

Children and Young People Committee

Lleoliad:
Committee Room 1 – Senedd

Dyddiad:
21 September 2011

Amser:
09:15

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



I gael rhagor o wybodaeth, cysylltwch â:

Claire Morris
Clerc y Pwyllgor
029 2089 8148 / 029 2089 8032
CYPCommittee@wales.gov.uk

Agenda

1. Introductions, Apologies, and Substitutions

2. Inquiry into Children's Oral Health in Wales : Evidence Session (9:20 – 10:00) (Pages 1 – 13)

Dr Sue Greening, Chair British Dental Association Welsh Council
Stuart Geddes, Director British Dental Association Wales

3. Flying Start Network – Discussion of Key Issues (10:00 – 11:15) (Pages 14 – 49)

Karen Jones; Flying Start Manager, North Wales
Nia McIntosh; Flying Start Manager, West Wales
Fran Dale; Flying Start Manager, East Wales
Chris Koukos; Flying Start Manager, South Wales

4. Motion under Standing Order 17.42 to resolve to exclude the public for the remainder of the meeting

5. Discussion of Forward Work Programme (11:15 – 12:00) (Pages 50 – 86)

6. Papers to Note (Pages 87 – 91)

Correspondence from Gwenda Thomas, Deputy Minister for Children and Social Services re Children and Young People Committee meeting on 14 July 2011

Children and Young People Committee

Inquiry into Children's Oral Health in Wales

September 2011

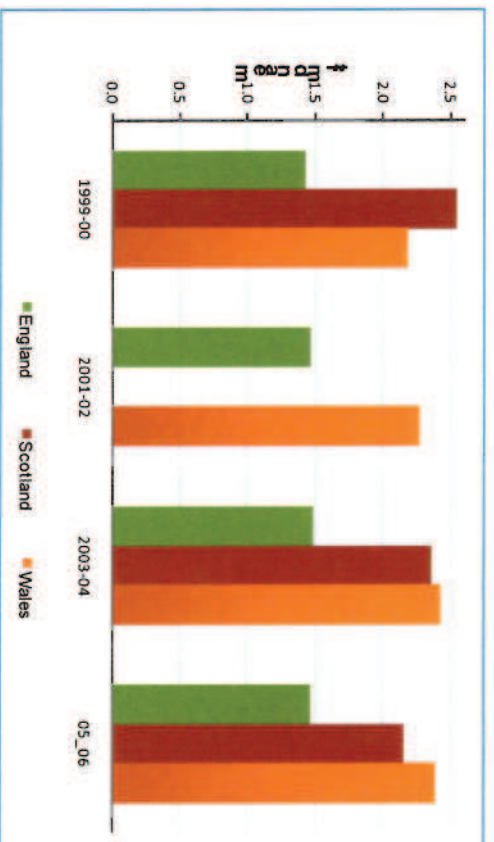
The British Dental Association (BDA) is the professional association for dentists in the UK. It represents over 23,000 dentists working in general practice, in community and hospital settings, in academia and research, and in the armed forces.

INTRODUCTION – A BRIEF OVERVIEW OF THE ORAL HEALTH OF CHILDREN IN WALES IN 2011.

Information about the dental health of the population is gathered through surveys undertaken at varying time intervals across the United Kingdom and locally across Wales.

It had been reported that caries (decay) levels in Wales are higher than in England but lower than Scotland. In 2005/6, this changed and Wales overtook Scotland which had been on a downward trend. In 2005, Scotland set targets for 2010 and introduced ‘Child-Smile’, a programme for dental disease prevention.

It is important to note that data collection in future will be more difficult. In the past, surveys have relied on ‘negative consent’. This has changed and positive consent is now needed to examine children. This is more difficult to obtain, especially in lower socio-economic areas of Wales.



Average dmft¹ for five-year olds 1999-2006. Wales compared with England and Scotland.

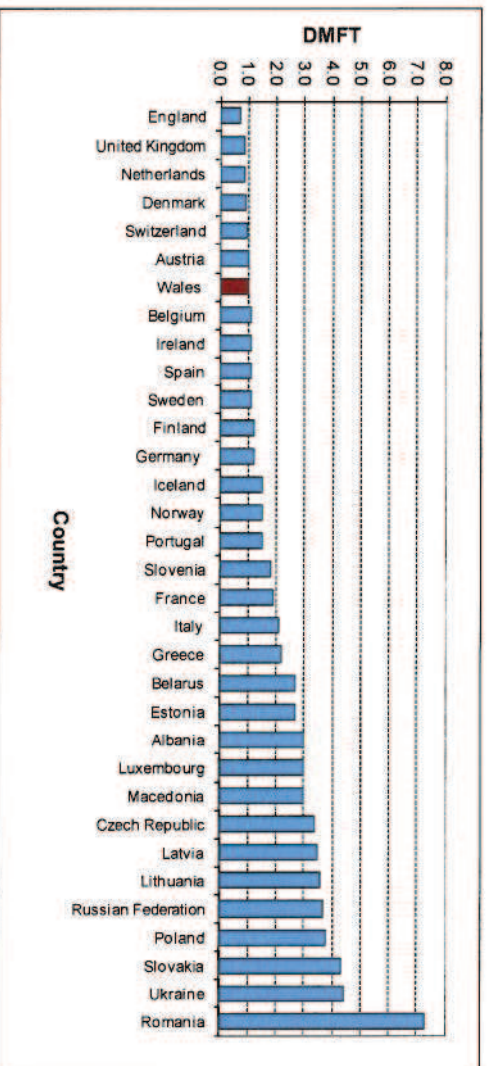
In an average class of thirty five-year-olds in Wales, four will have experienced dental pain within the last year but there is wide variation across and even within health board areas. Children in deprived areas are more likely to experience dental decay so whilst half of the five-year-olds in Wales have no decay, the other half will have four or more affected teeth.

¹ Decayed, missing and filled teeth – consent changes in 2007 do not permit comparison with Scotland.

In order to relieve dental pain, children are often treated under a general anaesthetic. Approximately 9000 were administered in Wales last year. Again, there is variation across Wales. On average two children in a class of thirty five-year-olds will have experienced a (dental) general anaesthetic but in Blaenau Gwent this would have been six whereas in the Vale of Glamorgan it would only be one.

Looking at twelve-year-old children surveyed in 2004-5², four in ten had obvious dental decay (which was an improvement on a 2001 survey) but again there was wide range between health boards – 51% in Cwm Taf compared with 36% in Hywel Dda and in local areas 31% in Ceredigion, 59% in Blaenau Gwent.

But, in the European perspective the teeth of twelve-year-olds in Wales aren't that bad!



Source: WHO area profiles programme.

² Atlas of oral health in Wales produced by the Welsh oral health information unit.

Welsh Government Policy and Initiatives.

In 2006, the Welsh Government set targets towards eradicating child poverty in Wales³. These included, for five-year-olds, that by 2020 the mean number of teeth affected by decay in the most deprived fifth of the population will reduce by approximately one half.

The Designed to Smile programme is targeted at these groups,

Responses and comments on the Terms of Reference of the Inquiry.

1. Consideration of the take-up of the supervised tooth brushing scheme for 3-5 year-olds and the promotional programme for 6-11 year-olds.

The take-up of these will, in the main, depend on the active participation of the schools in the targeted areas. Generally this is good.

The tooth brushing programme aims to ensure that fluoride comes into contact with children's teeth as clinical experience shows that this reduces the risk of decay. There is anecdotal evidence from staff working on the programme that because of raised awareness, children are brushing more at home as well as in school.

In the 6-11 age group the D2S programme includes:

- (1) a clinical fissure sealant element which is proven to aid prevention of caries and
- (2) an oral health teaching element which includes diet and oral health. This links with child nutrition.

The messages about links between diet and dental caries are also beneficial for general healthy nutrition. This is a really important part of the programme.

We should focus on the need for good nutrition for young children as part of messages about dental health.

Schools report that the D2S resources are excellent

³ Eradicating Child Poverty in Wales - Measuring Success

The programme, by promoting the development of good habits now, will have benefits for the future as, by reducing decay levels there will be a subsequent reduction in oral pain and infections in young children which in themselves have been shown to impact on their education - attendance levels etc.

2. Consideration of whether the investment has delivered improved health outcomes for the most disadvantaged children and young people.

At this stage we consider that it is too early to say whether this programme is effective. In parts of Wales the programme has only been running for one school year which is not long enough to allow measurement of outcomes.

However, Scotland has a similar programme (Childsmile) which is showing promising benefits and is further described in an appendix to this paper.

As stated earlier there is anecdotal evidence that raising awareness of good oral health is encouraging better oral care at home amongst children involved in the scheme.

3. Evaluation of whether the programme is operating consistently across Wales in all areas of need.

Following piloting in Cardiff and north Wales, the programme was not fully rolled out across Wales until January 2010 so the scheme is more advanced in some areas than in others. How it works in each Community Dental Service (CDS) area will depend on:

- how they target the school children,
- how the schools respond and
- on how much support they have from complementary services

The information and experience gained from the pilot areas has been very useful in informing the areas starting the programme in the later phase.

Whilst funding has come from the Welsh Government to the health boards specifically to be used for D2S there have been some initial problems with the release of these funds by finance directors in some areas. The delays have meant that appointments have not been made on time and orders for materials – toothbrushes; fluoride varnishes etc have also been delayed.

4. Consideration of how effective expansion of the programme has been, particularly in relation to 0-3 year-olds.

Again, it is too early to say! The programme is still being expanded in the areas of Wales not involved in the pilot but there is anecdotal evidence that the appropriate links have been made with other agencies to maximise the effect of the expansion to reach children likely to be in most need.

In deprived areas there is evidence that this age group will not normally have contact with a dental care professional. Parents often are not regular dental attenders – often seeking care only when in pain and historically, the community dental service has not been able to reach into playgroups and pre-school activities.

5. Consideration of whether the programme addresses the needs of all the groups of children and young people.

This is a targeted programme aimed at children in deprived areas - there is evidence that they are at most risk of dental disease. The focus of the scheme is to reduce oral health inequalities, and not to address the needs of all groups. It is too early to say how effective the programme is but initial feedback is encouraging and there is increased awareness of good oral health in the participating areas.

6. Exploration of the extent to which the Designed to Smile programme has been integrated into the wider local and national initiatives.

The D2S programme depends on involvement with the Healthy School Scheme and on schools setting dental health targets. Every effort has been made to integrate with the 'Healthy Schools' co-ordinators and teams which has been very positive. This will continue as the scheme becomes embedded into school programmes. Similarly the links which have been developed with 'Flying Start' and 'Healthy Early Years' schemes can only be positive in raising awareness and improving oral health practices now and in the future.

There has been positive interaction with health visitors and health promotion workers in some areas which again will develop over time.

With the recent inclusion of a small number of pilot General Dental Service (GDS) practices⁴ linking with the scheme there are good opportunities for CDS and GDS to develop ways of working together to maximise the benefits of the scheme and to ensure that prevention of dental disease becomes a priority in all branches of dentistry in the future. However, there will be both funding and workforce issues if the scheme is extended to all children and fully rolled out into the GDS.

7. The current and potential implications for paediatric dentistry, including reviewing the strengthened role of the Community Dental Service in children's public health.

The programme has and should continue to raise awareness of the importance of good oral health for children and thus raise the profile of paediatric dentistry.

The D2S programme has been directly funded by the Welsh Government. This has allowed the Community Dental Services across Wales to recruit additional staff – dentists and dental care professionals (DCPs). This has been essential in enabling CDS's to deliver the messages and to provide oral health care in areas where dental care has traditionally / historically not been taken up.

If the programme is to continue, which we feel it must, it is imperative that this direct funding continues and that health board finance directors are reminded that these are 'badged' funds! (See 3 above)

The programme takes time to deliver and further time will be required to measure its success. It also highlights untreated dental disease where further restorative dental treatment is needed. This in turn raises workforce issues as in many areas the NHS general dental service is at capacity and unable to offer care to these young people.

⁴ This is a separate pilot (one of two) to test alternative methods of remunerating dentists working in the GDS.

In conclusion, the British Dental Association in Wales has always welcomed Welsh Government initiatives aimed at improving the dental health of children in Wales but we are always aware of additional pressures being placed on dentists in the community dental service and in general dental practice.

An ongoing pilot programme in general practice is funding practices to provide a similar preventive programme for children in their care and dependant upon evaluation, we would like to see this extended into all dental practices in Wales. There would however be considerable cost implications, mainly in the employment of additional staff who would be used to provide oral hygiene instruction and supervise / administer topical fluoride mouthwashes and varnishes. We are disappointed that the number of hygienists and therapists in training in Wales is to be reduced as they would be a very important part of the D2S programme.

Some time ago the former Welsh Office did undertake a study on the feasibility of providing fluoridated water in Wales. Whilst water to households in Wales comes from many sources (reservoirs and boreholes) it was shown that a large % of the population of Wales are serviced from the large reservoirs. Fluoridated water to the West Midlands comes from the Elan valley in mid Wales!

Water fluoridation is certainly the easiest and most cost effective way of getting fluoride into contact with teeth. There is no doubt that this works.

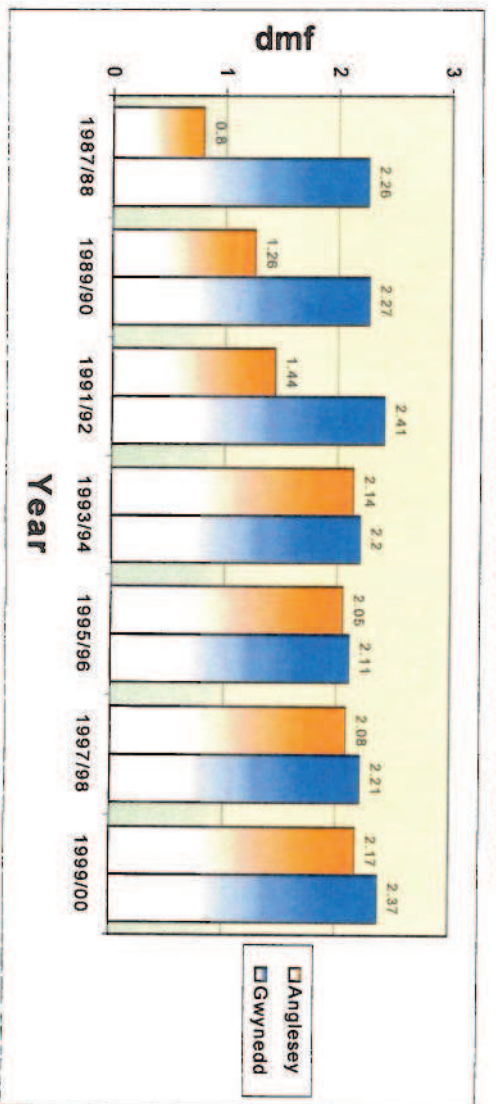
APPENDIX.

The Anglesey experience.

Anglesey was, in the 1950's part of the original trial to monitor the effectiveness of fluoridation. At that time the island had two water supplies, one of which was fluoridated. The reduction in dental caries in the fluoridated area soon became evident so supplies to the whole island were then fluoridated. In 1987 fluoridated supplies became intermittent and despite the fluoridation plant being upgraded in 1992 Welsh Water / Dŵr Cymru ceased in 1992 to fluoridate. Within five years the caries levels on Anglesey had returned to be the same as those on mainland north Wales – five-year-olds from having fewer than one decayed tooth now have more than two!

The following figure illustrates that the benefits of water fluoridation had been lost to the children of Anglesey and the effects are apparent.

Caries Experience in 5-year-old children: A comparison between Anglesey and Mainland Gwynedd from 1987-2000



Source: BASCD Surveys

The Scottish Experience.

In 2006, the Scottish Government introduced the 'Childsmile' programme, a complex oral health improvement intervention for children. Initial results published this year⁵ show that it is possible to impact upon the prevalence and morbidity of dental caries across the socio-economic spectrum of population of three year olds. Put another way, this programme has been successful in reducing the amount of decay in three year old children and has had most impact on children from lower socio-economic families living in areas showing the greatest absolute inequalities in health.

The attached poster presentation relates to the differences in decay seen between front and back teeth but also illustrates (Fig 1) how decay levels fall naturally across socio economic groups and the effect that the Scottish Childsmile project has had with time across all groups.

(with thanks to Professor Macpherson for permission to reproduce this)

⁵ Reductions in Dental Caries in three year old children in Greater Glasgow and Clyde. McMahon, Blair, McCall and Macpherson. Poster presentations to ORCA conference.



Background

In 2006, the Scottish Government introduced a complex oral health improvement intervention for children, known as the Childsmile programme. The 'Demonstration' phase of the Childsmile programme ran until 2008. The current 'Interim' phase covers the years 2009-2011. The programme consists of various interventions which are delivered at different stages of a child's life.

Dental inspections of three-year-old children in nursery education in NHS Greater Glasgow and Clyde have been conducted over the last four years in parallel with the development and implementation of the Childsmile Programme within this NHS Board area.

Aims

The aim was to determine if anterior/posterior patterns of decayed missing and filled teeth in three-year-old children in Greater Glasgow and Clyde differ by socioeconomic status and by calendar time.

Methods

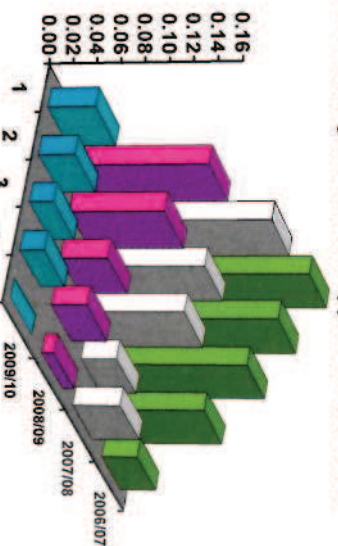
Three year old children were inspected in 2006/7, 2007/8, 2008/9 and in 2009/10. For each year, the percentage of obvious decay experience was calculated for each tooth by surface type, and also by SIMD. A mean d_{amft} metric was created with a scale varying from zero to one for the four posterior teeth in the upper arch. Similarly a metric was created for the two central incisors in the upper arch (also varying from zero to one). The difference between the anterior and posterior scores according to these newly created scales was calculated, i.e. 'the anterior-posterior difference'. Additionally, an endpoint of the occurrence of obvious caries experience in both an anterior and a posterior tooth contemporaneously was created for the upper arch. The analyses were repeated for each of the fifths of the Scottish Index of Multiple Deprivation (SIMD).

Results

A total of 10022 children were inspected. The 'anterior-posterior difference' was statistically greater for the most deprived children versus the most affluent children; adjusted mean difference of differences =0.03 (0.02, 0.05), p<0.001. These differences have reduced with calendar time, and by 2009/10 there was no anterior-posterior difference (mean=0.00 for deprived children, and -0.01 for the most affluent children).

Over the four year period, the frequency of contemporaneous anterior/posterior caries was higher for deprived children (6%) than for affluent children (1%); adjusted odds-ratio=5.76 (3.68, 9.03), p<0.001. However, this effect had reduced by 2009/10.

Figure 1: Mean d_{amft} Metric in Upper Anterior Teeth



*SIMD = Scottish Index of Multiple Deprivation (1=most deprived, 5=least deprived)

Figure 2: Frequency (%) of Tooth Surfaces Affected by Obvious Decay Experience 2006/2007 2009/2010

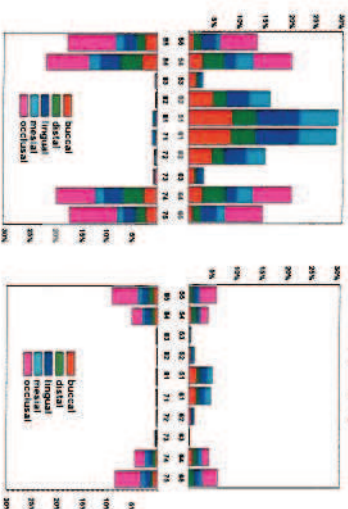
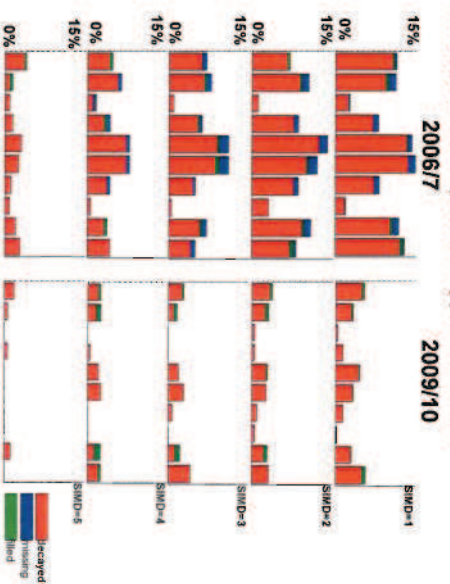


Figure 3: % Obvious Decay Experience in Upper Arch by Tooth Type and SIMD



Discussion

The disappearance of the anterior-posterior difference for deprived children in the most recent year of study (2009/10) is an interesting result. There are reductions in both the posterior mean d_{amft} and the anterior mean d_{amft}. This reduction is greater in the anterior teeth to enable the absolute difference to disappear. For example the mean d_{amft} in the anterior teeth was 0.15 in 2006/7, 0.14 in 2007/8, 0.11 in 2008/9, and only 0.04 in 2009/10. This finding is compatible with the theory that 'as caries prevalence falls, the least susceptible sites (proximal and smooth surfaces) reduce by the greatest proportion, whilst the most susceptible sites (occlusal) reduce by the smallest proportion'.* Our data appear to reflect this theory in the dimension of relative deprivation and in the dimension of calendar time.

* Sheiham & Sabbin 2010 (Caries Research 44: 141-50)

Conclusions

There is evidence that the pattern of decay in the upper arch has changed over time, and this is particularly evident in the more deprived communities. At the outset children in the more deprived areas had a higher level of caries in the anterior teeth, and more caries in both the posterior and anterior teeth at the same time. These patterns changed by calendar time as caries prevalence in the population reduced.





FLYING START – 2006-2011 EXPERIENCES, LESSONS AND RECOMENDATIONS FOR THE FUTURE

A REPORT TO THE NATIONAL ASSEMBLY FOR WALES PREPARED BY
CHILDREN IN WALES AND THE WALES FLYING START COODINATORS NETWORK



Children in Wales
Plant yng Nghymru



FLYING START – 2006-2011 EXPERIENCES, LESSONS AND RECOMENDATIONS FOR THE FUTURE

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Introduction

The Flying Start Coordinators network, supported by the Welsh Government (formerly Welsh Assembly Government) and convened by Children in Wales has been meeting regularly from the outset of the Programme. Through the often challenging process of operationalising the vision of the Flying Start programme set out by the Government, the network as a collective of managers now have a wealth of experience and knowledge about every aspect of the Flying Start pilot programme in Wales.

Children in Wales have supported the Coordinators to produce this report in order to highlight the lessons learnt, the strengths and successes and the recommendations for the future roll out of the Flying Start Programme.

This report will focus on the operational strategic issues that are crucial for delivery. This report will not be discussing the impact of the programme on the children and families who receive the service. The outcomes of the Flying Start programme is the subject of a comprehensive evaluation that is being undertaken the Welsh Government with Ipsos Mori and SQW Consulting Ltd. The final stage of the evaluation is almost complete and consideration will need to be given to the ongoing needs for evaluation and guidance on development of the programme. In order to ensure greater consistency going forward and to ensure that every authority measures the outcomes of the programme in the same way the network, with support from the Welsh Government is developing a Results Based Accountability framework, based on Mark Friedman's approach.

The issues highlighted in this report are commonly reported by all Flying Start Coordinators, and the whole network has been part of the writing of this report and endorses its content.

Funding

Experiences

The funding allocated for capital expenditure for Flying Start is the area that has proved most challenging for managers. The process of bidding for capital and the subsequent timescales for Welsh Government giving approval, and then for officers to go through the design, planning, commissioning and building processes have been unrealistic. This has often led to building projects not being able to go ahead because of the consequent risks of funding clawback due to building work running over schedule (over financial years). Year on year planning, rather than a longer term phased approach has meant that Flying Start Managers haven't always been able to maximise on the opportunities of tying in Flying Start capital development with other Local Authority capital projects and the economies of scale that can be gained through doing this. Often programme managers were not advised of



allocations until well into the financial year, thereby putting projects at huge risk of not being delivered and not achieving best value.

The constraints on amounts of funding available and the limitations of year by year funding has led to under-spending on capital projects, leaving Flying Start projects at times without the building infrastructure needed for their programme locally. This subsequently effects making full use of revenue allocations, e.g. not having the infrastructure from which to offer the childcare entitlement has meant an under spend for some authorities on their childcare budget and children who have not been able to access their childcare offer.

The main challenges with capital funding arise from the allocation system being yearly, rendering inadequate time for planning consent and local agreements to be sought in the same year as the expenditure.

The capital provision has not been sufficient in any one year to enable the programme to develop substantial new facilities, especially so in smaller authorities and authorities with smaller populations. This has hampered the development of the programme to a degree which has affected some authorities' ability to deliver the full entitlements to some of the children in their areas.

“Because of the way the capital allocations were calculated it has taken too long to complete the programme as there was always work to be undertaken over more than one financial year, and not enough money year by year”

Several authorities found that the small capital sums on offer to them meant that it was not possible to embark on new builds which resulted in funds being returned to Government. Some expenditure has been made on community venues and existing buildings which brings a different set of management issues, such as shared responsibility and long term security.

Welsh Government officials are praised for their attempts over the four years to work around the challenges and support Flying Start coordinators with getting some projects completed against the odds.

Flying Start managers have found that having only an indicative allocation of funding for three years has left them only able to offer one year contracts to service providers. Late notification of the next year's grant (as happened in April 2011) means that redundancy notices are issued with the consequent loss of (well trained) personnel. This leads to gaps in services and a loss of talent and experience within the team.

Recommendations for Expansion



- Capital allocation needs to be sufficient to ensure that the operational side of the programme can function effectively and timely. With expansion there will be a further need for significant capital investment to provide childcare premises (when there is a shortage in more deprived areas and rural parts of Wales¹) and facilities from which to offer group based interventions. There will be an increase in staff recruitment that will need accommodating within Flying Start teams. This will be additional to the capital costs needed to maintain current provision and ensure children within the current Flying Start areas are able to access their full entitlements.
- Capital funding should be allocated on at least a two year programme or preferably three year rolling programme.
- Capital funding should be transferrable from one financial year to the next if the rationale is robust and practical.
- Decisions on allocations need to be made prior to the start of the financial year to allow time for design, planning and ratification by local committees, commissioning and project completion.
- Release revenue funding in stages to correspond with capital developments and operational processes. This would ease the pressure on under spend and reclamation of the grants.
- Provide clear guidance by January 2012 on where the expansion will be taken forward to enable early planning for capital projects where necessary.
- Flying Start Managers need to plan early, ensuring that agreements are in place prior to capital development to guarantee availability of premises
- Flying Start should be represented on the Board of the 21st Century School programme to maximise potential for collaborative working.

The Health Entitlement

The programme guidance states that 'There should be one health visitor full time equivalent per 110 children aged 0-3 in the target areas, together with management and administrative support. Other health professionals should not be counted into this ratio'. Based on a judgement of need, families can then be offered services such as

¹ The Early Years and Childcare Workforce in Wales 2010 Care Council for Wales
<http://www.ccwales.org.uk/development-and-innovation/early-years-and-childcare-workforce/workforce-wales-2010>



- 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.

Much has been learnt and established over the last four years and tremendous strides have been made towards the vision of the programme. However the Flying Start Managers face significant challenges in ensuring these services are available to families and continue to encounter issues four years into the programme.

Experiences

Recruitment

Recruitment of Intensive Health Visitors is difficult leading to gaps in service with no cover for sickness and absences. There are several reasons behind this:

- Despite investment into training health visitors there is still a national shortage of trained health visitors for Wales. This is especially evident in rural areas where it is necessary for Flying Start managers to attempt to encourage re-location from outside the area in order to recruit health visitors.
- Due to the nature of indicative funding allocations, posts are advertised as one year contracts. Often generic health visitors can secure three year posts, leaving Flying Start at a disadvantage when recruiting.
- There is a lack of consistency on pay grading for Flying Start Health Visitors across Wales. For example in one authority the Agenda 4 Change reviews had deemed that the Flying Start Health Visitors role was a Specialist Health Visitor profile deserving a Band 7 due to the demands of the post. For a period of time this made recruitment easier as it was seen to be progression from the generic health visiting role. However this re-grading was overturned by the local health board, re-grading the post back to band 6, and thus having a negative impact on recruitment. Now only newly qualified health visitors tend to apply for the posts, leading to a need for greater supervision due to lack of experience.
- There is an issue in many areas about managing the financing of the Health Visitor workforce. When recruiting local Health Visitors there will usually be some Health Visitor who are moved across from generic teams to Flying Start teams. However generally, despite reducing the numbers of children cared for by generic Health



Visitor Teams, the consequential financial saving is not being passed onto Flying Start in recognition. This practice does vary in different parts of Wales.

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“Newly qualified Health Visitors do not have the required knowledge, skill and experience base to manage the complex caseloads in the Flying Start areas, particularly in respect of engaging with the hard to reach families, safeguarding and child protection in the community. They are novices, not experts.”

Retention

Retaining Flying Start Health visitors has been challenging for most managers, with most Coordinators reporting a high turnover of Intensive Health Visiting. High levels of sick leave amongst IHVs are also reported. The intensity of their case loads leads to high levels of pressure due to the prevalence of child protection concerns and issues often associated with vulnerable families.

Coordinators from many parts of Wales have reported reluctance within their local social services to accept a Flying Start child onto the Child Protection Register, because they are in Flying Start areas and perceived to be already in receipt of the necessary services. In reality when Child Protection referrals are made from Flying Start, they are absolutely necessary as the children maybe failing to thrive despite the best efforts of all the services offered in Flying Start. However the Flying Start Health Visitor bears the burden of this knowledge and the increased work related pressure. There is also some evidence that when generic health visitors case loads become unmanageable this will have a knock on effect on the Flying Start Health Visitors.

Caseloads

Many of the Flying Start Health Visitors have caseloads that are higher than the recommended 1:110 in the guidance. One reason behind this is the difficulty in handing children over after they reach their third birthday and the risks associated with not having continuity. Indeed most Flying Start Health Visitors retain the children in their caseload until the children are four or five years old and entering the school system. At this point of transition they will be passed on to the school nurses caseloads. Some of these children continue to need intensive services after the age of three when they are a child in need. This impacts on the capacity of the Health Visitor to focus on the children in the Flying Start programme who are 0-3 years old. A further issue effecting Health Visitors capacity and the quality of service offered is the transferability rate of families. In some local authority areas the transfers in and out of catchments can account for up to 20% of a Health Visitors caseload.

What worked well?

- Coordinators report many lessons learnt and examples of good practice.



- All the Flying Start teams have a mixed skills set to enhance the health services that families receive to a lesser or greater degree. Adopting a team around the family approach has been beneficial to families and the employment of family support workers has eased this approach in some areas.
- Where possible employing Flying Start midwives has proved to be highly beneficial and a way of opening doors at the earliest possible point of access and influencing health issues for the child in the antenatal period. Midwife support can lead to improvement in breastfeeding uptake, low birth weight issues, smoking cessation and support for young parents.
- Speech and Language Therapy is a service that is both highly valuable and very much in demand amongst the families the programme works with. The service is able to support the Flying Start teachers, the Health Visitors and the childcare settings in the early identification of additional needs and address communication issues in the best way.
- Establishing drop in clinics in Flying Start settings have proved to be an effective way of ensuring accessibility of health services outside of home visits.
- Co-location and professional networking opportunities for Flying Start team members are cited as central to the success of the integrated approach offered to families by Flying Start. Also joint training events for all the health providers within Flying Start together have been successful. The Health Visitors have needed significant update and additional skills training to ensure they can fully deliver on the enhanced Flying Start health core programme including Schedule of Growing Skills and parenting / health programmes.
- Cross-professional training that is delivered to all members of the Flying Start team has been central to reducing the cultural barriers to integrated working. Additionally, it has scaffolded consistent practices across and within professional teams in relation to supporting childrens language and communication skills; behaviour support and management; early identification; healthy eating; immunisation; safeguarding, to name but a few.
- Dieticians have also made a huge contribution to Flying Start and there is a growing body of evidence that links the future health and emotional well-being of adults to the patterns of diet and exercise developed in the early years. Those local authorities that have dieticians as part of the skill mix have seen improvements in the lifestyle choices made by parents and in the knowledge and skill levels of staff.



Recommendations for Expansion

- The primary requirement in relation to the health strand of the programme is for sufficient additional funding to cover workforce needs including appropriate and consistent pay scales, and workforce development. Welsh Government needs to continue with the training of new health visitors and also midwives.
- The impact of the Health Visiting review currently taking place needs to be taken into account in guidance for planning the expansion.
- Clarification is needed in guidance about the role of a grade 5 health worker and what duties they can perform. If a band 5 Health Worker is used will they need to be undertaking Health Visitor training whilst working? It is recommended by some Flying Start Coordinators that this could work well within the programme.
- Consideration should be given to including Midwifery and Speech and Language Therapy as core elements of the Flying Start Programme.
- The Schedule of Growing Skills contract with GL Assessment should be renewed with the proviso that training can be cascaded through Flying Start directly on a more sustainable basis. This is the only assessment tool that is being used consistently across all 22 Flying Start Programmes and the data from the last four years has enabled us to form a baseline on which to measure improvement. Continued use of this tool is critical to understanding whether Flying Star children are developing in accordance with their chronological age.
- Adequate time is needed for planning and implementing expansion. This is not an undertaking that could be completed within a year. The Welsh Government needs to be realistic in its expectations of timescales. It has taken a minimum of three years for most programmes to reach a steady state of delivery, and even then, not all local authorities are in a position where they are fully delivering the four entitlements, or delivering to the guidance.
- Consideration should be given to including reducing non-intentional injuries in children as a part of the Flying Start service. Many Flying Start areas are already including this in their work through activities such as building in accident prevention and parental knowledge about risk management into our parenting programmes and using home safety equipment schemes.
- Increased levels of funding to train organisational enablers such as IT services, Information Governance, Procurement, Estates, HR, and Finances etc are focussed and understand Flying Start.



- Guidance should be prepared that outlines how Intensive Health Visitors should be recruited and whether the subsequent finances gained for the Generic Health Visiting teams through the reduction of children served, should be passed onto the Flying Start Programme.

The Childcare Entitlement

The programme guidance states 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.

The Welsh Assembly Government has a mixed economy approach to the provision of good quality childcare and education therefore, a range of providers will be able to offer Flying Start, as long as they meet the criteria set. These providers include the maintained sector and private and voluntary nurseries, playgroups and childminders. Parents should be able to access Flying Start provision for their children through the medium of English or Welsh.

The current context of cutbacks have been noted by coordinators as affecting childcare provision outside of Flying Start in their localities which can have a knock on effect on some of the commissioned Flying Start services.

Experiences

Many Flying Start areas have struggled to provide sufficient numbers of places for the childcare entitlement, especially in the first year or two. There has been considerable disparity between areas on how the childcare sufficiency has been reached with some authorities making use of facilities already established (private and voluntary sector provision) and others opening their own provision almost entirely.

“We have been able to invest in the already established childcare provision within our catchment area. This has ensured that existing childcare settings were not compromised by the development of Flying Start ONLY provision.....The support we have provided to each setting has had the knock on effect of enriching the childcare experience for those children too.”

Another Coordinator states

“We had no registered childcare in any Flying Start area when we started. The tender process for childcare in all Flying Start areas took a long time due to European procurement rules etc. This was unsuccessful so we decided to develop own childcare provision with a bursary system for Welsh medium provision. There is a difference in quality of both provisions with Local Authority having more support for the teams and therefore greater ability to release childcare teams to focus on the children and families”.

There has also been disparity in the actual service taken up by children and parents. Some authorities have taken a flexible approach to take up allowing children to attend for part of the entitlement if desired whilst others have been stricter with the entitlement insisting children attend for all five sessions. There are strong arguments underpinning this situation which Welsh Government are aware of and are working with coordinators towards achieving greater consistency in practice.

Delivering placements for children for 42 weeks of the year has been problematic in some areas with much variation in take up of holiday provision.

Workforce Issues

All the Flying Start teams have had challenges in recruiting a suitably qualified workforce and significant investments have been made to train the workforce. There continues to be huge challenges in recruiting men into the childcare field. There is also a national shortage of Welsh speaking childcare workers (as identified in the Welsh Assembly Government Policy Statement Nurturing Children, Supporting Families: our policy priorities for childcare 2011)

Ensuring that the childcare provision is of high quality has also proved difficult in the absence of a Government endorsed Quality Assurance scheme and the absence of a national Framework for the 0-3 age group. The Coordinators commonly report the experience of finding that even when childcare workers are qualified; there had been discrepancies in the delivery of the NVQ's and other courses leading to inconsistent practices.

“Since employing childcare staff, all have achieved their higher qualifications but have needed a lot of additional training beyond this to ensure they have sufficient leadership / management skills, child protection as well as skills for working with children with additional needs through specific CPD training plan”

Many Coordinators found that general cultural expectations about childcare can be unhelpful. They have invested resources and worked hard to combat a general lack of

understanding of the complexities of child development, a lack of commitment and understanding of the need for continual professional development and a lack of knowledge on all levels about the different childcare career pathways.

CSSIW Registration

Unfortunately the process of registering a setting with the CSSIW has been a hindrance to many settings being able to open for the 2.5 hours. The process of registering a new setting in some cases has taken up to 18 months. Despite many Coordinators having excellent relationships with their local CSSIW teams the bureaucracy of the process and the demands on the service is definitely slowing developments down.

The experience for the child

In the absence of quality assurance frameworks that reflect current practice and knowledge and a coherent 0-3 framework, childcare settings have done their best to adopt progressive services that are centred around the child. Flying Start Managers are confident that the experiences that the children have, contribute positively to the overall development of the children and that this will be reflected in the formal evaluations.

However in some circumstances the child will experience a gap in provision between reaching their third birthday and gaining access into a Foundation Phase setting. Sometimes this can be a whole term. This can have a negative effect on the child and undermine some of the achievements made. This period of transition into a school or other Foundation Phase settings is very important to the child and parent/s. Some coordinators have identified this as an area requiring further development and relationship building. Sometimes schools are slow to realise the role that Flying Start has had in supporting children (especially when there are additional needs) and this can have a negative impact on the child and the family.

What worked well?

Whilst this is by no means an exhaustive list of successes, it is a flavour of how challenges in delivering the childcare entitlement have been addressed and overcome by Flying Start Coordinators in various parts of Wales.

- One Flying Start team have committed to offering the same rate of pay across all their childcare settings to help retain staff, which has been successful
- Establishment of meetings between their childcare providers and the schools they feed, in order to improve transition arrangements for the children and families
- Liaising with careers advisors, schools and colleges to inform them on childcare careers in order to improve on signposting students appropriately into childcare courses
- Flexibility in provision of the childcare entitlement has worked well in some areas



- Establishing strategies to deal with absenteeism, recognising that it can sometimes be a symptom of other issues for the family
- Taking training courses into the workplace of the childcare workers
- Establish a network of all the providers to improve practice and share knowledge
- Creating resources for parents explaining the benefits of childcare for their child and the importance of regular attendance.

Recommendations for Expansion

- Resources allocated for childcare in the expansion need to take account of the ongoing training and support needs within current childcare provision as well as the costs of developing and acquiring new provision and new buildings as needed.
- Revised guidance from Government needs to outline whether or not flexibility in delivery of the childcare entitlement is appropriate, and whether the current expectation of service delivery for 42 weeks continues.
- Welsh Government could work with CSSIW to prioritise registration for Flying Start in order to maximise the availability and take up of the childcare places.
- Revised guidance from Government needs to clarify to what extent the new Quality Assurance Framework (under development by WG) and the new 0-3 personal development framework (under development) should inform practice in Flying Start areas.
- Welsh Government, through the Flying Start programme needs to develop strategies to recruit under represented workers such as men and Welsh speakers and develop further provision to offer a choice of Welsh or English provision to parents.
- Provide clear guidance by January on where the expansion will be taken forward to enable early planning for workforce, building and tendering processes where necessary.
- The Government are urged to give consideration to the funding of the current childcare gap for children to enable them to experience continuity of learning between their 3rd birthday and entering school / Foundation Phase setting.
- It would be useful if, in developing future policy, advice is taken from leading experts/academics in the field. It would also be helpful to differentiate between a policy decision which is focused on childcare which supports primary carers into work, training or education or that which focuses' on enabling children to fully develop.



The Parenting Support Entitlement

The Programme guidance states which programmes should be delivered under the programmes based on a report carried out by Communities that Care. Knowledge about the impact of particular parenting programmes has been much developed since this report and there are commissioners toolkits and guidance available to inform this process.

Different programmes focus on different outcomes (some behaviour; some attachment & relationships etc) The revised guidance ought to consider what the key outcomes are that Flying Start is trying to achieve, so that commissioners can think about the most appropriate programmes to use for their area to achieve these.

Experiences

There have been some challenges in delivering the parenting support element of the programme but all areas report that they have a service able to reach at least some of the families. There are gaps in provision for certain families in Flying Start areas so this entitlement is still being developed further in some areas.

There are a few models of service delivery being used. Most areas have made parenting training available to their Health Visitors who are able to deliver both within homes as 1:1 support or in groups in the community. In some areas the group parenting support is contracted out to various providers, often in the voluntary sector. In other areas the skills have been developed internally within the teams to offer the services. Many Flying Start teams link in with their county wide Family Support Strategies and use the resources and services provided through a central team.

“Flying Start in our Authority has been a trailblazer in commissioning specific evidence based programmes and building a group of trained professionals”

Not surprisingly one of the main barriers to the service is the cultural stigma attached to attending parenting courses and some parents lack of experience and apprehension about group learning. Parental engagement can be a challenge and this is reflected in the attrition rates for some courses.

When using external providers or Local Authority county-wide services the Flying Start families cannot be prioritised so they experience waiting times of up to 2 months.

Ensuring that parenting practitioners are trained in an approved programme has been time consuming and challenging. There is a need for support with professional practice to ensure the parenting workforce are well supervised and receive appropriate continual professional development. This is also crucial to ensuring course fidelity.



Another challenge experienced by some authorities is matching trained facilitators with courses running because people who have been trained often move teams. Some facilitators may also have been trained in a particular programme but do not have experience of running groups. People trained to deliver parenting programmes are not always subsequently available to facilitate groups.

The Communities that Care list of programmes in the current guidance, created a challenge for at least one authority as the programme that they had invested heavily in (prior to Flying Start) was not on the list of approved programmes. The Family Links Nurturing Programme has since received Welsh Government funding towards the costs of conducting a Randomised Control Trial evaluation of the programme. The results are expected soon.

One of the challenges mentioned most often by Coordinators is finding suitable venues that are suitable for the crèche provision that is provided when the courses are running. Registering mobile crèches with the CSSIW is time consuming and duplicates much of the work that will have been done to register the Responsible Individual for a setting.

What worked well

“Cross Partnership delivery has worked well. We have established a rolling programme of infant (baby) IY and Basic (toddler) IY, which are run in group format. We use parenting Positively for 1:1 support for behaviour, sleep, faddy eaters and toileting issues. We have trained 6 family support workers and 4 Intensive Health Visitors who between them co-facilitate an IY course each per year. Two Family Workers act as the constant contact and co-deliver each course with another member of the team”

Recruiting the right people is of utmost importance:

“It is the skill of the facilitator that is important in understanding and managing group dynamics and having enough background training to understand what is happening and deal with issues appropriately as they arise. Facilitators need a broad knowledge of child development as some children have attachment difficulties or emotional trauma.”

Having a flexible range of provision with courses of different length and interventions that can take place in the home can be of benefit. Also taster sessions are valuable to engage parents and other types of courses such as baby massage.

Recommendations for expansion

- Updated guidance for the Flying Start Programme should review the list of approved Parenting Programmes and evaluation tools. The revision should take account of



programmes that have been successfully evaluated since the last guidance was issued.

- Resources will be required to ensure that all the new Intensive Health Visitors and Family Workers (and other appropriate employees) receive the relevant Parenting Support training
- In shaping the updated guidance for Flying Start the Welsh Government should recognise facilitator experience and quality as a vital component of parenting support and give this equal emphasis to the use of evidence based programmes. The National Occupational Standards for Work with Parents should be used as a toll for ensuring consistency in practice.
- There needs to be recognition that engaging some families can be time-consuming, requiring multiple visits, phone calls and other semi structured engagement. This is an essential prerequisite to running a successful parenting course but not always fully recognised in funding and resource allocation.
- Consideration could be given to practitioners assessing parental readiness to change, as this will lead to the greatest effect, and the use of motivational interviewing maybe a powerful tool to assist with this.

The Basic Skills Entitlement

The Flying Start Guidance states:

Every family in a Flying Start area should therefore have access to a Language and Play programme if it is not already in place, and Flying Start should build on existing Language and Play (LAP) arrangements. Representation or other communication structures should be put in place to ensure that the partnership maintains close contact with the LAP Steering Group. The experience of LAP workers should be drawn upon in developing strategies that gain the trust of parents in Flying Start services.

Experiences

The information provided by Coordinators for this report showed a mix of experiences with this entitlement. It seems that some areas have has sporadic delivery due to lack of funding, leading to the conclusion that this entitlement may have received less emphasis in some areas. The suggested model in the guidance of using the LAP coordinators has been successful sometimes. Certain Flying Start teams have invested in alternative language development programmes for their own employees, working with local speech and



language therapists for advice. Some of the programmes mentioned are Elklan programme and PEEP (Parents Early Education Partnership) Learning Language & Loving it (to up skill staff) and 'You make the difference' for parents.

Despite these inconsistencies in delivery there was a common experience reported which was that supporting families with basic skills and language needs is appreciated by families and is often the key that unlocks the door for the other Flying Start services. Some Coordinators reported that the families who had received home visits initially then group support from language and play workers, were more likely to engage with the Parenting Support programmes later.

Delivering support in communities where the language of choice is not English or Welsh is a challenge for some areas. Use of interpreter services has worked particularly well in overcoming language barriers, particularly where interpreters are familiar with the Flying Start Programme and receive Flying Start training alongside Flying Start staff. Use of translation services, such as the WITTS organisation has been less successful.

What worked well

- Ability to go into the home to provide support.
- Parents requesting support with their own literacy needs as a result of this service.
- Informal delivery works well. This is based on parents own evaluations.
- What has worked well for some has been linking this aspect of the programme to other Flying Start services, e.g delivery as part of a baby clinic, but also, linking the Language and Play and Bookstart aspects to more mainstream work such as the literacy strategy; local libraries etc

"The additional Bookstart sessions, the Language and Play sessions and the Toy library service have been well appreciated by families and have good user satisfaction rates. These services have been an important introduction to the programme for many families especially as they are not statutory"

Recommendations for Expansion

- Security of Revenue funding for three years would enable more effective planning
- Revised Guidance to include advice on how adults within the programme should be supported with literacy and language needs



- Revised guidance to outline the importance of the involvement of the speech and language therapist
- Recruitment of further workers to deliver LAP type programmes.
- Clarification is needed on which programmes should be delivered under the Flying Start programme. It is debatable whether or not the current Language and Play provision is grounded in the best practice for underpinning language acquisition skills in children when it is not guided by the management of the Speech and Language Therapy service.
- Consideration should be given to whether Basic Skills data should inform part of the rational and evidence for where the expansion needs to take place.
- Revised guidance which clarifies the outcomes that the Language and Play strand is supposed to impact on and how these might differ from any outcomes that might be expected if Speech and Language Therapy are considered as part of the standard Flying Start workforce.

Concluding Observations

The Flying Start programme has undoubtedly been a great example of an ambitious Early Intervention project and is one that Coordinators are very proud of working for. To take this pilot programme to the next stage of roll out it would be beneficial to establish an advisory panel of policy makers and academics that are experts in the field of early years interventions. Individuals who are key to other Early Interventions programmes across the UK could support Flying Start towards development informed by up to date research and evidence based practice.

It is crucially important that Flying Start continues to build into its expansion evaluative work that will prove over time the outcomes of the programme for children in Wales. Such an ambitious and exciting programme must utilise the best skills we have within Wales and from further afield. This requires a well funded and resourced programme, that demonstrates the Welsh Government's commitment to creating opportunities for children and families to grow out of disadvantage in Wales.



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FLYING START – 2006-2011 EXPERIENCES, LESSONS AND RECOMMENDATIONS FOR THE FUTURE

A REPORT TO THE NATIONAL ASSEMBLY FOR WALES PREPARED BY
CHILDREN IN WALES AND THE WALES FLYING START COORDINATORS NETWORK
AMENDED VERSION



Children in Wales
Plant yng Nghymru



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Introduction

The Flying Start Coordinators network, supported by the Welsh Government (formerly Welsh Assembly Government) and convened by Children in Wales has been meeting regularly from the outset of the Programme. Through the often challenging process of operationalising the vision of the Flying Start programme set out by the Government, the network as a collective of managers now have a wealth of experience and knowledge about every aspect of the Flying Start pilot programme in Wales.

Children in Wales have supported the Coordinators to produce this report in order to highlight the lessons learnt, the strengths and successes and the recommendations for the future roll out of the Flying Start Programme.

This report will focus on the operational strategic issues that are crucial for delivery. This report will not be discussing the impact of the programme on the children and families who receive the service. The outcomes of the Flying Start programme is the subject of a comprehensive evaluation that is being undertaken the Welsh Government with Ipsos Mori and SQW Consulting Ltd. The final stage of the evaluation is almost complete and consideration will need to be given to the ongoing needs for evaluation and guidance on development of the programme. In order to ensure greater consistency going forward and to ensure that every authority measures the outcomes of the programme in the same way the network, with support from the Welsh Government is developing a Results Based Accountability framework, based on Mark Friedman's approach.

The issues highlighted in this report are commonly reported by all Flying Start Coordinators, and the whole network has been part of the writing of this report and endorses its content.

Funding

Experiences

The funding allocated for capital expenditure for Flying Start is the area that has proved most challenging for managers. The process of bidding for capital and the subsequent timescales for Welsh Government giving approval, and then for officers to go through the design, planning, commissioning and building processes have been unrealistic. This has often led to building projects not being able to go ahead because of the consequent risks of funding clawback due to building work running over schedule (over financial years). Year on year planning, rather than a longer term phased approach has meant that Flying Start Managers haven't always been able to maximise on the opportunities of tying in Flying Start capital development with other Local Authority capital projects and the economies of scale that can be gained through doing this. Often programme managers were not advised of



allocations until well into the financial year, thereby putting projects at huge risk of not being delivered and not achieving best value.

The constraints on amounts of funding available and the limitations of year by year funding has led to under-spending on capital projects, leaving Flying Start projects at times without the building infrastructure needed for their programme locally. This subsequently effects making full use of revenue allocations, e.g. not having the infrastructure from which to offer the childcare entitlement has meant an under spend for some authorities on their childcare budget and children who have not been able to access their childcare offer.

The main challenges with capital funding arise from the allocation system being yearly, rendering inadequate time for planning consent and local agreements to be sought in the same year as the expenditure.

The capital provision has not been sufficient in any one year to enable the programme to develop substantial new facilities, especially so in smaller authorities and authorities with smaller populations. This has hampered the development of the programme to a degree which has affected some authorities' ability to deliver the full entitlements to some of the children in their areas.

“Because of the way the capital allocations were calculated it has taken too long to complete the programme as there was always work to be undertaken over more than one financial year, and not enough money year by year”

Several authorities found that the small capital sums on offer to them meant that it was not possible to embark on new builds which resulted in funds being returned to Government. Some expenditure has been made on community venues and existing buildings which brings a different set of management issues, such as shared responsibility and long term security.

Welsh Government officials are praised for their attempts over the four years to work around the challenges and support Flying Start coordinators with getting some projects completed against the odds.

Flying Start managers have found that having only an indicative allocation of funding for three years has left them only able to offer one year contracts to service providers. Late notification of the next year's grant (as happened in April 2011) means that redundancy notices are issued with the consequent loss of (well trained) personnel. This leads to gaps in services and a loss of talent and experience within the team.

Recommendations for Expansion



- Capital allocation needs to be sufficient to ensure that the operational side of the programme can function effectively and timely. With expansion there will be a further need for significant capital investment to provide childcare premises (when there is a shortage in more deprived areas and rural parts of Wales¹) and facilities from which to offer group based interventions. There will be an increase in staff recruitment that will need accommodating within Flying Start teams. This will be additional to the capital costs needed to maintain current provision and ensure children within the current Flying Start areas are able to access their full entitlements.
- Capital funding should be allocated on at least a two year programme or preferably three year rolling programme.
- Capital funding should be transferrable from one financial year to the next if the rationale is robust and practical.
- Decisions on allocations need to be made prior to the start of the financial year to allow time for design, planning and ratification by local committees, commissioning and project completion.
- Release revenue funding in stages to correspond with capital developments and operational processes. This would ease the pressure on under spend and reclamation of the grants.
- Provide clear guidance by January 2012 on where the expansion will be taken forward to enable early planning for capital projects where necessary.
- Flying Start Managers need to plan early, ensuring that agreements are in place prior to capital development to guarantee availability of premises
- Flying Start should be represented on the Board of the 21st Century School programme to maximise potential for collaborative working.

The Health Entitlement

The programme guidance states that 'There should be one health visitor full time equivalent per 110 children aged 0-3 in the target areas, together with management and administrative support. Other health professionals should not be counted into this ratio'. Based on a judgement of need, families can then be offered services such as

¹ The Early Years and Childcare Workforce in Wales 2010 Care Council for Wales
<http://www.ccwales.org.uk/development-and-innovation/early-years-and-childcare-workforce/workforce-wales-2010>



- 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.

Much has been learnt and established over the last four years and tremendous strides have been made towards the vision of the programme. However the Flying Start Managers face significant challenges in ensuring these services are available to families and continue to encounter issues four years into the programme.

Experiences

Recruitment

Recruitment of Intensive Health Visitors is difficult leading to gaps in service with no cover for sickness and absences. There are several reasons behind this:

- Despite investment into training health visitors there is still a national shortage of trained health visitors for Wales. This is especially evident in rural areas where it is necessary for Flying Start managers to attempt to encourage re-location from outside the area in order to recruit health visitors.
- Due to the nature of indicative funding allocations, posts are advertised as one year contracts. Often generic health visitors can secure three year posts, leaving Flying Start at a disadvantage when recruiting.
- There is a lack of consistency on pay grading for Flying Start Health Visitors across Wales. For example in one authority the Agenda 4 Change reviews had deemed that the Flying Start Health Visitors role was a Specialist Health Visitor profile deserving a Band 7 due to the demands of the post. For a period of time this made recruitment easier as it was seen to be progression from the generic health visiting role. However this re-grading was overturned by the local health board, re-grading the post back to band 6, and thus having a negative impact on recruitment. Now only newly qualified health visitors tend to apply for the posts, leading to a need for greater supervision due to lack of experience.
- There is an issue in many areas about managing the financing of the Health Visitor workforce. When recruiting local Health Visitors there will usually be some Health Visitor who are moved across from generic teams to Flying Start teams. However generally, despite reducing the numbers of children cared for by generic Health



Visitor Teams, the consequential financial saving is not being passed onto Flying Start in recognition. This practice does vary in different parts of Wales.

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“Newly qualified Health Visitors do not have the required knowledge, skill and experience base to manage the complex caseloads in the Flying Start areas, particularly in respect of engaging with the hard to reach families, safeguarding and child protection in the community. They are novices, not experts.”

Retention

Retaining Flying Start Health visitors has been challenging for most managers, with most Coordinators reporting a high turnover of Intensive Health Visiting. High levels of sick leave amongst IHVs are also reported. The intensity of their case loads leads to high levels of pressure due to the prevalence of child protection concerns and issues often associated with vulnerable families.

Coordinators from parts of Wales have reported situations in which children who might previously have been accepted as referrals by social services specifically as a child in need, may now be regarded as being in receipt of intensive services through Flying Start, which are at least the same as and in many cases exceed the level of intervention and support that social services could provide. As part of establishing the Flying Start programme, clarification was needed with social services about where the responsibility for safeguarding caseloads was held. It is important to ensure that there is clarity of accountability, responsibility and workload distribution. Flying Start Health Visitors may bear the burden of a high level of safeguarding issues thereby increasing their work related pressure.

Caseloads

Many of the Flying Start Health Visitors have caseloads that are higher than the recommended 1:110 in the guidance. One reason behind this is the difficulty in handing children over after they reach their third birthday and the risks associated with not having continuity. Indeed most Flying Start Health Visitors retain the children in their caseload until the children are four or five years old and entering the school system. At this point of transition they will be passed on to the school nurses caseloads. Some of these children continue to need intensive services after the age of three when they are a child in need. This impacts on the capacity of the Health Visitor to focus on the children in the Flying Start programme who are 0-3 years old. A further issue effecting Health Visitors capacity and the quality of service offered is the transferability rate of families. In some local authority areas the transfers in and out of catchments can account for up to 20% of a Health Visitors caseload.



What worked well?

- Coordinators report many lessons learnt and examples of good practice.
- All the Flying Start teams have a mixed skills set to enhance the health services that families receive to a lesser or greater degree. Adopting a team around the family approach has been beneficial to families and the employment of family support workers has eased this approach in some areas.
- Where possible employing Flying Start midwives has proved to be highly beneficial and a way of opening doors at the earliest possible point of access and influencing health issues for the child in the antenatal period. Midwife support can lead to improvement in breastfeeding uptake, low birth weight issues, smoking cessation and support for young parents.
- Speech and Language Therapy is a service that is both highly valuable and very much in demand amongst the families the programme works with. The service is able to support the Flying Start teachers, the Health Visitors and the childcare settings in the early identification of additional needs and address communication issues in the best way.
- Establishing drop in clinics in Flying Start settings have proved to be an effective way of ensuring accessibility of health services outside of home visits.
- Co-location and professional networking opportunities for Flying Start team members are cited as central to the success of the integrated approach offered to families by Flying Start. Also joint training events for all the health providers within Flying Start together have been successful. The Health Visitors have needed significant update and additional skills training to ensure they can fully deliver on the enhanced Flying Start health core programme including Schedule of Growing Skills and parenting / health programmes.
- Cross-professional training that is delivered to all members of the Flying Start team has been central to reducing the cultural barriers to integrated working. Additionally, it has scaffolded consistent practices across and within professional teams in relation to supporting childrens language and communication skills; behaviour support and management; early identification; healthy eating; immunisation; safeguarding, to name but a few.
- Dieticians have also made a huge contribution to Flying Start and there is a growing body of evidence that links the future health and emotional well-being of adults to the patterns of diet and exercise developed in the early years. Those local authorities that have dieticians as part of the skill mix have seen improvements in the lifestyle choices made by parents and in the knowledge and skill levels of staff.



Recommendations for Expansion

- The primary requirement in relation to the health strand of the programme is for sufficient additional funding to cover workforce needs including appropriate and consistent pay scales, and workforce development. Welsh Government needs to continue with the training of new health visitors and also midwives.
- The impact of the Health Visiting review currently taking place needs to be taken into account in guidance for planning the expansion.
- Clarification is needed in guidance about the role of a grade 5 health worker and what duties they can perform. If a band 5 Health Worker is used will they need to be undertaking Health Visitor training whilst working? It is recommended by some Flying Start Coordinators that this could work well within the programme.
- Consideration should be given to including Midwifery and Speech and Language Therapy as core elements of the Flying Start Programme.
- The Schedule of Growing Skills contract with GL Assessment should be renewed with the proviso that training can be cascaded through Flying Start directly on a more sustainable basis. This is the only assessment tool that is being used consistently across all 22 Flying Start Programmes and the data from the last four years has enabled us to form a baseline on which to measure improvement. Continued use of this tool is critical to understanding whether Flying Star children are developing in accordance with their chronological age.
- Adequate time is needed for planning and implementing expansion. This is not an undertaking that could be completed within a year. The Welsh Government needs to be realistic in its expectations of timescales. It has taken a minimum of three years for most programmes to reach a steady state of delivery, and even then, not all local authorities are in a position where they are fully delivering the four entitlements, or delivering to the guidance.
- Consideration should be given to including reducing non-intentional injuries in children as a part of the Flying Start service. Many Flying Start areas are already including this in their work through activities such as building in accident prevention and parental knowledge about risk management into our parenting programmes and using home safety equipment schemes.
- Increased levels of funding to train organisational enablers such as IT services, Information Governance, Procurement, Estates, HR, and Finances etc are focussed and understand Flying Start.



- Guidance should be prepared that outlines how Intensive Health Visitors should be recruited and whether the subsequent finances gained for the Generic Health Visiting teams through the reduction of children served, should be passed onto the Flying Start Programme.

The Childcare Entitlement

The programme guidance states 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.

The Welsh Assembly Government has a mixed economy approach to the provision of good quality childcare and education therefore, a range of providers will be able to offer Flying Start, as long as they meet the criteria set. These providers include the maintained sector and private and voluntary nurseries, playgroups and childminders. Parents should be able to access Flying Start provision for their children through the medium of English or Welsh.

The current context of cutbacks have been noted by coordinators as affecting childcare provision outside of Flying Start in their localities which can have a knock on effect on some of the commissioned Flying Start services.

Experiences

Many Flying Start areas have struggled to provide sufficient numbers of places for the childcare entitlement, especially in the first year or two. There has been considerable disparity between areas on how the childcare sufficiency has been reached with some authorities making use of facilities already established (private and voluntary sector provision) and others opening their own provision almost entirely.

“We have been able to invest in the already established childcare provision within our catchment area. This has ensured that existing childcare settings were not compromised by the development of Flying Start ONLY provision.....The support we have provided to each setting has had the knock on effect of enriching the childcare experience for those children too.”

Another Coordinator states

“We had no registered childcare in any Flying Start area when we started. The tender process for childcare in all Flying Start areas took a long time due to European procurement rules etc. This was unsuccessful so we decided to develop own childcare provision with a bursary system for Welsh medium provision. There is a difference in quality of both provisions with Local Authority having more support for the teams and therefore greater ability to release childcare teams to focus on the children and families”.

There has also been disparity in the actual service taken up by children and parents. Some authorities have taken a flexible approach to take up allowing children to attend for part of the entitlement if desired whilst others have been stricter with the entitlement insisting children attend for all five sessions. There are strong arguments underpinning this situation which Welsh Government are aware of and are working with coordinators towards achieving greater consistency in practice.

Delivering placements for children for 42 weeks of the year has been problematic in some areas with much variation in take up of holiday provision.

Workforce Issues

All the Flying Start teams have had challenges in recruiting a suitably qualified workforce and significant investments have been made to train the workforce. There continues to be huge challenges in recruiting men into the childcare field. There is also a national shortage of Welsh speaking childcare workers (as identified in the Welsh Assembly Government Policy Statement Nurturing Children, Supporting Families: our policy priorities for childcare 2011)

Ensuring that the childcare provision is of high quality has also proved difficult in the absence of a Government endorsed Quality Assurance scheme and the absence of a national Framework for the 0-3 age group. The Coordinators commonly report the experience of finding that even when childcare workers are qualified; there had been discrepancies in the delivery of the NVQ's and other courses leading to inconsistent practices.

“Since employing childcare staff, all have achieved their higher qualifications but have needed a lot of additional training beyond this to ensure they have sufficient leadership / management skills, child protection as well as skills for working with children with additional needs through specific CPD training plan”

Many Coordinators found that general cultural expectations about childcare can be unhelpful. They have invested resources and worked hard to combat a general lack of

understanding of the complexities of child development, a lack of commitment and understanding of the need for continual professional development and a lack of knowledge on all levels about the different childcare career pathways.

CSSIW Registration

Unfortunately the process of registering a setting with the CSSIW has been a hindrance to many settings being able to open for the 2.5 hours. The process of registering a new setting in some cases has taken up to 18 months. Despite many Coordinators having excellent relationships with their local CSSIW teams the bureaucracy of the process and the demands on the service is definitely slowing developments down.

The experience for the child

In the absence of quality assurance frameworks that reflect current practice and knowledge and a coherent 0-3 framework, childcare settings have done their best to adopt progressive services that are centred around the child. Flying Start Managers are confident that the experiences that the children have, contribute positively to the overall development of the children and that this will be reflected in the formal evaluations.

However in some circumstances the child will experience a gap in provision between reaching their third birthday and gaining access into a Foundation Phase setting. Sometimes this can be a whole term. This can have a negative effect on the child and undermine some of the achievements made. This period of transition into a school or other Foundation Phase settings is very important to the child and parent/s. Some coordinators have identified this as an area requiring further development and relationship building. Sometimes schools are slow to realise the role that Flying Start has had in supporting children (especially when there are additional needs) and this can have a negative impact on the child and the family.

What worked well?

Whilst this is by no means an exhaustive list of successes, it is a flavour of how challenges in delivering the childcare entitlement have been addressed and overcome by Flying Start Coordinators in various parts of Wales.

- One Flying Start team have committed to offering the same rate of pay across all their childcare settings to help retain staff, which has been successful
- Establishment of meetings between their childcare providers and the schools they feed, in order to improve transition arrangements for the children and families
- Liaising with careers advisors, schools and colleges to inform them on childcare careers in order to improve on signposting students appropriately into childcare courses
- Flexibility in provision of the childcare entitlement has worked well in some areas



- Establishing strategies to deal with absenteeism, recognising that it can sometimes be a symptom of other issues for the family
- Taking training courses into the workplace of the childcare workers
- Establish a network of all the providers to improve practice and share knowledge
- Creating resources for parents explaining the benefits of childcare for their child and the importance of regular attendance.

Recommendations for Expansion

- Resources allocated for childcare in the expansion need to take account of the ongoing training and support needs within current childcare provision as well as the costs of developing and acquiring new provision and new buildings as needed.
- Revised guidance from Government needs to outline whether or not flexibility in delivery of the childcare entitlement is appropriate, and whether the current expectation of service delivery for 42 weeks continues.
- Welsh Government could work with CSSIW to prioritise registration for Flying Start in order to maximise the availability and take up of the childcare places.
- Revised guidance from Government needs to clarify to what extent the new Quality Assurance Framework (under development by WG) and the new 0-3 personal development framework (under development) should inform practice in Flying Start areas.
- Welsh Government, through the Flying Start programme needs to develop strategies to recruit under represented workers such as men and Welsh speakers and develop further provision to offer a choice of Welsh or English provision to parents.
- Provide clear guidance by January on where the expansion will be taken forward to enable early planning for workforce, building and tendering processes where necessary.
- The Government are urged to give consideration to the funding of the current childcare gap for children to enable them to experience continuity of learning between their 3rd birthday and entering school / Foundation Phase setting.
- It would be useful if, in developing future policy, advice is taken from leading experts/academics in the field. It would also be helpful to differentiate between a policy decision which is focused on childcare which supports primary carers into work, training or education or that which focuses' on enabling children to fully develop.



The Parenting Support Entitlement

The Programme guidance states which programmes should be delivered under the programmes based on a report carried out by Communities that Care. Knowledge about the impact of particular parenting programmes has been much developed since this report and there are commissioners toolkits and guidance available to inform this process.

Different programmes focus on different outcomes (some behaviour; some attachment & relationships etc) The revised guidance ought to consider what the key outcomes are that Flying Start is trying to achieve, so that commissioners can think about the most appropriate programmes to use for their area to achieve these.

Experiences

There have been some challenges in delivering the parenting support element of the programme but all areas report that they have a service able to reach at least some of the families. There are gaps in provision for certain families in Flying Start areas so this entitlement is still being developed further in some areas.

There are a few models of service delivery being used. Most areas have made parenting training available to their Health Visitors who are able to deliver both within homes as 1:1 support or in groups in the community. In some areas the group parenting support is contracted out to various providers, often in the voluntary sector. In other areas the skills have been developed internally within the teams to offer the services. Many Flying Start teams link in with their county wide Family Support Strategies and use the resources and services provided through a central team.

“Flying Start in our Authority has been a trailblazer in commissioning specific evidence based programmes and building a group of trained professionals”

Not surprisingly one of the main barriers to the service is the cultural stigma attached to attending parenting courses and some parents lack of experience and apprehension about group learning. Parental engagement can be a challenge and this is reflected in the attrition rates for some courses.

When using external providers or Local Authority county-wide services the Flying Start families cannot be prioritised so they experience waiting times of up to 2 months.

Ensuring that parenting practitioners are trained in an approved programme has been time consuming and challenging. There is a need for support with professional practice to ensure the parenting workforce are well supervised and receive appropriate continual professional development. This is also crucial to ensuring course fidelity.



Another challenge experienced by some authorities is matching trained facilitators with courses running because people who have been trained often move teams. Some facilitators may also have been trained in a particular programme but do not have experience of running groups. People trained to deliver parenting programmes are not always subsequently available to facilitate groups.

The Communities that Care list of programmes in the current guidance, created a challenge for at least one authority as the programme that they had invested heavily in (prior to Flying Start) was not on the list of approved programmes. The Family Links Nurturing Programme has since received Welsh Government funding towards the costs of conducting a Randomised Control Trial evaluation of the programme. The results are expected soon.

One of the challenges mentioned most often by Coordinators is finding suitable venues that are suitable for the crèche provision that is provided when the courses are running. Registering mobile crèches with the CSSIW is time consuming and duplicates much of the work that will have been done to register the Responsible Individual for a setting.

What worked well

“Cross Partnership delivery has worked well. We have established a rolling programme of infant (baby) IY and Basic (toddler) IY, which are run in group format. We use parenting Positively for 1:1 support for behaviour, sleep, faddy eaters and toileting issues. We have trained 6 family support workers and 4 Intensive Health Visitors who between them co-facilitate an IY course each per year. Two Family Workers act as the constant contact and co-deliver each course with another member of the team”

Recruiting the right people is of utmost importance:

“It is the skill of the facilitator that is important in understanding and managing group dynamics and having enough background training to understand what is happening and deal with issues appropriately as they arise. Facilitators need a broad knowledge of child development as some children have attachment difficulties or emotional trauma.”

Having a flexible range of provision with courses of different length and interventions that can take place in the home can be of benefit. Also taster sessions are valuable to engage parents and other types of courses such as baby massage.

Recommendations for expansion

- Updated guidance for the Flying Start Programme should review the list of approved Parenting Programmes and evaluation tools. The revision should take account of



programmes that have been successfully evaluated since the last guidance was issued.

- Resources will be required to ensure that all the new Intensive Health Visitors and Family Workers (and other appropriate employees) receive the relevant Parenting Support training
- In shaping the updated guidance for Flying Start the Welsh Government should recognise facilitator experience and quality as a vital component of parenting support and give this equal emphasis to the use of evidence based programmes. The National Occupational Standards for Work with Parents should be used as a toll for ensuring consistency in practice.
- There needs to be recognition that engaging some families can be time-consuming, requiring multiple visits, phone calls and other semi structured engagement. This is an essential prerequisite to running a successful parenting course but not always fully recognised in funding and resource allocation.
- Consideration could be given to practitioners assessing parental readiness to change, as this will lead to the greatest effect, and the use of motivational interviewing maybe a powerful tool to assist with this.

The Basic Skills Entitlement

The Flying Start Guidance states:

Every family in a Flying Start area should therefore have access to a Language and Play programme if it is not already in place, and Flying Start should build on existing Language and Play (LAP) arrangements. Representation or other communication structures should be put in place to ensure that the partnership maintains close contact with the LAP Steering Group. The experience of LAP workers should be drawn upon in developing strategies that gain the trust of parents in Flying Start services.

Experiences

The information provided by Coordinators for this report showed a mix of experiences with this entitlement. It seems that some areas have has sporadic delivery due to lack of funding, leading to the conclusion that this entitlement may have received less emphasis in some areas. The suggested model in the guidance of using the LAP coordinators has been successful sometimes. Certain Flying Start teams have invested in alternative language development programmes for their own employees, working with local speech and



language therapists for advice. Some of the programmes mentioned are Elklan programme and PEEP (Parents Early Education Partnership) Learning Language & Loving it (to up skill staff) and 'You make the difference' for parents.

Despite these inconsistencies in delivery there was a common experience reported which was that supporting families with basic skills and language needs is appreciated by families and is often the key that unlocks the door for the other Flying Start services. Some Coordinators reported that the families who had received home visits initially then group support from language and play workers, were more likely to engage with the Parenting Support programmes later.

Delivering support in communities where the language of choice is not English or Welsh is a challenge for some areas. Use of interpreter services has worked particularly well in overcoming language barriers, particularly where interpreters are familiar with the Flying Start Programme and receive Flying Start training alongside Flying Start staff. Use of translation services, such as the WITTS organisation has been less successful.

What worked well

- Ability to go into the home to provide support.
- Parents requesting support with their own literacy needs as a result of this service.
- Informal delivery works well. This is based on parents own evaluations.
- What has worked well for some has been linking this aspect of the programme to other Flying Start services, e.g delivery as part of a baby clinic, but also, linking the Language and Play and Bookstart aspects to more mainstream work such as the literacy strategy; local libraries etc

“The additional Bookstart sessions, the Language and Play sessions and the Toy library service have been well appreciated by families and have good user satisfaction rates. These services have been an important introduction to the programme for many families especially as they are not statutory”

Recommendations for Expansion

- Security of Revenue funding for three years would enable more effective planning
- Revised Guidance to include advice on how adults within the programme should be supported with literacy and language needs



- Revised guidance to outline the importance of the involvement of the speech and language therapist
- Recruitment of further workers to deliver LAP type programmes.
- Clarification is needed on which programmes should be delivered under the Flying Start programme. It is debatable whether or not the current Language and Play provision is grounded in the best practice for underpinning language acquisition skills in children when it is not guided by the management of the Speech and Language Therapy service.
- Consideration should be given to whether Basic Skills data should inform part of the rational and evidence for where the expansion needs to take place.
- Revised guidance which clarifies the outcomes that the Language and Play strand is supposed to impact on and how these might differ from any outcomes that might be expected if Speech and Language Therapy are considered as part of the standard Flying Start workforce.

Concluding Observations

The Flying Start programme has undoubtedly been a great example of an ambitious Early Intervention project and is one that Coordinators are very proud of working for. To take this pilot programme to the next stage of roll out it would be beneficial to establish an advisory panel of policy makers and academics that are experts in the field of early years interventions. Individuals who are key to other Early Interventions programmes across the UK could support Flying Start towards development informed by up to date research and evidence based practice.

It is crucially important that Flying Start continues to build into its expansion evaluative work that will prove over time the outcomes of the programme for children in Wales. Such an ambitious and exciting programme must utilise the best skills we have within Wales and from further afield. This requires a well funded and resourced programme, that demonstrates the Welsh Government's commitment to creating opportunities for children and families to grow out of disadvantage in Wales.

Agenda Item 5

Document is Restricted

Document is Restricted

Agenda Item 6

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol
Deputy Minister for Children and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/GT/5661/11

Christine Chapman AM
Chair
Children and Young People Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

8 August 2011

Dear Christine,

Thank you for your letter of 18 July following my appearance at the Children and Young People Committee on 14 July.

During the course of the meeting, I agreed to provide the Committee with further information related to my portfolio and responsibilities in respect of:

- The number of cases currently being handled by CAFCASS Cymru;
- The implications that changes to legal aid might have in relation to child protection issues;
- The number of court cases being referred by local authorities;
- The proposed expansion of the Flying Start programme.

In response to your first, third points and fourth points, I have attached two documents. The first, Annex 1, is a table setting out the number of cases currently being handled by CAFCASS Cymru together with the number of court cases being referred by local authorities. The second, Annex 2, provides an overview of the evaluation programme underpinning the delivery of Flying Start.

During my evidence to the Committee, I also mentioned the work of the Welsh Safeguarding Children Forum, which I established with an independent Chair, to advise me on arrangements that might further strengthen children's safeguarding arrangements in Wales. The Forum comprises senior representation from key statutory agencies which have safeguarding responsibilities, the third sector, Welsh Government officials and the Children's Commissioner. The work of the Forum is coming to a close and I expect to receive it's report quite soon. I will ensure that members of the Committee receive a copy in due course.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Gwenda.Thomas@wales.gsi.gov.uk

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With regard to the implications that changes to legal aid might have in relation to child protection issues, Carl Sargeant AM has written in his capacity as lead Minister for the Welsh Government to the Ministry of Justice expressing concerns about their proposals. In addition our officials have specifically highlighted to the MoJ the potentially adverse impact on advice services in relation to domestic abuse; children and families; debt and welfare benefits and housing. I understand that the Local Government & Communities Minister reiterated those concerns during a recent discussion with Jonathan Djanogly MP, the Parliamentary Under-Secretary of State at the Ministry of Justice.

The Legal Aid, Sentencing and Punishment of Offenders Bill was published on 20 June which I understand will make provision to retain public law children cases, private family law cases involving domestic violence and for the protective party in private law children cases involving child abuse within the scope of legal aid.

I do hope that you will find this helpful.

Yours sincerely,



Gwenda Thomas AC / AM

Y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol
Deputy Minister for Children and Social Services

CAFCASS Cymru ongoing workload and requests from LA's - Year Ending June 2011



CAFCASS Cymru Area	Local Authority	Requests / Referrals Year Ending June 2011				Closures Year Ending June 2011				Current workload at the end of June 2011					
		Public Law	Private Law	WTFH	Of the Total Public Law Referrals received, Number of s31 Referrals	Public Law	Private Law	WTFH	Public Law	Private Law	WTFH	Public Law	Private Law	WTFH	Of the Total Public Law Referrals received, Number of s31 cases ongoing
North Wales	Ynys Môn	11	71		10	53		12	51						
	Gwynedd	16	92		20	63		18	58						
	Conwy	17	105	300	16	74	257	16	71						
	Denbighshire	25	103		20	109		27	45						
	Flintshire	18	160		17	168		20	33						
West Wales	Wrexham	32	115		21	137		35	32						
	Area Total	119	647	300	104	604	237	128	290						31
Mid & West Wales	Powys	30	95		27	72		21	47						
	Geredigion	15	75		6	78		38	30						
	Pembrokeshire	16	139	202	18	159	151	17	48						
	Cardiganshire	59	277		65	303		37	67						
	Area Total	120	586	202	116	612	151	113	192						
South West Wales	Swansea	106	187		71	191		117	49						
	Neath Port Talbot	107	125		64	105		101	25						
	Bridgend	72	162		74	160		89	59						
	Area Total	285	474	355	209	456	286	307	247						
	Caerphilly	43	181		45	199		41	73						
Gwent	Blaenau Gwent	28	78		23	81		13	18						
	Monmouthshire	10	53		5	49		22	20						
	Torfaen	51	137		45	128		48	45						
	Newport	61	207		55	208		84	41						
	Area Total	193	656	276	174	665	286	208	197						
South Wales	RCT	137	151		108	212		92	74						
	Merthyr Tydfil	44	27		35	66		47	41						
	Vale of Glamorgan	43	80		38	89		40	14						
	Cardiff	118	195		84	211		91	29						
	Area Total	342	454	288	313	578	215	270	158						
Wales	1059	2817	1421	916	2915	1175	1028	786							
			4238			3798			1118						
2009/10		1155	666	4090	847	3674	1109	771	1577						
% variance		-8.3%	-3.6%	3.62%	8.1%	3.38%	-7.5%	1.9%	-2.8%						

Notes: Work to First Hearing (WTFH) requests are not matched to a Local Authority so cases referred, closed and those still open are shown against our current Area's and on an all Wales basis. It is important to note that the WTFH process only came into operation in October 2010. It should be noted that there has been a 3.6% increase in the private law referral rate (including WTFH). In Public Law the overall referral rate is down 8.3% but this trend is not replicated in Section 31 referrals which, although being down 3.6% still remains high in comparison to previous years. In total there has been a 1% increase in referral rates. Although most requests under Public Law will emanate from Local Authorities, all Section 31 cases will be made by a Local Authority. An example of applications not initiated by a Local Authority would be an application for the Discharge of a Care Order (made by the parents), contact (parents or other family member) or certain adoption proceedings. Private Law referrals are matched against the Local Authority where the child is resident.

Response to the Children and Young People Committee (14th July 2011)

Evaluation of Flying Start

Background

A long term evaluation was commissioned to cover the Flying Start programme in 2007. The evaluation has utilised a range of research methodologies to assess the effectiveness of the programme in terms of process, implementation and outcomes. The evaluation methods included:

- baseline studies to set the scene and track relevant secondary data sources,
- assessment of monitoring data, reviews and evaluation studies,
- thematic case studies that explore specific issues or areas of delivery,
- census of the Partnerships to assess capacity building,
- area case studies to cover all the Partnerships over two years,
- qualitative research among Flying Start families, and:
- a longitudinal survey of families in Flying Start delivery areas and in selected comparison areas.

Findings from the Interim Evaluation

The interim evaluation report for Flying Start was published on 16 July 2010: <http://wales.gov.uk/topics/educationandskills/publications/researchandevaluation/evaluation/interimevaluation/?lang=en>

This report concluded that, broadly speaking, Flying Start is on track to improve the life chances of the children in the areas in which it runs. The emerging evidence suggested that Flying Start is demonstrating many of the critical success factors associated with the delivery of effective interventions in the early years. There is consistent qualitative evidence from professionals and parents that suggests improvements in the following outcomes:

- emotional and social development;
- parental confidence and engagement;
- language and cognitive development; and
- health outcomes including increased rates of breastfeeding, increased immunisation rates and reduced referral to A&E.

The evaluation identified that the programme is operationally effective and it has built on local capacity and expertise to address local needs within a national framework of delivery. After three years, Flying Start had just reached 'steady state' delivery stage. The report concluded that Flying Start has addressed early needs, provided better quality support and increased engagement and reach.

However, in considering the findings of the interim evaluation, it must be noted that improving the life chances of young children can only be fully

tested as they grow up. Therefore, the interim evaluation provides an assessment of whether Flying Start is on the right trajectory to achieve its outcomes. The impact of the programme is to be identified through the longitudinal survey – details of which are below.

Forthcoming evaluation work

In order to measure the impact of the programme, a longitudinal design was used, comprising two waves of surveys with the same families in Flying Start and comparison areas. Wave 1 took place during 2010 and involved in-home interviews with the main carer of children under two years of age.

The main purpose of the first wave was to establish the needs of Flying Start families, service usage and to collect data to enable an assessment of impact at Wave 2. The report from this first survey will be available towards the end of the autumn. It should be noted that, as this survey was conducted early on in the implementation of Flying Start, whilst it may be possible to look at potential impacts in a small number of areas, it is too early to expect impacts on the majority of the indicators. The young age of the children in the sample means that they will not have experienced the full range of Flying Start interventions at the time of the first wave.

The Wave 2 survey is scheduled for 2012 and this will involve returning to as many families as possible when the children are approximately 31-44 months old. This survey will collect data on the cognitive, social and language development of children in the sample.