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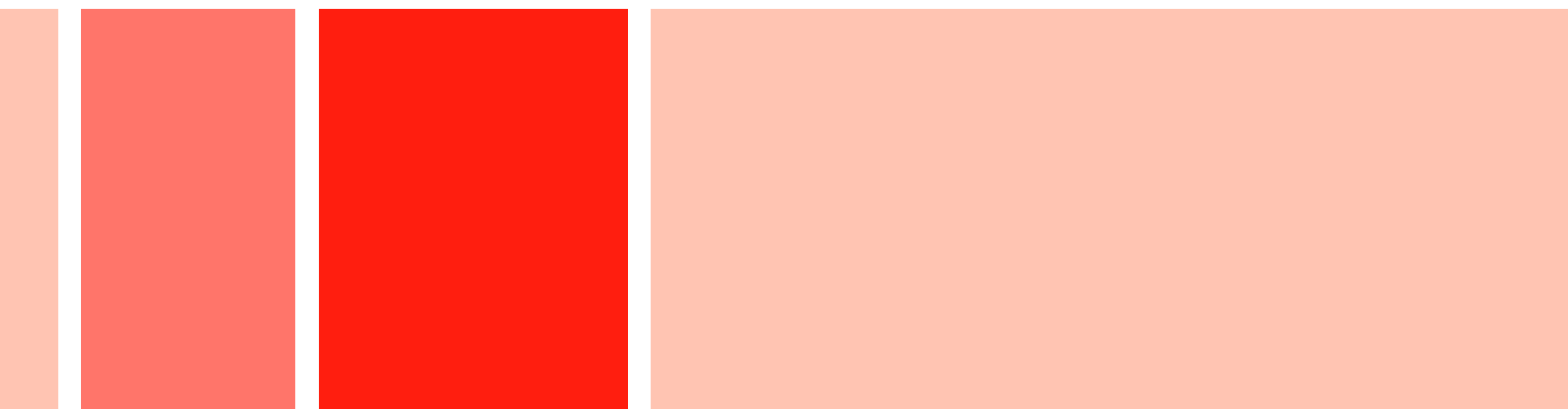
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# Qualitative Research with Flying Start Families

## Wave 1 report



# Qualitative Research with Flying Start Families: Wave 1 report

Arad Research



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

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## Glossary

Acronym/Key word	Definition
Childcare entitlement	Flying Start provides quality childcare which is offered to parents of all eligible 2-3 year olds for 2 and a half hours a day, 5 days a week for 39 weeks. In addition, there should be at least 15 sessions of provision for the family during the school holidays.
EHV entitlement	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.
FSID	Flying Start Identification Numbers used by local authorities to identify parents and children entitled to Flying Start services.
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).
HV	Health Visitor

Lower Super Output Areas	Small geographic areas used for the collection and publication of small area statistics. They are used across National Statistics and specifically as part of the Wales Index of Multiple Deprivation (Welsh Government, 2015a)
Parenting entitlement	<p>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 3 themes:</p> <ul style="list-style-type: none"> <li>• perinatal and support in the early years</li> <li>• early intervention approaches to supporting vulnerable parents</li> <li>• programmes to support parents in positive parenting.</li> </ul>
SLC entitlement	<p>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.</p>

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

## **1. Introduction/Background**

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

### **Overview of Flying Start**

- 1.2 The Flying Start programme, launched in 2006/7, is a key component of the Welsh Government's Tackling Poverty agenda (Welsh Government, 2015b). Flying Start 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 and social and emotional development and their physical health.
- 1.3 Flying Start offers four main entitlements:
- an enhanced health visiting service;
  - free part-time, high quality childcare for 2-3 year olds;
  - access to parenting support; and
  - support for Speech Language and Communication (SLC).<sup>1</sup>
- 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

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<sup>1</sup> 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).

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.

- 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 2014-15, 37,260 children accessed Flying Start entitlements, exceeding the expected numbers.<sup>2</sup>
- 1.6 Flying Start entitlements are delivered by local authorities across Wales, working in partnership with relevant stakeholders such as Health Boards. Each local authority has a Flying Start co-ordinator who manages a core team of staff delivering the programme. 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 period 2012-2015, local authorities provided Welsh Government with three-year strategic 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, as well as individual guidance for each of the entitlements (including outreach work and transitions)<sup>3</sup>. The guidance for each entitlement includes an overview of what is

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<sup>2</sup> See <http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

<sup>3</sup> 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)



expected of each service and information on effective delivery mechanisms (such as partnership working).<sup>4</sup>

### **Previous research relating to Flying Start**

- 1.8 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.<sup>5</sup> The overview summary report (Welsh Government, 2014a) provides a snapshot of key findings on the progress made up until 2013. In terms of outcomes, the evaluation emphasised the lack of systematic data collected noting the following:

‘Assessing the extent of improvement in child outcomes across the local authority areas is problematic. Few areas have been systematically collecting, collating, analysing and reporting data on developmental milestones... ..This makes it difficult to assess, objectively, the difference Flying Start has made to outcomes in terms of language, cognitive, social and emotional development and health.’ (Welsh Government, 2014a)

In terms of outcomes for parents, the evaluation found that in some areas there was evidence of ‘...at least some measurable and positive changes in parental behaviour as a result of their programmes’ (Ibid.). However, the evaluation also found a lack of systematic data collection in relation to parental outcomes.

- 1.9 Of particular relevance to this current report is the qualitative research with high-need families included within the national evaluation (Welsh Government, 2013). This research comprised qualitative interviews with 60 high-need families in five different local authorities, with the aim of understanding their experiences of Flying Start. It found that:

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<sup>4</sup> Ibid.

<sup>5</sup> These reports are all available at <http://gov.wales/statistics-and-research/national-evaluation-flying-start/?lang=en>

- families were very positive about the informative, personal and supportive role of the health visitor;
- families felt the quality of childcare was high;
- families appreciated the SLC entitlement (then referred to as ELD or language and play) less than other entitlements, not fully understanding the benefits it offers; and
- parents tended to be pleased with the Parenting entitlement, although issues arose surrounding availability of this service.

In terms of perceived impact, the research found that child impacts were usually attributed by parents to childcare provision, particularly children's language development and social skills. Health visiting and parenting programmes were found to have provided day-to-day advice to help with behavioural problems and to support parents in establishing routines and healthy eating habits.

- 1.10 In addition to the national evaluation, in 2014 the Welsh Government also published a review of practice in the implementation of the ELD (now SLC) entitlement within Flying Start (Welsh Government, 2014b). This review found the delivery of universal SLC provision, whilst important, is not sufficient to reach all families and more emphasis needed to be put on embedding it within all entitlements. The review also found that parents' awareness of SLC support and understanding of its benefits was low. The multi-disciplinary approach adopted by local authorities was considered crucial to engaging families in SLC, particularly those in high need groups.

### **Aims of the research**

- 1.11 The aims of this project are:
- to understand families' experiences of the Flying Start programme; and

- to identify any perceived impacts of the programme for Flying Start families.

1.12 The research addresses the following 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?

### **About this report**

1.13 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. In Section 4, parents' views on their experiences of accessing Flying Start services are provided 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.

## **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. Further information on some aspects of the methodology is included in Annex A.

### **Overview of approach**

- 2.2 The aim of the research is to visit families at three points during their engagement with the Flying Start programme. Fieldwork will include the following:
- 216 face-to-face interviews with families in six local authorities over three years (three annual waves of 72 interviews in 2015, 2016 and 2017);
    - Waves two and three will include interviews with families from the first wave where possible, as well as a ‘supplementary’ sample to replace any families who are unable to participate in a repeat interview;
  - 18 interviews with Flying Start co-ordinators in six local authorities (three annual waves of six interviews) to provide contextual data;
  - Qualitative research with families in non-Flying Start areas will take place in 2016 and 2017 to provide evidence to gather evidence of what may or may not happen in the absence of the Programme.
- 2.3 Wave 1 of the study has included a total of 72 interviews with families and six interviews with Flying Start co-ordinators and staff. The fieldwork was undertaken between May and October 2015 and forms the basis of this first report.

## **Rationale for the 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 pre-determined 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 Annex A. The remainder of this section focuses on the methodology adopted for undertaking the fieldwork for Wave 1.

## **Scoping phase**

- 2.6 Information about the proposed research was shared with all Flying Start co-ordinators who were invited to express an interest in being involved. Thirteen local authorities agreed to take part and six of these were selected by the research team to provide a geographic spread and a mixture of urban and rural areas. The six included one local authority 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.

- 2.7 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 2015. The purpose of these interviews was to gather contextual information about the delivery of Flying Start locally and to discuss the approach to recruiting families including the data available in each local authority. Following this, local authorities provided the research team with anonymised lists of families' Flying Start identification numbers (FSIDs) for their area.
- 2.8 It was decided that all families participating in the first wave of the research should have a youngest child aged below 30 months. The rationale for this was to try and ensure that, by Wave 3 (2017), none of the families recruited in Wave 1 have a youngest child who is aged over 54 months (4 and a half years old) and will have therefore been ineligible to access Flying Start services for over 6 months. This will enable the longitudinal sample in Wave 3 to be focused on current or relatively recent users of Flying Start services.<sup>6</sup>

## **Sample**

- 2.9 A sampling framework for selecting families was designed, with targets set for the minimum number of families in different categories to be interviewed. 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. A breakdown of the sample of families interviewed by category is included in Table 1 below. Further information on the sampling and recruitment method is included in Annex A.

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<sup>6</sup> Due to the time lag between accessing data from local authorities and recruiting and conducting interviews, five families had a youngest child aged over 30 months at the time of their interview in Wave 1. Further information on the profile of the sample is included in sections 2.14-2.16.

**Table 1. Final Wave 1 sample of families by category**

<b>Category</b>	<b>Number of families interviewed in Wave 1</b>	<b>Percentage of families interviewed %<sup>1</sup></b>
Parents in high need families	30	42%
Parents in medium need families	15	21%
Parents in low need families	27	38%
Parents currently aged 19 or under	10	14%
Parents not of White British or White Welsh ethnicity <sup>2</sup>	14	19%
Parents who speak Welsh	13	18%
Parents with disabled children	7	10%

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

<sup>2</sup> The Wave 1 one interviews included families from the following ethnic groups: White European (Polish, Romanian, Turkish and Other), Arab and Black African.

2.10 Two approaches were used to select and recruit families. Initially, families within each of the above categories were randomly selected by the research team from anonymised lists provided by local authorities.<sup>7</sup> Once selected, families were approached by Flying Start staff (usually Health Visitors) in each local authority and invited to participate in the research. A total of 66 families were recruited and interviewed using this method.<sup>8</sup> A further six families were recruited by a member of the research team visiting a Flying Start childcare provider in one local authority and randomly approaching families face-to-face to invite them to participate in the research.<sup>9</sup>

<sup>7</sup> Five of the six local authorities were able to provide anonymised lists of FSIDs within each of the seven categories in Table 1. This enabled a targeted approach to be taken to selecting families in these areas. In the sixth local authority, families were randomly selected from just one list of all families.

<sup>8</sup> A total of 116 families were selected from lists with a total of 6825 records (FSIDs). A total of 50 families were either not contactable or declined to take part in the research. A total of 66 families out of the 116 took part in interviews.

<sup>9</sup> This approach was taken to reach the overall target sample of 72 within the timetable agreed. Two of these families were interviewed at the Flying Start centre and four of them at home.

## **Fieldwork**

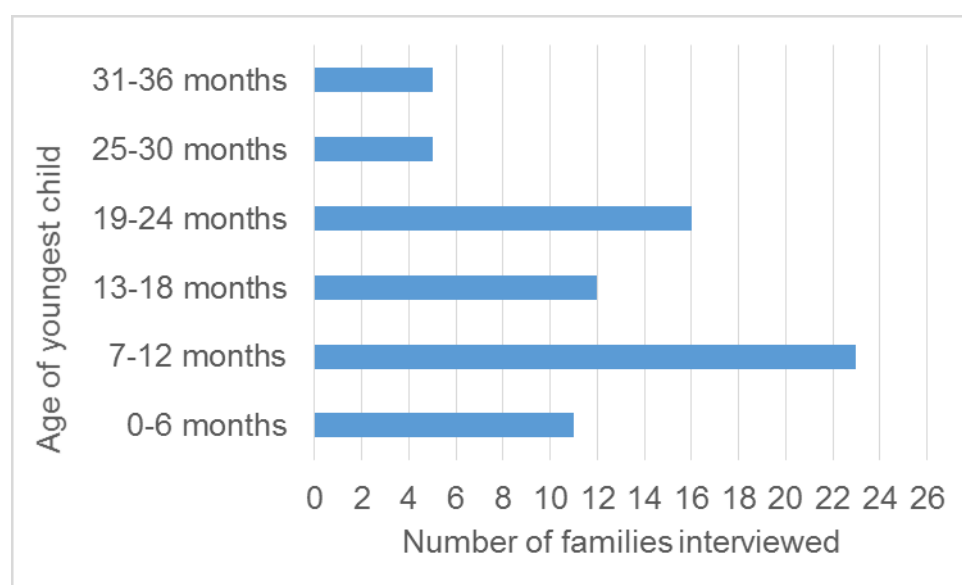
- 2.11 Once consent had been received, the research team contacted families to invite them to complete a background questionnaire. The purpose of this questionnaire was to gather background information on the family prior to the interview and confirm practical issues relating to the interview (e.g. their preferred date and location). This questionnaire included questions relating to the family's socio-demographic profile and their engagement with Flying Start services. A copy of the background questionnaire is included in Annex B.
- 2.12 All 72 families were asked their preferred location for the interview. The vast majority (64 out of 72) opted to be interviewed face-to-face at home, with seven families choosing to be interviewed face-to-face at a local Flying Start centre and one family being interviewed by telephone for practical reasons. All families were offered recompense for their involvement.
- 2.13 All parents/guardians within the family were given the opportunity were given the opportunity to participate in interviews, either on their own or together. Out of the 72 families, 56 mothers participated in an interview on their own, 4 fathers participated on their own and with the remaining 12 families both the mother and the father took part in the interview. Eleven out of the 72 families interviewed were single parent families.
- 2.14 The ethnicity of the families interviewed was recorded; out of the 72 families interviewed, the majority (58 families) were White Welsh or White British. A further nine families were White European (including Polish, Romanian, Turkish and White Other), three were Arab and the remaining two were Black African.
- 2.15 Interviews were conducted in the families' preferred choice of language, with an interpreter accompanying the researcher if necessary. The majority of the interviews (63) were conducted in English, with six conducted in Welsh. Three interviews were



conducted with the support of translators, two in Polish and one in Arabic.

- 2.16 The number of children each of the 72 families had ranged from one child to 10 children. The largest proportion of families interviewed (25 families) only had one child. Figure 1 presents the ages of the youngest child of each of the 72 families at the time of the interview. The ages of the youngest child varied a considerable amount, with the youngest aged just 2 months old and the oldest aged 35 months old.

**Figure 1. Number of families and age of youngest child**



### **Ethical considerations**

- 2.17 Our approach to the research sought to ensure the proper ethical treatment of all those who participate in the study. This involved ensuring that families' participation was voluntary, based on informed consent and that all data were treated confidentially. Families were invited to participate by Flying Start staff (usually Health Visitors) and were informed their participation was voluntary. To this end, a briefing note describing the research and nature of engagement requested from parents was provided by the research team for the local authority staff to use when discussing the project with families. Parents were asked to complete a consent form before contact details were passed

to the research team and, prior to each interview, families were asked to complete a second consent form by the research team. The second consent form provided further information on how their data would be used, participant confidentiality and further confirmed that their participation was voluntary. The topic guide in Annex C includes a statement read out to participants at the start of each interview.

## **Topic guide**

- 2.18 A semi-structured topic guide was developed by the research team covering various themes including: profile information; expectations and engagement; experiences of each entitlement; perceived outcomes and impact. The topic guide included open questions and prompts relating to different Flying Start entitlements and services as well as opportunities to score their levels of satisfaction with entitlements they had engaged with out of ten. A copy of the topic guide is included in Annex C.

## **Analysis**

- 2.19 Notes from each of the 72 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.<sup>10</sup> 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. 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.

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<sup>10</sup> 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.

## **Reporting**

2.20 This report presents the findings from interviews with families undertaken in Wave 1. Further annual reports will be published following the completion of Waves 2 and 3 of the research in 2016 and 2017. Sections 3-5 below detail the key findings and themes that emerged from the research.

### **3. Engagement**

- 3.1 This section and those that follow outline the key findings and themes that emerged from the research. In this section, we explore how parents engage with Flying Start and what helps and hinders families' engagement. To this end, parents were asked how they had become aware of, and what their expectations were of Flying Start as well as what they knew about the Programme and its entitlements. They were also asked which entitlements they had accessed and about their reasons for engaging in the Programme.

#### **Awareness and expectations**

- 3.2 A majority of parents were made aware of Flying Start by their Health Visitor. Some parents had been made aware of the Programme as a result of prior engagement with the Programme with older children and leaflets and posters in local Flying Start and community centres. Some parents had been supported by a Flying Start Midwife during their ante-natal phase and were therefore introduced to the Programme and entitlements at an earlier stage than others.
- 3.3 The majority of parents were aware that Flying Start is only delivered in disadvantaged areas. Almost all parents understood the aims of Flying Start as being to 'help children develop' and 'support families'.
- 3.4 All families were asked what information they had received about Flying Start and the entitlements. The majority of families recalled being provided with a pack of written information about the activities and services that Flying Start delivered in their local area. Many referred to written information they had received including timetables, contact details and resources for use with their child (e.g. books, information leaflets). Some families were aware of their local Flying Start team's website or social media account and used this to check on the events and activities in their area. Some parents reported the informal and approachable nature of Flying Start staff and noted that

the voluntary nature of their engagement with services made them more likely to engage positively in activities.

‘Flying Start is good because they give you lots of options but don’t make you do things’ Mother, aged 25-44

‘You create the time to go [to the sessions] because it’s good and you want to make the most of it.’ Mother, aged 25-44, Low need family

- 3.5 The majority of parents did not express specific expectations of the Flying Start programme as a whole. They understood and appreciated that the services and support that were offered to them were not available to all parents. However, parents did not have preconceived ideas about the entitlements or outcomes that they would expect from the Programme.

#### *Awareness and expectations of individual entitlements*

- 3.6 Most parents were aware of the Enhanced Health Visitor entitlement (EHV) and that they were being offered more intensive support than the universal Health Visitor entitlement.

‘I know I get more health visitor checks but I think it’s marvellous. Before I had the baby I wasn’t entitled to anything, so I was quite shocked that I was eligible for this.’ Mother, 25-44, High need family

- 3.7 Likewise, most parents were aware of the Childcare entitlement, many of whom had first heard about it from their Health Visitor. A few had been made aware through other sources of information such as word of mouth, posters/leaflets or other Flying Start staff. Some parents explained that they did not fully understand the Childcare entitlement. In addition, a small number of parents said they did not know about it, but all of these parents had just one child aged below 18 months so were not yet eligible for the Childcare entitlement.

- 3.8 Parents were usually provided with information on their local childcare settings by their Flying Start Health Visitor. Some parents had been supported by their Health Visitor in identifying and selecting the most appropriate childcare setting (e.g. based on language need or a child's disabilities) and making applications for Flying Start childcare. This support was found to be reassuring by these parents.
- 3.9 While the majority of parents were aware of the availability of the Parenting and Speech Language and Communication (SLC) entitlements, few had clear knowledge about these entitlements comprised or who they were targeted at. Parents tended to have been made aware of Parenting and SLC by their Health Visitor, with some mentioning that they had seen posters, leaflets or had become aware through attending another Flying Start group. Some parents expected there to be groups available to them with their youngest child because they had accessed groups with their older children.

"I was looking forward to having him [youngest child] because I knew there were lots of [parent] groups in the area'. Mother, aged 25-44, Low need family

### **Entitlements and services accessed**

- 3.10 All parents have access to a Flying Start Health Visitor and had been introduced to other entitlements by them:
- Half of the parents interviewed reported that they had accessed the Parenting entitlement (either through a group course or one-to-one support delivered by Flying Start staff, often in the home);
  - Almost half of the parents had accessed the Childcare entitlement. Some parents had not accessed childcare as their child was not old enough at time of the interview;
  - Around one third of parents interviewed said they had accessed the SLC through using a variety of services: Language and Play

(LAP) courses and sessions; other singing and play groups<sup>11</sup>; and one-to-one support from Flying Start staff. In addition, eight parents had accessed support from SLTs through Flying Start (some of these had accessed other SLC groups and sessions as well).

## **Reasons for engagement**

### *Parenting entitlement: reasons for engagement*

3.11 Parents offered a range of reasons for participating in Flying Start entitlements. Engagement in parenting courses was commonly motivated by both a desire to learn new skills or acquire knowledge (e.g. learning about nutritious food or how to communicate with their child) as well as to socialise with other parents or to 'get out of the house'. A few parents suggested the availability of a crèche (for younger children not yet eligible for the Childcare entitlement) alongside parenting courses was an important trigger in terms of allowing them the time to undertake the course and providing an opportunity for their child to socialise. Those parents who had positive experiences of parenting courses were commonly motivated to try other courses on offer as a result.

'It's a way of going out to meet with people and I've made new friends'. Mother, aged 25-44, Low need family

'It was a chance to use my brain a bit more...you can lose your mind just sitting in the house doing the same thing all day.'  
Mother, aged 20-24

'It gave me the chance to get out, meet other mums and have a change of environment. I felt quite isolated with [name of child]'  
Mother, aged 25-44

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<sup>11</sup> Described in various ways by parents depending on the provision in the local authority e.g. 'Stay and play', creative hour, messy play sessions, Rhyme Time.

- 3.12 Some parents referred to courses that they were planning on attending during the next few months. These parents were able to explain their reasons for wanting to access these courses.

‘I hope the nurturing course will help us come together and find ways to deal with arguments better’. Father, 25-44, High need family

*Childcare entitlement: reasons for engagement*

- 3.13 The majority of parents who accessed childcare were motivated by a desire to ensure that their child socialised with other children prior to starting school. Some parents also suggested that the fact that the Childcare ‘gives them a break’ or an opportunity to do household chores was also a motivating factor albeit to a lesser extent. A few parents noted that the opportunity to work or study had motivated them to access the Childcare entitlement.

*SLC entitlement: reasons for engagement*

- 3.14 The majority of parents who had engaged in SLC groups and sessions were motivated by the opportunity to meet and socialise with parents who had children of a similar age. Some of these parents also thought that their child would gain social skills from taking part in groups with other children and adults.
- 3.15 Parents who had received one-to-one SLC support in the home from Flying Start staff were usually referred to this support via their Health Visitor. Health Visitors and other Flying Start staff suggested that some parents attend SLC sessions. To facilitate this engagement, some parents (from high need families) had been offered baby massage sessions in the home and were then asked whether they would consider participating in SLC activities in the home or in groups. Parents noted that their relationship with Flying Start staff (Health Visitors or Family Workers) had developed during the baby



massage sessions, which meant they were more receptive to other courses such as SLC. A few parents had been referred to SLTs by their Health Visitor following identification of specific developmental delays in their children.

- 3.16 In some areas, parents noted that their older children were able to accompany them to Flying Start SLC groups. These parents valued the fact that they could do this as they struggled to find activities that they could undertake with all of their children.

‘It’s great that you can take all five children to the centre and the staff are happy with that. There aren’t many places you can go with a big family and only one parent.’ Mother, 25-44, Low need family

#### *EHV entitlement: reasons for engagement*

- 3.17 Levels of engagement in the EHV entitlement depended on individual need or circumstances. The majority of parents suggested they had more contact with their Health Visitor when their child was younger or when they had specific issues they needed help and advice on (e.g. breast feeding, weaning, potty training or specific health concerns). The approachability and ease of access to Health Visitors was often mentioned as a reason for engagement. The majority of families (and particularly high need families and younger parents) noted that their Health Visitors often contacted them to inform them about events and to check on how they and their children were.

### **Barriers to engagement**

#### *Parenting entitlement: barriers to engagement*

- 3.18 Parents mentioned a range of barriers to engaging with the Parenting entitlement, and particularly parenting courses. Some parents felt that the courses were not relevant for them with some perceiving them to

be for parents of children with specific developmental or behavioural issues.

‘I was given lots of information, I didn’t really listen as I was in a rush and arrogantly thought it was for people who had badly behaved children...I just thought I’d go on it as they had a crèche and it would be good for my son to be away from me’.

Mother, 25-44

- 3.19 Some parents noted that they were unable to attend parenting courses because they were working when courses were held. Some parents with older children suggested that the timing of some courses clashed with school pick-up times or that they could not arrange childcare for their other children.

“It’s not always easy because of school and meithrin drop off and collection”. Mother, aged 25-44 Low need family

- 3.20 In addition, some parents did not feel comfortable in attending a group session; younger and teenage parents in particular reported a fear of being judged by staff and other group members. Location was also an issue for a small number of parents as they could not travel to where courses were held.

#### *Childcare entitlement: barriers to engagement*

- 3.21 A few parents reported that they had not engaged in the Childcare entitlement because the timing and duration of sessions did not fit with other (usually work) commitments. These parents noted that they would need to arrange for another childminder or day care nursery to provide ‘wrap around’ care and this meant that they preferred for their child to attend that provider only. Some parents decided against registering their child with Flying Start childcare because they preferred to care for their children themselves or had family members (e.g. grandparents) who provided day care. A few parents cited the location of their local settings as a barrier to engagement, reporting

that it was difficult to find transport to their local setting (these included parents in rural and urban areas).

*SLC entitlement: barriers to engagement*

3.22 A few parents suggested that they had not engaged with Flying Start SLC (or Parenting) entitlement simply because they felt they didn't need them. These parents tended to report that their existing family and social networks were adequate in terms of socialisation for them and their child (e.g. their child had older siblings or cousins that they could play with). In addition, some parents with older children suggested that they were 'experienced enough' and therefore felt they did not need as much support.

3.23 Some parents did not see the SLC entitlement as being as relevant to them as the other entitlements. The reasons given by parents for this perception included:

- that they 'didn't see the purpose' of SLC services;
- that they didn't think that their 'child was at that stage' or that their child was 'too young' to benefit from groups or activities focused on language and communication;
- that they did not perceive there to be a link between the activities offered (e.g. singing and play groups) and their child's development;
- that they perceived SLC groups and courses to be for families where the child had a specific developmental issue (reflecting similar barriers to those discussed in relation to parenting courses).

'If I had a problem with their speech, I would go to language and play.' Mother, aged 25-44

3.24 As with parenting courses, some younger parents (aged below 24) noted that they were reluctant to attend SLC groups because they

were worried about how they would be perceived by other parents. They reported feeling concerned that older parents would 'look down on' or 'judge' them because they were younger parents. Some of these parents lacked the confidence to attend groups. Those that had attended had done so with a friend, partner or family.

- 3.25 Some parents noted that they would like to attend SLC groups but were unable to arrange childcare for their older children. Although there were parents who reported that their local Flying Start centre offered a crèche facility for parents attending courses, this did not appear to be consistent across the areas visited during the research.
- 3.26 There were also parents who thought the timings of groups or sessions aimed at SLC could be improved. Some parents felt that the groups were not scheduled at convenient times, whilst others felt that 60-90 minute sessions were too short to make it worthwhile for them to attend.

### **Summary: Engagement**

- 3.27 The majority of parents understood the overall aims of Flying Start and were introduced to the Programme by their Health Visitor. Parents' reasons for engaging with the Programme included:
- to learn new skills or acquire knowledge for themselves;
  - to socialise with other parents;
  - to enable their child to socialise with other children;
  - to help with their child's development;
  - previous positive experiences of attending groups or courses;
  - to provide them with time to do other things (e.g. household tasks);
  - positive relationships with Flying Start staff.
- 3.28 Some parents described reasons they had not engaged with all of the entitlements. These barriers to engagement included:

- that they did not feel they needed the services on offer or that they did not see the relevance of the services to their child's development;
- perceptions that services were for parents of children with specific developmental or behavioural issues;
- perceptions that their child was not yet ready to access the services;
- locations or timings of provision not being convenient;
- a lack of confidence or fear of being 'judged' by staff and other group members.

## **4. Experiences**

- 4.1 In this section, we outline the findings relating to how parents experience Flying Start entitlements and provide an overview of their views on the services they and their children receive. We report parents' experiences of each of the entitlements independently below. However, the holistic nature of the Programme 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.

### **Experiences of the Parenting entitlement**

- 4.2 Half of the families interviewed (36 out of 72) had accessed the Parenting entitlement in some way. Some of these parents had attended a parenting course through Flying Start and some had received one-to-one support or advice from Flying Start staff, often in the home. Overall parents were satisfied with their experiences of the Parenting entitlement. The Parenting entitlement had met the expectations of most parents.
- 4.3 Parents were asked to score their satisfaction with the entitlement out of ten (one being very poor and ten being excellent). On average, parents gave the entitlement a score of 8.6 out of 10.
- 4.4 The majority of parents who had accessed parenting support had positive views on the content and delivery of parenting courses and on the advice received from Flying Start staff. Many provided positive comments on different aspects of the support provided, including:
- the quality of the advice given or the content of courses attended;
  - the staff delivering courses or providing advice;

- the practical arrangements for courses (e.g. locations, times).

4.5 The majority of parents found the information they were provided on courses to be useful and could recall some of the information that they had learnt. Below we outline the findings relating to parenting courses followed by parents' views on other advice and support.

### *Parenting courses*

- 4.6 A majority of parents (including those that had not taken up these courses) appreciated and valued the offer of parenting courses that were available to them through the Programme. Some parents however were not aware of the availability of parenting courses.
- 4.7 The types of courses attended by those interviewed included Baby Massage, 'Baby Incredible Years', nurturing courses, first aid, 'Your Baby is Amazing' and cooking or nutrition courses. Most parents who had attended a course had become aware of it or been referred by their Health Visitor or through the Childcare entitlement.
- 4.8 A few parents of children aged under two who attended parenting courses had accessed a crèche service provided by Flying Start staff while they attended the course. Some of these parents noted that they would not have attended the course without this facility.
- 4.9 The majority of parents who attended courses were satisfied with the locations and settings for courses and considered the staff delivering those courses to be of a high quality. Most parents attending courses found the content to be useful and relevant to them.
- 4.10 Meeting other parents was as much of a motivation as gaining knowledge and skills for some parents who had attended parenting courses. Some parents felt that they learnt a lot from other parents on the course whilst others were primarily motivated by the opportunity to socialise with parents of children that were around the same age as theirs.

- 4.11 Parenting courses exceeded the expectations of some parents in terms of the usefulness and relevance of the information provided. A few parents reported that they had preconceptions about the relevance of parenting courses to them, expecting that courses would be more relevant to parents who needed help with specific issues such as behaviour management or child development. However, parents who attended courses reported that they had been relevant and, for many, their perceptions had therefore been altered.

‘[After the Flying Start nurturing course] We praise them more now. It’s hard to remember sometimes but it does help to get them to behave. We’ve got more patience with them and we try not to use the word ‘naughty’ as much.’ Father, aged 25-44, Medium need family

‘When things are difficult I remember back to the [nurturing] course and tell myself that this stage won’t last forever – then it passes.’ Mother, 20-24, High need family

- 4.12 The majority of parents who attended courses felt that they had led to an increase in their knowledge and parenting skills. Many also noted that they were able to put some of these skills into practice during the course and for a short while after they had completed the course. However, some parents (particularly younger and high need parents) reported that they struggled to maintain the good practice or new skills learnt after courses had come to an end. Some parents suggested that follow-up/refresher courses would be useful as a way of maintaining contact with other parents and ensuring that these perceived outcomes were sustained in the medium to long-term.
- 4.13 As a result of attending parenting courses, some parents became aware of other Flying Start provision and courses that were available locally. Some parents were referred to other courses delivered at Flying Start centres (e.g. counselling, courses for victims of domestic violence).



- 4.14 A few parents provided examples of courses they would like to be offered in future which were not currently available. These included courses to help parents with young children deal with challenging behaviour from older teenagers.
- 4.15 A small number of parents reported that courses they had registered to attend had been cancelled because of low attendance or low take-up. Most of these parents noted that they had been offered one-to-one support instead of the course. However, some of these parents had decided against receiving one-to-one support because socialising with other parents was one of the key attractions of the course.

#### *Other parenting support*

- 4.16 Parents who had been offered other, more bespoke, parenting support (other than the advice offered by the Health Visitor and childcare staff) tended to be from high need families and were often first time parents. This support was usually provided at home and was appreciated by these parents. These parents had usually been referred by Health Visitors to more intensive support from family support workers or other Flying Start staff. Support and advice offered covered a wide variety of issues including bathing, changing, weaning, breast feeding, sleeping routines, safety in the home, behaviour and potty training.
- 4.17 Views on the one-to-one support provided by staff were generally very positive, particularly among teenage parents and younger parents. Some of these younger parents were often uncomfortable with attending group sessions or courses and appreciated receiving support in the home.

‘It has helped to know that people are there. If I’ve got a problem, they have different techniques to deal with different situations’. Mother, 20-24, High need family

‘If you’ve got yourself in a state, someone from Flying Start will pick you up.’ Mother, 20-24, Medium need family

- 4.18 Most parents who had received support in the home valued the resources they had been provided (e.g. information leaflets, feeding schedules). Some high-need parents reported that they had been provided with equipment (e.g. blankets, cups, stair gates) through Flying Start.
- 4.19 Some parents who had received one-to-one parenting support in the home had also been referred to other professionals and groups. These included dieticians, advisory teachers, counsellors and SLTs. The majority of these parents had positive experiences of the advice and support that these other professionals had provided.

### **Experiences of the Speech Language and Communication (SLC) entitlement**

- 4.20 Around one third of the parents interviewed had accessed the SLC through using a variety of services: Language and Play courses and sessions; other singing and play groups<sup>12</sup>; and one-to-one support from Flying Start staff. Eight parents had accessed support from SLTs through Flying Start (some of these had accessed other SLC groups and sessions as well).
- 4.21 Overall, parents were satisfied with the SLC entitlement. The SLC entitlement met the expectations of a majority of parents.
- 4.22 Parents were asked to score their satisfaction with the entitlement out of ten (one being very poor and ten being excellent). On average, parents gave the entitlement a score of 9.0 out of 10.
- 4.23 The majority of parents offered positive comments about groups or courses they had accessed through the Flying Start SLC entitlement. Most of these comments referred to the effectiveness of the approach taken by staff, their approach to working with parents and children and their responsiveness to questions. Other positive comments referred to the facilities and locations where groups were delivered,

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<sup>12</sup> Described in various ways by parents depending on the provision in the local authority e.g. 'Stay and play', creative hour, messy play sessions, Rhyme Time.

resources at these locations (e.g. toys) and resources provided to parents (e.g. book bags).

‘I’ve had a book bag from them. It was amazing.’ Mother, aged 25-44, High need family

‘[Discussing LAP sessions] The location and facilities were convenient and there was an amazing array of toys.’ Mother, aged 25-44

- 4.24 Some parents noted that they found groups to be a useful way of getting advice and support from staff in an informal setting. Some parents referred to feeling supported by staff and feeling comfortable to raise any issues with them.

‘The staff will always offer extra help and advice and they’re not at all judgmental. They are very approachable.’ Mother, aged 20-24, Medium need family

- 4.25 A few parents who had older children that had not accessed Flying Start services felt that they would have found it useful to have had access to similar groups when raising their older children. Some parents noted that they had to pay to access other similar playgroups (either now or in the past) and that they appreciated the free access to a group through Flying Start.

‘The playgroup is brilliant. I wish it had been around when I had the other two [older children]’, Mother, 25-44, High Need

- 4.26 Some parents referred to the positive social experiences they had gained from Language and Play groups. Parents who had attended sessions had made friends and referred to the benefits of informal advice and support from other parents.

‘It’s a good way to catch-up with people, the boys have made lots of friends and I’ve met people’ Mother, aged 25-44, Low need

- 4.27 Parents also referred to instances where staff from external organisations had led SLC sessions (e.g. LAP, Rhyme Time) in Flying

Start centres. These included staff from other organisations focused on improving language and literacy (e.g. Twf, charities, community theatres and third sector organisations). The parents who referred to this approach had positive views on these organisations delivering sessions.

- 4.28 Informal play and singing groups were regarded by some parents as an important opportunity for children to socialise and interact with other children of the same age. Some parents considered that attending these types of groups was the first step towards developing the social skills their child would need in school.

‘If I didn’t go to playgroup then he wouldn’t socialise with kids his own age.’ Mother, 25-44, High need family

- 4.29 Overall, those parents who had received support from Speech and Language Therapists, reported positive experiences of this provision. Parents had positive views of the one-to-one support provided by SLTs and the work that other Flying Start staff (e.g. key workers in Flying Start childcare settings) had done to reinforce the work of SLTs. Most parents who had accessed SLT support referred to positive experiences observing therapists modelling good practice and providing suggested techniques for communicating with their child.

### **Experiences of the Childcare entitlement**

- 4.30 Around half the families interviewed (32 parents out of 72) had accessed the Childcare entitlement.<sup>13</sup> Overall, parents had positive views of the Childcare entitlement and felt it had met their expectations.

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<sup>13</sup> Children become eligible for the Childcare entitlement at the age of 2, therefore many of the families interviewed were not yet eligible for the entitlement. The number of families in the research sample eligible for the Childcare entitlement will increase in Waves 2 and 3 of this study.

4.31 Parents were asked to score their satisfaction with the entitlement out of ten (one being very poor and ten being excellent). On average, parents gave the entitlement a satisfaction score of 9.2 out of 10.

4.32 Most parents who had accessed Flying Start childcare made positive comments on the provision. Many provided positive comments on different aspects of Childcare provision, including:

- good levels of communication between childcare staff and parents to inform them of their child's progress and development as well as raising any issues that had arisen with their child;
- the high quality of the setting itself and the location of the childcare centre;
- the quality, approachability and responsiveness of staff;
- perceived impacts on their child (e.g. development of speech, language and communication or practical skills);
- a perceived impact on their own lives through giving them free time or enabling them to meet parents of other children;
- positive views on the availability of Welsh-speaking staff and Welsh-language activities;
- a perception that Flying Start childcare was better than other (non-Flying Start) providers they had used.

'[The childcare] is in a fantastic new building. It's been amazing... ..I was 'over the moon' when I found out about the childcare. I felt a bit guilty because I work but it's been great. [Child's name] loves it. The meithrin leader will spot the tiniest thing and let you know.' Mother, aged 25-44, High need family

4.33 Most parents who had accessed Flying Start childcare regarded the communication they had with childcare providers before and during the provision to have been good. Many parents had been provided with an opportunity to visit the setting beforehand (although not all

had taken this up). The majority were satisfied that the childcare provider was providing them with enough information on their child's progress and development, although some felt that the provider could provide more information.

'They will tell you how he's been every day and what they've been up to so that's useful.' Father, 25-44, Medium need family

- 4.34 The majority of parents regarded Flying Start childcare to be of a good quality and staff were regarded as being of a high standard by most parents. Many reported that their children enjoyed attending Flying Start childcare, often explaining that their child had settled well in the childcare setting and that staff had helped their children in this regard. Some families emphasised the important role of the childcare provision in providing opportunities for their child to interact with other children of the same age.

'If they didn't go to nursery they wouldn't really see other kids.'  
Mother, 20-24, High need family

- 4.35 A few parents perceived Flying Start childcare to be of a higher quality than other provision. Some of these parents considered the provision in Flying Start childcare settings to be 'more structured' and some perceived it to be better preparation for school than other provision.
- 4.36 The locations and timings of childcare were convenient for a majority of families. Some parents explained that Flying Start childcare provision was delivered on or adjacent to their local school. This link between Flying Start and the local school was seen as a positive element of the childcare provision, with some parents describing Flying Start childcare as 'school' or 'pre-school'. The condition of childcare settings and facilities were also seen as being of a good standard by the majority of parents.
- 4.37 A few parents referred to examples of partnership working between the Flying Start childcare staff and staff delivering other entitlements. For example: key workers in childcare settings provided additional targeted SLC activities with specific children; SLTs delivered sessions

in childcare settings; and childcare staff provided advice to parents on SLC.

- 4.38 A few parents had paid to place their child in the Flying Start childcare setting before the age of two as they were in employment (these were mixed settings offering Flying Start and non-Flying Start provision). Some parents had decided to keep their child in the setting after the age of three although they had to pay fees for doing so. A few made this decision to keep their child in the setting beyond the free entitlement after observing what their child had benefitted from attending sessions. These parents noted their appreciation of the quality of the provision.

‘I was very surprised that it was free; you don’t get it normally do you. And they were so good there I would have paid anyway.’

Mother, 25-44, High need family

- 4.39 A few parents had moved their child from another provider to Flying Start childcare. Some of these parents noted that they considered the Flying Start childcare setting to be better than their previous childcare provider. The reasons given for this were; more structured provision; better communication between staff and parents; a perception that Flying Start represented a ‘badge of quality’; the availability of Welsh-language provision; and a perception that their child had developed more quickly in the Flying Start setting.

- 4.40 Very few parents made negative comments about the childcare provision. These parents raised specific issues relating to communication between themselves and childcare staff or issues relating to the childcare setting itself (e.g. condition of the building). In addition, a few parents noted that they would like more information from the childcare provider about their child’s progress and the activities they were taking part in.

‘I would like more communication, I’m not quite sure what happens when I drop them off.’ Mother, aged 25-44

## **Experiences of the enhanced Health Visitor (EHV) entitlement**

- 4.41 Overall, the majority of parents had positive experiences of the EHV entitlement and scored the entitlement highly in terms of their satisfaction. The EHV entitlement met the expectations of most parents.
- 4.42 Parents were asked to score their satisfaction with the entitlement out of ten (one being very poor and ten being excellent). On average, parents gave the entitlement a score of 8.9 out of 10 on average.
- 4.43 The majority of parents provided positive comments when describing their experiences of the EHV entitlement, referring to various aspects of the support including:
- good support and advice provided by Flying Start HVs (e.g. advice on sleep routines);
  - how approachable or friendly their Flying Start HV was;
  - the flexibility, responsiveness and accessibility of their Flying Start HV (e.g. being able to contact them at any time, responding quickly to queries);
  - that their Flying Start HV provided more support than they had expected or 'going the extra mile'.
- 4.44 Parents appreciated the levels of access they had to their Flying Start HV. Most regarded the frequency of their meetings with their Flying Start HV to be adequate and felt the level of contact they had was about right. The majority of parents referred to multiple ways in which they could access their Flying Start HV. These included having access to their Flying Start HV's mobile phone number, timetables for drop-in clinics and informal opportunities to meet at Flying Start centres. Some parents (particularly younger parents and parents in high need families) reported that their HV would often call them or send them texts to remind them about events or activities or simply check on how they were.



- 4.45 Parents valued the relationships they had with Flying Start HVs and the informality of their approach. Around half referred to the personable and approachable nature of Flying Start HVs. Parents explained that this made them feel relaxed or comfortable enough to share problems or ask questions about specific issues. Some parents highlighted the importance of this approach in enabling them to being able to build trust with the Flying Start HV.

‘I felt like this person [Flying Start HV] came to help us not just with my daughter but with anything. We felt able to call her day or night’. Father, 25-44, High need family

‘[HV name] is like one of those friends there at drop of a hat if needed even if I’ve not seen her for 6 months.’ Mother, 25-44, High need family

- 4.46 A few parents recognised that their Flying Start HV was able to spend more time with them than would be the case outside a Flying Start area. Some also noticed differences between their Flying Start HV and the generic HV service (based on previous experiences). These parents commented on the fact that Flying Start HVs were able to spend more time with them and some of these parents had found this to be beneficial.
- 4.47 Whilst not many parents were able to draw comparisons with the situation in non-Flying Start areas, a small number of parents had friends or relatives with young children in non-Flying Start areas or had moved into Flying Start areas from a non-Flying Start area. These parents tended to be more aware of the greater level of support from Flying Start HVs and had a greater appreciation of the additional support provided through the EHV entitlement. Furthermore, some parents who had older children had not accessed Flying Start services and noted that they would have liked to have had access to the same level of support when these children were younger.
- 4.48 Some parents described situations in which Flying Start HVs had exceeded their expectations and ‘gone the extra mile’ in providing

support to them. Examples of this type of support included: helping parents complete forms or applications; liaising with health professionals; spending more time with them than they had expected; or supporting the parent with their own health or well-being (e.g. support with mental health issues).

‘I wouldn’t have got through it without her. I felt as if they [Flying Start staff] had more time for me, not just dotting the i’s and crossing the t’s.’ Mother, 25-44, High need family

- 4.49 Examples of perceived indirect outcomes from the EHV entitlement were provided by a few parents who had friends or relatives with young children in non-Flying Start areas. Some of these parents had passed on information, advice or guidance to their friends or family in non-Flying Start areas and it was suggested that this had made a difference to these non-Flying Start families.
- 4.50 Some parents reported negative views on their experiences of the EHV entitlement. These mainly related to communication issues between the HV and parents (e.g. lack of contact with the HV, contact details being lost). Very few parents referred to instances where an issue had led to a breakdown of trust between themselves and their health visitor or where a health issue had not been identified by their health visitor.
- 4.51 Parents tended to prefer continuity in their access to Flying Start HVs. Whilst most parents who had multiple Flying Start HVs reported high levels of satisfaction with the EHV entitlement, a few were dissatisfied with having to change their HV. They felt this had led to a lack of contact from their Flying Start HV for a period of time.

### **Welsh-language provision**

- 4.52 The majority of parents interviewed did not require access to Welsh-language services including staff who could provide advice and support in Welsh and Welsh-medium or bilingual childcare. Some of these parents noted that their children were attending English-

medium childcare but were experiencing some incidental Welsh (e.g. learning some songs, words and phrases) at the setting. Most of these parents considered this to be a positive element of the Flying Start childcare provision and were pleased that their child was learning some Welsh.

4.53 Some parents reported that they required Welsh-language services including: access to Health Visitors and other Flying Start staff that could speak Welsh; access to Welsh-medium or bilingual childcare; and a desire for their child to learn some Welsh at the childcare setting (e.g. songs and rhymes).

4.54 A few parents who wanted to access Welsh-language services noted that these had not been available to them. For example, they explained that they would like to access to a Welsh-speaking Health Visitor but this was not currently possible in their area. For these parents, the lack of access to a Welsh-speaking Health Visitor had a negative impact on their experiences of Flying Start.

‘When the Health Visitor comes to talk to them they [child] don’t understand [the Health Visitor].’ Mother, 25-44, Low need family

‘I would have preferred a Welsh-speaking health visitor. We did have one at the start with [older child’s name] but she moved on. Now we’ve got three health visitors at the centre and they all speak English.’ Mother, 25-44, Low need family

4.55 Almost all the parents whose children were attending Welsh-medium or bilingual childcare had positive views on the provision. These parents (including parents who did not speak Welsh themselves) noted that the provision would help prepare their child to attend a Welsh-medium school.

4.56 A few parents noted that their nearest Welsh-language childcare provision was too far away for them to access. On the other hand, some parents in one area noted that Flying Start provision was the only local childcare setting they knew of that offered Welsh-medium provision.

- 4.57 The majority of parents who had accessed Welsh-medium or bilingual childcare felt that their child's Welsh had improved since attending the provision. Non-Welsh-speaking parents were more likely than those who spoke Welsh to attribute these perceived improvements to Flying Start childcare (see section 5 for examples of perceived outcomes and impact). Some of these parents emphasised the importance of good communication between themselves and staff in explaining their child's progress.

'She's reassured me that [child's name] understands it all and is starting to speak Welsh... 'the only proper Welsh that [daughter's name] gets is in the meithrin, and she's speaking well. I just hope she's fine by school, I get paranoid'. Mother, aged 25-44, High need family

- 4.58 A small number of parents had accessed SLC sessions and parenting support through the medium of Welsh. Some parents referred to accessing bilingual SLC sessions (e.g. Language and Play groups), but few reported that they had accessed Welsh-language groups. A few parents noted that their nearest Welsh-language groups were too far away for them to access easily.

### **Summary: experiences**

- 4.59 Overall, parents were satisfied that their expectations had been met through services provided under each of the entitlements. Most families provided positive comments on each of the entitlements and were able to provide examples of positive experiences and effective delivery of services. Parents expressed positive views on staff, locations, facilities, activities and availability of Welsh-language provision and support through the Programme.

## **5. Perceived outcomes and impacts**

- 5.1 In this section, we outline the outcomes reported by parents following their access to Flying Start provision and their perceptions of the impact that the services had on their families. The views of parents on the difference that Flying Start has made to their children are outlined first, followed by the outcomes and impacts parents perceived the programme to have had on themselves/their families and their knowledge and approach to parenting.

### **Perceived outcomes and impacts for children**

- 5.2 The majority of parents reported that Flying Start had made a positive difference to their child's development either directly, or indirectly through improving their own approach to parenting for example. Below we outline the main perceived outcomes and impacts relating to five key themes that emerged from the findings: talking and communication, reading and counting, practical issues, behaviour and attitude and health and well-being.

#### *Talking and communication*

- 5.3 The majority of parents noted that their child's talking and communication had improved during the period they had received Flying Start services, and some of these parents partly attributed this development to Flying Start. In some cases, this development was attributed to the opportunities children had to interact and socialise with other children at other non-Flying Start groups or with siblings. However, some parents did feel that their children's talking and communication skills had improved as a result of Flying Start services.
- 5.4 Examples of perceived outcomes that were attributed by some parents to the Programme included: being more talkative; learning and using new words; speaking more clearly; understanding and

using longer words; being more confident in interacting with others; and listening more.

- 5.5 Parents whose children had attended Flying Start childcare were most likely to say that the Programme had made a difference to their child's talking and communication.

'He became more vocal after going to Flying Start.' Mother, aged 25-44, High need family

'It (childcare) has really brought her out of herself. She's much more comfortable and chatty with other children.' Mother, aged 20-24, Low need family

'Her speech has developed loads – some of it is probably the extra support but a lot of it is also since she's been at pre-school [childcare].' Mother, aged 25-44, Low need family

'[Child's name] was behind with his speech but has got on really well since being in the nursery school [FS childcare]... ...His talking and playing with other kids has improved a lot from being in the nursery.' Mother, aged 20-24, High need family

- 5.6 Some parents, including those who spoke Welsh themselves and those that did not, reported that their child's Welsh-language skills had developed since attending Flying Start childcare. Parents who did not speak Welsh were more likely to attribute the development of these skills to Flying Start.

'Her Welsh is miles better' Mother, aged 25-44, High need family

- 5.7 A few parents with experience of the Childcare entitlement had older children that had not attended Flying Start childcare. Some of these noted that their younger child had developed their Welsh-language skills more quickly than their older child. Although these parents acknowledged that it was difficult to attribute these gains to one factor, some of them considered Flying Start to be the main contributor.

5.8 Parents of children aged under two years old were less likely to report that Flying Start had made a difference to their child's talking and communication. However, a small number of parents of children under two years old did refer to positive developments in this regard. These parents had been engaged in more specific early language development activities (e.g. Language and Play groups, informal singing and sensory play groups). Examples of progress observed by these parents included: being more responsive to language (e.g. clapping, making noises, smiling and singing); and being able to listen more attentively to songs and stories.

5.9 A few parents had been referred to a Speech and Language Therapist (SLT) through Flying Start. The majority of these parents reported an improvement in their child's communication, and some attributed this primarily to the SLT provision. Furthermore, three parents highlighted SLT as the service they perceived had the biggest impact on their family.

'The Speech and Language Therapy made a huge difference, it made my life and my son's life easier.' Mother, 25-44 years old, High Need

'If he hadn't had sessions with the Speech [and Language] Therapist, he may not have been able to talk to his brother and sister as well as he can.' Mother, aged 25-44, High need family

5.10 Parents whose children had been referred to SLT also reported that their child had been assigned a key worker that focused specifically on developing their speech and language development in their childcare setting. All of these parents felt that their child's talking and communication had improved following the sessions with SLTs and with key workers in the childcare settings.

'It worked, he doesn't stop talking now.' Mother, aged 25-44, Low need family

### *Reading and counting.*

- 5.11 The majority of parents noted that it was too soon for them to be able to report any outcomes relating to their child's reading and counting. However, parents with children aged over two and those with older children who had been engaged in Flying Start were more likely to refer to these types of perceived outcomes.
- 5.12 Some parents reported that their child's reading and counting had developed during their engagement with Flying Start services. These parents explained that their child was more interested in looking at books and/or more able to concentrate on books for longer periods of time. Parents attributed these perceived outcomes to the reading activities that were delivered in childcare settings, or their increased use of books at home as a result of skills learnt through Flying Start (see section 6.26-6.39 for evidence of the perceived impact on parental skills and knowledge).

“My daughter is definitely better at listening to stories now.”

Mother, aged 25-44, Low need family

‘...and I’ve noticed that she’s now reading and counting. Two weeks after she started, she started sorting her stuff into groups of colours’. Mother, 25-44, High need family

- 5.13 While some parents had noted that their child's counting skills had developed, most did not attribute this to Flying Start. However some non-Welsh-speaking parents whose children were attending Welsh-language childcare perceived there to have been an impact on their child's ability to count in Welsh.

### *Practical issues and skills.*

- 5.14 Around half of parents perceived that Flying Start had an impact on their children's practical skills. These included improvements in sleep patterns and skills such as brushing their teeth, holding a cup, using cutlery and learning to use a potty.



- 5.15 The majority of parents of children who had attended Flying Start childcare reported perceived impacts on the development of one or more of their child's practical skills. These included: drinking from a cup; holding or using cutlery; holding a pencil; getting dressed; and tidying up (e.g. taking plates to the sink, putting toys away).
- 5.16 Some parents felt that Flying Start had an impact on their child's potty use. These parents attributed improvements to the advice and support from the Health Visitor or family support worker and support from childcare staff in reinforcing potty training whilst children attended childcare sessions. Support in using positive incentives, such as 'star charts', for good behaviour were referred to by several parents.

'They carried on with the potty training with a sticker chart at nursery and this was really helpful.' Mother, aged 25-44, Low need family

#### *Behaviour and attitude.*

- 5.17 Parents reported a range of perceived outcomes and impacts relating to their children's behaviour and attitude. These ranged from general improvements in their child's confidence and ability to socialise and share with other children to greater resilience in dealing with challenging situations and specific issues such as tantrums and anger management.
- 5.18 The most commonly reported outcomes noted by parents whose children had attended Flying Start childcare were improvements in their children's ability to socialise with peers and the perception that they were better prepared for school.

'He is much more confident in interacting with other children.'

Mother, aged 25-44

'It's nice for her to have friends before school.' Mother, aged 25-44, High need families

- 5.19 Most parents reported that their child was more confident and able to play with other children since attending childcare. For these parents, this was considered an important factor in helping them settle at school in future.

‘[Child’s name] was so shy at first. At first she didn’t talk or play with the other children but then she did. There’s a big difference now. It’s helped get her ready for school.’ Mother, aged 20-24, High need family

- 5.20 A small number of parents also suggested that Flying Start childcare helped their child be more resilient and less likely to get upset when faced with new people and places.

‘He is much more confident in interacting with other children e.g. if another child takes his toy he will try and get it back now.’ Mother, aged 25-44

- 5.21 A number of parents provided specific examples of their child’s development such as improvements in their ability to take turns or share toys with others as a result of the attendance at Flying Start childcare.

‘[Child’s name] wouldn’t share his toys but now [after attending nursery] he’s marvellous sharing his toys and everything with other kids.’ Mother, aged 20-24, High need family

- 5.22 Very few parents were able to compare their children who attended Flying Start childcare with those who had not. However, some of these parents felt that the children who attended Flying Start childcare had settled in school more quickly than the children who had not. The reasons given by these parents were that their child was more used to socialising with other children and professionals in Flying Start groups and/or childcare settings.

‘She [4 year old daughter] has settled better at school after 3 days; more quickly than my older daughters who took 2 weeks to settle. I would put that down to Flying Start’. Father, 25-44, High need family

- 5.23 A few parents who had children with specific behaviour issues (e.g. tantrums) reported that they had received more intensive support. Some parents referred to attending 'nurturing courses' which focused on issues such as using positive language and incentivising good behaviour. These parents were of the view that these courses had a positive impact on their child's behaviour (e.g. fewer tantrums) in the short term although they reported that these impacts were not always sustained beyond the length of the course (see section 5.24-5.45 for evidence of perceived impacts on parental skills and knowledge).

### *Health and well-being*

- 5.24 Improvements in health and well-being were reported by some parents and attributed to support accessed through Flying Start. These included: parents who perceived that advice and support provided by Flying Start staff had directly influenced their health and well-being; and parents who reported that Flying Start staff had referred them to other health professionals who had been able to help them (e.g. doctors, mental health professionals).
- 5.25 Some parents noted that the advice and support received from Flying Start Health Visitors and the wider health teams had resulted in them breastfeeding their child for longer than they would have done otherwise. These parents tended to point to the information provided by Health Visitors on the health benefits of breastfeeding as well as the practical help in getting their baby to feed.
- 'It [advice from HV] had a huge impact on breastfeeding. I managed it for 5 months – longer than the others [older children].' Mother, 25-44, High need family
- 5.26 Some parents who had received advice and support on weaning and nutrition from Flying Start staff reported that the advice of Flying Start staff had led to their child eating healthier foods. A few (mostly high need) parents who reported receiving advice from a dietician found this to be useful in understanding the types of foods that were

appropriate for their child. These parents also found that advice on how to get their children to eat vegetables (e.g. by mixing them into meals) had been useful in increasing the amount of vegetables consumed by their children.

- 5.27 Some parents referred to the positive role played by Flying Start staff in engaging other health professionals. In some cases, parents had turned to Flying Start staff (usually Health Visitors) for advice in helping them to interpret or understand information provided by hospitals or GPs.

‘She [Flying Start Health Visitor] would phone and explain everything, and was reassuring. It’s nice to know that the support system is there.’ Mother, 25-44, High need family

- 5.28 In other cases, parents felt that Flying Start staff had helped them gain access to appointments or treatment more quickly (e.g. by acting as an advocate for them or helping them to explain a situation to other health professionals). This role as a conduit of information between families and the health service appears to have been highly valued by some parents.

- 5.29 A few parents referred to situations where Flying Start Health Visitors had identified health-related issues (e.g. abnormal growth) with their child and referred them for appointments or treatment. These parents felt reassured by the input of their Health Visitor and felt that this meant that issues were identified at an earlier stage than would otherwise have been the case.

- 5.30 Some parents referred to Flying Start Health Visitors as their ‘first port of call’ for health-related enquiries. A few parents provided examples where they had been provided with advice or information that meant that they did not feel the need to make an appointment with their GP or other health professional.

‘They [Flying Start HV] have been brilliant when there are those ‘grey areas’ when you have a health issue that is worrying you

but it's not an emergency so you're not sure whether to call the doctor'. Father, aged 25-44, High need family

'If the Health Visitor hadn't been available, 'I definitely would have taken up more of the doctor's time.' Mother, aged 25-44

### **Perceived outcomes and impacts for parents**

- 5.31 Parents were asked to what extent Flying Start had an impact on their own knowledge and approach to parenting as well as their own health and well-being. The impact that parents most commonly reported was that they felt more reassured, more confident and less worried as a result of Flying Start. Parents tended to attribute this increased confidence and reassurance to having access to Health Visitors and other staff who could answer their questions and provide them with advice and guidance.

'It gave me confidence...having a professional to reassure me and knowing if there had been a problem they would have been there.' Mother, aged 25-44

'With a new born you are scared and the health visitor makes you feel more relaxed and less anxious.' Father, aged 20-24, Medium need family

'I've got a more calm [sic.] attitude to parenting; I don't stress, and I know I'd be able to phone the Health Visitor if I needed to'. Mother, 25-44, High need family

- 5.32 Below, we present the outcomes and impacts described by parents who had accessed Flying Start services including on: talking and communication; reading and counting; practical issues; behaviour and attitude and health and well-being.

*Talking and communication.*

5.33 Some parents who had accessed parenting courses and some of those who had attended SLC sessions noted that Flying Start had helped them improve the way they communicated with their child. Parents who had accessed these entitlements described their impact in different ways including:

- giving them ideas for activities they could undertake with their child;
- giving them ideas for ways to play with their child;
- improving their understanding of good practice in interacting with their child (e.g. making eye contact);
- increasing their awareness of ways to encourage their child to talk and interact (e.g. waiting for them to speak first).

‘Before [attended parenting nurturing programme] I didn’t know a lot on how to handle and communicate with my daughter, I have found a lot of things easier since attending the course.’ Father, aged 25-44

‘I explain and describe more to the children, for example just earlier I explained that a woman would be visiting so ‘if you want to watch TV you can do that then.’ Mother, aged 25-44, Low need family

‘I have changed the way I communicate with my child, I try to shout less without reason and give him more choice over for example what he can wear.’ Mother, aged 25-44

‘Our communication is better within the family because of the [Incredible Years] course and advice we’ve had.’ Father, 25-44, High need family

5.34 Some parents who had not accessed parenting courses and SLC sessions still reported an impact on the way they communicated with their child. Some of these parents attributed this to informal advice

they had received from their Health Visitor or from other Flying Start staff (e.g. family support workers or childcare staff).

*Reading and counting.*

- 5.35 Some parents reported improvements in their approach to reading with their children as a result of advice received through Flying Start on the importance of reading with their child. They also referred to having received various tips and ideas from staff on how to engage their child more effectively using books (e.g. letting their children turn the pages of the book). Some parents reported receiving books that they had used with their child and this was greatly appreciated by parents.

‘We’ve done lots more reading together with [child’s name] and we’ve done it from an earlier age. The advice from [HV name] and nursery gave me ideas for how to do this.’ Mother, aged 25-44, High need family

- 5.36 Attending groups (e.g. SLC or play groups) had given some parents ideas for ways to introduce counting into the way they played with their child. Some parents commented that Flying Start groups had helped them learn songs and rhymes. These parents perceived that these songs and rhymes had been beneficial in developing their child’s ability to count. Some high need parents reported that they lacked confidence to sing to their children or that they did not know many songs and rhymes. For these parents, the advice and support of Flying Start was very important in increasing their knowledge and confidence to sing or read to their child.

*Practical skills.*

- 5.37 In terms of their own knowledge and approach to parenting, parents were more likely to refer to outcomes and impacts relating to practical issues and skills they had gained as a result of Flying Start than

outcomes and impacts relating to communication. This included advice on sleep routines, bathing, breast feeding, safety in the home, weaning, potty training and diet. This type of advice was valued by the majority of parents interviewed, particularly first time parents and high need families.

‘I’m really glad I had them [FS HV and midwife]. They tell me everything. I wouldn’t be able to live without them really.’

Mother, aged under 19, High need family

- 5.38 A few parents felt that advice from Flying Start staff had an impact on establishing sleep routines with their child. This included advice on the sleeping environment, timings and approaches to settling their child to sleep.

‘The things they told us worked wonders with her sleep pattern.’

Father, 25-44, High need family

‘The baby massage really helped improve his colic and sleep patterns. It made him more relaxed’ Father, 25-44, Low need family

- 5.39 A small number of parents reported that they had been provided with support and advice on breast feeding their child. Some of these parents believed that they would not have been able to breastfeed their child without the support received through Flying Start. Other parents noted that they breastfed their child for longer than they would have done without the support.

‘[The Health Visitor] was good with breastfeeding support.’

Mother, aged 20-24, High need family

‘I don’t think I would have carried on with the breastfeeding without the help.’ Mother, aged 25-44, Low need family

- 5.40 Most parents who had accessed a dietician, had received support on diet and nutrition from Flying Start staff or had attended a cooking course (often in high need families) found this support to be useful. These parents described positive impacts on their knowledge and



understanding of the foods they should give their child and how to prepare healthy meals for their children.

‘It’s helped me be more aware of things that I didn’t know about, such as the issues with food, the health visitor has helped with this.’ Mother, aged 20-24, High need family

- 5.41 In some cases, parents reported that the support they had received on diet and nutrition encouraged them to try different foods and to be more experimental with their cooking.

‘Now I know a variety of foods to get him.’ Mother, aged 20-24, Medium need family

‘The course got me into being more experimental.’ Mother, aged 25-44

- 5.42 Parents felt that increased knowledge regarding diet and nutrition helped reduce any anxieties they might have had about their child’s eating behaviour.

‘The strain of our daughter not eating led to some worry for us and had an impact on the whole family. The advice and support we had ... and the plan they put in place for eating gave us a lot of reassurance.’ Father, aged 25-44, High need family

- 5.43 Positive impacts on mealtime routines (e.g. consistent mealtimes, sitting at a table) were also reported by some parents.

#### *Behaviour and attitude.*

- 5.44 A few parents had attended courses aimed at helping them manage their child’s behaviour (e.g. nurturing courses). These parents were of the view that these had an impact on their knowledge and approach to parenting in the short term. They described changes they had made to their communication with their child (e.g. using more positive language and praising good behaviour) and using approaches that they had been provided by Flying Start Staff (e.g. Star Charts for incentivising good behaviour).

‘The nurturing course made us praise them more and gave us more patience.’ Mother, aged 25-44, Medium need family

‘The courses have made a difference. They teach you certain ways to do things: praising them and being more positive.’

Father, aged 25-44, Medium need family

- 5.45 Some parents noted however that impacts had not been sustained beyond the course and that they would appreciate follow-up or refresher courses to help them maintain improvements in their approach to parenting.

‘We praise them more now. It’s hard to remember sometimes but it does help to get them to behave... It would have been good to have some more follow-up sessions to refresh your memory afterwards.’ Mother, aged 25-44, Medium need family

#### *Health and well-being*

- 5.46 Almost all parents were of the view that Flying Start had a positive impact on their family’s overall level of well-being. This was the most commonly reported impact among parents interviewed. Most parents felt reassured by the advice they had received from Flying Start staff and that this made them feel less worried or stressed in general. Parents often provided at least one example of advice or information from Flying Start staff that had an impact on their levels of worry or stress. Some parents referred to feeling less stressed as a result of being able to share problems with Flying Start staff or parents they’d met through the Programme.

‘It’s nice to know there is someone just across the road, or on the phone, particularly when my daughter was very young, there was a lot I wasn’t sure about.’ Mother, aged 25-44

‘Without the extra support from my HV I would’ve carried on stressing.’ Mother, aged 25-44, High need family

- 5.47 Some parents felt their household was calmer as a result of the skills and knowledge they had gained through Flying Start.
- ‘I would have had a mental breakdown without her [Flying Start Health Visitor]’ Mother, 25-44, High need family
- ‘I’m neurotic with babies, worry about all kinds of stuff but the HV has helped me be more calm.’ Mother, aged 25-44, High need family
- 5.48 Parents also reported feeling more independent or empowered as a result of the support received through Flying Start. Some parents explained that they felt happier because of the support received through Flying Start. Others stated that they felt ‘less isolated’ since receiving Flying Start support.
- ‘Has given me advice on feeding, coping and is just really good moral support. Just nice to be able to open up to someone sometimes because I don’t have loads of support from family and friends.’ Mother, aged 25-44, Low need family
- ‘I don’t know what I would have done without the childcare. I would have been much more isolated and the kids wouldn’t have played with other kids their own age much.’ Mother, aged 20-24, High need family
- 5.49 Parents who had older children that had not received any Flying Start services noted that they would like to have had similar support available to them when these children were younger. These parents felt that the type of support that was available would have made a difference to them.
- 5.50 Some parents noted that support from Flying Start staff (mainly Health Visitors) had a more specific impact on their own health and well-being. Parents described situations where Health Visitors had identified potential health issues and either referred them to health professionals or encouraged them to seek further treatment or support. For example: referrals to mental health support and courses

for victims of domestic violence; and identifying and making appropriate referrals in relation to cases of post-natal depression.

‘If I hadn’t spoken to the health visitor about the domestic abuse problem, I wouldn’t have got any help, I wouldn’t have known where to go for help. I haven’t looked back since talking to the support workers.’ Mother, aged 25-44

‘I would never have gone to the doctor about my depression if the Health Visitor hadn’t made me the appointment... I didn’t go to the first appointment, I didn’t want to, but I trusted the Health Visitor and saw she thought it was important, so I went.’ Mother, under 19 years old

5.51 The majority of parents whose children had attended Flying Start childcare referred to the benefit of the additional time that they had available to them whilst their child was at nursery. Some parents noted that the childcare had made their ‘school-run’ easier and less stressful each day. Parents reported that this time had been used in various ways including:

- doing housework (e.g. cleaning) and errands;
- self-employment;
- applying for jobs;
- studying.

5.52 However, some parents felt that Flying Start childcare provision could have a greater impact on employment if the hours were increased or timings changed to reflect the working day. The timings of provision usually meant that families could access a 2.5-hour morning or afternoon session each day. Some parents noted that they would like the option of having one or two full days of childcare so that they could potentially access employment on those days.

‘It’s given us time to do other things. It makes it much easier to get the other children to school and the children are really relaxed there’. Father, 25-44, Medium need family

‘It [childcare] helps me catch up with things in the house and spend more time with the baby [6 months old]. I never have time alone with the baby otherwise’. Mother, aged 20-24, Medium need family

‘Pre-school does both of us good.... it gives me time to myself, which is a break and lets me catch up on cleaning...’ Mother, aged 25-44, Low need family

### **Summary: Perceived outcomes and impacts**

5.53 The majority of parents felt that Flying Start had made a positive difference to at least some aspect of their child’s development. Examples are included below under five themes that emerged from the research:

- Talking and communication;
  - e.g. being more talkative; learning and using new words (including Welsh words); speaking more clearly; understanding and using longer words; being more confident in interacting with others; and listening more;
- Reading and counting;
  - e.g. increased interest in looking at books; able to concentrate on books for longer; better able to listen to stories;
- Practical issues;
  - e.g. improvements in sleep patterns; brushing teeth, drinking from a cup, holding or using cutlery, holding a pencil, getting dressed, tidying up;
- Behaviour and attitude;
  - e.g. improved confidence; more able to socialise; taking turns; greater resilience; fewer tantrums; improved anger management;

- Health and well-being;
  - e.g. breastfeeding for longer; healthier eating; improved understanding of information from other health professionals; earlier identification of health issues.

5.54 A range of perceived impacts were also reported for parents themselves in terms of their own knowledge, skills and approach to parenting. Below we outline the key themes that emerged in terms of parental impacts:

- Talking and communication;
  - e.g. more ideas for SLC & play activities; making eye contact; giving their child opportunities to speak first; using songs and rhymes learnt through the Programme.
- Reading and counting;
  - e.g. using books they had received through the Programme; spending more time reading to their child; giving their child opportunities to turn the pages of books;
- Practical issues;
  - e.g. sleeping environment; sleep timings and routines; breastfeeding; bathing; safety in the home; weaning; potty training; diet and mealtime routines;
- Behaviour and attitude;
  - e.g. using more positive language; praising good behaviour; using Star Charts for incentivising good behaviour;
- Health and well-being.
  - e.g. more reassured; more confident; less worried; calmer household; less isolated; earlier identification of parental health issues; more time for other activities.

## **6. Conclusions**

- 6.1 This section provides a summary of the research findings in relation to parents' engagement with Flying Start, their experiences of the entitlements and their perceptions of outcomes and impacts for themselves and their children.

### **Engagement and expectations**

- 6.2 Families who took part in the Wave 1 interviews had a broad understanding of the aims of Flying Start and the reason they were eligible for the Programme. The majority understood that Flying Start aims to support them and that it is targeted at families in disadvantaged areas. Parents also understood that the services and support that were offered to them were not available to all parents. However, they did not express specific expectations of the Flying Start programme as a whole or of individual entitlements.
- 6.3 Families' awareness of the entitlements was heavily dependent on information provided to them by their Health Visitor (and Flying Start Midwife if applicable). Although the majority of families had received written materials and some referred to accessing information online, it was clear during interviews that most relied on discussions with their Flying Start Health Visitors to find out about events and activities that were of relevance to them. This demonstrates the importance of the quality of the relationship between families and their Health Visitors in influencing families' engagement with the Programme.
- 6.4 All families had engaged with their Flying Start Health Visitor either in the home, at a local health centre or a combination of both settings. Parents' levels of engagement varied over time; they tended to approach their Health Visitor when they felt they needed support with specific issues, suggesting that this is this type of support they expected of the EHV entitlement. However, parents' engagement with the EHV entitlement went far wider than this. Most parents (particularly younger parents and high need families) appreciated the

fact that Health Visitors made contact with them regularly to check on their family's progress. The approachability and accessibility of Health Visitors was an important factor influencing their engagement with the EHV entitlement.

- 6.5 Half of the parents had accessed the Parenting entitlement (either through a group course or one-to-one support delivered by Flying Start staff, often in the home). Some parents had been offered one-to-one support by Health Visitors or other Flying Start staff. For those attending courses, the desire to gain knowledge and skills was an important reason for their engagement, with the majority also citing the opportunity to mix with other parents as a motivating factor. However, some parents did not feel that parenting courses were relevant to them and others raised practical barriers to attending (e.g. times, locations).
- 6.6 Although not all parents interviewed were eligible for the Childcare entitlement, around half of all families interviewed had accessed Flying Start childcare. These parents reported that they were primarily motivated by a desire to see their children develop their social, language and communication skills in order to be better prepared for starting school. Some parents noted that accessing the Childcare entitlement gave them an opportunity to complete household chores, work, study or simply to have some free time, which was viewed as being beneficial to their well-being.
- 6.7 Some parents had accessed a range of services under the SLC entitlement: Language and Play (LAP) courses and sessions, other singing and play groups<sup>14</sup>; and one-to-one support from Flying Start staff. In addition, eight parents had accessed support from SLTs through Flying Start (some of these had accessed other SLC groups and sessions as well). Meeting other parents with children of a similar age for social reasons and as an informal support network was a key motivating factor for these parents. SLC groups were regarded by

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<sup>14</sup> Described in various ways by parents depending on the provision in the local authority e.g. 'Stay and play', creative hour, messy play sessions, Rhyme Time.



some parents as an important opportunity for children to socialise and interact with other children of the same age. For some parents (particularly high need families) their engagement with SLC groups came only after one-to-one support had been provided by other Flying Start staff. The evidence suggests that SLC groups had met or exceeded the expectations of parents who had attended them, particularly those who were able to compare Flying Start groups with similar groups in non-Flying Start settings.

- 6.8 Some parents (particular younger parents) tended to express a reluctance to attend parenting and SLC courses, citing a lack of confidence and/or concerns about how they were perceived by other parents. Flying Start staff play an important role in building trust and increasing the confidence of some parents to attend courses and sessions. This extends to encouraging and/or accompanying some parents to attend sessions and appears to be crucial in enabling these families to fully access the Parenting and SLC entitlements.

## **Experiences**

- 6.9 Overall, most parents were satisfied with the services provided under each of the entitlements. The majority of families provided positive comments on each of the entitlements and were able to provide examples of positive experiences and effective delivery of services. Overall, parents had positive views on staff, locations, facilities and activities delivered through the Programme.
- 6.10 Most parents accessing the Parenting entitlement were satisfied with the quality of support or advice, content of courses, approach of staff and practical arrangements. Parents who had accessed one-to-one support in the home appreciated this support and had positive views on it. Some parents had accessed a range of courses and the majority had found the content to be relevant to their needs. The findings suggest that the Parenting entitlement, and particularly the one-to-one support, appears to be more used and appreciated by

high-need families and first time parents as well as parents who do not have the immediate support of family and friends nearby.

- 6.11 Some parents did not consider the entitlement to be relevant to them and believed the courses were aimed at families facing specific problems, including behavioural or developmental issues. However, parents who previously had these preconceptions but who had accessed parenting support tended to have changed their views following the course. This suggests that the Parenting entitlement had exceeded the expectations of these parents.
- 6.12 Most parents who had accessed the SLC entitlement had positive views on the advice and support they had received or groups and courses they had attended. The majority of parents commented positively on the facilities and locations used as well as supporting resources provided to parents (e.g. book bags). SLC groups and sessions appeared to be considered by some parents as opportunities to access informal advice and support from staff and parents. The small number of parents who accessed Speech and Language Therapist support had positive experiences of this support and their comments suggest that SLTs and other Flying Start staff were working in partnership effectively to support the development of these families' children.
- 6.13 Parents expressed positive views on Flying Start Childcare, referring to a number of specific aspects of the entitlement including: good communication between staff and parents; accessible locations; good facilities; the quality, approachability and responsiveness of staff; and the availability of Welsh-medium and bilingual provision. Some parents compared Flying Start childcare favourably to non-Flying Start provision and some referred to perceptions that Flying Start childcare was 'more structured' than other provision. A few parents referred to examples of partnership working between the Flying Start childcare staff and staff delivering other entitlements (e.g. SLT).

- 6.14 The majority of parents had positive views on different aspects of the EHV entitlement, with comments relating to the good quality and perceived outcomes of advice and support provided. Parents were satisfied with the frequency of access to Health Visitors and around half commented on the accessibility, approachability, responsiveness and flexibility of staff. The entitlement met the expectations of most parents with a few reporting that their Health Visitor had exceeded their expectations. For example, helping parents to complete forms or applications, liaising with health professionals; spending more time with them than they had expected or supporting the parent with their own health or well-being (e.g. support with mental health issues).
- 6.15 Overall, parents had positive views on the availability of Welsh-language provision and support through the Programme. Although the majority of parents did not require access to Welsh-language services, a few noted that they wanted access to staff who could provide advice and support in Welsh and Welsh-medium or bilingual childcare. Parents had positive views on Welsh-medium childcare provision and on the use of incidental Welsh at childcare settings (e.g. songs and rhymes). A small number of parents who wanted to access Welsh-language services reported that these had not been available because of a lack of Welsh-speaking staff or provision being too far away.

### **Perceived outcomes and impacts**

- 6.16 Families reported a range of perceived outcomes and impacts during this first phase of interviews. It is worth noting a couple of important points to help set these findings in context. Firstly, a number of the families interviewed during the first wave of 72 interviews are at a relatively early stage of their engagement with Flying Start. As such, it is reasonable to expect that the programme's impact on families will increase over time. Secondly, it is important to recognise the challenges associated with analysing and assessing data that are

based on families' self-reported experiences (see Annexe A for a discussion on these methodological challenges).

- 6.17 The majority of parents reported that Flying Start had made a positive difference to their child's development either directly or indirectly by improving their knowledge and approach to parenting. These perceived outcomes and impacts related to one or more of the following: talking and communication, reading and counting, practical issues, behaviour and attitude and health and well-being. Parents' perceptions of the impact of Flying Start on their child and their own knowledge and approach to parenting are outlined below.
- 6.18 Some parents perceived that their children's **talking and communication** skills had improved as a result of Flying Start services. Most parents attributed improvements to Flying Start childcare provision with some attributing improvements to the SLC entitlement (e.g. LAP groups). Improvements in parents' approaches to communicating with their child were reported by some parents, mainly those that had accessed parenting courses and some of those who had attended SLC sessions.
- 6.19 Some parents reported that their child's **reading and counting** had developed during their engagement with Flying Start services. Parents attributed these perceived outcomes to the reading activities that were delivered in childcare settings, or their increased use of books at home as a result of skills learnt through Flying Start. Some parents reported improvements in their approach to reading with their children as a result of advice received through Flying Start.
- 6.20 Around half of parents felt that Flying Start had an impact on one or more **practical skills**. For parents whose children attended childcare, these included impacts on their child's ability to drink from a cup, hold or use cutlery, hold a pencil, get dressed and tidy up. A similar proportion of parents also reported impacts on their own knowledge and approach to parenting including issues such as: establishing sleep routines, bathing, breast feeding, safety in the home, weaning,

potty training and diet. These impacts were attributed to the EHV and Parenting entitlements in the majority of cases.

- 6.21 Around half of parents perceived an increase in their child's **confidence** which they attributed to Flying Start. For most parents, this was attributed to their child being more confident and able to play with other children since attending childcare or playgroups. Many also reported that they were more confident themselves as a result of the support received through Flying Start. These impacts were mainly attributed to the EHV entitlement, with some referring to parenting courses or confidence gained through informal advice and support from other parents they'd met through Flying Start.
- 6.22 A few parents reported that their child's **behaviour and attitude**. Had improved and attributed this to Flying Start. Most of these parents referred to parenting courses they had attended, advice from the Health Visitor or to general improvements they attributed to their child socialising more through attending childcare. A small number of parents had attended courses aimed at helping them manage their child's behaviour (e.g. nurturing courses). These parents tended to feel that these had an impact on their knowledge and approach to parenting in the short term.
- 6.23 Some parents attributed improvements to their child's **health and well-being** to Flying Start including: breastfeeding for longer; eating healthier foods; identifying specific health problems; and helping to access other health professionals. Almost all parents were of the view that Flying Start had a positive impact on their family's overall level of well-being. Most articulated this by referring to feeling more reassured, more confident, less worried or less stressed following advice from Flying Start staff (or simply as a result of knowing that the advice was available). The majority of parents attributed impacts on health and well-being to advice received through the EHV entitlement.

## **Overall findings**

- 6.24 Overall, the evidence suggests that a majority of parents are satisfied with their experiences of engaging with services delivered under each of the Flying Start entitlements. Most parents feel that Flying Start has had an impact on at least one aspect of their child's development and their own knowledge and approach to parenting.
- 6.25 Given the nature of the study sample (focusing on parents with a youngest child aged below 30 months), it is perhaps unsurprising that many parents felt it too early to judge whether Flying Start had an impact on their child. However, the longitudinal nature of this study provides an opportunity to revisit these issues with parents in 2016 and 2017 as their child develops and makes the transition to the Foundation Phase.

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## **7. Annex A: Methodology and profile of families interviewed**

7.1 This Annex provides further information on the recruitment method and some of the limitations of the methodology.

### **Sampling and recruitment**

7.2 A sampling framework for selecting families was designed, with targets set for the minimum number of families to be interviewed within seven categories. These were set to ensure that the sample of families participating in the research included a range of parents from the following groups.

- Parents in high need families;
- Parents in medium need families;
- Parents in low need families;
- Parents currently aged 19 or under;
- Parents not of White British or White Welsh ethnicity
- Parents who speak Welsh;
- Parents with disabled children.

7.3 Minimum numbers of families from each category to be interviewed in were set and are shown in Table 2 below. Where possible, national Flying Start administrative data held by Welsh Government were used to set target numbers for the following groups:

- Parents currently aged 19 or under with a youngest child aged below 30 months;
- Parents of children not of White British or White Welsh ethnicity aged below 30 months;
- Parents who speak Welsh and have a youngest child aged below 30 months;

- Parents with one or more disabled children aged below 30 months.

7.4 Where national data were not available, data provided by five of the six local authorities in the sample were used to set target numbers for the following groups:<sup>15</sup>

- Parents in high need families with a youngest child aged between 6 weeks and 30 months;
- Parents in medium need families with a youngest child aged below 30 months;
- Parents in low need families with a youngest child aged below 30 months.

7.5 A total of 6825 anonymised FSIDs were provided by local authorities to the research team. The research team then randomly selected a total of 116 families, to be approached by Flying Start staff (usually Health Visitors) in each local authority and invited to participate in the research. Flying Start staff notified the research team if any of the randomly selected families did not consent to take part or were not contactable (e.g. had moved away, were not responding to telephone calls or visits). In these cases, the research team randomly selected another family to be invited to participate in the research. A total of 50 parents who were randomly selected were either not contactable or declined to take part in the research. Of these:

- 34 were either not contactable or declined to participate when contacted by Flying Start staff;
- 8 families gave their consent to Flying Start staff but declined to take part when contacted by the research team;
- 8 families gave their consent to Flying Start staff but did not respond when contacted by the research team.<sup>16</sup>

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<sup>15</sup> During the scoping phase, five out of the six local authorities were able to provide data on the numbers of Flying Start families broken down according to each of the seven categories in Table 2. The percentage of families in each category across the five local authorities was used to set a target minimum number of families from that category.

A total of 66 families were successfully recruited and interviewed out of the 116 randomly selected.<sup>17</sup>

- 7.6 In order to reach the overall target sample of 72 within the timetable agreed, a different approach was taken to recruit the remaining six families. These six families were recruited by a member of the research team visiting a Flying Start childcare setting in one local authority. The researcher randomly approached six families face-to-face at the setting, and invited them to participate in the research.<sup>18</sup>
- 7.7 Flying Start staff returned consent forms for families who agreed to take part to the research team. Once consent had been received, the research team were provided with the families' details, and were able to invite them to participate in an interview. If families were still willing to participate, the research team completed a background questionnaire with families. This questionnaire included questions relating to the family's socio-demographic profile, their engagement with Flying Start services and practical issues relating to the interview (e.g. their preferred date and location for the interview). A copy of the background questionnaire is included in Annex B.
- 7.8 All of the targets set for the minimum number of families from different categories to be interviewed were exceeded during the recruitment phase (See Table 2 below). The sample of Wave 1 families is presented by category below alongside the minimum number of families to be interviewed.

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<sup>16</sup> The research team telephoned families up to five times and also, where possible, sent text messages and/or e-mails to try and arrange interviews with those that had provided consent to their Health Visitor.

<sup>17</sup> All recruitment targets outlined in Table 1 were met through these 66 families.

<sup>18</sup> Two of these families were interviewed at the childcare setting and four of them at home.

**Table 2. Final Wave 1 sample of families and target numbers of families**

<b>Category</b>	<b>Minimum target number of families to be interviewed</b>	<b>Actual number of families interviewed</b>	<b>Percentage of families interviewed %<sup>1</sup></b>
Parents in high need families	22	30	42%
Parents in medium need families	7	15	21%
Parents in low need families	12	27	38%
Parents currently aged 19 or under	9	10	14%
Parents not of White British or White Welsh ethnicity	10	14	19%
Parents who speak Welsh	8	13	18%
Parents with disabled children	4	7	10%

<sup>1</sup>Column does not sum to 100% as parents can be counted in more than one category.

<sup>2</sup>In the absence of national data on the profile of families by level of need, targets were set based on the average percentage of high, medium and low need families in five local authorities that provided data by category.

<sup>3</sup>Proxy data used: Wales-level percentage of families specifically requesting Welsh-medium childcare.

<sup>4</sup>Minimum targets for Welsh-speaking parents and parents with disabled children were increased for Wave 1 to increase the likelihood of having families from these groups involved in all three waves of the research.

## **Methodological challenges and limitations**

7.9 The rationale and benefits of the qualitative approach taken in this study are outlined in section 2. However, it is important to acknowledge the limitations to this methodological approach. These are described below.

### *Sample bias*

7.10 The majority of families were initially asked to participate in the research by their Health Visitor. While Health Visitors were briefed by

the Flying Start Coordinator in each area about the research, there is likely to have been variation in how the research was presented to each potential participant. While each potential participant was provided with a study information sheet, we do not know the extent to which they were given the opportunity to ask questions or given additional information on the aims of study, the value and scope of their participation to ensure they had sufficient information to make an informed decision. Using Health Visitors to gain the consent of participants was guided by ethical (e.g. ensuring anonymity of Flying Start parents) and practical (e.g. pre-existing contact providing a 'gatekeeper' role) considerations. However, the influence of relationships between parent and Health Visitor as a possible factor in influencing consent and the extent to which that has biased the sample should be acknowledged (Wiles et al, 2005). Any potential bias in our sample resulting from either explicit or implicit coercion to consent should have been addressed during the process of completing the background questionnaire (see section 2).

- 7.11 Consideration should be given to the extent that offering recompense to individuals participating in the research might have biased the sample. There is little consensus about the appropriateness of payments or other rewards being offered to research participants. Some researchers view it as important that all people should be compensated for their time and effort. Others feel that the use of incentives might encourage potentially vulnerable people to participate for the wrong reasons and the situation can be exacerbated where participants are from impoverished groups (Wright et al, 2004; Ensign, 2003; Smyth, 2004).

#### *Data validity and reliability*

- 7.12 The research is reliant on self-reported data which raises several limitations relating to the validity and reliability of the data collected. Issues with self-reported data include the exaggeration or under reporting of feelings, experiences, perceived outcomes and impact.

Additionally these factors may be influenced by how the respondent is feeling at the time of reporting as well their ability to recall pertinent information. Furthermore, in terms of Flying Start's outcomes and impact on a child's development, the research is reliant on the subjective self-reported observations of parents rather than a more systematic, objective and validated measures (although it should be noted that all children undertake assessments at age 2 and 3 at least and so parents' knowledge of these results may inform their perceptions).

### *Attribution*

- 7.13 There are also challenges around attribution both in terms of Flying Start as whole and its individual entitlements. As with all social interventions, Flying Start is operating in a complex landscape with many other factors (e.g. schools, social services, family members, communities, other interventions, experience of a parent) potentially influencing both the development of a child and the skills and attitudes of parents. This is also compounded by the reliance on self-report data discussed above. However, a qualitative approach has the advantage of allowing a detailed discussion about the cause of any impacts and outcomes observed and the extent to which they may or may not be attributed to Flying Start and individual entitlements. Questions about families' experiences of alternative provision or their perceptions of what would have happened in the absence of the Programme can provide a richer narrative to enable conclusions to be drawn on the difference Flying Start has made.

## 8. Annex B: Background questionnaire for Flying Start families

This questionnaire will be used when Arad staff are contacting families in relation to the Flying Start qualitative research. This contact will be initiated once we have received a consent form from Flying Start staff. This background questionnaire will be used to confirm contact details and practicalities for arranging interviews as well as enabling us to confirm the characteristics of participants.

<b>Name of parent</b>		<b>Male/Female</b>	
<b>Local authority</b>		<b>Date(s) of contact</b>	
<b>FS ID number</b>			
<b>Who made contact</b>		<b>Tel number used</b>	

I understand that a Flying Start **[TITLE OF PRACTITIONER E.G. HEALTH VISITOR/FAMILY SUPPORT WORKER]** from **[LOCAL AUTHORITY]** recently spoke to you about taking part in a research project to gather the views of families on the services you have received through Flying Start.  
**[Check if they remember discussing the research with them – if not refer to briefing note to explain the research].**

1. Are you still happy to take part in a discussion with one of our researchers about your experience of Flying Start? The intention is to have a discussion with you in the next couple of weeks and another discussion in the summer of 2016 and 2017.  
 Yes/No

**[If no, thank and close interview] [Return to Flying Start staff in relevant local authority to recruit another participant]**

**[If yes, go to Q2]**

2. Which of the following Flying Start services have you used in the past and which have you used recently (last 3 months)?

	Never used the Service	Has used the service but not in last three months	Has recently used the service in the last three months
<b>Childcare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Visitor Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parenting support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Language and Play</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other details (e.g. where accessed)</b>	<input type="text"/>		

So that I/our researcher can understand a bit more about you before they meet you, I'd like to ask a few questions about you and your family. This should take no more than 5 minutes. Is that ok? **[If not, arrange convenient time to call back but try to arrange interview first – go to Q15]**

3. Number of children	<input type="text"/>
4. Ages of all children in your care	<input type="text"/>
5. Age of youngest child in your care (months). <u>If no children aged below 30 months (2 and a half years old) then thank and close interview, explaining why (research is over two years and we need families who will still be eligible for FS in 2017).</u>	Months <input type="text"/>
6. What is your relationship to these children? (Tick all that apply)	<input type="checkbox"/> Parent <input type="checkbox"/> Grand-parent <input type="checkbox"/> Carer <input type="checkbox"/> Other
7. Which other adults live with you? (Tick all that apply)	<input type="checkbox"/> Partner <input type="checkbox"/> None <input type="checkbox"/> Other



8. Which of the following age categories do you belong to?

19 or under	20-24	25-44	45-59	65+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is your ethnicity?

10. Are any of your children disabled?

Yes

No

☐
☐

11. Do you or your partner speak Welsh?

Yes – only me

Yes – only my partner

Yes – both

No

☐
☐
☐
☐

12. Do you or your partner understand Welsh?

Yes – only me

Yes – only my partner

Yes – both

No

☐
☐
☐
☐

13. Does your child/do your children speak Welsh?

Yes

No

☐
☐

14. Do any of your children attend a Welsh-medium school or nursery?

Yes

No

☐
☐

15. Who will be taking part in the interview?

Me

My partner

Both me and my partner

Name of partner or other participant (note relationship)

☐
☐
☐


16. What is your preferred language the discussion? If language other than English/Welsh then notify researcher to arrange an interpreter

**[Note that we are happy to go to their home to conduct the interview but we can go elsewhere if they'd feel more comfortable]**

17. What is your preferred location for the discussion? (e.g. local family centre, café, home)

Address:
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18. Preferred date and time for undertaking the discussion?

Date:	Time:
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**Try to book a date, time and location for the interview during the phone call. If not, arrange convenient time to call back to confirm details.**

Thank you for your time. We will confirm the date, time and location of the discussion with you during the next week. We will also send you a text message on the day before the interview to confirm.

19. What would be the best way for us to confirm the date, time and location of the discussion?

Text message	Letter	E-mail	Phonecall
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please note the parent's preferred method for confirmation of date/time/location of interview	Letter (take full address)  Phone – note phone number  E-mail – note e-mail address
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**Confirm interview date/time/location with researcher and then ensure that:**

- Confirmation details are sent out to parent via method above
- Details of date, time and location of interview sent to researcher
- Copy of background questionnaire provided to relevant researcher
- Interpreter arranged if preferred language other than English/Welsh
- Phone call made and text sent to confirm arrangements on the day before the interview

## 9. Annex C: Topic guide for Wave 1 Interviews

### Overview

5 mins

The Welsh Government would like to find out about families' views on the Flying Start programme. They have asked us, Arad Research, to speak to a variety of randomly selected families about their experiences of using Flying Start services such as childcare and the health visitor service. We are interested in hearing about what parts of Flying Start you have used and if these services have made a difference to your lives. Feedback from families like you will be used to help improve Flying Start services locally and nationally.

The discussion will last around 1 hour and your family will receive £30 in cash for taking part. You will also be invited to take part in a similar discussion in the summers of 2016 and in 2017 where you will again be offered £30 each time to talk to us for an hour. This is because speaking to you again each year will help us find out about any differences Flying Start has made to your family over time.

**Read out: Your participation in the research is voluntary and you are free to withdraw from the research at any time. All comments and information you provide us with will be confidential and won't be shared with the Flying Start team. This means that any comments will be anonymous in any reports that are produced as a result of the research. No one's names will be included in reports. However, we may disclose information provided by you if there is considered to be a risk of serious harm to you or others.**

**Researcher to ensure that consent form is signed.**

### Introduction

5 mins

1. **Please can you tell me a bit about your household? [refer to recruitment questionnaire to confirm details if needed]**
  - *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?*

I'm now going to ask a few questions about your use of Flying Start services

**2. 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?*

**3. Which services have you accessed and how? [refer to background questionnaire 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 on/off; other children)*
- *What information did you receive about each service; what did you think of it?*

**4. 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

10 mins

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.

**[These questions repeat four times, once for each entitlement accessed]**

Thinking about PARENTING, and the parenting programmes/courses you attended or support you received, *(will be different courses in different areas, e.g Incredible Years, Triple P, Parenting Positively, antenatalclass, Baby massage, one-to-one parenting support in your home).*

5. Why did you access this? If you didn't access it, why not?

6. How did you feel about taking part in the service?

7. Tell me more about the 'Parenting' side of 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?*

**8. 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*

**9. 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?*

**10. How do you think the parenting programmes/courses have made a difference to you and your family?**

- *Establishing routines/sleeping patterns*
- *Feeding/weaning*
- *Understanding behaviour/boundaries etc?*
- *Speech, language and communication*

**11. 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?*

Thinking about **LANGUAGE AND PLAY/SPEECH, LANGUAGE AND COMMUNICATION** services – *(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 Speech and Language Therapist 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.

**12. Why did you access it? If you didn't access it, why not?**

**13. How did you feel about accessing the service?**

- *Happy as they wanted the support or angry as though they didn't need it*

**14. Tell me more about the 'Language and Play'/Speech, Language and Communication side of 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 (Hungry Caterpillar) when your child was 2 years old?*

**15. 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*

**16. 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?*

**17. How do you think the language and play sessions/Speech, Language and Communication support have made a difference to your family?**

**18. Have you accessed any other Language and Play/Speech, Language and Communication support services similar to this? How did you hear about them?**

Probe for:

- *What services? Have you been to Rhyme-time or story-time sessions in the local library, or do you go to a class or a play group?*
- *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?*

**Thinking about support from the HEALTH VISITOR (and wider health team if applicable e.g. Midwives, Speech and Language Therapist, 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 employed by Flying Start)**

**19. Why did you access this? If you didn't access it, why not?**

**20. How did you feel about taking part in the service?**

- *Happy: as they wanted the support or angry as though they didn't need it*

**21. Tell me more about the support from the health visitor (and wider health team if applicable)**

- *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 often enough/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?*

- *Do you think the support is any different to what is offered to non Flying Start families?*
- *Has your Health visitor done a 'Schedule of Growing Skills' assessment with your child? Did they discuss the results with you? What did you think of this?*

**22. Is there anything that you and your child like or dislike about the support from the health visitor (and wider health team if applicable)?**

Prompt:

- *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*

**23. Overall how satisfied/dissatisfied were/are you with the support from the Health Visitor (and wider health team if applicable)?**

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?*

**24. How do you think the health visitor (and wider health team if applicable) service has made a difference to your family?**

**25. Have you accessed any other support and advice similar to what you get from the health visitor (and wider health team if applicable)? How did you hear about them?**

Probe for:

- *What services? Other parents; other support worker/organisation?*
- *Details on reasons, provider, location etc*
- *How does this compare with Flying Start Health Visitor*
- *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?*

**Thinking about support from the CHILDCARE.**

**26. Why did you access it? If you didn't access it, why not?**

**27. How did you feel about taking part in the service?**

- *How did you feel when you found out you were eligible for FS childcare?*
- *How did you feel when you first used it? Do you still feel that way now?*

**28. 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, 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 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?*

**29. Was 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)*

**30. Overall how satisfied/dissatisfied were/are you with the childcare?**

Prompt:

- **[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?*

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

**32. 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?*

**Welsh-language provision**

**5 mins**

**33. Do you or your child need or want to access Welsh-language services?**

- *Explore demand for each service*
- *Yes – please explain which services and types of provision*
- *No*

**34. Were you offered Welsh-language provision for any 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?*

**35. Has Flying Start provided 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**

**20 mins**

**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 gauge if each of the following questions are developmentally appropriate for the age of the child.**

**36. Do you think your child has improved their talking and communication?**

- *Probe reasons for answer/examples (e.g. child more vocal and talkative)*

- *Which service has been most helpful in this area?*

**37. Do you think your child is more ready for school as a result of Flying Start? Has their reading and counting improved?**

- *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?*

**38. Do you think your child's practical skills have improved as a result of being involved in Flying Start?**

- *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?*

**39. Do you think your child's behaviour and attitude has improved?**

- *Probe reasons for answer/examples (e.g. happier, better behaved, more confident, better interaction with adults, other children, family members)*
- *Which service has been most helpful in this area?*

**40. Do you think the support you have received through Flying Start has had an impact on your child's health?**

- *Prompt reasons for Health Visitor and wider health team support?*
- *Which service has been most helpful in this area?*

***If relevant***

**41. Have you noticed a difference in the development of your children who have accessed Flying Start and those that haven't?**

*Probe reasons for answer (speech and language development; literacy and numeracy skills; personal development; behaviour and attitude)*

**Thinking about all the Flying Start services you have accessed, what differences have you noticed in you and your family?:**

**42. How do you think Flying Start has impacted your family?**

Prompt:

- *More time for children/partner*
- *Impact upon family relationships (e.g. Less arguments between family members)*
- *All children/partner happier;*
- *More relaxed family atmosphere (e.g. less fighting, spend more time together; more routines, easier bedtimes/mealtimes)*
- *Any negative impacts – more concerns, more tensions at home after the services/advice?*

**43. How has Flying Start made a difference to your approach to parenting and knowledge?**

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?*

**44. Do you think Flying Start has improved your personal happiness and well-being? (and if so, how?)**

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*

**45. Of all the Flying Start services you have accessed which do you think have made the biggest difference to you, your child and family?**

Probe reasons for answer. Probe according to services accessed

**46. Which Flying Start service do you think has made less of a difference?**

Probe reasons for answer

**47. Would you like to access more provision?**

Prompt:

- *Probe reasons for answer*
- *Which services/s*
- *Which setting/times/locations*
- *How many extra sessions/courses etc?*
- *Language*

**48. Would you recommend Flying Start services programme to a friend?**

Prompt:

- *Probe reasons for answer*
- *Which services and why?*

**49. If Flying Start wasn't available, what difference do you think that would have on 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)*
- *Is there anything you wouldn't have been able to do (e.g. work, improve skills)?*

**Conclusion**

**5 mins**

**Thinking ahead to the next 12 months, I'd like to ask you to think about what you hope your family will get out of Flying Start.**

**50. What do you hope your children and family will gain from accessing Flying Start services over the next 12 months?**

- Probe for any specific expectations for child and for themselves or family as a whole

**51. Is there anything else you would like to say about Flying Start today?**

Thank for participation.

**Checklist**

- **Ensure consent form signed**
- **Confirm contact details for arranging next discussion with family**
- **Confirm happy for us to phone them in January and meet them again in May/June 2016**