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Flying Start Synthesis Report



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

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Introduction

Policy background

1. The Flying Start programme was launched by the Welsh Government in 2006/07. Operational across all local authorities since 2007/08, it aims to improve outcomes for children in some of the most disadvantaged areas in Wales. Flying Start, by itself, cannot address (and is not designed to address) all of the elements of disadvantage related to child poverty. Instead it focuses on the identification of need and on early interventions to improve children's language, cognitive and social and emotional development and their physical health. The main elements of the provision are:
 - an enhanced health visiting service
 - free, high quality, part-time childcare
 - evidence-based parenting support programmes
 - support for early language development.

Structure of the report

2. This overview summary report brings together the most recent findings from studies carried out by Ipsos MORI and SQW for the national evaluation of Flying Start. It draws on data from:
 - In-depth case studies of Flying Start in all 22 Welsh local authorities (conducted by SQW), drawing on a thematic analysis of documentation and interview data from over 150 stakeholders, visited during the summer and autumn of 2012.
 - A longitudinal impact survey, implemented by Ipsos MORI, drawing on the second wave of data collected from 2,116 families with children aged between two and four. Between June 2012 and January 2013 1,033 parents in Flying Start areas and 1,083 parents in selected comparison areas were surveyed about parenting, the development of their child and any family support services their family had used whilst bringing up their child. All families living in areas where the Flying Start programme was available were eligible for the survey, irrespective of whether they had actually accessed Flying Start services.
 - Qualitative in-depth interviews, carried out by Ipsos MORI, with 60 'high need' parents in five different local authorities who had received (or were still receiving) Flying Start services.
3. Unless stated otherwise, the findings in this report refer to the time period during which the evaluation fieldwork was conducted (between June 2012 and January 2013).

4. This summary, of necessity, provides only a snapshot of the main findings. Full details of all of the research findings (including technical explanations of the survey and other data collection exercises and of the various analyses) can be found in the following reports:

- [Knibbs S, Pope S, Dobie S, and De Souza J \(Ipsos MORI\) \(2013\) National Evaluation of Flying Start: Impact Report](#)
- [Morris M, Willis R \(SQW\) \(2013\) National Evaluation of Flying Start: Area case study synthesis report](#)
- [Pope S, Dobie S, Thompson E, and Knibbs S, \(Ipsos MORI\) \(2013\) Flying Start qualitative research with high need families](#)

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Main findings

5. Despite changes to national policy and the economic context, **the rationale and anticipated outcomes for Flying Start remain as valid today as they were at the programme's inception.** Child poverty remains a significant issue for many families living in Wales and there are still large numbers of families living in disadvantaged communities across the country. As a result, the need for public sector intervention to support such children and families is still of central importance. Through investing in childcare provision, health visiting, parenting support and early language development for children, the Flying Start programme seeks to bring about a sustained change in child and family development. Over time, it is anticipated that this will contribute to the following outcomes and impacts:
 - improved preparation for learning, through improvements in the education attainment, social circumstances and health and well-being of children
 - a reduction in child poverty along with a reduction in the need for, and costs associated with, remedial care.

Inputs and processes

Health visiting

6. By 2012, the majority of local authorities reported that they offered the full entitlement, in terms of one-to-one family contact and regular follow-up visits with fully trained staff, who could call on a wide variety of additional services and support.
7. Most Flying Start areas had also established wider health care teams, offering an inter-agency mix of health visitors, speech and language therapists, dieticians and midwives (or midwifery liaison), with a clear expectation of integrated working.
8. By the summer and autumn of 2012, 13 of the 22 local authorities reported that they had achieved and were maintaining the Flying Start target of a 1:110 health visitor caseload. This ratio is similar to that noted in 2009, and some services indicated that they still faced problems with the recruitment and retention of health visitors, even though they were exploring different ways to overcome this. Nonetheless, the caseload across all areas was markedly lower than in non-Flying Start areas (where it was reported to be between 1:300 – 1:400).
9. Information from the in-depth interviews with 'high need' families suggests that, in cases where families had older children and so had experienced non-Flying Start health visitor inputs, the inputs from Flying Start health visitors compared very favourably. This was partly attributed to the greater frequency of visits and partly because of the strong informal relationships health visitors were thus able to build up with families.

10. In turn, these relationships encouraged parents to contact health visitors about a wide range of parenting issues (however small) and also to consider other Flying Start services.

Childcare

11. The childcare entitlement is designed to offer free part-time, quality childcare for two to three year olds (and for the under twos, where a need exists). Since the introduction of Flying Start, the provision of childcare facilities in local authorities in Wales has seen a notable change. Most Flying Start areas reported that they now deliver the full service offer for all eligible children aged two to three, with appropriately qualified staff and 'one-to-one' provision for those with additional needs.
12. Information from annual progress reports, inspection reports and stakeholder interviews, taken alongside the number of families who are now accessing childcare, the improved qualification levels of staff and available trend data on Stages of Growth (SoGs) data and teacher assessments, suggests that there are firm indications that Flying Start has had a positive impact on the quality of childcare provision.
13. In general, however, childcare settings were not operating to full capacity or with consistently high attendance. Addressing poor attendance was seen as a priority in most Flying Start areas, with many now introducing and implementing protocols to follow-up on absenteeism, including phoning parents and, if appropriate, carrying out home visits.
14. Interviews with higher need families indicated that parents felt well informed about their child's progress, were full of praise for the staff and were pleased about the range and quality of activities on offer.
15. In a few cases, however, parents noted that they had been unable to use their preferred childcare setting (e.g. because of issues of access, or lack of places), or had not got their first choice of session (whether morning or afternoon).

Parenting Support Programmes

16. While some forms of parenting support programmes existed in a number of areas prior to the introduction of Flying Start (with some interviewees emphasising that it was part of a wider national agenda), all were now agreed that the level of support available in Flying Start areas was markedly greater than that to which parents had access to outside Flying Start.
17. Across the Flying Start areas, parenting support programmes focused on interventions with parents:
 - at **different points** in their child's life (ante-natal, baby and toddler)
 - using **different formats** (formal or informal groups and one-to-one activities, including intensive support, based in homes or in neutral venues)

- with **different means of referral** (through Flying Start health visitors, other health or social care staff, including midwives and both Flying Start and non-Flying Start personnel, or through self-referral, for instance).
18. The availability of parenting support (whether in groups or in the home) varied markedly across the five case study areas in which parents were interviewed.
 19. Those 'high need' parents who had attended a parenting support programme tended to be pleased with the service, although some suggested that they had not found them helpful when they had not got on well with those delivering the programme – or where they felt programmes were not informative.
 20. This highlights the need for good communication with families about the aims and nature of support, both before and during a programme. Health visitors were often said to be instrumental in encouraging isolated, nervous or disabled parents to access parenting programmes and proved effective at reaching these groups in home delivery of programmes.

Access to Language and Play (LAP) programmes

21. The extent of growth in LAP activity is less marked than that for each of the other entitlements. Indeed, in at least six of the 22 local authority areas, practitioners suggested that there was little difference in terms of provision or accessibility to LAP sessions between Flying Start and non-Flying Start communities.
22. This view was not universal, however, and may partly be an artefact of the programme itself. Speech and language development were seen by many areas as a function of parental attachment, engagement and skills and (as highlighted by the number of parenting support programmes focused on this) were often seen as an extension to the parenting programme offer (particularly by families).
23. From the perspective of parents, Language and Play was the service that differed most in service delivery over the five case-study areas, with variations in terms of type and number of sessions offered, levels of parent and child involvement and the setting in which it was held.
24. Some parents acknowledged the role of Language and Play activities in giving them ideas about imaginative and inexpensive ways to help their children learn in the home. However, many of the interviewed parents were uncertain about the role of this element of the programme, perceiving it primarily as a social opportunity.

Outputs

25. In order to monitor and measure the progress towards achievement of anticipated outcomes and impact, the evaluation assessed performance against a range of outputs. Progress against outputs are discussed in turn below.

Contact with Health Visitors and related professionals

26. The lower Flying Start caseload was reported to have led to an enhancement of health visitor provision, not only in terms of increasing outputs through additional home visits (according to national data, children were visited, on average, around seven times a year by a health visitor or wider Flying Start health team), but also in terms of facilitating access to a wider range of services (through cross-referral) and more focused and family-centred support. Interestingly, all Flying Start areas suggested that the visits with families were longer and more intensive and that it was this, rather than (necessarily) an increased numbers of visits, that was key to better provision.
27. The findings from the survey suggested that parents experienced an enhanced health visiting offer in terms of number of visits (receiving 5.7 more contacts than non-Flying Start families either in or outside their home). The Flying Start sample received 4.6 more in-home visits than the non-Flying Start sample, but there was no statistically significant difference in the number of outside the home visits. This suggests that Flying Start families receive a higher proportion of in-home visits, than contact in other settings such as clinics (that is, the service is not only more plentiful but more accessible). Qualitative work with high need families in Flying Start areas found that in-home visits were particularly important in building up good relationships between the health visitor and parents with complex needs or low self-confidence, and were essential to providing a good health visiting service to physically disabled parents, and those who suffer from mental ill-health.

Take up of childcare offer

28. Through the data collected as part of the local authority case studies, it was found that **rates of registration** varied from 98 per cent to 50 per cent of eligible families. However, figures from the Welsh Government suggest that, in the majority of local authorities between 2012 and 2013, the subsequent take up of childcare (post-registration) was at least 90 per cent.
29. Although some authorities in 2009 claimed that take up by eligible families was as high as 100 per cent, no area in 2012 reported that this was the case. This was believed to be partly because some areas were less certain that they had a full database of all eligible children, whether because of mobile populations or because of a lack of a comprehensive dataset on children aged two to three.

Take up and completion of parenting programmes

30. Formal and informal parenting programmes varied significantly, sometimes taking place in group settings or in people's homes, with potential referral to group-based activities at the end of the intensive family-based programme. On the whole, however, and where reported, formal programme completion was said to be somewhere in the region of 70 per cent to 75 per cent of the parents recruited **across all areas and all programmes.**

31. Many case-study areas commented on the issues they faced in recruiting and retaining families on parenting support programmes. In order to address these, they had introduced a range of strategies to reduce waiting times (post-referral), and to promote higher levels of parental engagement and course completion.

Take up and completion of LAP support

32. Since Flying Start was launched, there appears to have been a general broadening of the LAP offer to include number development (Numbers and Play or NAP is now on offer in at least eight areas) or younger children (from birth to six months). Even so, the extent of growth in LAP activity is less marked than that for each of the other entitlements.
33. That said, the findings from the survey indicate Flying Start LAP provision has had a considerable impact. The analysis estimates that **29.4 per cent more respondents in the Flying Start group were aware of LAP than in the matched comparison group**. Referrals were also higher, with an estimated 24.2 per cent more respondents in the Flying Start group reporting being referred to LAP and **13.2 per cent more reporting they had attended LAP**. There is, however, minimal data on the completion of LAP provision. This is largely due to the fact that LAP provision is often delivered as an integrated element of delivery with other provision such as childcare.

Service development

34. By 2012, the majority of areas said that they offered the full entitlement in terms of one-to-one family contact and regular follow-up visits with fully trained staff, who could call on a wide variety of additional services and support.
- Although most local authorities reported that they had achieved the Flying Start target of a 1:110 health visitor caseload, nine areas indicated that they struggled to achieve this.
 - The challenges to recruitment that were cited by Flying Start professionals related to staff sickness, maternity leave or changes in the numbers of eligible children aged from birth to three arising from a transient population or an unexpected increase in local birth-rates.
 - Since the introduction of Flying Start, the provision of childcare facilities in local authorities in Wales has seen a notable increase, with some areas increasing capacity by up to seven fold. However, registration and attendance figures indicate that not all Flying Start children receive childcare services, or do so exclusively in Flying Start settings.
35. The Welsh Government introduced a new routine data collection system to collate data from all 22 local authorities, with the first full dataset covering information from the financial year 2012/13.
36. Alongside the national monitoring system, many of the local authorities have now introduced new data sharing protocols, implementing shared datasets (using

systems such as PARIS, which is widely used by health services). This is said to have had an impact internally (with faster and simpler referral and better data sharing between services) as well as enabling Flying Start teams to report both on service outputs and on outcomes for children and families.

37. Within all local authorities, however, there are still some services that are not yet linked to a common dataset, locally, with different services using different (and non-relational) software. This means that internal data sharing has been hampered in some cases, and that wider data collation and analysis is not straightforward.

Outcomes (intermediate)

38. The longer-term outcomes and impact of Flying Start will not be known for a number of years. The children born in the year when Flying Start was launched (2006/07), for example, are now only aged six to seven. The longer-term impact on their educational, social and health outcomes cannot yet be established, therefore.
39. Furthermore, given the time it took for Flying Start to become established, few, if any, of these older children would have experienced the full Flying Start offer, although those born in recent years are more likely to have done so. In order to provide an indication of movement towards achievement of longer-term outcomes and impacts, we focus on the reported **intermediate outcomes** for children and their families.

For children

40. Assessing the extent of improvement in child outcomes across the local authority areas is problematic. Few areas have been systematically collecting, collating, analysing and reporting data on developmental milestones (using SoGs data or similar) from the outset, for example, although all do so now. This makes it difficult to assess, objectively, the difference Flying Start has made to outcomes in terms of language, cognitive, social and emotional development and health.
41. That said, many areas were able to point to some positive outcomes for children, even though there were caveats around the quality and scope of the data. Improvements were noted locally in immunisation and breastfeeding rates in Flying Start areas, although national data shows that, in most cases, immunisation rates in Flying Start areas, by age four, generally still lag behind those of non-Flying Start areas. Flying Start professionals also reported an increase in the proportion of children reaching appropriate development milestones.
42. Drawing on the data from the Welsh Government's Flying Start summary statistics for 2012/13, there is evidence that:
 - In 2012, and at age two, the proportion of the Flying Start cohort reaching or exceeding their milestones at age was 70 per cent or higher in some areas, though in others fewer than 40 per cent operated at this level.

- At age three, the outcomes for three-year olds were better (sometimes markedly so) than for two-year-olds in 14 authorities, particularly in some of the areas with the poorest outcomes for the younger children.
 - While these are two separate cohorts and the data is not longitudinal, this *may* suggest that interventions such as high quality free Flying Start childcare at age two to three may be having a positive impact on rates of child development in some authorities.
43. The longitudinal study of Flying Start families showed no statistically significant difference between outcomes for those in Flying Start and non-Flying Start areas, but it is also feasible that the lack of difference between the Flying Start and comparison groups may, nonetheless, indicate some improvement in outcomes amongst children in Flying Start areas. Analysis of Key Stage 1 attainment data, pre-Flying Start, suggests that children in areas eligible for Flying Start started from a lower base than children in the same areas as the comparison group, who may have come from less disadvantaged backgrounds.

For families

44. From the data gathered from Flying Start areas, some of the most robust evidence on outcomes for parents, appears to have been gathered using TOPSE (a Tool to measure Parenting Self Efficacy). Areas using this tool have been able to measure parenting skills before and after a range of different interventions and all reported at least some **measurable and positive changes in parental behaviour** as a result of their programmes.
45. Families completing the tool often reported some positive changes across all eight of the TOPSE domains (emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressures of parenting; self-acceptance; and learning and knowledge). The greatest improvements were generally reported in discipline and boundary setting.
46. The longitudinal study found no statistically significant differences between Flying Start and non-Flying Start areas in parental confidence, the home environment, levels of parental support or depression, however, this may simply reflect the lack of pre-Flying Start data on parental outcomes, which means that it is not possible to measure the extent of change that may have taken place within Flying Start areas.
47. While the findings from the impact study suggest Flying Start may have brought about parity in parent and child outcomes there is a lack of clear evidence that this is definitely the case. However, the qualitative research provides evidence that high need families report Flying Start has had a positive impact on themselves as parents/carers and on their children. For example, parents/carers reported improvements to their child's language development and social, literacy and numeracy skills. Parents/carers reported that they benefited from parenting advice and felt less isolated and more likely to take up training courses. In addition, high need parents reported that Flying Start had led to changes to their family as a whole such as better routines.

For services

48. Since the implementation of Flying Start, there have been some marked changes for Flying Start local practice, notably the development of stronger inter-service referral routes, the recruitment of a wider group of professional staff to meet local needs, an emphasis on staff training and the development of a multi-agency approach to service delivery.
49. Data on the outcomes of staff training and the move towards a fully qualified workforce was most readily available in relation to the childcare element, where there was a specific obligation around staff qualifications. By 2011/12, all childcare and managerial staff in over half of the Flying Start authorities were reported to be qualified to at least the minimum Flying Start requirements.
50. All areas were in agreement that Flying Start health visitor funding had led to:
- more comprehensive and faster assessment of need
 - more effective referral to other support within Flying Start and to wider generic or health teams (including dieticians, speech and language therapists and behavioural support)
 - more flexible and intensive support for families pre- and post-birth and on weaning.
51. Since 2009, significant progress has been made in Flying Start areas, both in terms of internal data sharing (between health and social care teams, for example) and in terms of data-sharing with other programmes (such as Families First and Communities First). The development of Information Sharing Protocols was welcomed and many areas were working towards (or had already put in place) such protocols. By 2012 (when the fieldwork took place) over half the Flying Start areas had developed systems for information sharing within the programme and just under half had some data sharing agreements with external agencies.
52. While many areas without formal Information Sharing Protocols were working towards them, all interviewees identified the value of data sharing. Progress was still hampered by:
- lack of appropriate hardware or software, which meant not only that records were kept in different (incompatible) formats, but that information flows were slow or limited, even within co-located teams
 - lack of access to existing data, with some agencies (such as childcare teams) not having access to data held by other agencies (such as health visitors)
 - on-going different professional protocols about data transfer.

Lessons learned

Lessons for evaluation

53. The evaluation of Flying Start has highlighted a number of points for consideration. It is recognised by both policy makers and researchers that there is a need to consider monitoring and evaluation alongside policy development, so that clear messages about the impact of the programme and interventions can be identified. In this instance:
- There were external factors (outside the control of the research team and the Welsh Government) that prevented the national evaluation from obtaining a clear and uncontaminated pre-intervention baseline. This meant that there were some significant challenges in trying to identify, statistically, the impact of Flying Start on outcomes for children, parents and services.
 - The Welsh Government has now developed a system for collecting and collating monitoring data from Flying Start services, with the first dataset collected in 2012. This data was not uniformly available across the 22 local authorities from the outset of the policy, however, making the assessment of progress across the four entitlements quite complex. The role of the in-depth area-based case studies in monitoring progress thus became important both in terms of developing contextual understanding and in assessing local changes in inputs, outputs and outcomes.
 - The role of qualitative research, both at area and family level, should not be underestimated in terms of the insights it provides for programme delivery. It may be beneficial to conduct further qualitative research in areas and with particular groups of families such as those identified in the qualitative research as needing further support, including parents with depression, parents with substance misuse problems and young parents. This would provide a rich insight into how the programme is progressing, how families experience the programme and which aspects of the programme are working well.
 - Given that the policy was primarily targeted at families with children from birth to under age four, the longer-term impact of the policy on outcomes for children as they access and proceed through education, and on families as they parent their growing children, will not be known until those children grow older. In order to ascertain the longer-term impact of Flying Start, it would be helpful to track the development of Flying Start families. This could be done through matching survey and other data to administrative datasets such as the National Pupil Database.

- Measuring the impact of a social policy on its intended population is complex and challenging. The chosen design of the impact study for this evaluation was influenced by the fact that the evaluation was commissioned after the roll-out of the programme had begun and that Flying Start was rolled out nationally across the most disadvantaged areas in Wales. This highlights the importance of ensuring that evaluation is central to the development of a policy. Close working between politicians, policy officials and analysts within government, with support from external experts as appropriate, is crucial and the earlier this happens the greater the range of evaluation options that will be available. This will help to ensure that the best possible evaluation design can be employed in order to provide robust evidence on whether, and why, a programme is working or not.

Lessons for policy

54. The experience of Flying Start highlights many of the challenges faced in integrating services, whether within a programme or with generic services outside the programme. In particular, integration takes time, since it involves the need, for example, to align different professional practices and to establish shared protocols for working with children and families. Furthermore, integration often requires significant changes to be made to operational systems, particularly in relation to accessing data. Even when data sharing agreements are in place, software issues may prevent widespread access, for instance.
55. The integration and operation of Flying Start appeared to be most advanced in those areas where work had been done to align both the locus and delivery of the various policies that had been instituted (nationally and locally) for work with families.

Lessons for expansion

56. Based upon the evidence that we have generated over the course of the evaluation, we would argue that local authorities that sought to embed the principles of the programme into wider mainstream provision, and started this process a number of years ago, are now in the strongest position with regards to sustaining and enhancing activity. Strategic integration alone is not enough; to sustain good practice, outputs and outcomes, Flying Start also needs to have established mechanisms for influencing the strategic direction of local plans and associated services.
57. There has been increasing recognition that many families face a range of complex and often interdependent barriers that prevent engagement in provision. Tailored and flexible support, which takes account of differences in geography, demographics and culture (even down to community level), may seem costly at the outset. However, it has often proved more effective, particularly with high need families, than a more generic offer.

58. Alongside the provision and accessibility of services, there is a need to ensure:
- the availability of appropriate information for parents/carers, emphasising eligibility, universality and potential benefits in ways that families can understand and appreciate
 - clear and systematic signposting between services so that families can take advantage of the entitlements.
59. Locally and nationally, it is important that Flying Start teams are able to use developments in monitoring and administrative data to track both Flying Start and non-Flying Start children as they enter school. This will provide a comparative assessment across a range of outcomes (including educational attainment, health and social well-being). Robustly demonstrating the outcomes and impacts of the programme could lead not only to improvements to design and delivery, but also provide the rationale for future political (and financial) support.