

POLICY BRIEFING: Flying Start and Children's Social Care in Wales

Evidence from a Natural Experiment on Early Years Support and Social Care Outcomes

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AT A GLANCE

- **35% reduction in Care and Support Plans** among children born in Flying Start expansion areas, equivalent to a **1.3 percentage point decrease** from an estimated baseline of 3.7% in comparable disadvantaged areas.
 - **42% reduction in children becoming looked after (CLA)** by age 4/5 corresponding to an estimated **0.5 percentage point reduction** from a comparable baseline of 1.2%.
 - **Effects were strongest for children of younger mothers.** Children whose mothers were aged 21 or under experienced approximately **65% lower rates of becoming looked after** when born in Flying Start areas.
 - **No substantial impact was found on child protection registration**, despite reductions in other forms of social care involvement.
 - **The study analysed social care involvement for over 126,000 children** born between 2012 and 2017 across 16 Welsh local authorities using linked administrative records.
 - **Findings challenge the assumption that expanded family services increase social care intervention through surveillance effects**, suggesting that intensive early years support can reduce demand for statutory services in highly disadvantaged communities.
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Background

For two decades, **Flying Start** has been Wales's flagship early years programme, providing enhanced support to families with children under four living in disadvantaged communities. Introduced in 2007, the programme combines four core entitlements: free part-time childcare, enhanced health visiting, parenting support, and speech, language and communication services.

The programme is delivered on an area-based universal basis. Families living within designated Flying Start areas are automatically eligible, reducing barriers to access and potentially avoiding the stigma often associated with targeted support programmes.

Internationally and across the UK, evidence on the relationship between early years interventions and children's social care has been mixed. Some previous studies of Sure Start and related programmes suggested little impact on social care outcomes or even increases in referrals due to greater professional contact and identification of need. This phenomenon has often been described as a "surveillance effect", whereby increased service contact generates additional referrals into statutory systems.

This briefing draws on new research that take advantage of a funding rule which was used in the first major Flying Start expansion between 2012 and 2016. This funding rule effectively capped the number of Flying Start areas and created a naturally occurring experiment whereby disadvantaged areas within the expansion threshold were eligible for Flying Start whilst extremely similar areas outside the threshold did not. Researchers used a **Regression Discontinuity Design**, analysing linked administrative data for **126,705 children** born between 2012 and 2017 in 16 Welsh local authorities. Data were accessed through the **SAIL Databank**, allowing population-scale linkage between birth records and children's social care datasets.

Public involvement sessions were held with staff and parents in two contrasting Flying Start areas to inform the study design and the implications of the findings.

Key Findings

Primary Impact Area: Reductions in Statutory Social Care Involvement

The strongest evidence relates to children's involvement in statutory social care by age 4/5.

Children born in Flying Start expansion areas were:

- **35% less likely to have a Care and Support Plan**
- **42% less likely to become a Child Looked After (CLA)**

relative to otherwise comparable children living just outside Flying Start eligibility cap.

Applied across decades of annual birth cohorts in disadvantaged communities, these reductions represent potentially hundreds of children avoiding escalation into formal social care pathways over time.

Why does this matter?

Statutory social care intervention is often associated with significant emotional, educational and financial costs for children, families and public services. Reducing the number of children requiring Care and Support Plans or entering care suggests that intensive early support may prevent problems from escalating to the point where statutory intervention becomes necessary. These findings imply potential long-term savings alongside improved outcomes for children and families.

Strongest effects for younger mothers

Effects were not evenly distributed across all groups. The most pronounced effects were observed among children born to **mothers aged 21 years or younger**.

For this group:

- Care and Support Plan rates fell by **42%** (2.9 percentage points from a baseline of 6.8%)
- Children of younger mothers were approximately **65% less likely to become looked after** compared with similar children outside Flying Start areas.

While formal tests of subgroup differences lacked sufficient statistical precision to provide definitive conclusions, the patterns were consistent across outcomes and align with wider evidence that some early years interventions may deliver larger benefits for higher-risk groups.

Policy implication

The strongest benefits appear concentrated among younger mothers suggesting that universal area-based services may be particularly effective in supporting groups facing elevated risks of later social care involvement. Policymakers should consider how service design and outreach can maximise engagement among these populations while retaining the universal principles of Flying Start.

Nuanced and Secondary Outcomes

The study found **no statistically significant effect on child protection registration (CPR)** by age 4/5. The estimated reduction was small and did not reach conventional significance thresholds.

This finding may initially appear inconsistent with reductions in Care and Support Plans and looked-after status, but several explanations are plausible.

First, child protection registration is comparatively rare, affecting only around **0.3% of children** in the sample. The small number of cases limits statistical power. Second, child protection procedures are driven by immediate safeguarding concerns that may be less responsive to preventative family support than broader care and support needs.

Importantly, a null result in one outcome does not negate the substantial reductions observed elsewhere.

Note on limitations

The analysis measures eligibility for Flying Start rather than actual programme participation. Some families outside Flying Start areas may have accessed services, while some families within eligible areas may not have utilised them fully. These factors are likely to make estimates conservative and may underestimate the programme's true impact. Furthermore, findings are most directly applicable to disadvantaged areas close to the expansion threshold.

Comparative Context

The Welsh findings align closely with [recent evidence from Sure Start in Northern Ireland](#). Using a comparable quasi-experimental design, the same team of researchers found substantial reductions in referrals to children's social care and Child in Need status among children born in Sure Start areas.

However, there are important differences.

In Northern Ireland, researchers found no clear reduction in children entering out-of-home care, whereas the Welsh analysis identifies evidence of reduced likelihood of becoming looked after.

The findings also contrast with earlier observational studies in England and Wales that suggested increased referrals may result from enhanced service contact. The present study's stronger causal design indicates that previous positive associations between programme exposure and social care involvement may have reflected underlying disadvantage rather than programme effects.

Taken together, the evidence suggests that stable, well-funded, area-based early years systems may help reduce later statutory intervention rather than simply identifying additional need.

Implications for Policy

1. Maintain and Expand Early Years Investment

The evidence indicates that Flying Start reduces children's contact with statutory social care. Continued investment in early years services should be viewed not only as a developmental policy but also as a preventative social care strategy.

2. Prioritise Support for Young Parents

Targeted engagement approaches should encourage uptake to Flying Start's universal offer. Stronger effects among mothers aged 21 and under suggest this group may generate particularly high returns from early intervention.

3. Strengthen Service Integration

The programme's combination of childcare, health visiting, parenting support and communication services may be central to its success. Future expansions should consider preserving integrated delivery models rather than separating services into disconnected programmes.

4. Improve Administrative Data on Service Uptake

Current systems cannot reliably measure which families receive which Flying Start services or at what intensity. Improving routine data collection and linkage would enable policymakers to identify the most effective programme components.

5. Embed Robust Evaluation into Future Policymaking

The findings demonstrate the value of using quasi-experiments and linked administrative data. Future expansions of Flying Start and related family support policies should incorporate evaluation frameworks from the outset to strengthen the evidence base.

Further Research

Further work is already underway by the research team to extend these findings. This includes:

- Examining health, developmental and educational outcomes.
- Assessing longer-term outcomes beyond age five, including educational attainment.
- Reviewing findings across Wales and Northern Ireland to identify transferable lessons for family policy.

Important note: The underlying study is currently published as a working paper: [Zhang, Elliott, Griffith, and Holland \(2026\). “Measuring the Impact of Area-based Early Years Support in Wales on Children’s Social Care: Preliminary Findings”](#). The findings have not

yet undergone external peer review. Findings should therefore be interpreted as preliminary until an external peer-review is complete.

The authors [pre-registered](#) their study design, enhancing transparency and strengthening confidence that these effects were caused by the provision of Flying Start

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