Qualitative research with Flying Start families: Wave 3 - Summary
Qualitative research with Flying Start families: Wave 3 - Summary

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
Families Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Email: Hayey.Collicott@wales.gsi.gov.uk
## Glossary

<table>
<thead>
<tr>
<th>Acronym/Key word</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHV entitlement</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>
</tr>
<tr>
<td>Childcare entitlement</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>
</tr>
</tbody>
</table>
| 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 |

---

1
| **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). |
Executive summary

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 is the third and final report published as part of this study and outlines the findings from Wave 3 of the research based on fieldwork conducted between July and October 2017.¹

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. 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

Aims of the research

3. The aims of this project are:
   - to understand families' experiences of the Flying Start programme;
   - to identify any perceived impacts of the programme for Flying Start families.


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).
4. The research addresses the following questions:

- How do parents engage with Flying Start services and what helps and hinders engagement?
- How do parents decide which entitlement(s) they engage with and when?
- In what ways do parents experience the different Flying Start entitlements (i.e. enhanced health visiting, childcare, SLC, parenting support)?
- What expectations do parents have of the Flying Start programme?
- To what extent do parents perceive Flying Start has delivered against any expectations?
- 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?
- 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?
- What, if any, do parents perceive to be the medium- to long-term impacts of the programme for their family?

Overview of approach

5. Parents in six Flying Start areas were interviewed at three points during their engagement with the programme:³

- Wave 1 of the study (2015) included a total of 72 interviews with families from six local authority areas.
- Wave 2 (2016) included a total of 72 interviews with families comprising 53 follow-up interviews with families from the first

³ 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).
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.

- Overall, 42 out of the 58 families in the longitudinal sample were interviewed in Waves 1, 2 and 3.⁴

6. Flying Start co-ordinators and staff from the six selected local authorities were interviewed in each wave of the research to provide contextual data.

7. In Wave 3, 20 interviews were undertaken with a ‘comparator sample’ of families living outside Flying Start areas, to gather evidence of what may or may not happen in the absence of the Programme. These parents were from three of the six selected local authorities - one each from north-west, south-east and mid-Wales. Families recruited for the comparator sample had similar socio-demographic characteristics to families in the main sample. These comparator families were asked about their engagement with and experiences of family support services over the lifetime of their child(ren).

8. 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 it has, or has not, influenced their lives. 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.

---

⁴ 14 out of the 58 longitudinal families were interviewed in Waves 2 and 3; and 2 were interviewed in Waves 1 and 3.
Engagement and expectations

9. The research sought to explore how parents engaged with Flying Start services and what helps and hinders engagement. The nature of families’ engagement with Flying Start varied during the three waves of the study, and this tended to reflect parents’ perceptions of their families’ needs at different stages of their child’s development.

Overall levels of engagement with Flying Start

10. 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, 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. For most families, levels of engagement were in line with what they expected, and this appeared to be consistent with the expected frequency of contact set out in Flying Start guidance. A few families felt they had not been offered the opportunity to engage in entitlements they needed or would like to have accessed.

11. Parents who felt their relationships with Flying Start staff were strong tended to report higher levels of engagement with entitlements in each wave. In particular, relationships with Health Visitors, who were frequently mentioned by parents as ‘gatekeepers’ to the Programme, often appeared to relate to parents’ levels of engagement with entitlements. Strong relationships and trust between staff and parents were therefore seen to help families engage in the Programme.

12. In each wave of the research, almost all families in Flying Start areas had maintained engagement with at least one of the entitlements.

---

This sustained engagement with the Programme appeared to reflect families’ positive experiences of accessing entitlements, including dealing with staff, using facilities and locations. Most families in each wave reported high levels of satisfaction with each of the entitlements they had accessed.

*Engagement with individual entitlements*

13. The study aimed to understand how parents decided which entitlements they engaged with and when. As would be expected, families in Wave 3 had lower levels of engagement with their Health Visitor as their children were now older than when they were interviewed in Waves 1 and 2. In Wave 3, parents’ main engagement with their health visitor had been related to their child’s two or three-year assessment (unless they had a new baby or had needed to seek advice on a health or developmental issue).6

14. Most families accessed the childcare entitlement during the research and this entitlement was the main point of engagement in the Programme for many parents by Wave 3. Engagement with the childcare entitlement depended on the age, and therefore eligibility, of children. The reason most frequently given by parents for accessing the childcare entitlement remained consistent in each wave; namely for children to have the opportunity to socialise with their peers in a pre-school setting. Parents also accessed the childcare entitlement as they felt Flying Start childcare was of a high quality. Similarly, the

---

6 The *Flying Start All Wales Health Visiting Core Programme (Welsh Government, 2013b)* outlines the frequency with which routine Health Visitor contacts are expected to take place: weekly up to 6 weeks from birth followed by contact at 8, 12 and 16 weeks and a minimum of 2 contacts between 6-12 months. Following this, visits are expected to take place at 18 months, 2 and 3 years (to include developmental assessments). The Programme notes that the frequency of contacts should be informed by individual care plans developed based on assessments of the needs of the child. This means that families identified as high need may require more frequent Health Visitor contact than those identified as medium or low need. Furthermore, parents may initiate additional contact with their Health Visitor as required when particular issues arise.

Barriers to accessing the childcare entitlement reported by a small number of parents remained consistent in each wave. These included families preferring to care for their child at home or paying to access a private childcare provider because the timings or locations of the Flying Start childcare were not convenient for them. A few parents reported that the timings of Flying Start childcare sessions clashed with their ‘school run’ or work-related commitments.

15. Levels of engagement in the SLC entitlement remained fairly consistent during the research with around half the Flying Start families accessing this entitlement in one of the three waves. However, the type of SLC support being accessed by parents changed during the research. In Waves 1 and 2, more families were accessing SLC groups while in Wave 3, a greater number of families were accessing a SLT or other one-to-one SLC support. Fewer parents reported they had attended SLC groups in Wave 3; this appeared to be because parents felt their children were experiencing enough social interaction to support their development through the childcare entitlement. Barriers to engaging with SLC groups remained consistent throughout the research. For some working parents and those with older children, the scheduling of groups was inconvenient while others were not aware of the groups that were available. Some parents did not attend because of a lack of confidence.

16. Most families accessed the parenting entitlement at some point during the research and levels of engagement remained fairly consistent in Waves 1, 2 and 3. Parents’ reasons for accessing the entitlement also remained fairly consistent; parents tended to participate in courses to gain knowledge or skills, to improve future job prospects or to socialise with other parents. Barriers to accessing the parenting entitlement also remained broadly consistent in each wave of the study; some were not aware of the courses available while others, particularly working parents, indicated the timings of courses were not convenient for them.
Engagement in comparator areas

17. Although they were interviewed in Wave 3 only, families in comparator areas reported lower levels of engagement with family support services than parents in Flying Start areas. Flying Start families tended to have accessed more family support services than the comparator sample as well as having more frequent engagement with these services. Fewer comparator families reported accessing childcare and parenting support as well as one-to-one SLC support. Comparator sample parents also reported less frequent engagement with their Health Visitor compared to parents in Flying Start areas. These lower levels of engagement meant comparator sample families had a more limited range of experiences of accessing family support services. This meant that Flying Start parents were able to reflect on more experiences of family support services and more often reported they had benefitted from these types of services. Interviews with families in comparator areas also suggested they had less sustained engagement with family support services over their child’s lifetime.

18. 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. Comparator sample parents who did not use childcare services frequently mentioned they attended playgroups with their children (e.g. those run by charities or church groups) in order to socialise them before school. Some comparator parents noted they would have liked their child to have attended childcare but that they could not afford it. These parents felt that childcare could help their child socialise with children their own age and be better prepared for the transition to nursery education.

19. Comparing engagement in SLC services between Flying Start families and the comparator sample is not straightforward. One reason for this is that some of the more structured, formal SLC activities offered through Flying Start are not typically available outside areas eligible for the Programme. Parents in comparator areas more often reported
that they attended SLC groups in locations such as libraries and churches, compared to parents in Flying Start areas. However, Flying Start families more often reported they were accessing one-to-one SLC support in Wave 3, compared with comparator families. Furthermore, the findings from comparator parents suggest some families were attending SLC groups because they saw them as an opportunity to develop their child’s social skills and could not afford childcare. This may suggest that high levels of engagement in Flying Start childcare for 2-3 year olds may influence parents’ decisions about attending SLC groups.

20. Fewer parents in the comparator sample reported they had accessed parenting support compared to those in Flying Start areas. Around a third of comparator sample parents had accessed a parenting course, including baby massage and courses focused on behaviour, child development and cooking. Some parents in the comparator group were not aware of the availability of parenting courses and had not considered attending a parenting course. Comparator parents tended to reflect that they would like to see greater availability of parenting courses (e.g. cookery, breastfeeding and developmental courses).

Experiences

21. 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. Most families had positive experiences of accessing Flying Start services and had positive views on staff, locations, facilities, activities and the availability of services in Welsh. Families were aware of the Flying Start ‘brand’ and most understood which services were offered through the entitlements as well as understanding there were linkages between the entitlements. Although families tended to report that they did not have specific expectations of the Programme prior to their engagement, those that did often felt that they had been met or exceeded.
Parents in the comparator group tended not to make links between different family support services to the same extent Flying Start families did. Comparator sample parents had often accessed services independently and were less likely to have been referred to SLC groups by their Health Visitor.

Parents’ experiences of each of the entitlements are reported independently below. However, the holistic nature of Flying Start means that it is important to recognise the interconnections between entitlements and the limitations of analysing experiences of one entitlement separately from the others. For example, activities that are part of the SLC entitlement may be delivered within Childcare settings or through the EHV without parents being aware of this. This should be borne in mind when reviewing the findings.

In each wave of the study, most parents in Flying Start areas were highly satisfied with the advice and support they received through the EHV entitlement and were able to describe how their Health Visitor had been approachable, responsive and flexible in supporting them. Although families reported that they had required less contact with their Health Visitor as the research progressed (and their child grew older), most parents were satisfied the frequency of contact was sufficient and felt reassured they could seek the advice of their Health Visitor if they needed to. In each wave of the study, parents who felt they had a more positive relationship with their Health Visitor tended to be more likely to follow their advice as well as engage in other Flying Start entitlements. Parents who had been continuously supported by a single Health Visitor during the study appeared to be more satisfied with the entitlement than parents who had accessed several different Health Visitors. In terms of signposting to other services, parents in each wave frequently gave examples of how Health Visitors had made referrals or acted as conduits in engaging other health professionals.
Families reported high levels of satisfaction with the childcare entitlement in each wave of the research, with most considering the provision to be of a high quality. Parents had positive views on childcare staff, settings and facilities as well as communication and advice received. Most parents felt satisfied their child had accessed a good range of activities and that the provision had enabled their children to socialise with others of a similar age in a pre-school setting. Some parents described how childcare workers had worked effectively with other Flying Start staff, such as Speech and Language Therapists (SLTs), to support their child.

Parents reported high levels of satisfaction with the parenting entitlement during each wave of the study. Parents in Wave 3 continued to express positive views on the range of parenting courses they had attended and one-to-one support they had received. Parents found the information and advice they had received to be useful and felt that staff had delivered this support well. Some parents suggested the timings of parenting courses could be improved (e.g. evening courses could be more convenient for working parents).

Most parents who had accessed the SLC entitlement reported high levels of satisfaction with groups, courses and one-to-one support delivered through this entitlement. During each wave of the study, families reported they had positive experiences of accessing group sessions and, as the research progressed, more frequently described accessing one-to-one SLC support. Parents who accessed SCL support also expressed positive views about the opportunities this support had provided to interact with their children (through singing, playing and reading) and the opportunities for children to socialise.

Those who had received SLT support were satisfied with the way the SLT had communicated with the family and provided feedback on their child’s development.

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. During Waves 1, 2 and 3, some parents had accessed Welsh-medium Flying Start childcare or had been supported by a Welsh-speaking Health Visitor or SLT. Very few parents had accessed parenting support through the medium of Welsh or bilingually because most parenting courses had not taken place through the medium of Welsh. This reflected the fact that relatively small numbers of parents attended parenting courses, regardless of language. In each wave, parents reported that Welsh-medium services were of a high quality but parents did not have a uniform view on the availability of Welsh language services. A few parents found it difficult to access a Welsh-speaking Health Visitor or Welsh-medium childcare and a few had been unable to access these services despite Welsh being their preferred language. Barriers reported by parents to accessing Welsh-language services remained fairly consistent in each wave of the study; some felt there was a lack of information, some considered there was a lack of Welsh-speaking staff and others reported there was lack of availability of Welsh-medium childcare provision.

30. Parents in the comparator sample also expressed positive views on the family support services they had accessed. However, while the findings suggest that comparator sample families had similar levels of satisfaction with family support services to parents in Flying Start areas, they appeared to have had fewer opportunities to access these services. Most parents in the comparator sample who had accessed childcare and parenting courses 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 that of parents in Flying Start areas. Comparator parents also less frequently reported they had been referred from one family support service to another and that services had worked in an integrated way.
Perceived outcomes and impacts

31. One of the study’s key research questions related to what parents perceive to be the medium- to long-term impacts of the Programme for their family. The findings in each wave of the study show that parents interviewed in Flying Start areas consider the Programme to have benefitted their family in some way. In each wave, parents felt the Programme made a positive difference to their child’s development as well as to their own skills and knowledge as a parent. The longitudinal nature of this study has enabled us to gather parents’ views on whether the various outcomes that parents attributed to the Programme during Wave 1 interviews had been observed during Wave 2, and to consider whether parents felt these benefits continued to be sustained in Wave 3. Longitudinal families interviewed in all three waves reported that the Programme had made a positive difference to them, suggesting that some of these perceived impacts have been sustained over time.

32. The majority of parents in each wave believed Flying Start had a positive impact on their child in terms of: speech, language and communication skills, school-readiness and social skills and behaviour. In Wave 3 interviews, parents more often reported the Programme had made a difference to their child’s practical skills (e.g. potty training, tidying up), which was often attributed to the childcare entitlement.

33. Most parents attributed outcomes to the Flying Start programme as a whole although some highlighted how they felt one of the entitlements had benefitted their child more than the others. 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. Some parents highlighted the contribution they felt specific services

---

7 This was undertaken by including the main impacts reported by parents in Wave 1 as prompts in the Wave 2 and 3 interview guides. The interview guide for Wave 3 is included as Annex 1 of the main report.
(e.g. SLT) had made to their child’s development, for example, being more talkative or speaking more clearly.

34. Most parents interviewed in each wave of the study considered Flying Start to have made a difference to their parenting skills and knowledge. This included their approach to parenting and supporting their child’s learning, behaviour management as well as parental communication, confidence and well-being. Parents more frequently reported these types of impacts as the research progressed and some parents noted they had continued to use information, knowledge and skills they had gained from the Programme in previous years. Most parents felt that this improvement in skills and knowledge had a positive impact on the well-being of their family.

35. In addition to the above impacts, some parents reported that advice from Flying Start staff had positive impacts on how long they had continued breastfeeding their child, their approach to weaning (e.g. increased knowledge on diet and nutrition) and their awareness of home safety issues.

36. Parents in the comparator sample tended to offer fewer examples of how support services had made a difference to their family. Comparator sample families most frequently referred to the benefits of accessing childcare (usually paid for privately) in terms of their child’s social skills, interaction, behaviour and readiness for school. A few parents referred to perceived impacts of support from the Health Visitor as well as playgroups and parenting courses they had attended. Comparator sample parents were less likely than those in Flying Start areas to refer to the linkages between services when discussing perceived benefits.

37. Parents interviewed during this study clearly believe that Flying Start has benefitted their family. The small sample sizes and qualitative nature of this research mean that comparisons between parents in Flying Start areas and the comparator sample should not be interpreted as being representative of the wider population of families.
However, the findings suggest that families interviewed in Flying Start areas had higher levels of engagement with family support services, were more frequently referred between services and, in some cases, were more satisfied with services they had accessed than families interviewed in comparator areas. Furthermore, Flying Start families gave more examples of how services had made a difference to them and more often attributed perceived benefits to an integrated package of support rather than to individual services. The longitudinal nature of this study has enabled us to observe that most parents interviewed feel the Programme has made a difference that has been sustained as their children move towards the Foundation Phase.