Qualitative research with Flying Start families: Wave 3
Qualitative Research with Flying Start Families: Wave 3 report

Hefin Thomas, Jennifer Lane, Sioned Lewis, Eluned Glyn - Arad Research

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

For further information please contact:
Hayley Collicott
Children and Families Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Email: Hayley.Collicott@gov.wales
## Glossary

<table>
<thead>
<tr>
<th>Acronym/Key word</th>
<th>Definition</th>
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<tr>
<td><strong>EHV entitlement</strong></td>
<td>The Enhanced Health Visiting entitlement requires local authorities to provide one full time equivalent Health Visitor per 110 children aged under 4 in Flying Start areas. This represents a lower caseload than the universal service and is to ensure delivery of intensive support to Flying Start children and their families. The primary function of the Flying Start Health Visitor is to support the family in the home, assessing both the child and the family (in terms of high, medium and low risk) and make appropriate referrals. Since this research, the All Wales Health Visiting Family Resilience Assessment Instrument Tool (FRAIT) has been implemented. This tool facilitates a robust analysis of various factors to ensure appropriate interventions are delivered</td>
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<tr>
<td><strong>Childcare entitlement</strong></td>
<td>Flying Start provides quality childcare which is offered to parents of all eligible two to three-year-olds for two and a half hours a day, five days a week for 39 weeks. In addition, there should be at least 15 sessions of provision for the family during the school holidays.</td>
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| **Parenting entitlement** | Every family with a Flying Start child must be offered formal parenting support at least on an annual basis. This can be in groups or one-to-one in the home with a mix of formal and informal support depending on need. The parenting offer is based on the following three themes:  
  - perinatal and support in the early years  
  - early intervention approaches to supporting vulnerable parents  
  - programmes to support parents in positive parenting. |
**SLC entitlement**

Speech Language and Communication entitlement. Flying Start offers families a range of opportunities to access groups and courses (e.g. Language and Play) as well as support from Speech and Language Therapists and other staff focused on speech and language development. The SLC entitlement was known as the Early Language Development (ELD) entitlement (up until 2015) and was also previously known as the Language and Play entitlement. The ELD entitlement was changed to ‘Speech, Language and Communication’ (SLC) following the publication of the Flying Start SLC guidance in 2015. Speech, Language and Communication is a broader description and includes all the skills required for children to become competent and confident communicators.

**SLT**

Speech and Language Therapy/Therapist. Most local authorities employ SLT staff through Flying Start. However, families may also be referred by Flying Start staff to universal SLT services.

**LAP**

Language and Play. LAP forms part of the SLC entitlement of Flying Start and is a universal, informal SLC intervention. LAP sessions are often delivered as ‘drop-in’ sessions across local authorities but can also be offered as a course (usually between four and six sessions). LAP offers a variety of play activities to help develop language skills and interaction between parents and their children.

**Wave 1, 2 or 3 families**

Families interviewed during the three annual phases, or waves of research. Wave 1 (in 2015), 2 (2016) or 3 (in 2017).

**SoGS assessment**

The Schedule of Growing Skills. SoGS is a standardised developmental assessment tool used by professionals who need to establish the developmental levels of children. Practitioners within Flying Start use the tool to assess the developmental level of children aged two and three years old. Since April 2017 SoGS assessments have not been used in Flying Start universally but Local Authorities still use them as part of the suite of targeted assessments of a child’s development, on a needs basis.
| High/Medium/Low need families | Families defined by their local authority Flying Start team as needing a high/medium/low level of support. Precise definitions of the levels of need vary across local authorities but take account of factors such as health problems, deprivation, age of parent, language and the availability of support networks. In this report, the level of need of the family is included alongside quotes to give context to the family situation (where this information was available to the research team). |
1. Introduction/Background

1.1 The Welsh Government commissioned Arad Research to undertake qualitative research with Flying Start families. This longitudinal study was undertaken in three stages (described as Waves 1, 2 and 3) between 2015 and 2017. This report outlines the findings from Wave 3 of the research based on fieldwork conducted between July and October 2017.¹

Overview of Flying Start

1.2 The Flying Start Programme was launched in 2006/7 and provides targeted support to children and families in some of the most disadvantaged areas in Wales to make a decisive difference to their lives. It focuses on the identification of need and on early interventions to improve children’s language, cognitive, social and emotional development and their physical health.

1.3 Flying Start offers four main entitlements:

- an enhanced health visiting service (EHV);
- fully funded part-time, high quality childcare for two- to three-year-olds;
- access to parenting support; and
- support for Speech Language and Communication (SLC).²

1.4 These entitlements are universally available to families with children aged nought to four in Flying Start areas and families can choose which entitlements they access. In addition to these core entitlements, tailored support depending on individual families’ needs is also an important element of the Programme. For example, some parents receive one-to-one support and/or are referred to targeted provision or specialist support such as Speech and Language Therapy. Since 2012, there has been an element of outreach work in the Programme, allowing local authorities to offer Flying Start support to a small percentage of families outside designated Flying Start areas where there is an identified need.


² The Early Language Development (ELD) entitlement was changed to Speech, Language and Communication (SLC) following the publication of Flying Start SLC guidance in 2015 (Welsh Government, 2015c).
1.5 In 2012, the Welsh Government committed to expanding the Flying Start programme, with the aim of doubling the number of children accessing entitlements from 18,000 to 36,000 by 2016. In 2016-17, 37,628 children were in receipt of Flying Start services, exceeding the expected numbers by 4 per cent, but showing a slight reduction of 2 per cent on the numbers in 2015-16 (Welsh Government, 2017b).³

1.6 Flying Start entitlements are delivered by local authorities across Wales, working in partnership with Local Health Boards and other stakeholders. Each local authority has a Flying Start co-ordinator who manages a core team of staff that delivers the Programme locally. The members of this core team differ across local authorities but may include: Health Visitors; Parenting Workers; Childcare Workers; Midwives; and Speech and Language Therapists (SLTs). For the years 2015/16 and 2016/17, local authorities have provided Welsh Government with annual plans for delivering Flying Start, built around the four core entitlements. The Welsh Government works closely with local authorities to ensure quality and consistency of planning and delivery at a local level. Exact delivery mechanisms vary between local authorities, based on the local context.

1.7 To support local authorities to deliver Flying Start entitlements, the Welsh Government provides a range of guidance. This includes overall strategic guidance (including key principles of the Programme) and financial management guidance. It also includes individual guidance for each of the entitlements including outreach work and transitions.⁴ The guidance for each entitlement includes an overview of what is expected of each service and information on effective delivery mechanisms such as partnership working.⁵

Aims of the research

1.8 The aims of this study are:

- to understand families’ experiences of the Flying Start Programme; and
- to identify any perceived impacts of the Programme for Flying Start families.


⁴ Transitions are described by Welsh Government as: ‘the process of change, for example, that is experienced when children (and their families) move from one setting to another (e.g. from home to Flying Start childcare) or move from the responsibility of one health professional to another (e.g. Health Visitor to school nurse).’ (Welsh Government, 2014c)

⁵ Ibid
Additionally, the research seeks to address the following research questions:

**Fig 1. Key research questions**

1. How do parents engage with Flying Start services and what helps and hinders engagement?
2. How do parents decide which entitlement(s) they engage with and when?
3. In what ways do parents experience the different Flying Start entitlements (i.e. enhanced health visiting, childcare, SLC, parenting support)?
4. What expectations do parents have of the Flying Start programme?
5. To what extent do parents perceive Flying Start has delivered against any expectations?
6. How does Flying Start relate to other services (including schools/other family support programmes/health services)? For example, are there experiences of Flying Start ‘signposting’ to other services and what are the outcomes of this?
7. How well do Flying Start parents believe the Programme has identified and responded to the needs and wishes of families in terms of Welsh-language provision?
8. What, if any, do parents perceive to be the medium- to long-term impacts of the Programme for their family?

**Previous research relating to Flying Start**

Between 2011 and 2014, the Welsh Government published a national evaluation of Flying Start (undertaken by SQW and Ipsos Mori), which comprised a series of reports assessing the implementation, delivery and impact of the Programme. The overview summary report (Welsh Government, 2014a) provides a snapshot of key findings on the progress made up until 2013. A summary of these key findings

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was included in the Wave 1 report of this qualitative study (Welsh Government, 2016a).

1.11 Of particular relevance to this report is the qualitative research with high need families included within the national evaluation (Welsh Government, 2013a). This research found that parents were generally positive about the four Flying Start entitlements and the impact the Programme had on their family. A more detailed summary of the key findings of this research was included in the Wave 1 report of this current qualitative research (Welsh Government, 2016a).

1.12 The Welsh Government has recently published an evaluability assessment of Flying Start (Welsh Government, 2016b). The report examines how the Programme can be evaluated and changes that might need to be made in order to conduct more robust and reliable evaluations. The report outlines recommendations for future evaluations, including:

- comparing outcomes between Flying Start and non-Flying Start areas;
- continuing to use qualitative research to explore Flying Start families’ perceptions of the Programme;
- investigating opportunities for data linking, using administrative data to examine outcomes for children living in Flying Start areas at an individual level;
- longitudinally track a sample of families/parents/children who have engaged with the Flying Start programme.

**Wave 1 and 2 reports for this study**

1.13 This is the third and final report published as part of this longitudinal study (see section 2 for a description of the methodology). The Wave 1 report (Welsh Government, 2016a) was based on 72 interviews with families conducted in 2015. Most of these families (53) were re-interviewed for Wave 2 in 2016 and a further 19 interviews were conducted with a ‘supplementary’ sample of families to replace those who were unable to participate in a repeat interview.

1.14 The findings from the Wave 2 report (Welsh Government, 2017a) showed that most parents had continued to access at least one of the entitlements they had accessed during Wave 1; an indication of families’ sustained engagement with Flying Start over the course of the research. Most parents had continued to have
high levels of satisfaction with services delivered under each of the Flying Start entitlements including positive views of staff, service delivery and facilities or locations. Furthermore, most parents felt that Flying Start had a positive impact on their child’s development as well as making a positive contribution to their own skills and knowledge as a parent.

About this report

1.15 Section 2 provides a description of the methodology adopted for undertaking the research. Section 3 outlines the findings relating to how families engage with Flying Start services. Section 4 presents parents’ views on their experiences of accessing Flying Start services under each of the four entitlements. The perceived outcomes and impacts of Flying Start services and the Programme as a whole are included in Section 5. Our conclusions are outlined in Section 6. Case studies based on interviews with families during all three waves (1, 2 and 3) have been included at the end of Sections 2, 3 and 4. The purpose of these case studies is to help illustrate families’ journey with the programme across the three years of the project. Interview schedules used during Wave 3 are included in Annex A and B.
2. **Methodology**

2.1 The methodology for undertaking the research is set out in this section. It includes a summary of the process of selecting local authorities and families to take part as well as the recruitment process.

**Overview of approach**

2.2 The aim of the research was to interview families who had accessed Flying Start services at three points during their engagement with the Programme (referred to in this report as the ‘main’ sample of families). The research also sought to conduct interviews with families living outside Flying Start areas during Wave 3 (referred to in this report as the ‘comparator’ sample of families). Fieldwork included the following:

- 216 face-to-face interviews with families who have accessed Flying Start services (main sample). The main sample of families were drawn from six local authorities and interviews conducted over three years (in three annual waves of 72 interviews in 2015, 2016 and 2017);\(^7\)

- Wave 1 of the study included a total of 72 interviews with families;

- Wave 2 included a total of 72 interviews with families comprising 53 follow-up interviews with families from the first wave (longitudinal sample) and 19 interviews with a ‘supplementary’ sample of families to replace those who were unable to participate in a repeat interview;

- Wave 3 included a further 72 interviews, comprising repeat interviews with 58 families from the first and/or second waves where possible, as well as a ‘supplementary’ sample of 14 families to replace those who were unable to participate in a repeat interview.\(^8\) Families were asked about their engagement with and experiences and impacts of Flying Start services over the 12 months prior to the Wave 3 interviews (i.e. the period between Waves 2 and 3);

- 18 interviews with Flying Start co-ordinators in six local authorities (three annual waves of six interviews) to provide contextual data;

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\(^7\) The six local authorities included one each from north-east, north-west, south-east and south-west Wales as well as one each from mid-Wales and the south Wales valleys. Further information on how the local authorities were selected is included in the Wave 1 report (Welsh Government, 2016a).

\(^8\) Of the 58 longitudinal families: 42 were interviewed in Waves 1, 2 and 3; 14 were interviewed in Waves 2 and 3; and 2 were interviewed in Waves 1 and 3.
In Wave 3 only, there were 20 interviews with a comparator sample of families living outside Flying Start areas in three of the above local authorities. Families recruited for the comparator sample had similar characteristics to families in the main sample. The purpose of these interviews was to gather evidence of what may or may not happen in the absence of the Programme. These comparator families were asked about their engagement with and experiences of family support services over the lifetime of their child(ren).

2.3 The 72 Wave 3 interviews with families, 20 interviews with comparator families and six interviews with Flying Start co-ordinators and staff were conducted between July and October 2017 and form the basis of this report.

Rationale for approach

2.4 The qualitative approach adopted for this study enables us to gain an insight into families’ experiences of Flying Start and to gather views on how (if at all) it has influenced their lives. Qualitative research is designed to be exploratory, including open-ended questions to encourage parents to share their perceptions and feelings on a topic in their own words rather than offering participants predetermined response options. The research does not aim to provide statistically reliable data, but provides in-depth evidence to help understand parents’ views on their experiences to aid understanding of families’ engagement with the Programme.

2.5 It is important to recognise some of the limitations of this research, including; sample bias (i.e. how the selection and recruitment process may have influenced the nature of the sample of families); data validity and reliability (e.g. reliance on self-reported data from parents); and attribution (i.e. interpreting to what extent perceived outcomes and impacts reported by families can be attributed to elements of the Programme). The use of a semi-structured interview topic guide enabled the interviewers to use open-ended questions and follow-up prompts, allowing the respondent to develop their answers and overcome some of the limitations mentioned above. Each of these issues is discussed in more detail in the Wave 1 report for this study (Welsh Government, 2016a). The remainder of

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9 The three local authorities included one each from north-west, south-east and mid-Wales.
10 The sample was matched by ensuring that the comparator sample contained a similar percentage of families with specific characteristics to the main sample. These are listed in Table 2.
this section focuses on the methodology adopted for undertaking the Wave 3 fieldwork.

**Interviews with Flying Start co-ordinators and staff**

2.6 The research team conducted scoping interviews with Flying Start co-ordinators and other staff (mainly those responsible for database management) in each of the six local authorities during May and June 2017. The purpose of these interviews was to gather contextual information about the delivery of Flying Start locally and to discuss the approach for recruiting supplementary families to replace any families from Wave 2 of the research who were unable to take part in Wave 3.

**Sampling and recruitment**

2.7 A sampling framework for selecting the main sample of families in Flying Start areas was designed during Wave 1 of the research, with targets set for the minimum number of families in different categories to be interviewed. Families were then randomly selected from within these categories. The purpose of this approach was to ensure that the sample included a range of different types of families and to try and ensure that some families from each category would take part in all three waves of the research.

2.8 Our approach sought to ensure that as many as possible of the families interviewed in Waves 1 and 2 were re-interviewed in Wave 3. In total, 58 of the families interviewed in Wave 3 had previously been interviewed in Waves 1 and/or 2 (a retention rate of 80 per cent) and 14 ‘supplementary’ families were recruited to replace those who withdrew or were not contactable. This retention rate was higher than had been anticipated based on previous research. Of the 58 longitudinal families: 42 were interviewed in Waves 1, 2 and 3; 14 families were interviewed in Waves 2 and 3 only; and two families were interviewed in Waves 1 and 3.

2.9 A breakdown of the sample of families interviewed in Waves 1, 2 and 3 by category is included in Table 1. If a family from Wave 2 was unable to take part in Wave 3, a new family with similar characteristics was recruited to replace them in the sample. In two cases, a family from Wave 1 who had been unable to take part

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11 A full description of the approach taken to select and recruit the sample is included in the Wave 1 report (Welsh Government, 2016a).
in Wave 2 was re-recruited in Wave 3 to replace a family that was unable to participate.

2.10 The intention of the study was to follow families’ experiences of their Flying Start journey from when their youngest child was 30 months or younger, through to transitioning into the Foundation Phase. Therefore, the average age of the youngest child within each family interviewed increased over the 3 Waves of the study. In Wave 1 the youngest child was aged just 2 months and the oldest was aged 35 months old. However, most families interviewed had a youngest child between the ages of 7 months and 24 months. In Wave 2, most families interviewed had a youngest child aged between 18 and 36 months. Then, in Wave 3, most families interviewed had a youngest child aged between 25 and 48 months old.

2.11 The 20 comparator families were recruited by on-street recruiters using a screener questionnaire. Recruitment was undertaken in areas outside the Flying Start catchment in three of the six local authorities selected for the main sample. Quotas were set for various characteristics in order to recruit 20 comparator families who had similar characteristics to the 72 families in the main sample. A comparison of the characteristics of the main sample and the comparator sample is shown in Table 2. All comparator sample families (20 families) had at least one child aged 2-4 years old to correspond to the age range of the children in the main sample. Families who had previously accessed Flying Start services (e.g. outreach services) and those who knew families who have accessed Flying Start services were screened out of the research.

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12 Flying Start staff were consulted on the most appropriate areas in which to undertaken recruitment.
13 Families who knew others who have accessed Flying Start services were screened out of the research to try and ensure that families in the comparator group would not compare those services they have received with those available through Flying Start.
### Table 1. Final Waves 1, 2 and 3 main sample of families by category

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<tr>
<td></td>
<td>Number of</td>
<td>Percentage of</td>
<td>Number of</td>
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<tr>
<td></td>
<td>families</td>
<td>families</td>
<td>families</td>
</tr>
<tr>
<td></td>
<td>interviewed</td>
<td>interviewed¹</td>
<td>interviewed</td>
</tr>
<tr>
<td>Parents in high need families</td>
<td>30</td>
<td>42%</td>
<td>30</td>
</tr>
<tr>
<td>Parents in medium need families</td>
<td>15</td>
<td>21%</td>
<td>15</td>
</tr>
<tr>
<td>Parents in low need families</td>
<td>27</td>
<td>38%</td>
<td>27</td>
</tr>
<tr>
<td>Parents aged 19 or under when first interviewed</td>
<td>10</td>
<td>14%</td>
<td>9</td>
</tr>
<tr>
<td>Parents not of White British or White Welsh ethnicity²</td>
<td>11</td>
<td>15%</td>
<td>16</td>
</tr>
<tr>
<td>Parents who speak Welsh</td>
<td>13</td>
<td>18%</td>
<td>16</td>
</tr>
<tr>
<td>Parents with disabled children</td>
<td>7</td>
<td>10%</td>
<td>8</td>
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</tbody>
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¹ Column does not sum to 100% as families can be counted in more than one category.

² The interviews included families from the following ethnic groups: White European (Polish, Turkish and Other), Arab and Black African.
# Table 2. Characteristics of Wave 3 main sample and comparator sample

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<tbody>
<tr>
<td></td>
<td>Number of</td>
<td>Percentage of</td>
</tr>
<tr>
<td></td>
<td>families interviewed</td>
<td>families interviewed</td>
</tr>
<tr>
<td>Total number of families interviewed</td>
<td>72</td>
<td>100%</td>
</tr>
<tr>
<td>Parents aged 21 or under in Wave 3</td>
<td>8</td>
<td>11%</td>
</tr>
<tr>
<td>Parents not of White British or White Welsh ethnicity</td>
<td>15</td>
<td>20%</td>
</tr>
<tr>
<td>Parents who speak Welsh</td>
<td>13</td>
<td>18%</td>
</tr>
<tr>
<td>Parents with disabled children</td>
<td>8</td>
<td>11%</td>
</tr>
<tr>
<td>Parents in socio-economic groups ABC1</td>
<td>21</td>
<td>29%</td>
</tr>
<tr>
<td>Parents in socio-economic groups C2DE</td>
<td>51</td>
<td>71%</td>
</tr>
</tbody>
</table>

1Column does not sum to 100% as families can be counted in more than one category.

2Families in the main sample in this category were 19 or under in Wave 1 (2015).

3The interviews included families from the following ethnic groups: White European (Polish), Asian and Black.

4Socio-economic group definitions are based on the chief income earner's occupation. A - Higher managerial, administrative or professional; B - Intermediate managerial, administrative or professional; C1 - Supervisory or clerical and junior managerial, administrative or professional; C2 - Skilled manual workers; D - Semi-skilled and unskilled manual workers; E - Casual or lowest grade workers, pensioners, and others who depend on the welfare state for their income.
Fieldwork

2.12 All 72 families in the main sample were asked their preferred location for the interview. The vast majority (65 out of 72) opted to be interviewed face-to-face at home, with two families choosing to be interviewed face-to-face at a local Flying Start centre, one opting to be interviewed at a local café and four families being interviewed by telephone for practical reasons. All families were offered recompense for their involvement. Almost all (19 out of 20) comparator families were interviewed at a meeting venue within their community (e.g. community hall or library) with one family opting to be interviewed by telephone.

2.13 All parents/guardians within the family were given the opportunity to participate in interviews, either on their own or together. Out of the 72 families in the main sample, 63 mothers participated in an interview on their own and two fathers participated on their own. For the remaining seven families, both the mother and the father took part in the interview. Twenty out of the 72 families interviewed were single parent families. Among the 20 comparator families, 18 mothers were interviewed on their own and two fathers participated on their own.

2.14 The ethnicity of the families interviewed was recorded. Out of the 72 families interviewed in the main sample, the majority (57 families) were White Welsh or White British. Nine families were Middle Eastern (including Iraqi, Yemeni, Syrian and Saudi Arabian families). A further four families were White European (including Polish and Italian), and the remaining two were Black African. Out of the 20 families in the comparator sample, fifteen were White Welsh or White British, two families were Asian, one was Middle Eastern, one was Black and one was White European.

2.15 Interviews were conducted in the families’ preferred choice of language, with an interpreter accompanying the researcher if necessary. Most of the main sample interviews (57 out of 72) were conducted in English, with eight conducted in Welsh. Seven interviews were conducted with the support of translators, all in Arabic. Most of the interviews with comparator families (15 out of 20) were conducted in English, with five conducted in Welsh.

2.16 The number of children within each of the 72 families in the main sample ranged from one child to 10 children. The largest proportion of families in the main sample (24 out of 72 families) only had one child. Among the 20 comparator families, the number of children ranged from one child to five. The largest proportion of families
in the comparator sample (9 out of 20 families) only had one child. All families in both the main sample and comparator sample had at least one child aged between 2 and 4 years old.

**Ethical considerations**

2.17 Our approach to the research sought to ensure the proper ethical treatment of all those who participated in the study. This involved ensuring that families’ participation was voluntary, based on informed consent and that all data were treated confidentially. Families in the main sample were invited to participate by Flying Start staff (usually Health Visitors) and it was explained that participation was voluntary. To this end, a briefing note describing the research and nature of engagement was provided by the research team for the local authority staff to use when discussing the project with families. Main sample parents were asked to complete a consent form before contact details were passed to the research team by Flying Start staff. Immediately prior to each interview, families were asked to complete an additional consent form by the research team. This consent form provided families with further information on confidentiality, how their data would be used and confirmed that their participation was voluntary. It also asked for their consent to be re-contacted for future waves of the research. The topic guide in Annex A includes a statement read out to participants at the start of each interview.

2.18 On-street recruiters invited comparator sample families to complete a screener questionnaire to check if they met the criteria for inclusion in the research. Families meeting the criteria were invited to participate in an interview and were asked to complete a similar consent form to that provided to families in the main sample. The topic guide in Annex B includes a statement read out to participants at the start of each interview.

**Topic guides**

2.19 Semi-structured topic guides for the main and comparator samples were developed by the research team covering various themes including: profile information; expectations and engagement; experiences of each Flying Start entitlement (or type of family support service for the comparator sample); perceived outcomes and impact. The topic guides included open questions and prompts relating to different entitlements or services as well as opportunities to
score their levels of satisfaction with entitlements with which they had engaged.
The main and comparator sample topic guides are included as Annexes A and B.

**Analysis**

2.20 Notes from the 72 main sample interviews and the 20 comparator sample interviews were prepared by the interviewer. Interviews were not recorded or transcribed verbatim, but some quotes were written up at the time and are reported in full to highlight detailed comments about specific experiences. Interview notes were reviewed and coded (i.e. sentences and paragraphs within each set of notes were labelled with ‘codes’ summarising what was said e.g. a positive comment on childcare) to enable commonly reported themes to be drawn out during the analysis. Qualitative data analysis software was used to aid the process and ensure the data were easily retrievable. This has enabled us to summarise the data and draw out the key themes that emerged from the fieldwork.

**Reporting**

2.21 This report presents the findings from interviews with the main and comparator samples of families undertaken in Wave 3. It is the last in a series of three annual reports published as part of the research. Sections 3-5 below detail the key findings and themes that emerged from the research. Each section presents findings from the main sample followed by findings from the comparator sample. In general, more evidence is presented in the report for Flying Start families than for comparator group families. This is because more Flying Start families (72) than comparator families (20) were interviewed during the research. In addition, Flying Start families tended to have accessed more services than comparator families and were interviewed up to three times during the research compared with one interview for comparator families (Wave 3 only).

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14 In this report, the age and gender of the interviewee and the level of need of the family is included alongside quotes in cases where this information was available to the research team.
3. Engagement

3.1 This section, and those that follow, outline the key findings and themes to emerge from the research. In this section, we explore the nature of families’ engagement with Flying Start and the factors that influence their level of engagement. We also note any changes in engagement between Waves 1, 2 and 3. To this end, parents were asked what information, if any, they had received about Flying Start services since their previous interview and what entitlements they had continued to access, stopped accessing and started to access since Wave 2. This section also outlines the findings from interviews with comparator families in relation to their engagement with family support services outside Flying Start areas.

Information received

3.2 During all three waves of the research, families in the main sample were asked about the level of information they have received about the Flying Start programme and its entitlements. All families reported receiving information on EHV services such as clinics, immunisations and developmental checks at some point between Waves 1 and 3. During Wave 3, those who were interviewed in previous waves were asked specifically what information they had received since then.

3.3 Parents in Wave 3 received information about Flying Start services from similar sources to those identified in Waves 1 and 2. Parents had received information mainly via their Health Visitor, as well as via leaflets and social media. Most families felt they had received enough information through these sources although some noted that they were receiving less information now than when we interviewed them in Waves 1 and 2 and a few noted they had received little or no information since their last interview. Most of these families had older children and therefore less frequent routine contact with their Health Visitor although a small number had children aged under 18 months. They were also less proactive in...
seeking information on Flying Start services. In most cases, these families felt reassured knowing that the support was there if they needed it.

‘I got lots of information and support when he was little but less now he is older.’ Mother, aged 25-44, Low-need family

3.4 Comparator families were asked what information they had received on family support services such as Health Visitor clinics, local playgroups, childcare provision and parenting courses. Almost all comparator families reported receiving information on Health Visitor services such as clinics, immunisations and developmental checks and a few had been provided with information on other types of support (e.g. breastfeeding clinics). However, comparator families were less likely to report receiving information on other family support services compared with the main sample. As a consequence, comparator families seemed to have a lower awareness of some types of support, particularly parenting courses and childcare provision.

3.5 Some comparator families reported that their Health Visitor had provided them with information on local playgroups, either through explaining what was available or by providing a timetable of local activities (e.g. story time at local libraries, play groups run by charities or churches). However, comparator families tended to be more reliant on social media and word of mouth for finding out about these types of groups compared with the main sample, where most families reported having received a timetable of Flying Start activities.

3.6 Few comparator families had been provided with information on childcare provision or parenting courses. Those who had been provided with this information were families who had been supported by social services and had been referred to these courses. Some comparator families were unaware of the existence of parenting courses and most had not considered attending a parenting course. When prompted, some comparator parents indicated they would like to see greater availability of parenting courses (e.g. cookery, breastfeeding and developmental courses).

Entitlements accessed and factors influencing engagement

3.7 Flying Start families tend to have different levels of engagement with the four core entitlements, depending on the age of their children. Families with babies under six months of age, typically have more regular core contacts with the EHV entitlement compared with families with older children as set out in the Flying Start All Wales Health Visiting Core Programme (Welsh Government, 2013b) document (see footnote 15). Likewise, due to the nature of the childcare offer, families are only eligible for this entitlement when their child is two to three years old. Families tend to access SLC groups, such as Language and Play (LAP) before their child starts attending childcare at the age of two years and are then less likely to attend these SLC groups. These changes in children’s eligibility and needs, coupled with the voluntary nature of the Programme means that not all families would be expected to engage with every entitlement.

3.8 Information on the numbers of families within the research sample who have accessed different entitlements is provided in this section. However, as this is a qualitative study this should be interpreted as contextual information for the findings that follow. The levels of engagement within the sample should not be considered as being indicative of families’ general levels of engagement across the whole Programme. Furthermore, comparisons between the levels of engagement of families in the comparator sample and the main sample should not be treated as being generalisable to the wider population of families outside Flying Start areas.

Overall levels of engagement in Waves 1, 2 and 3

3.9 The nature of families’ engagement with Flying Start varied during the three waves of the study. Families’ engagement was strongly influenced by the age and needs of children, the strength of relationships with Flying Start staff as well as parents’ experiences and confidence. Parents reported greater engagement with the EHV entitlement during Waves 1 and 2, when their child was younger, whilst having more engagement with the childcare entitlement, once their child was eligible for it.

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16 This reflects evidence from the qualitative research with high need families included within the national evaluation of Flying Start (Welsh Government, 2013a) which noted that ‘Flying Start Health Visitors commonly visit parents of newborns regularly (weekly or monthly depending on the need of the family), and then monthly or bi-monthly as the child approaches their first birthday. Providing that families do not have ongoing needs that require continued intensive support, after the age of two Health Visitors may only visit annually to conduct two and three-year checks.’
between the ages of 2 and 3. This meant that the main point of engagement with the Programme appeared to shift during the three waves. All parents had accessed the EHV entitlement, and the vast majority of parents accessed Flying Start childcare at some point during the research. Around two-thirds of families had accessed the parenting entitlement (e.g. attending a course or receiving support at home) and just over half of families reported engaging with the SLC entitlement at some point during the research.

Enhanced Health Visitor (EHV) entitlement

3.10 A total of 59 out of the 72 families interviewed in Wave 3 had accessed support from their Health Visitor, a lower level of engagement than reported in Waves 1 and 2 of the research. A few families now had younger babies and were therefore more engaged with the entitlement through more frequent check-up visits. For most families, however, the EHV entitlement was no longer their main point of contact with the Programme. This is likely to reflect the fact that families tend to have lower levels of engagement with the EHV entitlement (see footnote 15) and more engagement with other entitlements as their child gets older.

3.11 Some families (13 out of 72) reported they had not accessed their Health Visitor support since Wave 2. These families usually had a youngest child aged over three and most explained that they had not needed to actively contact their Health Visitor since Wave 2 as their child had not had any health issues. However, a small number of families with children aged under 18 months or with health issues reported that they had little contact with their Health Visitor since Wave 2; these families expressed concern at the lack of contact.

3.12 A few families (10) had accessed support from the wider Flying Start health team during Wave 3 including, for example, dieticians or physiotherapists. This level of engagement was similar to that reported in Waves 1 and 2. Of the families who were interviewed in previous waves, a few had continued to access support from the wider Flying Start health team and a few had started to access this support since Wave 2.

3.13 Parents interviewed in Wave 3 reported similar reasons for actively seeking support from their Health Visitor to those in previous waves of the research. The most frequently reported reason for contacting their Health Visitor was to seek advice or support with specific issues such as potty training or weaning. As reported in Waves 1 and 2, families’ relationship with their Health Visitor seemed
to influence how they engaged with the entitlement. Those who had a good relationship with their Health Visitor, which was the case for most families interviewed, felt that they could contact them if they needed to and were therefore more likely to do so.

3.14 The age of the children appeared to influence engagement. As the children have become older since the families were interviewed, the number of scheduled visits from the Health Visitor will have reduced (see footnote 15). Another influencing factor appears to be whether they are first time parents. In some cases, parents with more than one child believed that they did not need as much support from their Health Visitor and therefore did not contact them. However, they did report feeling reassured knowing that they could contact them if they needed to.

3.15 All comparator families had engaged with the Health Visitor service during their child’s lifetime although some had not engaged with them during the last 12 months. Overall, comparator families’ reported levels of engagement with the Health Visitor service were lower than that of the main sample. Comparator families generally reported less frequent contact with their Health Visitor and more often reported that they usually met their Health Visitor in a clinic. The exception to this was the few comparator families who had been supported by social services; these families reported levels of engagement that were more similar to the main sample.

‘We’ve had the same Health Visitor for 4 months now. See her at home and in clinic, often enough but more at the start. She’s thorough and speaks Welsh so we’re pleased about that’. Father, aged 25-44, Comparator sample

3.16 Engagement with the Health Visitor service among comparator families tended to be focused around developmental checks although some who had younger children saw their Health Visitor more often. A few comparator families noted that they had had very little contact with their Health Visitor since their child turned 12 months old. A few parents indicated they would have liked a greater level of contact with their Health Visitor.

‘It would be nice to have a bit more of a personal touch to the service.’
Mother, aged 25-44, Comparator sample
'I felt they assumed everything was ok as I seemed to know what I was doing. My mum was a nurse, so it felt like they were saying 'ah she'll be ok'.'

Mother, aged 25-44, Comparator sample

‘Hardly seen the Health Visitor. I’ll search for information on her [child] development the internet.’

Father, aged 45-59, Comparator sample

3.17 The findings therefore indicate that parents in the comparator areas had less engagement with their Health Visitor than the main sample. This is perhaps to be expected as the Healthy Child Wales Programme has fewer scheduled visits than the Flying Start programme.¹⁷

Childcare entitlement

3.18 Most of the families interviewed in Wave 3 (61 out of 72) had accessed the childcare entitlement during Wave 1, 2 or 3. Most families (46 out of 72) had accessed the childcare entitlement during Wave 3. Since Wave 2, 16 families had continued to access childcare and 21 had started to access it since their child had become eligible between Waves 2 and 3. Most of the supplementary sample of families recruited in Wave 3 (9 out of 14) were accessing Flying Start childcare. Some families (15) had stopped accessing the entitlement since their last interview as their child had turned three and was no longer eligible for the entitlement (some of these children had made the transition to the Foundation Phase and some were waiting for their child to start a nursery school placement). A few families (6) were planning to access the entitlement over the coming months as their child had just become, or would soon be, eligible. A few families (5) had chosen not to access the entitlement (and did not plan to do so), because they had paid to access a private childcare provider or decided to care for their child themselves.

3.19 Two families had been supported to access other childcare providers through Flying Start. These included accessing funding towards a childminder or Welsh-medium provision that was not available at their local Flying Start setting.

3.20 The most frequently reported reasons for accessing the childcare entitlement were to help their child socialise and interact with other children and to prepare their child for attending school. These were broadly similar motivations to those mentioned during Waves 1 and 2. Parents also reported that accessing a childcare

provider gave them more time for other activities such as caring for younger children, household chores, work or study.

3.21 Parents who had not accessed the childcare entitlement in Wave 3 gave similar reasons for to those reported in Waves 1 and 2. A small number of families preferred to care for their children themselves or to have family members provide care. A small number of employed parents had paid to use a private childcare provider because they required childcare for longer than the 2.5 hours sessions offered through Flying Start (i.e. to cover their working hours). One family preferred to send their child to a private childcare provider that was attached to a Welsh-medium school their child was likely to attend in future. Others reported they were already accessing non-Flying Start childcare provision before their child turned 2 and preferred not to move their child to a new setting. One family reported that their child had not settled at the Flying Start childcare provider and that they had subsequently moved them to a private childcare provider.

3.22 Just over half the comparator sample of families (13 out of 20) had used a childcare provider, with ten of these families reporting they had placed their child in a nursery before they had reached the age of three. Three of the families in the comparator sample had accessed childcare funded by their local authority (either through social services or because their child was disabled). Three of the comparator families were accessing full time childcare, with ten accessing part-time childcare; ranging from two mornings per week to four days per week. Most of the comparator families whose children were attending childcare part-time reported they would have taken up more days if they could afford it.

'If funding was not an issue, he would have gone for more sessions.' Mother, aged 25-44, Comparator sample

3.23 Seven out of the 20 comparator families had not used childcare services. These included a mixture of families where one (or both) parents were unemployed and caring for their child themselves and families where one or both parents were working part-time and either fully or partially reliant on family members (e.g. grandparents, partners) to care for their child. Each of these parents reported that the main reason was they could not afford to access childcare and that they would have been likely to use childcare services had cost not been a barrier. One of these parents had been able to place their child in a crèche whilst attending a parenting course funded by social services for six weeks.
'They've been to creche while I was on the [nurturing] course. That was great, but I can't afford for them to go to nursery.' Mother, aged 21 or under, comparator sample

3.24 A few parents noted that they had been unable to seek employment or had taken time out or a career/course because they had been unable to afford childcare.

‘The Job Centre have been trying to get me to go on all these courses, but I can't without nursery, can I?’ Mother, aged 25-44, comparator sample

‘I wouldn't have wasted one year of university if there was free childcare available.’ Mother, aged 25-44, comparator sample

3.25 The findings show that fewer parents interviewed in the comparator areas had accessed childcare compared with those in Flying Start areas. Parents who had not used childcare in the comparator areas reported they would have liked to access it if it were available and affordable while some Flying Start families indicated that they would not have used childcare if it they had to pay for it. This suggests that the Programme has removed barriers to accessing childcare for some parents but that these remain for some parents outside Flying Start areas.

**Parenting entitlement**

3.26 Just over a third of families (26 out of 72) accessed the parenting entitlement during Wave 3. Twelve of these families had continued to access the entitlement since Wave 2 and a further 14 had started to access parenting support during Wave 3. Just over a third of families (26) had not yet accessed the parenting entitlement and a quarter of the families had accessed the parenting entitlement in Waves 1 or 2. As in Waves 1 and 2, more families had accessed parenting groups or courses (26) than one-to-one support in the home or at a Flying Start centre (15).

3.27 Parents’ motivations for attending parenting courses remained broadly similar in each wave of the research. Most parents reported that they hoped to gain knowledge and new skills from the courses to improve their parenting. Some reported that they hoped to gain certificates to improve future job prospects. Other parents simply noted that they thought the courses sounded interesting or that they welcomed the opportunity to meet other parents. Parents who had found courses useful were more likely to attend others that were on offer.
3.28 Similar barriers to attending parenting courses were reported by parents in all three waves of the research. These included parenting courses being scheduled at times that were not convenient for them (e.g. courses coinciding with the times they needed to pick their children up from school). Parents who were employed tended to report that they would be more likely to attend parenting courses run outside working hours. Some parents, particularly those with more than one child, thought parenting courses were not relevant to their situation and perceived them to be aimed at new parents. Other parents were not aware of the types of courses that were offered through the Programme.

3.29 In all three waves of the research, parents’ relationships with their Health Visitor appeared to influence their likelihood of engaging with parenting courses. Parents in Wave 3 who had attended parenting courses tended to indicate that their Health Visitor had been instrumental in making them aware of the potential benefits of taking part. These parents usually described the relationship they had with the Health Visitor positively and this appeared to influence their likelihood of participation. This was particularly apparent from interviews with high-need families (who have more frequent contact with their Health Visitor), where those who held a less positive view of their Health Visitor also tended to see less value in attending parenting courses.

3.30 Families outside Flying Start areas appear to have access to fewer opportunities to attend parenting courses. Some parents may be offered opportunities to attend universal or specialist parenting programmes provided through programmes such as Families First, social services or those delivered by third sector organisations, charities or other organisations (e.g. churches). In addition, all families can access free, impartial help, support and advice on a range of family issues (e.g. childcare) from Family Information Services.

3.31 Around a third of parents (7 out of 20) in the comparator sample had engaged in parenting courses. Of these: four had participated in baby massage sessions; three parents had been referred to parenting courses (parent nurture course, incredible years cooking courses) by social services or through support from

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18 Families First is an early intervention programme which aims to improve outcomes for children, young people and families. Launched in 2012, Families First promotes the development coherent, multi-agency packages of support and works with the whole family to stop problems from escalating towards crisis.

charities; and one had attended parenting courses run by their local nursery school.

‘The parenting sessions are run by [nursery school] after school once a week. Two teachers stay after school to run the sessions and we discuss a topic like play, behaviour or healthy eating. It’s really enjoyable.’ Mother, aged 25-44, Comparator sample

‘We did baby massage at [name of hospital] – a 6-week course when she was 8 weeks old. It was good to meet other parents and we got useful information on weaning as well.’ Mother, aged 25-44, Comparator sample

3.32 The findings indicate that, in contrast to parents interviewed in Flying Start areas, most comparator sample parents had not attended, or considered attending, a parenting course. The findings also suggest that some comparator group parents would have liked to attend parenting courses, if made aware of the opportunity to do so. The motivations of interviewees to access these types of courses – gaining skills, socialising and improving employability – were similar in both Flying Start and non-Flying Start areas.

Speech, language and communication (SLC) entitlement

3.33 Over a third of families (28) had engaged in activities linked to the SLC entitlement during Wave 3 and a further ten families had participated in SLC activities during Waves 1 and 2. Just under half of families interviewed in Wave 3 (32) noted that they had not yet accessed any SLC services. Levels of engagement with this entitlement in Wave 3 were fairly similar to Waves 1 and 2 but the nature of SLC activities the parents had received was slightly different. A greater number of families had accessed support from a SLT (15)20 or other one-to-one support21 relating to SLC (17) during Wave 3 and fewer had accessed SLC groups or courses (11) compared with previous waves. This is likely to be linked to the age of children in Wave 3 families and the focus on SLC development in developmental checks as children approach the Foundation Phase.

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20 SLT support includes sessions with an SLT, either in the home, at a childcare setting or at a Flying Start centre. Families are referred to either an SLT employed through Flying Start or to universal SLT services.

21 One-to-one support is usually delivered to families in their home by Flying Start staff such as family support workers. Families are usually referred to this service by their Health Visitor if they require individual, tailored support.
Most parents who had accessed one-to-one support relating to SLC had been referred to it via their Health Visitor and occasionally by childcare staff. As in previous waves of the research, most parents reported that they attended SLC groups and sessions to meet other parents and for their children to socialise with other children their age.

Some families who had previously reported attending SLC groups had not attended them since their child had started attending childcare. For some of these parents, the benefits of attending SLC sessions (e.g. socialising with other children) were now provided through the childcare sessions. These parents therefore felt they no longer needed to attend SLC groups.

The findings above suggest that the SLC entitlement was accessed less often than the other three core entitlements during each wave of the research. It should, however, be noted that services delivered under the SLC entitlement are often embedded within other entitlements (e.g. SLC activities delivered in childcare settings by SLTs or advisory teachers; SLC advice and guidance provided in parenting courses; modelling of good practice to parents by Health Visitors during visits). Therefore, as suggested in the review of the Early Language Development entitlement (Welsh Government, 2014b), this means that it can be difficult for parents to recognise them as distinct SLC services.

Similar barriers to accessing the SLC entitlement were reported by parents during all three waves of the research. The most commonly reported barriers to accessing the SLC entitlement were: a lack of awareness of what was available; the scheduling of groups (e.g. times of groups coinciding with working hours or collecting children from childcare/school); a lack of time to attend groups; a lack of confidence to attend groups on their own; and a perception that groups were not relevant to them.

Families outside Flying Start areas are not offered SLC provision that is comparable to that offered as part of the SLC entitlement. SLC groups in Flying Start areas range from informal drop-in playgroup sessions to more structured provision such as language and play sessions or SLC courses for parents. In contrast, families outside Flying Start areas would tend to only be offered more informal drop-in sessions (e.g. story time sessions at a local library). Below, the findings for comparator parents focus on this type of informal provision.
Most of the parents (15 out of 20) in the comparator sample reported attending groups or sessions focused on speech, language and communication skills with their child. These included free sessions run by libraries (e.g. story time, rhyme time) and playgroups run by voluntary groups or churches. Some of these parents reported that they attended playgroups to help their child to develop their social skills through interacting with other children before entering school. Four of the families in the comparator sample had engaged with Speech and Language Therapy services.

'I tend to find out about playgroups and things on Facebook. There is plenty going on locally most days, but you do have to pay for most of them.' Mother, aged 25-44, comparator sample

'I’d like to go to playgroups, but I can’t afford it.' Mother, aged 21 or under, comparator sample

The findings indicate there were higher levels of engagement in one-to-one SLC services among those interviewed in Flying Start areas, with comparator sample parents more likely to have attended SLC groups. However, comparing engagement in SLC activities between parents in Flying Start and non-Flying Start areas is not straightforward, given that formal SLC courses are more widely available in Flying Start areas compared with comparator areas. Furthermore, higher levels of engagement in childcare in Flying Start areas may affect parents’ decisions to engage in SLC groups. Findings from comparator sample parents suggest some families were accessing SLC groups because they could not afford childcare. Some comparator sample families highlighted they were attending SLC groups for this reason, so that their child could socialise with children their own age before starting school.

Case studies: engagement

The case studies below include examples of how families have engaged with different entitlements. The case studies illustrate families’ journeys through the Flying Start programme by drawing on data from across all three waves of fieldwork. Names and some details in these case studies have been altered to ensure anonymity.
Case study 1: The Ali Family

Mr and Mrs Ali are in their early 30s and have two children aged three years and 20 months. They are of Middle Eastern origin and have lived in their current location for four years. They have some friends and family locally. While they mainly speak Arabic at home they do have some limited English language skills. The family have accessed a range of Flying Start services including childcare, parenting courses and enhanced Health Visitor support.

In Wave 2, Mrs Ali described how their Health Visitor had identified that their two-year old child’s speech was not at the expected level in a developmental check. They were referred to additional support from a SLT and family worker during Wave 3. These one-to-one sessions were delivered in the home and the family felt these had led to improvement in their child’s speech within a year.

‘The Health Visitor was fantastic at the beginning. Any concerns, she’d be here straight away. We haven’t seen her as much recently, but she helped with the referral to the speech therapist.’

The family also reported that advice from a dietitian accessed through Flying Start in Wave 2 had a positive impact on their child’s health. The dietitian advised the family not to give the child as much milk and recommended monitoring the child’s weight every six months. In Wave 3, the family reported that following the advice, their child’s weight is now average.

During Wave 3, the family’s youngest child continued to access a childcare provider through the Programme. They described having very good experiences of the provision. Mrs Ali felt the child’s behaviour had improved and that she was now better at sharing, playing and communicating with the other children as well as being more confident. She also believed that her child was much better at listening as a result and described how her child tries to explain stories to her sister.

‘His behaviour is better now - he’s calmer. More negotiation and less arguing.’

Both Mr and Mrs Ali attended parenting courses during Wave 2 and 3. These included the Parent Nurturing Programme (PNP) in Wave 2 and a cookery course in Wave 3 which they felt had led to them eating healthier foods and helped them
manage their children’s behaviour.

'We learnt so much - our cooking is healthier now. We’ve started using less salt and oil. The [PNP] course was really helpful - using more positive language, praising and having family rules. It's helped our son with discipline - he’s calmer and much more positive.'

Mrs Ali has attended stay and play sessions with both of her children. She felt the sessions have given her children the opportunity to mix with others and play with new toys. Mrs Ali has also changed the way she plays with her children as a result of what she learnt at stay and play.

Mrs Ali felt the Health Visitor, family worker and SLT had worked well together. She described how she and her husband were now more confident and proud of their children. They have made lots of friends at local playgroups, including other refugees and people from different communities. Mrs Ali described how support provided by Flying Start has benefitted the family as a whole, both practically in terms of referrals and helping them access services, but also in terms of their general well-being.

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Case study 2: The Edwards family

Sian Edwards and her husband live with their two children – a daughter aged two and a two-month-old son. Both parents are employed and have family living nearby. In Wave 3, Sian was on maternity leave. Sian had a difficult first pregnancy which led to a period in hospital after the birth. She welcomed the extra support from Health Visitors after coming out of hospital.

‘The amount of support has been amazing. I know I can depend on them when I need them.’

Sian has encountered difficulties breastfeeding, and felt that the support she received from her Health Visitor was instrumental in enabling her to continue doing so.

‘I had a traumatic time with my first, without their help I would’ve given up breastfeeding. I was given great emotional support from my Health Visitor and midwife, this carried through to when my second was born.’

Sian had the option during her second pregnancy to sign up for extra visits from both
Flying Start and non-Flying Start midwives. She was happy to accept the extra support, after having support with her eldest child. During the last three years she has been 'very happy' with the Health Visitor service. At her child’s 9-month check, she was given advice on the next steps of how to play and talk to her child. She has had the same Health Visitor for three years, who she sees at a weekly playgroup with other parents,

‘If I had any issues, I could chat with her there, or call her, or call into the centre…. …I could tell her my worries and was not worried that I was wasting health professionals’ time. They made us feel more confident as parents, and we felt reassured throughout the pregnancies.’

At the time of the Wave 3 interview, Sian’s eldest child was eligible to access childcare. She had discussed this with her Health Visitor but decided that it was best not to change routines before the new-born arrived. She intended for her daughter to start accessing the childcare shortly after the Wave 3 interview.

Sian has accessed a variety of Parenting courses in the last three years including Incredible Babies, Baby massage, Safety in the House, First Aid and a Nutrition course. She described how she still used the knowledge gained from attending courses in Wave 1.

“I still use these sessions: the first aid and nutrition have come in handy. I use baby massage with both children when they’re crying or ill. These sessions are an amazing way to bond with my children. I have a new group of friends since going to the parenting courses, it’s nice to have other parents to talk to about any issues or worries.”

Sian has been going to SLC sessions weekly. These sessions covered sensory play, messy play and naming games. Accessing playgroups has meant that her daughter has mixed with other adults and children, which has helped improve his speech and communication.

‘He is more chatty and communicates better with staff and other children. I didn’t realise the importance of singing to help with speech and language before going to the groups. He really enjoyed them and has made new friends…. …we felt involved as parents and would join in too.’

Sian has also accessed some non-Flying Start playgroups and explains that the
atmosphere at the Flying Start provision is ‘much nicer with more time to talk.’ Some of the local provision was delivered bilingually as there was a mixture of Welsh-speaking and English-speaking parents in attendance. She understands Welsh and appreciates the fact things are delivered bilingually.

Sian is looking forward to her oldest starting the childcare as she ‘can concentrate on her youngest son’s development.’ She is also hoping to go back to work in the next 6 months, with her mother caring for the youngest child.

‘I felt more confident and knowledgeable after using the services the first time over, and now it’s great to know that they’re there. It’s made such a huge difference to us, and was much more than we expected. Together, all the different services have come together to make life easier for us.’

Summary: Engagement

The study aimed to understand how parents engage with Flying Start entitlements and the factors influencing their decisions to access different entitlements.

- Families’ engagement was strongly influenced by the age and needs of children, the strength of relationships with Flying Start staff as well as parents’ experiences and confidence.
- Most Wave 3 families reported lower levels of engagement with the EHV entitlement as their children were now older. This meant that their engagement with this entitlement tended to be mainly linked to their child’s scheduled two or three-year assessment or any specific health or developmental issues they might have.
- The vast majority of families had accessed Flying Start childcare by Wave 3, with most having accessed it (or continued to access it) since their Wave 2 interview.
- Some parents were unable to take-up the childcare entitlement because the timings of childcare sessions were inconvenient for them (usually because of working hours) and others preferred to care for their children themselves.
- Most families accessed the parenting entitlement at some point during Waves 1, 2 or 3. Around a third had accessed (or continued to access) this entitlement during Wave 3.
- Supporting their child’s development was the key reason cited by parents for accessing the childcare, SLC and parenting entitlements.
• Families’ propensity to engage with entitlements appeared to relate to their confidence and experiences of entitlements as well as the strength of their relationships with staff, especially Health Visitors.

• The main barrier to engagement with the parenting entitlement was that the timings of courses were not convenient for some parents.

• Around half of families reported they engaged in SLC activities at some point during Waves 1, 2 and/or 3.

• In Wave 3, more families had accessed support from a SLT or other one-to-one support relating to SLC and fewer families had accessed SLC groups or courses compared with previous waves. This may reflect SLC development being a key focus of developmental checks as children approach the Foundation Phase.

• Although they were interviewed in Wave 3 only, findings from interviews with families in comparator areas suggested they had less sustained engagement with family support services over their child’s lifetime.

• All families in the comparator sample reported having engaged with their Health Visitor although some reported limited engagement aside from developmental checks.

• Just over half (13 out of 20) of the comparator families had accessed childcare. Most of these families had paid to access part-time childcare through a private provider.

• Parents in the comparator sample who had not accessed childcare said they could not afford it. These parents reported that they would have been likely to use childcare services had cost not been a barrier.

• Around a third of comparator sample parents had accessed a parenting course, including baby massage and courses focused on behaviour, child development and cooking.

• Around three-quarters of families in the comparator sample had attended groups focused on speech, language and communication such as playgroups or story-time.
4. **Experiences**

4.1 This section presents the findings in relation to families’ experiences of the four Flying Start entitlements and their views on the services they have accessed. Comparisons are made with the findings from previous Waves of the study in relation to families’ experiences of Flying Start services. This section also includes a discussion of the findings from interviews with comparator families relating to their experiences of family support services. Comparisons between the main sample and the comparator sample families’ experiences are drawn.

4.2 During the interviews, parents in both the main and the comparator sample were asked to score their satisfaction with the different services they had accessed. These satisfaction scores are presented in this section as an average for each of the entitlements. Although this approach provides an indication of families’ overall satisfaction with the Flying Start entitlements, it also has its limitations. For example, this method of self-reporting can be open to response bias, meaning that some parents may have had a tendency to respond in a certain way regardless of their actual satisfaction levels. Also, parents may have interpreted the one-to-ten scale differently. This may have resulted in, for example, parents with the same actual level of satisfaction reporting different satisfaction scores or vice versa.

**Enhanced Health Visitor (EHV) entitlement**

4.3 Families' experiences of the EHV entitlement were generally similar to their experiences reported in the first two Waves of the study. The majority outlined positive experiences relating to this entitlement and scored their overall satisfaction with the service received as high.

4.4 On average, parents gave the EHV entitlement a satisfaction score of 8.3 out of 10, compared with an average score of 8.9 and 8.7 out of 10 reported in Waves 1 and 2 respectively. This suggests that parents interviewed in Wave 3 reported a similar level of satisfaction with the EHV entitlement to parents interviewed in the first two Waves of the study.

4.5 Overall, families’ contact with their Health Visitor has generally decreased as their children have grown older and the family has required less support. In most of these cases, parents were happy with the level of contact they had with their Health Visitor.
‘Unless you’ve got a problem, they don’t contact you. Which is a good thing really. They are there for the people that need them.’ Mother, aged 25-44, High-need family

‘If he [Health Visitor] were to come on a regular basis now, I would feel like I was wasting his time.’ Mother, aged 25-44, Medium-need family

4.6 This finding continues the pattern of contact level with Health Visitors that parents reported in the Wave 2 interviews and is in line with the Flying Start guidance which outlines that fewer Health Visitor contacts are usually expected under the core Programme as children get older (see footnote 15).

4.7 A few parents had a higher level of contact with their Health Visitor since the Wave 2 interview. This was either due to family issues or new concerns which meant that they required additional Health Visitor support, or the addition of a new baby to the family since the Wave 2 interview.

4.8 Whatever the level of contact with their Health Visitor, the majority reported that they knew that they could contact their Health Visitor if needed and felt reassured knowing that the support is available should they need it.

‘He’s [the Health Visitor] always made it quite clear that if I need to contact him I can.’ Mother, aged 25-44, Medium-need family

4.9 Some parents commented that the reassurance they felt from knowing the support is there has made them feel more confident as a parent.

‘It gives me a peace of mind knowing there’s someone I can phone...I don’t think I would have had the confidence without knowing the support was available.’ Mother, aged 25, Low-need family

4.10 Many parents had a mobile number or direct line they could contact their Health Visitor on. Other parents had been given the office number for the Flying Start centre to contact their Health Visitor. Those parents with a mobile number or direct line were more inclined to ring if they required support from their Health Visitor as they had, in the past, experienced quicker responses and a more positive outcome from their request for support.

4.11 The majority of parents explained that when they have contacted their Health Visitor for support, they have either been able to speak to their Health Visitor...
straightaway or left a message and have received a prompt call back from their Health Visitor.

‘If I need her, straight away, she will make an appointment. She’s very good, so nice. When I give her a call, she comes to see me. She tries as much as she can to help.’ Mother, aged 25-44, High-need family

‘If I need her, I text her, and I get a reply straight away.’ Mother, aged 20-24, Low-need family

4.12 Similar to Waves 1 and 2, parents reported receiving a wide range of support from their Health Visitor. In many cases, the type of support families had required since the Wave 2 interviews tended to depend on the age of the children. For example, as the families’ children were two years or older by Wave 3, they required less advice on issues such as breastfeeding and weaning, and more advice was required on issues such as managing behaviour, completing school application forms, help identifying developmental or health issues and booking doctor appointments or making referrals.

‘She [Health Visitor] helped so much with [son] when he was having trouble sleeping.’ Mother, aged 25-44, High-need family

‘She gave me really helpful advice on finger foods and helped me access the dentist and nursery.’ Mother, Low-need family

‘Anything we've asked for they've sorted out quickly.’ Father, aged 25-44, High-need family

4.13 Often parents referred to the emotional support they had received from their Health Visitor. This support tended to be in the form of encouragement that they were a good parent and doing what a parent would be expected to do.

‘She praises me and says how well I am doing as a mum, instead of putting you down and making you feel small.’ Mother, aged 20-24, High-need family

'I could tell her my worries, and was not worried that I was wasting health professionals' time.' Mother, aged 25-44, Low-need family

4.14 Parents were generally happy with the support they had received from their Health Visitor. The positive relationships parents reported in previous Waves of the study have continued into Wave 3. As was the case in Wave 1 and 2 interviews, some
parents particularly noted how they liked that their Health Visitor was friendly, approachable and non-judgemental.

‘[Health Visitor] is not very judgemental and I can tell them anything. It's good talking to someone else... When I go there, I say I'm worried about this and that and [Health Visitor] says don't worry, you're doing fine... I find them really good and easy to talk to... It was nice to know that someone other than my husband was there to give me support.’ Mother, aged 20-24, High-need family

4.15 Due to the approachable nature of their Health Visitor, most parents felt they could trust their Health Visitor and felt comfortable asking for support.

'I see [Health Visitor name] and get about 50 questions off my chest - she's brilliant.' Mother, Low-need family

'[Health Visitor] is amazing, he's honest and doesn't judge me. I trust him, and I've gone to him with concerns many times.’ Mother, aged 25-44, High-need family

4.16 One parent described their relationship with their Health Visitor as being similar to a friendship.

‘It was like a friend coming here and having a chat. Everything is done and explained in a friendly manner.’ Mother, aged 25-44, High-need family

4.17 Many families reported that their Health Visitor had referred them to other services since the Wave 2 interview. Most of these services were Flying Start services, such as SLC groups, a SLT, and parenting support or courses. Many families who were referred to other services thought that they would not have received the support as quickly, or even at all, if it had not been for the Health Visitor’s referral.

‘If it wasn't for the Health Visitor I probably wouldn't have got the support I needed.’ Mother, aged 25-44, Low-need family

4.18 Although overall, parents reported positive views regarding their experiences of the EHV entitlement, a small number reported negative views. Similar to previous Waves of the study, these negative views tended to relate to communication issues, in particular parents finding it difficult to contact their Health Visitor. This tended to be the case if parents only had an office number rather than their Health Visitor’s mobile number or where there had been staff changes. These few parents
felt they had not had the support they required due to being unable to contact their Health Visitor. Furthermore, one parent believed that their Health Visitor might think they did not require the support because they already had children and therefore knew what they were doing.

'I think they think as I have 4 other children that I don't need the help. But every child is different, and it would've been good to have the support.'

Mother, aged 25-44, High-need family

4.19 A small number of the parents who reported negative experiences of their Health Visitor explained that when they did speak to their Health Visitor, they felt they were either being judged or that they were not being listened to.

4.20 On average, comparator families gave the Health Visiting service a satisfaction score of 7.2, compared with the average score of 8.3 out of 10 reported by the main Wave 3 sample. This illustrates the slightly higher levels of satisfaction reported by the main sample compared to the comparator sample.

4.21 Parents in the comparator sample reported less frequent contact with their Health Visitor compared with the main sample. They were also more likely to note that they had had more than one Health Visitor. For some families, this lack of continuity led to some frustrations when explaining any issues to a new Health Visitor.

'I've had lots of different Health Visitors but the same one now for over a year. It makes a big difference.' Mother, aged 22-24, comparator sample

'I see a different one [Health Visitor] every time so I have to explain things again and repeat myself. It doesn't help to build a relationship'. Mother, aged 25-44, comparator sample

4.22 Most parents in the comparator sample reported they were happy with the Health Visitor service in terms of the frequency of contact, location of clinics and quality of advice and support offered.

'I tend to see her [Health Visitor] in clinic about once a month. She helped a lot with toilet training and with weaning.' Mother, aged 21 or under, comparator sample

'It's nice to have some company. She makes everything sound so easy but it's not.' Mother, aged 21 or under, comparator sample
4.23 Flying Start parents tended to describe their experience of Health Visitor support in terms of a ‘relationship’ more often than the comparator sample. They were also more likely to reflect on examples of being signposted to other services or supported to access services (e.g. with the Health Visitor acting as a conduit between the parent and other health professionals). This finding may reflect the lower caseloads and more frequent routine contacts parents have with Health Visitors in Flying Start areas compared with the Healthy Child Wales Programme (see footnote 17).

4.24 The findings suggest that the more frequent scheduled contacts from Health Visitors in Flying Start areas may provide more opportunities for Health Visitors to offer advice, information and support. It is also consistent with the tendency for families in the main sample to have engaged with more family support services overall; parents in the comparator sample gave fewer examples of how they had been referred by their Health Visitor from one family support service to another.

**Childcare entitlement**

4.25 Families’ experiences of the Childcare entitlement were generally similar to their experiences reported in the first two Waves of the study. The majority reported positive experiences relating to this entitlement and scored their overall satisfaction with the service as high.

4.26 On average, parents gave the Childcare entitlement a satisfaction score of 9.5 out of 10, compared with an average score of 9.2 and 9.6 out of 10 reported in Waves 1 and 2 respectively. This suggests that parents interviewed in Wave 3 reported a similar level of satisfaction with the Childcare entitlement to parents interviewed in the first two Waves of the study.

‘They’re so good with kids. I wouldn’t put [child] in a setting I wasn’t happy with. It’s the best choice. I’d give them a million out of ten if I could.’ Mother, aged 20-24, Medium-need family

4.27 Parents who had accessed the childcare entitlement reflected on how their child enjoyed going to the childcare and gave examples of the different activities their child liked doing there. Some parents commented on how knowing their child was enjoying themselves at the childcare made them happy as a parent.
‘Everyday she [child] comes home with a smile on her face.’ Mother, Low-need family

‘[Child] enjoys it, and that makes me happy.’ Mother, aged 20-24, Low-need family

4.28 Parents felt comfortable dropping their child off at the childcare because they trusted the staff.

‘It’s been amazing. I feel like I’m dropping him off to my friend’s house. I would a hundred percent recommend the pre-school. They’ve helped me as a parent.’ Mother, aged 25-44, High-need family

4.29 Many parents reflected on how the childcare staff are professional, friendly and regularly communicate with them about their child’s development and let them know if there are any concerns.

‘The nursery has been brilliant. They keep me updated and send pictures home which is nice to see what he’s done.’ Mother, aged 20-24, High-need family

‘They give us information every day on his routine. It’s nice to see what he’s done. They also encourage parents to write messages in the notebook. If there’s anything important then they’re on the phone.’ Mother, aged 25-44, Medium-need family

‘The staff communicate all progress, and we get more than enough information from them.’ Father, aged 25-44, High-need family

4.30 A few parents commented on how the childcare staff have become an important part of the family’s parenting team.

‘They’ve become the second half of a parenting team.’ Mother, aged 25-44, High-need family

‘They do things with them [at the childcare] that you don’t think about doing with them.’ Father, aged 25-44, Medium-need family

4.31 Most parents reported that the facilities at Flying Start childcare settings were of a high standard and some commented that settings were located in new buildings or had a significant amount of new equipment.

4.32 Parents welcomed the childcare because it gave them a ‘break’ from parenting duties for a few hours a day. Similar to previous waves of the study, during Wave
3 interviews, parents explained that when their child was at the childcare, they had the opportunity to do household chores, go shopping, work, spend time with younger children or simply relax and enjoy some time to themselves. Having this time was not only important to parents’ well-being but also, as a few parents explained, being able to get the chores done whilst their child was at the childcare meant that they had more time to spend with their child when they were at home.

'It gives me time to clean the house up. It gives me time in the morning as well to re-collect myself and have a cup of tea without them screaming or hanging off your leg. Which is really nice. I can go and see friends in the two hours. I can go shopping, which is good because going shopping with children is not the easiest thing in the world.' Mother, aged 20-24, High-need family

'It's just nice to have some peace and quiet to myself for a few hours.'
Mother, aged 25-44, High-need family

4.33 Similar to the findings from the previous waves of the study, very few parents provided negative comments relating to the childcare provision. These parents raised specific issues relating to how the timings of the childcare sessions could be more convenient for them or that they would have liked to receive more information from the staff about their child’s progress.

4.34 The main difference between families’ experiences of the childcare entitlement in Wave 3 compared with the previous waves of the study was that more parents had children who had finished attending the childcare and gone on to nursery or school. These parents were able to comment on how the childcare entitlement had prepared them for this transition into the Foundation Phase. The main points raised by parents relating to this transition was that the childcare entitlement allowed their child to get used to the routine of going to nursery or school and to get used to being away from their parents. Some parents noted that their child made friends at the childcare with whom they went on to attend nursery or school, making it easier for them to settle.

'When he [child] started going to the state nursery, it was a smooth transition.' Mother, aged 25-44, Low-need family

'They [children] were so prepared for nursery afterwards.' Mother, aged 25-44, Medium-need family
Fewer comparator sample families had used childcare providers compared with the main sample. On average, the 13 out of 20 comparator families who had used childcare providers gave these services a satisfaction score of 9.3 out of 10, compared with the average score of 9.5 out of 10 reported by the main Wave 3 sample. Parents in both the comparator and main samples therefore had high satisfaction levels with the childcare providers they had used.

A few parents in the comparator sample reported a lack of choice of providers in their area, noting they had to travel further afield to access high quality childcare.

‘Popular nurseries fill up really quickly and some of the others could do with a good spruce-up.’ Mother, aged 25-44, Comparator sample

‘Really happy with [name of nursery]. There’s an outdoor play area and the staff speak Welsh. We’d have gone for more days if funding was available.’
Father, aged 25-44, Comparator sample

The findings above suggest that, where childcare is available and affordable to them, comparator parents have similarly high levels of satisfaction with it. Findings therefore suggest that while the quality of childcare accessed by families interviewed outside Flying Start areas may be good, some parents face challenges in accessing it.

Parenting entitlement

Families’ experiences of the Parenting entitlement were generally similar to that reported in the first two Waves of the study. The majority outlined positive experiences relating to this entitlement and scored their overall satisfaction with the service received as high.

On average, parents gave the Parenting entitlement a satisfaction score of 9.1 out of 10, compared with an average score of 8.6 and 9.2 out of 10 reported in Waves 1 and 2 respectively. This suggests that parents interviewed in Wave 3 reported a similar level of satisfaction with the Parenting entitlement to parents interviewed in the first two Waves of the study.

Similar to the findings reported in previous waves of the study, the majority of parents whom had engaged with the parenting entitlement valued the support they received, noting they had found it useful and beneficial.
Families had attended a range of courses, such as Parent Nurturing, ‘Incredible Years’, cooking courses and baby massage classes. Most of these parents felt they had learnt new skills or gained knowledge from attending these courses.

‘I’ve learnt so many things about how to deal with the children’s behaviour. I’ve learnt how to discipline them and how to praise them.’ Mother, aged 25-44, High-need family

‘They taught me how to play with my children and to encourage them to talk.’ Mother, aged 25-44, Medium-need family

'It was a fantastic course and taught you how to talk to your child, using positive praise, time outs and teaching them about choices and consequences. They also gave us books to go with the course and homework tasks.' Mother, Low-need family

‘I learnt lots, it was really good especially tactics like how to get your child to use the toilet and time out.’ Mother, aged 20-24, High-need family

As was reported in previous waves of the study, in addition to learning new skills or knowledge from attending the courses, parents valued the opportunity to meet other parents and share experiences.

‘I got to meet other parents and talk to them. It brings people together, I’ve made a few friends there and it's good to bond with other mums in the area.’ Mother, aged 25-44, High-need family

‘I enjoyed the course. It was full of information. I was so isolated before, but I met other families at the course.’ Mother, aged 25-44, Medium-need family

Some of those who attended parenting courses in previous waves of the study noted that they still implemented some of the tips and advice they received from attending the courses.

‘I went to the behaviour classes. It was good to have different opinions. I still use some of the tips from the class.’ Mother, aged 25-44, Low-need family

A small number of parents found it difficult to remember what had been covered in the course and suggested they would welcome a follow-up refresher course. One parent had taken up the opportunity to attend a nurturing course twice. The first time the parent attended, they felt their child was not old enough for them to implement the tips covered during the course, so they attended the course again a
year later, as a refresher, when their child was at the right age for her to implement the tips.

4.45 As was reported in previous waves of the study, the availability of a crèche facility for parents attending courses was important for enabling parents to access the courses. During Wave 3 interviews, a few parents explained that the crèche gave their child the experience of being away from them and that this helped prepare them to attend the childcare later on.

4.46 Similar to previous waves of the study, a few parents had been offered other one-to-one parenting support which was more tailored to meet the specific needs of each family. These families were usually referred to this support by their Health Visitor. The type of one-to-one parenting support required since Wave 2 interviews tended to cover issues such as behaviour management and potty training. Parents were less likely to require support covering issues such as weaning and breastfeeding, compared to when they were interviewed in Wave 2, because children were a year older and thus most families were past this stage of parenting.

4.47 Most parents who received one-to-one parenting support expressed positive views on the usefulness of the information and advice they had received. As in earlier waves, parents who had received one-to-one support in the home particularly appreciated this. This was particularly the case for a small number of parents who explained that they were shy and nervous about meeting new people and therefore felt uncomfortable with attending parenting courses in a group setting.

4.48 Although fewer comparator sample parents had accessed parenting courses, the seven comparator parents who had done so reported positive experiences of these sessions. Parents reported having learnt new skills and strategies that they continued to use with their children (e.g. positive parenting, praising their child, using star charts). Comparator sample parents gave the parenting courses an average satisfaction score of 9.0 out of 10, compared with the average score of 9.1 out of 10 among the main Wave 3 sample. This may reflect the fact that these parents had accessed similar types of courses to the main sample (i.e. baby massage, incredible years, parent nurturing course, baby incredible years).

‘I got referred to a 12-week parenting nurturing course through [name of charity]… …It was good to get a different perspective on things… …positive
parenting, star charts. They had a creche for 3 hours too’. Mother, aged 21 or under, Comparator sample

‘I went to baby massage a few times through the midwife. You feel like you’re not on your own.’ Mother, aged 25-44, Comparator sample

Speech, language and communication (SLC) entitlement

4.49 Families’ experiences of the SLC entitlement were generally similar to their experiences reported in the first two Waves of the study. The majority outlined positive experiences relating to this entitlement and scored their overall satisfaction with the service received as high.

4.50 On average, parents gave the SLC entitlement a satisfaction score of 9.1 out of 10, compared with an average score of 9.0 out of 10 reported in Waves 1 and 2. This suggests that parents interviewed in Wave 3 reported a similar level of satisfaction with the SLC entitlement to parents interviewed in the first two Waves of the study.

4.51 The majority of parents offered positive comments about the SLC groups or courses they had accessed. These comments mainly related to how enjoyable and beneficial families found the sessions. In particular, during Wave 3 interviews, families who had accessed SLC groups in previous waves of the study reflected that attending the groups with their child helped prepared their child for the childcare entitlement they accessed later on. A key factor here was that these families believed the SLC groups gave their child the opportunity to socialise with other children. It offered them the experience of being in an environment similar to a childcare setting but with their parent nearby.

‘He really enjoyed them and made new friends.’ Mother, aged 25-44, Low-need family

4.52 Some parents commented that the SLC sessions gave their child the opportunity to experience activities that they would not have done otherwise. This included activities that parents were either reluctant to do at home or that they had never thought of doing until they were introduced to the idea during the SLC sessions. These parents valued how the groups were introducing their child to new activities and experiences.
‘It’s good to learn new things, and the kids need experience of messy play, which they weren’t getting at home.’ Mother, aged 25-44, High-need family

4.53 Some parents appreciated the opportunity to play and interact with their child at the SLC sessions and explained how the facilitators encouraged them to take part in the sessions. This was particularly valued by parents who felt they were less likely to play with their child at home due to distractions such as household chores.

‘We felt involved as parents as we would join in too.’ Mother, aged 25-44, Low-need family

4.54 A small number of parents provided negative comments regarding their experiences of SLC groups. These parents mainly commented on how they felt the sessions were disorganised, which they attributed to the large age range of children attending the sessions and noted that it was difficult to cater for all ages of the children attending.

‘The group sessions seemed unorganised, and the staff looked out of their depth. The girls are fab but having so many different ages and development stages I felt [son] was too young, and it would be better suited for children that were 3 and still struggling with their speech.’ Mother, aged 25-44, High-need family

4.55 One of these parents suggested her child might have benefitted more, in terms of their speech, from one-to-one support instead.

‘I didn’t get out of it what I expected. I think more one-to-one sessions would have been better for him. He enjoyed playing, but I don’t think he got much out of it.’ Mother, aged 25-44, High-need family

4.56 A small number of families received support from an SLT. These families had been referred to this support either by the Health Visitor or, more often than not, by childcare staff.

4.57 Overall, positive comments about SLT support mainly related to how parents appreciated the SLT’s recommendations of certain toys and suggested tips on interacting with their child in a way that would encourage their speech, language and communication to develop.
'She [SLT] came out and filmed me playing with [name]. We watched it back and she gave me ideas for reading with him, making sure I pronounce things clearly and ask him questions.' Mother, aged 25-44, Low-need family

4.58 The 16 parents in the comparator sample who had accessed speech, language and communication support (either from attending SLC groups or accessing a speech and language therapist) had broadly positive experiences. Comparator sample parents gave an average satisfaction score of 7.9 out of 10 for speech, language and communication support compared with an average score of 9.1 among parents in the main sample. This may reflect the tendency for the SLC groups available outside Flying Start areas to generally be less structured and more informal in nature.

4.59 Overall, parents in the comparator sample had positive experiences of taking their children to playgroups, usually run by volunteers in churches or community halls. Some had attended free sessions at their local library and reported that these had helped their children socialise and interact with other children and adults.

‘Going to playgroups has helped them interact with adults and they settled quicker in [nursery] school because of that’ Father, aged 25-44, Comparator sample

‘It’s good to get out of the house for a change of scene. There’s not much choice available but a few local churches arrange groups. The set-up is fine but it’s a bit ‘old school’’ Mother, aged 25-44, comparator sample

4.60 Although parents in the comparator sample had positive views on various playgroups they had attended, most felt that there were not enough groups of this type available locally. A few parents reported that some groups they had attended were not as well-structured as they would have liked.

Welsh-language provision

4.61 As was reported in previous waves of the study, the majority of parents interviewed noted that they did not require access to Welsh-language Flying Start provision. Parents reported the main reason for this was that they did not speak Welsh. Some of these parents noted that they, and their child, had been exposed to some incidental Welsh when attending English-language Flying Start provision such as LAP groups or when their child attended childcare.
4.62 Overall out of the small number of parents who did require Welsh-language provision, the majority were offered and were able to access this provision. These parents provided positive feedback on the provision they had accessed. Parents’ experiences of Welsh-language provision for each of the four Flying Start entitlements are discussed below.

‘[Accessing Welsh services] does make a difference to me, it's a more comfortable choice’ Mother, aged 25-44, low-need family

4.63 Around a third of the parents in the comparator group had accessed family support services delivered through the medium of Welsh. Some parents had attended Welsh-medium or bilingual playgroups, some had accessed Welsh-medium childcare and a few parents had access to a Welsh-speaking Health Visitor or midwife.

4.64 Most comparator parents who noted they would like to access family support services through the medium of Welsh felt there was enough provision available to them. A few parents reported that they would like to have been able to access a Welsh-speaking Health Visitor but that this had not been an option for them. A few noted they would like to have access to more Welsh-language playgroups available.

**Enhanced Health Visitor (EHV) entitlement**

4.65 As in earlier waves, a few Wave 3 parents had a Welsh-speaking Health Visitor and valued the fact that they and their child could access this entitlement through the medium of Welsh. This was particularly the case for those families whose first language was Welsh and were able to undertake their two or three-year developmental checks through the medium of Welsh.

4.66 A few Welsh-speaking parents reported that they had not been offered the opportunity to access a Welsh-speaking Health Visitor but had not thought to ask whether this was an option. When interviewed, these parents commented that, in hindsight, they would have liked to have been offered this option, particularly for conducting developmental checks.

4.67 A small number of parents had enquired whether it would be possible to access a Welsh-speaking Health Visitor but had been told this would not be possible. These parents reported there was a shortage of Welsh-speaking Health Visitors in their
area. One family had requested and been told that a Welsh-speaking Health Visitor would conduct one of their child’s developmental checks, but the assessment was eventually conducted in English.

‘The two-year check was in English. I was disappointed with that’. Mother, aged 25-44, low-need family

Childcare entitlement

4.68 A few Wave 3 families had accessed Welsh-medium childcare and these parents commented that their experiences were positive. These families included a mixture of parents who spoke Welsh themselves and those who did not. Most parents felt Welsh-medium childcare had helped develop their child’s Welsh language skills. One parent who was not a fluent Welsh speaker described her motivations for accessing Welsh-medium childcare through Flying Start:

‘I've always wanted to speak Welsh growing up, so I think it's nice for her to speak it.’ Mother, aged 25-44, high-need family

4.69 Most parents whose children had accessed English-medium childcare commented that their child was picking up some incidental Welsh (e.g. words, phrases, songs and rhymes). These parents valued this opportunity regardless of whether they were considering enrolling their child in Welsh-medium education.

4.70 Parents’ views on the availability of Welsh-medium childcare in Wave 3 were similar to those expressed in Waves 1 and 2. Some families reported being offered a choice of Welsh or English-medium provision while some did not recall being given a choice. A few parents reported that they had not been offered the option and had to request Welsh-medium provision themselves. One parent described the difficulties of accessing Welsh-medium provision locally and reported that it had taken significant time to obtain information on how their child could access provision in their first language. Another parent reported that they had accessed Flying Start funding for a place at a Welsh-medium provider as there was no provision available through the Programme. As in Waves 1 and 2, a few parents reported being offered a place at a Welsh-medium childcare setting through Flying Start but that the provider was not located conveniently enough for them.

4.71 Some parents who were offered the option of Welsh-medium childcare chose to take-up this offer, while others preferred not to. Parents’ decisions were influenced by their own language and whether they intended for their child to attend a Welsh-
medium school. In one of the areas, all the settings were bilingual, and this meant that parents did not have a choice of provision.

**Parenting entitlement**

4.72 Most courses parents reported attending had not taken place through the medium of Welsh. Some parents explained that this was because some or most of the parents attending the courses were not Welsh speakers. However, more Wave 3 parents reported accessing parenting courses through the medium of Welsh compared with earlier waves of the research. A few parents in one area reported that courses were delivered in a ‘naturally bilingual way’ as there was a mixture of Welsh and English-speaking parents in attendance.

**Speech, Language and Communication (SLC) entitlement**

4.73 As in earlier waves of the research, a few parents reported attending Welsh-language SLC groups and others had accessed similar bilingual groups with their child. Parents described how Welsh-medium and bilingual groups provided them and their child the opportunity to learn words and sing songs in Welsh. A small number of Wave 3 parents reported that they did not recall being offered the opportunity to attend Welsh-language SLC groups but would have liked to.

4.74 As in earlier waves, around half the families who had accessed SLT support had been offered a Welsh-speaking SLT and the other half reported that they did not require a Welsh-speaking SLT. Parents whose child had had sessions with a Welsh-speaking SLT continued to report positive experiences and outcomes from this service.

**Transition to the Foundation Phase**

4.75 For a large proportion of families in the main sample interviewed in Wave 3, the youngest child was three years old or over. These families were asked about the information and support they received from Flying Start relating to their child’s transition to the Foundation Phase. These parents provided mixed views in relation to the amount and usefulness of the information and support they received.

4.76 Most parents did not recall having a formal meeting with a Flying Start member of staff to discuss their child’s transition to the Foundation Phase; nor having a
discussion about what happens when their child turns four and the family is no longer eligible to access Flying Start. However, many of these parents did recall having an informal conversation with a member of the Flying Start childcare staff, usually just before their child finished attending the childcare, about how their child had progressed. These parents were satisfied that these informal conversations were sufficient. Parents reported that, during these conversations, staff often assured them their child was ready to start school and that all the required information had been passed on to the school. Some parents commented that childcare staff had provided them with information and advice on the transition to the Foundation Phase.

4.77 A smaller number of parents recalled either their Health Visitor or another Flying Start member of staff visiting them at home to give them information about the next stage. The type of information provided included how to register with the school, how to claim free school meals and bus routes. One parent commented that ‘it was brilliant’, particularly for first time mothers who have not reached this stage before.

‘They gave us lots of help and I was satisfied with the information given.’

Mother, aged 20-24, Low-need family

4.78 A few parents reported that they had been provided with support and advice during parenting courses which related to their child’s transition to the Foundation Phase. These parents described how the ‘Incredible Toddlers’ course had included a section on ‘school-readiness’.

How Flying Start services work together

4.79 Parents interviewed in Wave 3 were asked how well they thought the different Flying Start services worked together. The majority of parents were of the opinion that all the different services they had accessed worked well together as an integrated programme of support for their family. There was a strong awareness of the Flying Start ‘brand’ among families and an understanding of the links between entitlements, which appeared to be reinforced through referrals from one entitlement to another. Many parents commented on the good communication between services.
‘They all interact well together. There is good communication between staff across the different services. Everyone is reading from the same book.’
Mother, aged 25-44, High-need family

4.80 Good communication between services has enabled effective sharing of information, which has helped ensure services are kept up to date with families’ situations and their progress.

‘They work really well together. The SLC team go into the Meithrin too, and the Health Visitor goes into Meithrin every six months or so. It means that as a parent, if there’s any issues I don’t have to explain my whole story as they share [child’s] notes.’ Mother, aged 25-44, High-need family

4.81 Some parents recognised that good channels of communication have enabled referrals between Flying Start services to happen quickly and efficiently. A few of these parents felt they may not have received the referred support if they weren’t eligible to access Flying Start services.

‘The Health Visitor put in a request for the Parent Plus programme and I heard from them straight away.’ Mother, aged 25-44, Medium-need family

‘They all communicate to each other and, as a result, referrals have happened quickly.’ Mother, aged 20-14, Low-need family

4.82 Some parents explained that they found out about certain Flying start services from accessing other Flying Start services.

‘If it wasn't for the childcare, I wouldn't have known about the LAP. If it wasn't for the Health Visitor, I wouldn't have known about the childcare... The Health Visitor and childcare staff communicate well together.’ Father, aged 25-44, Medium-need family

4.83 Some families reported that having a number of Flying Start services available from their local Flying Start centre, made it easy and convenient for them to access these services. These families valued their Flying Start centre because they could just ‘pop in’ to access a number of different services that they knew were delivered from the centre. Consequently, these families tended to have accessed more Flying Start services than those who did not have a local Flying Start centre.
A few families had moved outside a Flying Start area during Wave 3. These parents reported they had noticed a difference in the amount of support that was available to them, particularly the frequency of contact from Health Visitors and availability of free childcare.

‘I didn't realise how good what they were offering was until I moved away.’
Mother, aged 20-24, Medium-need family

'I regret moving from the Flying Start area. The support I got with my eldest was much better. I still use the information I got from Flying Start at the beginning.’ Mother, aged 20-24, Medium-need family

Although they were interviewed in Wave 3 only, parents in the comparator sample tended to make less reference to the integrated nature of family support services. They tended to have less sustained engagement with family support services and less frequently reported they had been referred from one family support service to another. This appeared to be reflected in comparator sample parents less often seeing links between services they had accessed. This may be related to the higher levels of engagement with Flying Start families, with Health Visitors (and other Flying Start staff) having more opportunities to raise awareness, encourage attendance and answer questions on other services.

Case studies: experiences

The case studies below provide examples of families’ experiences of accessing Flying Start entitlements during Waves 1, 2 and 3. The case studies illustrate families’ journeys through the Flying Start programme by drawing on data from across all three waves of fieldwork. Names and some details in these case studies have been altered to ensure anonymity.
Case study 3: Chantelle Williams

Chantelle lives with her three children, who are aged 18, ten and 29 months old. The children’s father has recently moved out of the family home. Chantelle has lived in the area all her life and has a wide network of family and friends living nearby.

Chantelle’s youngest child was born prematurely, and the baby was in hospital for a prolonged period of time. During this time, she received ‘excellent support’ from her Flying Start Health Visitor and midwife. Her Health Visitor visited Chantelle on a weekly basis and provided her with all the information she needed and also served as an intermediary with other health professionals.

‘She was absolutely phenomenal with the support she gave me when [my son] was born premature.’

Chantelle has seen the same Health Visitor since her youngest child was born and she has developed a good ongoing relationship with her.

‘It was like a friend coming here and having a chat. Everything is done and explained in a friendly manner... She never made me feel like she was telling me what to do... She gave me suggestions on how to better myself as a mum. They've been a phenomenal support. I could sit and cry about the help I had.’

As her son has become older, Chantelle has required less support from her Health Visitor, but feels that she can contact them if she needs to.

Chantelle was told about Flying Start childcare provision by her Health Visitor. She decided to send her youngest child to the childcare provision which is on the same premises as the crèche she sent him to before he turned two years old. Chantelle values the childcare because it has helped her as a parent and she feels that she can really trust the staff there.

“It’s been amazing. I feel like I’m dropping him off to my friend’s house. I would a hundred percent recommend the pre-school. They’ve helped me as a parent… They are filling in the gaps that I, as a parent, can’t fill…He’s gone from having one mum to five.”

Attending the childcare has meant that Chantelle’s son has mixed with other adults and children, which has helped to improve his speech. Chantelle has noticed a
difference in her son’s social skills compared with her older children who did not attend Flying Start childcare when they were younger. He is less shy as a result of going to the childcare and Chantelle thinks this will help him settle in to nursery. “He wouldn’t have come on the way he has if it wasn’t for Flying Start.”

Since Chantelle set up her hairdressing business a few years ago, her business partner left. This has meant that Chantelle has depended more on the childcare and has been able to dedicate the required amount of time to the business as a result. Chantelle plans to continue running her business, which she feels she may not have been able to do without the support she has received through Flying Start.

Case study 4: The Fisher family

Elizabeth Fisher is a divorced parent in her 40s and lives with her three daughters aged 3, 8 and 12 years. She has lived in her local area for over 10 years and has health issues that prevent her from working. The family has accessed the EHV entitlement, childcare, SLC groups and parenting courses as well as one-to-one support from a family support worker. The family was supported by social services during the research and the children were temporarily placed in foster care, but the family was re-integrated by Wave 3. She felt Flying Start had made a big contribution to this.

‘[Without Flying Start] I wouldn't know what I'd be doing or when.’

Elizabeth found the advice and support from her Health Visitor and family support worker to be valuable during the research, particularly during the stressful period when her children were placed in foster care. Flying Start staff provided advice and emotional support prior to her visits to see her children. She found this beneficial to her mental well-being during the family’s process of re-integration.

‘They [Health Visitor and family support worker] gave me so much support and advice. I can't fault them. They've been there for me the whole time. I've had advice on how to keep my own mental health issues in check.’

The Health Visitor encouraged Elizabeth to participate in parenting courses including a nurturing course and the Incredible Toddlers course. She found the parenting courses to be very flexible as they rescheduled sessions to work around
her visits to see her child while she was in foster care.

'I've become more patient since the nurturing course. It's made me understand my own behaviours a bit better.'

Elizabeth has also occasionally accessed playgroups delivered by Flying Start. She has found these to be useful but felt that there were not enough of these available locally and that they often clashed with the times she needed to pick up her other children from school.

In Wave 1, Elizabeth did not expect to access Flying Start childcare. However, by Wave 3 she had been persuaded of the benefits of her child attending a childcare setting.

'I was sceptical at first but I'm getting used to the idea [of childcare] now. [Without Flying Start childcare] She wouldn't have gone to nursery [school] until she was three and a half.'

She now feels that her child’s interaction with other children and adults has improved since accessing Flying Start childcare and that her child will be better prepared to attend nursery school.

**Summary: experiences**

Understanding how families experience the Flying Start entitlements was one of the study’s aims as well as exploring to what extent the Programme had met parents’ expectations.

- Families’ reported experiences of the four core entitlements in Wave 3 were positive and were similar to the views reported by parents in previous waves of the study.
- Although families tended to report that they did not have specific expectations of the Programme prior to their engagement, those that did said their expectations had been met or exceeded.
- Most parents were happy with the amount of contact they had had with their Health Visitor and the advice and support they had received. Parents in each wave often gave examples of how Health Visitors had signposted them towards, or helped them access, other health professionals.
- Most parents in the **comparator sample** also had positive experiences of their Health Visitor, although they tended to report less frequent levels of contact and
were slightly less satisfied with their experiences than the main sample. This may reflect the tendency for parents in the main sample to refer to their experience of Health Visitor support as a ‘relationship’ more frequently than the comparator sample.

- Compared with Flying Start families, parents in the comparator sample less frequently reported they had been referred from one family support service to another and that services had worked in an integrated way. This may reflect higher levels of engagement with Health Visitors as a result of lower caseloads in Flying Start areas.

- Most parents in the Flying Start sample who had accessed the childcare entitlement expressed positive views relating to the childcare staff and the communication they received from them and how the childcare helped prepare their child for the transition to Foundation Phase.

- Fewer parents in the comparator sample had used childcare providers compared with the main sample, but those who had done so had similarly positive experiences. Some comparator sample parents reported that there was a limited choice of providers available to them. This illustrates that comparator sample parents had similar experiences of accessing childcare where it was available and affordable to them.

- The majority of parents who had engaged with the parenting entitlement valued the support they received, noting that they had found it useful and beneficial. Many of these parents noted they had learnt new parenting skills or gain new knowledge from the support they had received.

- While fewer comparator families were aware of and had accessed parenting courses, they reported similarly positive experiences of attending parenting courses to the main sample. This suggests parenting courses were equally appreciated where they were available to parents.

- Most parents who had attended SLC groups or courses commented that they had been enjoyable, beneficial and provided the opportunity for their child to socialise with other children and for them to interact with their child.

- The small number of families that had received support from an SLT appreciated this support and particularly valued the tips they received from their SLT about how to interact with their child in a way that would encourage their speech, language and communication to develop.
Comparator families reported positive experiences of attending SLC groups although their levels of satisfaction were slightly lower than the main sample. This may reflect the less structured, more informal nature of SLC groups available to families outside Flying Start areas.

The study explored to what extent Flying Start parents believed the Programme identified and responded to their needs and wishes in terms of Welsh-language provision. As in Waves 1 and 2, during Wave 3 some parents had accessed a Welsh-medium Health Visitor; Welsh medium childcare; Welsh-medium or bilingual SLC groups; a Welsh-speaking SLT; and/or parenting support through the medium of Welsh or bilingually.

Parents interviewed in Wave 3 continued to report positive experiences in terms of the quality of Welsh-medium provision and support. However, parents did not report a uniform view when asked about the accessibility and availability of Welsh language services – some felt that there were enough opportunities available locally, while others felt there was a lack of Welsh language services. These barriers remained fairly consistent through each wave, suggesting these are ongoing challenges.
5. Perceived outcomes and impacts

5.1 The research sought parents' views on the extent to which Flying Start services had influenced outcomes for their child. Interviews explored the perceived outcomes and impacts reported by parents in relation to key themes including: transition to the Foundation Phase; speech, language and communication; social skills and behaviour; practical skills; and health. Interviews also explored parents' views on the Programme’s impact on approaches to parenting and parental well-being. Parents in the comparator sample were asked the extent to which family support services they had accessed had influenced outcomes for their child and for themselves as parents.

Perceived outcomes and impacts for children

5.2 In Wave 3, most parents continued to report that accessing Flying Start services had a positive impact on their child. Positive impacts reported by parents included those which they attributed to individual services, such as childcare, as well as cumulative effects from having accessed several entitlements. Some families referred to specific issues which they considered individual entitlements to have helped with (e.g. health or developmental issues) but most tended to mention what they saw as the overall benefits to their child.

'Flying Start has made a huge difference, she's grown in self-confidence and the hands-on-support has been brilliant. There are so many access points with Flying Start. Much better than my expectations - it's so useful to have a sort of hub where parents can talk and share ideas.' Father, aged 25-44, High-need family

'I didn't have any expectations... It's blown me out of the park.' Mother, aged 25-44, High-need family

'Definitely a huge impact… …It's like a 'base' to go to if there's a problem' Mother, aged 25-44, Low-need family
Transition to Foundation Phase

5.3 Most parents whose children had made the transition to the Foundation Phase during Wave 3 felt that accessing Flying Start services had helped prepare their child for attending nursery school. Families tended to refer to improvements in school-readiness when discussing the childcare entitlement; referring to the benefits of their child becoming accustomed to the routine of a day at the childcare setting and being in a learning environment with other children.

'Flying Start is set up like a classroom which gets them ready for school. There's more order and a better routine at home with the youngest. She has better concentration and is more organised.' Father, aged 25-44, High-need family

'I think if [child] hadn't gone to the [childcare setting], she wouldn't have settled in to school.' Mother, aged 20-24, High-need family

'Flying Start is not compulsory, but I'm glad they went [to the childcare provider] and I stuck with it because they have settled in well at nursery [school] now.' Mother, aged 20-24, Medium-need family

5.4 Most parents whose children had not yet started at school reflected on how much more confident they felt about the forthcoming transition.

'If he didn't go to preschool [Flying Start childcare], then when he goes to school, he would have the shock of his life.' Mother, aged 20-24, Low-need family

'Before [attending Flying Start childcare] it was a nightmare and I would have been dreading September" Mother, aged 21 or under, High-need family

5.5 Most parents felt that Flying Start had made a difference to their child’s readiness for school. More than half of those interviewed in Wave 3 reported that their child had shown improvement in terms of: an increased interest in looking at books; being better able to listen to stories; improved ability to concentrate; counting or recognising numbers; singing or recognising nursery rhymes and recognising letters or knowing the alphabet. A third of parents reported that Flying Start had made a difference to their child’s ability to hold or use a pencil.

'He has come on a lot...when he first started childcare he couldn't say 20 words.' Mother, aged 20-24, Medium-need family
When the twins started at the childcare, they wouldn't sit on the mat for story time or songs, but they have learnt to sit down and concentrate now.’ Mother, aged 25-44, Medium-need family

‘He's got used to me dropping him off now. He's interacting better with other children.’ Mother, Age 25-44, Low-need family

Most parents in the comparator sample who had accessed childcare tended to feel it had made a difference to their child's readiness for school. A few of these parents’ children had started attending nursery school (usually for half days) and reported that their child had settled in well.

'[Child's name] is definitely readier for school because of [childcare provider].’
Mother, aged 25-44, Comparator sample

Some parents in the comparator sample would have liked their children to have attended more childcare sessions as they felt this would have benefitted them even more. Some families reported that they could not afford childcare but would have liked to have accessed it. A few of these parents felt their child had missed out on the potential benefits of accessing a childcare provider.

Speech, language and communication (SLC) skills

Around half the parents interviewed in Wave 3 reported that their child was more talkative, speaking more clearly and learning new words, either in Welsh or English as a result of accessing Flying Start services. Most parents considered that some aspect of their child’s speech, language and communication (SLC) had improved because of the Programme. These parents tended to mention the childcare entitlement as having made the biggest difference to their child’s interaction skills.

'He's got a lot more vocabulary now and is speaking much more clearly.'
Mother, aged 25-44, Medium-need family

'She's much better at listening now. The nursery's helped with that. She's learnt her colours too' Mother, aged 25-44, High-need family

'[Child’s name] is better after being at the nursery, she was very quiet but is much more talkative now. She’s more confident anyway but enjoys it too. I
can clean and get the house sorted when the children are at nursery.’
Mother, aged 25-44, High-need family

‘It’s made a massive difference. It gives the children an early start. It gets
them interested in books and learning earlier.’ Mother, aged 25-44, High-
need family

5.9 Some parents did not believe the Programme had made a difference to their
child’s speech, language and communication. These parents had usually not
accessed the childcare entitlement or had accessed a private childcare provider
before their child reached the age of two. Some parents saw Flying Start as having
reinforced skills that their child was already learning at home or would have learnt
anyway.

5.10 As in Wave 2, some parents had observed rapid improvements in their child’s
vocabulary and speech development. Parents frequently attributed this to their
child attending a childcare setting and particularly noticed their child using words,
phrases or songs they would have been unlikely to have heard in the home.

‘He’s learnt a lot more words since going to school [nursery]. He just comes
out with more stuff that I’m not expecting him to.’ Mother, aged 21 or under,
High-need family

‘They’ve been a lot more talkative since going to nursery and it’s helped with
counting and the alphabet.’ Mother, aged 25-44, High-need family

5.11 Over half the parents reported that Flying Start had made a difference in terms
of their children recognising and singing nursery rhymes. This was mainly attributed
to having attended Flying Start SLC groups and childcare settings.

‘[Child’s name] is singing all the time, he knows about 20 nursery rhymes.
We think he’s ready for nursery [school] now; he really enjoyed going to
childcare and making friends...when we go somewhere where his friends are
he will go off and play with them...he is so independent compared to his
cousin who did not go to childcare and isn’t very sociable’ Mother, aged 20-
24, Medium-need

5.12 Compared to Waves 1 and 2, parents more commonly referred to the benefits of
accessing the SLT service. Almost all parents whose children had accessed SLT
reported positive outcomes from this support. Some families reported that a SLT
had delivered sessions in their home; typically, as weekly sessions delivered in
blocks of around 6 weeks. Others reported sessions being delivered at a Flying Start centre or playgroup, mostly one-to-one but occasionally in a group. Most parents whose children had received SLT support referred to follow-up sessions being delivered at the childcare setting. Parents tended to emphasise that these types of follow-up sessions (delivered by SLTs, advisory teachers or key workers) had benefitted their child.

'I don’t think [child’s] speech would have come on as much without the support.’ Mother, aged 25-44, High-need family

'It’s [SLT support] been brilliant and made a big difference in the last year. He couldn't speak or understand anything really.' Mother, aged 20-24, Low-need family

'He didn't used to talk, the speech therapy helped, and they did sessions in school as well. He's come along really well; his speech is perfect now'

5.13 Most parents in the **comparator sample** referred to the positive difference family support services had made to their child’s speech, language and communication. These tended to be families who had accessed childcare or those who regularly attended playgroups with their child. However, families in the comparator sample offered fewer examples of how their child’s interaction skills had developed. For example, they were less likely than parents in the main sample to refer to their child having increased interest in books, concentration or listening skills as a result of specific services they had accessed.

**Impact on social skills and behaviour**

5.14 Most parents in Wave 3 felt that Flying Start had made a difference to an aspect of their child’s social skills and behaviour. As in Wave 2, over three-quarters of parents interviewed had observed an impact on their child socialising and playing with other children. This tended to be mentioned in relation to the childcare entitlement, although some parents also referred to the benefits of SLC group sessions they had attended with their child in building confidence and social skills. Over half of parents felt that Flying Start had made a difference to their child’s ability to take turns or share things.
'He's now sharing toys with his niece. Before childcare I had to separate him and her all the time as he wouldn't share.' Mother, aged 25-44, High-need family

'She listens more to us, because she has to with her teachers at childcare. She shares more and is happier playing with her siblings.' Father, aged 25-44, High-need family

'She will now go and talk to other people and other kids - her confidence has gone through the roof' Mother, aged 21 or under, High-need family

5.15 Around half of parents interviewed reported that Flying Start had made a positive difference in terms of other behavioural outcomes including dealing with tantrums, anger management and dealing with challenging situations. Parents frequently gave examples of the differences they had observed in their children since attending childcare or playgroups.

'He's not having as many tantrums because he can speak more, so he can tell me what he wants.' Mother, aged 21 or under, High-need family

'I used to avoid taking him places 'cause I'd be scared he might hurt other kids but when he went to nursery they found ways to help him behave better'. Mother, aged 25-44, Low-need family

'His behaviour is better now - he's calmer. More negotiation and less arguing.' Father, aged 25-44, Medium-need family

'She's now imitating good behaviour from the other children at childcare.' Father, aged 25-44, High-need family

5.16 Most parents attributed improvements to their child attending childcare sessions or playgroups. However, some parents whose children had accessed SLT felt that their child’s behaviour had improved indirectly as a result of this support.

'As it's been so intense [SLT support], it's made a massive difference. Her speech has come on loads, and her behaviour is much better. I don't know what I'd do if they took that away from her.' Mother, aged 25-44, High-need family

‘In the beginning, she got really frustrated because she couldn't talk, and no one could understand her...now she is very confident’ Mother, aged 25-44, Low-need family
Improvements to their child’s confidence, interaction with adults and happiness were also reported by around half of the parents interviewed. These were often attributed by parents to the opportunities Flying Start had provided for their child to socialise away from parents in a childcare or playgroup setting.

‘If it wasn’t for Flying Start, he [child] wouldn’t be as confident and outgoing as he is. He’s made loads of friends at playgroup [childcare].’

‘It has helped [child’s name] learn and interact with other children and we can see [child’s name] improving in the same way’ Mother, aged 20-24, Medium-need family

‘Before she used to cling to me. But she plays with other children more now... She’s definitely more confident now.’ Mother, aged 25-44, High-need family

Most parents in the comparator sample felt that family services they had accessed had made a difference to their child’s social skills. These improvements tended to be attributed to attending childcare or playgroups. A few parents reported that services they had accessed had made a difference to their child’s behaviour; these parents tended to have attended a parenting course or had received additional support through social services.

Impact on practical skills

Compared with the findings in Waves 1 and 2, in Wave 3 parents more frequently reported that Flying Start had a positive impact on their child’s practical skills. However, similar to previous Waves, in Wave 3 an impact on practical skills was less often reported compared with impacts on social skills, communication and behaviour. Around half of Wave 3 parents considered the Programme had made a difference to their child’s use of cutlery and cups, potty training and tidying up (compared to around a third of parents in Wave 2). This is likely to reflect the higher numbers of families who had accessed the childcare entitlement by Wave 3.

‘He tries his hardest to get dressed and go to the toilet on his own now’. Mother, aged 20-24, Medium-need family
'They help tidy up at nursery before tea time' Mother, 25-44, High-need family

‘She’s learnt to tidy up [at nursery] and the Health Visitor helped a lot with potty training.’ Father, aged 25-44, Medium-need family

5.20 Some parents in the comparator sample referred to ways in which family support services had made a difference to their child’s practical skills. These parents most commonly referred to how their child’s practical skills, such as dressing themselves and tidying up, had developed as a result of attending a childcare setting. A few parents had approached their Health Visitor for specific advice on practical skills such as potty training. However, parents in comparator families tended to give fewer examples of impacts they felt family support services had on their child’s practical skills compared with parents in the main sample.

Impact on health

5.21 Around a third of parents felt that the Programme had made a difference to their child's health and well-being through identifying health and well-being issues or helping to access other health professionals (e.g. dietician, physiotherapist, dermatologist). Some parents provided examples of their Health Visitor identifying minor and more complex health issues such as lactose intolerance, nappy rash, eczema, asthma and tooth decay. A few parents explained that their Health Visitor had provided advice on appropriate medication and treatment for minor health issues such as nappy rash and oral thrush.

5.22 A few parents described how their Health Visitor had helped identify developmental delay and referred them to specialists for additional support and diagnosis. Others had been referred to dieticians as their Health Visitor had identified concerns with the child’s weight.

‘The kids' diet was not so good, and their weight was too high. The Health Visitor and dietician gave us good advice and now it's much better.’ Mother, aged 25-44, High-need family

5.23 As reported in Waves 1 and 2, a few families saw Health Visitors as important ‘brokers’ between themselves and health professionals. Parents valued the role Health Visitors played in explaining the advice of other health professionals to them as well as helping allay any concerns they might have. This intermediary role
was particularly valued by parents who had low or no English language skills. As in Waves 1 and 2, some parents felt that they had been able to access treatment more quickly as a result of their Health Visitor’s support.

‘The language [barrier] was a big problem for us. [Flying Start] has helped with lots of things.’ Mother, aged, 25-44, Medium-need family

5.24 Some families explained that they were able to check a health issue with the Health Visitor rather than wait for a GP appointment or wait at the surgery. As a result, some families reported that they visited their GP less often.

5.25 A few parents in the comparator sample referred to ways in which their Health Visitor had made a difference to their child’s health. These parents referred to instances where they had received support with minor health issues (e.g. constipation, dry skin/eczema). Most parents in the comparator sample referred to their child’s immunisations when asked about support with health issues. A few parents in the comparator sample noted that they had experienced difficulties in getting hold of their Health Visitor when they sought advice on a health issue. Compared with Flying Start families, parents in the comparator sample less often referred to how they felt the Health Visitor service had made a difference to their child’s health and well-being.

**Perceived outcomes and impacts for parents**

5.26 The vast majority of parents interviewed in Wave 3 felt that Flying Start had made a positive difference to them. Parents described a range of ways in which they felt the Programme had made a difference to their parenting skills and knowledge as well as their own well-being and that of their family. Reported impacts included increased confidence and knowledge gained from the advice and support accessed through engaging in the Programme.

‘Without that support, I’d have gone off to worry and panic by myself, panic about the feeding or whatever. But I’d get a phone call or a text and I could check things easily.’ Mother, aged, 25-44, Low-need family

5.27 Most parents in the comparator sample felt that family support services had made a positive difference to them as a parent. However, parents in the comparator sample tended to give fewer examples of how services they had accessed had made a difference to them. The only exceptions to this were those
parents who had accessed parenting courses through being supported by social services or Families First.

‘I went on the Incredible Years course through Team Around the Family – it was a four-week course. Things improved a bit after the course – it gave me ideas on how to manage behaviour – things like sticker charts’. Mother, aged 22-24, comparator group

**Approach to parenting**

5.28 As reported in Waves 1 and 2, most parents reported that the Programme had helped them develop a range of practical parenting skills including: ideas of activities that they could do with their children; diet and mealtime routines; supporting their child’s learning; and behaviour management.

5.29 Over half of parents interviewed in Wave 3 reported that accessing Flying Start services had provided them with ideas for activities to do with their children. These included activities they had observed at playgroups and during sessions delivered by SLTs or advisory teachers in the home. Some parents also referred to suggestions from Health Visitors and nursery staff.

‘The speech therapist has given us laminated cards with activities and games for [name of child]’ Father, aged 20-24, Medium-need family

‘We are more educated about children now and we have been told what we can do to help her progress.’ Mother, aged under 21, Low-need family

5.30 Most parents in Wave 3 noted that the Programme had made a difference to their practical parenting skills, such as potty training, establishing sleep routines and bathing their child.

‘I learnt lots, it was really good especially tactics like how to get your child to use the toilet and time out’. Mother, aged 21 or under, High-need family

5.31 Many parents highlighted the fact that they wouldn’t have been able to afford going to playgroups, courses or accessing childcare, without Flying Start. As a result, some parents felt that not accessing the Programme would have had an impact on them as well as their child.
'I wouldn't be able to afford classes. I'd feel down because I wouldn't be able to go to anything. Going to stuff makes me feel good.' Mother, aged 25-44, Low-need family

5.32 Parents who felt the Programme had made a difference to their approach to parenting tended to cite their Health Visitor and parenting courses focused on child development (e.g. Incredible Babies, Parent Nurture Programme and Get Cooking) as sources of advice that had an impact on them. This advice and information was reported to have increased parents’ knowledge and understanding of healthy foods, dietary requirements at different ages and their child’s behaviour.

5.33 Around two-thirds of parents indicated that the Programme had made a positive difference to the way in which they communicated with their child. Parents referred to ideas for play and interaction they had gained from Flying Start staff as well ideas for supporting their child’s learning. A few parents referred to ideas gained from attending courses such as the Parent Nurturing Programme (PNP) and a few to the benefits of one-to-one advice received from Family Workers or advisory teachers in the home. Some parents continued to use information acquired from courses they had attended in Waves 1 and 2.

‘The family worker spent time playing with her and gave us ideas for how to use our time together better.’ Mother, aged 25-44, High-need family

‘Through the Parent Nurturing Programme, I've learnt so much about parenting. The language support showed me how to play with the children and that I need to take them outside of the house.’ Mother, aged 25-44, High need family

5.34 The Programme was considered to have made a difference to behaviour management by around half the parents interviewed in Wave 3.

‘If he starts being naughty I've picked up a lot of information on how to explain things and talk to him’ Mother, aged 20-24, High-need family

5.35 Around a third of parents reported that Flying Start had made a positive difference to weaning, diet and mealtime routines and some referred to a positive impact on breastfeeding. Around a quarter reported that the Programme had helped them ensure their home was safe.
5.36 Parents in families where a new child had been born during Wave 2 or 3 often placed a great deal of importance on the time they could spend with their youngest child while an elder sibling was accessing Flying Start childcare.

'I have more time alone with my youngest to bond, it’s much easier when he’s learning with friends in nursery.’ Mother, aged 25-44, Medium-need family

5.37 Some parents felt that they had become better parents through accessing the Programme’s entitlements. A few parents chiefly attributed this to parenting courses but, more often, parents felt this was due to a combination of knowledge gained from different entitlements.

‘It’s increased our knowledge. We’ve had six kids but they’re all different and things change all the time, so you still need that advice.’ Mother, aged 25-44, High-need family

‘It has kept us calm, it’s nice to have the 2 1/2 hours to ourselves [during childcare] but overall we think it has helped the children more’ Mother, aged 20-24, Medium-need family

'It's made me a better parent. With their help I've built up my confidence.'
Mother, aged 20-24, High-need family

5.38 A few parents in the comparator sample who had been referred to parenting courses by social services or charities felt that these had made a difference to their approach to parenting. These parents reported similar outcomes to parents in the main sample (e.g. giving them strategies for managing their child’s behaviour; ideas for cooking healthy meals). Parents who had attended baby massage courses usually reported these had made a difference to them by helping them and their child relax. A few other parents referred to family support services making a difference to their approach to parenting, gaining ideas for activities to do with their child.

5.39 Some parents in the comparator sample referred to the general benefits of gaining the advice of other parents (e.g. through conversations at playgroups) but these parents did not usually mention specific issues on which they had received advice.

5.40 Some parents in the comparator sample mentioned they would have liked more informal support and advice from their Health Visitor. Some parents felt that their Health Visitor(s) appeared not to have enough time to provide this type of advice.
Others noted that they had raised questions with their Health Visitor during a visit but had not received a response, usually because they had seen a different Health Visitor during their next appointment. These families tended to voice frustrations that they had not received a response to their queries.

'I think the [Health Visitor] service is ok if the child doesn't have additional needs, but they seemed to be a bit too stretched.' Mother, aged 25-44, Comparator sample

Parent and family well-being

5.41 Most families in Wave 3 continued to value the support they had received through Flying Start and the confidence this gave them in their parenting skills. As in Waves 1 and 2, having access to professional advice was considered reassuring and this was an important benefit from accessing the Programme. Parents often articulated this in terms of feeling more confident and reassured because of the support that was available.

'I'm a worrier, and Flying Start has made me feel completely at ease. I completely trust them, and it feels that you're handing your children over for other mothers to look after. I don't have to worry at all when he's at nursery.' Mother, aged 25-44, High-need family

5.42 Most parents in Wave 3 referred to positive social benefits from accessing Flying Start services. These included meeting other parents, making friends and being able to leave the house. Some families placed a great deal of importance on having access to a physical location they could visit with their children to meet other parents and get advice. Parents frequently referred to the importance of having a ‘change of scene’, ‘having somewhere to go’ or ‘getting out of the house’ to their own and their children’s well-being. The benefits of having different Flying Start entitlements co-located was also apparent from the experiences of families in Wave 3. Some parents referred to ways in which co-located services had been of benefit to them. For example, accessing their Health Visitor at a drop-in clinic during a ‘stay and play’ session and leaving their child at the creche while attending a parenting course.
"It's made a difference socially. You get out and see people. It would be lonely for me without Flying Start. I mean, how many times can you keep taking them to the park?" Mother, aged 20-24, High-need family

‘If Flying Start wasn’t here, we probably wouldn’t have a family centre near where I live. I wouldn't have the friends I do now, or the support network I have now.' Mother, aged 20-24, High-need family

Most parents considered that their well-being had improved because they could access Flying Start services. Parents in Wave 3 most frequently referred to feeling reassured by advice provided (or knowing that advice was available) or feeling calmer because of the time they had to themselves while their child was in childcare. Some parents described more direct benefits to their own well-being such as improvements in their mental health following advice from a Health Visitor or being referred to mental health services.

'I'd probably be a lot worse with my anxiety and would have to wait longer for support. It's easier with Flying Start.' Mother, aged 25-44, High-need family

'I haven't had support from anyone else so without them I wouldn't have had anyone to talk to. They visited me every week during the pregnancy because I was really struggling.' Mother, aged 20-24, High-need family

'Life would be more difficult and stressful without Flying Start. Everybody needs somebody sometimes. It can be really lonely in the house with the children, you can feel trapped, so it's important to socialise and speak to other parents.' Mother, aged 25-44, High-need family

Some parents particularly valued the time they had to themselves while their child was attending Flying Start childcare. Some parents emphasised that this gave them an opportunity to spend time with other children, to do housework or shopping

'It really has helped us as we've both got more time apart. He's less clingy, and I get more time to work or do the house work.' Mother, aged 25-44, High-need family

A few parents reported that Flying Start had enabled them to continue working or work more hours than would otherwise have been possible. A few had also enrolled on courses has a result of the free time they had.
‘It’s a brilliant free service. Financially I wouldn’t have been able to go back to work without the free childcare. It wouldn’t have been worth it for me to go back to work and pay for private childcare.’ Mother, aged 25-44, High-need family

'It's helped me get back to work, and if I hadn't accessed the parenting groups the first-time round, I don't think I would be as confident with second child.' Mother, aged 20-24, High-need family

'We have more time now and we're both studying English.' Mother, aged 25-44, Medium-need family

5.46 Some parents, particularly from black and minority ethnic families, highlighted the impact of a range of additional support that had been provided by Flying Start staff. This included help in accessing or interacting with other services such as school admissions and housing.

‘[Without Flying Start, it would have been] Very difficult - wouldn't have been able to apply for nursery Mother, aged 25-44, Low-need family

5.47 A few parents emphasised the importance of support provided by Flying Start staff in helping them engage with social services and re-integrate them with their children following a care placement.

‘[Flying Start staff member] helped me get my child back after the care placement - was really supportive when I needed it. It's good to know that I've got someone to turn to.' Mother, aged 25-44, High-need family

‘The support has been amazing. The Health Visitor and family support worker have both been great with our family.' Mother, aged 25-44, High-need family

5.48 Parents in the comparator sample tended to offer fewer examples of how family support services had made a difference to themselves as parents. Some parents in the comparator sample referred to how family support services had made a difference to their own well-being or that of their family. The example most frequently given by parents in the comparator sample was being able to meet other parents through attending playgroups. A few parents in the comparator sample referred to being calmer and feeling more reassured because of the support they had gained through other parents.
Case studies: outcomes and impacts

5.49 The case studies below provide examples of how parents believe Flying Start has had an impact on their family. The case studies illustrate families’ journeys through the Programme by drawing on data from across all three waves of fieldwork. Names and some details in these case studies have been altered to ensure anonymity.

Case study 5: The Davies family

Kelly Davies is a single parent in her early 20s and lives with her two daughters aged three and 18 months. She was introduced to Flying Start by her midwife who provided her with leaflets about the services that were available.

Kelly had the same Health Visitor in Waves 2 and 3 and feels their relationship is good. She contrasted this with having several Health Visitors prior to Wave 1 and felt this continuity has improved her experience of Flying Start. She has also frequently accessed a family support worker through Flying Start and feels comfortable asking their advice and support.

‘I haven’t had support from anyone else, so without them I wouldn’t have had anyone to talk to. They visited me every week during the pregnancy because I was really struggling.’

Kelly suffered with depression whilst pregnant with her youngest child and was visited weekly by her family support worker. The family support worker also accompanied her to sessions with a mental health professional. She found this support to be very beneficial and felt she would not have felt confident enough to attend these sessions without the support of Flying Start staff.

‘She [Health Visitor] came with me to a mental health appointment. I wouldn’t have gone without her.’

In Wave 1, Kelly did not feel confident enough to attend parenting sessions with other parents. Shortly after the birth of her first daughter, a Flying Start family worker visited Kelly’s house to deliver baby massage sessions and sensory play sessions which led to Kelly singing, reading and playing with her child more than she used to. She still makes use of baby massage with her youngest daughter when she is upset.
and has found this very useful.

"The sessions [at home] gave me lots of ideas for things to do - a treasure box and ways of making toys… …baby massage helped to relax the baby and me as well. It really helped me bond with [name of child] as I had post-natal depression."

Sessions delivered at home led to Kelly feeling confident enough to attend parenting courses at a local Flying Start centre during Wave 2, which she felt benefited her family. Kelly has previously been a victim of domestic abuse and through attending parenting courses gained the confidence to attend a course for domestic violence victims which she found helpful. Kelly feels that Flying Start staff have worked effectively together and communicated well with each other.

'They [Flying Start staff] always pass messages between them and let each other know what’s going on.'

Kelly’s eldest daughter recently made the transition to the Foundation Phase and she feels that accessing Flying Start childcare made this transition much easier as her daughter had developed her speech and language as well as practical skills which she partly attributed to the childcare.

‘She’s learnt a lot there [childcare setting]… like using a knife to butter her toast.’

Kelly hopes her youngest daughter will access the childcare entitlement during the next year and will benefit as much as her eldest from accessing Flying Start. She felt that life would have been much more difficult in the absence of the Programme.

'I’m not sure what I’d have done without them [Flying Start staff].’
Case study 6: The Hussein Family

The Hussein family are Iraqi refugees who have been living in their local area for 18 months at the time of interview. Mr Hussein is employed part time and Mrs Hussein is unemployed and they have four children (aged 9, 8, 5 and 3 years). Both parents have limited English language skills, speaking Arabic at home.

The family accessed Flying Start through their Health Visitor who told them about the childcare entitlement and parenting courses. During Wave 2, Mr and Mrs Hussein described how Flying Start staff had been integral to the family settling in the area and accessing basic services including a dentist, school admissions, charities and finding ESOL courses.

‘She is so supportive, because of the language barriers and being new in the country, she helped us with our main problems.’

In Wave 3, Mr Hussein described how their Health Visitor referred them to a dietitian and a SLT, as well as encouraging them to attend a local playgroup. Mr Hussein described the benefits of their children attending childcare, noting that their children were now more social and had better interaction skills. He noted that they were less shy and now more willing to interact with strangers. He felt this had helped one of his children settle in nursery school more quickly. Mr Hussein also described how his children had started using pencils and books at the childcare.

‘She wasn’t so good at home and has been much better playing [with siblings] since starting nursery.’

Both Mr and Mrs Hussein attended parenting courses in Wave 3. Both parents attended the Parent Nurturing Programme (PNP) and found this provided them with helpful strategies for managing their children’s behaviour and dealing with arguments.

‘The nurture course has helped us with being calmer and more confident. Less arguing and using time out instead. It’s been so useful that I wanted to carry on with it.’

The family have also been visited by a family support worker in the home. Mr Hussein described this as providing them with useful strategies for communicating.

Mr Hussein valued the day trips arranged by Flying Start staff. The family have been
on two trips per year and found this to be a good way of getting to know other parents.

‘I’m more confident and proud now – we used to struggle to find places to take the kids.’

Mr Hussein reported that both parents were now taking English classes and that the childcare had given them the time to participate in these sessions.

‘We have more time now and we’re both studying English. The language [barrier] was a big problem for us. [Flying Start] has helped with lots of things’

Summary: Perceived outcomes and impacts

One of the study’s objectives was to understand what parents perceived to be the medium- to long-term impacts of the Programme for their family.

- Most parents believed Flying Start had made a positive difference to their child. Positive impacts reported by parents included those which they attributed to individual services but were more likely to be attributed to the combined effects of accessing several entitlements.
- Parents in Wave 3 were more likely than in previous waves to refer to the difference that accessing childcare had made to their child, particularly in terms of the transition to the Foundation Phase and the development of practical skills.
- Most parents reported that they believed the Programme had an impact on their child’s readiness for school; speech, language and communication skills; and social skills and behaviour.
- Around half of parents reported that the Programme had made a difference to their child’s practical skills (e.g. potty training, sleep routines) and around a third felt the Programme had an impact on their child’s health (e.g. identifying health issues).
- Most parents felt that Flying Start had made a positive difference to their parenting skills and knowledge and the well-being of their family. These impacts appeared to have been sustained since Wave 2.
- Most parents reported that the Flying Start had made a positive difference to their parenting including how they communicated with their child and supported their learning as well as how they managed their child’s behaviour.
- A few parents reported that the Programme had given them more time to themselves, or time to complete household tasks, access education and employment.
Most parents in the **comparator sample** felt that family support services had made a positive difference to their child, although they tended to give fewer examples of these benefits compared to the main sample.

**Comparator sample** parents tended to describe ways in which family support services had reinforced or supported things that their child was already learning at home.

Parents in the comparator sample more frequently referred to the benefits of accessing childcare (usually paid for privately) than other family support services and felt that this had made the biggest difference to their child.

A few parents in the comparator sample referred to perceived impacts of support from the Health Visitor as well as playgroups and parenting courses.
6. Conclusions

6.1 This section provides a summary of the findings from the research, including interviews with the main sample of 72 families in Flying Start areas and the comparator sample of 20 families outside Flying Start catchment areas. The findings are summarised under each of the key themes of the research, namely parental engagement, experiences and perceived outcomes and impacts.

Engagement

6.2 The research sought to understand how parents engage with Flying Start services, what factors help and hinder engagement and how parents decide which entitlements they engage with and when. Levels of engagement with the Programme varied during each wave of the study, with the ages of children, parental experience and confidence, levels of need and the strength of parents’ relationships with Programme staff influencing engagement.

6.3 Overall, Flying Start families reported greater levels of engagement with family support services than the comparator group. This was apparent both in terms of the number of services they had engaged with over the three waves, and the level of their engagement with those services (e.g. more frequent contact with Health Visitors). These higher levels of engagement meant that Flying Start families had more to say about the services they had accessed than the comparator group families, including more often reporting that they had benefitted from these types of services.

Engagement with individual entitlements and services

6.4 In Waves 1 and 2, parents’ engagement with the EHV entitlement was higher than the other entitlements. However, engagement with this entitlement was slightly lower in Wave 3, both in terms of the number of parents accessing the entitlement and the frequency of their engagement. This appeared to be clearly linked to the ages of children, with engagement most often linked to developmental checks as children grew older. High-need families, those with young babies and those whose children had experienced specific health or developmental issues had higher levels of engagement, as would be expected.

6.5 All comparator families had engaged with the Health Visitor service at some point over the lifetime of their child(ren), although some reported not having any contact with the service during the previous 12 months. Comparator families
tended to report less frequent contact and were more likely to meet Health Visitors at a clinic compared with the main sample. Flying Start families tended to report that they had been referred to other entitlements or services by their Health Visitor more often than was the case comparator families.

6.6 By Wave 3, the vast majority of families had accessed Flying Start childcare between the ages of two and three. Reasons for engagement included parents wanting their child to socialise with other children before starting school, wanting their child’s speech and language to develop and wanting to return to work. Take-up of childcare appeared to be lower among the comparator sample, with only half the parents accessing childcare before their child reached the age of three.

6.7 Around half the families engaged with the SLC entitlement during the research. Compared with Waves 1 and 2, a greater number of Wave 3 families were accessing a SLT or other one-to-one SLC support and fewer families were accessing SLC groups. This is likely to be linked to the age of children in Wave 3 families and the focus on SLC development in developmental checks as children approach the Foundation Phase. Some parents felt they did not need to access SLC groups as frequently in Wave 3 because their children were experiencing enough social interaction to support their development through the childcare entitlement.

6.8 Comparisons with SLC activities in comparator areas are problematic as the types of groups and courses on offer tend to be more informal or unstructured and are therefore not equivalent to those in Flying Start areas. However, parents in the comparator sample reported higher levels of engagement in SLC groups, such as playgroups in churches or community centres, than the main sample (who were more likely to be accessing one-to-one SLC support in Wave 3). Some of the comparator parents indicated that they were accessing these types of playgroups to help develop their child’s interaction and social skills before they entered nursery school. This may suggest some parents in the comparator sample were accessing playgroups because they were unable to access childcare provision. This contrasted with the main sample who had higher levels of engagement with childcare.

6.9 Most families accessed the parenting entitlement at some point during Waves 1, 2 or 3. Parents reported their motivations for accessing the parenting entitlement were to learn new skills, gain knowledge and meet other parents.
6.10 Fewer parents in the comparator sample reported accessing parenting support; around a third of reported accessed a parenting course, including baby massage and courses focused on behaviour, child development and cooking. Some parents in the comparator sample reported they would like to see greater availability of parenting courses. A few referred to specific courses they would like to see offered, such as cookery, breastfeeding and developmental courses.

Experiences

6.11 The research sought to understand how parents experience the entitlements as well as their expectations of the Programme. Most families had positive experiences of Flying Start services in each wave of the study and had high levels of satisfaction with each entitlement including the quality of staff, locations, facilities, activities and the availability of services in Welsh. Families tended to report that they did not have specific expectations of the Programme prior to their engagement but those that did usually reported that their expectations had been met or exceeded.

6.12 Parents had positive views on the ways in which the Flying Start entitlements work together and form an integrated programme of support for their family. Strong awareness of the Flying Start brand and referrals from one entitlement to another have generated an understanding of these linkages among parents interviewed.

6.13 Most Wave 3 families continued to have positive views on the quality of advice and support received from their Health Visitor. Although reported levels of engagement were lower than in Wave 2, most families believed that this was sufficient, and they felt reassured knowing the support was available to them.

6.14 Most parents who had accessed the childcare entitlement were satisfied with their experiences, reporting that their child enjoyed attending the setting and that it helped prepare them for the Foundation Phase. Wave 3 families continued to provide positive views on staff, facilities and communication.

6.15 Wave 3 parents who had accessed the parenting entitlement, either through one-to-one support or through attending a course, reported similarly positive experiences to Waves 1 and 2, noting that the support was of a high-quality and had been delivered well.
As in Waves 1 and 2, most parents who had accessed the SLC entitlement had positive experiences from attending groups or accessing SLT support. Parents described how SLC groups provided their child with opportunities to socialise with other children and interact with children and adults.

The research also examined how well Flying Start identified and responded to the needs of families in terms of Welsh language provision. Some parents in each wave had accessed Welsh-medium childcare, attended SLC groups delivered in Welsh and accessed a Welsh-speaking Health Visitor or SLT. A few parents accessed parenting support through the medium of Welsh or bilingually during the research. In Wave 3, parents continued to report that Welsh-medium services were of a high-quality. However, parents did not report a uniform view on the availability of Welsh language services. A few parents found it difficult to access a Welsh-speaking Health Visitor or childcare provision and a small number had been unable to access these services despite Welsh being their preferred language.

Most parents in the comparator sample had positive experiences of family support services they had accessed. Most parents in the comparator sample who had accessed childcare and SLC groups or support had positive experiences and they reported similar levels of satisfaction as the main sample with these services. Most comparator families also reported positive experiences of engaging with the Health Visitor service and SLC support, although their satisfaction with these services was slightly lower than the main sample. Comparator parents were also less likely than those in Flying Start areas to perceive that different family support services were related to each other or worked in an integrated way. This may be linked to more frequent engagement with Health Visitors (and others) in Flying Start areas and consequently more opportunities for signposting parents or supporting their access to other services.

Perceived outcomes and impacts

The research sought to understand what parents perceived to be the medium and long-term impacts of the programme. Whilst acknowledging the limitations of analysing impacts based on self-reported experiences, the findings from the research clearly demonstrate that parents considered the Programme had made a difference to their family. Parents in each wave of the research reported that the Programme had a positive impact on their child as well as being of benefit to them...
as a parent. Findings from the Wave 3 longitudinal interviews also show that most parents believe many outcomes have been sustained over time. For example, some reported they continued to use knowledge gained from the Programme in previous years.

6.20 Wave 3 parents reported that Flying Start had made a difference to their child’s readiness for school; speech, language and communication skills; social skills and behaviour; and practical skills. Parents in Wave 3 were more likely to refer to the impact of their child accessing Flying Start childcare compared with previous waves. This was particularly apparent among parents whose children had made the transition to the Foundation Phase and felt their child was better prepared for starting school because they had accessed the childcare entitlement. Wave 3 parents were also more likely than in previous waves to report the Programme had made a difference to their child’s practical skills (e.g. potty training, tidying up), again most often attributed to the childcare entitlement.

6.21 Some parents reported the Programme had made a difference to their child’s health through staff identifying health issues, providing advice and making referrals to other health professionals. As in Waves 1 and 2, some parents had received support from Flying Start staff in liaising with other health professionals and felt this had helped them resolve health issues or access services more quickly.

6.22 Parents in Wave 3 continued to report that Flying Start made a difference to their approach to parenting and the well-being of their family. The types of outcomes and impacts that were reported by parents in Wave 2 appear to have been sustained in Wave 3. Most parents considered the knowledge and experiences they had gained through the Programme to have made a positive difference to their parenting skills, their confidence and well-being. Some parents mentioned continuing to use information and knowledge they had gained in earlier waves. Most reported that Flying Start made a difference to how they communicated with their child and supported their learning as well as how they managed their child’s behaviour.

6.23 Although levels of engagement with the EHV entitlement were lower for most Wave 3 parents, parents reported that they continued to refer to advice they had received in previous years. Some parents reported that their confidence had increased and that they were calmer because of the Programme and some felt the
Programme had made a difference to specific aspects of their parenting such as breastfeeding, weaning and ensuring home safety. A few Wave 3 parents reported that the childcare entitlement had given them more time to themselves to complete household tasks or access education and employment.

6.24 Most parents in the **comparator sample** reported that family support services had made a positive difference to their family, but they tended to mention fewer examples of how they or their child had benefitted. Comparator families most frequently referred to the benefits of accessing childcare in terms of their child’s social skills, interaction, behaviour and readiness for school. A few parents perceived that their child had benefitted from the Health Visitor as well as playgroups and parenting courses they had attended.

**Overall findings**

6.25 Most families remained engaged with at least one of the Flying Start entitlements throughout Waves 1, 2 and 3. As would be expected as children grow older, families reported lower levels of engagement with the EHV entitlement and increasingly saw the childcare entitlement as the main focus of their engagement. Parents in the main sample reported higher levels of engagement with Health Visitors and childcare, compared with the **comparator sample**.

6.26 Flying Start families were more likely to understand the links between different services they had accessed compared with comparator families who tended to view these as separate services. Flying Start parents were therefore more likely than the comparator group to view Health Visitors, childcare, SLC and parenting support as part of a seamless package of early years support. This appears to be reinforced by high levels of awareness of the Flying Start brand among parents in eligible areas as well as Flying Start staff raising awareness of and referring parents to different entitlements.

6.27 Parents in each wave of the research reported high satisfaction levels for each of the entitlements. The mainly positive experiences of families are reflected in their views of staff, service delivery and facilities or locations. Satisfaction levels with family support services among parents in the **comparator sample** were similar for childcare and parenting courses. However, they were slightly lower for the Health Visitor service and SLC support.
6.28 Most parents continue to believe that Flying Start has made a positive difference to their child’s development as well as helping to develop their own skills and knowledge as a parent. The longitudinal nature of this study has enabled us to observe that many of the perceived benefits parents attributed to the Programme have been sustained throughout Waves 1, 2 and 3.
Reference section


Annex A: Wave 3 Flying Start beneficiary topic guide

Introduction

1. [Longitudinal sample] Please can you tell me whether there have been any changes to your household since we last spoke? [Refer to previous notes to confirm details]
   - Number of children and ages (any health/developmental issues)
   - Number of adults
   - If relevant involvement of absent parent
   - Employment/training status
   - Occupation
   - Health status of children/parents (e.g. any special needs) and whether this impacts on the family in terms of accessing services/employment/training
   - Family and friends nearby
   - Use of Welsh at home and access to Welsh-medium services
   - Use of any other languages in the household/family.

2. [New families] Please can you tell me a bit about your household? [refer to recruitment screener to confirm details if needed]
   Sensitive probing about
   - Number of children and ages (any health/developmental issues)
   - Number of adults
   - If relevant involvement of absent parent
   - Employment/training status
   - Health status of children/parents (e.g. any special needs) and whether this impacts on the family in terms of accessing services/employment/training
   - How long lived in area,
   - Family and friends nearby
   - Use of Welsh at home and access to Welsh-medium services (e.g. schools)
   - Use of any other languages in the household/family?
   - Ethnic background?

Engagement and expectations of Flying Start

I’m now going to ask a few questions about your use of Flying Start services
[Longitudinal sample]

3. Since we last spoke, which services have you a) continued to access b) started to access and c) not accessed since last interview d) not yet accessed?
   [Refer to screener and to previous notes to guide conversation]
   [Note: family may not be aware if wider professionals are employed by Flying Start]
   - Childcare (nursery for children aged between 2 and 3)
   - Parenting support - groups or courses
   - Parenting support – One-to-one in home or at Flying Start centre
   - Speech, language and Communication support – groups or courses (e.g. LAP sessions; SLC activities delivered in more informal settings)
   - Speech, language and Communication support – one-to-one support (e.g. advisory teacher in the home)
• Speech and Language Therapy
• Support from Health Visitor (Note: all should be receiving)
• Support from wider health team through Flying Start (e.g. Midwives, Dietician, Child Psychologist, Physiotherapist). Ask about each and note which professional(s) accessed:

If they have stopped accessing a service since Wave 2, why?
• Course completed
• Support no longer needed. Why?
• Inconvenient time or location
• Unhappy with the service/child wasn’t enjoying or benefitting
• Too busy

4. [If they have accessed new services] How did you find out about the service?
Prompt for each new service: (i. Health support: Health visiting and any other health professionals (e.g. Speech and Language Therapist, Dietician, Child Psychologist, Physiotherapist) ii. Childcare, iii. Language and Play (LAP) / Speech, Language and Communication support and iv. Parenting support).
Prompt:
• How did you find out about each service? (e.g. Health Visitor, another health professional (GP, midwife), friends/family, nursery worker etc).
• What information did you receive about each service; what did you think of it?

5. Why did you choose to access or not to access new Flying Start services?
Explore why/why not accessed them. For those they haven’t accessed find out whether they are aware of them and whether they would like to access them.
Prompt:
• Just because it was available
• Help with childcare
• Help with my child/ren’s development/behaviour
• To get some support and advice on parenting
• To meet other parents
• To access services for my child/ren

Prompts for why not
• Location / Times not convenient
• Don’t know anybody else
• Didn’t want to leave my child in childcare/ crèche
• too busy/don’t have time;
• I don’t need it/not relevant to me;
• fear they will be judged by other parents or practitioners
• not interested;
• too shy/unconfident;
• don’t know much about it.
6. What do you know, if anything about Flying Start?

Prompt:
- What do you think it aims to do (note many may not be aware of the name ‘Flying Start’ or the services they receive are provided through Flying Start)?
- What services do you think it offers and to whom (e.g. universal or only people on certain benefits, single mothers etc.)
- What, if any, written information did you receive; what did you think of it? Who gave it to you?

7. Which services have you accessed and how? [refer to screener to confirm]

Explore how they became aware of each service and their journey between services (note many may not be aware of the name ‘Flying Start’ or the services they receive are provided through Flying Start). Prompt for each service: (i. Health visiting and any other health professionals (e.g. Speech and Language Therapist, Dietician, Child Psychologist, Physiotherapist) ii. Childcare, iii. Language and Play (LAP) / Speech, Language and Communication support and iv. Parenting support).

Prompt:
- How did you find out about each service? (e.g. Health Visitor, another health professional (GP, midwife), friends/family, nursery worker etc).
- What did they tell you about Flying Start e.g. what services, how to access them?
- What do you think it aims to do?
- How long have you been accessing Flying Start services? (constant on/off; other children)
- What information did you receive about each service; what did you think of it?

8. Why did you access Flying Start?

For each explore why/ why not accessed them? For those they haven’t accessed find out whether they are aware of them and whether they would like to access them.

Prompt:
- Just because it was available
- Help with childcare
- Help with my child/ren’s development/ behaviour
- To get some support and advice on parenting
- To meet other parents
- To access services for my child/ren

Prompts for why not
- Location / Times not convenient
- Don’t know anybody else
- Didn’t want to leave my child in childcare/ crèche
- too busy/don’t have time;
- I don’t need it/not relevant to me;
- fear they will be judged by other parents or practitioners
- not interested;
- too shy/unconfident;
- don’t know much about it.
Experiences of Flying Start

I’m now going to ask about your views on the services you’ve accessed through Flying Start, and I’ll ask you to think about each service you have accessed since the last interview.

Thinking about support from the HEALTH VISITOR (and wider health team if applicable e.g. Midwives, Dietician, Child Psychologist, Physiotherapist). Check if family has received services of wider health team either directly or referred through Flying Start (Note: family may not be aware if wider professionals are employed by Flying Start) (Note: questions for longitudinal families only are in brackets).

9. Tell me about the (recent) support from the health visitor (and wider health team if applicable)
   - What kind of things do you do with your HV (now that your child is older)?
   - What kinds of things do you discuss with them? Do you ask for their advice?
   - Have you discussed any assessments of your child’s progress with your Health Visitor (particularly SOGS assessment)? How useful did you find this?
   - How much support do you receive now (compared to last time we spoke) / how much support do you feel you need (now compared to last time we spoke)? How often do you meet now?
   - Are they easy to get hold of? Do you contact them, or do they get in touch with you? Do they contact you often enough/too often?
   - (Are you still seeing the same health visitor? If not, how approachable / knowledgeable was your previous health visitor and how approachable / knowledgeable is new one?)
   - Details: What has s/he been able to help you with? What kind of advice or tips has s/he passed on? What do you think of the support? Did you do anything differently after having advice from the HV?

10. Is there anything that you and your child like or dislike about the support from the health visitor (and wider health team if applicable)?
    - Location/time/setting of baby clinics / of visits?
    - Information (was it useful, relevant? Did you act on it?)
    - Referrals to other professionals
    - Facilities and services at the clinic / centre
    - Welsh language support

11. Overall how satisfied are you now with the support from the Health Visitor (and wider health team if applicable)?
    - [Ask them to score Health Visiting from 1-10]
    - Explore reasons for answer
    - Is there anything the Health Visitor could have helped you more with?

12. How do you think the health visitor (and wider health team if applicable) service has made a difference to your family?
    - (Refer to previous comments – have their views changed?)
    - (Prompt for how much of a difference now compared to initially)
    - (Prompt for whether previous support has helped the family on an on-going basis)
13. Has the health visitor referred you to any other similar services? (E.g. social services, family worker, other health professionals).
   - What services? Other parents; other support worker / organisation?
   - Did you access these services? Why/ why/not?
   - What were your experiences – impacts and outcomes?

For those who WERE already accessing Childcare during Wave 2 and HAVE CONTINUED to access it.

14. Tell me more about your recent experiences of childcare.
   - Do the childcare staff communicate with you about your child’s progress at childcare (e.g. phone call, text, chat at the end of the session, photographs, diary, notice board, Facebook etc)
     - Have you discussed your child’s SOGS assessment with them?
   - What kind of things do you talk about with the staff members, (e.g. questions about getting ready to start school / Foundation Phase)
   - What do you think about the childcare? Does your child enjoy?
   - What do you do when your child is in a childcare session? The same every time? Would you be able to do this otherwise?
   - Do you bring your child to every session of childcare he/she is entitled to? If you don’t bring him/her why not?
   - Is there anything you or your child like or dislike about the childcare?

15. Overall how satisfied/dissatisfied are you with the childcare?
   - [Ask them to score childcare from 1-10?]  
   - Explore reasons for answer
   - How do you think the childcare could be improved?

16. How do you think the childcare service has made a difference to your family?
   - Refer to previous comments – have their views changed over time?
   - How the service is supporting their child’s development over time.

17. Have you accessed any other childcare? How did you hear about them?
   - What childcare? Family or friends, other formal settings.
   - How does this compare with Flying Start childcare?
   - How did you find out about these?
   - What were your experiences – impacts and outcomes?
   - How did it make a difference? What would have happened otherwise? Is this in line with what you were expecting to happen when you accessed the support?

For NEW FAMILIES and those who were NOT accessing childcare during Wave 2 but HAVE STARTED now.

18. Tell me more about the childcare
   - When were/are the childcare sessions? Is that OK? Why?
   - Did you get enough information before your child started? How did you feel about the information you received? Was the information what you felt you needed? Were you offered an opportunity to visit the childcare setting before
your child started (e.g. open day, planned visit)? What did the setting do to help your child settle well?

- Do the childcare staff communicate with you about your child’s progress at childcare (e.g. phone call, text, chat at the end of the session, photographs, diary, notice board, Facebook etc)
- What do you think about the childcare? Does your child enjoy? What difference has attending childcare made to you and your child?
- What do you do when your child is in a childcare session? The same every time? Would you be able to do this otherwise?
- Do you bring your child to every session of childcare he/she is entitled to? If you don’t bring him/her why not?

19. Is there anything that you and your child like or dislike about the childcare setting?

Prompt:

- Location/time/setting of childcare sessions
- Availability of places
- Facilities and services at the childcare setting (e.g. food, play area, toys, etc)
- Welsh language provision
- Other children
- Chance for parent to engage in activities without their child (and vice versa)

20. Overall how satisfied/ dissatisfied are you with the childcare?

- [Ask them to score childcare from 1-10?]  
- Explore reasons for answer
- Is there anything the childcare could have helped you more with?
- How do you think the childcare could be improved?

21. How do you think the childcare service has made a difference to your family?

22. Have you accessed any other childcare? How did you hear about them?

Probe for:

- What childcare? Care by relatives/ grandparents, by friends; Formal childcare Other parents; Other support worker / organisation? ‘Wrap around’ childcare?
- Details on reasons, provider, location etc
- How does this compare with Flying Start Health childcare?
- Why were you made aware of these services? And whom by? Did you hear about any of these as a result of accessing Flying Start?
- Did you access these services? Why/ why/not?
- What were your experiences – impacts and outcomes?

Parenting support or courses

(Will be different courses in different areas, e.g. Incredible Years, Triple P, Parenting Positively, antenatal class, Baby massage, one-to-one parenting support in the home).

For those who HAD already accessed parenting support or courses during Wave 2 but not since then.
23. Can I confirm that you have previously accessed... [Researcher to refer to previous notes to see what the family had accessed last year and confirm this with the family].

24. Have you recently used any of the knowledge, skills or techniques that you learnt from the parenting support/class?
   - What types of things did you learn?
   - Were they useful only for a while / for when a child was a certain age?
   - Are they skills or techniques you can still use now and in future?
   - Do you still remember enough / feel confident enough to continue using the skills, knowledge or techniques?
   - Was there anything covered in the parenting support/class that you have not used since? (e.g. any information provided, skills or techniques). If so, why? E.g. not relevant, forgot?

25. Do you think the parenting support/courses have made a difference to you and your family? If so, how? If not, why?
   - What difference did the support/courses make to your skills as a parent? Do you still use the skills or advice you learnt?
   - Establishing routines / sleeping patterns
   - Feeding / weaning
   - Understanding behaviour / boundaries etc?
   - Speech, language and communication
   - [For those who expressed a negative impact, probe why]
   - [For those who did benefit from parenting support and report that it has made a positive difference to them]
     - What did you think about parenting support [or name of class/service] before attending?
     - What did you think about the support after attending/completing the course?
     - In your view, how could Flying Start promote parenting support so that it appeals to larger numbers of families?

26. Have you accessed any other Parenting services similar to this? How did you hear about them?
   - Were you referred to these through the Flying Start staff/centre?
   - What services? E.g. Schools, other family support programme, health departments, counselling etc, childcare, parenting courses, courses
   - Details on reasons, provider, location etc
   - How does this compare with Flying Start provision?
   - Why were you made aware of these services? And whom by? Did you hear about any of these as a result of accessing Flying Start?
   - Did you access these services? Why/ why/not?
   - What were your experiences – impacts and outcomes?
For NEW FAMILIES and those who have accessed a NEW course or STARTED ACCESSING support since WAVE 2.

27. Tell me more about the ‘Parenting’ support received through Flying Start
   • The course(s): Did you go on a course? Did you receive 1-2-1 support in the home? What kind of course(s) did you attend/support did you receive? What was it about? Did you know others on the course? Or did someone come into the house to support you with parenting?
   • How much information were you given about the course before you attended it? E.g. were you invited to a taster session, coffee morning, or did the facilitator visit you at home or contact you to discuss the course before the first session?
   • Details: Roughly, when did you go on the course or receive support? How long was it? Did you go to all sessions? If you went to all the sessions what kept you coming? If you stopped attending sessions, why? Did the facilitator/FS staff keep in touch with you between sessions?
   • Their experience: What did you think of the course/support received? What did you learn? Do you do anything differently after having been on the course/receiving support? Did you make any new friends through attending the course?

28. What do you and/or your child like and dislike about the Parenting course/support you have accessed?
   Prompt:
   • Information provided (was it useful, relevant? Did you act on it?)
   • Staff (friendly, easy to get hold of, knowledgeable)
   • Location/time/setting
   • Availability of places
   • Facilities and services (e.g. food, play area, toys, crèche etc)
   • Other parents
   • Other children
   • Activities/ content of sessions/courses
   • Welsh language provision

29. Overall how satisfied/ dissatisfied were/ are you with PARENTING support?
   Prompt:
   • [Ask them to score each service from 1-10?]
   • Explore reasons for answer
   • Is there anything Parenting support could have helped you more with?
   • Do you think the Parenting support could be improved?

30. Do you think the parenting programmes/courses have made a difference to you and your family? If so, how? If not, why?
   • Establishing routines / sleeping patterns
   • Feeding / weaning
   • Understanding behaviour / boundaries etc?
   • Speech, language and communication
   • [For those who did benefit from parenting support and report that it has made a positive difference to them]
     - What did you think about parenting support [or name of class/service] before attending?
- What did you think about the support after attending/completing the course?
- In your view, how could Flying Start promote parenting support so that it appeals to larger numbers of families?

31. Have you accessed any other Parenting services similar to this? How did you hear about them?

Probe for:
- What services? E.g. Schools, other family support programme, health departments, counselling etc, childcare, parenting courses, courses
- Details on reasons, provider, location etc
- How does this compare with Flying Start provision?
- Why were you made aware of these services? And whom by? Did you hear about any of these as a result of accessing Flying Start?
- Did you access these services? Why/ why/not?
- What were your experiences – impacts and outcomes?

32. Have you heard of the ‘Parenting: Give it time’ campaign? If so, have you used the resources?

[Researchers to note: There is a website and Facebook page which offers practical parenting information, tips and ideas for activities to do with your child. Parenting tips offered include: tooth brushing, shopping, toilet training, coping with crying baby, bedtime, mealtimes, bath time, bed wetting, biting, tantrums and keeping your child safe. Information to help parents understand their child’s development and details of organisations for parents who may need further help and support.]

Speech, Language and Communication

(these are usually a series of sessions hour or so a week over a few weeks, different ones for different ages. Can also be 1-2-1 support in the home by staff (e.g. Speech and Language Therapist, Health Visitor or Advisory Teacher.) Can also be speech, language and communication activities delivered in a more informal setting). Check if had support from Speech and Language Therapist.

For those who HAD accessed SLC services during Wave 1 or 2 and are NO LONGER ACCESSING it.

33. Can I confirm that you have previously accessed…[Researcher to refer to previous notes to see what the family had accessed last year and confirm this with the family].

34. Do you think the language and play sessions / Speech, Language and Communication support have made a difference to your family?
- Has this changed over time? How much of a difference now compared to last year?
  - [For those who expressed a negative impact, probe why]
  - [For those who did benefit from SLC and report that it has made a positive difference to them]
  - What did you think about the SLC support before attending?
- What did you think about the SLC support after attending/completing the course? If not, why?
- In your view, how could Flying Start promote SLC support so that it appeals to larger numbers of families?

35. Have you accessed any other Language and Play / Speech, Language and Communication support services similar to this? How did you hear about them?
- What services? Details on reasons, provider, location etc
- How does this compare with Flying Start provision?
- How did you hear about these services?
- What were your experiences – impacts and outcomes?

For NEW FAMILIES those who HAD NOT already accessed SLC support during Wave 1 or 2 but have STARTED to access it AND those who CONTINUE to access SLC support.

36. Tell me more about the Speech, Language and Communication / ‘Language and Play’ services you’ve received through Flying Start
- Did you have 1-2-1 support in the home or elsewhere? Were you referred to a Speech and Language Therapist?
- Did you attend any group sessions?
- Did you go on a course? - What kind of course(s) did you attend?
- Details: When did you go? What was it about? Did you know others on the course? How long? Did you go to all sessions?
- Their experience: Did you like it? What did you learn? Did you do anything differently after having been on the course
- Did you receive a Flying Start Book Bag (Time for Bed Fred, previously Hungry Caterpillar) when your child was 2 years old? If so, do you discuss the books or read them with your child?

37. [For those who have STARTED to access only] Was there anything that you and your child liked or disliked about the language and play courses / Speech, Language and Communication support you have accessed?
Prompt:
- Location/time/setting
- Availability of places
- Facilities and services
- Other parents
- Other children
- Activities/ content of sessions/courses
- Information (was it useful, relevant? Did you act on it?)
- Welsh language provision

38. [For those CONTINUING to access only] Is the service still suitable for / engaging your child? [Refer to previous notes to see if opinion has changed].
- Activities/ content of sessions – are the sessions helping child’s development, your understanding, is it challenging enough? Are the sessions helping your understanding of speech, language and communication?
39. Overall how satisfied/ dissatisfied were/ are you with Language and Play / Speech, Language and Communication support?
   Prompt:
   - [Ask them to score each service from 1-10?]
   - Explore reasons for answer
   - Is there anything language and play sessions / Speech, Language and Communication support could have helped you more with?
   - Do you think the language and play sessions / Speech, Language and Communication support could be improved?

40. Do you think the language and play sessions / Speech, Language and Communication support have made a difference to your family? If so, how? If not, why?
   - [For those who did benefit from SLC and report that it has made a positive difference to them]
     - What did you think about the SLC support before attending?
     - What did you think about the SLC support after attending/completing the course?
     - In your view, how could Flying Start promote SLC support so that it appeals to larger numbers of families?

41. Have you accessed any other Language and Play / Speech, Language and Communication support services similar to this? How did you hear about them?
   - What services? Details on reasons, provider, location etc. Were you referred to these through the FS staff/centre?
   - How does this compare with Flying Start provision?
   - How did you hear about these services?
   - What were your experiences – impacts and outcomes?

   Note: Researchers to research what is available in the local area for those being interviewed in order to be able to prompt from a list of activities (e.g. music groups, craft groups, baby gym sessions, story time, rhyme time etc.)

For families where the youngest child is 4 years old and no longer eligible for Flying Start

42. What happened when your child was 3 and a half or nearly 4 and was due to move on from accessing Flying Start services?
   - Did you have a meeting with Flying Start staff (e.g. health visitor or childcare staff) to discuss moving on from accessing Flying Start services to your child continuing in the Foundation Phase?
   - What information was given to you at this stage?
   - Were you signposted to other services / support / groups / courses?
   - What would you like to have happened at this stage?

Welsh language provision

43. Were you offered Welsh language provision for any Flying Start services?
   a. Probe for each service (Yes/No)
      - Childcare;
      - Parenting support;
- Speech, language and Communication support;
- Speech and Language Therapy;
- Support from Health Visitor;
- Support from wider health team through Flying Start (e.g. Midwives, Dietician, Child Psychologist, Physiotherapist).

- Yes – How was the offer presented to you? Was it offered by staff upfront or only offered when you asked for it?
- No - would you have liked for this to have been offered? Would this have been of interest to you?

44. Have you accessed any Welsh language provision through Flying Start?
   a. Probe for each service (Yes/No)
      - Childcare;
      - Parenting support;
      - Speech, language and Communication support;
      - Speech and Language Therapy;
      - Support from Health Visitor;
      - Support from wider health team through Flying Start (e.g. Midwives, Dietician, Child Psychologist, Physiotherapist).
   b. If not, why?
   c. If yes, will you be continuing to access provision through the medium of Welsh? E.g. Will you child be attending a Welsh medium school?
   d. If no, would you like your child to attend / is your child attending a Welsh medium school?

45. Has Flying Start provided adequate Welsh language provision?
   a. Probe for each service (Yes/No)
      - Childcare;
      - Parenting support;
      - Speech, language and Communication support;
      - Speech and Language Therapy;
      - Support from Health Visitor;
      - Support from wider health team through Flying Start (e.g. Midwives, Dietician, Child Psychologist, Physiotherapist).
   b. Were there any services or support that were unavailable?
   c. If more Welsh-medium/ bilingual services were available, would you have been likely to use them? [Explore which services there are demand for]

Impacts and outcomes

Thinking about all the Flying Start services you have accessed, what differences have you noticed in your child, that you think are as a result of being involved in Flying Start? Note: Interviewer should ask whether Flying Start has had: Positive effect; No difference; Negative effect; Not applicable. Interviewer should probe for examples of positive or negative effects since the family started accessing Flying Start. Also, probe whether the perceived impacts are from FS services or others.

46. Thinking about all of the services you’ve accessed, what difference has Flying Start overall made to your child?
   [Positive effect; No effect; Negative effect; Don’t know; Not applicable]
   - Has the difference Flying Start has made to your child been as you expected?
47. Thinking about all of the services you’ve accessed, what difference has Flying Start overall made to your child in terms of preparing them for nursery or school? [Probe why they say that for each?]
   - Settling in to nursery or school
   - Socialising with other children
   - Being ready for a classroom environment

48. To what extent have Flying Start Services made a difference to your child’s speech, language and communication in terms of: [Probe why they say that for each?]
   - Learning and using new words in English
   - Learning and using new words in Welsh
   - Speaking more clearly
   - Being more talkative

49. To what extent have Flying Start Services made a difference to your child’s readiness for school in terms of: [Probe why they say that for each?]
   - Reading or increased interest in looking at books
   - Being better able to listen to stories
   - Improving their ability to concentrate
   - Counting or recognising numbers
   - Singing or recognising nursery rhymes
   - Recognising letters or knowing the alphabet
   - Holding and/or using a pencil

50. To what extent have Flying Start Services made a difference to your child’s practical skills in terms of: [Probe why they say that for each?]
   - Using cutlery and cups
   - Getting dressed
   - Tidying up
   - Potty training
   - Brushing their teeth
   - Sleep routine

51. To what extent have Flying Start Services made a difference to your child’s progress with their social skills and behaviour in terms of: [Probe why they say that for each?]
   - Socialising / playing with other children
   - Interacting with adults
   - Tantrums / anger management
   - Taking turns or sharing things
   - Dealing with challenging situations (resilience)
   - Happiness
   - Confidence

52. To what extent have Flying Start Services made a difference to your child’s health in terms of? [Probe why they say that for each?]
   - Identifying any health issues
   - Accessing other health professionals
   - Improvements to health or well-being
If relevant

53. Have you noticed a difference in the development of your children who have accessed Flying Start services and those that haven't? 
(*Probe reasons for answer (speech and language development; literacy and numeracy skills; personal development; social skills and behaviour)*)

54. Thinking about all the Flying Start services you have accessed, what differences have you noticed in *you and your family*, that you think are as a result of being involved in Flying Start?

55. Thinking about all the services you’ve accessed, what difference has Flying Start overall made to *you as a parent*? [*Probe why for each?*] 
(*Has the difference Flying Start has made to you as a parent been as you expected?*

56. To what extent have Flying Start services made a difference to your approach to parenting in terms of: [*Probe why for each?*] 
- Communicating with your child
- Supporting your child’s learning (e.g. reading with your child)
- Giving you ideas for activities to do with your child
- Developing practical parenting skills (potty training/sleep routines/bathing)
- Ensuring your home is safe
- Behaviour management
- Your child’s diet and mealtime routines
- Breastfeeding
- Weaning

57. To what extent have Flying Start services made a difference to your personal well-being in terms of: [*Probe why for each?*] 
- Confidence in your own parenting skills
- Your ability to managing stressful situations
- Feeling well-supported
- Having time to relax
- Having time for training and/or education
- Enabling me to get a job
- Socialising with other parents
- Living a healthier lifestyle (e.g. healthier eating, more exercise, stopping smoking)
- Improved wellbeing

58. Thinking about your overall experience with Flying Start over the last few years, which Flying Start service do you think has made the biggest difference to *you, your child and family*? Why?
- Which Flying Start service (of those you have accessed) do you think has made less of a difference? Why?

59. How well do you think the Flying Start services you've accessed have worked together? Is there anything they could have done better to work together?
- To help with your parenting knowledge and skills?
- To help with child’s development?
60. Overall, has Flying Start met your expectations? [Ask to reflect on initial expectations and refer to W1/2 notes]
   - If yes, how? If not, why not?

61. Are there any other type of support that you feel Flying Start could offer? Would you like to access more provision?
   Prompt:
   - Any other services / chances to meet other parents
   - Probe reasons for answer
   - Which services/s
   - Which setting/ times/ locations
   - How many extra sessions/courses etc?
   - Language

62. Would you recommend Flying Start services programme to a friend?
   - Yes/No/Not sure
   - Probe reasons for answer
   - Which services and why?

63. If Flying Start wasn’t available, what difference do you think that would make to you, your child and family?
   Prompt:
   - Probe reasons for answer
   - Would you have accessed other services? If so which ones?
   - Child’s behaviour/ development/ relationships (as mentioned above)
   - Your knowledge, understanding and skills?
   - Is there anything you wouldn’t have been able to do (e.g. work, improve skills)?

64. Is there anything else you would like to say about Flying Start today?
Annex B: Comparator family topic guide

Introduction

1. Please can you tell me a bit about your household? [refer to recruitment screener to confirm details if needed]
   Sensitive probing about
   - Number of children and ages (any health/developmental issues)
   - Number of adults
   - If relevant involvement of absent parent
   - Employment/training status
   - Health status of children/parents (e.g. any special needs) and whether this impacts on the family in terms of accessing services/employment/training
   - How long lived in area,
   - Family and friends nearby
   - Use of Welsh at home and access to Welsh-medium services (e.g. schools)
   - Use of any other languages in the household/family?
   - Ethnic background?

Engagement and expectations of family support services

I’m now going to ask a few questions about your use of family support services

2. What do you know, if anything about family support services that are available to you?
   Prompt:
   - What information have you received about family support services that are available to you? For example, playgroups, childcare or nurseries (pre-school), support from health visitors and parenting support or courses.

3. What, if any, family support services/activities have you accessed and how? [refer to screener to confirm]
   Explore how they became aware of each service and their journey between services
   Prompt for service such as health visiting, childcare, Language and Play (LAP), playgroups, mother and toddler groups and parenting support services).
   - How did you find out about each service? (e.g. Health Visitor, another health professional (GP, midwife), friends/family, nursery worker etc).
   - What did they tell you about the services available and how to access them?
   - What do you think these services aim to do?
   - How long have you been accessing these services? (constant or on/off; other children)
4. Why did you access these family support services?

For each explore why/why not accessed them? For those they haven't accessed find out whether they are aware of them and whether they would like to access them. Prompt:

- Just because it was available
- Help with childcare
- Help with my child/ren’s development/behaviour
- To get some support and advice on parenting
- To meet other parents
- To access services for my child/ren

Prompts for Why not

- Location/Times not convenient
- Don’t know anybody else
- Didn’t want to leave my child in childcare/ crèche
- too busy/don’t have time;
- I don’t need it/not relevant to me;
- Fear they will be judged by other parents or practitioners
- Not interested;
- Too shy/unconfident;
- Don’t know much about it;

Experiences of family support services

I’m now going to ask about your views on the family support services you’ve accessed, and I’ll ask you to think about each service you have accessed. [These questions repeat four times, once for each of the services that are similar to the four Flying Start entitlements]

5. Thinking about the health visiting service

a. Why did you access this? If you didn’t access it, why not?

b. How did you feel about accessing the service?
   • Happy: as they wanted the support or felt it wasn’t needed?

c. Tell me more about the support from the health visitor
   • How often did you meet in the early days; how often do you meet now?
   • Are they easy to get hold of? Who gets in touch first? Do you contact the health visitor or does s/he get in touch with you? Do they contact you too often?
   • Do you always see the same health visitor? Are they friendly, easy to get hold of, knowledgeable?
Where do you usually meet – is that OK? What about the facilities and services at the baby clinic / at the centre (e.g. food, play area, toys, crèche etc)

Details: What has s/he been able to help you with? What kind of advice or tips has s/he passed on? What do you think of the support? Did you do anything differently after having advice from the HV?

Has s/he signposted you to other services/support?

d. Is there anything that you and your child like or dislike about the support from the health visitor?

Prompt:
- Location/time/setting of baby clinics / of visits?
- Frequency of visits
- Availability of places
- Facilities and services at the baby clinic / at the centre (e.g. food, play area, toys, crèche etc)
- Information (was it useful, relevant? Did you act on it?)
- Welsh language provision

e. Overall how satisfied/ dissatisfied were/ are you with the support from the Health Visitor?

Prompt
- [Ask them to score Health Visiting from 1-10?]
- Explore reasons for answer
- Is there anything the Health Visitor could have helped you more with?
- Do you think the Health Visitor support could be improved?

f. How do you think the health visitor service has made a difference to your family?

g. Have you accessed any other support and advice similar to what you get from the health visitor? How did you hear about them?

Probe for:
- What services? Other parents; other support worker / organisation?
- Details on reasons, provider, location etc
- Why were you made aware of these services? And whom by?
- Did you access these services? Why/ why/not?
- What were your experiences – impacts and outcomes?

6. Thinking about childcare services

a. What childcare services have you accessed?

b. How old was your child/were your children when you accessed it?

c. Why did you access it? If you didn’t access it, why not?

d. How did you feel about taking part in the service?
e. Tell me more about the childcare

- If a nursery setting:
  - When were/are the childcare sessions? Is that OK?
  - Did you get enough information before your child started? Was the information what you felt you needed? Were you offered an opportunity to visit the childcare setting before your child started (e.g. open day, coffee morning, planned visit etc)? What did the setting do to help your child settle well?
  - Do the childcare staff communicate with you about your child’s progress at childcare (e.g. phone call, text, chat at the end of the session, photographs, diary, notice board, Facebook etc)
  - What are your views on the quality of the setting/provision?
  - What do you think about the staff at the childcare setting? E.g. knowledgeable, friendly, experienced, caring?

- If childminding service
  - How often did your child stay with the childminder and for how long?
  - What did the childminder do to help your child settle in well?
  - Does the childminder communicate with you about your child’s progress?

- What do you think about the childcare? Does your child enjoy? What difference has attending childcare made?
- What do you do when your child is in childcare? The same every time? Would you be able to do this otherwise?

f. Was there anything that you and your child like or dislike about the childcare?

Prompt:
- Location/time/setting of childcare sessions
- Availability of places
- Facilities and services at the childcare setting (e.g. food, play area, toys, etc)
- Welsh language provision
- Other children
- Chance for parent to engage in activities without their child

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h. Do you think the childcare service has made a difference to your family?
   • If yes, how? If no, why not?

7. Thinking about parenting support services (parenting courses, groups, one-to-one support)
   a. Why did you access this? If you didn’t access it, why not?
   b. How did you feel about taking part in the service?
   c. Tell me more about the ‘Parenting’ support
      • The course(s): Did you go on a course? - What kind of course(s) did you attend? What was it about? Did you know others on the course? or did someone come into the house to support you with parenting?
      • How much information were you given about the course/support group before you attended it? E.g. were you invited to a taster session, coffee morning, or did the facilitator visit you at home or contact you to discuss the course before the first session?
      • Details: Roughly, when did you go? How long was it? Did you go to all sessions? If you went to all the sessions what kept you coming? If you stopped attending sessions, why? Did the facilitator/FS staff keep in touch with you between sessions?
      • Did you have to pay to access the support?
      • Their experience: What did you think of it? What did you learn? Do you do anything differently after having been on the course/attended the group? Did you make any new friends through attending the course/group?
   d. What do you and/or your child like and dislike about the Parenting course/support you have accessed?
      Prompt:
      • Location/time/setting
      • Availability of places
      • Facilities and services (e.g. food, play area, toys, crèche etc)
      • Staff (friendly, easy to get hold of, knowledgeable)
      • Other parents
      • Other children
      • Activities/ content of sessions/courses
      • Information (was it useful, relevant? Did you act on it?)
      • Welsh language provision
   e. Overall how satisfied/ dissatisfied were/ are you with PARENTING?
      Prompt
      • [Ask them to score each service from 1-10?]
      • Explore reasons for answer
      • Is there anything the Parenting support could have helped you more with?
      • Do you think the Parenting support could be improved?
f. Do you think the parenting programmes/courses have made a difference to your family?
   - If yes, how? If no, why not?

8. Thinking about language and play programmes, playgroups, parent and toddler groups (may take place in libraries, community centres or churches)

   Note: Researchers to research what is available in the local area for those being interviewed in order to be able to prompt from a list of activities (e.g. music groups, craft groups, baby gym sessions, story time, rhyme time etc.)

a. What activities do you go / have you gone to with your child?
   - Prompt with list of activities available in local area (e.g. music groups, craft groups, baby gym sessions etc.)

b. Why did you access these activities? If you haven’t accessed any of these activities, why not?

c. How did you feel about accessing the activities?
   - Happy: as they wanted the support
   - Did you have to pay?

d. Tell me more about these activities - language and play, playgroup or mother and toddler group
   - Was it just one session or a series of sessions?
   - Did you go on a course? - What kind of course(s) did you attend?
   - Details: When did you go? What was it about? Did you know others on the course? How long? Did you go to all sessions?
   - Their experience: Did you like it? What did you learn? Did you do anything differently after having attended the session(s)

e. Was there anything that you and your child liked or disliked about the sessions you have attended?

Prompt:
   - Location/time/setting
   - Availability of places
   - Facilities and services
   - Other parents
   - Other children
   - Activities/ content of sessions/courses
   - Information (was it useful, relevant? Did you act on it?)
   - Welsh language provision
f. Overall how satisfied/ dissatisfied were/ are you with sessions?

Prompt

- [Ask them to score each service from 1-10?]
- Explore reasons for answer
- Is there anything the sessions could have helped you more with?
- Do you think the sessions could be improved?

9. How do you think the activities / sessions have made a difference to your family?

Have you heard of the ‘Parenting: Give it time’ campaign? If so, have you used the resources?

Researchers to note: There is a website and Facebook page which offers practical parenting information, tips and ideas for activities to do with your child. Parenting tips offered include: tooth brushing, shopping, toilet training, coping with crying baby, bedtime, mealtimes, bath time, bed wetting, biting, tantrums and keeping your child safe. Information to help parents understand their child’s development and details of organisations for parents who may need further help and support.

Welsh language provision

10. Do you or your child need or want to access Welsh Language family support services?

- Explore demand for each service – health visiting, playgroups, childcare, parenting support.
- Yes – please explain which services and types of provision
- No

11. Were you offered Welsh language provision for any family support services?

- Yes – how? For which services? How was the offer presented to you? Was it offered by staff upfront or only offered when you asked for it?
- No - would you have liked for this to have been offered? Would this have been of interest to you?

12. Do family support services provide adequate Welsh language provision?

- Explore by service
- Were there any services or support that were unavailable?
- If more Welsh-medium/ bilingual services were available, would you have been likely to use them? [Explore which services there are demand for]
Impacts and outcomes

13. Thinking about all the services / activities you have accessed, what differences have you noticed in your child, that you think are as a result of being involved in these services / activities?

Note: Interviewer should ask whether the services / activities mentioned by the interviewee have had: Positive effect; No difference; Negative effect; Not applicable. Interviewer should probe for examples of positive or negative effects.

Note: Interviewer should gauge if each of the following questions are developmentally appropriate for the age of the child.

14. To what extent have the services / activities you have mentioned made a difference to your child’s speech, language and communication?
   - Probe reasons for answer/ examples (e.g. child more vocal and talkative)
   - Which service has been most helpful in this area?

15. To what extent have the services / activities you have mentioned made a difference to your child’s reading and counting?
   - Probe reasons for answer/ examples (e.g. child knows alphabet, is reading more, improved their counting)
   - Which service has been most helpful in this area?

16. To what extent have the services / activities you have mentioned made a difference to your child’s practical skills?
   - Probe reasons for answer/for examples (e.g. child more independent in terms of dressing themselves, going to the toilet, using cutlery)
   - Which service has been most helpful in this area?

17. To what extent have the services / activities you have mentioned made a difference to your child's behaviour and attitude?
   - Probe reasons for answer/ examples (e.g. happier, better behaved, more confident, better interaction with adults, other children, family members) child knows alphabet, is reading more, improved their counting)
   - Which service has been most helpful in this area?

Thinking about all the services / activities you have accessed, what differences have you noticed in you and your family, that you think are as a result of being involved in these services / activities? Note: Interviewer should ask whether the services / activities mentioned by the interviewee have had: Positive effect; No difference; Negative effect; Not applicable. Interviewer should probe for examples of positive or negative effects.
18. To what extent have the services / activities you have mentioned made a difference to your approach to parenting?

Prompt:
- Changed my parenting style (e.g. routines, discipline),
- Learnt and implemented useful information and skills (e.g. toilet training, breast feeding, weaning, nutrition, safety in the house), learnt how to deal with challenging behaviour, how to play with child/ren
- Feel more confident?
- Probe by service – Thinking in particular about the Parenting Courses / HV / LAP/ Childcare - do you feel that made a difference to your parenting skills?

[Positive effect; No effect; Negative effect; Not applicable]

19. To what extent have the services / activities you have mentioned made a difference to your personal happiness and well-being?

Prompt/ probe by service:
- Improved self-esteem (e.g. do they feel happier or expect to feel happier about themselves)
- Better supported
- Improved aspirations and confidence
- I have or hope to feel better about myself
- Meet other parents/ make friends, improved perception of local area, improved family life
- Enabled me to get a job/access training, other services (e.g. counselling) to address other issues, improved health and wellbeing

[Positive effect; No effect; Negative effect; Not applicable]

20. Are you aware of any other family support services that are available to you, but you have not accessed? If yes, what are your reasons for not accessing these services?

Prompt:
- Cost?
- Not convenient? Location? Timing?

21. Is there any support available that you have had to pay for that you struggled to afford?

- What difference do you think this would have made to you? To your child?

22. Are there any other types of support / activities that you would you like to receive / access but, to your knowledge, are not available to you?

Prompt:
- Any other services / chances to meet other parents
- Probe reasons for answer
- Which services/s
• Which setting/ times/ locations
• How many extra sessions/courses etc?
• What difference do you think this would have made to you? To your child?

23. Are you aware of the Flying Start programme?
• If yes, what do you know about it?

Conclusion

24. Is there anything else you would like to say about family support services today?
Thank for participation.