



Flying Start and Cymorth: An Interim Evaluation Report

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| Audience | Children and Young People's Partnerships, chief executives of local authorities, national, local and voluntary organisations concerned with early years, children and young people's policy and provision in Wales. |
| Overview | This report is an interim report of the three-year evaluation of Flying Start and Cymorth. It provides an assessment of the achievements of the two programmes, in terms of their delivery structures and processes and the benefits that have been generated. It draws upon a range of evidence that has been collected over the first two years of the evaluation, including a review of the key contextual and impact data relating to the two programmes and a range of case studies and thematic studies. |
| Action required | None – for information. |
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| Additional copies | Further copies may be obtained from the above address. This document can also be accessed from the Welsh Assembly Government website at: www.wales.gov.uk/educationandskills |
| Related documents | Qualitative Evaluation of Flying Start (2009) |

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Flying Start and Cymorth: An Interim Evaluation Report

Executive Summary

The programmes

1. Cymorth was introduced in 2003/04 with a commitment of £235 million from the Welsh Assembly Government over five years to integrate five previous funds to support the development of children and young people. It was broad in its target age range (extending to 25 years of age) and in the scope of its activities. Flexibility was allowed in the ways in which funding could be targeted on deprived areas, groups and/or families (although a specific focus on Communities First areas was expected). Cymorth is to be absorbed in the Local Authority Revenue Support Grant (RSG) from 2010/11
2. Cymorth represented an investment in a variety of policy research and development (R&D) activities. This – and the diversity of activities it funded - made it difficult and arguably inappropriate to assess the achievements of Cymorth at a national level as if it were some form of mainstream funding.
3. Flying Start targets support for children under the age of four and their families. It is administered as a grant to local authorities and only available in deprived areas within the authorities. It is expected to deliver specific service entitlements (e.g. health visiting, childcare, parenting, basic skills and information sharing). Delivery began in 2007/08 and is due to run until 2010/11 with a budget allocation in that year of £35 million.
4. Flying Start can be considered as a national programme with well-specified delivery requirements and outcomes. The latter are defined in terms of improvements in the language, physical, cognitive and social/emotional development of children under four in specified areas and earlier identification of need by service providers.

The evaluation

5. A single evaluation of the two programmes was considered appropriate because of their overlapping policy objectives, common governance and management arrangements and the potential for mutual learning about what works well (and less well).

6. Given the nature of the Cymorth programme – and especially its policy R&D role - the impact evaluation questions for Cymorth were two-fold:
 - Did it offer alternative or supplementary forms of service delivery that improved the prospects for disadvantaged children, young people and their families/communities?
 - And did mainstream service providers change priorities and practices as a result of Cymorth funded activities?
7. The evaluation of Flying Start could be treated more like mainstream service provision with a focus on whether it had achieved specific and targeted improvements or, at least, was on track to achieving them. However, because of its pilot nature it was also appropriate to assess whether mainstream service providers were engaged sufficiently in the delivery of the programme to be aware of, and adopt, any good practices that it might generate.
8. For both programmes (especially Flying Start with its focus on early years), an assessment of their impact on improving the life chances of children and young people can only be tested over time in their transition to adulthood. However, it is possible – albeit a challenge - to assess how effective the programmes have been in establishing the conditions that theory and limited empirical evidence suggest are necessary for later improvements in life chances. These conditions relate to:
 - the structural and process factors that are critical in effective delivery of support for disadvantaged children and young people (e.g. integrated service delivery)
 - the changes in the attitudes and behaviour of children, young people and their families that are consistent with later improvements in their prospects.
9. This synthesis report covers two years of the evaluation and draws on:
 - review of the key contextual and impact data relating to the two programmes
 - reviews of policy developments and evidence from international experience
 - an annual ‘census’ of Cymorth and Flying Start Co-ordinators
 - a range of case studies and thematic studies
 - qualitative research undertaken by Ipsos MORI exploring the experiences of parents in Flying Start areas

- annual Cymorth reports and the Flying Start delivery plans and progress reports.¹

Delivery of the programmes

10. Both Cymorth and Flying Start were intended to be focused on areas of deprivation and this has been successfully accomplished in the allocation of funding. The design of both programmes – in terms of the allocation of the Cymorth budgets by Local Authority and the designation of Flying Start areas - was totally consistent with the Assembly's intention to focus both programmes on the most deprived areas in Wales.
11. The Children and Young People's Partnerships (CYPPs) are the statutory bodies responsible for Cymorth and Flying Start and are the key mechanism for the planning, commissioning and management of activities for children and young people in Wales. They have undergone considerable refocusing and restructuring in the past 12-18 months resulting in stronger, more strategic and more accountable Partnerships.
12. Good progress has been achieved across the board with regard to the establishment of effective partnership governance and management structures, systems and procedures. The partnerships are functioning well. The people involved have longstanding relationships in some of the small local authorities and, across all areas, CYPPs have established a high level of collaboration and trust among partners. The latter have been engaged in the Boards at the appropriate strategic level with an increase in senior representation from key agencies at Partnership meetings in recent years (although there is some concern that the NHS re-organisation may lead to less senior Trust representation).
13. Whilst the CYPPs are generally functioning effectively, the extent to which the same can be said for individual Cymorth activities is limited. There are mixed views amongst Partnerships on this matter with some being more positive than others. Certainly there is evidence of effective Cymorth funded projects and capacity building at local level with improved community links. But, there has also been a tendency for Cymorth to be used to provide 'continuity' funding for activities financed under the previous funding regimes that remained largely unchallenged and delivered in fragmented ways.
14. This legacy had been addressed to some degree in preparations for and implementation of the Single Plan with a move towards a commissioning

¹ There was to be a survey of households in Flying Start areas within the first two years of the evaluation but the November 2007 restriction on any data transfer of Child Benefit Records – and the backlog of requests for the data once the restrictions were lifted in March 2008 - meant the postponement of the survey until late 2009.

model where projects are commissioned where they are regarded as fit for strategic purpose and Cymorth activities are identified that might warrant funding within the RSG. But such '*New Cymorth*' activities are only of relatively recent origin.

15. With respect to Flying Start, Partnerships have made impressive progress in establishing multi-agency and multi services initiatives which provide a broadly integrated service in a relatively short space of time. Good progress has also been made with the delivery of the entitlements – especially with regard to health visiting and childcare. Recruitment and retention of staff and, to a lesser extent, provision of appropriately located and configured premises have proved to be the primary constraints on the delivery of the entitlements both of which have taken time – and in some cases will continue to take time - to overcome. Indeed, along with future constraints on activity as a result of declining mainstream and discretionary budgets, the future risk of increasing staff turnover and recruitment issues are key future challenges anticipated by the Partnerships.

Cymorth outcomes and mainstream influence

16. The evidence from the national evaluation case studies and the self-assessment of the Partnerships was that there was a consistency of purpose in the planning and delivery of the wide diversity of Cymorth funded activities. This was particularly so with regard to the identification of, and communication with, target children, young people and their families.
17. There was a steadfast commitment by the Partnerships to multi-agency team working, service flexibility and innovation in response to identified local needs and mainstream service 'gaps'. An area identified for improvement in design and delivery was with regard to the application and use of evaluations as a learning tool embedded in project planning and delivery.
18. Many examples exist of improvements in service delivery and outcomes at local levels and amongst specific target groups (especially amongst young people excluded from school or at risk of dropping out). The potential for influencing mainstream services has been identified by the evaluation from amongst these kinds of projects. This mainstreaming influence is claimed by the Partnerships particularly with respect to early preventative interventions, use of integrated centres and partnership building.
19. Yet, the evidence remains limited for actual changes in mainstream service provision being brought about by the influence of Cymorth funded activities. This was for two possible reasons. First, the intention of moving such activities into mainstream funding had not been declared explicitly and/or

generally understood so that this was not always sought or planned. Secondly, mainstream service providers were operating under budget and capacity constraints that made it difficult for them to accept the case for changes to services that often required increased expenditure and resources.

20. More recently, the impact of the Single Plan and the shift of Cymorth funding to the RSG has been to make the Partnerships and the service providers take the mainstreaming potential of Cymorth activities more seriously through the development of business cases for continued funding within the RSG. As a consequence, there are an increasing number of examples of 'mainstreaming' of Cymorth funded projects.

Flying Start outcomes and mainstream influence

21. The programme can be judged to be a success in terms of both delivery and its effects on parental and child behaviour although the evidence has been slow to emerge and is mostly anecdotal.
 - It is clear that the programme has delivered many of the critical success factors associated with effective early years' interventions – in terms of the way services are being delivered, the service systems being used and the beneficiaries being targeted.
 - There is a lot of anecdotal evidence that suggests improved health, developmental, social and educational outcomes are being achieved. This was particularly so with regard to services directed at speech and language development, relationship skills, and confidence building among both parents and children. Partnerships observed increased take-up of early education and also improved performance at reception stage by children from Flying Start areas.
22. There are many instances where the local authorities and other mainstream service providers are already learning from Flying Start and adopting its approach to bring about improvements in service quality and efficiency. This is particularly the case with regard to re-shaping mainstream services (e.g. co-location, integrated service delivery, information sharing and harmonised assessment and referral procedures).

Value for money

23. There are three elements to the assessment of value for money:
 - **Economy:** On the basis of their budget allocations, the Cymorth and Flying Start programmes have overhead proportions which are on

average well below the range estimated for Sure Start. They are likely to be even lower when account is taken of the fact that the CYPP central teams carry out functions that extend beyond Cymorth and that the Flying Start programme has not been operating in steady-state for any length of time.

- **Effectiveness:**

- There is a wide diversity of Cymorth funded activities and some of these have been effective. However, the programme has not generally been effective in the extent to which its activities have been taken up for mainstream service provisions – that is until the issue of engaging and integrating with mainstream services was pushed up the agenda by the need to develop and implement the Single Plan.

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

- **Efficiency:** Only a limited number of studies to date in the UK and elsewhere have tracked children that may have benefitted from early years' interventions into their later years and have been able to offer evidence on the overall costs and benefits of the interventions. Flying Start is too recent a programme to provide this kind of evidence and Cymorth covers such a diversity of activities that it is difficult to offer conclusions on its efficiency even though there are individual projects where this could be demonstrated.

24. Therefore, an overall conclusion on value for money cannot be offered at this stage in the evaluation of the two programmes. The proof of the pudding with regard to Cymorth will be in the extent to which the activities it funded are taken forward in the Single Plans and maintained once they have to be funded within the RSG. Flying Start is a young programme which has shown a lot of promise in terms of its economy and effectiveness. A further test of these elements and the efficiency element of value for money will be possible in the light of the evidence of the household survey which will be an important source of evidence in the final report of the evaluation in 2010.

1: Assessing Cymorth and Flying Start: Background and challenges

The rationale for early years' interventions

- 1.1 There has been a growing body of evidence that support for the development of children and young people in disadvantaged circumstances increases their life chances and prospects in adulthood. The evidence indicates – and it has become widely assumed – that such interventions bring benefits that exceed their costs because they improve educational attainments and reduce the costs of later remedial actions (e.g. through the criminal justice system). However, it is acknowledged that the benefits are uncertain and occur in the longer term when the children approach adulthood. The intervention costs, on the other hand, are certain and short-term. So, when budgets are constrained and there are competing demands from investments with shorter term returns, the incentive to invest in early years' support is likely to be reduced.

Aims and objectives of Cymorth and Flying Start

- 1.2 The Welsh Assembly Government responded to this evidence and rationale by ensuring that direct support for the development of children and young people was included in its 2005 strategy and package of measures to reduce child poverty.² The Assembly had already integrated the funding regimes in support of children and young people (Cymorth) and, post 2005, provided additional and integrated support for children below the age of four and their families (Flying Start). The purpose, shape and funding of the programmes are summarised in Figure 1-1.

Figure 1-1: The aims and objectives of Cymorth and Flying Start

CYMORTH

Cymorth was introduced in 2003/04 with a commitment of £235 million from the Welsh Assembly Government over five years to integrate five previous funds to support the development of children and young people. It is broad in its target age range (extending from 0-3 three year olds to young people aged 11 to 25) and its range of themes – family and parenting support, health promotion, play, leisure and enrichment, empowerment and participation and training/mentoring. Flexibility is allowed in the ways in which funding could be targeted on deprived areas, groups and/or families (although a specific focus on Communities First areas was expected).

Its specific aim is:

“...to provide a network of targeted support for children and young people within a framework

² Welsh Assembly Government (2005) which sets out the strategy for reducing three form of poverty (in income, participation and service provision) and makes clear that improving the life chances of children and young people requires a mix of measures to complement 'early years' interventions.

of universal provision, in order to improve the chances of children and young people from disadvantaged families.”

Cymorth is now to be absorbed in the Local Authority Revenue Support Grant (RSG) from 2010/11.

FLYING START

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

It is expected to deliver specific service entitlements (e.g. health visiting, childcare, parenting, basic skills and information sharing). The first year of preparatory funding was 2006/07 (with funding of £15m); delivery began in 2007/08 and is due to run until 2010/11 with a budget allocation in that year of £35 million.

The overall aim of Flying Start is:

‘to make a decisive difference to the life chances of children aged under 4 in the areas which it runs’

The programme is to invest more than £2,000 per child per annum in the delivery of the following entitlements:

- Health visiting (one health visitor full time equivalent per 110 children)
- Childcare – quality part-time provision for 2 years olds |(or younger where required)
- Parenting programmes
- Basic skills with every family having access to Language and Play programmes
- Information sharing and referral

Source: National Guidance for Cymorth and Flying Start

The scope of the programmes

- 1.3 The scope of Cymorth was very much wider than Flying Start in terms of the age range of target beneficiaries and the diversity of themes and projects that it could be used to fund. The programme was designed to prompt flexible and innovative responses to different local needs and to any gaps or weaknesses identified in mainstream service provision. The result was a substantial variation between the Local Authority areas in the allocation of budgets across the Cymorth themes. For example, the budget allocation over 2003/04 – 2007/08 for ‘family support’ ranged from 16% (Wrexham) to nearly 45% (Neath Port Talbot) and for ‘training, mentoring and information provision’ from 8% (Flintshire) to 30% (Powys).
- 1.4 The programme was also used to test the effects of higher spend on specific services and/or innovative and preventative service delivery. In this sense Cymorth represented an investment in a variety of policy research and development (R&D) activities. This – and the diversity of activities it funded - made it difficult and arguably inappropriate to assess the achievements of Cymorth at a national level as if it were some form of mainstream funding.

- 1.5 In contrast, even though Flying Start allowed for local flexibility and required local accountability, it was more narrowly focused in its provision of service entitlements and in its target beneficiaries and more prescriptive in terms of the scale and quality of some of the service entitlements (most notably the health visiting entitlement with its target case load).
- 1.6 It was, therefore, more appropriate to assess the programme at national level. This made it easier – and more relevant – for the Assembly to specify a set of outcome measures which it was expected the programme would achieve – namely, improvements in the language, physical, cognitive and social/emotional development of children under four in specified areas and earlier identification of need by service providers.

Challenges in assessing the effects of the programmes

- 1.7 Given the nature of the Cymorth programme – and especially its policy R&D role - the impact assessment questions for Cymorth were two-fold:
- Did it offer alternative or supplementary forms of service delivery that improved the prospects for disadvantaged children, young people and their families/communities?
 - And did mainstream service providers change priorities and practices as a result of Cymorth funded activities?
- 1.8 On the other hand, assessment of Flying Start could be treated more like that of mainstream service provision with a focus on whether it had achieved specific and targeted improvements or, at least, was on track to achieving them. However, given its pilot nature, it was also appropriate to assess whether mainstream service providers were engaged sufficiently in the delivery of the programme to be aware of, and adopt, any good practices that it generated.
- 1.9 For both programmes (especially Flying Start with its focus on early years), an assessment of their contribution to improving the life chances of children and young people can only be properly testable at the transition points in their progression from childhood to adulthood.
- 1.10 However, it may still be possible – albeit a challenge - to assess how effective the programmes have been in establishing the conditions that theory and limited empirical evidence suggest are necessary for later improvements in life chances. These conditions relate to:

- the structural and process factors that are critical in ensuring effective delivery of support for disadvantaged children and young people (e.g. integrated service delivery)
- the changes in the attitudes and behaviour of children, young people and their families that are consistent with later improvements in their prospects for social and educational development.

Progress in improving delivery structures and processes:

1.11 Assessment of the achievements of the two programmes to date has been focused largely on the extent to which they have been effective in putting in place delivery structures and processes that are likely to yield positive outcomes. It has taken account of the evidence that exists on the factors that are critical in the successful delivery of early years' interventions (summarised in Figure 1-2³).

Figure 1-2: Critical success factors in delivering support for early years' development

Individual interventions

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

Service systems

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

Target beneficiaries

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

Source: SQW Consulting on behalf of the National Evaluation team

³ This summary draws heavily on Valentine and Katz (2007) and Watson and Tully (2008)

1.12 This evidence has been drawn from a variety of evidence sources and its conclusions are broadly in line with the recent report from the national evaluation of Sure Start (NESS).⁴ This concluded that the positive contribution of the local Sure Start programmes depended on the delivery of integrated services and a prolonged exposure of children and their families to the services. It pointed out that it was not until after the third year of operation that the programmes became close to fully functioning. In other words, investment in early years' interventions takes time even to get the necessary supply infrastructure in place and operational – and longer still to deliver the expected positive outcomes for children and their families. This needs to be taken into account when evaluating early years' interventions and when making policy decisions about investing in them.

Progress in improving attitudes, behaviour and development

1.13 The evidence on improvements in the outcomes for children and young people that can be attributed to Cymorth and Flying Start is currently small-scale and localised, qualitative and anecdotal. This is for four reasons.

- First, as the national evaluation of Sure Start makes clear, it takes time for improved delivery structures and processes to reach an operational steady-state and to have discernible and quantifiable effects on children and their families.
- Secondly, the highly diverse nature of the Cymorth interventions meant that it was always going to be the case that the benefits would tend to be localised and particular rather than national and generic.
- Thirdly, there were delays in the introduction and implementation of the Flying Start monitoring system and, as already noted, the nature of Cymorth meant that there never was a programme level output monitoring system.
- Fourthly, the delay in the launch of the Flying Start beneficiary survey⁵ which was to be a central feature of the national evaluation meant that the evidence on the achievements of the programme had to be drawn primarily from case studies (both area and thematic based) and other qualitative sources.

⁴ NESS (2008)

⁵ The November 2007 restriction on any data transfer of Child Benefit Records – and the backlog of requests for the data once the restrictions were lifted in March 2008 - meant the postponement of the survey until late 2009.

The interim evaluation report

- 1.14 This report provides a synthesis of the evidence on the achievements of the two programmes in terms of their delivery structures and processes and the benefits that have been generated.
25. The report covers two years of the evaluation and draws on:
- review of the key contextual and impact data relating to the two programmes
 - reviews of policy developments and evidence from international experience
 - an annual 'census' of Cymorth and Flying Start Co-ordinators
 - a range of case studies and thematic studies
 - qualitative research undertaken by Ipsos MORI exploring the experiences of parents in Flying Start areas
 - annual Cymorth reports and the Flying Start delivery plans and progress reports.⁶
- 1.15 The extent to which the Cymorth and Flying Start programmes had become effective in delivery terms is considered in Section 2. The nature of the outcomes from the two programmes is assessed in Sections 3 and 4. Their overall value for money is reviewed in Section 5.

⁶ There was to be a survey of households in Flying Start areas within the first two years of the evaluation but the November 2007 restriction on any data transfer of Child Benefit Records – and the backlog of requests for the data once the restrictions were lifted in March 2008 - meant the postponement of the survey until late 2009.

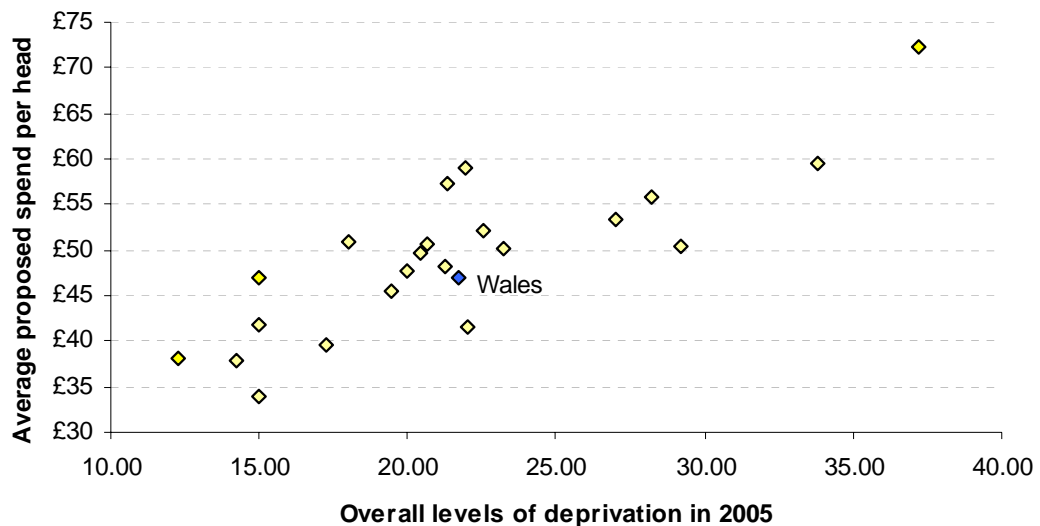
2: Delivering the programmes

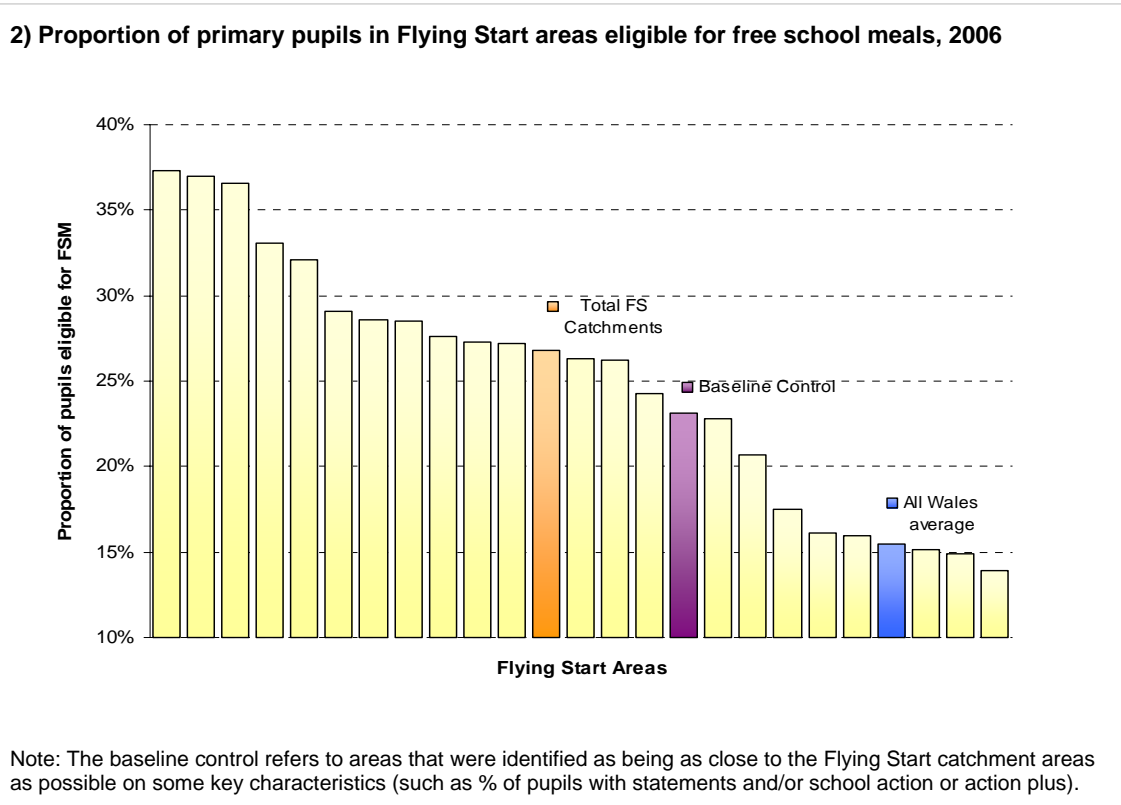
Resource allocation

- 2.1 Both Cymorth and Flying Start had a spatial focus on areas of deprivation. In the case of Cymorth, flexibility was allowed in the ways in which funding could be targeted on deprived areas, groups and/or families (although a specific focus on Communities First areas was expected). Flying Start was specifically targeted on deprived areas as defined by the catchment areas of schools or in other ways where school catchment areas were an imperfect fit with local geographies of deprivation.
- 2.2 As is demonstrated very clearly in Figure 2-1, the design of both programmes – in terms of the allocation of the Cymorth budgets by Local Authority and the designation of Flying Start areas - was consistent with the Assembly's intention to focus on the most deprived areas in Wales.

Figure 2-1 : Allocation of Cymorth and Flying Start budgets

1) Total Cymorth budget per head by Local Authority area against relative levels of deprivation according to the Welsh Deprivation Index (2005)





Governance and management

- 2.3 The Children and Young People’s Partnerships (CYPPs) are the statutory bodies responsible for Cymorth and Flying Start and are the key mechanism for the planning, commissioning and management of activities for children and young people in Wales. The requirement of the Children’s Act of 2004 to develop and agree a Single Plan for Children and Young People prompted stronger partner engagement across mainstream and grant funded activities and a more robust assessment of need and strategic commissioning of activities to meet those needs.
- 2.4 All Partnerships have engaged in strategic consideration of wider mainstream services in the development of the Single Plan. This generally resulted in a more committed and forward looking partnership with a clearer, more strategic vision (Figure 2-2).

Figure 2-2: Influence of the Single Plan on the strategic work of the partnerships

Preparing for the Single Plan (2007/08)

- All areas were either a) conducting (or commissioning) local needs assessments, as part of the Single Plan process, in order to identify priorities and gaps in services, or b) had already completed their needs assessment activities and were beginning to draft their Single Plan for Children and Young People (2008/09 – 2010/11).
- All areas were in the process of developing their Single Plans which will provide a strategic vision and priorities that will direct the work of all partners across the mainstream and grant funded activities
- Many areas recognised that engaging children and young people was both important and useful for targeting services appropriately, and some were engaging young people in innovative ways
- Areas were drawing on good practice and lessons learnt with respect to the design and delivery of the funded activities but still not on the basis of evidence from systematic monitoring and evaluation – which remained partial and project rather than programme based.

The influence of the Single Plan (2008/09)

- The Plans have had a significant influence on all aspects of the work of the CYP Partnerships because they have provided an outcomes-driven framework which has required an integrated and strategic focus on mainstream as well as grant-funded services.
- The Plans have provided a clear vision and set of strategic priorities for 2008-11 to which all partners are signed up. As a result the Partnerships now have a clear remit to ensure that the services delivered meet priority needs and outcomes, and are more accountable to each other to achieve what the Plan has set out.
- Partnership re-configurations were prompted as part of the Single Plan process and, combined with Single Plan itself, have created stronger, more strategic and more accountable CYP Partnerships.
- Some areas have begun to de- and re-commission Cymorth to bring the funding in line with the strategic priorities of the Single Plan.

Source: Area Case Studies Overview Report 2007/08 (ten case studies) and draft Overview Report 2008/09 (12 case studies)

- 2.5 Good progress has been achieved across the board with regard to the establishment of effective partnership governance and management structures, systems and procedures. The partnerships are functioning well. The people involved have longstanding relationships in some of the small local authorities and, across all areas, CYPPs have established a high level of collaboration and trust among partners. The latter have been engaged in the Boards at the appropriate strategic level with an increase in senior representation from key agencies at Partnership meetings in recent years (although there is some concern that the NHS re-organisation may lead to less senior Trust representation).
- 2.6 Strong progress has been achieved in the engagement of stakeholders with more recent evidence showing improved engagement of parents / carers and elected members. The majority of areas have youth councils and fora in place, as well as officers to engage beneficiary groups (e.g. children, young

people and parents) and to develop participation strategies. Most areas consulted children and/or young people on the Single Plan.

Delivery of Cymorth funded activities

- 2.7 Cymorth funded projects and activities are delivered in a variety of settings by a wide range of organisations. Settings can be formal as in school and health settings, and informal such as playgroups, youth centres, open play areas and leisure centres. The range of organisations involved in delivery includes mainstream services such as health visitors, midwives, youth workers and probation services; and the voluntary sector including youth clubs, playgroups, childcare development organisations and other support services.
- 2.8 Annex A sets out an assessment of the effectiveness of Cymorth service delivery. It is based on the case studies that were carried out for the national evaluation in 2007/08 and represents the evaluators' assessment, informed by the views of those consulted and documentation provided, on the effectiveness of the Cymorth programme service delivery against a number of statements of partnership proficiency.⁷ The assessment is summarised in Figure 2-3.

⁷ These statements were drawn up by the SQW team drawing specifically on a report from the National Evaluation of Sure Start, *Understanding variations in effectiveness amongst Sure Start Local Programmes*, June 2007

Figure 2-3: Summary assessment of the proficiency of Cymorth delivery (2007/08)

- **Identifying users** – is being achieved by agencies working together to cross refer users for projects
- **Communications** – comprise well advertised and publicity materials that are sensitive to local cultures and languages
- **Empowerment** – is being achieved with some user involvement and staff training, but not yet extended to make connections for volunteers and users on pathways to work
- **Reach and reach improvement** – is being pursued with general confidence that a high proportion of the target group is being reached and some areas are using creative methods to recruit hard-to-reach groups
- **Multi-agency team work** – is happening in terms of joint strategic planning and co-location, but this is possibly simplified by the low number of agencies involved in project delivery
- **Staff turnover** – has been sufficiently stable to assist internal and external relationships with partners
- **Service innovation** - is taking place in some projects and to a significant degree in some cases with regard to extension to mainstream service delivery
- **Service flexibility** – may be a reflection of the diversity of projects rather than of intentional design - but, partners clearly appreciated the flexibility to fund a diverse range of services in different settings and locales and facilitate 'risk' taking
- **Ethos of service delivery** – is generally welcoming but is targeted at direct users and not yet extended to local communities
- **Evaluation use** - varies significantly between areas and is not generally embedded in the culture of project planning and management – suggests that there is some confusion across areas about what is required

Source: Case Studies Overview Report 2007/08 (ten case studies)

- 2.9 The area case studies carried out in 2008/09 did not test partnership proficiency in the same way. However, there was no evidence to suggest that the assessment would need to be changed either in terms of the strengths or weaknesses of the partnerships.
- 2.10 The extent to which the partnership proficiency suggested by the assessment translated into effective service delivery on the ground is difficult to establish because of the very number and diversity of projects funded by Cymorth and the absence of a common and consistently applied monitoring system for the programme. The twelve area case studies carried out in 2008/09 for the National Evaluation demonstrated this very clearly. Some of the case studies reported achievements against an extensive number of output targets (nearly 60 in one case study) whilst others worked with a very limited set of targets. Therefore, an overall assessment of progress against targets was not possible.
- 2.11 However, across those case studies where this progress was reported, the number of targets that were exceeded as a proportion of all targets ranged from 55% to 75% - i.e. substantially more targets were met than were not met. One case study was of a partnership that scored achievements against

targets (with a maximum score of 20) – the average score over the 21 targets was 13 and the score was 15 or more for 55% of the targets. We cannot comment on the degree to which the targets in this case – or more generally - were stretching.

- 2.12 On the assumption that the targets were at least realistic and testing, then the number of targets exceeded and qualitative assessments by the partnerships themselves would seem to suggest a reasonable level of effectiveness in delivering Cymorth funded activities. However, an alternative sense that emerged from some of the case studies was that ‘*Old Cymorth*’ had not been good value for money. It had provided ‘continuity’ funding for activities financed under the previous funding regimes that remained largely unchallenged and delivered in fragmented ways. This legacy had been addressed in some cases through preparations for and implementation of the Single Plan resulting in a move towards a commissioning model, commissioning projects where they were assessed to be ‘fit’ for strategic purpose and identifying those Cymorth funded activities that might warrant funding within the RSG. But such ‘*New Cymorth*’ activities were only of relatively recent origin.

Delivery of Flying Start

- 2.13 Annex B provides the results of the same form of assessment of partnership proficiency for Flying Start delivery that was carried out for Cymorth in Annex A. The picture painted is a positive one which is to be commended given the limited amount of time that the Partnerships and Flying Start managers had to set up the initiatives and get them running. The strengths and weaknesses of delivery are set out in Figure 2-4.

Figure 2-4 : Summary assessment of the proficiency of Flying Start delivery (2007/08)

Strengths

- achieving acceptable levels of staff turnover and having retention and recruitment strategies in place
- being ‘reach’ effective (delivering to a high proportion of the target beneficiaries) and having creative processes to increase and sustain take-up from ‘hard-to-reach’ groups
- adopting a range of innovative features across the core elements of the Flying Start offer to modify and extend mainstream services
- working in multi-agency teams with joint strategic planning and some degree of co-location and shared training.
- strong level of integration throughout the programme not just between the Flying Start entitlements but with wider mainstream and discretionary funded activities
- the programme has begun to influence mainstream delivery by highlighting the significance of early intervention, the importance of locality based delivery and the value of joined up service delivery

Weaknesses

- service flexibility
- empowerment of service users
- use of evaluation as a learning tool and to evidence the impact of the programme
- future risk of staff turnover increasing as fixed term contracts near their expiry
- financial constraints on activity as a result of declining mainstream and discretionary budgets
- higher than expected numbers of children within catchment areas.

Source: Case Studies Overview Reports 2007/08 (ten case studies) and 2008/09 (12 case studies)

2.14 Progress in the delivery of the Flying Start entitlements has been impressive despite the time and resources that had to be spent on planning and developing Flying Start management and infrastructure. Variations were inevitable and apparent between the different entitlements and Partnerships. This was demonstrated in the national evaluation area case studies (Figure 2-5) and the 2008 Census (Figure 2-6) with respect to delivery of the entitlements.

2.15 Although each entitlement was being at least partially delivered on the self-assessment of the majority of Partnerships, no entitlements were being reported as fully delivered across all Partnership areas. However, although no Partnership was by this time claiming full delivery of every entitlement, none had concerns in more than one area.

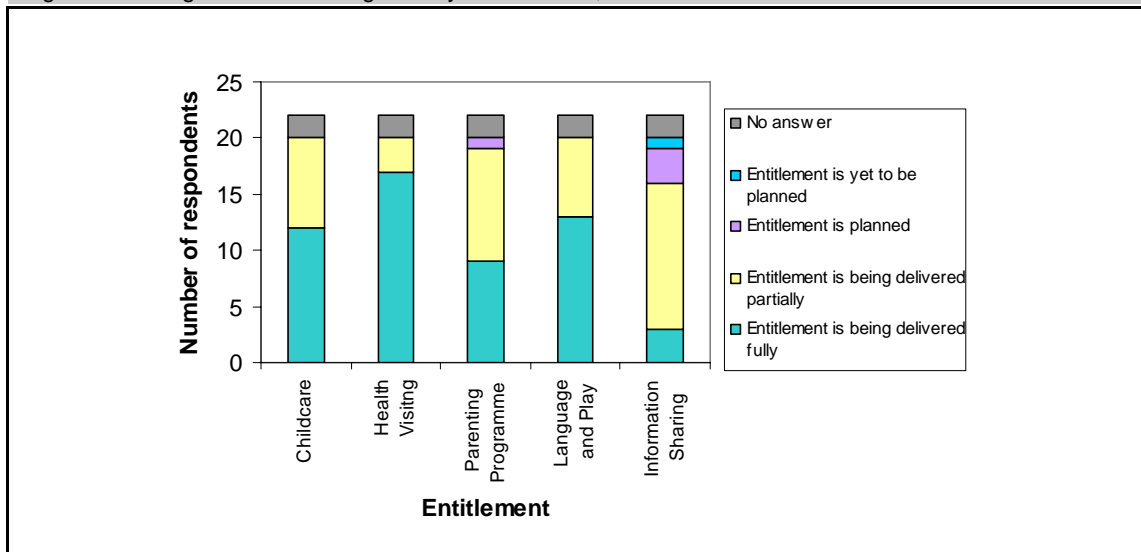
- Partnerships had made substantial progress in the delivery of some entitlements but had some way to go with respect to others:
- Health visiting was the element which, across all areas, was the most advanced on the basis of Partnerships' self assessment, full delivery being claimed in nine areas.
- Information sharing was the least advanced – being fully delivered in only three areas on the self-assessment.

Figure 2-5: Progress in Flying Start delivery (2008/09)

- There has been a good take up of activities across the entitlements: Childcare places are taken, health visiting caseloads have been achieved (albeit exceeded in some areas) and the basic skills and parenting activities are well attended. The take up of services has been significantly aided through improving access to services, removing barriers to engagement and delivering good quality services that are valued by parents, well attended and promoted by word of mouth.
- There is a strong level of integration throughout the programme not just between the Flying Start entitlements but with wider mainstream and discretionary funded activities. This integration is aided by the 'one stop shop' approach of providing a number of services at one central location and the establishment of multi-agency, multi-location and multi-disciplinary teams.
- A number of areas have sought to develop and implement robust performance monitoring systems that will enable them to assess the impact of the programme. Some areas are also pursuing the development, and piloting, of new systems and approaches that will enable them to track children and therefore assess impact over a longer time period.
- The programme has begun to influence mainstream delivery by highlighting the significance of early intervention, the importance of locality based delivery and the value of joined up service delivery.
- There is evidence, albeit anecdotal, from those working on and benefiting from the programme that it is beginning to having a beneficial impact on the development of the children which it has engaged,.

Source: Draft Overview Report 2008/09 (12 case studies)

Figure 2-6: Progress in delivering the key entitlements, 2008



Source: 2008 Census data. Notes: Based on self assessment by 22 partnerships.

Health visiting

2.16 The majority of Partnerships provided their health visiting entitlement via the use of health visitors which accounted for two-thirds of all settings. Some Partnerships supplemented their health visitors with a skill-mix team. Health visitors were seen across the national evaluation area case studies as a key asset in Flying Start provision. Not only was the reduced case load considered to be extremely beneficial in supporting children and families but

the health visitor role was seen as a primary 'gateway' to accessing beneficiaries and in identifying and assessing need and the appropriate services.

- 2.17 The recruitment of health visitors has proved to be a significant issue in many areas. This was in part a result of a shortage of health visitors nationally. But, it was also because the nature of the role within Flying Start, and the complexity of the issues involved, required a broader set of skills than those often held by generic or newly qualified health visitors.
- 2.18 Recruitment of appropriately qualified and experienced staff has not been the only challenge in developing a Flying Start health visiting service. The integrated Flying Start model challenges the culture of health visiting requiring health visitors to "let go" of families to allow them to be supported by other staff including parenting support and specialist services. Establishing this culture and supporting health visitors to accept this as an additional support they can offer their families rather than a stripping away of their role has taken time and effort by the partnerships, NHS Trust and health visitors.
- 2.19 In 2007 and in 2008 only about half the areas claimed to be within the target maximum caseload of 1:110 with the remaining areas having higher caseloads evenly distributed between 120 and 170. The proportion reporting to be within the caseload target was much the same in 2008 but those with higher caseloads reported them to have declined from the previous year to between 116 and 150.
- 2.20 It is worth putting these achieved and target caseloads into context. The findings of a UK survey carried out by Unite/CPHVA⁸ were that the majority of caseloads were currently between 2-400 families with most being under 300 families per full time equivalent health visitor, regardless of the presence of corporate working or skill mix. On this basis, it would seem likely that caseloads tended to be two-three times higher than those being achieved in Flying Start .
- 2.21 Where the caseload target had been met, this was attributed to excellent links with the local authority and joint working with other agencies, accurate estimation of target numbers, an active approach to keeping caseloads below the threshold, and strict adherence to catchment guidance and budget. Across all areas, the factors that contributed to effective delivery of the health visiting entitlement are summarised in Figure 2-7.

⁸ Unite/Community Practitioners' and Health Visitors' Association (2007)

Figure 2-7: Critical success factors in delivering the health visiting entitlement

- **Health visitors based in the catchment area.** This occurs in a variety of settings including doctors' surgeries, integrated Family or Children's Centres, other health premises and on school sites. The benefit of this is that not only does it provide easy access for the community, but it enables the service to be co-located with, or close by, other Flying Start entitlements.
- **Health visitors as part a larger multi-profession health team.** These teams include nursery nurses, family support workers, midwives, child development officers, speech and language therapists and dieticians. It is an approach that adds a valuable dimension to the service as it enables specific and complex needs to be better addressed and in a more coordinated fashion. Funding for these other professional posts predominantly comes from Cymorth or mainstream NHS budgets.
- **Joint-funding to supplement delivery.** As noted in the point above Cymorth monies and mainstream budgets are used to fund other health professionals in order to enhance the service offered. These monies have also been used to fund additional 'Flying Start' health visitors where necessary.

Source: Draft Overview Report 2008/09 (12 case studies)

Childcare

- 2.22 Across the majority of the Partnerships, Flying Start childcare entitlement was split between a variety of providers including the public, private and voluntary sectors. The available monitoring data show the dominance of sessional providers (58% of all settings) and the non-maintained sector (85% of settings) in the delivery of childcare in 2007/08. Predominantly the focus had been to build on and extend existing provision (e.g. to the afternoons where previously provision had been confined to the mornings). The evaluation Census suggested that drawing on mixed economy provision and utilising existing providers were important in supporting delivery of this entitlement. In this respect the provision of Flying Start childcare has largely focused on up-scaling and up-skilling the quality of existing provision rather than creating new provision.
- 2.23 Whilst this was generally seen as an effective delivery model, some concern was expressed about how it might favour the larger, national providers or chains and marginalise the smaller community based or independent providers because the latter lack the resources to provide just part-time places and need funding for full time provision to be viable.⁹ This was compounded, in the perception of some Partnerships, by the way in which the entitlement was seen to be interpreted as requiring delivery of childcare for 2.5 hours per day, five days per week, 42 weeks per year. This was seen to be a potential barrier to delivering the childcare entitlement because some

⁹ Note: Any such bias was not likely to be a function of Assembly guidance which has a mixed economy approach to the provision of good quality childcare and education. A range of providers could offer Flying Start as long as they met the criteria and could include the maintained sector and private and voluntary nurseries, playgroups and childminders.

providers (the smaller and less well resourced providers in particular) might not be able to deliver these requirements.

- 2.24 There were three broad constraints on the effective delivery of the childcare entitlement – summarised in Figure 2-8.

Figure 2-8: Constraints on the delivery of the childcare entitlement

- **Lack of suitable premises:** For some areas the issue was about the availability of premises within a specific catchment area, whilst for others it was about the poor physical fabric of particular buildings or sites. It is being addressed through the development of new premises (often modular and demountable facilities set up within the catchment area) or through refurbishment (often extensive) of existing premises so that they can meet the required standard. The lack of suitable premises has had a significant impact upon delivery as, unlike the remaining two issues without suitable premises, there is no option for partial delivery.
- **A lack of suitably qualified childcare staff/providers:** The majority (83%) of the leaders of the Flying Start childcare settings were not qualified to Level 4 or equivalent in Childcare although 36% of this non-qualified population were working towards gaining the qualification. Some areas were undertaking gap analysis of childcare quality standards and, where a skills shortage had been identified, were investing in supporting childcare providers to train their delivery staff to Flying Start Programme standards (NVQ Level 3). This was thought to be necessary despite the gestation period involved and the risk that, once trained, the staff might leave the area. This risk was thought to be worth taking in order to ensure that a key barrier to the delivery of the entitlement was overcome, notably the lack of appropriately skilled provision to meet demand.
- **Delay in the registration process:** All childcare provision must be registered with Care and Social Services Inspectorate Wales (CSSIW) and the time taken by this process (up to 18 months in some areas) has caused significant delays for a number of areas. Without registration, providers can only provide a maximum of one hour 59 minutes a day, significantly limiting the delivery of the entitlement.

Source: Area Case Studies Overview Report 2007/08 (ten case studies) and draft Overview Report 2008/09 (12 case studies)

Other entitlements

Basic skills - Language and play (LAP)

- 2.25 The basic skills entitlement was generally regarded as a lower priority in all areas, largely because resources and effort were focused on developing the childcare and health visiting elements of the programme. Another reason was that Language and Play provision existed in all local authorities prior to the introduction of Flying Start and, hence, there was less need for initial development. Where activity has been developed, it sought to provide more intensive support to those adults and children who need it most - specialist staff, including speech therapists and early years' teachers, being recruited to lead the work.
- 2.26 Factors constraining the delivery of the LAP entitlement in 2007 mostly related to the fact that Flying Start was still relatively new. Most of these barriers seem to have been overcome by 2008, although the challenge remained of

engaging 'very hard to reach' families, cited by ten Partnerships in the evaluation Census. Recruitment shortages were also identified as a barrier by eight Partnerships.

Parenting

- 2.27 The development of parenting programmes has been slower than delivery of the childcare and health visiting entitlements. In general the delivery model used existing providers from both the public sector (including social services, the local education authority and the local health board) and the voluntary sector as well as specifically recruited team members (such as a Parenting Coordinator in Rhondda Cynon Taff and Newport) to deliver assessment tools and a variety of programmes. As in 2007, the Incredible Years suite of programmes was the most popular, offered by all but one respondent to the evaluation Census.
- 2.28 The priority reported in the case studies was to deliver support and training to enhance the skills of those parents most in need (especially young parents) through a range of different settings and in some instances one-to-one. This entitlement was seen as central in helping to prevent problems developing in the future. The monitoring data indicated a higher incidence of parenting sessions held in the home compared with course-led provision. This may reflect the out-reach nature of this theme, where targeted parents are more likely to participate and respond to parenting interventions in a safe and personal environment.
- 2.29 The main factor identified as a hindrance in the planning and delivery of the entitlement was a lack of experienced staff, as reported by thirteen Partnerships in the 2008 Census. This highlights a subtle development since 2007 when a lack of *trained* staff was considered the main barrier to delivery of the parenting entitlement. Eleven respondents also felt that a lack of suitable premises was hindering service delivery, with two areas specifying the size of premises as a key issue.
- 2.30 This continues a theme that has been evident across the entitlements, namely the importance of experienced staff recruitment, training of staff and the availability of suitable premises as both a constraint and an enabling factor on effective delivery of the Flying Start entitlements.

Information sharing

- 2.31 Only three Partnerships claimed that the information sharing entitlement was being delivered fully in the 2008 Census and thirteen stated that it was being delivered partially – representing little improvement on the situation revealed

in the 2007 Census. However, nineteen Partnerships reported having met the goal of a *'shared location which is being used effectively'* either fully or partially – an increase from 15 in 2007. Eighteen respondents felt they had fully or partially met the goal set out in the Flying Start guidance that: *'all practitioners view themselves as a team'*. The third goal, *'information sharing protocols established, building on WASPI'*, was reported as fully met by just two Partnerships, and partially met by fifteen.

- 2.32 The most commonly identified barrier to the delivery of the entitlement was the time needed to integrate the Common Assessment Framework (CAF). Comments indicated that the confusion over national requirements in relation to information sharing, as identified in 2007, has cleared. However, other issues identified in 2007 were still seen as a problem in 2008 by many respondents to the evaluation Census. For example: IT incompatibility, negotiations with parents, and time needed to integrate WASPI.
- 2.33 However, 'helping' as well as 'hindering' factors were also identified in the Census returns. Seventeen respondents cited using existing protocols and procedures and communication and relationship management, with ten describing these practices as 'effective' or 'very effective'. However, while twelve areas believed building on WASPI ensured progress, five other respondents felt that this was 'ineffective'. There was a general sense in which the protocols and procedures might have been acceptable and agreed at strategic level without necessarily becoming operational at ground-level.

Concluding observations

- 2.34 The CYPPs have undergone considerable refocusing and restructuring in the past 12-18 months resulting in stronger, more strategic and more accountable Partnerships within which Cymorth activities have been and are being reviewed and where appropriate recommissioned. Cymorth has had a direct role in this process as it was the main source of funding for the activities undertaken by the Partnerships and the CYPP support teams.
- 2.35 Whilst the conclusion of the evaluation to date is that the CYPPs are generally functioning effectively, the extent to which the same assessment can be made for individual Cymorth activities is limited. There are mixed views amongst Partnerships on this matter with some being more positive than others. Monitoring and evaluation of activities are under-developed and, consequently, there is little evidence that can be used to confirm one impression or another about the overall effectiveness of Cymorth funded activities.

2.36 Flying Start Partnerships have made impressive progress in establishing multi-agency and multi services initiatives which provide a broadly integrated service in a relatively short space of time. Good progress has also been made with the delivery of the entitlements – especially with regard to health visiting and childcare. Recruitment and retention of staff and, to a lesser extent, provision of appropriately located and configured premises have proved to be the primary constraints on the delivery of the entitlements both of which have taken some time – and in some cases will continue to take time - to overcome. These challenges are not unfamiliar or unexpected. For example, Sure Start found that multi-agency working requires professionals to *“re-interpret their professional role when working in multi-professional teams...work[ing] outside their “normal” professional boundaries...can lead to tensions”*¹⁰.

¹⁰ The National Evaluation of Sure Start (2005)

3: Cymorth outcomes and mainstream influence

Cymorth outcomes

- 3.1 Examples are given in Figure 3-1 of Cymorth funded projects that demonstrate effectiveness in generating outputs and outcomes consistent with the programme's longer term aspirations to reduce later costs (of remedial action) by taking preventative actions now.

Figure 3-1: Examples of Cymorth funded projects with positive outcomes

| Area | Projects with positive outcomes or the prospect of positive outcomes |
|----------|--|
| Bridgend | <ul style="list-style-type: none"> • Restorative Justice in Schools project:- Helped tackle exclusion, suspension, bullying, pupil to pupil conflict, pupil to teacher conflict and anti-social behavioural problems in schools through a mediated conflict resolution process |
| Torfaen | <ul style="list-style-type: none"> • SMARTT project:- Demonstrated a reduction in the number of inappropriate referrals to social services. Overall school attendance increased from 86% in 2005/06 to 92% in 2006/07. For one family, multi-agency intervention resulted in the children's school attendance increasing from 35% to 96% as well as many other positive outcomes, including the mother learning new life and parenting skills. • Youth Access project:- Community-based alternative education with the majority of young people having been expelled from school. Most of them said that they preferred it to school because it is: more laid back, they don't have to wear a uniform, they are more respected, there are more staff than at school and: <i>"Better behaviour, they [the staff] don't shout like teachers at school"</i> |
| Vale | <ul style="list-style-type: none"> • Comprehensive School: Behaviour Support Programme:- To date 300 young people have gone through this programme on school exclusion prevention and supporting opportunities for learning. Many have gone on to sixth form or successful jobs or careers. 10 boys were interviewed for the area case study and said the project prompted them to stay on, study for GCSEs and face challenges at school, home and in their local communities. |
| Newport: | <ul style="list-style-type: none"> • LDI project :- Youth workers in schools to support disadvantaged young people has lead to a reduction in the number of temporary and permanent exclusions and increased attendance • Streets Ahead project:- Reduced evictions from council houses – and recorded video of beneficiary stories e.g. young people who have gone on to pursue careers • Young carers project:- Worked with 50 young carers each year (200 since project was set up). Around eight a year re-engage in education or employment as a result of the project. • Outreach case-holding midwifery service:- Increased take-up of ante-natal care, increased birth weights and increased numbers of |

| Area | Projects with positive outcomes or the prospect of positive outcomes | | | | | | | | | | | | |
|-----------------|---|--------------------------------------|----------------------------------|--------------------------------------|----------------------------------|-----|-----|-----|-----|---------|-----|-----|-----|
| | healthy pregnancies | | | | | | | | | | | | |
| Anglesey | <p>Sure Start (Cymorth) funded parenting class:- Attendees quoted the following benefits:</p> <ul style="list-style-type: none"> • “Really enjoyed the class as it has covered lots of useful things – like first aid, feeding tips and sleep routines” • “It’s given me confidence to go out and make friends again” • “I found the baby resuscitation session brilliant. My baby caught something in her throat a few weeks later and I was able to put what I had learned into practice” | | | | | | | | | | | | |
| Carmarthenshire | <ul style="list-style-type: none"> • Family Group short courses facilitated by Plant Dewi:- Parent attendees reported improved self-esteem and confidence: • “it helps me make friends with other parents as well” • “it is helped me with other things in life such as filling in forms and doing my CV”. • “the group has made my child gain a lot of confidence and he’s now comfortable around other people and not just hiding away”. | | | | | | | | | | | | |
| RCT | <ul style="list-style-type: none"> • School-based programmes:- Statistics show a reduction in the number of fixed term exclusions in five of the six schools where alternative curriculum programmes have been funded via Cymorth from 2004/05 to 2005/06. • Youth Offending Service projects (Partnership for Youth, Remedy and VALREC – Race equality officer):- Statistics show there has been a year on year reduction in the number of crimes committed by young people in RCT from 3419 total crimes in 2002/03 to 886 in 2006/07. | | | | | | | | | | | | |
| Cardiff | <ul style="list-style-type: none"> • Purposeful Learning – Somali Achievement - The homework clubs secured high levels of attendance in 07/08 with over 350 young people attending. Further benefits were gained through provision of family support to encourage Somali families to value and engage in the education provided at school. • Parent Plus interventions have been completed with 43 families and between April 2008 and December 2008 a sample of 19 interventions were asked to evaluate the progress of their child. In each case the Early Years Home Liaison Officer (HLO) and parent were asked to rate the child in terms of play, relationships and behaviours both before and after the intervention out of a scale from 1 - 5. The table below tracks the average level of improvement in the children helped and the impact that Parent Plus interventions have had as measured by the professionals and the parents. <table border="1" data-bbox="555 1697 1374 1888"> <thead> <tr> <th></th> <th>Average improvement in Play</th> <th>Average improvement in relationships</th> <th>Average improvement in behaviour</th> </tr> </thead> <tbody> <tr> <td>HLO</td> <td>1.7</td> <td>1.5</td> <td>1.8</td> </tr> <tr> <td>Parents</td> <td>2.4</td> <td>1.9</td> <td>2.7</td> </tr> </tbody> </table> | | Average improvement in Play | Average improvement in relationships | Average improvement in behaviour | HLO | 1.7 | 1.5 | 1.8 | Parents | 2.4 | 1.9 | 2.7 |
| | Average improvement in Play | Average improvement in relationships | Average improvement in behaviour | | | | | | | | | | |
| HLO | 1.7 | 1.5 | 1.8 | | | | | | | | | | |
| Parents | 2.4 | 1.9 | 2.7 | | | | | | | | | | |
| | <p>Note: Parent Plus is a psychology service for pre-school children with behavioural and developmental issues that was available under the sure start programme and has been reconfigured for delivery across the sure start and Flying Start areas.</p> | | | | | | | | | | | | |

| Area | Projects with positive outcomes or the prospect of positive outcomes |
|---------------|--|
| Blaenau Gwent | <ul style="list-style-type: none"> • BAG 57 - Reach Out for Sexual Health: C-Card Scheme User Consultation 2008 (275 responses) key findings: 88% agreed that a visit to a C-Card centre provided them with what they needed; 88% said the staff had given them good advice; and 86% said they understood the information they were given. Overall young people felt the service is OK to excellent (86.9% of users rated the service at least 7/10) |
| Swansea | <ul style="list-style-type: none"> • Swansea Young Single Homelessness Project: 80% of clients engaged in the project with risky behaviours demonstrated a reduction in the severity and frequency of risky behaviours as a result. • STORM: Reduced the number of referrals to CAMHS as it has helped change children's emotional well being and behaviour; made children ready for nursery school; enabled parent to develop skills to recognise socially acceptable behaviour; and improved parenting skills. |
| Denbighshire | <ul style="list-style-type: none"> • Rhyl Integrated Children's Centre: Services delivered through the Centre provide good value for money by providing accommodation for multiple agencies enabling parents to access activities for ante-natal care, babies, young children and pre-school childcare as well as training and employment opportunities. 80% of service users agreed that <i>'the provision made a positive difference to my family'</i> |
| Powys | <ul style="list-style-type: none"> • Social Inclusion: measurable improvements in attendance and reduced exclusions and school refusers although at county level these are relatively modest - permanent exclusions were reduced from 21 to 17 in 2006/07 |

Source: Area Case Studies Overview Report 2007/08 (ten case studies) and draft Overview Report 2008/09 (12 case studies)

Influencing mainstreaming services – the potential

- 3.2 Figure 3-2 provides examples of innovative practices across Cymorth projects which were assessed by the evaluation team as having the potential to influence mainstream services or be adopted by them on the evidence of consultations with the Partnerships and mainstream service providers.

Figure 3-2: Examples of innovative Cymorth funded activities with mainstreaming potential

| Activities | Innovative aspects |
|----------------|--|
| Pilot projects | <p>Many Cymorth projects are innovative pilots e.g.</p> <ul style="list-style-type: none"> • Dedicated midwife for teenage parents (Anglesey, Pembrokeshire) • NHS Trust led specialist teams (e.g. High Needs Team and the Therapies Team) focus on preventative treatment, rather than just reactive care (Bridgend) • Viewpoint on line consultation tool (Vale of Glamorgan) |
| Joint working | <ul style="list-style-type: none"> • Supporting the development of new and revised multi-agency strategies and protocols to direct and frame mainstream and discretionary services for children and young people may well be the greatest legacy for the Cymorth programme. (Cardiff) |

| Activities | Innovative aspects |
|---|---|
| | <ul style="list-style-type: none"> • Restorative Justice In Schools project - Youth Offending Team has developed a strong working relationship with the two schools in which the project is being delivered (Bridgend) • Support into Independent Living - multi-agency team of housing, welfare and education professionals provide a one-stop shop service to young people leaving care. (Torfaen) • Good working relationships have been developed with Communities First Coordinators and they have been engaged in a number of projects e.g. Ammanford Play Centre (Carmarthenshire). • Multi-Agency Working Group - Pembrokeshire) |
| Setting up new networks | <ul style="list-style-type: none"> • Local Delivery Networks based in all 5 secondary schools and the Special School in Anglesey and Preventative Services Group in Newport. Both bring together locality based multi-agency teams of service providers to share information and co-ordinate activities to support individuals. • HYPE is a newly established network of CVS groups working with children and young people. It was established by the Cymorth-funded CVS Development Worker (Newport) • Outreach work of Plant Dewi (Ceredigion). • Early years funded activity through both Flying Start and Cymorth activities, supported at the strategic level, led to an effective system of referral and broader networking (Denbighshire) |
| Co-location of staff providing related services | <ul style="list-style-type: none"> • The Integrated Children's Centre (ICC) and mini-ICCs in Cwmbnan, Torfaen, provide co-location networking opportunities for SureStart, Children's Information Service, Flying Start and Genesis projects to work together and engage with mainstream partners (e.g. schools). • Projects that have placed youth/alternative education workers in schools to support disadvantaged young people in mainstream education (Pembrokeshire, Newport, RCT) • NHS in Bridgend has provided a sexual health nurse to work on the Info Direct Bus which is led by the Local Authority and seeks to engage young people in their own localities and help them to make informed decisions about issues that affect their health and wellbeing. |
| Information-sharing | <ul style="list-style-type: none"> • InfoShop – provides drop in sessions, advocacy, signposting and resources for 500+ registered 11-25s. Led by the Youth Service with Newport MIND, CAMHS, Streets Ahead, Shelter, Victim Support and BME groups. Youth Workers are given PDAs to record information, which automatically connects to the database and enables them to record critical information which other practitioners can access and share. (Newport) • Young people have been funded to produce videos and theatrical performances promoting on specific issues (e.g. young carers, ASBOs) all of which have been praised and used as examples of good practice (Vale of Glamorgan). • The CYPP is in the process of agreeing on a Wales Accord for the Sharing of Personal Information (WASPI) which places a particular focus on sharing information between the local authority and with the Local Health Board and the Health Trust (Merthyr Tydfil) |
| Use of Service | <ul style="list-style-type: none"> • Streets Ahead - Youth Service, JobCentre Plus, Careers Service have an SLA that allows youth workers to access the JobCentre Plus database of |

| Activities | Innovative aspects |
|---|---|
| Level Agreements | <p>clients and identify young people who are NEET. Outreach workers working with young people on the streets and in estates help them put together a personal development plan (Newport)</p> <ul style="list-style-type: none"> Learning from the experiences of the Cymorth programme, there is a determination to ensure that the commissioning of services is supported by SLAs that include measureable outputs which link directly to the aims and priorities of the Plan (Merthyr Tydfil) |
| Budget pooling (between services or organisations) | <ul style="list-style-type: none"> CIDs Project (Flintshire) was a genuine multi-agency approach to provider services for children and young people who have disabilities. Cymorth funded a post to cover the overall co-ordination of activities that were being delivered by mainstream provision. Preventative Services Group, where social services, education, health and the VCS have pooled budgets to reduce the number of individual contacts. (Newport) Some projects (e.g. Tafarn Newydd Children and Families Service and Youth Access) are multi-agency funded in part from mainstream budgets (Torfaen) |
| Devolved decision-making to a more local level | <ul style="list-style-type: none"> Some work undertaken to involve users in service design (Ceredigion, RCT) Neighbourhood teams for youth workers, play workers and sports development workers have featured (Newport) Work of the Trevethin Detached Youth Worker to form a local forum/youth committee that links with and has Trevethin young people active in Torfaen Young People's Forum |
| Introducing targets/incentives for service provider staff to work jointly with others | <ul style="list-style-type: none"> Through facilitation of Partnerships the mainstream services have been encouraged/supported to work jointly with others (all areas) Commissioning strategy (RCT) SLAs increasingly set targets, and the coordination team have developed monitoring, evaluation and performance management skills linked to the details within SLAs (Ceredigion) |
| Local evaluation, research and analysis of evidence | <ul style="list-style-type: none"> External evaluations of Cymorth seen as a key mechanism for modifying Cymorth activity to improve future delivery. (Flintshire, Torfaen, Newport) Various surveys (e.g. CTC survey, Viewpoint, Childcare needs and provision survey) have been commissioned (Vale of Glamorgan). |

Source: Area Case Studies Overview Report 2007/08 (ten case studies) and draft Overview Report 2008/09 (12 case studies)

3.3 The 2007 Census asked Partnership respondents to identify the nature of Cymorth's influence on the way mainstream services were designed and/or delivered. They were asked whether Cymorth had influenced planning, policy and delivery through the Children and Young Peoples Partnership in terms of the following aspects:

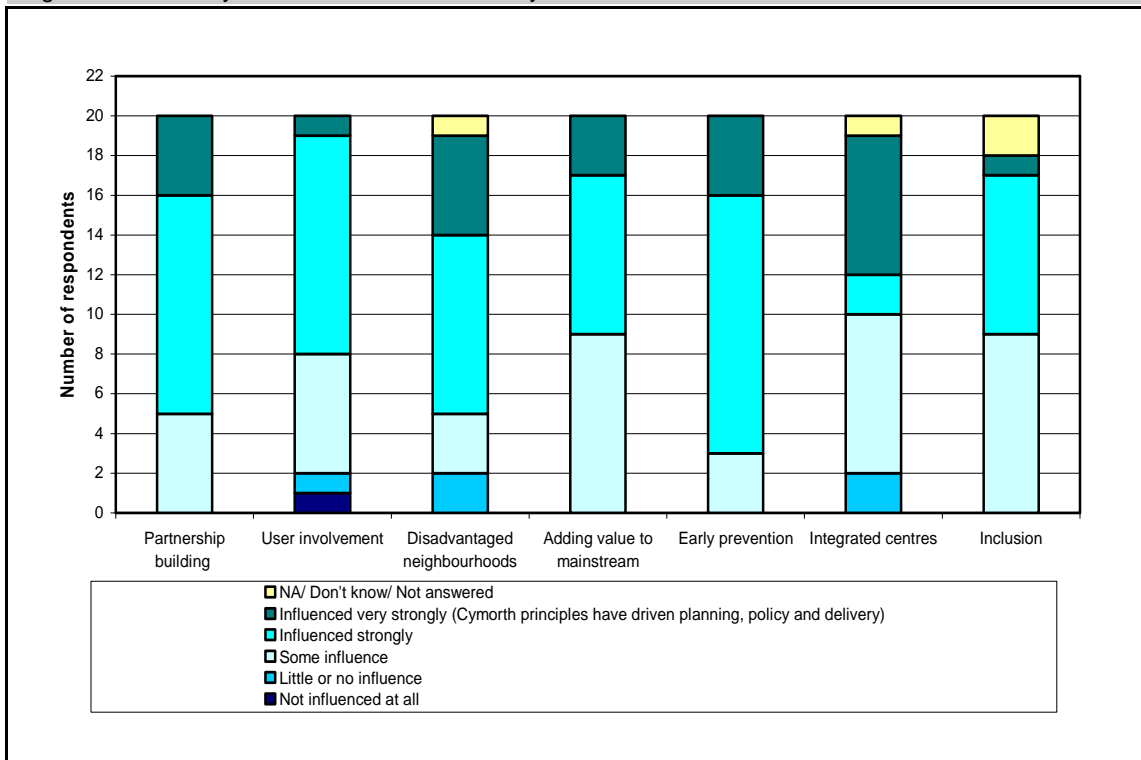
- partnership building

- user involvement
- focus on disadvantaged neighbourhoods and Communities First neighbourhoods
- focus on early prevention
- service delivery from integrated centres
- service design and delivery to be inclusive of all communities.

3.4 Figure 3-3 shows that the results were overwhelmingly positive – a large majority of respondents felt that Cymorth funded activities had at least some influence on each of these areas of planning, policy and delivery. For example:

- all felt that Cymorth had increased the focus on early prevention – 17 of 20 respondents felt Cymorth had strongly or very strongly influenced this area
- all respondents also agreed that Cymorth had positively influenced partnership building – 15 felt that Cymorth had strongly or very strongly influenced this area
- all agreed that Cymorth had influenced the extent to which the Partnerships added value to mainstream services.

Figure 3-3 : How Cymorth influenced the delivery of mainstream services



Source: Census data. Based on 20 responses

3.6 The evidence in Figure 3-2 and Figure 3-3 is generally positive about the extent to which Cymorth funded activities have already been adopted, or have the potential for adoption, by mainstream providers (or for influencing their practices). However, it needs to be remembered that Cymorth is a funding stream of significant scale (some £50m per annum) which is highly diffuse and with a large number of small projects across a wide age range of beneficiaries. Despite the scale, consistent monitoring of activities at a programme/national level was not required and as such there is no way of comprehensively reviewing the activities funded by the programme. The positive nature of the feedback may, therefore, be dominated by a relatively small number of projects – with the more negative aspects of the programme being difficult to locate and specify.

Influencing mainstream services - in practice

3.7 The evaluation evidence suggested that there were more cases of Cymorth funded activities that had the potential to be adopted by mainstream service providers than had actually been adopted. The reasons for this were suggested by the 2007 Census which asked respondents to identify the factors that prompted and hindered the influence of Cymorth funder activities on mainstream service providers (Figure 3-4).

3.8 The main barriers to changing mainstream services and securing mainstream funding for Cymorth projects were constraints and inflexibilities with regard to mainstream budgets (some of which were also experiencing budget cuts) and staffing complements, as well as other barriers such as different agency priorities and conflicting key performance indicators.

3.9 Almost all of the Cymorth projects reviewed during 2007/08 were heavily grant-dependent with few having explicit exit strategies in place. This was, in large part, because the intention of moving Cymorth activities into mainstream funded had not been declared or understood as part and parcel of the programme. In other words, there had been a tendency to treat the programme as providing continuity and non-time limited funding for projects that had been funded through the previous regimes wrapped up into Cymorth.

Figure 3-4: Factors prompting and constraining Cymorth’s influence on mainstream service providers

| Theme | Key factors that prompt change | Key factors that hinder change |
|----------------|---|--|
| Family support | <ul style="list-style-type: none"> • delivery from an integrated centre • targeting help at particular groups • dedicated staff to relate to and manage projects | <ul style="list-style-type: none"> • the capacity (or lack of a) of the parenting co-ordinator • difficulty in maintaining focus on ‘anything other than statutory duties’ |

| Theme | Key factors that prompt change | Key factors that hinder change |
|--|---|--|
| | <ul style="list-style-type: none"> family support strategy building on Sure Start and the wider provider base | |
| Health improvement | <ul style="list-style-type: none"> a good relationship/ involvement and commitment from the Local Health Board and providers joint commissioning | <ul style="list-style-type: none"> lack of capacity within the Local Health Board pharmacy costs limited budgets targets/focus not aligned |
| Play and leisure | <ul style="list-style-type: none"> targeted funding at children with specific needs links to primary schools the creation of the open access play scheme working with the community to engage children and young people recognising the importance of play | <ul style="list-style-type: none"> a shortage of qualified play workers restrictions on funding and resources use of school facilities in holiday time lack of co-ordination of activities and capital works |
| Empowerment, participation and decision making | <ul style="list-style-type: none"> strong youth services good links with schools, Youth Councils, VCS participation strategy tools to assist with participation commitment from partners | <ul style="list-style-type: none"> difficulties engaging with younger children insufficient capacity to respond to demand lack of previous experience in engaging with young children |
| Training, mentoring and information | <ul style="list-style-type: none"> making appropriate use of voluntary and statutory sectors dedicated staff and/or dedicated premises to deliver establishment of a children's information service | <ul style="list-style-type: none"> a need to develop training strategies the previously fragmented approach to this area of work |
| Building childcare provision | <ul style="list-style-type: none"> Integrated children's centres quality of the children's information service strong relationships with providers, umbrella associations and investors creating a childcare development officer post making the most of Flying Start workforce development | <ul style="list-style-type: none"> capacity to pay for childcare lack of funding fragmentation of provider base disengagement of the private sector |

Source: 2007 Cymorth Census

- 3.10 However, the Single Plan and the prospect of the shift of funding from Cymorth to the Revenue Support Grant have induced significant changes to the way in which a majority of the Partnerships are considering and presenting the case for funding of their effective Cymorth projects through the mainstream.
- 3.11 The 2008 Census revealed this very clearly. Fourteen Partnerships reported having identified Cymorth-funded projects and activities for mainstreaming. Nine of these had identified mainstreaming potential as a short-term priority and seven reported that the potential had been, or was in the process of being, achieved. Five areas had marshalled and analysed evidence on the costs, benefits and risks of mainstreaming their Cymorth projects and a further four declared that this was currently underway, and another three described it as 'under consideration'.
- 3.12 Figure 3-5 provides examples of improvements in mainstream services that have been based on the experience and practice from Cymorth funded activities.

Figure 3-5: Improvements in mainstream services attributable in part to Cymorth

| Type of change | Cymorth project-level activity |
|------------------------------------|---|
| Changing corporate policies | <ul style="list-style-type: none"> • The projects addressing strategic development around issues including NEETs, Young Carers, Anti-Bullying etc have all contributed to shifts in corporate policies (Cardiff) • The Young Families Scheme has influenced the local housing agenda, particularly the allocation of the housing stock in relation to young families (Swansea) • The lessons from the use of project level SLAs throughout the Cymorth programme will be taken forward into commissioning services to deliver on the Single Plan (Merthyr Tydfil) |
| Re-allocating mainstream resources | <ul style="list-style-type: none"> • Implement Play – inclusive play in summer programme is considered to be good value for money and has levered core funding - around one third of the budget is Cymorth and two-thirds leisure services (Blaenau Gwent) • Significant additional funding has been identified from within core budgets of both the LHB and the Council to support improvements identified within Wrexham's CAMHS Strategy which was developed by a multi-agency Task-and-Finish Group within the CYPFWP structure (Wrexham) |

| | |
|--|---|
| Re-shaping mainstream services | <ul style="list-style-type: none"> • Through the provision of a central information and advice centre Cymorth has engaged various mainstream partners to operate in and deliver sessions through the centre such as sexual health services and substance misuse drop-in sessions (Swansea) • Through the delivery of a number of Cymorth funded projects the way that out of school work is delivered has been changed and a number of services have created a co-located base on a Secondary School site (Swansea) • Kooth.com School-based on-line counselling is a Cymorth funded extension for 16-18 year olds of the Assembly funded school-based face to face counselling services for young people aged 11-18. The project brings together Youth Service, schools, LEA Educational Psychology, Social Services and the Trust (Mental Health) Blaenau Gwent |
| Improving access to services and take up | <ul style="list-style-type: none"> • The pilot of Learning Coach Personal Support for NEET young people drew together good practice and developed the recommendations from the Cordis Bright Research. The 'one-to-one' support through a Learning Coach achieved excellent levels of re-engagement and Cardiff's post 16 NEET strategy is now being built around this approach (Cardiff) • Through its outreach work engaging young people with mental health needs the STORM project has enabled mainstream services to reach and work with clients it would not have engaged otherwise (Swansea). |

Source: Draft Overview Report 2008/09 (12 case studies)

Concluding observations

- 3.13 The local flexibility that was anticipated for the Cymorth funding – and built into its procedures – resulted in the variation that can be observed between areas and themes in the patterns of spending, delivery focus and methods.
- 3.14 The evidence from the national evaluation case studies and the self-assessment of the Partnerships was that, across this variation, there was a consistency of purpose in the planning and delivery of the Cymorth funded activities. This was particularly so with regard to the identification of, and communication with, target children, young people and their families (with some creative methods being deployed to enable those most in need to access the services they required).
- 3.15 There was a steadfast commitment by the Partnerships to multi-agency team working, service flexibility and innovation in response to identified local needs and mainstream service 'gaps'. An area identified for improvement in design and delivery was with regard to the application and use of evaluations as a learning tool embedded in project planning and delivery.
- 3.16 There have been examples (see Figure 3-1) provided by the evaluation of improvements in service delivery and outcomes at local levels and amongst specific target groups (especially amongst young people excluded from

school or at risk of dropping out). The potential for influencing mainstream services has been identified by the evaluation from amongst these kinds of projects. This mainstreaming influence is claimed by the Partnerships particularly with respect to early preventative interventions, use of integrated centres and partnership building.

- 3.17 Yet, the evidence remains limited for actual changes in mainstream service provision being brought about by the influence of Cymorth funded activities. This was, in large part, attributable to two factors. First, the intention of moving such activities into mainstream funding had not been declared explicitly and/or generally understood so that this was not always sought or planned. Secondly, mainstream service providers were operating under budget and capacity constraints that made it difficult for them to accept the case for changes to services that often required increased expenditure and resources.
- 3.18 More recently, the impact of the Single Plan and the shift of Cymorth funding to the RSG has been to make the Partnerships and the service providers take the mainstreaming potential of Cymorth activities more seriously through the development of business cases for continued funding within the RSG and there have been an increasing number of examples of 'mainstreaming' of Cymorth funded projects.

4: Flying Start outcomes and mainstream influence

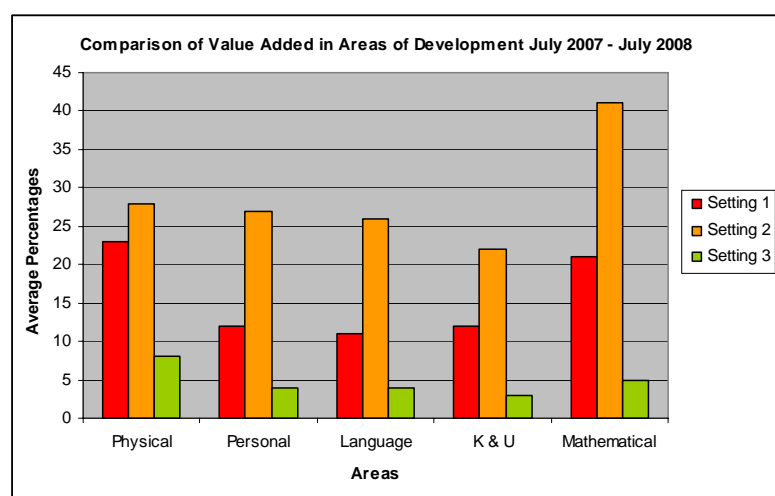
Flying Start outcomes

- 4.1 It was evident from the 2008 Census carried out for the national evaluation that about half the Partnerships had conducted some sort of local or project specific evaluation of their Flying Start activities and that most were planning to do so. Local evaluations have, to date, focused on process and service delivery issues, user satisfaction exercises and childcare assessments. In the main, they have not been concerned with gathering and analysing data on Flying Start outputs and outcomes.
- 4.2 Hence, the evidence reported here will be largely qualitative and anecdotal – but it is always positive about the outcomes. At the time this report was being written there were a few examples where some quantification had been given to the positive developmental outcomes that could be attributed to Flying Start (Figure 4-1).

Figure 4-1: Quantification of Flying Start developmental outcomes

An analysis of the performance of children between their entry to, and exit from, Flying Start childcare settings (to which children enter at two years of age and exit at three years of age) used an early years Personal, Emotional and Social Development Assessment baseline tool which was developed by the Flying Start team.

In July 2008, it was possible to assess the change at three childcare settings where children had benefitted from Flying Start and were reaching their point of exit. The developmental improvements are demonstrated below.



The chart shows the improvements in children's results in the three childcare settings in terms of:

- Physical Development (Physical)
- Personal, Emotional & Social Development (Personal)
- Language & Communication (Language)
- Mathematical Development (Mathematical)
- Knowledge & Understanding of the World (K&U)

The assessment allowed for small differences in the birth dates of the individual children being assessed. It indicated that

- The settings started with children of different ability levels.
- Overall, children were most well advanced in terms of their personal development and knowledge and understanding of the world, and most behind in their mathematical and physical development.
- Children progressed in their achievement across all areas and all settings (Note – this has not been benchmarked and therefore some of the observed improvements could be related to some extent to their ability increasing with age)
- The setting (setting 2) which worked with children who had the lowest entry scores added most value overall.
- Settings helped to re-balance children’s achievement across the five areas by adding most value in the areas where children’s achievement was lowest (i.e. physical and mathematical development).

The Advisory Teachers and the Teaching Assistants have supported the provision of quality childcare by using the ITERS assessment tool which has facilitated identification of areas for improvement and also tracking of progress in quality. The table below shows the initial and follow-up scores of 6 of the Flying Start childcare settings. The scores show the variability in the scores but also the improvements made. The team aims to move each setting on by a minimum of 2 points and ultimately to have each setting score a minimum of 5 (good).

| Flying Start Childcare ITERS Assessment Scores | | | |
|--|---|---|-------------|
| Setting | Initial ITERS Score (poor 1-7 excellent) | Follow-up ITERS Score (poor 1-7 excellent) | Improvement |
| A | 3.15 | 3.64 | 0.49 |
| B | 2.75 | 3.30 | 0.55 |
| C | 1.86 | 3.17 | 1.31 |
| D | 1.52 | 3.32 | 1.80 |
| E | 2.70 | 3.50 | 0.80 |
| F | 6.35 | 6.45 | 0.10 |
| Average | | | 0.84 |
| N.B. The two assessment waves were not necessarily taken at the same time or the same period apart for the 6 settings but show how the tool can be used to track progress and as a tool to identify areas for development and track the improvements they have made. | | | |

Source: National Evaluation, 2008 area case studies in Blaenau Gwent and Cardiff

4.3 The developmental improvements given quantitative expression above were also observed in other Flying Start areas in qualitative form (Figure 4 -2).

Figure 4 -2: Qualitative assessments of developmental outcomes from Flying Start case studies

Developmental skills

“Staff across the programme are reporting anecdotal evidence (e.g. progress in children’s developmental skills, better settling into school, parents with more positive approaches with children and improved family relationships); service evidence (similar to above) or parent self reporting evidence that indicates improvements in child development, health and wellbeing and improvements in parents self-esteem”.

“Nursery staff are regularly commenting on the differences they have observed in FS children. They have settled into nursery much easier, are more confident and also more independent than their peers. Attendance at nursery is also excellent as is the parents’ confidence in communicating with nursery and school staff.”

“The placing of children with special needs within a FS setting has made a difference in the mobility and development of the child.”

“Nursery teachers have reported spending approximately three months less time working with children who have come through Flying Start childcare than those that have not, particularly around children settling away from their parents and their ability to play with other children.”

“Parents and staff reported that the structured activities provided through childcare had resulted in improved behaviour and improved language ability amongst the children.”

“Nursery school staff reported that the children who had been in Flying Start childcare displayed improved language and social skills and were better able to function in the group setting.”

Increased participation in early education and other children’s services

“We have monitored an increase in the number of children attending early educational entitlement following FS childcare in areas where they traditionally did not take up their entitlement.”

“Each child has been assessed on entering the childcare provision and then assessed on leaving the provision which has shown a significant impact on their skills/development of speech and social skills. Children are being given services earlier when a specific development delay is being highlighted.”

“A noticeable change is the increased take up of Flying Start services, such as Parenting Groups (from two participants to 10 for an IY course in Penparcau over six months); the Families Together Group in [our Partnership area] has grown from just three parents, to a group of between 12 and 17 parents with some Dads attending - these families are now enjoying a LAP course. Uptake of childcare and one to one support from Family Support Workers has steadily increased”.

“The multi agency approach to assessment (including Schedule of Growth (SOGs) and Speech and Language Therapy (SLT) has enabled need to be identified earlier.”

Parental development

“Parents reported that their involvement in this[Cymorth and] Flying Start project has led onto participation in Language and Play, and other courses such as stress busting, first aid and play group. A small number are now interested in taking up Adult Education.”

“Staff report a marked difference in the confidence of parents and mothers suffering from post natal depression as a result of the language and play support. One hundred per cent of the users of the Cylch Meithrin (Welsh language) provision stated that it had ‘made a positive difference’.”

“Nine parent nurturing programmes have been run between January and December 2008 across the targeted Flying Start areas. At present evidence of effectiveness is not yet available but Warwick University have been commissioned to evaluate the PNP. However, early parental feedback on the programme has been largely positive with comments including: “*I am becoming a lot more conscious of the needs of my child, which has an effect*”

on all of my relationships” and “I am more confident when it comes to discipline. My children now take me seriously because I am confident.”

Source: National Evaluation, 2008 area case studies and Census

- 4.4 In addition to the qualitative evidence gathered by the case studies, we are able to draw on the findings from the qualitative research with parents undertaken by Ipsos MORI. Figure 4-3 shows that parents are able to identify the positive effects of the services on their children.

Figure 4-3 Qualitative assessments of developmental outcomes from Flying Start qualitative research

Developmental skills

- a mother whose child experienced speech and language difficulties reports that it was attending childcare that made a difference to her child’s speech development, rather than speech therapy which he had been receiving previously with little benefit
- “For me [the best benefit] has been the language development of my daughter - her speech command is brilliant since she came here ... because they do singing every day and basic skills really, like holding a pen and doing painting and all that. They always come out with a picture they’ve painted, oh, and she’s reading.” *Childcare user, Area A*
- “She used to be really snappy, feisty, bratty. But now ... since she’s been there, because they have to share, they have to communicate, they have to, she’s, that’s brought her on leaps and bounds.” *Childcare user, Area D*
- “His speech is more clear and he’s also been able to, not 100% yet, but he is being able to identify colours a lot more since we started doing the session, from when we were doing it. So he has come on in leaps and bounds.” *One-to-one LAP user, Area E*

Parental development

- “I don’t need to shout a lot now, I don’t need to use the time out because I haven’t had to. Just now on the way home from school, [my son] lifted his arm to me as if to say “I’ll punch you!”, but [his brother] goes “No, you’ll be on the time out!” And then he said “Sorry mummy”. So you see they know! They’re just getting on and it’s lovely”. *Parenting course user, Area D*
- In Area A, one parent who had received one-to-one parent support saw big improvements to her family life. This parent found one technique particularly useful in dealing with her child’s behaviour but stressed the overall importance of having ‘options’ to manage children’s behaviour, something she felt that one-to-one parenting provision was particularly good at providing.
- “One of the parents was having problems with their little one sleeping....we gave her ideas on what we do, and now she’s managing to get her little one to sleep better. So that was really good as well. Where we were having problems with the boys when one, with the potty training and that, and the other parents gave us advice, oh, try this and try that. And it works...because we were all giving each other’s, each other ideas as well.” *Parenting user, Area E*
- “You’re made aware of things that you wouldn’t think that the children should be doing I suppose, you think that that’s all for the school, but it’s not, it starts from here, much younger, and that’s where they get that head-start.” *LAP user, Area A*
- “[LAP] brings what they do here in the childcare setting environment, it brings that home, you take that home with you, don’t you?” *LAP user, Area D*

Source: Ipsos MORI Qualitative Evaluation of Flying Start 2009

Influencing mainstream services

- 4.5 Flying Start is a programme with a well-defined purpose to increase and improve service provision in a targeted way in specific areas. There was not the same imperative as with Cymorth for the programme to demonstrate to mainstream service providers the case for adopting good practices developed by the programme. Indeed, the likelihood of this could well be low because Flying Start provided the injection of additional funding – at a time when there were severe constraints on resources and because mainstream service providers could not be seen to favour some families simply on grounds of where they happened to live.
- 4.6 However, Flying Start might well find improved ways of working that increase the quality of service provision without any additions to cost – or even at lower costs (for example through multi-agency working on the ground. It is early days in the delivery of the Flying Start entitlements for fully-fledged forms of such service improvements to have been developed to an extent that might attract the interest and commitment of the mainstream service providers.
- 4.7 Nevertheless, a measure of the effectiveness of the programme will be the extent to which it has led to such wider service improvements. Examples are given against each of the potential categories of the main mainstreaming possibilities. These have been drawn from the area case studies that were carried out in 2008 for the national evaluation (Figure 4-4). The list is extensive for what is still an infant programme.

Figure 4-4: Evidence of wider improvements in service provision arising from Flying Start

| Categories of service improvements | Wider improvements associated with Flying Start |
|---|--|
| Changing the corporate policies of mainstream service providers | <ul style="list-style-type: none"> • The local authority has effectively created a childcare service including the employment of staff and training and development. Flying Start delivery has been integrated into the early years and family support network so it can contribute to universal progressive service • The flexible approach of Flying Start that varies provision between areas depending on what was already in place and what the most significant needs are is a model and approach that the Local Authority is seeking to replicate in the delivery of other activities. • The Health Visitors operating under the Flying Start programme have developed a new way of working that recognises the importance of multi-agency working and the role of health within the wider economic development agenda. Currently, there are no plans for these Health Visitors to be 'rotated' with the other Health Visitors operating in the borough so as to allow this change in operating culture to be passed on, but the Trust has recognised the importance of 'holistic' and joined-up service delivery. The Sure Start and Flying Start Team developed Food and Health Guidelines |

| | |
|---|---|
| | <p>for use by early years settings within Flying Start, Sure Start and across Cardiff as a whole to encourage the adoption of a consistent approach to healthy eating.</p> <ul style="list-style-type: none"> • A number of schemes have been piloted by Flying Start to be rolled out to the wider local authority e.g. <ul style="list-style-type: none"> ➤ Pre-school healthy snack policy ➤ Healthy Award Scheme • The Flying Start Parent Nurturing Programme is being incorporated as one of the overall package of programmes for delivery across the city, as part of the Cardiff Parenting Strategy. |
| <p>Re-allocating mainstream service resources</p> | <ul style="list-style-type: none"> • Pooling budgets - occurred to some extent with the NHS funding one third of the cost of health visitors. • The Council's own resources were re-allocated on a temporary basis to help ensure the Y Graig centre was designed and built very quickly –with subsequent pooling of Health Visiting resources with the local Health Centre. • The Flying Start Programme and Sure Start elements of the Cymorth funding are integrating and aligning much of their activity. Whilst the Sure Start activities are not provided by mainstream funding the intention to move the funding into the RSG may support the mainstreaming potential of activities. |
| <p>Re-shaping mainstream services</p> | <p>Co-location</p> <ul style="list-style-type: none"> • Co-location of services - Flying Start childcare settings are based in local schools and community venues. Settings aim to provide community rooms so that parenting programmes and health teams services can be delivered • The Flying Start team and the Parenting Support team are co-located. This has facilitated cross departmental working, although more work is needed to understand the issues that surround information sharing and how new measures (such as the newly developed WASPI) will help resolve these. • The Flying Start Teams are co-located in locality based teams where possible. The Flying Start model of using schools as hubs for wider community focused service delivery is firmly embedded within the Cardiff School Organisational Plan • The Community Focused Schools and its staff team will in 2009 be integrated into the Early Intervention and Family Support network providing further service integration. <p>Integrated approach</p> <ul style="list-style-type: none"> • Team Around the Child (TAC) is an approach now being pioneered in one deprived area in Wrexham, hopefully to be rolled out county-wide. It is not a separate funding stream but an approach designed to reduce duplication of existing funds and activities – including various Cymorth-funded interventions. • The integrated approach to delivery of cross-cutting themes including: healthy eating, language development and promoting positive behaviour means that parents are receiving and witnessing consistent approaches to supporting children. <p>Information sharing</p> |

-
- FS holds a central database which means parents fill out a registration form with one provider and this is sent to the coordinator so parents can be referred onto different providers if required. Moving towards the development of a shared database for all information but health service has difficulties due to confidentiality.
 - Information-sharing is improving between partners (albeit still a barrier in some instances), particularly the health services – the joint use of the SOGs has really aided this process.

Harmonised assessment and referral procedures

- FS service deliverers have started using CAF - The Common Assessment Framework in Wales which helps practitioners undertake an initial holistic assessment of a child or young person's needs. The CAF will enable agencies to communicate and work together more effectively.
- The Local Safeguarding Children's Board (LSCB) have developed a multi agency referral (MAR) form for social services which will develop into the CAF. This approach will be piloted in the Flying Start Programme to develop a business case for county wide adoption

Improving access to mainstream services and their take up

- Use of family support workers to work across all entitlements, promote FS services, and support parents by accompanying them on their first visit to a setting which helps to establish relationships with parents and engage families.
- The Flying Start team did some joint work with the Traveller Education Service on engaging Gypsy/Traveller families within the programme. This led to the development of a 'cultural issues toolkit' for professionals working with gypsy/travellers and a series of awareness raising training events facilitated by a local traveller. This has helped develop trust and positive relationships between professionals and traveller communities, leading to one local school reporting an increase in the number of young traveller/gypsy children attending nursery education.
- The more clinically based services have adapted to a different way of working with families, e.g. language and play workers undertaking home visits which has proved particularly successful in connecting with hard to reach families.

Source: National Evaluation, 2008 area case studies

Concluding observations

- 4.8 It was acknowledged in the first section of this report that it was too early in the life of Flying Start to be able to assess its effect on improving the life chances of children in the deprived areas of Wales. But, it suggested that it would be possible to assess whether the programme was on track to do so by considering whether it had helped to improve service delivery structures and processes and brought about improvements in parental attitudes and behaviour.
- 4.9 The programme can be judged to be a success on both counts although the evidence has been slow to emerge and is mostly anecdotal.

- It is clear that the programme has delivered many of the critical success factors identified in Figure 1-2 as being associated with effective early years' interventions – in terms of the way services are being delivered, the service systems being used and the beneficiaries being targeted.
- There is a lot of anecdotal evidence that suggests improved health, developmental, social and educational outcomes were already being achieved. This was particularly so with regard to services directed at speech and language development, relationship skills, and confidence building among both parents and children. Partnerships observed increased take-up of early education, and also improved performance at reception stage by children from Flying Start areas.

4.10 Even though it is a young programme and was not designed to improve mainstream service provision, there are many instances where the local authorities and other mainstream service providers are already learning from Flying Start and adopting its approach to bring about improvements in service quality and efficiency. This is particularly the case with regard to re-shaping mainstream services (e.g. co-location, integrated service delivery, information sharing and harmonised assessment and referral procedures).

5: Value for money

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

Economy

- 5.2 The absence of comparable monitoring data for both programmes means that it is not possible to make an assessment of the delivery cost per output at this stage. This is unlikely to be possible for Cymorth at a national level but is something which could be undertaken at a local level. For Flying Start the provision of comparable monitoring data in 2009/10 will facilitate assessment of programme economy.
- 5.3 In the meantime the proportion of programme spend on central costs can be used as an indicator of economy
- **Cymorth:** Across the 22 Partnership the average allocation to central and evaluation costs is 13%¹¹. Within this individual area allocations vary between 4 and twenty-four percent.
 - **Flying Start:** Across the Flying Start Partnerships the average allocation to central and evaluation costs is 13%¹². Within this individual Flying Start Partnership allocations vary between six and thirty-one percent.
- 5.4 An allocation of 5-10% to management and administration has been estimated for social programmes such as the Single Regeneration Budget and New Deal for Communities. However, the Sure Start evaluation estimated overheads to be 26-28 per cent for fully operational Sure Start local programmes and acknowledged that these levels of non-service expenditure are higher than would normally be expected in public services. It suggested that a more typical average overhead level in healthcare or social services would be between 10 and 20 per cent although some are a little higher (Netten and Curtis 2003). The evaluation claimed that it is more or less inevitable that a more joined-up approach to service delivery is likely to involve staff spending a higher proportion of their time co-ordinating with

¹¹ Based on proposed allocations 2007/08

¹² Based on proposed allocations 2008/09.

others than would be the case where services operate in relatively self-contained silos.¹³

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

Effectiveness

- 5.6 **Cymorth:** It was argued in Section 1 of this report that the key assessment questions for this programme were: a) whether it delivered alternative or supplementary forms of service delivery that improved prospects for disadvantaged children, young people and their families; and b) whether mainstream service providers changed priorities and practices as a result of Cymorth funded activities.
- 5.7 The evidence of this report suggests that the effectiveness of the programme on the first count had been variable but generally positive. However, it was not effective on the second count – that is until the issue of engaging and integrating with mainstream services was pushed up the agenda by the need to develop and implement the Single Plan.
- 5.8 **Flying Start:** It has been argued in this report that the effectiveness of Flying Start can more appropriately be assessed as a mainstream programme in its own right because of its well defined and focused objectives in the delivery of specified entitlements to a targeted set of beneficiaries.
- 5.9 The programme has been very effective in terms of the way service systems have been designed and used and in the delivery of the entitlements over a short period of time – certainly when allowance is made for the inevitable set-up problems associated with a new programme. Moreover, there is an emerging body of anecdotal evidence – but only a modest amount of quantitative evidence – with regard to improved health, developmental, social and educational outcomes being achieved by the programme.

Efficiency

- 5.10 Only a limited number of studies to date in the UK and elsewhere have tracked children that may have benefitted from early years' interventions into

¹³ National Evaluation of Sure Start Team, Institute for the Study of Children, Families & Social Issues, Birkbeck, University of London, *Cost Effectiveness of Implementing SSLPs: An Interim Report*, 2006

their later years and have been able to offer evidence on the overall costs and benefits of the interventions. Flying Start is too recent a programme and Cymorth covers too wide an age range to be able to provide this kind of evidence.

- 5.11 However, some Cymorth projects provide enough information for a 'thought experiment' to be carried out on the possible scale of their benefits relative to their costs. The assumptions made and the estimation procedures are explained in Figure 5-1. The experiment confirms other evidence on the positive benefit-cost ratios associated with these types of intervention (primarily through the reduced requirements for and costs of later remedial actions).

Figure 5-1: Experiments to test the costs and benefits from Cymorth funding

School-based programme

There was a reduction of 100 fixed term exclusions between 2004/05 and 2005/06 in the six schools in the RCT area where alternative curriculum programmes had been funded through Cymorth.

Not all the reduction could be attributed to the programmes. So, an assumption is needed in the absence of other information. Assume just 30% of the reduced fixed term exclusions can be attributed to the programmes.

It is also necessary to make an assumption about the benefits from the avoided fixed term exclusions attributable to the programmes – e.g. in terms of reductions in the numbers 'not in education, employment, training' (NEET) and/or in the numbers offending or re-offending. Assume that half the attributed reductions in fixed term exclusions bring about one or more of these benefits.

The effect of the above assumptions is that 15 of the fixed term exclusions yield benefits that can be attributed to the Cymorth funding.

Estimates of the monetary value of different forms of outcomes associated with school interventions are provided in Cummings et al (2007). These suggest that an outcome of 'no qualification but not NEET' has an estimated present value (2005/06 prices) of £50,857 and that 'preventing young people re-offending' can be valued at £63,040.

On this basis, the result of this programme of a net reduction in 15 fixed term exclusions with a mix of the above outcomes could be valued at between £760k and £945k in present value terms.¹⁴

Youth Offending Service

A number of projects within this programme were directed at reducing youth offending. There was a reduction in the number of crimes committed by young people in the RCT area between 2005/06 and 2006/07 of 59.

As above, not all of the reduction can be attributed to the Cymorth funding. If 30% could be attributed to the programme – i.e. preventing 18 young people re-offending – and the present value of this is £63,040 per person, then the programme could be said to have generated a total present value of £1.1 million.

Both the above programmes were run by the RCT Partnership whose Cymorth allocation in 2006/07 for **all** projects was £4.1 million. On the above estimates and assumptions, these

¹⁴ It should be emphasised that this would only be the case if the cost of the intervention was enough to secure this high level of benefit in the mid- to longer-term and did not require supplementary support in later years to prevent the beneficiaries from becoming NEET at some point.

programmes alone could be said to have generated a total present value of some £1.8 – 2.0 million – just under half of the total budget allocation. This demonstrates the likely strength of the benefit-cost ratios associated with these types of intervention.

Source: National Evaluation

- 5.12 It must be emphasised that this conclusion was based on an experiment around a couple of Cymorth funded interventions. If such a conclusion is to be made robust, it will require a much more extensive and intensive commitment to monitoring and evaluation on the part of the Partnerships. This would also address an aspect of the delivery of both programmes where Partnerships have been largely ineffective, namely in learning and development through monitoring and evaluation.

Overall assessment

- 5.13 An overall conclusion on value for money cannot be offered at this stage in the evaluation of the two programmes. The proof of the pudding with regard to Cymorth will be in the extent to which the activities it funded are taken forward in the Single Plans and maintained once they have to be funded within the RSG. Flying Start is a young programme which has shown a lot of promise in terms of its economy and effectiveness. A further test of these elements and the efficiency element of value for money will be possible in the light of the evidence of the household survey which will be an important source of evidence in the final report of the evaluation in 2010.

Annex A: Assessment of the proficiency of Cymorth delivery (2007/08)

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|----------------------|--|---|---|--|--|
| A. Identifying users | Evidence of no system in place to identify new users | Some strategies in place for identifying users (3 areas) | Centralised database ; identifies user types (e.g. people with disabilities or special educational needs); some exchange with other agencies about user needs (2 areas) | Record keeping and referral systems in place ; systematic and routine exchanges of information between professionals about potential users (e.g. new babies born, families moving into the area etc) (5 areas) | Regular contact by Programme staff with users in the local area to identify new users as well as user needs; balance between the need to monitor and support |
| B. Communications | Programme visibility is low ; no acknowledgement of diversity or characteristics of the local community | Poor attempts to make programme delivery visible ; publicity in main (dominant) languages of the local community – or acknowledge why this may not be possible (1 area) | Programme delivery is visible ; publicity reflects and respects the characteristics and languages of the local community (5 areas) | Programme delivery is visible ; employs translation services regularly and demonstrates creative ways of meeting language needs (4 areas) | Programme has high profile in local community; publicity is sensitive to those with special needs (people with disabilities, learning difficulties); employs innovative methods to reach wide audience |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|--------------------------------|---|--|---|--|--|
| C. Empowerment | No sense that users are involved at all in service planning or delivery | Token mention of parents but services dominated by professionals | Some staff training; Some user involvement (e.g. young people involved in decision-making on Cymorth) (9 areas) | Regular staff training; volunteers are trained and users are supported into further employment and training (1 area) | Whole environment empowers users to be part of a learning community; opportunities exist for users to get involved in delivery; opportunities for staff to change roles/responsibilities and access CPD |
| D. Reach and reach improvement | Delivery not yet operational | Delivering to some of the target group; minimal strategies to improve reach | Delivering to a high proportion of the target group; Systems in place to improve take-up (5 areas) | Delivering to a high proportion of the target group; creative processes to increase and sustain take-up from hard-to-reach groups (5 areas) | Delivering to the whole of the target group; innovative approaches to sustaining take-up |
| E. Multi-agency team work | Evidence of absence of multi-agency team work | Lack of commitment from partners to integrate agencies in service delivery | Multi-agency teamwork is well established; some shared staff training (4 areas) | Joint strategic planning; co-location, where possible; regular joint training (6 areas) | Highly joined up delivery beyond standard (Programme) requirements |
| F. Staff turnover | Chaotic and erratic staffing and high turnover in staff | Number of problematic vacancies due to difficulties within the Programme | Acceptable levels of turnover relative to the local area (2 areas) | Acceptable levels of turnover; strategies in place for recruiting and retaining staff (6 areas) | High retention and high levels of job satisfaction among staff (and volunteers). (2 areas) |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|--|---|---|---|---|---|
| G. Service innovation | Replicating traditional service delivery models | Some indication of attempts to reshape standard service delivery models (1 area) | Delivering at least one innovative feature in each core element (4 areas) | A range of innovative features across core elements; signs of flexibility in approach to modify and extend services (4 areas) | A range of innovative features across both the nature of the services and the way in which they are delivered; imaginative approaches to modify and extend services (e.g. links with wider ABIs or mainstream service delivery) (1 area) |
| H. Service flexibility | Evidence that users have difficulties with access | Open working hours in a range of venues | Some extension of access and availability to evening / telephone / internet access etc (3 areas) | Delivery through a mix of venues, access points and flexible times (7 areas) | Users have been involved in identifying preferences and services have accommodated the needs/preferences of a wide range of users |
| I. Ethos (as demonstrated through venue, marketing and promotional work) | Minimal publicity materials; bureaucratic language; unwelcoming venues | Over-reliance on commercially produced standard leaflets (2 areas) | Friendly and welcoming publicity materials; awareness of need to be welcoming (3 areas) | Welcome extends beyond venues and into the community; culturally sensitive publicity materials (5 areas) | Overall has a welcoming and inclusive ethos for a wide range of users and invites local people to get involved/contribute their views |
| J. Evaluation use | Evidence of absence of evaluation; evaluation confused with monitoring | Has undertaken limited local evaluations but not responded to them; understands difference between monitoring and | Has commissioned local evaluations and responded to findings (4 areas) | Staff or parents participate in evaluation process; evaluation feeds into long-term strategic planning | Has embedded evaluation into the culture of the Programme; understands processes and their application to service improvement |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|-----------|----------|------------------------|---|-----------|------------|
| | | evaluation (1 area) | | (2 areas) | (3 areas) |

Source: National Evaluation on the basis of case study authors' assessments informed by the views of those consulted and documentation provided

Annex B: Assessment of the proficiency of Flying Start delivery (2007/08)

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|----------------------|--|--|---|---|---|
| A. Identifying users | Evidence of no system in place to identify new users | Some strategies in place for identifying users (3 areas) | Centralised database ; identifies user types (e.g. people with disabilities or special educational needs); some exchange with other agencies about user needs (1 area) | Record keeping and referral systems in place ; systematic and routine exchanges of information between professionals about potential users (e.g. new babies born, families moving into the area etc) (4 areas) | Regular contact by Programme staff with users in the local area to identify new users as well as user needs; balance between the need to monitor and support (2 areas) |
| B. Communications | Programme visibility is low ; no acknowledgement of diversity or characteristics of the local community | Poor attempts to make programme delivery visible ; publicity in main (dominant) languages of the local community – or acknowledge why this may not be possible (1 area) | Programme delivery is visible ; publicity reflects and respects the characteristics and languages of the local community (4 areas) | Programme delivery is visible ; employs translation services regularly and demonstrates creative ways of meeting language needs (4 areas) | Programme has high profile in local community; publicity is sensitive to those with special needs (people with disabilities, learning difficulties); employs innovative methods to reach wide audience (1 area) |
| C. Empowerment | No sense that users are involved at all in service planning or delivery | Token mention of parents but services dominated by professionals (1 area) | Some staff training; Some users involvement (e.g. parents as volunteers in Flying Start) (8 areas) | Regular staff and training ; volunteers are trained and users are supported into further employment and training (1 area) | Whole environment empowers users to be part of a learning community; opportunities exist for users to get involved in delivery; opportunities for staff to change |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|--------------------------------|--|--|---|---|--|
| | | | | | roles/responsibilities and access CPD |
| D. Reach and reach improvement | Delivery not yet operational | Delivering to some of the target group; minimal strategies to improve reach | Delivering to a high proportion of the target group; Systems in place to improve take-up (3 areas) | Delivering to a high proportion of the target group (including all new births); creative processes to increase and sustain take-up from hard-to-reach groups (6 areas) | Delivering to the whole of the target group ; innovative approaches to sustaining take-up (1 area) |
| E. Multi-agency team work | Evidence of absence of multi-agency team work | Lack of commitment from partners to integrate agencies in service delivery | Multi-agency teamwork is well established ; some shared staff training (5 areas) | Joint strategic planning ,; co-location, where possible; regular joint training (3 areas) | Highly joined up delivery beyond standard (Programme) requirements (2 areas) |
| F. Staff turnover | Chaotic and erratic staffing and high turnover in staff | Number of problematic vacancies due to difficulties within the Programme | Acceptable levels of turnover relative to the local area (3 areas) | Acceptable levels of turnover; strategies in place for recruiting and retaining staff (4 areas) | High retention and high levels of job satisfaction among staff (and volunteers). (3 areas) |
| G. Service innovation | Replicating traditional service delivery models | Some indication of attempts to reshape standard service delivery models | Delivering at least one innovative feature in each core element (3 areas) | A range of innovative features across core elements; signs of flexibility in approach to modify and extend services (6 areas) | A range of innovative features across both the nature of the services and the way in which they are delivered ; imaginative approaches to modify and extend services (e.g. links with wider ABIs or mainstream service delivery) |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|--|--|---|---|---|--|
| | | | | | (1 area) |
| H. Service flexibility | Evidence that users have difficulties with access | Open working hours in a range of venues (3 areas) | Some extension of access and availability to evening / telephone / internet access etc (1 area) | Delivery through a mix of venues, access points and flexible times (6 areas) | Users have been involved in identifying preferences and services have accommodated the needs/preferences of a wide range of users |
| I. Ethos (as demonstrated through venue, marketing and promotional work) | Minimal publicity materials; bureaucratic language; unwelcoming venues (1 area) | Over-reliance on commercially produced standard leaflets (1 area) | Friendly and welcoming publicity materials; awareness of need to be welcoming (1 area) | Welcome extends beyond venues and into the community; culturally sensitive publicity materials (6 areas) | Overall has a welcoming and inclusive ethos for a wide range of users and invites local people to get involved /contribute their views (1 area) |
| J. Evaluation use | Evidence of absence of evaluation; evaluation confused with monitoring | Has undertaken limited local evaluations but not responded to them; understands difference between monitoring and evaluation (1 area) | Has commissioned local evaluations and responded to findings – It should be noted this is a forward looking statement in the case of Flying Start and that whilst evaluations are planned and central to programme development none have been commissioned to date | Staff or parents participate in evaluation process; evaluation feeds into long-term strategic planning (2 areas) | Has embedded evaluation into the culture of the Programme; understands processes and their application to service improvement |

| Dimension | 1 = Weak | 2 | 3 | 4 | 5 = Strong |
|------------------|-----------------|----------|-----------|----------|-------------------|
| | | | (7 areas) | | |

Source: National Evaluation on the basis of 2007 case study authors' assessments informed by the views of those consulted and documentation provided

Annex C: References

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