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The Provision of Early Years Transformation

Stage 1 Evaluation

Rhondda-Cynon-Taff CBC

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The Provision of Early Years Transformation: Stage 1 Evaluation, Version 1

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Glossary

Acronym/Key word	Definition
Capita system	A single management information system to capture all assessments, appraisals and support packages offered to families, enabling accurate record keeping and transparency of processes undertaken.
Cheltenham tool	A tool utilised by Health to ensure parity of caseloads across the Family Health Visiting Service. This tool allocates workforce numbers according to levels of deprivation.
Children and Communities Grant (CCG)	An umbrella initiative that brings together the funding for seven existing Welsh Government programmes and supports local authorities to deliver the services they provide more strategically through the flexibility of these individual programmes.
Early Years Integration Transformation Programme	A co-construction programme involving nine pathfinder Public Service Boards. The programme aims to test a more coherent, integrated and focused approach to the early years, to ensure that children from all backgrounds have the best start in life.
Families First Programme	A universal programme for families with children aged 0-25 that aims to improve the design and delivery of local authorities' family support services, by offering support that caters for whole families, rather than individuals within families, and by co-ordinating the organisations working with families, so that families receive joined-up support.
Flying Start Programme	A targeted early years programme for families with children under the age of four years who live in some of the most disadvantaged areas of Wales.
Formative evaluation	A type of evaluation used to identify the strengths and weaknesses of an intervention's processes and target areas for improvement.

Healthy Child Wales Programme (HCWP)	A universal health programme for all children up to the age of 7 years that sets out the planned contacts children and families should receive from health visitors and other health professionals, from the time of maternity service handover up to the first years of schooling.
Public Service Board (PSB)	Public Services Boards improve joint working across all public services in each local authority area in Wales.
Resilience Matrix Tool	An assessment tool that focuses on a family's resilience levels. The information gathered from the assessment will be used to inform a Family plan that aims to build a family's resilience levels and remove any barriers that are limiting positive change.
Resilient Families Service (RFS)	RCT CBC's recognised approach to delivering the early intervention and prevention agenda across RCT. The service aims to provide bespoke support for families up to 12 weeks to build their resilience with a single point of access and a single referral system.
Schedule of Growing Skills (SoGS) assessment	An approach to measuring child development through the assessment of nine key areas: Passive Posture, Active Posture, Locomotor, Manipulative, Visual, Hearing and Language, Speech and Language, Interactive Social and Self-Care Social.
Summative evaluation	A type of evaluation that focuses on an intervention's impact or efficacy through careful examination of project design and management. It is primarily outcome focused and most often undertaken at the end of the project, when the program or intervention is stable.
Team Around the Family (TAF)	An early intervention and prevention service that aims to work with families to help them identify their strengths and needs. TAF supports families by offering advice, guidance and support, coordinating with other agencies when

	appropriate. (Superseded in RCT by Resilient Families Service)
Theory of Change	An evaluation approach that outlines the causal linkages in an intervention. The process entails defining long-term goals then mapping backwards to identify necessary preconditions.
WellComm speech and language assessments	A toolkit designed to help early years settings identify children from six months to six years old who might be experiencing delays in speech and language development.

Executive Summary

i. In 2017, Cwm Taf PSB and Welsh Government began working together in what would become the Early Years Integrated Transformation Programme. This programme is designed to address concerns around the coordination of early years services. In recognition of the steps already taken to address this, Cwm Taf became the first 'pathfinder' area for the programme, to develop and pilot an integrated approach based on local contexts.

ii. As part of the transformation programme, a new Flying Start delivery model is being piloted in Rhondda Cynon Taff (RCT) that will see the delivery of a Resilience and Wellbeing Health Programme, alongside the delivery of universal parenting support, early language support and a hybrid childcare delivery model via the Resilient Families Service.

iii. This Stage 1 evaluation report assesses the pilot since its launch, reviews the progress of implementation so far and the position across the Cwm Taf Morgannwg health board area.

iv. The pilot and its objectives appear fit for purpose and highly coherent with the policy context. It meets the explicit requirement for the coordination and integration of existing early years programmes and the close cooperation of the local authority and health board. Policies the pilot is directly relevant to are:

- Wellbeing of Future Generations (Wales) Act 2015
- Social Care and Wellbeing (Wales) Act 2016
- Prosperity for All
- A Healthier Wales
- Regional Strategy for Children, Young People and Families
- Children and Communities Grant
- Healthy Child Wales Programme

v. There is a clear need for the pilot approach from these policies and it is evident to stakeholders that specific circumstances in RCT also present a driving need. When compared to Wales as a whole and the wider UK, RCT has amongst the highest levels of child poverty with rising levels of social, communication and mental health issues amongst children and young people, high rates of children looked after on the child protection register and high numbers of children leaving school with no qualifications. In summary the rationale for the pilot is:

- To address the vision set out in Welsh Government policy and programmes
- To provide equality of access by extending support from a geographical, postcode-based approach to a needs-based approach
- To meet the high-level of demand for support services in the local area
- To deescalate vulnerable families in need of support, preventing the move up to statutory services
- To reach the families with the most complex needs
- To provide a unified service for children and families with a single point of access

vi. The core objectives of the pilot are:

- To explore how early years services might be re-configured.
- To explore what it will take to create an Early Years system locally.
- To work together to deliver services in a coordinated, integrated, and timely way.
- To coordinate services, planning, commissioning, and identifying and addressing needs.
- To identify barriers to integration and remove them.

vii. Progress has been made against the objectives, which remain coherent and relevant to the policies and needs. As the programme

is in the early stage of delivery there is still much to be done to fully realise the objectives, such as the removal of barriers that have been identified.

viii. The resources available are adequate in the eyes of stakeholders. Through collaboration and coordination, the existing skills, knowledge, and experience of staff is being better deployed to meet the needs of families and organisational needs. Where there are identified gaps, training is being provided to address them. The majority of funding for the pilot is being met with existing budgets, with transformation programme funds being used to support some aspects and develop regional working. There are deliberate management processes in place with governance structures including all teams involved.

ix. As the approach is built on the integration work that has already happened in Rhondda Cynon Taf County Borough Council, notably the establishment of the Resilient Families Service, delivery has begun successfully. Services are available to all in RCT with access determined by assessment of need. Reservations amongst stakeholders, notably over workforce capacity, have been overcome. COVID-19 has been a disruption but only with a similar impact as would have been the case on the sector without the pilot approach. The rapid adoption of remote communications has facilitated greater cooperation at the strategic level although there are concerns that there will be a greater strain on services due to the pandemic.

x. At this stage there is already some evidence of the outcomes of the pilot. The distinction between generic and Flying Start health visiting has been removed, with caseloads shared across the workforce. All health visitors are now able to offer the same range of support, including an additional antenatal visit and a visit at 20 months for the SOGS assessment. Stakeholders have commented on the presence of new families receiving support who previously would not have been eligible due to where they live.

xi. The longer-term impacts will take considerable time to become evident. There are a range of deep-seated changes expected that provide a fundamental difference to the population of RCT. The goals go far beyond the stated objectives of the pilot reflecting the vocational nature of the sector.

Recommendations

xii. The experiences stemming from the pilot's early stages of implementation has provided several recommendations for future delivery of the pilot, as well as the requirements for a future evaluation, including monitoring requirements. These are fully explained in section 10 of the report.

xiii. The recommendations for future delivery of the pilot are to:

- amend the Resilience Matrix scoring system to improve accuracy.
- increase communication between services at all levels.
- protect the availability of training.
- review health visitor referrals into Resilient Families Service

xiv. The recommendations for future evaluation are to:

- continuously monitor and gather data.
- prepare stakeholders for stage 2 evaluation in early 2022.
- conduct a stage 3 impact evaluation once a significant period of delivery has passed.

1. Introduction

1.1 In recent years Welsh Government has worked with local authorities, health boards and the third sector to instigate a range of early years programmes. These provide children and their families with the support and guidance they require to have the best start in life and the opportunity to reach their full potential.

1.2 As a result of these programmes, there have been improvements in the provision of services and take up of support by families. There has, however, been concern that the approach to early years lacks coordination, minimising positive impacts on children, their families and the wider community.

1.3 In 2017, Welsh Government recognised the steps Cwm Taf PSB had been making to address these concerns and both parties began actively engaging in early years co-construction. This has since developed into the Early Years Integrated Transformation Programme with Cwm Taf coming on board as the first 'pathfinder' PSB. Individual approaches towards integration in the early years sector are being developed and piloted in each PSB in the programme based on the context of their own geographic areas.

1.4 As part of the Early Years Transformation Programme in Cwm Taf Morgannwg, a new Flying Start delivery model is being piloted in Rhondda Cynon Taff (RCT). This new pilot approach will see the delivery of a Resilience and Wellbeing Health Programme alongside the delivery of universal parenting support and early language support and a hybrid childcare delivery model via the Resilient Families Service.

1.5 To ensure the impact and outcomes of the approach are effectively measured, Miller Research was commissioned by Rhondda Cynon Taff County Borough Council (RCTCBC) in December 2020 to undertake Stage 1 of the external evaluation.

1.6 The purpose of this Stage 1 report is to evaluate the pilot since its launch, review the progress of implementation so far and the position across the Cwm Taf Morgannwg health board area. The findings are to be considered by all three local authorities in the health board, RCT, Merthyr Tydfil, and Bridgend as well as the Welsh Government.

1.7 In addition to serving as a standalone evaluation in its own right, Stage 1 also involved the development of an evaluation framework and a plan for a Stage 2, making recommendations for how and when this future evaluation should take place.

Report structure

1.8 The remainder of the Stage 1 report is structured as follows:

- Section 2 sets out the methodology for the evaluation
- Chapters 3-7 present the evaluation team's findings, grouped by the sections of the logic model produced as part of the evaluation. These sections include:
  - Policy drivers
  - Needs and objectives
  - Inputs
  - Activities and outputs
  - Outcomes and impacts
- Chapter 8 presents the impact and counterfactual options appraisal and sets out the approach to be undertaken in Stage 2 and later.
- Chapter 9 presents the evaluation team's conclusions for the Stage 1 evaluation.
- Chapter 10 contains the recommendations for the pilot moving forward.

2. Methodology

2.1 Stage 1 is a formative evaluation, exploring what works and why, the challenges and enablers for delivery of the pilot and lessons learned to date, as well as developing a robust, evidence-based approach to a summative, impact evaluation of the pilot. The methodology combines several approaches, with Theory of Change used predominantly.

2.2 Evidence was gathered through semi-structured qualitative interviews and a supplementary survey. In total the evaluation conducted 31 interviews with strategic and operational stakeholders. The topic guides are included in Annex C.

2.3 The supplementary survey was employed to further the reach of fieldwork. Pilot leads were conscious of the difficulties in attempting to conduct fieldwork with health and local authority staff during a Lockdown period of the COVID19 pandemic in early 2021. The survey was designed to allow stakeholders unable to commit to a full interview the chance to respond to key evaluation questions. Ultimately, most stakeholders contacted were able to participate in an interview with just five electing to respond via the survey.

2.4 A logic model (Annex B) was constructed, laying out the outline of the pilot, demonstrating the causal link between effects and the pilot activity laid out on Theory of Change principles, starting with impacts and outcomes, and working backwards including how they relate to the original project context and objectives.

2.5 From the logic model an evaluation framework (Annex A) was developed that sets out specific questions for evaluation and the identified indicators that will help answer those questions. The framework sets out the type of data, the likely source, and whose responsibility it is to gather the data.

2.6 Both the logic model and the evaluation framework were tested with a workshop of strategic stakeholders. This workshop gave an

opportunity for the stakeholders to comment on these vital evaluation tools and for the evaluation team to clarify their understanding.

2.7 This report contains the findings for the Stage 1 evaluation. The proposed evaluation approach to Stage 2 is contained in a separate document.

3. Policy

3.1 This section sets out the policies driving the need for the pilot in RCT. The pilot is either a direct response to policy demands or has been shaped by the circumstances that they create. The policies range from pan-Wales legislation to more local formal strategies.

3.2 The policies were identified through the document review and from conversations with stakeholders.

3.3 Overall, there is a clear driving vision for the pilot, stemming from national policy adopted into local delivery. As expected, strategic stakeholders were very clear on this vision and how the pilot fits within the policy framework. Frontline delivery staff were also aware, though to a more limited extent, and usually focused on their area of delivery.

Well-being of Future Generations (Wales) Act 2015

3.4 The Well-being of Future Generations Act aims to improve the social, economic, environmental, and cultural well-being of Wales. Circumstances in the early years of a person's life can make a large impact on the seven Well-being Goals and much can be done during this time. As a result, The Act makes it compulsory for public bodies, including local authorities and health boards, to think long-term. The Act explicitly states that this is to be done through improving integration and collaboration between services and by working better with communities.

3.5 Stakeholders mentioned particular alignment of the pilot with the goals for a more equal Wales, a healthier Wales, and a more resilient Wales. These goals have acted as drivers for decision making during the planning stages.

Social Care and Wellbeing (Wales) Act 2016

3.6 The underlying aim for this Act is to make the care and support that people in Wales receive personal to their needs. It sets out four

principles to ensure that the right help is delivered at the right time by setting out a person's right to a needs assessment if it appears that they have a need for support services. The four principles are:

- Well-being
- People
- Partnership and integration
- Prevention

3.7 The pilot is consistent with these principles, as it seeks to improve the well-being of children and their families, assessing needs on an individual basis and taking account of the opinions of families. It aims to then deliver better services that address the needs highlighted in assessments, by coordinating services and the staff delivering them. The focus on prevention is outlined as an effective way of working for early years.

Prosperity for All

3.8 Prosperity for All is the national strategy for Wales, published in 2017. Similar to the Well-being of Future Generations Act, Prosperity for All works in the long-term context to build a Wales where everyone has a good quality of life, living in strong, safe communities.

3.9 The strategy recognises early years as the first cross-cutting priority area: areas with the greatest potential to contribute to long-term prosperity and well-being. It explicitly lays out that public services will 'build on our current early years programmes and create a more joined-up, responsive system that puts the unique needs of each child at its heart.'[1]

3.10 The pilot approach is one response by the local authority in RCT and Cwm Taf health board to fulfil this obligation, bringing separate

[1] Prosperity for All: the national Strategy, 2017, p.23 https://gov.wales/sites/default/files/publications/2017-10/prosperity-for-all-the-national-strategy.pdf

programmes together. The pilot builds on previous work undertaken by RCT to integrate its own early years sector by incorporating other stakeholders, such as the health board, into the approach for the first time.

A Healthier Wales

3.11 A Healthier Wales is Welsh Government's action plan, which resulted from a Parliamentary Review of the Long Term Future of Health and Social Care. It recognises that there are determinants of health wider than just the NHS, including an individual's early years. The plan calls for the coordination of health and social care, involving NHS, local authority, and other organisations, working together in an integrated way.

Regional Strategy for Children, Young People and Families

3.12 The Cwm Taf Public Services Board (PSB) is committed to delivering a range of strategic intentions across the region, including delivery of the goals of the legislation and national strategies discussed above. The regional strategy is built on the shared vision to increase the resilience of families and communities, providing the best possible environment for families, children, and young people, and a shift to early preventative action and away from more complex care.

3.13 The pathways identified in the regional strategy to improve outcomes are providing universal services at the right time, promoting well-being and resilience, early intervention when difficulties emerge, and the targeting of intensive support for those in most need. Three year objectives for the strategy include information sharing, coordination, cooperation, integration of services, and enhancing joint arrangements for all partners.

3.14 The regional strategy is guided by national policy direction as well as through a shared construction with Cwm Taf. Both local authorities of RCT and Merthyr Tydfil share similar outlooks in designing early

services to be based on the needs of the communities that receive them.

3.15 It is a natural choice to trial the integrated approach of the pilot in RCT as the local authority has recently undergone major transformation, reorganising, and integrating its services. As part of this, the early years has been made into a cross-cutting agenda, no longer within a separate department, that is a priority across the local authority. Most stakeholders, save a few high-level strategic stakeholders, are not able to distinguish between the integration caused by the pilot and the previous integration undergone within the local authority. Rather, it is seen as a single process naturally progressing through all aspects of RCT. This blurring of distinctions is aided by the clear alignment of the pilot with the regional strategy of the PSB.

Early Years Integrated Transformation Programme

3.16 In recent years Welsh Government has worked with local authorities, health boards and the third sector to instigate a range of early years programmes to provide children and their families with the support and guidance they require to have the best start in life. There are concerns across Wales and within Welsh Government that this approach has lacked coordination, which has minimised the potential positive impacts such an approach could have on children, families, and communities.

3.17 Welsh Government recognised Cwm Taf's efforts with coordination and integration and in December 2017 the PSB became Welsh Government's early years integration co-construction partner, with the aim of developing an early years integration model that could subsequently be rolled out more widely. It became apparent that developing a single model for roll-out across Wales would not be possible due to different circumstances between local authorities. Eight further 'pathfinder' PSBs were signed up to develop their own approaches based on the specific contexts of each area.

3.18 The transformation programme has provided funding to facilitate the integration of early years within PSB areas, including services delivered by local authority, health board, and third sector. The pilot in RCT was initiated prior to transformation programme funding being announced and the cost of it was met within existing budgets as a result of internal service reorganisation undertaken by the Council. In Cwm Taf the transformation programme funding has been used to support aspects of the pilot and to develop regional working. Reflecting the additional year of work compared to the other pathfinder areas, allowing for greater mapping and the building vital relationships across the sector, the pilot delivery area for the Cwm Taf PSB is larger and more ambitious than the other pathfinders and the only one to cover an entire local authority footprint.

Children and Communities Grant

3.19 The Children and Communities Grant brings together seven Welsh Government programmes that address the needs of children, young people, families, and vulnerable people. The programmes are:

- Childcare and Play
- Communities for Work Plus
- Families First
- Flying Start
- Legacy Fund
- St David's Day Fund
- Promoting Positive Engagement for Young People

3.220 Of these, Families First, Flying Start, and Childcare and Play are the most relevant for the Early Years Transformation Pilot within RCT. The pilot is deliberately designed to ensure there is no duplication of funding by coordinating the delivery of the programmes together. The individual needs assessment is designed to improve access to the programmes for those in need.

Healthy Child Wales Programme

3.21 The progressive universalism philosophy of the Healthy Child Wales Programme has been adopted by the early years sector in general. The levels of universal, enhanced, and intensive support are seen as useful labels to describe the services and the appropriateness of delivery. Local authority, health and other stakeholders have used them to explain to the evaluation how the pilot is seeking to improve access to universal services across RCT and ensure those in need of enhanced and intensive intervention are identified and supported quickly.

4. Needs and Objectives

Needs

4.1 To justify the resources inputted into a project, there needs to be a clear rationale. This includes identifying areas which exhibit market failure and which the pilot can address, but also areas of opportunity and strength that the pilot can exploit and enhance further. Once these needs are identified, it can be established whether they will be met by the objectives of the pilot.

4.2 The need for the pilot was identified through the review of policy documents and discussion with stakeholders at an operational and strategic level, whilst its objectives were contained in the Business Plan.

4.3 The needs for the early years pilot in RCT are contained in the evaluation logic model (see Annex B). Looked at collectively, the rationale for the pilot is as follows:

- To address the vision set out in Welsh Government policy and programmes
- To provide equality of access by extending support from a geographical, postcode-based approach to a needs-based approach
- To meet the high-level of demand for support services in the local area
- To deescalate vulnerable families in need of support, preventing the move up to statutory services
- To reach the families with the most complex needs
- To provide a unified service for children and families with a single point of access

4.4 On completion of the documentation review and qualitative interviews with stakeholders, it is evident that the need to address the strategic direction stemming from Welsh Government policy is a strong driver

of the pilot. The Social Services and Wellbeing Act and the Wellbeing of Future Generations Act (for more detail see section 3) in particular were cited as key policies. Specifically, the principle of prevention was outlined in both acts as an effective method to achieve the goal of reducing the levels of vulnerability amongst families in Wales. The adoption of this approach is evidenced in RCT through the integration of a restorative, solution-focused approach to work amongst its operational staff.

4.5 The targeting of services via population assessments is also prominent in the legislation, with collaboration and coordination between services and organisations highlighted as an essential condition in order to achieve successful targeting.

4.6 The central rationale behind the implementation of the pilot in RCT is the shift in approach from providing support based on a family's postcode, to support based on need. Stakeholders emphasised that service users do not fit into specific geographical boundaries and that "vulnerability is not postcode based." (Operational Stakeholder, 2021). The unfairness and lack of equality stemming from the previous arrangements of Flying Start support was cited as exacerbating issues within the local area, with certain houses on the same street eligible and others not. A key aspect of this shift to a needs-based approach has included the transference of Flying Start standards and quality to previously non-Flying Start services.

4.7 Recent research by Loughborough University indicates that, of the UK nations, Wales has the highest levels of child poverty. Specifically, the areas of Cardiff and RCT have the greatest percentages of children living in poverty in Wales, at 35%.[2] Furthermore, there is a rising number of social, communication and mental health issues amongst

[2] Loughborough University; Centre for Research in Social policy (CRSP), *Compilation of child poverty local indicators*.

children and young people in RCT. The borough has high rates of children looked after on the child protection register and high numbers of children leaving school with no qualifications.

4.8 In coherence with the preventative approach adopted in RCT, a clear rationale for the pilot is averting families from escalating up to statutory services. Given the high level of vulnerability identified in RCT (see 4.7), it is imperative that families are given the tools at an early stage to cope with difficulties, thus preventing them from reaching a crisis point. This involves nurture and interaction between support staff and children and families before any breakdown.

4.9 As well as preventing families from escalating up to statutory services, there is also a need to support those who have stepped down from social services. In the absence of this support there is a risk that families can relapse and require subsequent escalation back up to statutory services. By supporting families who have 'stepped down', it ensures stability as staff will continuously work with them on safeguarding issues, keeping support on an even keel. Furthermore, it allows families to remain safe and engaged.

4.10 The ability to reach families identified as requiring additional support to prevent the escalation of complex needs is a significant driver behind the early years pilot in RCT. Given the wide range of potential difficulties experienced by children and families, including parent-child relationships, maternal or paternal mental health difficulties and the effects of domestic abuse, coupled with the importance of the first one thousand days of an infant's life, there is a need to offer flexible support at an early stage that reflects the situation of the family. Considering the barriers experienced by these families there is a danger that they will not engage with the support on offer and will repeatedly make poor judgments contrary to their own interests. Therefore, there is a need to empower families to make the right decisions and own their support plan, to help them develop their own resilience.

4.11 The need for a unified service, with a single a point of access was widely cited by stakeholders. The pilot is seen as a necessary development to enhance the RFS, already established in RCT, to allow it to be a true unified service. Previously, under the TAF structure the offer of support was fragmented with different services delivered and managed in a different way, inevitably resulting in families receiving varied quality in support. The limited communication between services meant that there was a lack of awareness amongst operational staff of the range of support available to families, as well as who would be best placed to offer that support. This highlighted the need for a delivery of services that offered a more fluid, time-efficient approach to families.

Objectives

4.12 The core objectives of the pilot are as follows:

- To explore how early years services might be re-configured.
- To explore what it will take to create an Early Years system locally.
- To work together to deliver services in a coordinated, integrated, and timely way.
- To coordinate services, planning, commissioning, and identifying and addressing needs.
- To identify barriers to integration and remove them.

4.113 Overall, the objectives of the pilot in RCT are coherent and relevant to the policies and needs outlined above. Furthermore, they appear suitable to achieve the intended outcomes and impacts that will be explored further in subsequent sections. Stakeholders have stated the pilot's capacity to improve outcomes for vulnerable children and families yet recognise that many of the benefits stemming from the new way of working will emerge over the longer term.

4.114 Reflecting on the delivery of objectives at this early stage of implementation, it is evident that services are being delivered in a more coordinated, integrated, and timely way in comparison to previous arrangements of delivery. Nonetheless, it is also clear that there remains a lot to be done to ensure services are fully coordinated and integrated. Additionally, whilst the pilot has already met the aim of identifying barriers to delivery, such as Health Visitor access to the RFS system, several of those barriers are yet to be overcome.

5. Inputs

5.1 Inputs are the resources available to an intervention to carry out its activities. This evaluation aims to identify the key inputs / resources that are available to RCT and whether the resources will enable the pilot to carry out its activities and achieve its objectives effectively.

Funding

5.2 As a pathfinder for the Early Years Integration Transformation Programme, Cwm Taf PSB has access to the Early Years Transformation Funding grant. For the pilot in RCT this funding is used to support aspects of the new approach and develop regional working. It is focused on mainstreaming changes in the coordination of existing funding rather than create a reliance on continued additional grant funding. This use of the grant funding appears to demonstrate a commitment to making lasting change through the pilot.

5.3 The early years services themselves are funded through existing programmes and policies, discussed in section 3, with the grants used flexibly to meet the needs of children and families in RCT and the programme requirements. Because of this, stakeholders are confident that the funding for the pilot is sufficient. There is concern that funding from the Transformation Programme will cease before the pilot approach has been fully embedded. This uncertainty is caused by the annual nature of funding from Welsh Government with confirmation of grant funding often coming late.

Skills, knowledge, and experience

5.4 The pilot approach utilises the skills and knowledge of the early years sector within RCT and the wider Cwm Taf Morgannwg area. The Cwm Taf PSB has a reputation for innovation, taking national programmes and delivering them to meet the specific needs of their communities.

5.5 Related to the skills and knowledge of the individuals and services involved in the pilot is the legacy of integration work in RCT. Stakeholders in some cases were not able to define a boundary between previous reorganisation in RCT and the new pilot approach, viewing it as a logical continuation of the same process. The recent experience of the RFS in coordinating an integrated approach is of great value to the pilot and should serve as an aid in overcoming barriers.

5.6 Additional staff have been appointed in the form of a Regional Early Years Transformation Programme Lead Officer and a Health Programme Lead. The Regional Early Years Transformation Programme Lead oversees the Pathfinder integration work across Cwm Taf and works to coordinate all partners across the region. They facilitate and manage the attachment research project, workforce development and support ongoing communication across the three local authority areas and the University Health Board. The Health Programme Lead is a Band 7 Health Visitor, whose role is to support the leadership and change management required for the pilot approach. The health lead also supports the health visiting teams of Merthyr Tydfil and Bridgend by communicating the learning from the pilot in RCT. They lead on the Resilience and Well-being Health Programme and the delivery of the Family Health Visiting service in partnership with RCT council. As these posts are funded through the Transformation programme the uncertainty of the annual grant is a cause for concern.

5.7 Skills and knowledge of staff are being boosted by additional training (see section 6 below), designed around the identified needs of children and their families. It appears that there is a wealth of knowledge and experience in a highly skilled workforce for the pilot. Both strategic and operational stakeholders do not feel any concerns and the available training makes them confident that any need will be able to be addressed.

Management and Governance

5.8 The pilot is being managed with deliberate processes. The reorganisation of health visiting has been managed by using the Cheltenham acuity tool to reallocate caseloads fairly in line with local demographics. This is done to ensure a balance with health visitors operating on a GP practice footprint. The Capita One software system is used for data recording and sharing information. Stakeholders feel this is an effective data system and is already showing a need for the pilot outside of former Flying Start areas. There is also significant capacity for data analysis in RCT.

5.9 Governance is carried out through close collaboration between the teams involved. Both RCT council and the health board are working together to oversee delivery. Multi-agency panel meetings are held to ensure collaborative decision making, to put in place the right plan for families. This is a departure from apportioning a percentage of time and outcomes to specific programmes, and instead puts the needs of end beneficiaries first.

6. Activities and Outputs

6.1 Activities are the actions of the pilot: how it is deploying the resources discussed above. This evaluation assesses the planned activities of the pilot in RCT, specifically, why they have or have not taken place, how well they have been implemented, and any barriers that have affected delivery or are likely to in the future. Stemming from the activities are the pilot's outputs. These encompass the key targets for measuring delivery and are outlined later in this section.

6.2 The activities of the pilot in RCT can be broken down into:

- Delivery of the Project Plan
- Volunteer and staff activity
- Overall spend
- Outreach and communication
- Record keeping.

Single assessment and referral process

6.3 The single referral and assessment system of the Resilient Families Service forms a central part of the pilot activity in RCT that is seeking to achieve a consistent approach across services. Whether it be from schools, health visitors or via self-referral, children and families are referred through a single front door to the central point of the Resilient Families Service. Subsequently, they are assessed by an RFS assessment officer, where the level of resilience and needs of the family are established. Brokerage officers then plan and meet with different services within the community to explore the potential avenues to meet those needs. They carry out appraisals to remove known barriers to increasing resilience levels (e.g., housing, finance education) and put together a support plan tailored to the family. Following a handover meeting, where families sign off on the support plan, the intervention worker liaises with the relevant services according to the plan. Progress is measured by tracking change in the family's Vulnerability resilience scores at the start and end of support.

The matrix is broken into four sections, identifying strengths and needs over a range of areas: environment, vulnerability, resilience and adversity with a score of 1-4 on each category. Finally, the evaluation at the end of the intervention period determines whether the family requires additional support, with the option of a 6-week extension (up to a maximum of 12 weeks) if necessary.

6.4 Despite stakeholders recognising the robustness of this process, staff disagreeing on a best course of action for families has been an issue. For instance, the plan does not always reflect what the assessment workers believe to be the best options for intervention. Assessment workers were also frustrated about a lack of notification on the outcomes for families following their handover to intervention workers. Those spoken seemed unaware that, thanks to shared systems, they are able to access that information independently.

6.5 Although RFS has existed for several years, the role of the pilot has increased the profile and engagement with RFS. Additionally, there are more services available through RFS. This contrasts with the previous Team Around the Family arrangements where, due to the distinction between Flying Start and non-Flying Start areas, amongst other factors, families had limited access to some services and received multiple assessments.

Approach to service delivery

6.6 The actions of the different services that directly deliver the pilot are crucial in ensuring that families with complex needs receive the support they require. As a result, the planning of services in RCT has centred on the realignment of services based on the needs of children and families. Staff no longer promote services such as parenting and early language to families, instead receiving referrals of families that actually need support. Delivering early language and communication support according to need has been a key target of the pilot. Now, if any child in RCT (regardless of whether they live in a Flying Start area or not) is categorised as ‘delayed’ following a SoGS assessment at 20

months, they receive a WellComm screening that decides the appropriate forms of intervention and engagement and schedules an assessment of progress post-intervention. This is in contrast to the arrangements prior to the pilot, where all children in a Flying Start area turning 21 months would receive a WellComm assessment, regardless of need.

6.7 Inevitably, this approach has resulted in some programmes having a lower number of assessments each month, but assessments are instead more appropriately targeted. In the case of speech and language, there are now a lower number of WellComm assessments in Flying Start areas and a higher proportion of those carried out requiring intervention. There has been no reduction in number of assessments overall with a high proportion of referrals coming from areas previously illegible for support.

6.8 The commissioning of services within RCT, whilst altered, has not changed dramatically with a more formal tendering process introduced in place of rolling contracts. Most services are operated internally within the health board and local authority. In the instance of childcare, services are operated by a mix of private providers and public services.

6.9 Staff within RCT have focused on a restorative, strengths based, solution-focused approach to delivering services. This has entailed preventative work with families to reduce the need for them to require statutory intervention. There has also been an adoption of a ‘family approach’ amongst those delivering services, highlighting the positive aspects of the parent’s interactions with their child to build their confidence in their parental abilities and encouraging them to continue to make the right decisions over the long-term.

6.10 The delivery of free childcare services has been the issue most misunderstood by families. Unlike all other services in RCT, the eligibility of families for free childcare is still limited to those who live in Flying Start areas. Families who live in non-Flying Start areas can

access to free childcare as part of a wider package of support. This is conditional on an RFS assessment and agreement at the RFS panel meetings that resources are available. If approved, they will be given a termly placement which can be renewed following review at the end of the term.

6.11 Within RCT, stakeholders are working towards achieving sign off, granting universal access to needs based free childcare. Currently, a flexible method determined by surplus supply of places, is being implemented, with a ten percent flying start discretionary fund deployed to pay for those families that are not eligible. Placements are also maintained if the child has additional learning needs.

Management and arrangement of delivery

6.12 The new delivery arrangements of the pilot in RCT have led to a significant shifting of resource and responsibilities within the local authority and health board area. The removal of the Flying Start Health Visitor role and the creation of the universal Family Health Visitor role within the Resilience and Wellbeing Health Programme, has included a widespread reallocation of health visitors, with many families being assigned a new health visitor. However, according to stakeholders, families received limited information about the changes to the health visiting service, and as a result, were anxious about the reorganisation. Furthermore, there has been a concern that due to this lack of familiarity, families are having less contact with their health visitor and are thus not seeking out support they need. This is compounded by the Covid-19 pandemic, which has restricted contact between families and support staff.

6.13 Similarly, this reorganisation of health visiting has resulted in a change in health visitor caseloads. The number of new families taken on by a health visitor was determined by the number of intensive cases respective health visitors had. Following this reorganisation, there has been concern surrounding the significant increase in caseloads for certain health visitors, which combined with staff

sickness, has put strain on the service. Furthermore, some staff have had to go through periods of shielding due to the Covid-19 pandemic, which has led to staff having to cover families across the whole borough, instead of previously 'East' or 'West' RCT. Overall, operational stakeholders stated that the situation is manageable as long as working from home arrangements are still in place. However, as soon as regular face-to-face visits with families resume, there is a risk of teams becoming inundated.

6.14 There has been widespread participation in training amongst staff in RCT to ensure efficient and effective delivery of support services. Courses have ranged from general childcare training to child protection training. Some have been very popular; a recent Elklan training course was fully booked. Training is complimented by monthly team development sessions and mandatory training on a yearly basis, depending on staff roles.

6.15 Staff in RCT have access to a bespoke offering of training through 'The Source', an online training library linked with the Open University. Following approval from management, staff can request training and be allocated a place on the course. Operational stakeholders stated the importance placed on training across the local authority, with participation maximised by the offering of courses on evenings and weekends. There was recognition that some courses were better than others at adapting to online delivery.

Communications and engagement

6.16 Pivotal to the successful delivery of the pilot in RCT is information sharing between different organisations. With the introduction of RFS, and subsequently the pilot, there has been reduced silo working amongst services. The discussion of a family's case at the weekly RFS panel meeting has proved to be an important forum where services communicate with each other on which core RFS team would be best placed to meet the need of the family. Management meetings, provider forums and community updates have also

strengthened collaboration. Across services, pre-existing relationships between individuals has served as a key building block to this enhanced communication, as individuals know who to contact in different organisations.

6.17 Information sharing between nurseries and schools is particularly important with children facing an important transition between the two settings. For instance, the 'team around the child' meetings involving the child's key worker, nursery supervisor and parent enables handover support. This information is then used to help transition the children. Additionally, communication between Flying Start and non-Flying Start settings in the field of childcare is improving. Stakeholders working in Flying Start childcare settings are now starting to receive notes on why non-Flying Start families are receiving childcare and what other support they are accessing from RFS. This, in turn, helps staff in those Flying Start settings provide the most effective support to children who live in non-Flying Start areas.

6.18 The use of Capita One as a single management information system enables those providing services through RFS to have an overview of what other services the families have accessed and forms an important part of the overarching drive for increased communication and coordination between services. Following the pilot's implementation, the Capita One system now includes formerly flying start services that have now become universal. The use of Capita One by the RFS Health Team as well as the core RFS teams ensures the varying services in RCT can talk as one team.

6.19 Consequently, staff are getting access to more advice and guidance to establish whether there are other, better-placed services available to provide support, or alternatively, to ensure they are not duplicating the work of other services. However, despite these best practice examples of communication, there is a sentiment amongst staff that more could be done to further enhance collaboration, particularly at a strategic level.

Outputs

6.20 Outputs are the direct products of the pilot's activities and form the key indicators for measuring delivery. They are evidenced by the monitoring data collected by the services that make up the pilot.

6.21 Monitoring data is being captured by all services involved, to inform individual service delivery and the delivery of the pilot as a whole. The output data relevant to the external evaluation is listed in the table below.

6.22 Due to the comprehensive nature of existing monitoring this Stage 1 evaluation does not recommend any additional data gathering by services for the evaluation. To do so would increase the burden on pilot staff without yielding additional value.

Table 6.1: List of outputs

OP.1	Number of referrals
OP.2	Origin of referrals
OP.3	Number of re-referrals
OP.4	Percentage attendance rate
OP.5	Resilience scores
	Services delivered
OP.6	Number of families supported
	Health Visiting
OP.7	Average Health Visitor numbers of Universal, Intense, and Enhanced
OP.8	Number of interventions delivered by RFS Health Visitors
	ELC
OP.9	Number of WellComm assessments
OP.9a	Number assessed as Red, Amber, Green
OP.10	Number of Talk and Play sessions
OP.10a	Number attending Talk and Play sessions
OP.11	Number of drop in sessions delivered
OP.11a	Number attending drop in sessions
OP.12	Number of children with improved communication skills
	Parenting support
OP.13	Number of programmes/ sessions delivered
OP.13a	Number attending each Tier

OP.13b	Attendance rate
OP.14	Number of parents reporting improved parenting skills
	Childcare
OP.15	Number of places Flying Start/outside Flying Start families
OP.16	Foundation phase profiles
OP.17	Attendance rate

7. Outcomes and Impacts

7.1 The effects of the pilot include its outcomes (the medium-term change arising from the outputs of its activities) and its impacts (the longer-term and much more indirect change, partially arising from the pilot).

7.2 As outcomes appear sooner after delivery, they relate more directly to services than impacts. They reflect process and structural elements as well as wider attitudes and perceptions by key stakeholders. The impacts, in contrast, are more fundamental to the population of RCT and reflect back to the original policy drivers.

Outcomes

Short-term increase in families receiving support

7.3 If the identified need is true, that there are families outside of previous service boundaries eligible for support, there is expectation to see an increase in service demand as these families begin accessing them. The increase will be visible from monitoring data gathered by the pilot. As the pilot effectively increases resilience within the communities of RCT, this increase should not continue into the long term.

Families supported who previously didn't have access to Flying Start

7.4 A strong motivation to adopt the pilot approach is that the fixed geographic boundaries for Flying Start do not reflect the changing circumstances of the communities in RCT. Whereas pockets of deprivation stay relatively fixed in other local authorities across the Cwm Taf Morgannwg health board, the areas of deprivation in RCT can vary year to year.

7.5 A key outcome of the pilot will be for families who need, but previously have been unable, to access Flying Start type services, to be supported. Stakeholders will be able to inform the later stage evaluation whether this has been the case. Early signs point to an increase in the number of new families accessing services that have not done so before. So far stakeholders have commented on a

changing profile amongst those accessing services but feel this has been the result of a dramatic short-term change due to COVID-19 (see section 7.20 below).

Early identification of complex needs

7.6 With its focus on preventative intervention delivered at the earliest possible moment, success for the pilot will mean early identification of often complex needs. Operational staff have stated that they are seeing more complex cases than before the pilot, alongside a drop off of families who simply wanted to access what services were available not what they needed.

Support targeted where there is need

7.7 One criticism of previously designed programmes has been that it provides access to support for those who are not in need. The support is offered through other eligibility criteria, such as address, and so delivery figures do not represent the true potential impact that targeted delivery can make. It is important for the success of the approach that support is targeted where there is actual need, based on individual case assessment.

7.8 There is evidence that needs have been better identified since the start of the pilot. Services are developing appropriate programmes to deal with identified need rather than simply offering a generic programme of support.

Support for pilot approach across different services

7.9 For the pilot to be successful it will need the support of all the services involved. This is likely to include an element of self-fulfilment as service buy in leads to initial progress, generating additional support. An important factor in measuring this outcome will be the opinions of stakeholders from across the different services.

Professionals able to refer to appropriate support

7.10 Working together, professionals will be increasingly aware of more specific support that can be provided through referral. The universal availability of a single point of assessment and referral will enable referrals to be made more easily, effectively, and with confidence. In later stages of the evaluation, the opinions of professional stakeholders will be investigated, to determine whether the support on offer within the pilot is appropriate for the needs of the children and families they work with.

Support from parents

7.11 One concern raised by stakeholders was the possibility of RFS being considered the same as social services by the public and carrying a stigma of statutory intervention. As RFS is central to the pilot this would result in families rejecting support and not engaging with the wide range of services.

7.12 Publicity for the pilot encourages cooperation and portrays the RFS as a helping hand. If successful, then engagement should be high. Feedback from parents and figures of attendance will demonstrate whether the pilot has the support of parents.

Perceived externally as a single service

7.13 The perception of early years support from outside the sector is an important test for the pilot. The purpose of integration is to improve the experience and impact of services on children and their families. It will be a testament to the pilot's efforts, if, from an external perspective, the different services are seen as a single joined up organisation. This will rely on wide ranging buy in to the pilot across the sector and effective communications between separate branches.

Impacts

7.14 The impacts are the deep-seated changes expected, which have been repeatedly described as the most important by stakeholders. Everyone interviewed for the evaluation expressed a desire to see impacts that made fundamental improvements for the population of

RCT. This reflects the vocational nature of the sector with goals going beyond the stated objectives of the pilot. Measuring impacts with a standalone evaluation is difficult, as they will only become evident in some cases after a considerable length of time. It depends on monitoring at key milestone moments, such as when children start school, and long-term observation of cases. No stakeholders within RCT or the wider Cwm Taff Morgannwg region expect to see them emerging soon. The impacts remain important however, as they represent the core improvements brought about by the pilot approach.

Improved child and parental well-being

7.15 An impact that can be evidenced early on will be an improvement in the well-being of children and their parents. The interventions delivered by the pilot have the potential to make rapid changes to individuals and will be evidenced by the pilot monitoring and stakeholder feedback.

Reductions in disruptive child behaviour, dysfunctional parenting and co-parenting conflicts, and improved parental mental health

7.16 After the initial surge of demand, and the delivery of effective support to those in need in RCT, there should be a reduction in disruptive child behaviour, dysfunctional parenting, and improvements in parental mental health as the resilience of families is increased. The pilot approach will identify these changes through its delivery.

Long-term indicators

7.17 Over the coming years the following impacts should emerge:

- Reduction in health inequalities across communities
- Reduced rate of poor mental health in children and young people
- Reduction in the impact of ACEs/ increased resilience
- Reduced numbers on Child Protection Register
- Reduced rate of Children Looked After (CLA)

- Increased number of children meeting expected development milestones
- Reduced number of exclusions from school

External factors and unintended consequences

7.18 Longer term effects are more easily affected by external factors beyond the control of the pilot. External factors will also play a role in how the pilot is able to proceed with its activities.

COVID-19

7.19 The COVID-19 pandemic has already had a large impact on the pilot. The entire early years sector workforce has had to adapt to remote working, childcare settings have had to be closed through lockdowns, and more families are in need of support. As a consequence of COVID-19 the Early Years Integrated Transformation Programme was temporarily halted, resuming in the second half of 2020 with a reduction in the grant funding available to pathfinder areas. This delayed the initial start of the pilot.

7.20 Stakeholders who deliver frontline services have noticed a change in the profile of those in need and seeking support. Qualitative feedback suggests that, in addition to those experiencing long-term deprivation in RCT, there has been an increase in need from less deprived communities as the pandemic has impacted on employment and mental health.

Fewer life changing effects

7.21 One potential unintended consequence of the pilot's more efficient delivery of support is the reduction in life changing effects coming from interventions. Some stakeholders pointed to the likelihood of more limited effects on individual children and families as services are more targeted and delivered in shorter time frames. The cumulative effect of separate targeted interventions for individual issues was held by strategic stakeholders to counter this risk. Re-referrals to RFS may

be required and are not seen as a failure for the pilot unless individuals are repeatedly referred for the same reasons.

8. Counterfactual

8.1 Later evaluation stages will involve an impact evaluation, to determine whether an intervention caused a particular outcome. Broadly, this involves two main tasks: determining whether something has happened, and determining whether the pilot was responsible. The first task requires the measurement of change using descriptive statistics or narrative, whilst the second requires finding a means of estimating the counterfactual – what would have occurred had the pilot not taken place.

8.2 True empirical impact evaluation is often considered the gold standard for exploring and measuring effect, but it is not always feasible to undertake. Key factors when considering the feasibility of an empirical evaluation are the scale of the impact of the intervention, data availability, and potential comparison groups.

8.3 The 'scale of impact' is an assessment of how large an effect a driver of interest (e.g. the pilot's activities) is likely to have on the impacts. Theoretically, there is a direct relationship between the pilot's activities and its impacts, illustrated by the evaluation model (see Annex B). Although this suggests that an empirical evaluation is therefore feasible, external factors can confound things. Wider health, social, and economic conditions will play a role in the final impacts, making the relationship between the driver and the outcome of interest more complex.

8.4 Data availability in many respects is the strongest factor in the feasibility of an empirical impact evaluation for the pilot. The driver of interest is distinct from normal practice and the effects measurable, with the data comparable to measurements before intervention. The presence of equivalent datasets for Merthyr Tydfil and Bridgend, and elsewhere in Wales, makes it possible to construct a quasi-experimental non-equivalent comparison group.

8.5 A true randomly sampled control is not possible due to the scale of the pilot and its deliberate non-random nature. The pilot has been designed to address specific conditions present in RCT and covers the whole local authority area. The causes of need are diverse and prone to confounding external factors, reducing the robustness of a comparison with a control group. As support in the pilot is targeted it would also be unethical to withhold intervention in any identified case for the purpose of a counterfactual. A control group consisting of those who have no need to receive support is not comparable.

8.6 An attempt at an empirical impact evaluation for the pilot approach would fall short of required criteria and weaken the validity of any conclusions. For the reasons above, it is not the approach suggested for the evaluation.

Suggested approach

8.7 In this context, a later stage evaluation of the pilot should take a non-experimental approach. Such approaches are not 'true' impact evaluations, which take potential non-policy causes for observed change into account, but they can provide quantitative evidence to estimate the net impact of the pilot. This, along with qualitative data that provides evidence of how and why the pilot works or could be improved, will provide useful insight into the effects of the pilot.

8.8 The approach recommended is to:

- Use suitable existing datasets as a benchmark to estimate what would have happened without the pilot.
- Conduct before and after analysis of data gathered from qualitative interviews carried out by the evaluation. This self-reporting of behaviour change by stakeholders will be sufficient evidence given the expected scope of the shorter-term effects.
- Use quantitative data gathered by the pilot itself and wider stakeholders to evidence long-term impacts.

9. Conclusions

9.1 The conclusions in this section are structured using headings adopted from the EU Better Regulations framework. The evaluation logic model (included in Annex B) illustrates how these headings relate to its various components.

Coherence and relevance

9.2 The design of the pilot approach and its objectives appear to be fit for purpose and highly coherent with the policy context. The pilot meets the explicit requirement stated in policies for the coordination and integration of existing early years programmes and the close cooperation of the local authority and health board.

9.3 The pilot is deliberately relevant to the needs of the communities of RCT. Stakeholders feel that it is a welcome change to develop an approach that takes account of the specific circumstances of RCT that previous approaches were unable to do.

Efficiency

9.4 Feedback from stakeholders and a review of literature suggests that the pilot is being delivered efficiently. The approach is built on the integration work that has already happened in RCTCBC, and in many ways is the natural continuation of this process. There were initial reservations amongst the operational stakeholders, based on fears over sufficient workforce capacity, but these have been mostly overcome through use of the Cheltenham tool and additional training.

9.5 COVID-19 has disrupted the frontline delivery of services. The pandemic would have made a similar impact on the sector without the pilot approach and processes have adapted well to the challenges. The shift to remote communications has been of some benefit as it has facilitated greater cooperation between strategic stakeholders.

Effectiveness

9.6 At this stage of the pilot there is some evidence about the outcomes and impacts to assess how effectively it is being delivered. The distinction between generic and Flying Start health visiting has been removed, with caseloads shared across the workforce. All health visitors are now able to offer the same range of support, including an additional antenatal visit and a visit at 20 months for the SOGS assessment. Stakeholders have commented on the presence of new families receiving support who previously would not have been eligible due to where they live. It is too soon to evidence what long-term impact this will have on the communities of RCT.

9.7 There remain high levels of concern on the wider applicability of the pilot approach from stakeholders in RCT and the rest of the Cwm Taf Morgannwg area. The pilot has been designed to address the specific conditions of RCT and utilises systems that are not present elsewhere. There are lessons applicable to the wider area, mainly in relation to the factors critically considered in designing the approach including the coordination of existing systems to address localised issues.

10. Recommendations

10.1 The experiences stemming from the pilot's early stages of implementation has provided several recommendations for future delivery of the pilot, as well as the requirements for a future evaluation, including monitoring requirements.

Recommendations for future delivery of the pilot

Amend the Resilience Matrix scoring system

10.2 Stakeholders involved in the RFS assessment and referral system stated the need to update the scoring system of the Resilience Matrix. Furthermore, the questions asked by assessors and intervention workers are open to interpretation and are in the past-tense. Staff reported having to paraphrase the questions posed to families to make them easier to understand, at the expense of accuracy. By updating the questions of the evaluation tool to make them more user-friendly, families will produce more genuine responses that will improve accuracy and thus help provide the most effective support possible.

Increased communication between services at all levels

10.3 Although communication between organisations, services and families has been continuously improving following the implementation of the pilot, there is a need for further improvement to ensure the objective of delivering coordinated and integrated services in RCT is realised. This includes notifying families of any service change affecting them and delivering key messages through a community engagement team using a common language that is understood well by all.

10.4 There should be more frequent updates and meetings between Health and Local Authority to ensure that any changes that need to be addressed are made quickly. Furthermore, staff at a strategic level needs to frequently communicate with staff on the ground to ensure that at an operational level know, everyone is aware of what is going

on, including preliminary findings from delivery to-date. By entering into this dialogue, staff on the ground can provide valuable insight and knowledge from the ground-up that can be fed into decisions going forward.

Protecting availability of training

10.5 Similar to the pilot's approach to communication, there are already strong processes in place enabling staff to access training, to the benefit of children and families. However, with training budgets limited, there needs to be a wide availability of courses, alongside management encouraging staff to upskill to allow the specific, complex needs of families to be met.

Review HV referrals into RFS

10.6 Under current arrangements, RFS receive information from health visitors via basic paper forms, due to health visitors not having access to the RFS system. As a result, health visitors are unable to track the family's progress once they refer them to RFS. Moreover, RFS staff are often guarded in what they feel they can share with health visitors. This, combined with a lack of suitable IT equipment for health visitors, highlights the need for health visiting to be more fully integrated with RFS.

Recommendations for future evaluation(s)

Continuously monitor and gather data

10.7 In order to measure the 'true' impact of the pilot activity in RCT it is necessary for data to be continuously monitored and gathered throughout the implementation period. This includes a range of measures and indicators across services, at multiple levels of delivery (see evaluation framework). By continuing to monitor and gather data on early years activity it will enable stakeholders to ascertain the net change in outcomes for children and families pre and post pilot delivery. Furthermore, it will highlight areas of delivery that require additional refinement or wholesale changes.

Prepare stakeholders for stage 2 evaluation in early 2022

10.8 We recommend that there is a second stage of evaluation in early 2022 to enable the pilot's early outcomes to fully emerge. The method for the stage 2 evaluation is outlined in a separate companion document.

10.9 Stakeholders should be made aware of the Stage 2 plan and their participation encouraged at this time.

Stage 3 will be required to start to evaluate impacts

10.10 As defined by the Theory of Change, the impacts of an intervention are not felt immediately following implementation, but instead are realised in the long-term. Therefore, we recommend a third stage of evaluation to determine whether the intended impacts have come to fruition, alongside any unintended impacts.

10.11 In this pilot project, it is imperative that a stage 3 evaluation is only conducted after a significant period of delivery has passed, so as not to confuse all immediate outcomes with the overall trend of effects. For instance, due to the increased availability and efficiency of services stemming from the pilot, there is an anticipated increase in the number of children and families receiving support. However, the anticipated longer-term impact is that families become more resilient and independent following support, leading to a decrease in the number of overall referrals into support services in RCT.

Annex A Evaluation Framework

		Monitoring	External evaluator	
	Policy		Evaluation question	Source
P.1	Wellbeing of Future Generations Act		What policies drive the pilot?	Literature review
P.2	Social Care and Wellbeing Act			
P.3	Prosperity for All		Has there been a change to the policy environment since the start of the pilot?	
P.4	A Healthier Wales			
P.5	Regional Strategy for Children, Young People and Families			
P.6	Early Years Integrated Transformation Programme			
P.7	Children and Communities Grant		How does the pilot contribute towards policy objectives?	
P.8	Healthy Child Wales Programme			
		Monitoring	**External evaluator**	
	Need		Evaluation question	Source
N.1	To create an integrated Early Years system for RCT		What is the need for the pilot?	Literature review and qualitative fieldwork
N.2	To address inequalities of delivery in Early Years services in RCT	Assessment of need across RCT		
N.3	To implement a support system focused on prevention and resilience		What market failure or need does it address?	

		Monitoring	External evaluator	
N.4	To address specific community profiles of RCT	Assessment of need across RCT		
N.5	To address needs of families and children as individuals	Assessment of need across RCT	How is the pilot different from other solutions?	
N.6	To create an accessible service			
N.7	To reach the most complex needs at the earliest point		Why do beneficiaries need the pilot?	
		Monitoring	**External evaluator**	
	Objectives		Evaluation question	Source
OB.1	To explore how early years services might be re-configured		What were the project objectives?	Literature review and qualitative fieldwork
OB.2	To explore what it will take to create an Early Years system locally		What did beneficiaries expect to get from the intervention?	Qual fieldwork
OB.3	To work together to deliver services in a coordinated, integrated and timely way		Why were those objectives chosen?	Qual fieldwork
OB.4	Focusing on co-ordination and services, planning, commissioning and identifying and addressing needs		Did the project objectives meet the identified needs or market failure?	Literature review and qualitative fieldwork
OB.5	To identify barriers to integration and remove them		Why was this organisation the right one to deliver on the objectives and meet the identified needs?	Qual fieldwork

		Monitoring	External evaluator	
	Inputs/Resources		Evaluation question	Source
IN.1	Finance	Tracking of spend	What resources are being input to achieve the objectives?	Desk review and Qual fieldwork
IN.1a	Transformation Grant			
IN.1b	Local Authority funding			
IN.1c	Health Board funding			
IN.2	People	Details of people involved	Are the inputs sufficient to achieve the objectives?	Desk review and Qual fieldwork
IN.2a	Children and Young People Service			
IN.2b	Resilient Families Service			
IN.2c	Early Intervention and Prevention Commissioning Team			
IN.2d	Service Planning and Transformation Team		How effective have the inputs been?	Qual fieldwork
IN.2e	Programme Flexibilities Team			
IN.3	Assets (Buildings, technology, equipment, natural environment)	Details of assets used		
IN.4	Governance – systems of scrutiny and accountability	Business plan and related documents		
IN.5	Intended beneficiaries		Are the inputs relevant to the objective?	Qual fieldwork
IN.6	Management – processes of planning and delivering	Business plan and related documents		
IN.7	Project plan / business plan including time table and schedule	Business plan and related documents		
IN.8	Communications and marketing / awareness raising plan	Details of plan / materials		
IN.9	Monitoring and evaluation processes			
		Monitoring	**External evaluator**	

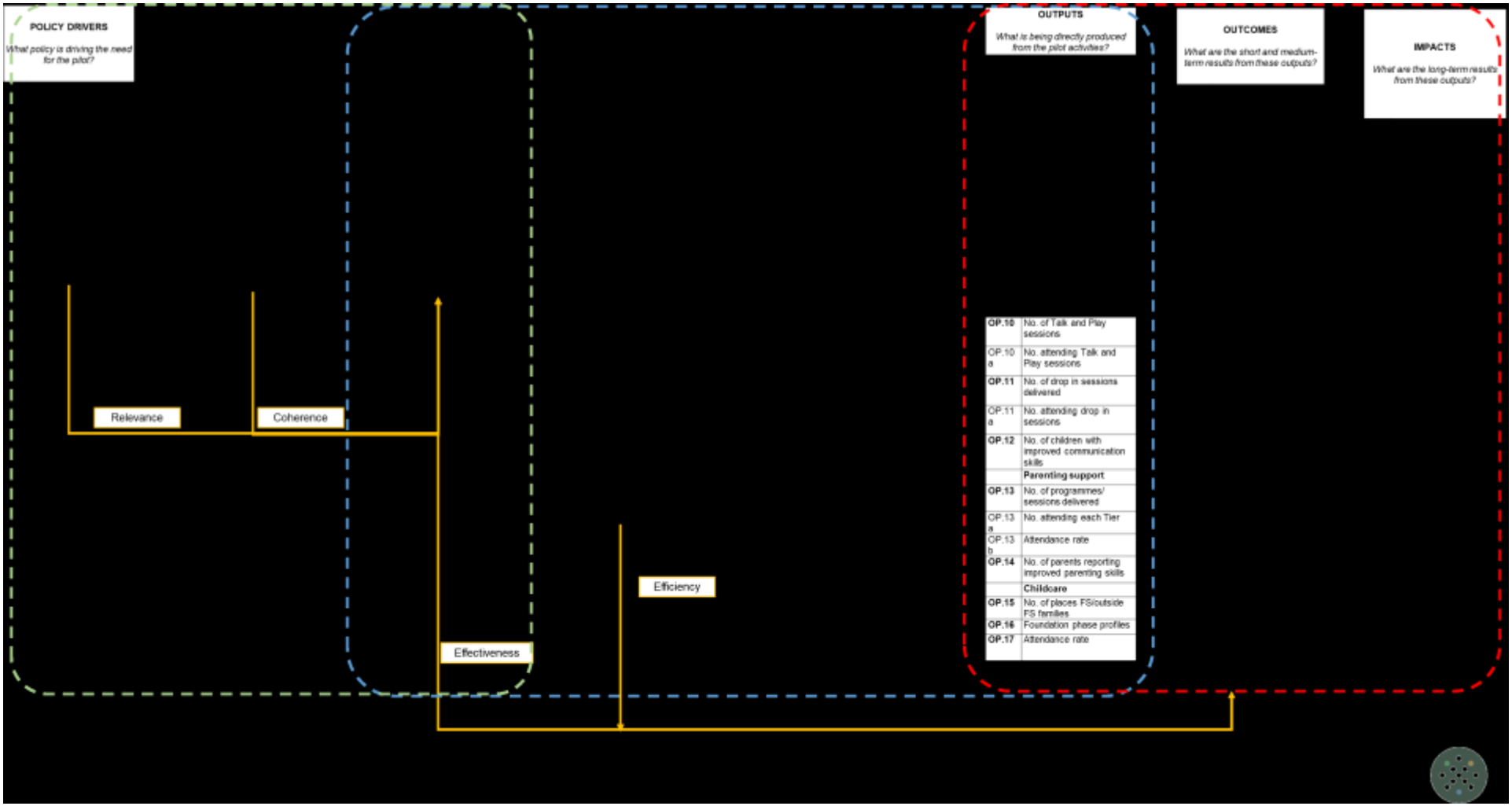
		Monitoring	External evaluator	
	Activities		Evaluation question	Source
A.1	Single referral system via RFS		Are the activities an effective use of the resources to deliver the desired outputs?	Qual fieldwork
A.2	Single assessment system via RFS			
A.3	Pilot a new Flying Start delivery model		What has been delivered?	Desk review and Qual fieldwork
A.4	Health visiting reorganisation			
A.4a	On a GP practice footprint		Who delivered the activities?	Desk review and Qual fieldwork
A.4b	Balanced caseloads			
A.4c	Training	Records of training delivered	How well were the activities delivered?	Qual fieldwork
A.5	Parenting support			
A.6	Early Language and Communication support		Was the activity good value for money (and time)?	Desk review and Qual fieldwork
A.6a	SoGS at 20 months to inform more evidence based WellComm assessment	Records of SoGs and WellComm numbers		
A.7	Needs based childcare support			
A.7a	Allocating additional childcare places to the standard of Flying Start settings		Did the activities meet the needs of beneficiaries?	Desk review and Qual fieldwork
A.8	Communications and engagement (internal and external)	Copies of comms		
		Monitoring	**External evaluator**	
	Outputs		Evaluation question	Source

		Monitoring	External evaluator	
OP.1	No. of referrals	Data monitoring by the pilot	What is the contribution of each activity to the outputs?	Desk review and Qual fieldwork
OP.2	Origin of referrals			
OP.3	No. of re-referrals			
OP.4	% attendance			
OP.5	Resilience scores			
Services delivered				
OP.6	No. of families supported		What progress has been made towards achieving the outputs?	Desk review
	Health Visiting			
OP.7	Average Health Visitor numbers of Universal, Intense, and Enhanced			
OP.8	Number of interventions delivered by RFS Health Visitors			
	ELC			
OP.9	No. of Wellcomm assessments			
OP.9a	No. assessed as Red, Amber, Green			
OP.10	No. of Talk and Play sessions		What has gone well? Best practice / case studies	Qual fieldwork
OP.10a	No. attending Talk and Play sessions			
OP.11	No. of drop in sessions delivered			
OP.11a	No. attending drop in sessions			
OP.12	No. of children with improved communication skills			
	Parenting support			
OP.13	No. of programmes/ sessions delivered		What challenges or barriers have been encountered in achieving outputs?	Qual fieldwork
OP.14	No. attending each Tier			
OP.15	Attendance rate			

		Monitoring	External evaluator	
OP.14	No. of parents reporting improved parenting skills			
	Childcare			
OP.15	No. of places FS/outside FS families		What is the profile of the beneficiaries? Is this what was expected?	Desk review and Qual fieldwork
OP.16	Foundation phase profiles			
OP.17	Attendance rate			
		Monitoring	**External evaluator**	
	Outcomes		Evaluation question	Source
OC.1	Short term increase in families receiving support	Monitoring by the pilot	What are the outcomes of the pilot?	Desk review and Qual fieldwork
OC.2	Families supported who previously didn't have access	Monitoring by the pilot		
OC.3	Early identification of complex needs	Monitoring by the pilot		
OC.4	Support targeted where there is need		Does the project meet the needs?	Desk review and Qual fieldwork
OC.5	Support for pilot approach across different services			
OC.6	Professionals able to refer to appropriate support		How do the outcomes address the identified needs?	Qual fieldwork
OC.7	Support from parents	Monitoring by the pilot		
OC.8	Externally seen as a single service		Did the pilot deliver what was expected?	Qual fieldwork
OC.9	Unintended consequences?			
		Monitoring	**External evaluator**	
	Impacts		Evaluation question	Source
IM.1	Improved child wellbeing		What are the longer term impacts of the pilot?	Desk review

		Monitoring	External evaluator	
IM.2	Improved parental wellbeing			and Qual fieldwork
IM.3	Reductions in disruptive child behaviour, dysfunctional parenting and co-parenting conflicts, and improved parental mental health		What lasting behaviour change has occurred because of the pilot?	Qual fieldwork
IM.4	Reduction of health inequalities across communities			
IM.5	Reduced rate of poor mental health in children and young people		How much does the pilot contribute to the impacts?	Desk review and Qual fieldwork
IM.6	Reduction in the impact of ACEs/ increased resilience			
IM.7	Reduced numbers on Child Protection Register		How does the pilot contribute to meeting the needs / policy aspirations?	Qual fieldwork
IM.8	Reduced rate of Children Looked After (CLA)			
IM.9	Increased number of children meeting expected development milestones		How likely are the desired impacts in the future?	Qual fieldwork
IM.10	Reduced number of exclusions from school			
IM.11	Unintended consequences?			Qual fieldwork

Annex B Logic Model



Annex C Topic guides

Scoping Interview Topic Guide

To be completed ahead of the interview:

Interviewer:	
Interviewee:	
Interviewee Role:	
Date:	

Introduction (MR):

Miller Research has been commissioned by Rhondda-Cynon-Taff CBC to undertake an external evaluation of the changes produced as part of the Early Years Transformation Programme in Rhondda-Cynon-Taff (RCT).

Miller Research's commission is the first of a two-phase programme of evaluation of the new delivery model being piloted in RCT. This first phase is a formative, scoping evaluation, which includes:

- *Reviewing the position across the Cwm Taf Morgannwg UHB footprint as part of the Cwm Taf Morgannwg Early Years Transformation Programme*
- *Reviewing progress so far in implementing the new Flying Start delivery model pilot in RCT, and*
- *Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.*

As part of the evaluation, we are undertaking initial scoping interviews with key stakeholders, which will contribute to our initial understanding of the context and will directly inform a draft logic model for the transformation programme.

1. Please outline your role in [relevant organisation] and your involvement in the early years agenda.

2. How would you define the scope of the Early Years Transformation Programme? What is it trying to achieve? How does it differ from early years provision in place previously? *Probe for the role of the Flying Start delivery model being piloted in RCT.*

3. What factors (policies, organisational structures, service re-configurations, previous programmes or initiatives etc) have contributed to or enabled the Early Years Transformation Programme?

4. What have been the main challenges to date in planning and implementing the Early Years Transformation Programme? How have these challenges impacted on progress?

5. Who have been the key organisations/stakeholders in the Early Years Transformation Programme? What role have they each played?

6. What has been the role of the Early Years Integration Partnership? What has been the role of the Cwm Taf Early Years Co-construction Board? How, if at all, do these two bodies overlap?

7. How does the Early Years Transformation Programme align with the shared regional strategy for supporting children, young people and families?

8. What progress has been made in the pilot of the Flying Start delivery model? *Probe for barriers/challenges and enablers for delivery.* What impact is this having on children and families?

9. What has been the role of the Resilient Families Service in the pilot of the Flying Start delivery model?

10. What will success look like for:

    - the Early Years Transformation Programme?

    - The Flying Start delivery model pilot?

11. What existing indicators or measures (qualitative/quantitative) could be used to quantify or determine the level of success for:

    - the Early Years Transformation Programme?

    - The Flying Start delivery model pilot?

12. What additional information or data needs to be collected to evidence the success of the Early Years Transformation Programme/the Flying Start delivery model pilot?

13. Who do we need to talk to as part of this stage 1 scoping evaluation of the Early Years Transformation Programme/the Flying Start delivery model pilot?

Thank you for your time.

Fieldwork Topic Guide

Name	
Organisation	
Role	
Date and Time	
Interviewer	

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- *Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.*

As part of the evaluation, we are undertaking interviews with stakeholders to learn how the pilot has progressed so far, how success can be measured and develop a collaborative approach to later evaluation stages.

[Please reassure all participants that their contribution is anonymous and notes are being taken by typing only]

1. Please outline your role in [relevant organisation] and your involvement in the delivery of the Early Years pilot in RCT.

2. What is the need for the Early Years Delivery Pilot?

3. In your words, what is the pilot seeking to achieve?

4. How can success be best measured?

5. With regards to services delivered how:
    a. are they planned?

   b. are they commissioned?
   c. are needs identified?

6. From your perspective, can these be improved?

7. How are you working differently now from before the start of the pilot?

8. What effect is this having on:
   a. staff?
   b. families?

9. What data are you tracking?

10. How is information shared between different organisations?

11. When will the impacts of the new delivery model be seen?

12. What happens if the piloted delivery model is unsuccessful?

13. Which aspects of the pilot are critical for its outcomes?

14. Are there any external factors that will affect the pilot?
   a. If so, what are these?
   b. How can these be best utilised? (for positives)
   c. How can these be overcome? (for negatives)

15. Thank you for your time, is there anything else you would like to add at this time?

Survey

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- Reviewing the position across the Cwm Taf Morgannwg UHB footprint as part of the Cwm Taf Morgannwg Early Years Transformation Programme
- Reviewing progress so far in implementing the new Early Years / Flying Start delivery model pilot in RCT, and
- Producing a comprehensive framework and plan for a full external evaluation of the Early Years Transformation Programme in Stage 2.

As part of the evaluation, we are seeking responses to the following questions from stakeholders involved in the pilot. Your responses will by anonymised for analysis and reporting.

1. Please outline your involvement in the delivery of the Early Years pilot in RCT.

2. In your own words, what is the pilot seeking to achieve?

3. From your perspective, what improvements has the pilot made to Early Years services so far?

4. What improvements are necessary to the way the pilot is delivered?

5. What effect is the pilot having on:
    a. staff?

    b. families?

6. What data are you tracking?

7. What measures can be used to assess the pilot?

8. When will the impacts of the new delivery model be seen?

9. Thank you for your time, is there anything else you would like to add at this time?