proportion (15% girls and 25% boys) than in England and Scotland of young people aged 13 years who were pre-obese and a higher proportion aged 15 years (54% girls and 58% boys) who drank any alcoholic drink weekly.

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[9] Defined as households with less than 60 per cent of 1996/7 median income held constant in real terms (after housing costs)
[10] National Public Health Service for Wales, *Health Needs Assessment* (2006)

Evidence of the case for early years' interventions

3.4   There is a growing body of evidence[11] that supports the positive role of interventions in early years in improving the development of children and young people and their prospects in adulthood. The evidence indicates – and it has become widely assumed – that such interventions bring benefits that exceed their costs because they improve educational attainments and reduce the costs of later remedial actions (e.g. through the criminal justice system).

3.5   The evidence suggests three linked propositions:

- Intervention in early years produces benefits for children, young people and their families, the communities in which they are located and society as a whole – both in the short-term and also over the longer term through, for example, increased educational attainment and reductions in crime.

- The benefits of early years' interventions are more marked for children and families that are deprived and/or living in more deprived areas.

- Early years' interventions achieve these benefits at costs that are relatively modest compared with more expensive later remedial interventions such as 'out of home care', child protection and prison.

3.6   It must be emphasised that, to date, the above propositions are based on a limited amount of empirical evidence and much of what there is has been based on experience in parts of the United States. The research points in a consistent and positive direction with more or less force. Nevertheless, as Cook and Wong[12] put it in 2007,

"*we are not yet sure that these various thin reeds can be woven together into a truly sturdy pre-kindergarten boat*"

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[11] The literature reviewed for the evaluation is summarised in the table at the end of the chapter.
[12] Cook TD and Wong V C, Commentary on Ludwig J and Phillips D (2007)

and the EPPI-Centre review[13] concluded that

"*whilst there may be long-term outcomes from early childhood interventions, [these] studies say little about processes and are based on cost estimates and projections which do not appear to apply directly outside a US context*"

(Statham & Smith, 2010).

Intervention design and delivery

3.7   At the risk of over-simplification in what is an extremely complex policy domain, the evidence to date could be read to suggest that the characteristics of the more effective interventions in early years' support can be grouped into three distinct categories as set out in Figure 3-1.[14]

Figure 3-1: Critical success factors in support of early years' development

Individual interventions
- Having clear goals which build in the possible need for multiple policy elements and the service means to reach them
- Delivering according to the intervention design but with the facility to engage with other service providers in order to adapt to local and family needs
- Providing high exposure, long duration and intensive support – with an earlier start being related to stronger development
- Deploying staff with higher qualifications in integrated settings – especially where there is evidence of severe need or potential need.

Service systems
- Providing a mix of universal and targeted interventions built on partnerships and collaboration between service agencies and types
- Mixing educational and social development as of complementary and equal importance
- Providing integrated centres and nursery schools
- Complementing support for children and young people with support for parenting and wider family and community development
- Combining top down leadership and resource allocation amongst service providers with bottom up expertise and local knowledge
- Having the resources and discretion to be flexible and capable of change in response to better understanding of the needs of children and young people and the families and communities in which they are located.

Target beneficiaries
- Providing a universal service that in addition focuses on those children and their families and communities who are biologically, socially and/or economically disadvantaged and/or living in highly deprived neighbourhoods.
- Recognising that early years' interventions may be less effective for those at the margins of disadvantage and those who are seriously disadvantaged (although the evidence on this is less clear-cut).

Source: SQW Consulting

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[13] EPPI-Centre (2006)
[14] This summary draws heavily on Valentine and Katz (2007) and Watson and Tully (2008)

3.8   These conclusions about critical success factors suggest that effective services are those which have become well-embedded in terms of partnership between service providers and the high quality of the intensive services they provide to disadvantaged children, their families and local communities. The caution expressed about the general findings of research on the effectiveness of early years' interventions must be applied even more strongly when it comes to consideration of the factors that make such interventions more or less effective. This is because the evidence with regard to the differential consequences of these characteristics on outcomes is limited. Nevertheless, the conclusions summarised above are broadly in line with the most recent report from the national evaluation of Sure Start (NESS (2008)).[15]

3.9   The NESS study concluded that the Sure Start Local Programmes (SSLPS) exercised a positive influence on the use of services, on parenting and family support and child development – especially relating to their physical health and social development. This finding was a contrast with earlier results which were more equivocal about the positive nature of the effects. The evaluators explained the difference as follows:

- **More effective local services:** The local programmes (SSLPs) had evolved over time and had become children's centres with more service focus and coordination and more guidance on addressing the needs of disadvantaged families. The SSLPs may also have improved as local programme staff acquired and developed appropriate skills and knowledge and staff shortages and turnover were reduced.

- **Longer exposure to embedded services:**   Children and families involved in the most recent phase of the NESS evaluation had a far longer exposure to the SSLP services across a greater proportion of their lives than was the case for the three year olds studied in the earlier phase. At that time, the SSLPs had been in place at the most for three years and, therefore, the children and their families might not have been exposed to well-embedded services. This is consistent with

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[15] NESS *The Impact of Sure Start Local Programmes and Three Olds and Their* Families (2008)

an earlier finding from the national evaluation that it was not until after the third year of operation that the SSLPs became close to fully functioning.

3.10   A critically important point to draw from the NESS work and other studies is that early years' interventions require time to become embedded and their benefits cannot be expected to be achieved over a short operational period.

Outcomes and benefit-cost ratios of the interventions

3.11   The review by Ludwig and Phillips (2007) suggested that Headstart in the US increased the likelihood that participants would complete high school, achieve educational attainments, and attend college and reduced the probability of childhood obesity, special education placements, and being arrested and charged with a crime.

3.12   There are only a few studies that assess the costs and benefits of interventions to support the development of children. They show positive benefit-cost ratios of varying magnitudes as demonstrated by the evidence reviewed by Valentine and Katz (2007) - Figure 3-2.

Figure 3-2: Benefit – cost ratios for from early years' interventions

Category of study / intervention	Source	Benefit : cost ratios
Cost-benefit of child abuse prevention (Michigan)	Caldwell 1992	19.0 : 1
Meta-analysis of early interventions	Aos et al, 2004 and Isaacs, 2007	2.4 :1
Home visiting programme – Nurse Family Partnerships	Karoly et al, 2005	2.9 : 1
Pre-school and family support – Abecedarian	Karoly et al, 2005	3.2 : 1
Pre-school and family support – Perry Preschool	Karoly et al, 2005	17.1 : 1
Pre-school & school education and family support – Chicago Child-Parent Centres	Karoly et al, 2005	7.1 : 1
Fiscal impacts of expanding prior-to-school programmes – 3 US states	Belfield, 2006	1.2 – 1.6 : 1
Reductions in class size in kindergarten through second grade - US	Aos et al, 2007	6-11% annual rate of return

Category of study / intervention	Source	Benefit : cost ratios

Benefits

The benefits in the above studies are estimated as costs avoided and additional earnings - calculated through comparison with control groups and/or economic modelling. Costs avoided refer to the later costs associated with criminal justice, remedial health and support services, lost and impaired lives and higher welfare spending / reduced tax contributions that are incurred because of child neglect and abuse and inadequate services to support children with disabilities or to tackle conduct and behavioural problems in school.

These types of benefit are clearly longer term in their incidence – as are the increased earnings that some of the studies estimate to arise (or are potential) from the early years' support and feature prominently in the overall benefit calculation. The evidence is much thinner with respect to the shorter term benefits that can be monetised for the purposes of cost-benefit analysis.

Costs

The studies also show that early intervention programmes can cost more than the 'counterfactual - i.e. what would have been provided anyway which in the case of the US (where there are no community/primary care services offered universally) would most likely amount to zero especially in the early years of the programmes.

Children benefiting from the Perry Preschool Programme in Texas received 2.5 hours of service from the programme per day, 180 days a year for 2 years for three to four year olds. This is broadly comparable with the Wales and England universal offer.[16] However, the Abecedarian children received up to 10 hours a day, 250 days per year from early in the first year of life until they started kindergarten – at an annual average cost of $13,900 per child (at 2002 prices). The cost of Headstart was cited recently as $9,000 per child.[17]

A recent study of parenting programmes in the UK[18] suggested that they were relatively cheap – the least expensive being group in-community provision at between £600 and £900 per family and the most expensive being individual in-home training at about £3,800 per family. However, even so, it concluded that assessment of the change in service costs over the short-term (a one year horizon or less) suggested that a parent training programme was not likely to pay for itself.[19]   This was confirmed by the cost-effectiveness analysis that was carried out of a specific parenting programme in Wales[20] where the net increase in costs was about £2,000 per child (compared with an increase of about £50 in the control group). However, it should be emphasised that the programme induced an incremental improvement in the Eyberg child behaviour index (27.3 compared with 0 in the control group).

For comparative purposes, the budget allocation for Flying Start was targeted as £2000 per child pa which was later raised to £2,100.

Source: Valentine and Kraz (2007)

3.13 The cost-benefit evidence to date seems to point in the

"*general direction of lasting program benefits that on the margin are in*

 excess of program costs"

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[16] In the UK generally, children receive free pre-school from three years and can access 12.5 hours per week over 5 days in England and 10 hours over 5 days in Wales for free. Free pre-school provision for two year olds is restricted to pilot studies like Flying Start and the two year old pathfinder in England.

[17] Ludwig J and Phillips D, *The benefits and costs of Headstart* in Social Policy Report Volume XXI, Number 3, 2007

[18] London Economics for DCSF, *Cost benefit analysis of interventions with parents,* 2007

[19] Note: The cost-benefit analysis was based on short-term benefits in the form of savings from the reduced public service usage resulting from improvements in child behaviour.

[20] Edwards et al, *Parenting programme for parents of children at risk of developing conduct disorder: Cost effectiveness analysis,* 2007

even though the benefit cost ratios may not be positive in the very short term (less than a year). What remains unclear is exactly what form the early years' interventions should take.

"*Perhaps the most efficient use of additional resources at this point would be to invest more in the 'R&D' necessary to make informed judgements about how best to expand different early childhood programs and coordinate these expansions with both existing programs and elementary school curricula*".[21]

Rationale and logic model for early years' interventions

3.14　The rationale for additional support for early years' intervention by Welsh Assembly Government delivered through partnership is that the benefits would not otherwise be generated at all or to the desired scale, duration and/or quality. This is for the following reasons:

- The evidence on the long term benefits attributable to the interventions – and the way they come about – is not yet well developed and remains uncertain.

- The costs of more intensive, longer duration early years' services are short term, transparent and higher while the benefits are long term, uncertain and intangible.

- The costs of supplying the early years' interventions fall on those providers (like NHS Trusts) who do not necessarily benefit in the long term or even the short term.

3.15　Hence, the rationale for the interventions is that they help overcome any lack of incentives that service providers may have in investing in early years' support, facilitate partnership working where costs and practices can be shared and enable effective early years' services to become known and then embedded in mainstream service priorities and the delivery of mainstream services.

3.16　However, one thing becomes clear from the available evidence. It is this, that linking early years' interventions with later impacts such as improved

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[21] Ludwig and Phillips, 2007

educational attainments and reduced remedial interventions still represents a 'theory of change' in which some links in the causal change are better based in evidence than others.

3.17   This has led to the development and use of logic models in designing and assessing policy interventions. A policy logic model "*seeks to state a [desired policy] result clearly and to "backward map" the conceptual linkages between the desired result and the specific policy choices whose cumulative effects produce this result*".[22] Such logic models need to be refined as more evidence becomes available through research and evaluation. Therefore, the role of evaluation in this context is primarily about learning. It assesses whether an intervention delivered the intermediate outcomes consistent with achievement of the intended longer term benefits and suggests any refinements required in the policy and the underlying logic model.

3.18   The policy aspirations for Flying Start anticipated the higher level impacts from the programme over the longer term as well as its intermediate and shorter term results. The programme guidance refers to its aim, in the long term, to reduce the proportion of people with poor skills and over the medium term, to make significant savings in remedial services through earlier identification of needs. These aims require the programme to achieve tangible outcomes for the child in the short term:

- Language development
- Cognitive development
- Social and emotional development
- Physical health
- Early identification of high needs

[22] Kagan S L and Rigby E, *Improving the readiness of children for school: Recommendations for state policy*, (2003) - a discussion paper for the Policy Matters project which is an initiative of the Centre for the Study of Social Policy (Washington DC) in collaboration with the National Center for Children in Poverty (NCCP) and Child Trends.

3.19 Figure 3-3 illustrates the resultant logic framework for the programme. The shading in the depiction of the framework denotes that it comprises: High level contextual data relating to the conditions on which it is expected to have positive impacts over the longer term (the dark blue shaded areas); Programme level aims and objectives which 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 later outcomes and impacts.

Summary and concluding observations

3.20 The need for early years' interventions in the Welsh context was to address problems in disadvantaged areas to increase the life chances of the children now and in their later life. Flying Start was designed as a pilot in recognition of the need for more evidence on what worked by way of early years' interventions.

3.21 The extent of the evidence on which the rationale for early years' interventions is based remains limited but is consistent in showing positive outcomes and benefit-cost ratios – especially for disadvantaged children and from the provision of integrated services. The rationale for special funding to support early years' interventions is based on dealing with the situation where the intervention costs are short term and tangible, the benefits longer term and uncertain, and the costs fall on those agencies that do not necessarily benefit in achieving target outputs or reducing costs. They therefore may lack incentives to invest in early years' interventions.

3.22 Flying Start sought to address this problem by providing special funding for support services and requiring that it should be used through partnership amongst the relevant service providers and by integration of services and, where possible, settings. The rationale for the programme was justified by the existing evidence and remains robust. However, the pilot nature of the programme means that its effectiveness and cost

effectiveness has to be evaluated with respect to those children and their parents who were eligible for the Flying Start entitlements and took them up – rather than in terms of its impact on improving the life chances of children in need as a whole. It also cannot be evaluated as if it was a quick fix. All the evidence indicates that early years' interventions need to become embedded operationally, culturally and consistently before they can have an effect that is discernible.

Figure 3-3: Logic model for Flying Start

Contextual conditions and problems
Income poverty, participation poverty, service poverty (A fair future for our children, 2005)
Uneven/low volume & quality of childcare provision (Childcare strategy for Wales, 2005)
Inadequate preparation for learning when beginning school (Words Talk – Numbers Count, 2005)

Impacts
Improved preparation for learning, better childcare provision, & reduced 'poverties' in Wales

Aims and objectives of Flying Start (Flying Start Guidance (2006-7 & 2007-08)
To bear down on the number of people with very poor skills in the most cost-effective way by investing in early years (under 4) to reduce income inequality & achieve sustainable growth.

Outcomes
Improvements in education, social and health well-being of children, improvements in parenting behaviour, qualification levels of sector, reduced costs of remedial care systems in FS areas

Rationale: Investment in the volume, range & quality of services and more effective partnerships, information sharing, inter-disciplinary working & community & parental engagement will improve family conditions, child well-being, outcomes for children, potential for the child's learning and future quality of employment.

Inputs
£2000 for each of 16,000 children under 4years age plus management overhead - allocated to deprived school catchments. Staff training and support.

Process & activities
C&YP Partnerships direction + delegation to other agencies. Active links between services & communities. Delivery of Flying Start entitlements allowing for some local discretion on mix.
▪ childcare provision
▪ health visiting
▪ parenting programmes
▪ basic skills
▪ Information sharing

Outputs
▪Take-up/participation in the 4 elements by target groups
▪Delivery of enhanced quality childcare
▪Service integration
▪Information sharing
▪Cross referrals
▪Staff numbers & qualifications
▪Workforce training

Intermediate outcomes

Children's development
▪ Language
▪ Cognitive
▪ Social/emotional
▪ Early identification of need

Family/parental
▪ Parenting behaviour/skills
▪ Health & other social
▪ Perceptions of local area

Sustained service improvement

Source: SQW Consulting

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Evaluations and reviews

- Sylva K et al, *The effective provision of pre-school education project: Final report* (2004)

- Feinstein L and Duckworth K, *Development in the early years: Its importance for school performance and adult outcomes* (2006)

- EPPI-Centre, Institute of Education, University of London, *Early Years: What is known about the long-term impact of centre-based early childhood interventions?* (2006)

- Pugh G and Duffy P, *Contemporary Issues in the Early Years,* 4th Edition (2007)

- Edwards, RT et al, *Parenting programme for parents of children at the risk of developing conduct disorder: Cost effectiveness analysis* (2007)

- London Economics of DCSF, *Cost Benefit Analysis of Interventions with Parents* (2007)

- Valentine K and Katz I for the Queensland Council of Social Service Inc, *Cost effectiveness of early intervention programs for Queensland* (2007)

- Belsky J, Barnes J and Melhuish E (ed), National evaluation of Sure Start: *Does area based early intervention work?* (2007)

- Watson J and Tully L for the New South Wales Government, *Prevention and early intervention update – trends in recent research – Literature review* (2008)

- Scottish Government, *Early years and early intervention* (2008) – available on line at http://www.scotland.gov.uk/Publications/2008/06/evidence.

- Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London (The National Evaluation of Sure Start), *The Impact of Sure Start Local Programmes and Three Olds and Their* Families (2008)

- Statham, J & Smith, M, *Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs*, Thomas Coram Research Unit, Institute of Education, University of London for the Department for Children, Schools and Families (DCSF) (March 2010)

US evidence is substantial and was reviewed for the evaluation including the following:

- Mathematica Policy Research, *Making a Difference in the Lives of Infants and Toddlers: The Impacts of Early Head Start* (2002)

- Kagan S L and Rigby E, *Improving the readiness of children for school: Recommendations for state policy*, (2003)

- Barnett W S and Belfield C R, *Early Childhood Development and Social Mobility* (2006)

- Barnett W S and Masse L N, *Comparative benefit-cost analysis of the Abecedarian program and its policy implications*, Economics of Education Review (2007)

- Ludwig J and Phillips D A, *The Benefits and Costs of Head Start,* National Bureau of Economic Research (2007)

4: Implementing the programme – resource allocation

Resource allocation and use

4.1   Flying Start delivery areas were identified by the Local Authorities and targeted on the catchment areas of schools selected by the local Children and Young People's Partnerships. School catchments were identified as the appropriate geography by the Welsh Assembly Guidance[23] as they would:

- be understood by parents

- provide for exact definitions of the target areas

- enable links to be established between this programme and other family support services

- facilitate measurement of the impact of the programme, because many children benefiting from Flying Start will move up to the neighbourhood school

- be a catalyst to the schools becoming community focused.

4.2   The guidance acknowledged that there may be cases where school catchment areas are an imperfect fit with local geographies of deprivation and offered Partnerships the opportunity to put forward adjustments to target school catchment areas for the agreement of the Welsh Assembly Government. The guidance specified that the areas should be defined in terms of postcodes and/or Lower Super Output Areas (LSOAs).

4.3   The selection of target catchments in deprived areas was further specified by the need for Partnerships to limit the number of eligible children (aged 0-3 years) within the Flying Start catchments to the cap, or maximum, set out in the original guidance which limited the number of eligible children across Wales to 16,000.

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[23] Flying Start guidance 2006-7 and 2007-8, Welsh Assembly Government

4.4   As Figure 4-1 illustrates, the Flying Start areas are highly concentrated and only cover a very small proportion of the relevant Local Authority.
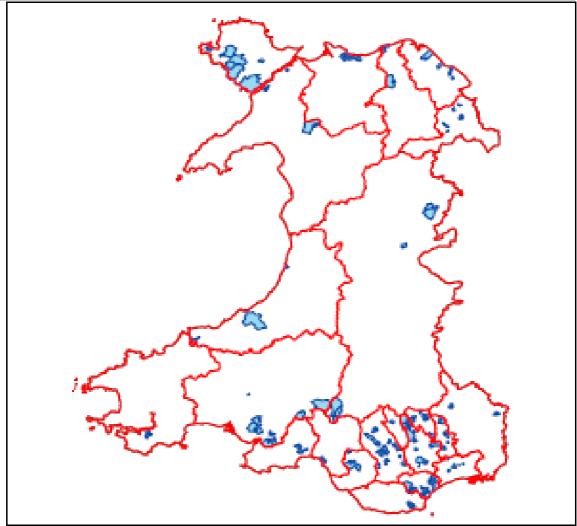
Figure 4-1: Flying Start LSOAs within Welsh Local Authority boundaries

Source: SQW Consulting
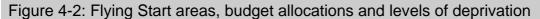
4.5   Use of the Index of Deprivation demonstrates that the Flying Start areas are considerably more deprived than the national average in every domain other than access to services (Figure 4-2). The variance is particularly large in the income, employment and education domains.

4.6   Another measure of deprivation, which highlights the important issue of child poverty, is the proportion of children eligible for free school meals. This proportion was 31% in Flying Start areas in 2006 - significantly higher

than the national figure for Wales of 16% and higher than in the baseline control area[24] (just over 25%).

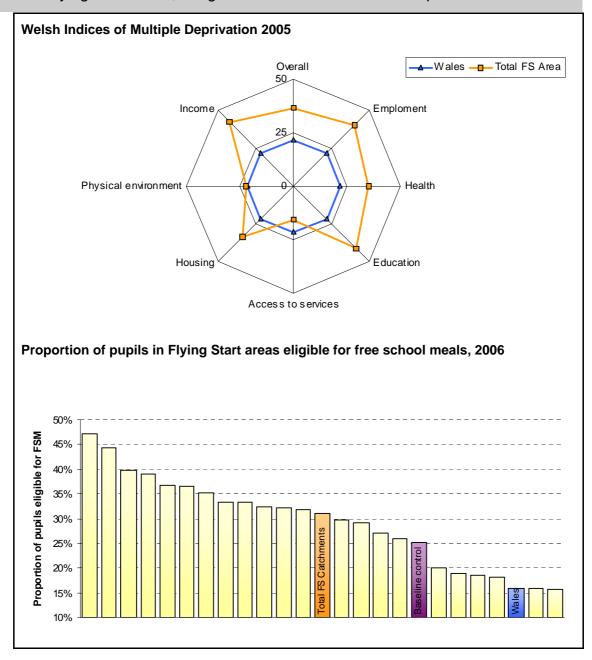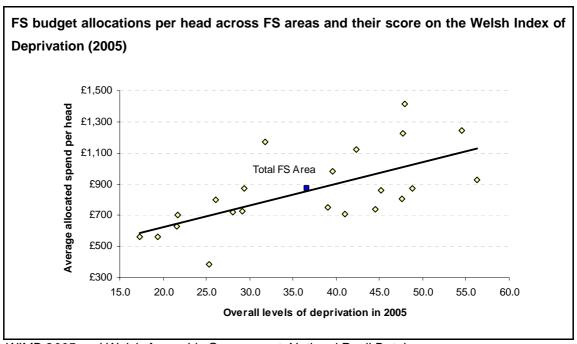4.7   The evidence is clear that the Welsh Assembly Government selection of Flying Start areas was entirely consistent with its rationale for the programme in terms of its focus on areas of deprivation.

4.8   This was also demonstrated by the allocation of budgets across the Flying Start areas. This was carried out for the programme, as it was for the Cymorth allocation, by the Welsh Assembly Government on the basis of Children's Personal Social Services Standard Spending Assessment Formula. The methodology behind the formula was recommended by York University for use in resource allocation in social services. It draws on four indicators relating to children in out of work families, children in electoral divisions where densities are above average, children in social rented housing and children in overcrowded housing. The third chart in Figure 4-2 does not use such a sophisticated index but still demonstrates the extent to which Flying Start budget allocations per head of the eligible population were correlated with the scores of the areas on the Welsh Index of Deprivation (2005) i.e. spend per head is greater in the more deprived areas.

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[24] A control area was established for the Flying Start programme for the purposes of comparative secondary data assessment and to provide a counterfactual group for assessment through the longitudinal survey. The control area comprised SOAs that were identified using a matching process that took into account each LSOAs Welsh Index of Multiple Deprivation score and the population of 0-3 year olds. However, given that the Flying Start programme has successfully targeted many of the most deprived areas in Wales (with 40% of Flying Start LSOAs being within the 10% most deprived areas in Wales), a number of the matched control LSOAs are slightly less deprived (17% are in the most deprived 10% in Wales).

Figure 4-2: Flying Start areas, budget allocations and levels of deprivation

Welsh Indices of Multiple Deprivation 2005

Proportion of pupils in Flying Start areas eligible for free school meals, 2006

FS budget allocations per head across FS areas and their score on the Welsh Index of Deprivation (2005)

Source: WIMD 2005 and Welsh Assembly Government, National Pupil Database

Changing context – changing rationale?

4.9   The selection of areas and the allocations of funding for Flying Start were consistent with the intention of the programme to focus on the issues facing children and their families in the most deprived areas of Wales. So has anything happened to change this conclusion?

Population trends

4.10   It is evident from Figure 4-3 that total population growth in Flying Start areas matched the Welsh total population growth between 2001 - 2008, with both experiencing 2.9% population growth.

Figure 4-3 Population trends 2001-2008

Source: ONS Mid year population estimates

4.11   The 2008 data shows a slight but notable variation in the age-distribution of the population. Compared to Wales as a whole (4.5%), the proportion of 0-3 year olds in the FS areas is somewhat larger (5.4%), although this growth is characterised by significant peaks in certain LSOAs.[25]

4.12   Additionally, as illustrated in Figure 4-4, while the original baseline reported a decline in the number of 0-3 year olds in Wales of approximately 1.5% between 2001-06, recent growth between 2006-2008 in the number of 0-3s (of 5.1%) has meant that the overall percentage change in the 0-3 year old population across the whole period (2001-2008) is 3.5%. The Flying Start areas and control area (essentially the most deprived LSOAs in Wales) experienced particularly high growth in 0-3 year olds between 2003-04[26].

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[25] This has been explored with Welsh Assembly Government demographers, who felt that these fluctuations are to be expected when looking at such a small age groups and relatively small geographical areas.
[26] Welsh Assembly Government demographers identified that part of the reason for this variation is that the cohort of three year olds in 2003 (moving out of the 0-3 age group by 2004) may be substantially smaller than the incoming cohort of newborns in a given year.
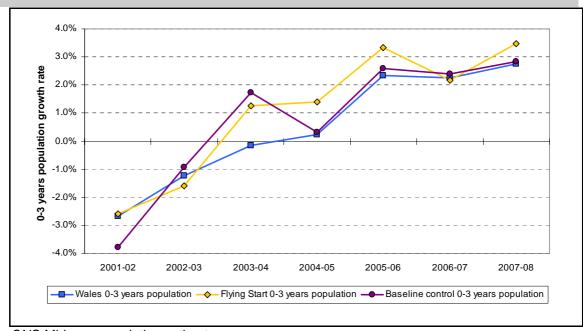
Figure 4-4 Population growth rates of 0-3 year olds, 2001-2008

Source: ONS Mid year population estimates

4.13   The consequence of the increase in the growth rate of the 0-3 year old
        population in Flying Start areas relative to Wales as a whole (2006/07 –
        2007/08) is that the target population on which the programme was
        designed to concentrate has increased. This means that there are now
        more children who could be eligible for Flying Start entitlements according
        to the eligibility criteria that were used at the outset of the programme.

4.14   This demographic issue has posed difficulties for the Flying Start
        Partnerships in meeting local needs especially with tightening public sector
        purse-strings. This issue surrounds Flying Start 'caps' – the number of
        children identified at the outset as being eligible for the entitlements in
        each area and on which budget allocations were determined. For around a
        third of the Flying Start areas, difficulties have been experienced as the
        number of eligible children have significantly exceeded the original
        estimates. The reasons for this are not particularly clear, but they appear
        to revolve around:

        • underestimates of the numbers of actual and forecast children in Flying
          Start areas which were used to define the cap in the first place

        • inaccuracies in the way that Flying Start areas were defined – leading
          to cap figures being lower than that for the actual area

- increases in the Flying Start area populations – the baseline analysis carried out for the National Evaluation suggests a disproportionate increase in the population in the Flying Start areas possibly attributable to new housing developments.

4.15   Whatever the reason, the fact remains that some areas are struggling to deliver Flying Start services to all eligible children within the originally agreed funding based on the original estimates of the number of children (cap).   Fore example, some areas have had to consider making the enhanced health visiting entitlement only available to those families demonstrating the highest levels of need.   There is concern that, if areas are required to stay within their agreed cap figures, there will be ongoing difficulties in delivering entitlements to eligible families.   In some areas, this point has been voiced by local Councillors, which has given it an increased level of political emphasis, often exacerbated by the backdrop of economic recession and the need to support those most affected by it. In addition, with public sector budget cuts on the horizon, the perceived need to protect provision for the most disadvantaged communities has been given local political priority.

4.16   Various negotiations are being held with the Welsh Assembly Government to resolve these issues - for example, the use of spare places in childcare settings due to parents not taking up the 2.5 hour session entitlement for all five days, to provide places for other children.

Economic austerity

4.17   The economic recession has had a significant impact on the Welsh economy. The Labour Force Survey for the 3 months to September 2009 showed that the International Labour Organisation (ILO) unemployment rate in Wales was 8.7 per cent of the economically active, up from 6.5 per cent in the same period a year earlier and compared with a lower figure for the UK as a whole of 7.8 per cent[27].

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[27] Statistical Bulletin, SB/67/2009, Welsh Assembly Government
http://wales.gov.uk/docs/statistics/2009/091113sb672009en.pdf?lang=en

4.18 As discussed, the Flying Start programme was already targeted on the most deprived communities in Wales and although recent trends in Job Seekers Allowance (JSA) claimants have been similar across the Flying Start areas, Baseline Control area and across Wales, the Flying Start areas have consistently had a substantially higher proportion of claimants than either Wales or the Control area[28]. This suggests that, on the whole, the Flying Start areas still face considerable employment challenges. Indeed, nine of the 22 Flying Start areas have a higher proportion of their proportion claiming JSA in 2008 than 2001, albeit in many cases only marginally.

4.19 At the same time, the response to the credit crunch and the recession has put pressure on public finances and raised real and current concerns about the vulnerability of largely non-statutory services such as Flying Start in the face of demands for public spending cuts. All in all, the last 12-18 months have been a difficult time for those involved in the programme as they tackle delivering the programme within the context of a likely increase in need and rising pressure to reduce costs..

Flying Start allocations and expenditure

4.20 The total budget allocation to Flying Start in 2006/07 was £13.2 million and was due to rise to some £31 million in each of the following two years and then £32 million and £42 million in 2009/10 and 2010/11 respectively. The capital element of the allocation was about a third of the total (i.e. £4.9 million) in 2006/07 falling over the next four years in absolute terms and as a share of the total – reflecting the declining emphasis that was expected on acquiring and/or refurbishing physical assets and facilities.

4.21 Overall expenditure by the Flying Start Programme between 2006/07 and 2009/10 is shown in Figure 4-5 against the allocation and expenditure by Flying Start Partnership over the same period as a proportion of allocation

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[28] With the notable exceptions of Ceredigion, Pembrokeshire and Monmouthshire - In 2008, Ceredigion (1.4%), Pembrokeshire (2.1%) and Monmouthshire (2.0%) had low proportions of their working age population claiming JSA, compared to 2.5% across Wales and 4.0% in the Flying Start areas

is shown in Figure 4-6. This demonstrates that some Partnerships had been able to spend up to their allocations whereas others had found this more difficult. There was some association between difficulties in spending the allocation and the extent of the capital allocation or the proportion of the total allocation represented by the capital component. This might be because of the inevitable lags that occur in the deployment of capital budgets or because allocations were reserved for capital spend in later years (without it apparently having been made clear that this could result in the loss of the under-spend). It may also have been caused by the distraction of having to manage capital investments – often by staff with little experience of doing so.

Figure 4-5: Budget Allocation v's Actual Claimed and Under-spend by Financial Year

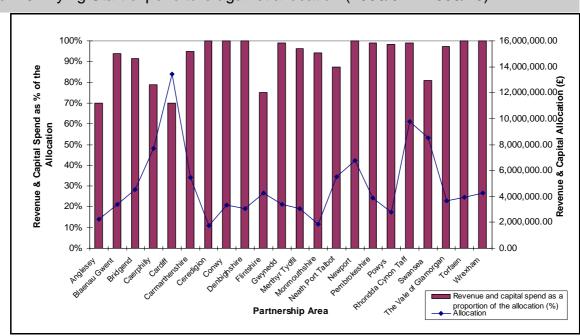*Source: Data provided by Welsh Assembly Government*

Figure 4-6: Flying Start expenditure against allocation (2006/07 – 2009/10)

Source: National Evaluation from Welsh Assembly Government monitoring data

Summary and concluding observations

4.22   The design of the Flying Start programme was robustly based on the Welsh Assembly Government's intention to focus on targeted deprived areas – in terms of both the designation of Flying Start areas and the budget allocations (per head of eligible population) between them. There have been no developments in the evidence base or changes in contextual conditions that have made the rationale for the programme less robust with respect to its objectives, its targeting on deprived areas or the way this was done. The only caveat that needs to be noted to this conclusion is that the population of children under four years' old in the Flying Start areas is now larger than it was estimated to be at the time the programme was introduced. This, therefore, has had an effect on the budget allocation per head of the eligible population or on the size of that population.

4.23   Budget allocations to Flying Start Partnerships have risen broadly in line with those set out in the original guidance. However, most Partnerships failed to spend their full allocation at some point over the lifetime of the

programme and some areas have experienced consistent difficulties in this regard. This has resulted in an overall under-spend across the programme (2006/07 – 2009/10) of £11 million or 10%. This may be partly attributable to the inevitable lags and teething problems in setting up the programme and delivering its capital spend on premises and their refurbishment. Given that the programme is now close to steady state operation, the Welsh Assembly Government needs to keep a close eye on any under-spend and the reasons for it.

5: Partnership management structures and processes

Introduction

5.1   This section considers the structures and processes for the governance and management of the Flying Start programme. It draws primarily upon the findings of the area case studies undertaken over the course of the evaluation and the Census undertaken in its first two years.

Partnership accountability

5.2   The Flying Start programme is, as specified in the Welsh Assembly Guidance, governed at local strategic levels by the CYPPs (the Partnerships) and operationally managed by Flying Start Management Boards or Steering Groups.

5.3   Over the course of the last three years, the CYPPs have been subject to considerable review and consolidation largely in response to The Children Act 2004. The requirement of the Act to develop and agree a Single Plan for Children and Young People is credited as having prompted and supported:

- stronger partner engagement across mainstream and grant funded activities

- the requirement for a more robust assessment of need

- the development of a strategic commissioning approach to delivery.

5.4   The structures and responsibilities of the CYPPs vary across the 22 areas but in the majority of cases there is an executive board and a number of sub-groups. Sub-groups are accountable to the CYPP Board but have operational discretion for projects and programmes within their area of focus. A number of areas have more recently aligned their sub-groups with the seven Core Aims of the Welsh Assembly Government. In general the Flying Start Partnership is accountable to one of the sub-groups of the CYPP although in some areas accountability is directly to the CYPP board.

5.5   The CYPP structures as they currently stand were in place by 2008 in readiness for implementation of the Children and Young People's Single Plans which were finalised in the autumn of that year. The development of the CYPPs and Integrated Children's Services (ICS) has overwhelmingly been seen by partners in a positive light with regard to the role of Flying Start. This is because, in the majority of cases, these structures acknowledged the programme as being part of the ICS service offer and providing a clear strategic conduit into the CYPP.

5.6   The improved strategic linkage between Flying Start and CYPPs is also reflected in the Single Plans' recognition of Flying Start activities. Perhaps unsurprisingly, all areas are reporting that Flying Start is explicitly recognised as contributing to the first of the seven core aims – to provide '*a flying start in the early years of a child's life and the best possible basis for future growth and development'*.

5.7   But, crucially, it was also reported that the programme was formally seen as having an important role to play in the other core aims – in other words, becoming part of an integrated family support service.

Flying Start management

5.8   The majority of Partnerships have a Flying Start Project Board/Steering Group in place with strategic representatives from the key services, supported in most Partnerships by a 'Management Group' with representation from managers responsible for the delivery of Flying Start activities. The Management Groups generally meet more frequently than the Project Boards. At the outset of the programme the majority of Partnerships (three-quarters, 73%, in 2007)[29] had established sub-groups or task and finish groups focusing on particular elements of the Flying Start programme. Over the course of the last 12- 18 months these management arrangements have generally been rationalised and consolidated as the Flying Start Partnerships move from the early

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[29] Based on responses from 22 Partnerships to the Census of Partnerships 2007

development and implementation stages to steady state delivery and refinement.

5.9   From the outset of the Flying Start programme the governance and management arrangements established have consistently been identified as effective, productive and facilitating development and delivery of activity.

5.10   Across the majority of areas there is a sense that the programme is now able to shift focus from set-up and early stage delivery to reviewing and refining delivery and exploring opportunities for development. As a consequence, some Partnerships reported that over the last year (2009/10) there has been a reduction in the level of seniority of representation at the Project Board meetings. Whilst Partnerships did not report an immediate impact, this reduction in representation could result in an imbalance in the partnership arrangements.

5.11   The most significant structural change relevant to the Programme has taken place over the past year in the health service:
        "the reorganisation of NHS Wales, which came into effect on October 1st 2009, has created single local health organisations. These are responsible for delivering all healthcare services within a geographical area, rather than the Trust and Local Health Board system that existed previously"[30].

5.12   Overall this re-structuring is seen as a positive development for CYPPs by providing a single more coherent body with responsibility for health provision. However, with new Health Boards responsible for services across two/three local authority areas, a risk is perceived by some Flying Start partners that decisions regarding service provision may not be tailored to meet the needs and challenges of individual local authority areas.

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[30] NHS in Wales, Why we are changing the structure, NHS, October 2009

5.13   The programme is managed on a day-to-day basis by a Flying Start coordinator/manager who is generally employed on a full-time basis. The coordinators/managers work with teams of professional staff, allocated to the four Flying Start entitlements and are line managed by their respective professional bodies. The leadership and management provided by the coordinators/managers have been reported throughout the evaluation period as being in the most part strong and effective. Overall, responses to the Census have shown that two-fifths of Partnerships are particularly proud of the governance and management structures established rating them 'excellent'.

Aims and objectives

5.14   The primary aims and objectives of the Flying Start Partnerships are prescribed by guidance from the Welsh Assembly Government – to be focused on early intervention and identification of need to avoid the need for later remedial action and ultimately to reduce the number of people with very poor skills by securing improved outcomes for children in Flying Start areas, as detailed in section 2.

5.15   Evidence from the area case studies has shown consistently that the 22 local Partnerships have developed their Flying Start programmes in broad alignment with the national guidance using the national aims and objectives as the foundation for a programme that is then built up around specific local needs. There is no doubt that there is a clearly and consistently understood Flying Start programme even though there is local variation in the way in which it is delivered.

5.16   The main change experienced over the last 12-18 months of the programme delivery has been the alignment of these Flying Start aims and objectives with those of the Children and Young People's Single Plans. It is worth emphasising that those consulted during the case studies were generally very clear that, because Flying Start is targeted on specific and relatively small areas, it is likely to be too small scale in its impacts to be

expected, on its own, to make a significant contribution to the achievement of Single Plan priorities. For this reason, its pilot nature must not be forgotten. Any lessons that it provides for new ways of working or new activities that contribute to Single Plan objectives need to be taken seriously by both the Partnerships and the mainstream service providers.

Summary and concluding observations

5.17   Over the course of the three years since it was launched, an identifiable Flying Start programme has developed which builds on local capacity and expertise to address local issues within a national framework of delivery.

5.18   The Flying Start programme is locally defined in terms of the structures and approaches to the delivery of the entitlements. Despite this local variation and flexibility across 22 areas, it is recognisable as a 'programme'. The increased and consistent integration of the programme with the Children and Young People's Partnerships (CYPPs) and its clear identified role within the Single Plans (required by The Children's Act, 2004) are all positive signs of the respect and regard with which the programme is held. In general the Flying Start Partnership is accountable to one of the sub-groups of the CYPP although in some areas accountability is directly to the CYPP board. There is therefore a direct route by which learning from Flying Start can be fed back to mainstream service providers. It is important that the lessons from the programme are constantly explored and the opportunities seized for any improvements to mainstream services it might suggest.

6: Service design and delivery

Introduction

6.1   This section presents the shape and scale of Flying Start delivery across the 22 Partnerships. It draws on evidence from the area case studies, Flying Start monitoring reporting[31] and annual reports submitted by the Partnerships to the Welsh Assembly Government. The variation in delivery approaches, challenges and achievements is considered for each of the main entitlements.

6.2   Overall, the programme can now be said, three years in, to be delivering the Flying Start offer as specified in the brief. Whilst the 22 Flying Start Partnerships can be said to be delivering in line with the Welsh Assembly Flying Start programme guidance there is considerable heterogeneity in terms of both scale and shape of delivery. Much of this variation in the shape of delivery can be attributed to the nature of existing services in the areas reflecting the variations in local need. In many cases the development of the Flying Start offer has built upon the Sure Start services developed by Cymorth.

6.3   The variation in scale of delivery is underpinned by more complex issues. Within the childcare and health visiting entitlements this can largely be attributed to capacity issues – whether or not the childcare settings exist or the issues in recruiting health visitors and managing sickness and maternity absences. With regards to Language and Play and parenting provision capacity remains a driver of variation but the level of priority placed upon the development and delivery of these entitlements also varies more significantly.

6.4   The remainder of this section considers the delivery and development of each entitlement in more detail.

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[31] It must be emphasised that monitoring data are only available for the first three quarters of 2009/10.

Childcare service delivery

> Flying Start guidance specifies that:
>
> The provision of good quality childcare for children from 2-3 years of age is the centrepiece of services to be delivered under the Flying Start initiative. The quality childcare provision will focus on children from disadvantaged backgrounds, in target areas, and aims to improve their outcomes in preparation for school and in the long term young children can access this provision from the beginning of the term following their second birthday to the end of the term in which they celebrate their third birthday. In order to make the most of the time young children spend at the settings, and for them to make the most of the experiences offered, providers should offer 2.5 hours per day, 12.5 hours per week. This provision should be available to parents and their children for 42 weeks per year, which should include part of the long summer term break provided for children in compulsory education (July /August).

Developing the offer

6.5   The expectation from the Welsh Assembly Government is that Flying Start Partnerships develop an offer of 12.5 hours free quality childcare provision per week for all children aged 2-3 years in Flying Start areas. Even where they have been able to draw on out-of-area resources, establishing this offer has posed significant challenges to the Partnerships as follows:

6.6   **Developing new places** – establishing an offer of a free place for all eligible children has required significant development of the childcare offer. The Flying Start areas are the most deprived communities in Wales with high levels of unemployment and limited demand for formal childcare provision. This was often associated with a limited base of private childcare provision and with community and voluntary sector unregistered sessional provision in premises which were not fit for the purpose of delivering a 'high quality Flying Start offer'. As a result Flying Start Partnerships invested considerable resource and time in the development and stimulation of the market, supporting existing providers to improve and develop their offer as well as making significant capital investment in premises.

6.7   A 2009 report on the supply of childcare in Wales for the Welsh Assembly Government[32] finds that

        "*an additional benefit of Flying Start has been to secure and maintain childcare provision (mainly sessional childcare) in many areas of Wales where it is often the only childcare accessible to local families.*"

6.8   The report found that, between 2008 and 2009, the overall number of sessional day care places increased by a few percentage points. It is likely that Flying Start had a significant impact in sustaining provision and increasing services in some areas.

6.9   **A lack of suitable premises –** when seeking to develop existing or new childcare settings one of the most fundamental challenges was to find suitable premises within the Flying Start catchment areas or dealing with the poor physical fabric of existing buildings or sites. When combined with limited and unsuitable premises, the challenge of developing existing or new provision to meet the requirements of the programme was even more serious and resulted in considerable delays in the ability of the Partnerships to deliver the entitlement.

6.10   **A lack of suitably qualified childcare staff/providers –** one of the assets to be designed into the Flying Start programme is high quality provision. However, for some areas, there was a shortage of suitably qualified staff/providers and this inevitably led to delays in the provision of the offer until staff were trained or recruited.

6.11   **Delays in the Care and Social Services Inspectorate Wales (CSSIW) –** all childcare provision must be registered with CSSIW in the first two – three years of the programme. The time taken by the process of securing registration (up to 18 months in some areas) caused significant delays for a number of areas. Without registration, providers can only provide a maximum of one hour 59 minutes a day, significantly limiting the delivery

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[32] Melyn Consulting, The Supply of Childcare in Wales, Welsh Assembly Government, 2009

of the entitlement.

6.12 Despite these issues and delays the Flying Start Partnerships developed an impressive childcare offer and all 22 areas are offering Flying Start childcare. In light of the varied pattern of existing childcare provision across Wales, the model of childcare delivery adopted by an area varies significantly and has been largely influenced by the shape and extent of the existing childcare market before Flying Start was established. Delivering sufficient Flying Start childcare places for two year olds has required all 22 Flying Start Partnerships to engage in stimulation and development of the childcare provision available. In some cases this has been direct – by setting up new provision - and in other cases indirect by encouraging settings to increase the number of places they are registered and staffed for as Flying Start will fund the places. Figure 6-1 details some of the varying approaches that Flying Start Partnerships have adopted to develop their childcare offer.

Figure 6-1: Developing childcare

The ability of Flying Start Partnerships to establish sufficient Flying Start childcare places has been very reliant upon the strength of the existing provider base. The ability of the existing provider base to respond to the demand of Flying Start has shaped the resultant provision.

Developing existing provision

In *Cardiff* there was limited existing provision and that which did exist was generally well below the standards required of Flying Start. The Cardiff approach has been to invest significant resources and effort into developing the existing settings through refurbishment and training and supplementing this with supporting the development of new settings delivered by community groups and schools. This approach has without doubt impacted upon the speed at which the Partnership has been able to establish the required number of places.

Flying Start childcare places in *Powys* are delivered in settings which offer places to both Flying Start children and non- Flying Start children.

Commissioning new provision

Bridgend has commissioned Action for Children to establish four new childcare settings from which to deliver Flying Start childcare places.

Caerphilly initially sought to commission a single provider (across a number of settings) to deliver all of the proposed Flying Start childcare provision.

However, the team did not receive sufficient, quality responses to the call for tenders and has therefore established settings which are operated and managed by the local authority. The only exception to this is two settings which are run by Mudiad Ysgolion Meithrin, a voluntary organisation which provides early years' services and experiences through the medium of Welsh.

Combined existing and new provision

Pembrokeshire deliver their childcare from a range of settings including childminders, newly developed childcare playgroups in school settings, nursery settings and private day nurseries.

In ***Blaenau Gwent*** two of the six settings delivering Flying Start childcare places were established specifically for the delivery of Flying Start childcare places and are managed and operated by the local authority. A third setting to be managed and operated by the local authority will open in early 2010. The remaining settings are managed by either the private or voluntary sector.

Source: SQW Consulting

6.13   Figure 6-2 shows the variation in the types of childcare setting engaged in delivering the Flying Start childcare offer across the Partnerships. According to Partnership monitoring data, the sessional providers account for 57% of settings, full day care settings account for 23% and childminders 19%. In Monmouthshire there is one crèche delivering Flying Start childcare (0.4%).

Figure 6-2: Distribution of type of childcare setting

Source: SQW analysis of Flying Start monitoring data   n=22

6.14   The Flying Start childcare offer is even more varied with regard to the sector of the providers delivering places (Figure 6-3). Two out of five (39%) Flying Start childcare settings are operated by the private sector, 29% are operated by the voluntary and community sector, 15% are classified as Independent/other providers, 15% are operated by local authority maintained provision and 2% are operated by state schools.

Figure 6-3: Distribution of childcare setting by sector
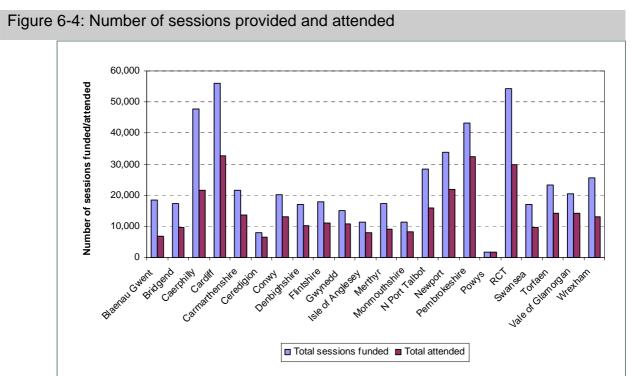
Source: SQW analysis of Flying Start monitoring data   n=22

6.15   Reports from the area case studies undertaken in late 2009 found that achievement of the full offer of Flying Start childcare places remains to be fulfilled in a number of areas. This is not necessarily surprising in the light of the need to develop new provision in most areas which can take considerable time – building a governance and management team, securing premises, refitting and equipping the settings, and recruiting staff. In addition, many Partnerships reported that the opening of new Flying Start childcare settings was significantly delayed as a result of the registration process required by CSSIW. These delays meant that Flying Start sessions had to be limited to 1 hour and 59 minutes (i.e. less than the funded provision of 2.5 hours per day) until registration was secured.

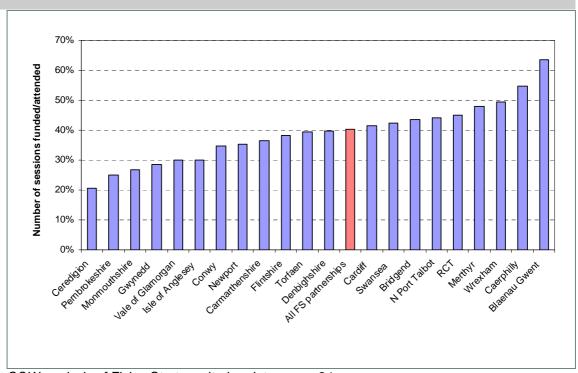6.16 The area case studies confirmed the finding from the qualitative study of user experience carried out by Ipsos MORI in 2009, that awareness of the Flying Start childcare offer is high, with word-of-mouth amongst parents contributing significantly. Generally, take-up is high with the majority of parents keen to access the free provision. Findings across the case studies suggest take-up rates of 85-100% where an offer of a place has been made.

6.17 However, many Partnerships noted that committing to taking up all five sessions is not always attractive or feasible for families who may have other commitments and may feel that five days a week is perhaps 'too much' or 'more than is necessary' for such young children. It was noted in a number of Partnerships that parents often chose to start with 2-3 days take-up and then increase attendance to 4-5 days over the course of the year as children and parents grow in confidence with the provision.

6.18 In light of this, it is perhaps not surprising that take-up of the individual Flying Start childcare sessions has not been 100 per cent especially when there is no penalty attached to not attending a previously booked session. If a parent took up their Flying Start childcare place, they would for example be able to attend approximately 50 sessions per quarter (assuming that within a 12 week quarter the setting is closed for two weeks in holidays). If they opted not to use the Friday session because the child spent the day with Grandma, for instance, then they would miss 10 sessions or one fifth of the sessions. The data in Figure 6-4 and Figure 6-5 should be interpreted with some caution but, nevertheless, some of the 'under-utilisation' rates shown in the monitoring returns appear to be high.

Figure 6-4: Number of sessions provided and attended

Source: SQW analysis of Flying Start monitoring data   n=22

Figure 6-5: Unattended sessions as % total sessions funded

Source: SQW analysis of Flying Start monitoring data   n=21

6.19   Further issues relating to take-up have been reported during school holidays. Flying Start Guidance specifies that childcare provision must be available 42 weeks per year including part of the long summer school

break in July and August. The monitoring returns do not show a significant dip in attendance at Flying Start childcare sessions during quarter 2 which coincided with the summer holidays in 2009. However, many Partnerships reported that demand for and take-up of places during the school holidays was very low. This may be because when they have older children at home over the summer break, parents prefer not to take younger children to childcare at this time.

Quality of provision

6.20   The high quality expected of Flying Start childcare provision is specified by the guidance as relating to: staffing levels and qualifications and a commitment to workforce development; the practices within the provision through adherence to ten 'principles of delivery'; a Flying Start Learning Framework; a commitment to support inclusion and monitor and record progress; and the quality of the environment within which the offer is delivered.

6.21   Level 3 qualification is a minimum requirement for full day care and sessional providers delivering childcare of any sort in Wales. So, we can assume that all of those delivering Flying Start childcare will be delivering to this expectation. Figure 6-6 shows that in all Flying Start Partnership areas there are Flying Start childcare leaders who are trained to or working towards a Level 4 qualification. Worthy of particular note are Caerphilly, Gwynedd, Merthyr Tydfil, Pembrokeshire, Powys and Swansea, where data suggests that 100% of the setting leaders either hold a relevant Level 4 qualification or are training towards it. In contrast the data suggests that some areas (Ceredigion, Vale of Glamorgan, Bridgend, Cardiff, Blaenau Gwent and Rhondda Cynon Taff) have some way to go to raise qualification standards above the minimum expectation.
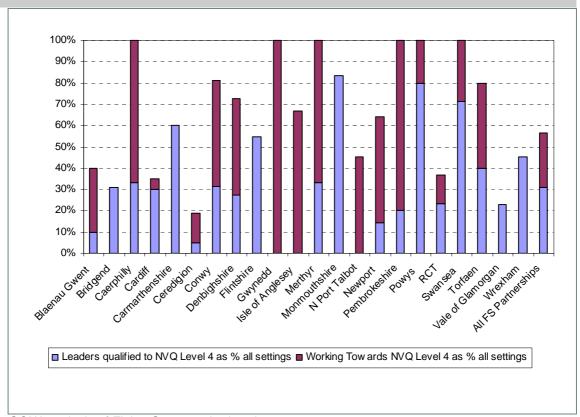
Leaders qualified to NVQ Level 4 as % all settings ■ Working Towards NVQ Level 4 as % all settings

Source: SQW analysis of Flying Start monitoring data   n=22

6.22   This commitment to further development and training is not limited to the senior members of staff within the Flying Start childcare settings. The area case studies revealed extensive workforce development activities across all Partnerships and levels of staff within the childcare settings. The two main methods for developing the quality of provision were provision   of   training   and   provider   meetings   and   networking.

6.23   Both of these methods are in the main managed and delivered by the Flying Start Advisory Teachers. Training offered to Flying Start childcare providers included the required five core Welsh Assembly childcare training modules but also a wide range of other training provision delivered with other specialist professionals within the Flying Start teams. Such additional training opportunities included:

- language   and   communication   awareness/development   training   in partnership with speech and language therapists

- healthy eating training delivered in partnership with Flying Start dieticians

- Language and Play delivery training in partnership with the Language and Play coordinators

Figure 6-7: Training childcare providers

In *Swansea* the Flying Start Link Teacher (Advisory Teacher) has worked with the Flying Start Speech and Language Therapist to deliver Elklan[33] training to support the childcare practitioners to understand the importance of communication, how to identify problems and strategies and techniques to develop and promote effective communication and stimulate language development.

The *Cardiff* Advisory Teachers are working alongside the Flying Start Speech and Language Therapist to deliver Hannen[34] 'Learning Language and Loving It' training courses to Flying Start childcare practitioners to promote children's social, language and literacy development within everyday activities and conversations in a variety of early childhood settings including child care, preschool, and nursery and kindergarten programs.

Training provided to childcare settings in *Carmarthenshire* includes: Story Telling, Top Tots, Child Protection and Language and Play.

Training provided to childcare practitioners in *Denbighshire* has included PEAL[35] which supports practitioners to encourage and develop parental involvement in children's early learning.

Additional training provider in *Neath Port Talbot* has included first aid, food hygiene and manual handling.

In *Powys* practitioners in one setting which has a particularly high proportion of children with special needs have been provided with additional special needs training in response to a request from staff that were aware that there may be more effective approaches that could be used with this group of children.

Source: SQW Consulting

6.24   The workforce development activities are credited on the evidence of partners and stakeholders with:

- creating greater awareness of the aims and objectives of good quality childcare and the aspirations of Flying Start

- improving confidence and motivation of childcare staff to support the development of children

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[33] http://www.elklan.co.uk/
[34] http://www.hanen.org/web/Home/tabid/36/Default.aspx
[35] http://www.peal.org.uk/

- providing staff with the confidence to identify and appropriately refer issues to the wider team including health visitors and speech and language therapists.

6.25   The establishment of provider meetings and networking opportunities served as a mechanism for training but also as a forum through which settings can share concerns and best practice and other services can access the settings. For example, the BookStart worker may present at a Childcare Network meeting promoting the Flying Start Bookbag and activities that can link the childcare and the libraries or the Speech and Language Therapist may deliver a taster session for a training course which the childcare staff can then attend.

6.26   The role of the Flying Start Advisory teachers and their involvement in provision varies but is generally focused on reviewing practice, identifying training needs and supporting networking and sharing of good practice between settings.

Links to other entitlements and schools

6.27   It is a clear expectation of the Welsh Assembly Government, as set out in the guidance, that the Flying Start childcare provision will be integrated with wider Flying Start entitlements and schools. Over the past 12-18 months it is evident that significant progress has been made across the Partnerships in these terms. The nature and extent of links varies between the Partnerships depending on staffing levels, the length of time services have been operational and previous experience of integrating activities and services.

6.28   The Flying Start health visitors obviously play a central role in promoting the Flying Start childcare provision to parents but in some areas there has been further integration.

Flintshire: The Flying Start Advisory Teachers are working with the Flying Start health visitors to share findings from the Schedule of Growing

Skills (SoGS) assessments undertaken to support developmental assessment and identification of needs

Neath Port Talbot: Health visitors and educational psychologists have attended Flying Start playgroups prior to children being allocated Flying Start childcare places facilitating early identification of children with additional needs and appropriate placement of children in settings which can support them

Vale of Glamorgan: Whenever a health visitor undertakes a SoGS assessment at age two and development issues are identified, the health visitor will liaise with the Flying Start Advisory Teacher to ensure an appropriate childcare plan is in place. When the next SoGS assessment takes place at age three, both the health visitor and Flying Start advisory teacher will attend to ensure the child continues to receive the required support.

6.29   A number of Flying Start Partnerships reported linkages between the Flying Start Childcare provision and Flying Start LAP activity. In some cases LAP staff will provide training and resources for childcare settings to use and in others they will deliver LAP sessions at the childcare setting for parents and children to attend.

6.30   Partnerships were more likely to report strengthened links to primary schools when they had located Flying Start childcare provision within or on school premises. Even when settings are not directly linked to a school, the Partnerships have explored opportunities to establish improved links including:

- inviting nursery teachers into the childcare settings to meet children before they move to nursery
- developing transition tools/documents through which to record a child's individual needs and the actions that have been taken to support the child to provide information to nursery teachers and thus facilitate continuity of support.

Supporting children with additional needs

6.31   As noted earlier, Flying Start guidance sets out an expectation that childcare settings will seek to meet the needs of children with additional needs/disabilities through screening of needs and provision of appropriate support to enable access and engagement.

6.32   The Flying Start model of delivery has enabled Partnerships to address the requirements of children/families with additional needs in three key ways.

- Firstly, the ability to provide childcare to children under the age of two for respite purposes has proved valuable in supporting families who are under considerable stress.

- Secondly, the multi-agency approach means that childcare settings can draw on additional support and expertise of the wider Flying Start team to either support or train childcare staff to accommodate a child's needs or by providing direct support for the child. For example a family support worker may accompany a child with additional needs at childcare for an initial period to support staff, parents and the child.

- Thirdly, a number of Flying Start Partnerships established a fund to support children and families with additional needs to engage in the Flying Start offer and as such are able to fund additional staff, equipment and training appropriate to needs.

Figure 6-8 provides examples of ways in which children and families with additional needs are being supported by the Flying Start childcare offer.

Figure 6-8: Examples of ways in which Flying Start childcare is supporting children with additional needs

> **Carmarthenshire** regularly assesses the needs of each setting and adapts provision accordingly for example one setting has employed a Polish speaking play worker with a qualification in language development to support the high level of children for whom English is a second language.
> Respite provision in **Pembrokeshire** for under 2's is seen as an important flexible component of the programme which had not been possible prior to Flying Start. The provision is working well supporting families suffering from

| stress, Post Natal Depression, parents with special educational needs and facing family breakdown. |
| An interagency panel, chaired by the Flying Start manager meets in ***Swansea*** to ensure that an integrated delivery care pathway is in place for children identified with additional needs |

Source: SQW Consulting

Summary of delivering Flying Start childcare provision

6.33   Delivering the childcare entitlement posed significant challenges to the Flying Start Partnerships, engaging them in both developing and stimulating the market as well as promoting and supporting the enhancement of the quality of the offer.

6.34   The characteristics of the provision in terms of type and sector reflect the varied childcare market across Wales. Awareness and take-up is high although there appears to be less demand for the full five days of sessions offered.

6.35   There is clearly a strong demand for continued professional development within Flying Start childcare with many leaders qualified or training to Level 4 and a wide range of development training being offered to childcare staff.

6.36   The Partnerships are linking the Flying Start childcare provision and other entitlements and support although this ranges from referral and signposting to joint delivery and cross entitlement training.

6.37   Partnerships are also demonstrating progress in supporting the needs of children with additional needs/disabilities and are linking in with mainstream assessment and support provision with a view to supporting children to attend inclusive settings.

Health visiting

Flying Start guidance specifies that:

Health visitors and midwives, working within a multi disciplinary partnership approach are to be a core part of the Flying Start entitlement.

The support offered might include:-good antenatal support to include parent craft, language and play; promoting positive parenting skills for example using the "Incredible Years" programme; assessing child development, putting in place an appropriate intervention to address need; therapeutic touch e.g. baby massage; Public Health activity e.g. infant nutrition, maternal mental health, immunisations, dental health.

The support may be offered in a family or group context.

It will be especially important that health visitors promote the other elements within the programme to families and provide referral to other agencies where appropriate. Health visitors should maintain contact with the leaders of the childcare settings, or childminders, who are part of Flying Start.

As a guide there should be one health visitor per 110 children aged 0-3 in the target areas, together with management and administrative support, above the existing core service.

For this reason health visitors and midwives, working within a multi disciplinary partnership approach are to be a core part of the Flying Start entitlement.

Source: Flying Start Guidance

6.38   Implementing the Flying Start health visiting entitlement challenged the Partnerships in a number of ways including:

- recruitment and retention of health visitors

- managing sickness and maternity leave

- changing culture

- sharing information and premises

6.39   Despite these challenges (which are explored in more detail below) evidence from across the area case studies reveals that the majority of Partnerships have now secured a full complement of health visitors. They are delivering an enhanced health visiting programme which incorporates a number of multi-disciplinary staff delivering a range of, largely integrated, support services to families. However, there remains cause for concern in a number of areas about the extent to which a full Flying

Start enhanced health visiting entitlement is being offered – as discussed below.

Establishing the offer

6.40   The Flying Start guidance specifies that the health visiting entitlement of Flying Start should be delivered by 'one health visitor per 110 children aged 0-3 in the target areas, together with management and administrative support, above the existing core service'[36].   This is generally agreed to be a significant reduction compared to average caseloads experienced by health visitors. A factsheet produced by the Unite/ Community Practitioners' and Health Visitors' Association (CPHVA) Union in 2007 based on a survey of health visitors and Trusts in England, Scotland and Wales finds that the majority (92%) of full-time health visitors are holding caseloads of 2-300 families, with 26 per cent being responsible for over 400 families.[37]

6.41   Evidence from the areas case studies conducted in late 2009 and the quarter 3 monitoring returns shows that 12 areas are now delivering a health visitor ratio of 1:110 or less. Securing appropriate staff to reach the caseload target has taken considerable time with Partnerships facing difficulties in recruiting and retaining staff because of national shortages of health visitors. In addition to recruitment and staffing issues some areas have noted that the reporting of caseloads may include the additional caseloads of 4-5 year olds and in areas without a school nursing service this may also include children aged five and over.

6.42   The reasons for recruitment difficulties are focused on an initial shortage of trained and experienced health visitors to fill the posts; subsequent high levels of staff sickness and turnover as stress levels in the understaffed service (both Flying Start and generic service) took their toll and challenges posed by the number of children eligible for Flying Start

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[36] Flying Start guidance 2006-7 and 2007-8
[37] http://www.unitetheunion.com/docs/RD674%20Fact%20Sheet%20-%20Determining%20optimum%20caseload%20sizes.doc

exceeding the cap, as discussed in Section 4.

6.43   In response to the initial shortage of qualified health visitors to fill the post or the post made vacant as a result of recruiting to Flying Start posts, the Welsh Assembly Government funded additional health visitor training places. Whilst this approach is commendable, there was an inevitable time lag between training places being funded and new health visitors being released into the labour pool. High levels of staff sickness within the health visiting profession is not exclusive to Flying Start but it remains an issue which is difficult to manage although it is understood to have improved in Flying Start areas which have successfully recruited their full complement of health visitors.

6.44   The Partnerships have now broadly overcome these initial challenges and the remaining reasons presented for continued high caseload ratios are to do with increased populations within the Flying Start catchments and the ongoing challenge of managing maternity/paternity leave and staff sickness.

6.45   It is worth noting that, even in areas where the 1:110 ratio has not been secured, the caseloads within Flying Start are still reported to be, in general, considerably lower than generic caseloads. Even those who report that they are now generally delivering to the caseload target note that this can fluctuate considerably if staff are off sick or on maternity/paternity leave or if an area receives an influx of new residents.

6.46   It should also be noted that there is debate in some of the Partnerships about the emphasis that should be placed on achieving a 1:110 health visitor caseload ratio. They point to the value of a 'skills-mix' health team incorporating a range of other health professionals who can support the health visitor, in particular the inclusion of family support workers/health/development workers or nursery nurses who can follow-up on health visitors' visits and plans of action under their supervision.

6.47 As noted in the guidance, it is not anticipated that the Flying Start health visitors would be delivering health support to families without support. They are supported in the majority of areas by a multi-professional team including: midwives, speech and language therapists, dieticians and others such as family support workers. Figure 6-9 shows the professional breakdowns of the teams delivering health support for the Flying Start Partnerships.

Figure 6-9: Proportion of FTE employed to deliver the health entitlement by type

Source: SQW analysis of FS monitoring data

Offering an enhanced service

6.48 Within Wales there is no specified All Wales core health visiting programme, as such the extent to which an individual Flying Start Partnership is delivering Flying Start health visiting services which are 'enhanced', compared to the generic service, will vary from area to area depending on the local specification of the health visiting service. In light of this the discussion below relates to the enhanced service facilitated by a reduced caseload and the specific enhancements reported by local Partnerships. The reduced caseload and Flying Start investment has had a considerable effect on the Flying Start health visitor's ability to offer an

enhanced service to families. This enhanced service is characterised by three aspects of delivery:

- more time to spend with families, including more frequent visits, more time on visits and more time to run or engage in groups and activities
- access to training and development opportunities to enhance practice
- the ability to draw on the 'toolbox' of additional services and support provided by Flying Start

6.49   Obviously the challenges faced in reducing the caseload have impacted on the extent to which the enhanced offer can be delivered. But in all areas it is clear that Flying Start health visiting is an enhanced service compared with the generic services.

6.50   One result of having more time and freedom within Flying Start is that health visitors are beginning to identify key issues within Flying Start communities and develop strategies to address them. For example:

- ***Anglesey:*** The health visitors have identified poor language development and low rates of breast feeding as key problems in Flying Start areas and have used additional resources to tailor provision to address those needs
- ***Cardiff***: Immunisation rates were identified as a priority and the Flying Start team is piloting a response linking the Flying Start health team and other entitlements to promote take-up of immunisations.

6.51   The Flying Start health visitors are invariably supported by a wider health team. At a minimum this includes family support workers/family health workers or nursery nurses but it often encompasses midwives, dieticians, portage workers and speech and language therapists. The presence of these specialist health staff provides a valuable resource for both health visitors and the wider programme to draw upon. The range of services they offer and the support they provide to families would suggest that it would be more appropriate to refer to the provision of health support within Flying Start more broadly than just health visiting to reflect these

broader support services and professions.

6.52   The enhanced service can often take the form of a more intensive service. A smaller caseload does not necessarily mean a less demanding one. The more disadvantaged the area the higher the prevalence of higher need families who can require considerable additional work. This has been a source of concern in some Partnerships on the grounds that a mixture of less and more demanding cases is easier to sustain than one that comprises mostly demanding cases. The latter can adversely affect recruitment and retention.

Changing culture

6.53   Establishing a 'Flying Start culture' within health teams incorporating joint training and cross-skilling of health visitors with and across other services such as parenting proved to be a lengthy process and not without issue. The Flying Start approach does require changes in some aspects of the health visiting role that has challenged established ways of working. These changes have included day to day management by The Flying Start lead rather than their professional lead. Those who have welcomed the changed role see it as enabling them to deliver the health visiting service 'as it should be delivered'. However, being accountable to a Local Authority led programme is not a 'comfortable position' for some health visiting services. On-the-ground staff and management have, in some areas, struggled with co-location and have found it difficult to be line managed by a non-health manager. There is a sense within some health visiting management and delivery teams that the health visiting element needs to be valued more highly within Flying Start in recognition of the central/professional role of the health visitor.

6.54   The health visiting service and the role of health visitors in general has been subject to considerable change over the last decade or so. The health visiting role has always had a focus on health awareness and promotion but public concern about child abuse and budget constraints have resulted in the role becoming more focused on identification and

assessment of need.[38] Within this context the health visiting role within Flying Start remains very important as health visitors have regular contact with families and are generally accepted by them as a trusted source of advice and referral. This makes it more of a concern where, as in some Partnerships, health visitors were reported as being reluctant to work in partnership with the other services (parenting, family support workers, Language and Play, childcare etc.). There are various reasons but, in the main, it is likely to do with their traditional practices being seen to be over-turned. Within the generic service, health visitors often work in relative isolation and are responsible for meeting the majority of a families needs. However, in Flying Start areas they are expected to 'let go' of some of those responsibilities and engage with a range of other support and services to meet a family's needs. Evidence from some case study areas suggests that 'letting go' in this sense has been difficult to accept amongst some health visitors.

6.55   It is important to note, that the challenges described above are not occurring in all Partnerships to the same degree and that in some areas the integration of health visiting is moving forward apace and with considerable success: enabling and supporting improved information sharing; providing a sense of mutual support; and offering a range of resources and advice to draw upon to support families.

Summary of delivering Flying Start health visiting provision

6.56   Although the Partnerships faced a number of challenges recruiting staff to fulfil the health visiting entitlement, all areas are now delivering enhanced service with a significantly reduced caseload and at least half of the areas delivering to the 1:110 caseload – subject to the inevitable problems of keeping to the caseload because of staff sickness, maternity leave and turnover.

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[38] Hall, D & Hall, S, (2007) The "Family – Nurse Partnership": developing an instrument for identification, assessment and recruitment of clients. Department for Children Schools and Families

6.57   The Flying Start health visitors do not operate in isolation and are supported by a range of other health professionals including midwives, speech and language therapists, dieticians, physiotherapists, family support workers and others. In this respect it is perhaps misleading to refer to the entitlement as the health visiting entitlement as, although health visitors make up the majority of staff within the Flying Start health teams, the wider team provides much of the additional 'toolbox' of support on which they can draw.

6.58   Making the shift to multi-professional and multi-agency working proved challenging for the health teams in a number of Partnership areas, with the insecurities and difficulties being most keenly felt by the health visitors themselves. Whilst many of these issues are being ironed out as people become more familiar with the new ways of working, they continue to present barriers to the delivery of the entitlement in some areas.

Language and Play

6.59   The Flying Start guidance sets out an expectation that 'every family in a Flying Start area should have access to a Language and Play programme if it is not already in place'. Language and Play (LAP) and Numbers and Play (NAP) were introduced across Wales through funding provided by the Welsh Assembly Government to all Local Authorities to employ a LAP Officer working to a LAP Steering Group.

Figure 6-10: What is LAP?

LAP is a six week programme for parents/carers and their children aged 0-3. The key feature which underpins the success of LAP is that parents and children learn together through play and fun activities. Parents feel welcome, valued and significant. The impact on parents' confidence, sense of wellbeing and ability to cope is strongest in settings that provide support for parents with social/emotional and mental health problems – where parenting/health and basic skills support are offered with sensitivity and purpose.

Source: Flying Start guidance 2006-7 and 2007-8

Establishing the entitlement

6.60   It is fair to say that establishing the Flying Start LAP entitlement was not an immediate priority for the majority of Flying Start areas who prioritised

the more significant challenges of setting up childcare provision and recruiting the health visiting complement. However, as the third year of Flying Start delivery draws to a close, the provision of basic skills support for Flying Start children through LAP sessions has clearly been enhanced and more widely available within the majority of Flying Start areas.

6.61   The delivery structures of LAP provision vary across the Partnerships. Some areas developed Flying Start LAP activities alongside the Local Authority wide (generic) LAP services using the same staff. Other areas appointed additional staff (or extended hours of existing staff) to deliver a more intensive programme. The overall LAP offer was largely similar in terms of the activities and support offered as part of the mainstream Local Authority wide LAP provision. However, within the Flying Start areas the LAP staff tend to be responsible for directly running and leading the majority of LAP sessions (rather than training others to deliver LAP) and are more fully integrated with the wider activities of the Flying Start Partnership.

6.62   LAP courses generally run for about six weeks with sessions lasting about an hour and a half to two hours per week. Courses are delivered in a range of community settings within Flying Start catchments including, Integrated Children's Centres, libraries, community centres, schools and playgroups. A number of areas also reported delivering LAP in the Flying Start childcare settings and also at health visitor led baby clinics.

6.63   Most areas offer a rolling programme of courses and parents are generally encouraged to repeat attendance to pick up new techniques as their child grows and develops. In some areas the LAP teams adapted provision for Flying Start areas focusing on delivering a more continuous programme of activity and support rather than being limited to the 6 week course. This was thought to be necessary because 6 weeks was regarded as insufficient time to engage with parents and children who have high levels of need and low levels of awareness of the importance

of a parent's role in child development.

6.64 In addition to running LAP courses the LAP coordinators and LAP support staff have, in many areas, provided LAP training to Early Years' Teachers, childcare staff, and members of the Flying Start team including family support workers and health visitors.

6.65 The LAP teams are also available (to varying extents) to undertake home visiting services for parents who are not yet ready to attend the LAP courses. These services are generally accessed on referral from the Flying Start health visitors or other staff in contact with the family.

Integration

6.66 LAP provision is generally connected to other Flying Start entitlements through the provision of training to staff; delivery of LAP sessions at other groups and activities and referrals to and from other support services. In addition the LAP teams link with the Bookstart programme, generally managed by the library service. This programme encompasses the provision of story and rhyme times in children's libraries, the promotion of the libraries through regular LAP sessions and the provision of the Flying Start Bookstart Bookbag which is additional to the general Bookstart Bookbags which are available to all children.

6.67 The 2009 area case studies revealed a number of aspects of good practice in the delivery of Flying Start LAP provision including:
- **Engagement with the wider Flying Start team and services** – by linking LAP provision with other services delivered by Flying Start, such as childcare and baby clinics, services are able to reach a wider range of parents as some parents may be more inclined to engage with a LAP programme if it is introduced by their health visitor and delivered alongside a clinic or they may be enticed to attend baby clinic if other activities are on offer at the same time. Other benefits of integrated working include the delivery of a consistent message

across services and the ability to identify need and concerns to appropriate professional.

- **Non-stigmatised open access service** – LAP sessions are open to all parents and as such are a mixed-ability environment providing opportunities for informal modelling of behaviour by more confident parents and a space in which LAP teams can promote positive language development practices in a positive environment.

- **Linking LAP delivery to adult basic skills support and provision** – in *Newport* the LAP team are also basic skills trained and parents are offered the option to take an entry-level qualification as part of the LAP course and OCN[39] qualifications are offered using match funding to improve basic skills of parents.

- **Linking with ESOL programmes and support** – in *Pembrokeshire* the LAP team are delivering a LAP programme in partnership with the ESOL team for families for whom English is an additional language: this is providing a valuable opportunity to engage these families who can often be isolated.

Summary of delivering Flying Start Language and Play provision

6.68   The delivery of the language and play entitlement is loosely specified within the Flying Start guidance resulting in a variety of delivery models some of which draw primarily upon the generic LAP provision and others which have invested resources into staffing to enhance the available offer within Flying Start areas.

6.69   LAP provision within Flying Start is generally provided on a more frequent basis, often using rolling programmes rather than the standard 6 week course, and more integrated with the activities of health visitors and childcare settings than within the generic LAP offer.

6.70   Wider language development activities are being undertaken by the majority of Partnerships incorporating staff and parental training in language development, assessment and development services provided

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[39] http://www.nocn.org.uk/Homepage/

by the speech and language therapists and their support teams. Given this development, it may be appropriate to review – and perhaps broaden - the current focus of language development activities within the Flying Start guidance.

Parenting

Flying Start guidance divides parenting courses into three groups: A, B and C and specified that:
- Programmes in Group A are eligible for funding from the Flying Start funding stream.
- Group B programmes may be funded if they would fill a gap in current service delivery and there are no local examples of programmes in Group A to build upon.
- Group C, except as described below should not be eligible for Flying Start funding for the time being. Although they may be effective programmes, there is insufficient convincing evidence from rigorous research studies to confirm their effectiveness. In addition, most of these programmes have no system in place for ensuring programme fidelity if the programme is rolled out.

Source: Flying Start Guidance

6.71 Flying Start guidance focuses the delivery of the parenting entitlement on the delivery of 'programmes providing support and skills training for parents whose aim is to promote children's wellbeing by enhancing protective factors and reducing their exposure to risk[40]'. However, the guidance also acknowledges that there is a range of aspects of parenting support which are delivered through means other than formal, evaluated parenting programmes.

6.72 Two stories have emerged with regard to the delivery of Flying Start parenting support. The majority of Partnerships are delivering a parenting offer to Flying Start parents and have, to different degrees, consolidated, organised and refined their offer over the last 12 months. But there is a minority report in which some areas appear to be struggling to establish a coherent programme.

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[40] Flying Start guidance 2006-7 and 2007-8: Flying Start guidance Annex C Flying Start: an overview of parenting programmes A report by Communities that Care

The parenting offer

6.73 This sub-section of the report considers what Partnerships generally refer to as their 'parenting support offer'. Most of them have begun to develop a 'continuum of support' rather than discrete parenting support programmes separate from the wider support available.

6.74 Figure 6-11 sets out the types of parenting support offered across the Partnerships as defined by the Flying Start guidance. Overall 54% of the courses offered are categorised as A, 27% as B and 18% as C. The majority of the latter category is represented by the Family Links Parent Nurturing Programme which is being delivered in five County Boroughs in the South of Wales as part of a randomised control trial approved by the Welsh Assembly Government. The Neonatal Behavioural Assessment Scale (NBAS) delivered by health visitors comprises another 30% of courses classified as category C. It should be noted that a number of Partnerships suggested that the NBAS should not really be classed as a parenting programme as it is more akin to an assessment conducted by the health visitor with parents present.[41]

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[41] The Brazelton website defines the NBAS as *'The NBAS is a neuro-behavioural assessment of the newborn, designed to document the newborn's contribution to the parent-infant system, the competencies and individual differences of the newborn, as well as any difficulties. The main feature of the NBAS is that it is an interactive assessment, which gives a clear profile of the baby's behaviour, and how it must feel to parent the baby. The examiner's role is to facilitate the newborn's best performance.'* http://www.brazelton.co.uk/scale.html
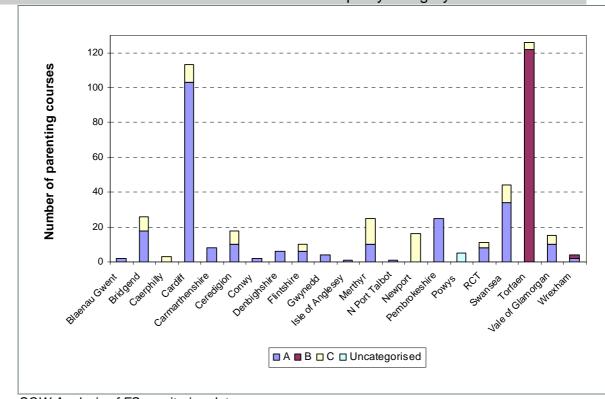
Figure 6-11: Distribution of courses across Partnerships by category

Source: SQW Analysis of FS monitoring data

6.75   Overall most Partnerships delivered a combination of informal, formal and intense support. Informal activities include drop-in sessions such as baby massage, Stay and Play and breastfeeding and weaning groups. Formal provision consists mainly of the courses prescribed by the Welsh Assembly guidance and the intense support is generally delivered through 1:1 home visiting. Further details of the activities delivered are provided in Figure 6-12.

6.76   The combination of informal, formal and intensive support is emerging as a continuum of support or a support pathway. In most areas it is anticipated that parents will get engaged with the more formal group activities after attending the informal sessions which offer an opportunity to get together with other parents and obtain advice from professionals in a relaxed environment. Whilst also providing an informal, low level of direction from professionals and an opportunity to introduce the benefits of the more formal parenting courses to parents as they grow in confidence in a group setting.

Figure 6-12: Informal, formal and intense parenting support

Informal support

Informal support generally encompasses a range of drop-in groups and sessions. The sessions are often led by a mix of professionals meaning that it can be difficult to define the activities as being delivered against a single Flying Start entitlement. For example antenatal groups, baby groups, breastfeeding groups, weaning groups and baby massage sessions are likely to involve both health visitors and parenting workers or family support workers or dieticians or speech and language therapists.

Formal support

The Flying Start Partnerships offer a range of formal parenting programmes. The choice of which programme to offer has been largely influenced by previous experience within the locality and staff's previous experience. The Webster Stratton Incredible Years[42] suite of courses is being offered in 18 of the 22 Flying Start Partnerships. The majority of areas have adopted the Incredible Years Infant and Toddler programmes as the main programme is targeted at parents with children aged 3-11years. Six areas report that they are delivering the Family Links Parent Nurturing Programme (PNP).[43] Four of these areas (Cardiff, Newport, Torfaen and the Vale of Glamorgan) have teamed up with Family Links Nurturing Programme (FLNP) and the Welsh Assembly Government to commission a randomised controlled trial (RCT) with economic evaluation, to gain clear evidence about the costs and effects of a community-based parenting intervention. Participation in the RCT has affected the take-up and reach of the parenting programmes in the participating areas: this is explored further in paragraph 6.80 below.

The Handling Children's Behaviour course[44] is offered in four areas and three of the areas report delivering Parentline Plus[45]. Individual areas also report delivering Parenting Positively and Coping with Young Children.

The Neonatal Behavioural Assessment Scale (NBAS) is included in the Welsh Assembly's list of formal courses and indeed some areas have trained their health visitors to undertake the assessment but it was noted that although the NBAS is classified as a parenting programme by the Flying Start guidance it is in fact a developmental assessment undertaken by a health visitor with the parents. Classification aside the health visitors who have undergone the intensive training for NBAS report that it is a very useful tool.

A number of areas are offering courses which are not included in the approved list including: the Barnardos Chill Out course (Anglesey), mini MEND[46] (Torfaen) and a 6 week Time to Play course (Denbighshire)

Intense support

In general intense support is provided to families in the form of 1:1 support provided by health visitors, parenting workers, social workers and family support workers. This takes the form of confidence building activities working up to encouraging and sometimes accompanying parents to attend informal support groups and ultimately moving on to the more formal programmes. In *Cardiff* the intense programme of support is offered through the ParentsPlus programme, a locally developed one-to-one twelve-week home-based psychology service providing support to families of pre-school children who are demonstrating behavioural and/or developmental difficulties and will benefit from more focused support led by education psychologists.

In *Swansea* a multi-disciplinary virtual team has been established, including speech and language therapists, occupational therapists, physiotherapists, health visitors, a community paediatrician and specialist workers for children with special educational needs, to deliver the Early Bird parenting programme specifically for parents whose children have been diagnosed with Autism[47].

In *Torfaen* a six week Sunshine Seekers course is offered for mum's suffering from post-natal depression. The course aims to share knowledge and experience, setting depression into

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[42] http://www.incredibleyearswales.co.uk/frame-21.html
[43] http://www.familylinks.org.uk/nurturing/index.htm
[44] http://www.handlingchildrensbehaviour.com/index.htm
[45] http://www.parentlineplus.org.uk/
[46] http://staging.mendprogramme.org/mendservices/minimend
[47] http://www.nas.org.uk/earlybird

> context. A Sure Start Health Visitor runs these groups.
> **Wrexham** have adopted the Solihull Approach[48] led by a multi-disciplinary team to provide 1:1 home support for families who need additional support.

6.77   Where parents need more intensive support, health visitors, parenting workers, family support workers or education psychologists can provide 1:1 support to build their confidence or capacity to engage in informal or formal group activity. This intensive support can also be provided after attendance at a more formal course if developmental or other concerns have been identified. In cases where families are facing particular difficulties, a programme of intensive support can be developed in which a multi-professional team is available to support a family to develop parenting skills and adapt to challenges.

6.78   An example of this approach was presented by **Wrexham** Flying Start Partnership at a good practice sharing event in 2009 and in **Rhondda Cynon Taf** this continuum has been formally set out as a 'Parent Pathways' schematic identifying the types of support which parents can access at different stages.

Delivery organisations and staff

6.79   The staff delivering Flying Start parenting support vary by area. The most frequent approaches are a contracting out of delivery to voluntary sector organisations including Action for Children, OnTrack, Barnardo's and Plant Dewi or employment of dedicated parenting coordinators/workers to plan manage and deliver parenting support. In both cases it is common for health visitors to work closely with staff planning, managing and delivering parenting support as well as supporting the recruitment and referral of parents/carers.

6.80   Overall according to the Flying Start monitoring returns for quarters 1-3 2009/10, four out of five (82%) parenting courses offered are delivered by

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[48] http://www.solihull.nhs.uk/solihullapproach/

statutory provision and the remaining 18 per cent are delivered by the community and voluntary sector[49].

6.81   In those areas where parenting programmes are delivered by members of the Flying Start team, this is generally led by a parenting coordinator and one or two parenting leaders. These teams are then supported by trained staff from across the programme including health visitors, LAP staff, childcare staff, family support workers etc. This model works well in terms of supporting the delivery of a consistent message across the programme and providing familiar faces on the courses. It has also posed challenges in terms of team members being released to deliver programmes with health visitors in particular finding it hard to commit the time over the extended period of delivery.

6.82   As well as the staff required to deliver the programme, crèche facilities have to be provided. This means that parenting programmes need to be delivered in venues which not only have space for parents to attend the course but also have appropriate space for the delivery of a crèche. As a result many Partnerships find it difficult to find appropriate premises which are within access of Flying Start catchments.

Recruitment, referral and attendance

6.83   There are two main recruitment and referral routes through which parents/carers access parenting support: individual sign-up or referral. Individual sign-up - or self referral as it is sometimes called - is more likely to occur for the informal support in response to advertisements and word of mouth. Professionals referring families to the support include: health visitors, social workers, nurses, GPs, childcare staff, family workers.

6.84   Recruitment to and attendance at parenting courses is generally reported to be building steadily as more parents have positive experiences on the courses and their positive word of mouth reputation grows. However,

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[49] N.B. data was not available on the type of delivery provider for 34 courses (5 courses in Powys and 29 in Swansea).

across almost all Partnerships demand is not yet high enough that courses are filled to capacity.

6.85   Recruitment in Cardiff, Torfaen, Caerphilly and Newport has been hampered by their participation in the randomised control trial (RCT) being used to assess the Family Links Parent Nurturing Programme. The RCT requires that 50 per cent of all parents signed up to attend a course have to become the 'treatment-off' group and as such will not be allowed to access the course until the trial is complete. This meant that the parenting teams had to work twice as hard to engage parents. The RCT is due to complete in April 2010. There are concerns that those parents who have been deferred from participating in the parenting programme will be reluctant to engage once the study is complete as by that time the children will be accessing the Flying Start childcare provision. And some parents think that behaviour issues are then the responsibility of the childcare provider (and ultimately the school) and the chance to engage them in understanding their role in their child's behaviour could be missed.

Summary of delivering Flying Start parenting provision

6.86   The majority of Flying Start Partnerships established a coherent parenting support offer which:

- seeks to engage parents in considering their role in their child's development and behaviour
- supports them to reflect on that role further through attendance at formal parenting courses
- provides more intensive support, if required, to address specific issues.

6.86   However, some areas appear to have an un-developed parenting offer in which few courses are provided and without the continuum of support which other Partnerships have found to be effective.

6.87   Establishing a parenting offer has taken time and considerable investment in training and is reliant on members of the wider Flying Start team being available to assist courses. This can be difficult when services are working to tight staffing levels and managing sickness and absence. This may explain the variation in performance across the Partnerships with regard to the delivery of the parenting entitlement.

Summary and concluding observations

6.88   After three years of Flying Start delivery the Partnerships have made impressive progress in delivering the childcare entitlement and in providing a varied mix of Language and Play across the Partnerships. There is more variation in the provision of the health visiting and parenting entitlements. Overall, one half or more of the Partnerships are close to having established a full service programme over the four main entitlements.

6.89   This is a significant achievement given the challenges that have had to be addressed and when account is taken of experience elsewhere. The National Evaluation of the Sure Start programme in England found the task of setting up its early years' programme was '*clearly a far more complex and time-consuming one than may have been originally assumed by the policy makers who designed the initiative*[50]. It concluded that it took at least three years before the local Sure Start programmes were in operational 'steady state' and they did not have to meet the challenges set for the Flying Start Partnerships (e.g. with regard to health visiting caseloads).

6.90   There are some remaining issues with regard to the variation across Partnerships in the delivery of the Flying Start entitlements and the tension between the nationally prescribed entitlements and their appropriateness at local level. The following issues should be kept under

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[50] Allnock, D, McLeod, A, Meadows, P & Tunstill, J, *Sure Start National Evaluation: Early Experiences of Implementing Sure Start,* National Evaluation of Sure Start (NESS), June 2002.

review by the Welsh Assembly Government and efforts made to resolve them where necessary:

- **Childcare**: Should the apparent 'surplus' in the provision of childcare sessions be reviewed and, if necessary, addressed by offering flexibility to Partnerships to adjust the nature of the prescribed entitlement (i.e. 2.5 hours, 5 days per week)?

- **Heath visiting**: Is it necessary and possible for the currently prescribed entitlement - couched in terms of health visitor caseloads in Flying Start areas – to be amended to reflect a wider health support offer including other skills such as family support workers and speech and language therapists?

- **Parenting**: Should the variation observed in the scale of the parenting entitlement across Partnerships be reduced by specifying minimum levels of provision?

- **LAP**: Does the LAP entitlement – which is popular and viewed by practitioners as a good introduction to language development – need to be reviewed in terms of its potential to achieve the anticipated Flying Start language outcomes?

7: Effectiveness

Introduction

7.1   This section of the report considers the effectiveness of the services and support which has been described in the previous section.

7.2   Considerations of 'effectiveness' generally require the assessment of the extent to which an evaluated programme has achieved its aspirations, objectives, milestones and targets. In the case of a programme with very long term objectives (like Flying Start), it is often necessary to assess progress against target outputs and intermediate outcomes rather than final outcomes. That is why this interim evaluation is concerned primarily with assessing the progress that has been achieved by Flying Start in setting up the right trajectory to secure longer term positive outcomes for the children benefiting from the programme.

Progress

7.3   Over the three years the Partnerships have been delivering Flying Start, they have made steady progress in developing the entitlements and ensuring the eligible population is aware of them and taken them up. The progress has been phased broadly as follows:

Year 1 2007/08 – establishing appropriate management and governance arrangements, investing in settings, negotiating co-location arrangements, recruiting staff to the programme and setting up the initial childcare offer

Year 2 2008/09 – embedding multi-agency working practices through joint networking activities and implementation of systems to support information sharing, introduction of methods to assess the quality of provision and satisfaction with receipt of services

Year 3 2009/10 – increasing the volume of service delivery, reviewing and refining services and enhancing knowledge and understanding of staff through programme wide training and development activities and

increasing awareness of the need to monitor and evaluate the programme.

7.4   The report now moves beyond consideration of the progress of the Partnerships in building capacity and providing the entitlements to assess their operational effectiveness. The evidence on effectiveness and good practice generated by the evaluation falls into two broad categories. The first relates to practices that are common across the programme whilst the second is concerned with practices that have emerged from a small number of areas, or indeed an individual area.

7.5   After considering these two categories, we then assess the flexibility with which the programme was structured and delivered; the effectiveness of the multi-agency approach to delivery; and what combination of entitlements, and other interventions, works best in terms of delivering positive outcomes for early years.

Common aspects of effectiveness and good practice

Engagement and reach through multi-agency working

7.6   One particularly successful aspect of the Flying Start programme is that it has significantly increased the accessibility of services through the localised, community-based delivery of the entitlements and the co-location of services in new local settings or from existing community venues or centres (such as the Integrated Children's Centre). This approach has not only seen increased and higher levels of take up but it also has the added benefit of increasing engagement in wider services. The area case studies undertaken in late 2008 found that in many areas the Flying Start multi-agency approach was identified as having made a major contribution to the development of better multi-agency working across mainstream services.

7.7   The programme has also been very effective at building relationships and engaging with those families that are traditionally harder to reach, or

whose engagement with mainstream services is minimal. The success of Flying Start in this appears to have been achieved through:

- the role of home visits - in *Swansea* both the childcare and parenting entitlement staff undertake home visits in an attempt to encourage engagement and to build relationships and trust with the parents

- the personalised nature of service delivery, such as in *Pembrokeshire* where the Nursery Nurses work in the community, building relationships with families often taking them along to provision.

7.8   The universal nature of delivery, albeit in specific catchment areas, has also had the additional benefit of enabling the programme to be delivered without stigma to those families who engage with it. Parents do not regard it as an intervention that is required because of a problem or issue with their parenting.

7.9   The long-term engagement of parents has increased as the programme has developed and has been greatly assisted through the development of multi-level parenting support programmes that provide courses to meet the needs of the range of different parents in Flying Start areas. This included:

- the provision of basic courses focused on increasing self-esteem and confidence

- more advance courses to reduce stress, anger management, dealing with difficult behaviour (such as the Parentline Plus course)

- longer courses aimed at improving parenting skills (such as the Incredible Years course).

7.10   The aim of this multi-level approach was to gradually build up and develop parental confidence over a period of time so that the courses that focus on improved parenting skills are more likely to result in sustainable behavioural change. A number of areas have found this to be an effective approach in involving fathers who are often disengaged from the parenting

process.

Addressing need

7.11   By improving access to services in some of the most deprived areas in Wales and successfully engaging parents and those that are traditionally harder to reach, the programme has also had the 'knock on' benefit of being able to work with those families with the highest level of need – the most deprived.

7.12   The fact that the programme focuses on early years has also enabled it to be particularly effective at identifying needs earlier as well as wider issues or problems faced by the family. Through each of the entitlements, the Flying Start programme is able to engage with the child and family more intensively and at an earlier point in the child's development than would otherwise be possible. The range of different professionals working with the same child and family also significantly aids this process. The multi-agency contact enables issues to be corroborated and additional problems identified such as domestic violence, drug and alcohol abuse, debt and housing issues.

7.13   Flying Start does not just make the process of identifying issues easier, it also greatly assists in mitigating these problems as it provides effective referral routes either to Flying Start entitlements or to wider generic services.   These linkages were seen as vital to the success of the programme as they enabled the myriad of problems faced to be addressed by the most effective combination of services rather than over burdening one particular service.   This, coupled with the earlier identification of needs, also helps to prevent the escalation of issues, often reducing the need to place children on the child protection register (see next chapter).

Better quality support

7.14   Flying Start has built and developed particularly effective working relationships with local schools. In many cases these relationships have been significantly enhanced by the co-location of the childcare entitlement

with the school, or the use of the school premises for the delivery of other entitlements such as parenting courses. This close working appears to have made a positive difference in two main ways:

- it has encouraged parents to engage more with the school and therefore made them more likely to bring their children to school on a regular basis

- it has aided the transition between nursery and school for Flying Start children - not only are they more socially and emotionally prepared (see next section), but they are also more used to the day to day routine of going to the school site.

7.15   Given this, it is also apparent that the multi-agency approach of Flying Start has proved effective. Whilst issues and complications remain in getting different agencies to work together (such as in information sharing), significant progress has been made in establishing strong, collaborative working relationships between the relevant agencies. Across the programme good links have been created between the different entitlements that have not only resulted in cross referrals between entitlement but joint delivery of some activities.

7.16   In a number of areas the multi agency teams have also been supplemented by the recruitment of a wider group of professional staff. This includes social workers, nursery nurses, speech and language therapists, midwives and dieticians. For those areas that have recruited them, the additional skills brought to the programme have been extremely valuable.

Bridgend: The work of the social worker and two family support workers has enabled the programme to intervene in the lives of 'at risk' families and to provide a range of support needed, some of which would otherwise be outside of the explicit remit of Flying Start

Torfaen: The Community Health Nursery Nurses support the work of the health visitors and midwives through prolonged packages of care and assistance for those families most in need

Neath Port Talbot: The presence of Educational Psychologist at the childcare settings has helped to facilitate the early identification of children with special needs

Swansea: The speech and language therapist assesses the communication and language needs of all those children accessing the childcare provision and implements a programme of intervention as required.

7.17 The quality of the staff has also been supported through a commitment to and investment in staff development and training. This investment was felt by a number of areas to have enhanced the quality of delivery.

Rhondda Cynon and Taf: The Flying Start team have audited all of the childcare workforce and established a database that identifies courses taken as well as trigger points for when additional training will be required

Gwynedd: The training for health visitors in speech and language therapy has enabled them to make more accurate referrals

Carmarthenshire: The child protection training offered to childcare providers has supported them in working with 'at risk' families and developed the quality of local provision.

7.18 Finally, across the programme it is apparent that there are generally high levels of satisfaction and strong demand for the services delivered. For example: in Caerphilly 89% of the parents surveyed rated the Flying Start services that they use as "very good", with the remaining 11% rating them as "good"; in Denbighshire retention rates on parenting courses have been between 90% and 100%; and in Powys the uptake of the Childcare entitlement was between 70% and 75%.

Specific examples of effectiveness and good practice

7.19   In addition to the common aspects of effectiveness and good practice just described, the evaluation found specific examples of effectiveness and good practice amongst the Partnerships. They may be specific because of the particular circumstances in which the Partnerships operated or because there has not yet been the time to share the practices amongst other Partnerships. Figure 7-1 provides a selection from the many different examples identified in the case study reports.

Figure 7-1: Specific examples of effectiveness and good practice

Case Study Area	Example
Blaenau Gwent	The involvement of parents in the recruitment process for child minders and Flying Start coordinators as well as inviting regular feedback from parents on each of the childcare settings.
Caerphilly	The development of parent forums designed to give parents an active 'voice' in Flying Start activities.
Carmarthenshire	The use of action learning to help promote a change in culture and working practices across the multi-agency team.
Flintshire	The development of a whole family approach to service delivery that is health led but acts as a public service signposting and brokering services to deal with a wider spectrum of issues affecting the family including deprivation, a lack of parenting skills, financial management and housing.
Gwynedd	Development of a 'contract' for use with parents which outlines their responsibilities in terms of engaging with Flying Start provision – the purpose of which is to prevent parents from just taking advantage of the free childcare and not engaging with the other entitlements.
Monmouthshire	The development of a nutrition programme that has engaged parents in a cookery and nutrition workshop with the aim of promoting healthy eating.
Torfaen	Targeted community mental health support to those parents identified as suffering from maternal mental health issues, with the aim of preventing the need for a referral to secondary mental health services.
Bridgend	Flying Start provision is based on a 'universal but targeted' approach to service delivery. This approach sees the delivery of all four entitlements made available to all eligible families with additional support provided to those with higher level of need.
Wrexham	The development of specific tools for parents to use in the home so that they can continue modelling the behaviour they have learned through the LAP, childcare providing and parenting courses. These tools also enable support to be provided to those parents who are harder to reach, or less willing to engage in group activity.

Source: SQW Consulting

The right level of flexibility?

7.20   Within the prescriptive requirements of the programme, there is a considerable degree of flexibility to allow Partnerships to design and deliver the entitlements in ways which build on and fit with existing local structures and practices and facilitate responsiveness to local needs.

7.21   The conclusion of the evaluation is that Flying Start does indeed provide the right balance between a prescriptive framework for delivery and implementation and delivery that is open to local interpretation.   This balance was generally welcomed and felt to be correct.   The view was that the prescriptive nature of the programme provides clear guidance, particularly the specified delivery requirements, and assists in the delivery process.   The clarity about what is required was also seen to help in negotiations and discussions with partners as it provides a firm foundation from which to both manage expectations and to lead negotiations. The detailed delivery requirements and targets were generally perceived to be appropriate and realistic and an aid to delivery.

7.22   Within this prescriptive framework, it is clear that the areas are able to, and do, use and tailor Flying Start to the specific local context.   It is a flexibility that enables Flying Start to respond to specific local needs; to take advantage and build on existing local provision; and to innovate and trial new approaches to delivery.   This flexibility exists both within the four entitlements and the range of services and options that can be developed, but also at the periphery of the programme where teams have the scope to appoint additional staff to support and complement the core delivery.

7.23   However, whilst the need for a prescriptive framework was understood and accepted by many Partnerships, there were some concerns about specific aspects of the framework that had been established and their consequences for the effectiveness of the programme, notably the following:

- the tightly defined geographical target areas meant that those local authorities with wide-spread levels of deprivation could not target and deliver to some families with particularly high levels of need
- the need for some families to receive more than the 2.5 hour time slot for the daily childcare provision could not be met
- the requirement to deliver childcare for 42 weeks of the year meant that money was often wasted as there were a number of weeks during the school summer holidays when take up was extremely low
- the 1:110 caseload for health visitors was felt by some to be arbitrary, taking no account of the depth of need, or the intensity of provision required by individual families
- the need for more prescriptive guidance around the monitoring and evaluation of the programme.

An effective multi-agency approach?

7.24   Multi-agency working underpins Flying Start:

'…it will be critical to success that Flying Start is developed on the basis of partnership working, mutual awareness between the disciplines and professions involved, clear arrangements for information sharing, and on the basis of an engagement with the communities targeted that is empowering of the parents locally. Active links must be made between local health, social care and education professionals'.

Flying Start guidance 2006-7 and 2007-8

7.25   The extent to which Flying Start Partnerships are operating in a 'multi-agency approach' as opposed to 'joint working' or 'integrated approach' varies and is highly dependent of the precursor arrangements in the area. However, regardless of this the conclusion from the evaluation is that multi-agency/joint working has significantly aided effectiveness and assisted in achieving the programme's overall aims. It was seen not only to improve access to services through co-location and joint delivery but also to bring together and coordinate the necessary range of skills, knowledge and perspectives to enable the programme to identify and meet

needs – providing tailored interventions and responses to ensure that the most appropriate services and support are in place.

7.26   It is an approach that was felt to have been aided by clarity around the requirements, clear expectations for delivery and a strong understanding – and close working relationship – with the other professionals in the Flying Start team. In order to facilitate this areas have generally sought to co-locate staff as much as possible and as far as possible to create the sense of a multi-disciplinary team (rather than a partnership of professionals).

7.27   To assist this process Partnerships have implemented a range of different strategies. For example, in Bridgend the Flying Start manager and CYPP coordinator have established three 'non-negotiable' principles for multi-agency working:

- the Flying Start Manager manages the programme and therefore makes certain decisions and has the final say on others
- co-location is a necessity
- there must be willingness to work as part of a multi-agency team.

7.28   In Pembrokeshire the team has set up two regular multi-agency meetings: 'network meetings' that happen once a term, involve all those delivering the programme and provide a great opportunity to understand what everyone is doing, to provide an update on policy, to identify problems and issues and to celebrate success; and 'operational meetings', smaller meetings that involve a representative from each element of the Flying Start programme with the aim of discussing and seeking to resolve any issues raised at the network meetings or elsewhere.

7.29   The significance, and indeed success, of Flying Start's multi-agency approach is also further supported by the fact that a number of local authority areas are seeking to build on and replicate it as they implement

the Team Around the Child[51] (TAC) approach to service delivery.

7.30   The development of the multi-agency approach has not been without difficulties and constraints, and nor has it necessarily happened easily. It is an approach that has to be consciously worked on, taking time and effort to resolve issues and to bring about a genuine culture change in the way the professionals work together. This includes changes in attitudes, approach and culture with regard to:

- concerns about confidentiality and professional wariness in releasing information to other services
- silo mentality and the view that certain professions' opinions are more valid
- sharing data across different IT systems
- different professional development policies
- varying pay scales
- differing management procedures.

7.31   In spite of the (ongoing) time and effort required to address these issues, the view across the case study areas was very much that the benefits outweigh the costs.

The right combination of entitlements?

7.32   Understanding what combination of entitlements is the most effective at meeting local needs is an important question, and one which is likely to become increasingly important in a time of fiscal constraint and resource limitation. It has become apparent in the course of the evaluation that, to a large extent, the effectiveness of the programme is based on a

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[51] The TAC is a model of multi-agency service provision. The TAC brings together a range of different practitioners from across the children and young people's workforce to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution-focused support to meet the needs identified through the common assessment. Source: http://publications.everychildmatters.gov.uk/eOrderingDownload/LeadPro_Managers-Guide.pdf

combination of, rather than individual, entitlements.

7.33   This was shown in the aspects of effectiveness discussed earlier in this section but was also asserted by many of the partners and stakeholders consulted for the evaluation. Success depends not on which particular entitlement is delivered but rather how the entitlements are delivered and combined to create a 'package' of interventions that addresses the specific needs of a family.

7.34   However, a key driver of the effectiveness of Flying Start is its ability to engage children and families and the childcare and health visiting entitlements are critically important in achieving this:

- health visitors because they are the primary contact point
- childcare because the settings have often become the focal point for the programme, providing a physical hub for delivering activities and services.

7.35   The effectiveness of Flying Start was not just because of the package of entitlements it offered but the links that it facilitated with other discretionary funding initiatives and mainstream services. This includes very close working with Cymorth (particularly around LAP and NAP, parenting programmes and using the Cymorth monies to deliver 'Flying Start services' more widely across the Local Authority), but also Communities First, Genesis II and mainstream provision such as dental services, mental health services and domestic violence support.

Summary and concluding observations

7.36   The evaluation reviewed the effectiveness of the Flying Start programme and concluded that it:

- significantly increased the accessibility of services which in turn has lead to increased and higher levels of take up as well as increased engagement in wider services

- effectively built relationships and engaged with those families that are traditionally harder to reach, or whose engagement with mainstream services is minimal
- engaged parents in the lives of their children
- worked with those families with the highest level of need
- identified needs earlier as well as wider issues or problems
- created effective referral routes either to other Flying Start entitlements or to wider generic services
- developed effective working relationships with local schools which greatly aided the transition from Flying Start, to nursery, to school
- established an effective multi-agency approach to delivery
- recruited a wider group of professional staff to better meet local needs
- invested in staff development and training
- achieved generally high levels of satisfactions and a strong demand for the services.

7.37   Flying Start is currently perceived by Flying Start Partnership Teams as having: struck the right balance between providing prescriptive guidance and allowing local flexibility and prompted multi-agency approaches to delivery. The latter has aided the effectiveness of the programme in combining its entitlements with other interventions in a tailored 'package' that addresses the specific needs of individual families. However, some of the issues referred to in Chapter 6 might need to be reviewed and addressed to make this packaging work more effectively.

8: Outcomes

Expectations about outcomes

8.1   The outcomes expected from the Flying Start programme are improved language, cognitive and social/emotional development in early years, parenting behaviours and skills, health and well-being of the children and parents who have benefited from the programme's entitlements and the ability of the services to identify and respond to need earlier and more effectively.

8.2   Before examining the extent to which the Partnerships have achieved these outcomes, it is worth considering how far they are likely to be observable within the target population at this stage in the programme's development.

8.3   Figure 8-1 sets out the timeline of the programme to identify the point at which it can be assumed that it became fully operational i.e. the point at which a child being born into a Flying Start catchment could expect to benefit from all of the four main entitlements. Based on assessments of the Partnerships themselves and the judgement of the evaluation team, we believe that the full Flying Start programme offer was available across Wales from April 2009 (although some Partnerships may have achieved this earlier).

Figure 8-1: Flying Start timeline of full implementation

A child born from April 2009 onwards

• Would be likely to have the opportunity to benefit from all FS elements

• Would benefit from Enhanced Health Visiting from birth until they are 4 years old. They would have access and opportunity to benefit from Language and play and Parenting provision throughout this period depending on the local offer

• They wouldn't experience the free childcare until the term after their 3rd birthday unless they demonstrated sufficient need to be referred for provision for under 2's

	Nov 05	Feb 06	May 06	Jun 06	Apr 07	Oct 07	Apr 08	Oct 08	Apr 09	Oct 09	Apr 10	Oct 10	Apr 11	Oct 11	Apr 12	Oct 12	Apr 13
Health Visiting	Consultation Launched	Allocations for planning	Flying Start Guidance 06/07 – 07/08 issued		Flying Start Delivery begins			17 of 22*									
Childcare								12 of 22*									
Parenting								9 of 22*									
LAP								13 of 22*									

* Number of Partnerships reporting full delivery of the element

Birth | 1 year old | 2 years old | 3 years old

Source: SQW Consulting

8.4 This time lag in delivery is not surprising, nor is it a negative reflection on the progress of the Partnerships. Furthermore, it should be noted that many families and children will have received support from the Partnerships prior to April 2009 but it is at that point that a full service delivery can be judged to have commenced. This must be taken into account when setting expectations about the effectiveness of the programme in achieving its desired outcomes. Bear in mind that the evaluation of Sure Start in England came to very much more positive conclusions about the local programmes in its most recent report compared with its earlier findings because a) the programmes had taken three years to get to operational steady state and b) the children and parents exposed to the programmes had been so over a longer period of time.

8.5 Bearing these expectations in mind, this section of the report firstly explains what the Partnerships have been doing to monitor and assess the outcomes of their activities and, secondly, what conclusions have been reached by the evaluation on the achievement of outcomes. The latter assessment has had to be made in a largely qualitative way in the absence of the quantitative assessment that will only be possible when the household survey is completed later in 2010/11.

Partnership arrangements for assessing outcomes

8.6   Most of the Partnerships have either carried out or are planning evaluation of their Flying Start activities. However, to date these local evaluation activities have been confined to user satisfaction assessments and focused on process and delivery issues. We agree with the Partnerships that this was appropriate given their stage of development and that it was too early to expect to be able to assess the effects of the programme even on intermediate outcomes such as improvements to parental attitudes.

8.7   However, given that steady operational state is close to being achieved, now seems to be an appropriate time for the Partnerships to be initiating reviews and evaluations of outcomes. The Partnerships clearly agree because it is apparent, across the 22 Local Authority areas, that increased attention and thought has been given to assessing the difference made by Flying Start. The need to evaluate this has become, particularly over the past year, an important priority for the local Flying Start teams.

8.8   It is a prioritisation that is reflected most clearly in the focus and time that areas have spent not only developing the methods and tools with which to evaluate activities, but also in the desire to embed these processes in wider evaluation and logic frameworks.

Developed evaluation and logic frameworks

8.9   The areas that have implemented evaluation and logic frameworks have sought to use these to enable causality to be identified and linkages made between what was done, how well it was delivered, what difference it has made and what outcomes it delivered for programme participants. However, whilst the rationale for developing these frameworks is the same, each area has developed and presented its framework in a slightly different way and format (see Figure 8-2).

Figure 8-2: Examples of evaluation and logic frameworks developed by Flying Start area

In **Rhondda Cynon and Taf** the Flying Start team has developed an evaluation framework closely based on that used for the national evaluation. Adapted for the specific local situation, this framework sets out the 'theory of change' before identifying the inputs and outputs of Flying Start and the initial outcomes and long term outcomes sought through the programme.

In **Torfaen** the Flying Start team has devised an evaluation framework around the programme's six outcomes (the five outcomes specified by the Welsh Assembly Government plus a local process outcome). This framework takes each of these outcomes and sets out the specific over-arching objective with targets, actions and measurement tool for each, as well as who is responsible for delivering against them and when they are to be undertaken.

Pembrokeshire's Flying Stat team has developed an outcomes framework that sets out for each of the four entitlements, plus one over aching 'information' outcome, the specific action and the relevant targets against which this action will be measured. The framework then

provides details of what needs to happen in terms of measuring progress against these targets for 2009-10 and 2010-11.

Swansea's Flying Start team is in the process of developing logic frameworks, based on those used for the national evaluation, for various outcomes (e.g. Improved Oral Health). These frameworks provide details on the existing context, the local aims and objectives, the change assumptions, the resources required, the process and activities involved, the outputs expected and the anticipated short term and long term outcomes.

In **Cardiff** the Flying Start team is developing an outcomes framework for each entitlement and for the Flying Start programme as a whole. Cardiff is pursuing the Results Based Accountability Approach (RBA) which firstly seeks to understand and identify the 'population accountability', i.e.: what is the quality of life condition that the programme seeks to change; how can these conditions be measured (including both context indicators and impact indicators); what is the current performance on the most important indicators of these measures; and what level of change is sought on these measures to make a difference to the quality of life condition? Having done this, it then, secondly, seeks to identify 'performance accountability', i.e.: what resources were used and what services were delivered; how well were resources/services used and delivered; how much additional change/effect did these resources/services produce; and what were the outcomes for programme participants?

Source: SQW Consulting

8.10   The investment of time and effort by Flying Start teams into developing these frameworks highlights the importance that they attach to being able to evidence success and identify outcomes at the local level as they emerge - rather than having to retrospectively, and therefore less robustly, attribute impact to the programme once funding has ceased.

8.11   However, it is an approach that is not currently embedded across all Partnerships. Some are relatively far forward in their thinking but others appear to have devoted little time to thinking about how best to capture the difference made by the programme. For those areas where progress has been slower, it will be important that they are clear how they plan to evaluate each of the entitlements; providing clarity on what tools will be used, when the evaluation should take place and what it will show. Delay in establishing this basic framework will run the risk that progress towards outcomes at the local level will be missed.

8.12   Evaluation and logic frameworks are, however, only a starting point – albeit a strong one – and outcomes will only become apparent if the frameworks are accompanied by the necessary evaluation processes. Therefore continuing effort and time is required to ensure that these

frameworks are used effectively, that appropriate tools are developed to evaluate activity and that analysis and quantification of the results occurs.

Implemented a range of evaluation methods and tools

8.13   Given the importance of not just thinking about but actually implementing the evaluation process it is significant that across all 22 local authority areas focus has been given, and resource committed, to developing and implementing a range of evaluation methods and tools.   Figure 8-3 provides details of some of the tools and methods adopted.

Figure 8-3: Evaluation tools and methods adopted by Partnerships

Formal quantitative assessment – all of the areas appear to have adopted at least one formal assessment measure with the most popular being the Schedule of Growing Skills (SoGS) measure and the Tool to Measure Parenting Skills Efficacy (TOPSE). (Although it should be noted that the SoGS measure is not really intended as an evaluation tool). In addition to these areas have also implemented various formal measures of child behaviour, child development and parental emotional health (for example Eyberg, Highscope, Braselton Newborn Baby Assessment and Parenting Daily Hassles). A number of areas have also sought to develop or are in the early stages of implementing a standardised assessment of children that is either undertaken on entry to childcare or on entry to school, with the aim of using this assessment to track the children through school. At its most sophisticated this assessment is undertaken of all children regardless of whether they are Flying Start beneficiaries or not, therefore enabling not just longitudinal tracking of progress but comparison between children who have and have not benefited from support.

Secondary data sources – a number of areas have been and are continuing in the process of collecting data for a range of local population characteristics. These include Accident and Emergency (A&E) referrals, levels of dental hygiene, rate of breastfeeding, immunisation rates, cases of post natal depressions and social service referrals. This data has generally been used in two inter-related ways. Some areas have collected the data for the whole population as part of a baselining process for the Flying Start catchment areas and wider geographies, with the aim of updating this as and when the data becomes available over the longer term. Whereas other areas have collected data, where available, for individual Flying Start beneficiaries (such as social service referrals and breastfeeding rates) in order to identify change at the very local level and in the short term.

Anecdotal assessment and case studies – areas have developed and used a wide range of tools to assess the quality of and satisfaction with provision as well as assessing the difference it has made. These include parent questionnaires and feedback forms, professional assessments of child and parent development, and case studies. The uses of 'pen picture' assessments – short descriptions that describe the child, their issues and any improvements – have proved particularly popular with a number of childcare settings using them. Anecdotal professional assessment, particularly by teachers, has also proved to be a particularly important means of assessing, at this early stage, some of the difference made by the programme.

Entry and exit surveys – across the 22 local authority areas the use of entry and exit surveys have also provided an effective method of gathering information on both the satisfaction with and the difference made by the entitlements. The surveys tend to be

based on parental/carer perceptions and provide a helpful snapshot of progress. Across the areas entry and exit surveys have been used to assess the childcare, parenting and language and play entitlements, as well as other provision such as speech and language therapy and midwifery.

Source: 2009 Area Case Studies

8.14   These tools have generally been focused on one of two broad elements of evaluative activity. First, capturing a sense of the take up and levels of satisfaction with the provision; and second assessing the level of change and difference made by the activities. To date it appears that most progress has been made with the anecdotal assessments and the entry and exit surveys, primarily because these are easier to develop and implement. The result is that the evidence on outcomes currently available is over reliant on qualitative findings.

8.15   However, the desire to implement and use robust quantitative processes should not be underestimated. It has become apparent from the evaluation that a significant majority of areas are putting in place evaluative tools that will enable them to assess both the progress towards outcomes and the impact of Flying Start on wider local population conditions. This is encouraging, particularly the desire to put in place processes that enable individuals to be tracked through school and compared to a non-Flying Start cohort. The current lack of quantitative data is more an issue of timing rather than intent.

The recruitment of dedicated staff

8.16   The evaluative process has also been supported in a number of areas by the recruitment, or planned recruitment, of an evaluation and monitoring officer or equivalent. This post generally has the remit to both embed and support the process of evaluation across the programme, and is a further positive sign of the areas' commitment to being able to robustly and comprehensively evidence the difference made by Flying Start.

Assessing the difference – progress towards outcomes

8.17   Across the programme it is apparent that progress has been made towards outcomes, particularly the programme's intermediate outcomes around: child development including improved language, cognitive and emotional development; and family/parental development including parental behaviour, skills and health benefits. In addition Flying Start also appears to have contributed more widely to delivering sustainable service improvement.

8.18   At this stage, and as noted above, the evidence of this progress is largely anecdotal and based on the perceptions of either parents or professionals. However, weight is undoubtedly added to the findings by the number of areas that are reporting similar improvements. Therefore our evaluation report has sought to tread the fine line between overplaying qualitative and anecdotal evidence and underplaying a strong body of local evidence that points consistently in a positive direction and is mutually reinforcing.   This is an important caveat and one that must be understood and appreciated when reading what follows.

Children's development outcomes

Improved social and emotional development

8.19   Over three quarters of the case study areas explicitly state that the delivery of the Flying Start entitlements and wider services has impacted positively upon the social and emotional development of those children it works with. This assertion is based on a range of sources of evidence but is often seen to be given most weight by teachers who report 'noticeable differences' in Flying Start children who are better prepared for school, quicker to settle, better behaved and more confident at interacting with other children (Figure 8-4).

Area	Evidence of improvement
	Figure 8-4: Evidence of improved social and emotional development[52]
Merthyr Tydfil	Through the 'Flying Start assessment profile' children at one of the settings were scored when they entered the programme in the areas of personal and social development; language, literacy and communication skills; mathematical development; physical development; creative development; knowledge and understanding of the world; and bilingualism. The children were then re-scored as they completed their final term. On average, across all areas of learning, scores increased by 78 percentage points with the highest score increases present in bilingualism (145%) and mathematical development (118%).
Blaenau Gwent	Each child is assessed and scored on entry and exit against the same six development areas noted above. Across the six settings assessed, the results show a consistent improvement between the two scores with an increase of between 5 and 47 percentage points and an average improvement across the settings of 29%.
Swansea	Case studies of Flying Start children pre, during and post provision at one setting identified the following examples of improvement: • Child A – less dependent on staff members; more likely to explore and experiment with new materials/activities; enjoys the company of other children • Child B – increased vocabulary and a greater ability to communicate; improved behaviour; and better integration with peers • Child C – greater confidence and improved speech • Child D – increased confidence and increased ability to play with peers • Child E – greater interaction with peers and increased confidence.
Ceredigion	Written feedback from a head teacher reported that the "change was obvious with the very first intake" as the Flying Start children "were calmer, more confident and settled sooner into their new surroundings". The children were also "able to recite more nursery rhymes…make friends sooner… [and] able to use please and thank you consistently in Welsh". The feedback also notes that "the children who began at the same time and who had not attended [Flying Start] were unable to do the same".
Torfaen	Feedback from school teachers indicated that the children who have participated in Flying Start are ready to learn, concentrate better, have better language and are better behaved than non-Flying Start children.
Wrexham	Schools have reported that both the entry assessment at 3 years old and baseline assessment at 4 years old show improved language, concentration, social skills, confidence and self esteem in children who have benefitted from Flying Start entitlements compared with those who have not.

Source: SQW Consulting

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[52] These examples are based on the evidence generated by local assessments and tools. The processes and approaches generating this evidence have been developed independently by each local Flying Start Partnership and have not been subject to external assessment or verification.

Improved language and cognitive development

8.20   Linked closely to the outcomes identified above, a smaller number of areas also identified specific improvements in the children's language and cognitive development. Again, the views and perceptions of teachers and other professionals were an important source of evidence, as to date there is limited quantification of progress (Figure 8-5).

Figure 8-5: Evidence of improved language and cognitive development[53]

Case Study Area	Evidence of improvement
Rhondda Cynon Taf	Referrals to speech and language services have declined in Flying Start areas since the introduction of Flying Start.
Caerphilly	Since the introduction of Flying start referrals to audiology have dropped by 14% and referrals to speech and language therapy have dropped by 23%.
Swansea	The pre-screening and post intervention parent questionnaires found that following speech and language therapy: • parental concern about their child's speech and language fell by 30 percentage points (from 80%) • the percentage of children using words to make their need known increased by 10 percentage points (to 23%) • the proportion of children using 5 or more words increased from 60% to 90%, with no children using 'no words' (compared to 10% pre intervention) • 80% of parents rated their child's speech and language at 5 (out of 10) or above after intervention compared to 34% before.
Newport	Case studies of Flying Start children identified the following examples of improvement: • Child A – increased use of English for a child whose first languages are Punjabi and Urdu • Child B – more expressive and clearer language • Child C – increased use of English and Welsh by a child who is an asylum seeker • Child D – mother has not a 'significant' improvement in speech and social skills • Child E – English is not 'home' language but now confidently using English in play and singing.
Powys	Feedback forms from the LAP and NAP sessions between 2007/08 and 2008/09 show that between 80 and 100% of parents reported that they had improved their ability to support the development of their children and that their children had improved their language and number skills.

[53] These examples are based on the evidence generated by local assessments and tools. The processes and approaches generating this evidence have been developed independently by each local Flying Start Partnership and have not been subject to external assessment or verification.

Case Study Area	Evidence of improvement
Gwynedd	Health visitors and childcare staff have identified significant improvements in the language skills of children.
Monmouthshire	100% of the parents involved in the LAP provision report that their child's language has improved.

Source: SQW Consulting

Family/parental outcomes

Increased breast feeding, immunisation take up and reduced A&E referrals

8.21 Across the programme it is apparent that Flying Start has begun to positively influence a range of health outcomes, the most readily identifiable of which are increased rates of breast feeding, increased immunisation rates and reduced referrals to A&E (Figure 8-6). These outcomes have been influenced by a range of factors, but most notably the more intense health visiting provision and particularly its success at engaging with those families that are traditionally harder to reach, or those groups (i.e. teenage mothers) that often do not engage in mainstream provision.

Figure 8-6: Evidence of increased breast feeding, immunisation take up and reduced A&E referrals[54]

Area	Evidence of improvement
Merthyr Tydfil	Immunisation rates in Flying Start areas which were historically between 80-85% have now be brought closer into line with the borough average of 94%.
Bridgend	Pre-Flying Start (December 2006 to March 2007) approximately 21% of the Health Visitor's caseload breast fed; this has subsequently increased to 36% between December 2007 and March 2008.
Neath Port Talbot	Breast feeding initiation rates increased from 37% in 2007 to 59% in 2008 following the introduction of Flying Start
Torfaen	The rate of breast feeding increased by 11 percentage points from 33% in 2006 to 44% in 2007 – compared to a 5 percentage point rise across the borough as a whole.
Caerphilly	Between April and September 2009, referrals to A&E, as recorded by Health Visitors fell by 11% compared to the same period in 2008.

[54] These examples are based on the evidence generated by local assessments and tools. The processes and approaches generating this evidence have been developed independently by each local Flying Start Partnership and have not been subject to external assessment or verification.

Increased parental confidence and engagement

8.22   Along with improved social and emotional development of the child, increased parental confidence and engagement is probably the next most significant outcome of the Flying Start programme to date.   Across the areas there are a number of examples of parents not just becoming more engaged in Flying Start services but also in generic services which has brought about additional benefits for the wider family (Figure 8-7).   Flying Start, and its close working and co-location with schools, was seen in a number of areas as a significant factor in encouraging parents to engage more with schools, in many cases removing a 'phobia' of school that had often developed during their childhood.

Figure 8-7: Evidence of increased parental confidence and engagement[55]

Area	Evidence of improvement
Pembrokeshire	Support to parents was seen to have helped lift the self-confidence and self-esteems of parents enabling them to better deal with everyday parenting challenges.
Wrexham	Service user evaluations suggest that the parenting skills of those attending parenting programme had improved as a direct result of the Flying start activities undertaken. For example: the 'Basic Cookery' course enabled one parent to cook fresh food for their child; a 'Home behaviour' course enabled another to better manage their child's behaviour; and the 'Incredible Years' programme enabled another parent to focus on giving more attention to their regular playtimes.
Torfaen	Using the Parenting Daily Hassles assessments parents assessed themselves against 20 types of event (e.g. continually cleaning up messes of toys or food) and indicates how often each event happens and the hassle it represents for them. A score is created for each event (frequency score x hassle score), from which an overall score is created. At October 2009 48 cases were recorded, of which 22 faced 'challenging behaviour' at the baseline, which was no longer the case after six weeks for four parents (a reduction of 17%). Overall, across the 48 cases the frequency scores decreased by 17% and the intensity scores by 15%.
Vale of Glamorgan	Results of the TOPSE evaluation show an overall increase in parental self-efficacy across seven of the eight partenting domains. The average increase pre- and post-support was 5 points, with the largest increase in the 'control' domain (11 points).
Anglesey	Using the General Health, Rosenberg's Self Esteem and Pleasure in Parenting questionnaire, the area found that 74% of parents showed an

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[55] These examples are based on the evidence generated by local assessments and tools. The processes and approaches generating this evidence have been developed independently by each local Flying Start Partnership and have not been subject to external assessment or verification.

Area	Evidence of improvement
	improvement post the 'Parenting Chill Out Sessions', particularly in attitudes to parenting and parenting skills.
Monmouthshire	Through the LAP provision, 98% of parents report that their ability to support their children has improved; and through the Art therapy Group self esteem of the parents involved has increased by 57%.
Swansea	Parents attending the parenting courses were asked to score themselves (0-10, with 10 being the highest) pre and post provision against a number of criteria. The professionals delivering the courses were also asked to score the parents against the same broad criteria. This found the following: • parents felt that their self confidence and self esteem increased on average by 3 points, whilst the professionals felt that it increased 5.7 points • parents felt that their parenting skills improved on average by 2.84 points, whilst the professionals felt that it increased by 4.22 points • parents felt that their children's behaviour improved on average by 1.1 points, whilst the professionals felt that it increased by 4.11 points.
Newport	Flying Start was identified as having delivered a number of benefits to parents including: • increased access to education and training for parents • increased basic skills levels and language support for parents as well as children • increased aspiration for children to access learning • increased cross-referrals and self-referrals • improved relationships with professionals.
Flintshire	A group of 36 parents have been trained to support the programme on a voluntary basis. This has helped to empower the local community and ensure a parental input into Flying Start, as well as wider CYPP activity for example consultation on the All-Wales Parenting Strategy.

Source: SQW Consulting

Reduced social service referrals

8.23 In a smaller number of areas, there was also evidence that Flying Start helped to contribute to a reduction in the number of children referred to social services or placed on the child protection register (Figure 8-8). The direct contribution of Flying Start towards this outcome is harder to identify and isolate as progress is most likely to be the result of a combination of wider factors. It is also difficult to unpick exactly why referral rates have dropped, for instance: is it because, as is the case in some Flying Start areas, there is a social worker employed as part of the Flying Start team

and therefore local authorities are less wary about leaving children 'off' the protection register or that cases are held 'locally'?; or is it because the thresholds for being placed on the child protection register have increased and therefore the number of children meeting this level has reduced?

8.24   These caveats are important. However, given the perceived success of Flying Start in both improving a child's emotional and social development as well as parental confidence and skills it can certainly be regarded as a contributory factor.

Figure 8-8: Evidence of reduced social service referrals[56]	
Case Study Area	Evidence of improvement
Merthyr Tydfil	Child protection rates in Flying Start areas have remained stable over the past year.
Bridgend	The council's Social Service referral rates have fallen between 2006/07 and 2008/09 across the Borough by 26% (from 81 to 60) and the number of new additions to the Child Protection Register also fell by 13% (from 16 to 14) over the same period – the contribution of Flying Start to this fall was felt to be evidenced through the 30 families in the caseload of the Family Support Workers, the majority of whom would have been referred to social services and some of whom would have been added to the child protection register had it not been for the intervention of Flying Start.
Carmarthenshire	Reduction in the number of child protection cases in Flying Start areas, albeit with an increasing number of "causes for concern" – a finding seen as providing evidence that Flying Start has helped prevent escalation to the child protection register.
Rhondda Cynon Taf	Identified decline in the proportion of 0-4 year olds on the child protection register in Flying Start areas compared to an increase across the borough as a whole.
Vale of Glamorgan	Between 2006 and 2009 the number of looked after children in the flying start areas fell from 87 to 55 – a fall of 37% – within which the number of looked after children aged 0-4 fell from 25 to just 10. Across the authority as a whole the number of children fell from 200 to 175 – a fall of only 13%.

Source: SQW Consulting

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[56] These examples are based on the evidence generated by local assessments and tools. The processes and approaches generating this evidence have been developed independently by each local Flying Start Partnership and have not been subject to external assessment or verification.

Improved services

Increased staff development

8.25 Across the programme a number of areas have made staff development and training an important priority. This priority is evidenced in two main ways. The first is through ensuring that the staff responsible for delivering the entitlements are trained to a high level (i.e. NVQ Level 3 for Childcare staff). The second is to ensure that staff are able to deliver and assist in the delivery of a broader range of services including parenting courses, the delivery of LAP and NAP or the delivery of 'Elklan' (a short course that aims to support early years' practitioners in promoting the communication skills of children). This investment in training and staff development has resulted in a more highly skilled workforce, better able to deliver services to meet the needs of the local Flying Start catchments.

Improved local facilities and services

8.26 In addition to staff development it is also possible to conclude from the area case studies that Flying Start has also positively contributed to improved local facilities and services. At its most obvious, this improvement is apparent through the capital investment into new facilities particularly for childcare provision. For a number of areas this investment has either radically upgraded the existing provision or it has provided facilities where none previously existed.

8.27 More subtly, the Flying Start investment has also helped to create linkages between, and improve access to, services. This is particularly apparent in the relationships created with local schools which were seen as having greatly aided the transition of children from childcare to nursery and on into school (as noted in the previous chapter). The improvements to services and particularly how they have influenced the provision of mainstream services are discussed in more detail in the next chapter.

8.28 In addition to the qualitative evidence gathered by the case studies, we are able to draw on the findings from the qualitative research with parents

undertaken by Ipsos MORI. Figure 8-9 shows that parents are able to identify the positive effects of the services on their children.

Developmental skills

- a mother whose child experienced speech and language difficulties reports that it was attending childcare that made a difference to her child's speech development, rather than speech therapy which he had been receiving previously with little benefit

- "For me [the best benefit] has been the language development of my daughter - her speech command is brilliant since she came here … because they do singing every day and basic skills really, like holding a pen and doing painting and all that. They always come out with a picture they've painted, oh, and she's reading." *Childcare user, Area A*

- "She used to be really snappy, feisty, bratty. But now … since she's been there, because they have to share, they have to communicate, they have to, she's, that's brought her on leaps and bounds." *Childcare user, Area D*

- "His speech is more clear and he's also been able to, not 100% yet, but he is being able to identify colours a lot more since we started doing the session, from when we were doing it. So he has come on in leaps and bounds." *One-to-one LAP user, Area E*

Parental development

- "I don't need to shout a lot now, I don't need to use the time out because I haven't had to. Just now on the way home from school, [my son] lifted his arm to me as if to say "I'll punch you!", but [his brother] goes "No, you'll be on the time out!" And then he said "Sorry mummy". So you see they know! They're just getting on and it's lovely". *Parenting course user, Area D*

- In Area A, one parent who had received one-to-one parent support saw big improvements to her family life. This parent found one technique particularly useful in dealing with her child's behaviour but stressed the overall importance of having 'options' to manage children's behaviour, something she felt that one-to-one parenting provision was particularly good at providing.

- "One of the parents was having problems with their little one sleeping…..we gave her ideas on what we do, and now she's managing to get her little one to sleep better. So that was really good as well. Where we were having problems with the boys when one, with the potty training and that, and the other parents gave us advice, oh, try this and try that. And it works…because we were all giving each other's, each other ideas as well." *Parenting user, Area E*

- "You're made aware of things that you wouldn't think that the children should be doing I suppose, you think that that's all for the school, but it's not, it starts from here, much younger, and that's where they get that head-start." *LAP user, Area A*

- "[LAP] brings what they do here in the childcare setting environment, it brings that home, you take that home with you, don't you?" *LAP user, Area D*

Source: Ipsos MORI Qualitative Evaluation of Flying Start 2009

Influencing mainstream services

8.29   There is no specific requirement within the Flying Start guidance for the Partnerships to seek to secure mainstreaming of effective activities

developed through the programme. However, it is clearly advantageous if good practice and learning from the programme is judged to offer potential benefits to the wider population that it is adopted by mainstream services where possible.

8.30 During the initial two years of Flying Start delivery the focus of Partnerships was upon the set-up and implementation of the entitlements. During this period Partnerships and stakeholders were largely in agreement that it was too early to be considering the mainstreaming of Flying Start activities as their effectiveness was yet to be demonstrated. However, as Partnerships have become more confident in the effectiveness of their approaches there has emerged an increased desire to influence and shape mainstream services.

8.31 To date, Flying Start's influence on mainstream services has generally taken two forms: either direct adoption/roll-out of an activity or process delivered through Flying Start, or learning from and drawing on Flying Start experience. On the whole mainstream services are positive about the Flying Start 'model' and appear to have a particular interest in learning from and building on the multi-agency approach and integrated service provision that is at the heart of the programme. The focus of Partnerships has been upon influencing mainstream provision with regards to:
- the co-location of services
- improving access and take-up of mainstream provision
- reshaping of mainstream provision

8.32 Despite the increased consideration of the benefits of the Flying Start approach for mainstream services there remains little evidence to date of systematic mainstreaming. This is largely due to three constraints:
- a lack of robust, quantifiable evidence of the difference made by the approaches used in Flying Start
- the reduced finances and fiscal constraints that organisations are currently having to manage across all services

- the high cost of Flying Start per child and the uncertain and longer term nature of the benefits.

8.33 Going forward there is a need for Partnerships and/or service leads to consider how they can build a case for the adoption of Flying Start best practice which is reliant on more than anecdotal evidence and practitioner and participant satisfaction.

Summary and concluding observations

8.34 Expectations about the extent to which desired outcomes should have been achieved from Flying Start need to be tempered by acknowledging that operational steady state has only recently been achieved by the Partnerships. This was found to be an important consideration in evaluating the outcomes of the Sure Start local programmes in England and should also be taken into account with regard to Flying Start.

8.35 The Partnerships are gearing up to evaluate Flying Start at local levels to understand the difference it has made. This is reflected in the time and effort that they have devoted to developing logic and performance frameworks to guide and direct the evaluative activity and developing and implementing a range of evaluation methods and tools. Most progress has been made with qualitative assessments and entry and exit surveys and this means that the evidence currently available is not robustly quantitative in nature (although this can be expected at a later date).

8.34 Nevertheless, local evaluation efforts demonstrate that the services provided by Flying Start have had a positive impact on both children – primarily through, but not limited to, improvements in emotional and social development – and their parents – through increased confidence and self-esteem. The story that is being told strongly and consistently suggests that the programme is on the right positive trajectory to achieve its intermediate outcomes around child development and family/parental development, as well as contributing more widely to service improvement.

8.35   Flying Start has begun to influence mainstream services. There is particular interest in learning from, and building on, the multi-agency approach and integrated service provision. However, wider roll-out and influencing is limited by a number of barriers, the most significant of which are a lack of robust, quantifiable evidence of the difference being made by Flying Start and its costs and benefits and the reduced finances that organisations have to manage across all services.

8.36   The latter can be addressed by more systematic monitoring and evaluation of Flying Start outputs and outcomes. This needs to be put in hand more consistently across the Partnerships – with the help of the Partnership support unit - in order to inform the local and national debate about the future shape and funding of early years' interventions and wider family support.

9: Conclusions and recommendations

Conclusions

9.1   The evaluation has been developed around the research questions adapted from the brief as detailed in Annex A. However, it was agreed with the Advisory Group and the Assembly Government that the wide range of questions for the evaluation should be rationalised into three broad issues as follows:

- How effective has the programme been in establishing the structural and process conditions necessary to ensure effective delivery of support for disadvantaged children

- How effective is it in bringing about the changes in attitude and behaviour of children and their parents that are consistent with later improvements in their prospects for social and educational development

- Has this been accomplished in ways that provide good value for money?

9.2   This rationalisation of the research questions was seen to be appropriate because they were initially asked of the evaluation of Cymorth as well as Flying Start, there was a degree of duplication between them partly because of this dual purpose and some of the questions could only be addressed in the light of the results from the household survey which is currently in the field with reporting from the first wave scheduled for early 2011.

Establishing the structural and process factors critical in ensuring effective delivery of support for disadvantaged children

9.3   When considering the extent to which this has been achieved across the Flying Start programme it is worth returning to the critical success factors originally set out in Figure 3-1 and repeated below in Figure 9-1.

Critical success factors in support of early years' development	Evidence of Flying Start programmes meeting the critical success factors
Individual interventions	
• Having clear goals which build in the possible need for multiple policy elements and the service means to reach them • Delivering according to the intervention design but with the facility to engage with other service providers in order to adapt to local and family needs • Providing high exposure, long duration and intensive support – with an earlier start being related to stronger development • Deploying staff with higher qualifications in integrated settings – especially where there is evidence of severe need or potential need.	• The Flying Start programme has been sufficiently specified so as to result in the establishment of an identifiable Flying Start programme in all 22 Partnerships which allows sufficient flexibility to enable Partnerships to build on local capacity and expertise to address local issues within a national framework of delivery • The Flying Start offer engages with children and families at birth and provides support through until they are 4 years old with a range of support being offered to both children and parents/carers. • The reduction of the health visiting caseloads supports the delivery of a more intensive service and local LAP and parenting support is in the most part more intensive and frequently available than in non-Flying Start areas. • The programme specifies and Partnerships are working towards improved formal qualifications of staff as well as wide ranging training and development activities which often seek to bring professionals from a range of disciplines together to develop a consistent programme message and capacity.
Service systems	
• Providing a mix of universal and targeted interventions built on partnerships and collaboration between service agencies and types • Mixing educational and social development as of complementary and equal importance • Providing integrated centres and nursery schools • Complementing support for children and young people with support for parenting and wider family and	• The local nature of provision supports access and reach. In the most part health visitors hold geographically defined caseloads • Within the programme the four main Flying Start delivery entitlements are open to all children and families to access but the Partnerships will provide more intensive support to those families who need it most. • The Flying Start programme has demonstrated considerable integration across the programme through co-

community development

- Combining top down leadership and resource allocation amongst service providers with bottom up expertise and local knowledge

- Having the resources and discretion to be flexible and capable of change in response to better understanding of the needs of children and young people and the families and communities in which they are located.

location of services and multi-professional delivery and joint delivery of services including particular success in engaging childcare and nursery settings in the wider Flying Start programme

- The service mix on offer through Flying Start includes support and development support for both children and families through one-to-one and groups services and play and awareness activities all of which seek to encourage wider engagement in activities and support.

- The provision of the high quality childcare entitlement is a core element of the programme and is one of the most well recognised amongst parents.

- Throughout our research the role of the Flying Start Coordinator or manager has been highlighted and commended as being central to the successes of individual programmes. Those areas with strong governance arrangements have also benefitted from early establishment of the offer and the development of a supported and integrated programme.

- The Partnerships have drawn considerably on the expertise and experience developed through the delivery of Cymorth funded Sure Start services

Target beneficiaries

- Providing a universal service that also focuses on those children and their families and communities who are biologically, socially and/or economically disadvantaged and/or living in highly deprived neighbourhoods.

- Recognising that early years' interventions may be less effective for those at the margins of disadvantage and those who are seriously disadvantaged.

- The Flying Start programme is an area based programme providing universal support to families within areas targeted as a result of their high levels of disadvantage

- Assessing the extent to which the Flying Start programme is effective for those at the margins and extremes of disadvantage will be considered once the survey results are available.

Source: SQW Consulting

9.4   Against these criteria, which draw upon the work or Valentine and Katz (2007) and Watson and Tully (2008) as well as reflecting the findings of a

range of early years interventions including the Sure Start programme in England, it is clear that the Flying Start programme is demonstrating and exhibiting many of the critical success factors associated with the delivery of effective interventions in the early years.

Evidence of changes in attitude and behaviour of children and their families consistent with later improvements in their prospects for social and educational development?

9.5   As detailed in Section 8 expectations about the extent to which outcomes consistent with later improvements in children's development should have been achieved by Flying Start at this stage need to be tempered by acknowledging that operational steady state has only recently been achieved by Partnerships.

9.6   The primary sources of outcome evidence generated by the national evaluation of Flying Start will be the findings of the survey of families with 0-3 year olds and any future revisions of the review of secondary data sources. The first wave of the survey of families is currently in the field and is due to report in early 2011. In light of this, this report has drawn primarily upon evidence provided by the local Flying Start Partnerships which is at this stage largely qualitative and anecdotal.

9.7   The evidence to date is largely qualitative - based on the perceptions of parents and professionals – with a limited amount of quantitative assessment.   But all the evidence from different sources points consistently in the same direction.   It suggests improvements in the following outcomes:

9.8   Emotional and social development: This is often reported by teachers who report 'noticeable differences' in Flying Start children who are better prepared for school, quicker to settle, better behaved and more confident at interacting with other children.

9.9 Language and cognitive development: There is more selective evidence of improved language and cognitive development of Flying Start children.

9.10 Parental confidence and engagement: Across the areas this was seen as a significant outcome of Flying Start - parents have not only engaged in Flying Start but also in more generic services - bringing potential benefits for the wider family.

Value for Money

9.11 There are three elements to the assessment of value for money – the economy with which Flying Start funds were used, the effectiveness with which delivery objectives were met and the efficiency with which they achieved their expected outputs and outcomes.

Economy

9.12 The limited comparable monitoring data for the Flying Start programme means that it is not possible to make an assessment of the delivery cost per output at this stage. It is anticipated that improvements in the monitoring data collected and returned will support future assessment of economy.

9.13 In the meantime the proportion of programme spend on central costs can be used as an indicator of economy. Across the Flying Start Partnerships the average allocation to central and evaluation costs is 13%[57]. Within this individual Flying Start Partnership allocations vary between six and thirty-one percent.

9.14 An allocation of 5-10% to management and administration has been estimated for social programmes such as the Single Regeneration Budget and New Deal for Communities. However, the Sure Start evaluation estimated overheads to be 26-28 per cent for fully operational Sure Start local programmes and acknowledged that these levels of non-service

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[57] Based on proposed allocations 2008/09.

expenditure are higher than would normally be expected in public services. It suggested that a more typical average overhead level in healthcare or social services would be between 10 and 20 per cent although some are a little higher (Netten and Curtis 2003). The evaluation claimed that it is more or less inevitable that a more joined-up approach to service delivery is likely to involve staff spending a higher proportion of their time co-ordinating with others than would be the case where services operate in relatively self-contained silos.[58]

9.15   Within this assessment the Flying Start programme is demonstrating overhead proportions which are on average well below the range estimated for Sure Start. They are likely to be even lower when account is taken of the fact that the CYPP central teams carry out functions that extend well beyond the Flying Start programme. On this evidence, the two programmes have been run very economically.

Effectiveness

9.16   At this stage the programme has been very effective in terms of the way service systems have been designed and used and in the delivery of the entitlements over a short period of time – certainly when allowance is made for the inevitable set-up problems associated with a new programme. Moreover, there is an emerging body of anecdotal evidence – but only a modest amount of quantitative evidence – with regard to improved health, developmental, social and educational outcomes being achieved by the programme.

Efficiency

9.17   Only a limited number of studies to date in the UK and elsewhere have tracked children that may have benefitted from early years' interventions into their later years and have been able to offer evidence on the overall

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[58] National Evaluation of Sure Start Team, Institute for the Study of Children, Families & Social Issues, Birkbeck, University of London, *Cost Effectiveness of Implementing SSLPs: An Interim Report*, 2006

costs and benefits of the interventions. Flying Start is too recent a programme to be able to provide this kind of evidence.

Overall assessment

9.18 An overall conclusion on value for money cannot be offered at this stage in the evaluation of the Flying Start programmes. Flying Start is a young programme which has shown a lot of promise in terms of its economy and effectiveness. A further test of these elements and the efficiency element of value for money will be possible in the light of the evidence of the household survey which will be an important source of evidence in early 2011.

Recommendations

Challenges in taking the programme forward

9.19 The evaluation observed that the progress of the programme has been achieved by tackling some serious challenges – especially in increasing the capacity and quality of childcare and health visiting. This has not been easy and some of the challenges remain.

9.20 There is variation in the provision of the health visiting entitlement with Partnerships facing particular challenges with regard to recruitment and retention and issues with multi-agency working. The childcare entitlement may be over-prescribed and this may have led to apparent surplus capacity in some cases. There is also variation across the Partnerships in the provision of the parenting and LAP entitlements.

9.21 However, as some Partnerships have demonstrated, these challenges are not insurmountable. They can be addressed by a combination of revisions to Flying Start guidance, continued engagement between the relevant service providers, advice from the Partnership support unit and sharing of good practice across the Partnerships.

Recommendations

9.22 The following recommendations are offered to inform policy considerations of the future for early years' interventions and Flying Start in particular:

- The pilot nature of Flying Start should be constantly kept in mind. It should be assessed in terms of its impact on improving the life chances of those children and their parents who are eligible for its entitlements – not against wider ambitions for disadvantaged children in Wales as a whole. It should also not be regarded as a quick fix but given time to become embedded operationally, culturally and consistently as part of the infrastructure of early years' support in the areas in which it operates.

- The Flying Start budget allocation needs to be kept under review from at least two perspectives. First, the population of children under four years of age in Flying Start areas is now larger than it was when the budget was first allocated and this is putting a strain on the delivery of the Flying Start entitlements. Second, the programme is now close to steady state delivery and, therefore, any under-spend against the budget allocation – and the reasons for this - should be reviewed very closely.

- The lessons from Flying Start should be constantly explored by the CYPP as part of the Single Plan and the opportunities seized for any improvements to mainstream services it might suggest with regard to the development of disadvantaged young children.

- The following issues need to be kept under review by the Welsh Assembly Government and efforts made to resolve them where necessary:

  ➢ **Childcare**: Should the apparent 'surplus' in the provision of childcare sessions be reviewed and, if necessary, addressed by offering flexibility to Partnerships to adjust the nature of the prescribed entitlement (i.e. 2.5 hours, 5 days per week)?

  ➢ **Heath visiting**: Is it necessary and possible for the currently prescribed entitlement - couched in terms of health visitor caseloads in Flying Start areas – to be amended to reflect a wider

health support offer including other skills such as family support workers and speech and language therapists?

> **Parenting**: Should the variation observed in the scale of the parenting entitlement across Partnerships be reduced by specifying minimum levels of provision?

> **LAP**: Does the LAP entitlement – which is popular and viewed by practitioners as a good introduction to language development – need to be reviewed in terms of its potential to achieve the anticipated Flying Start language outcomes?

- Systematic monitoring and evaluation of Flying Start outputs and outcomes needs to be put in hand more consistently across the Partnerships in order to inform the local and national debate about the future shape and funding of early years' interventions and wider family support.

Annex: Research Questions derived from the original brief Annex

Research Questions derived from the original brief:

Q1: Has the programme effectively met the identified needs through the provision of services?

Q2: What combination of delivery works in terms of achieving impact?

Q3: Have the services provided had an impact on service users?

Q4: How has the programme been adapted to meet local need? Has flexibility worked?

Q5: How effective have local partnerships been in assessing and analysing local need and auditing provision?

Q6: How effective have local partnerships been in developing programmes, commissioning, allocating funding and monitoring and evaluating progress?

Q7: How successful have partnerships been in matching need to local projects?

Q8: How effective has the programme been in achieving its overall aims?

Q9: Has the programme made a positive difference to the lives of individuals?

Q10: What impacts has the programme had individually and when combined with other interventions?

Q11: What lessons are evident from the programme and what are the future issues?

Q12: What future interventions are needed to support early years development?